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Out of the Shadows: Living with Chronic Pain

Chronic pain is highly stigmatized, especially among CAF Veterans and Public Safety Personnel, who are socialized to be tough, not to complain, and to “fight through” the pain. Developing chronic pain for which they need help, can feel like an ultimate failure. This workshop presented information on the epidemiology of chronic pain in the Veteran population, a biopsychosocial approach to chronic pain management, a description of a Canadian network of chronic pain specialists who are working hard to help those who suffer, and first-person perspectives of what it’s like to live with chronic pain from the Veteran and family perspectives.

WORKSHOP HOSTS
Alexandra Heber, MD, Veterans Affairs Canada
Jim Thompson, MD, Queen’s University

OBJECTIVES
• To bring together a community of those living with chronic pain and those caring for them;
• To examine the experience of chronic pain; and
• To explore ways to live well with chronic pain.
WORKSHOP DISCUSSION HIGHLIGHTS

Chronic pain is more prevalent in military Veterans than in the Canadian general population. The condition usually begins in the context of a physical injury or illness but is highly correlated with the presence of mental health conditions. Many experts regard chronic pain as a condition in its own right. This workshop broke new ground at the CIMVHR Forum, bringing together a diverse community of Veterans, researchers, clinicians, serving members, and government representatives. Dr. Eleni Hapidou, PhD, from the Michael G. DeGroote Pain Clinic at McMaster University presented data on Veterans. Veterans entered their clinic on average 16.8 years after pain onset versus 4.5 years in non-Veterans. Both groups improved, but Veterans did better on average.

Master Warrant Officer Daniel Lamoureux spoke about his own lived experience of chronic pain. A long-serving CAF member specializing in the arduous profession of search and rescue (SAR), he described how he has been living with chronic pain for 15-20 years. Dr. Gaurav Gupta, MD, a Physiatrist at the McGill Allan Edwards Pain Management Unit and consultant to the Canadian Armed Forces, said that chronic pain is the commonest cause for medical employment limitations and medical release in serving members. He described the mid-20th century ground-breaking work by Dr. John Bonica, who originated modern biopsychosocial approaches to managing chronic pain. He described new research directions into the biopsychosocial nature of chronic pain and its treatment.

Dr. Norm Buckley, MD, is Director of the Michael G. DeGroote National Pain Centre at McMaster University and Scientific Director of the Chronic Pain Network (CPN) funded by the Canadian Institutes of Health Research. He described the CPN’s reach and research productivity, noting that the CPN will work with the VAC-sponsored Centre of Excellence for Chronic Pain in Veterans (CoE) headquartered at McMaster. Dr. Ramesh Zacharias is the Director of the newly announced CoE. He summarized McMaster’s strengths as a home for the CoE and summarized the CoE’s objectives. In his keynote address following the workshop, LTG Eric Schoomaker, USA, Ret., MD, PhD, Professor at the U.S. Uniformed Services University of the Health Sciences and former U.S. Army Surgeon General, spoke about the importance of addressing chronic pain biopsychosocially. He pointed out that we have known for 50 years what to do, emphasizing the importance of team care and the strong evidence base for complementary and alternative therapies.

OUTCOMES/NEXT STEPS

Audience discussion demonstrated the multidimensional challenges for Veterans, their families, caregivers, program designers, policymakers and community in dealing with chronic pain. In response to a question about how the CoE will work with primary care, Dr. Zacharias said the CoE will meet with primary care services to understand their roles. An audience member pointed to the work of PainAustralia in reaching all Australians through social and other media.

Dr. Zacharias and Dr. Buckley noted that what VAC did for Veterans in setting up the CoE nobody has yet done on a national scale for other Canadians. Dr. Zacharias said the newly announced Centre of Excellence for Chronic Pain in Veterans will establish research priorities through a series of town hall meetings with Veterans across Canada; drive progress toward ensuring the well-being of Veterans and their families; foster policies and strategies addressing priorities; promote best practices, and foster partnerships and networks within research institutions. They are meeting with Veterans across Canada to understand their chronic pain experiences and needs as one of the first steps in building the CoE. He said that the CoE’s “tent will be big,” reaching Canadian Veteran, clinician, research and policy communities across the country.
Families in Transition: Integrating Research, Theory, and Policy

This workshop provided participants with the opportunity to discuss current understandings of how families transition from military to civilian life. Issues affecting the transition and gaps in research, theory, and policies focusing on Veteran families will be identified. Proposed outcome of the workshop will increase awareness of the transition process as experienced by families and build capacity within the sectors engaged in supporting them.

WORKSHOP HOST
Deborah Norris, PhD, Mount Saint Vincent University

OBJECTIVES
Within this workshop, participants considered the current state of knowledge about families’ experiences transitioning from military to civilian life particularly within the Canadian context. Issues that affect families in transition (FIT) within the domains of research, theory, and program and policy development were identified.
WORKSHOP DISCUSSION HIGHLIGHTS

Gaps in Theory

- Current theoretical conceptualizations of family systems are not consistently applied within military/Veteran family research and program and policy development (i.e. heteronormative assumptions about family form and function prevail).
- Current theories of MCT do not encompass the diversity and individuality of military family experience.

Gaps in FIT Research

- Existing FIT research has not capitalized on current military family research on resiliency, attachment, and wellbeing.
- Existing FIT research has focused on loss of identity of the military member and how it affects the family unit rather than the identity of the FIT as a unit and/or individuals with a family system.
- There is a lack of research evaluating FIT programs attributed, in part, to a disconnect between researchers and clinicians/frontline service providers.
- There is a lack of research focused on the effectiveness of current and potential programs serving FIT.

Gaps in FIT Programs and Policies

- Policy-based definitions of transition and family may not align with lived experiences of families.
- Language used to discuss FIT may differ across organizations (e.g. CAF, VAC, MFRC, researchers).
- Available research is often not disseminated to frontline clinicians and/or is not mobilized in program development and implementation.
- Evidence-based interventions and/or guidelines regarding MCT process, transition expectations, and the impact on families are currently not available in formats that can be easily disseminated.
- Multiple frontline service providers (e.g. transition staff, family liaison workers, OSI social support workers) may come into contact with FIT during MCT, but there is no mandate or formal plan to collaborate across roles or organizations (e.g. work in silos).
- There are major differences in programming accessibility and quality by region across Canada (e.g. urban base versus rural base) and duration (e.g. how long after release FIT can receive services).
- The military typically has a culture of “wait for a call” or “ticking the boxes” rather than proactively providing information and/or involving families.
- Large amounts of information are typically provided to members close to the time of transition (e.g. SCAN seminar), which can lead to “information overload”, particularly if a member is involved in a medical release (e.g. due to OSI).
- Members in MCT may experience feelings of stigma, shame, abandonment, and/or loss of military identity that may deter them from discussing the MCT process with their spouse/family/domestic unit.
- Research findings and demonstrated needs do not always translate into funding, especially for nation-wide programs in a scarce resource environment.
OUTCOMES/NEXT STEPS

Strategies to Enhance FIT Theory Development

- Existing theories or frameworks of family transition, wellbeing/resiliency, and identity relevant to other life transitions outside of the military context can provide a “jumping off point” to develop FIT theories.

- Reviewing differences in definitions/terminology across sectors (i.e. Canadian Armed Forces, Veterans Affairs Canada, Military Family Resource Centres, healthcare, research) may highlight assumptions and inconsistencies in how family is understood and thus addressed at transition.

Strategies to Enhance FIT Research

- Build on previous research in the areas of identity, wellbeing, and resiliency of military families (in general) and of members experiencing MCT and then apply to FITs (e.g. to understand what differentiates between more and less resilient FITs).

- Develop measurement techniques (or choose the most appropriate ‘gold standard’ measures).

- Collaborate with military stakeholders interested in championing research-to-practice connections.

Strategies to Enhance FIT Program and Policy Development

- Develop a central database of evidence-based guidelines for program implementation that can be disseminated to frontline service providers and/or military families.

- Consider ways to ensure that family members are consistently involved in each stage of the MCT process.

- Develop and maintain services for FIT post-release and tailor such to circumstances (e.g. medical release vis-vis voluntary release).
Unravelling challenges in mental health research using big data

CIMVHR and IBM co-hosted a workshop that brought together academia, government, industry, and philanthropic partners who are engaged or interested in leveraging advanced analytics to improve the diagnosis and treatment of mental health conditions for Canadian military personnel, Veterans, and their families.

WORKSHOP HOST

John Whitnall, IBM Canada Ltd.

OBJECTIVES

• Provide an opportunity for researchers, funded through the CIMVHR IBM Advanced Analytics Initiative, to present an overview as well as interim findings of their research projects; and

• Provide workshop attendees with an opportunity to engage and network in the area of big data as it relates to military, Veteran, and family health (MVFH) research.
WORKSHOP DISCUSSION HIGHLIGHTS

The workshop presented an opportunity to engage with researchers who are leading cutting-edge research using advanced analytics in the area of military, Veteran, and family health research. Attendees were also given an opportunity to collaborate and knowledge share with like-minded researchers as well as individuals from relevant organizations or government partners. The workshop was a unique opportunity to hear interim findings from projects that are still underway, thereby providing early dissemination of cutting-edge research to interested audiences. The research that was presented also represented a vast spectrum of advanced analytics approaches (e.g. machine learning, natural language processing, artificial intelligence, etc.) that are being leveraged to improve the diagnosis and treatment of a series of mental health conditions, including but not limited to, posttraumatic stress disorder (PTSD), mild traumatic brain injury (mTBI), and concussion. The demonstration of this research highlights the opportunities and impacts that it will have on clinical practice as well as end users. A diverse group of stakeholders were present during the workshop, including representation from academia, government, industry, as well as not-for-profit organizations.

OUTCOMES/NEXT STEPS

Working together, CIMVHR and IBM will continue to explore opportunities to highlight the cutting-edge research that is being performed under the Advanced Analytics Initiative. More broadly, CIMVHR will identify how emerging research priorities, such as big data in MVFH research, can be incorporated into knowledge translation events and other activities that are hosted by the institute to ensure that the research can inform policy and practice. Finally, the institute will continue to play a facilitative role in bringing together stakeholders who are engaged or interested in pursuing research as it relates to big data and military, Veteran, and family health research.
Work as Wellness; Purpose as Policy

Re-establishment to a meaningful career, home, and community has been identified as a critical factor to historical successful Veterans’ transition and mental and physical wellness because it provides self-reliant purpose and self-worth. This workshop explored the evidence supporting this thesis, how “re-establishment” not “compensation” was the focus of the Veteran’s Charter, whether that focus has been carried forward to today, and critically, workshop how government and the private sector can collaborate to effectively re-establish Veterans to meaningful work in a 21st century context.

WORKSHOP HOSTS

Joel Watson, LLB, University of New Brunswick
Lee Windsor, PhD, University of New Brunswick
MaryBeth MacLean, MA, Veteran Affairs Canada
(Research funded in part by the True Patriot Love Foundation)
OBJECTIVES

This workshop intended to review the history of Veterans’ transitions and put current programs in context. In particular, the intent was to trace the evolution of Veteran transitions and to review how “re-establishment” not “compensation” was both the focus of the Veteran’s Charter after the Second World War and had led to successful outcomes. Then the workshop would review subsequent evolution and ask whether that focus has been carried forward to today. Finally, the group would be asked to workshop how the government and the private sector can collaborate to effectively re-establish Veterans to meaningful work now and whether a shift from a compensation-based program to a re-establishment-based program was advisable.

WORKSHOP DISCUSSION HIGHLIGHTS

The discussion was organized around six main questions: Is a sense of self-reliant purpose a factor in mental and physical wellness? Is work a proxy for purpose? If purpose is a factor in wellness and work is a proxy for purpose, is there enough focus on return to work in current programming? If not, how can it be changed? Ideas for practical implementation? Does work/purpose have to be income generating or can it be volunteering? Has culture changed too much from the protestant work ethic to a culture of entitlement for previously successful programs to be reinstated? Does culture need to change back to self-reliance?

Overall impressions were that Veterans come in a continuum; some need lots of structure and programs in order to return to work while others are quite independent. Similarly, while some are highly motivated to find a new career, some have no desire to return to work at all. This last group is further divided between those who do not want gainful employment because they are either at retirement age or precluded from gainful employment for some reason, such as those with a traumatic brain injury [TBI]. They still seek a sense of purpose, which is achievable through volunteering and others who do not return to work because of the financial incentive to remain in rehabilitation programs. This last issue was significant as it was agreed that the current model does not include an incentive to return to work for the medically injured. Veterans are almost encouraged, through the current compensation model, to remain unemployed and in rehabilitation. Veterans can make more on unemployment while in rehabilitation programs then they would if they managed to find work in something they were qualified to do. The risk of losing benefits is too great. Accordingly, the emphasis on compensation was misplaced and insufficient focus and supports were available for employment to address the need for a sense of purpose.

In addition, while compensation for pain and suffering recognition may be appropriate, the remedy for lost income should not be provided through financial means in the long term, which Veterans do not want, but rather through relevant education, training and employment supports, including to be moved to where a civilian job exists for them, to replace the lost income through gainful employment. For many Veterans, they have never had a civilian job prior to the military and are only given two funded years to be trained in a related profession. This brought up a discussion regarding what training someone can accumulate in only two years that would qualify them for a real job? This excluded any and all university programs and many of today’s college programs are more than two years as well. In short, the current program was not successful at re-training Veterans. Many in the group noted the irony of the military spending extensive time and money in grooming perfect soldiers, but almost no time is allocated to re-training them to be working civilians.
OUTCOMES/NEXT STEPS

Participants created a list of recommendations:

- Create flexible work arrangements and modifications and clarify the government’s role in assisting Veterans through this transition.

- Begin with the end in mind…Upon entry in the military, discuss and decide a civilian occupation that would be available for them when they exit. Devote the last three years of service to training for the job that they will transition into.

- Shift gears from the current financial mode that focuses on disability and unemployment insurance to an enablement model that is focused on ability, multi-disciplinary care teams and aid in terms of finding employment.

- The amalgamation of DND and VAC was proposed. Barring that, create a better method of communication between the two entities that includes the MFRCs.

- Develop proper care pathways for the different types of Veterans on the continuum, which would take persons with TBI into account as likely not returning to work or needing more than two years.

- On behalf of both injured and non-injured Veterans, push for the government to reach out to increase the diversity of employers.
Psychological Consequences of Exposure to Sexual Trauma During Military Service in Female-Identifying Canadian Military Members and Veterans

Exposure to sexual trauma during military service has been associated with increased rates of depression, substance use, and post-traumatic stress disorder. While it is well known that exposure to sexual trauma increases the risk of a host of negative disease courses and well-being factors in other populations, there is a lack of understanding regarding how exposure to sexual trauma affects Canadian female-identified military members and Veterans alike. This workshop engaged interested participants to discuss the psychological consequences of exposure to sexual trauma during military service among Canadian service women and female-identified Veterans, and will mobilize Canadian scholars, clinicians, and policy makers around this issue.

WORKSHOP HOSTS
Margaret McKinnon, PhD, McMaster University
LCol (Retd) Alexandra Heber, Veterans Affairs Canada
Ruth Lanius, PhD, Western University
LCdr (Retd) Rosemary Park, Servicewomen’s Salute
LCol Suzanne Bailey, Canadian Forces Health Services Group
OBJECTIVES

• To bring together and engage a community of interested researchers, policy makers, and individuals with lived experience to examine the psychological consequences of exposure to sexual trauma during military service.

• Explore ways to continue to provide positive internal (within the military) and external supports to individuals exposed to sexual trauma during military service.

WORKSHOP DISCUSSION HIGHLIGHTS

Sexual misconduct is a multifaceted issue in the Canadian Armed Forces (CAF). Before 2011, Veterans Affairs Canada (VAC) required objective evidence that an event of sexual misconduct during military service had occurred, for the claimant to receive compensation for psychological injury (such as post-traumatic stress disorder). Dr. Suzanne O’Hanley and colleagues examined the literature and found that the adjudication practices were not best practice, leading to sweeping changes and a current favourable rate of 85% for all mental health claims related to sexual misconduct during military service. Commodore Patterson then discussed Op Honour and its implementation since 2015. The traditional approach of “stop it now” in relation to sexual misconduct was previously largely unsuccessful, but Op Honour has led to a re-evaluation of how sexual misconduct is defined and is shifting the focus to be more victim centred, without using the language of victimization. Ruth Stanley-Aikens then discussed the many important functions of the Sexual Misconduct Response Centre (SMRC), and how it operates as a separate arm from the military in order to allow members the chance to obtain support without the incident being formally recorded in their personnel file. Interestingly, a language shift is occurring across the SMRC in hopes to replace the term victims services with something such as “affected member services” to better represent Commodore Patterson’s assertion that since the military is not a “victim culture” victimizing language may not be the most appropriate way to identify individuals affected by sexual trauma during military service. Dr. Sanela Dursun led a discussion on the results of a sexual misconduct survey conducted in 2016 and 2018, which has shown that sexualized culture markers (e.g., inappropriate sexual jokes, comments etc.) have all decreased since the 2016 survey administration, but that there is a staggering difference between men and women in terms of reporting and interpreting conversations. Unfortunately, minority and indigenous women are at a higher risk, with almost 10% reporting sexual assault while in military service. Further discussion was facilitated regarding the importance of CFHS involvement in order to facilitate access to care and appropriate resources while maintaining confidentiality; as healthcare providers, they do not have a duty to report sexual misconduct during service, unlike if an affected member were to disclose to a commanding officer.

OUTCOMES/NEXT STEPS

A symposium to further explore themes that were identified in this workshop is being conducted on Wednesday, December 4th, with clinical and policy experts, as well as members with lived experience. All individuals who were present at this workshop have been invited to attend the symposium being hosted by Dr. Margaret McKinnon, Dr. Ruth Lanius, LCol (Retd) Alex Heber, and LCdr (Retd) Rosemary Park. Some of the key themes to be further discussed include clinical approaches to treatment concerning sexual misconduct during military service.
service, future research directions, and moral injury in relation to sexual misconduct. The objective of this next symposium is to plan tangible next steps forward to address the key issues that were discussed at the CIMVHR Forum workshop.

Further, the workshop organizers and assistants will prepare a more detailed report of the workshop proceedings for publication.