



The Royal Navy & Royal Marines
Children's Fund

Knit the Family



“A book for families to help them understand what has, and may still be happening, in the lives of service personnel both pre and post deployment, and to show them how to cope and where to get help”

Monique Bateman
Director RN & RM Children's Fund



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Knitting families together...

“Why doesn't Daddy just get better?”

This was a question asked by one young member of a family with a parent suffering from Post Traumatic Stress Disorder (PTSD).

Psychological injuries are not visible wounds, but the effects these wounds have on relationships and families can be devastating and the impact on children is often lost amongst the new battlefield of finding support and the journey to recovery. Long after the successful treatment for the symptoms of PTSD, the legacy of these injuries can continue to affect the family and the children who have also had their lives changed by their parent's injury.

The aim of this booklet is to provide information to parents on what may have changed for the serving family member, in such a way that it can be discussed with the children too. By doing this, we hope to empower families and children to begin to understand the issues faced by the serving parent and bring the family closer together on the journey to recovery.

This project began following my experiences in Royal Marines Welfare working with families affected by PTSD and Post Traumatic Stress (PTS) and linking in with counsellors, family therapists and other professional agencies... A conversation with

Monique Bateman MBE, Director of the Royal Navy and Royal Marines Children's Fund identified a mutual recognition that there was little information or research directly relating to the effects of Post Traumatic Stress on UK military families at that time and no targeted support available for children of military families. There are now a number of research studies being undertaken by Kings Centre for Military Health Research (KCMHR) to investigate the effects of military life on families and children.

The booklet will outline what PTSD is, the symptoms associated with PTSD, the impacts that this can have on children and what support is available to help the entire family group. It should also be noted that display of these symptoms does not necessarily mean the service person has PTS or PTSD, but some of the effects on families are often experienced for a period of time following exposure to traumatic events and the support available is equally relevant in these cases.

The National Institute for Clinical Excellence (NICE) Guideline – Post Traumatic Stress Disorder (PTSD) 2005 (reviewed in 2011) states as Good Practice Points; to ensure that families of PTSD sufferers should be considered for support themselves, be informed of the symptoms of PTSD, its course and treatment and be fully involved in the treatment plan if appropriate.

Thankfully the scale of the effects of PTSD and PTS on families is now much better recognised and there are a growing number of organisations available to support with the skills and knowledge to understand and work with Service families. Whilst it is recognised that UK military families demonstrate a remarkable level of resilience to the stresses of military life, we must continue to strive to provide our families with the highest levels of support and develop our services to meet the changing needs of our community. This can be achieved by providing advice and signposting to relevant agencies to complement and strengthen the resilience of our families. This booklet is designed to be an easily accessible source of information that families can use to develop further support networks and to prevent feelings of isolation and helplessness.

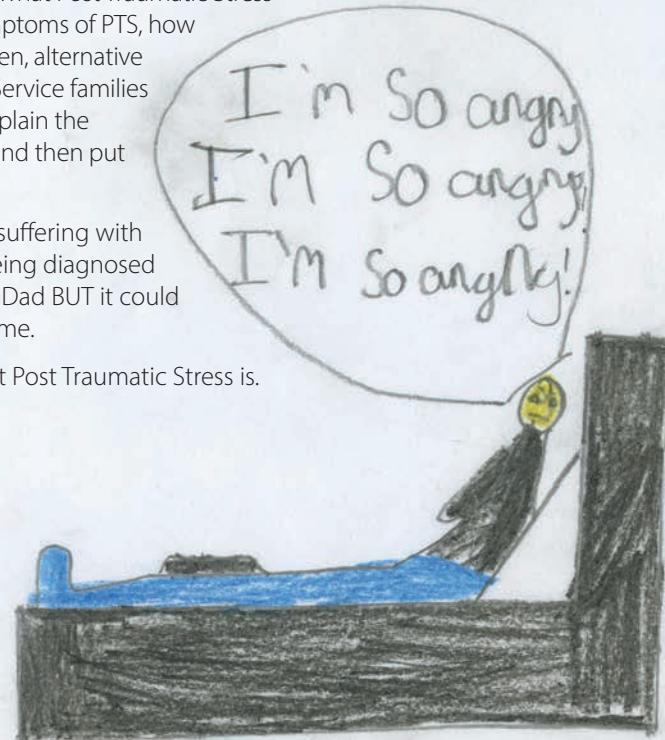
Using this booklet should assist families in understanding; what Post Traumatic Stress (PTS) is, how the brain processes traumatic events, the symptoms of PTS, how families can work together, strategies for supporting children, alternative therapies and sources of support and advice available for Service families and Veterans. Each chapter is split into sections that will explain the facts for families to work with, give relevant case histories and then put forward the information in a child friendly format.

Whilst figures show that the majority of service personal suffering with PTSD are Men, there are a growing number of Women being diagnosed too. Throughout the book we may refer to the sufferer as Dad BUT it could also be Mum with Dad being the partner and carer at home.

Let us begin by helping to give an understanding of what Post Traumatic Stress is.

Andy Watson

A P Watson
Royal Marines Welfare Team



I'm So angry
I'm So angry
I'm So angry!

What are Operational Stress Reactions..?

Anyone serving in the deployment environment can be affected to some extent by the stress it inevitably entails. This stress can impact on their behaviour, thoughts, feeling and senses, as well as on how well their body feels and functions.

The effects of a build-up of battlefield stress have been known about for more than a century. Terms previously used to describe it include shell shock, soldier's heart and battle fatigue. Nowadays our term for any ongoing psychological difficulties resulting from operational duties is **Operational Stress Reactions (OSR)**.

Adjusting to ordinary life after serving in a combat zone is never easy, but most personnel get through the early days when they are back with their families. And their families are usually able to help them through, albeit that the journey may be hard at times. But for some, the problems they experience are more than the 'normal' kinds of OSR adjustment. Rather than getting back to how they were before serving, these individuals experience for instance a Post Traumatic Stress Disorder (PTSD), or some other kind of

anxiety disorders, depression, substance abuse problems, anger management issues and other major difficulties that make daily living extremely hard for them and their families.

Although it is normal to feel some kind of upset after a traumatic event, for some the problems persist. Post Traumatic Stress Disorder is one of the most frequently seen OSR. Symptoms include re-experiencing traumatic events (as nightmares, flashbacks, or thoughts that won't go away). Sometimes these experiences lead to avoiding the sorts of thoughts or situations that act as triggers. This may result in feeling 'frozen' or 'numb' or isolated from others. Often the person will feel constantly on guard, be startled by the least unexpected sight or sound, and hyper-vigilant for threats and dangers. These symptoms may start soon after a trauma or surface many years after.

Support and treatment is available for anyone affected by an ongoing OSR. We know too that the sooner help is given, the more likely it is to be successful. But, it is never too late to seek help for OSR and recovery can happen even for someone with long-term difficulties.



Understanding the conditions: **Operational Stress Reaction** and **Post Traumatic Stress Disorder**

HOW TO RECOGNISE PTSD AND OSR

If your partner is:

- Short-tempered and irritable
- Does not want to talk
- Fitful in his/her sleep
- Has nightmares
- Has a low attention span
- Is drinking too much
- Seems tired all the time
- Is moody and depressed
- Is angry or distant

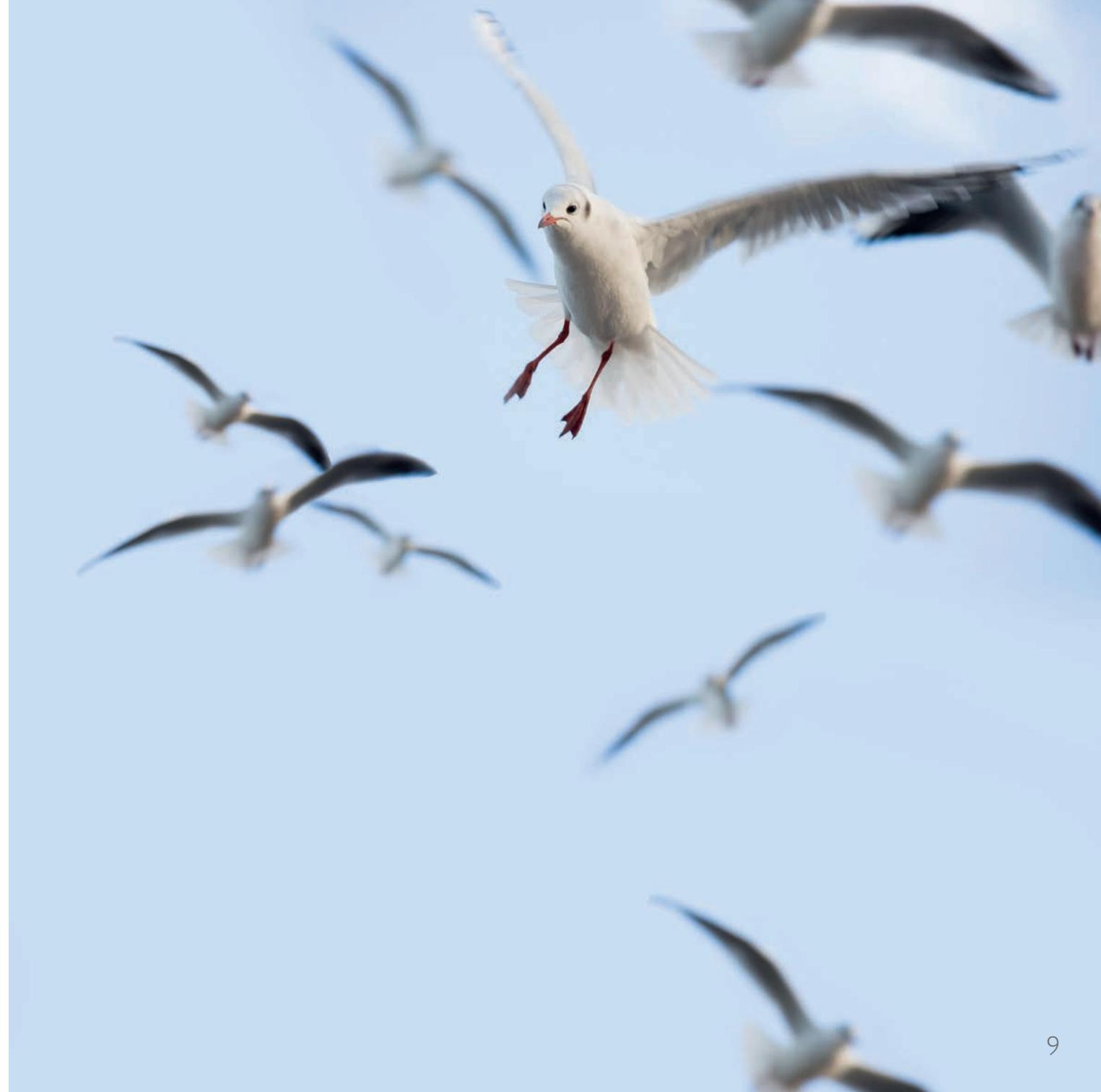
As we have seen in the introduction, both terms are used to describe a range of symptoms which can be developed in response to experiencing a traumatic and distressing event which is way outside normal occurrences.

For some it may be witnessing something as disturbing as a road accident or a theft, or even being involved in a car crash, a mugging or a bombing. For service personnel it may be because they have been shot at or witnessed their friends and colleagues injured or killed. What it does mean is that these events, and particularly our reaction to them, is beyond our control, which is why our methods of dealing with them can be quite diverse too. Some will hide them away and they never come to the surface again, others may be able to hide them for a number of years while more can only cope a few months before the reactions begin to surface. In general, the symptoms relating to OSR are lesser than those pertaining to PTSD.

(Of course in our ordinary everyday lives we all feel stressed from time to time which may cause us to worry and which can interfere with our sleep patterns, but this is part of living and usually passes when the problem goes – but this is not OSR or PTSD.)

WHAT CAUSES IT?

When we are under severe stress our body goes into a 'fight or flight mode' which is its automatic response when preparing itself to fight or flee from a perceived threat or danger. It is a natural reaction to protect ourselves from harm, and is the reason why our breathing rate increases and the blood running through the body is directed mostly to our limbs and muscles, to prepare them for action as they require extra energy for running or fighting.





What also happens here more is that the reaction bypasses the rational mind as it moves into 'attack' mode and we see everything as a threat and everyone as a possible enemy.

- This is the good side, this is where the courage comes from when we are called upon to defend our loved ones and save them from possible danger
- But the trouble starts when we cannot entirely let go of these reactions and this is where OSR and PTSD begins

Our reactions to both can be physical as well as emotional and show themselves in a number of ways:

- Depression
- Withdrawal from normal everyday life
- Flashbacks
- Sleep disruption
- Anger
- Drinking too much
- Irregular heartbeat
- Feelings of panic and fear

Both types can be dealt with and helped...but it is important that assistance should be sought sooner rather than later, for the longer it stays untreated the harder it is to deal with.

For instance the 6,000 ex-servicemen who returned from the Falklands with PTSD suffered silently for years. Research has shown that it takes, on average, 14 years for veterans to admit they need help. The toll this takes on them, their wives and families is immense.

“Why isn't daddy smiling anymore?”

This is why it is so important for wives and partners to be vigilant in trying to spot early signs of PTSD, because they can spill over and involve the rest of the family.

Some people get over such experiences on their own and without needing help, while others experience a disturbing reaction which can last for many months or years.

It also needs to be said that not everyone who experiences a trauma will experience PTSD but most will have its symptoms for a few weeks or so while the body and mind adjust. These symptoms in fact are normal and are there to help you keep going and to help you understand what you have been through. It is only when these symptoms carry on that they become a problem and PTSD sets in.

SUBMARINES

Think of it like a submarine – when it is deep in the ocean it is PTS (Post Traumatic Stress), when it is at periscope depth it is PTSD (mild), when it is on the surface it is PTSD (moderate) but when it is in dry dock it is PTSD (major). In other words the submarine is designed to be at sea and when out of its natural environment it is unable to function effectively – in effect, it is ill.



What happens **to the body...**

On a physical level it is the adrenaline in our bodies that is called into play when we go into fight or flight mode which is the instigator. Adrenalin is a hormone which is produced when we are under stress, it alerts the body and pumps it up in order to deal with the attack or threat.

When the stress disappears the adrenaline levels should go back to normal. With PTSD the memories of the trauma can keep those levels high and not dispersed. With men in action in a theatre of war, the adrenaline level may never have a chance to get back to normal before another stressful event takes place and the adrenalin level rises again.

plus...

The part of the brain that processes memories (the hippocampus) can stop working properly if the adrenalin level doesn't go down therefore distressing memories cannot be processed.



VITAL STATISTICS ABOUT VETERANS – and why we should take OSR and PTSD seriously

- Estimated 5 million Veterans in the UK
- 27.2% of Veterans have a mental disorder
- 4.8% suffer from PTSD
- Almost 1/4 of all homeless people are former soldiers, sailors and airmen

(NHS Confederation/Combat Stress 2010)

“Daddy doesn't love me anymore - he never wants to play”

What happens **to the mind...**

On a psychological level when we are frightened we remember the instance very clearly, and while it is distressing to remember so vividly, it can sometimes help us understand what happened, come to terms with it and be better prepared should it happen again. However we need to let go of these reminders, they can make us jumpy and over-cautious and worry the people we are with. Moreover they interfere with sleep, wellbeing and general health, so really should be dealt with sooner rather than later.

HELP?! WHERE CAN I FIND IT?

The first thing to remember is that seeking help is NOT a sign of weakness but of STRENGTH. Just because the wounds are on the inside does not mean they aren't as real as those on the outside. In some communities, and it can be particularly prevalent in the male dominated services, needing help for what is happening within your head is regarded with great suspicion and brings its own stigma with it. People worry that it will affect promotion or be an unfavourable legacy for children. It is NOT a stigma... and it is NOT a sign of weakness... always remember this.



Also remember help is available – you will find a list of agencies and services at the back of this book... but in the meantime there is your own GP, your friends and yourself, all of whom can help.

How PTSD affects the family..?

...and how families can help the sufferer and most importantly themselves

Living with, and caring for, somebody suffering from PTSD can be extremely stressful and mostly that burden sits with the partner. So it is important that partners not only understand what the symptoms are, but where they come from, what causes them, and what they can do to protect themselves and their family... which is the purpose of this book.

The sufferer - service personnel or Veteran has a number of channels where he or she can go for help, but now so does the partner and the family.

HOW PTSD CAN AFFECT THE PARTNER AND FAMILY

Children don't like change, it unsettles them, which is why a routine is important to them. Once they have got used to Daddy being away and have settled back into their normal routine, life goes on...but then when Daddy comes home and does not seem like the old Daddy, they get upset.

Of course things have changed, he has been away for six months and will have experienced and seen things that will have altered him considerably. The children have grown and changed but still remember how things used to be.

What children need more than anything is a safe routine...it should not deviate from the one they had while Daddy was away. They should be encouraged to talk about their worries, and it is Mum's job to listen, explain and reassure.

First and foremost it is Mum, the partner, the carer who must try to take time for herself to care for herself...as so much will be asked of her throughout.



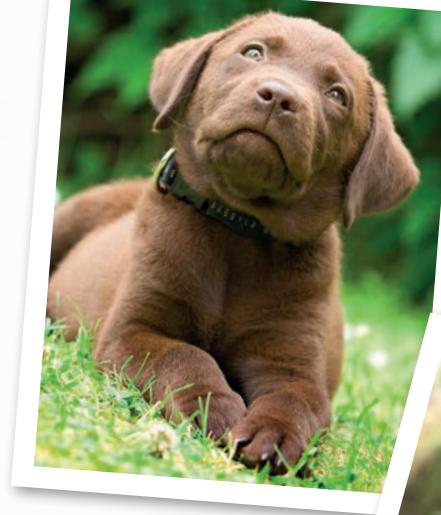
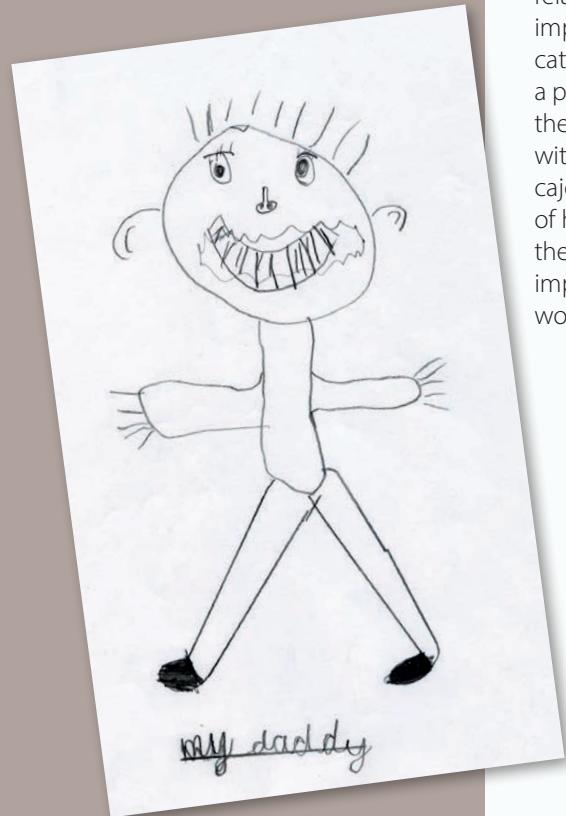
The carer

She must try and find an outlet for her stress; whether in a wives group, an exercise class, a physical therapy, a support group – for her batteries need re-charging too. And the more the partner can care for herself the better she will be able to care for others.

And it is of vital importance that Mum takes care of herself...for the sake of everyone else. The world knows that Mums always put themselves last but caring for somebody with an emotional and psychological problem can be even more demanding than looking after somebody who is physically ill...so Mum must look to her physical and emotional strength.

In a group she runs called Band of Wives, Community Development Worker, Adele Towsey asks each member to make a collage relating to themselves and their lives. Each one brings whatever is important: a curtain remnant, map of where they live, photo of the cat, the children, words of a poem or song...but she always asks for a photograph of them for the middle of the collage. Astonishingly, they never bring a photo of themselves on their own – it is always with a partner, a friend, the children...and it is only after much cajoling, they eventually bring a solo picture. Just a small example of how so few women see themselves as the centre, the anchor of the family. It is only when it is brought home to them of just how important they are, that they recognise their own strength and worth.

“It’s boring without him here because I’ve got an annoying little brother, so can’t go out because Mum has to look after him.”



The children



Children need to be cared for in a different way. They need to be constantly reassured that in reality nothing major has changed in their lives, Daddy is going away, and then when Daddy comes back, changed, the reassurance must continue - Daddy is not well but he is going to get better. The positive aspect of this should always be highlighted, even with a codicil that it may take a little time. Often in PTSD cases the sufferer begins to withdraw from the family, is silent, needs to be on his own, gets irritable, seems distant even over little things like a TV programme, a football game or a birthday party, so that the children feel he is no longer interested in them and what they do, or worse still no longer loves them.

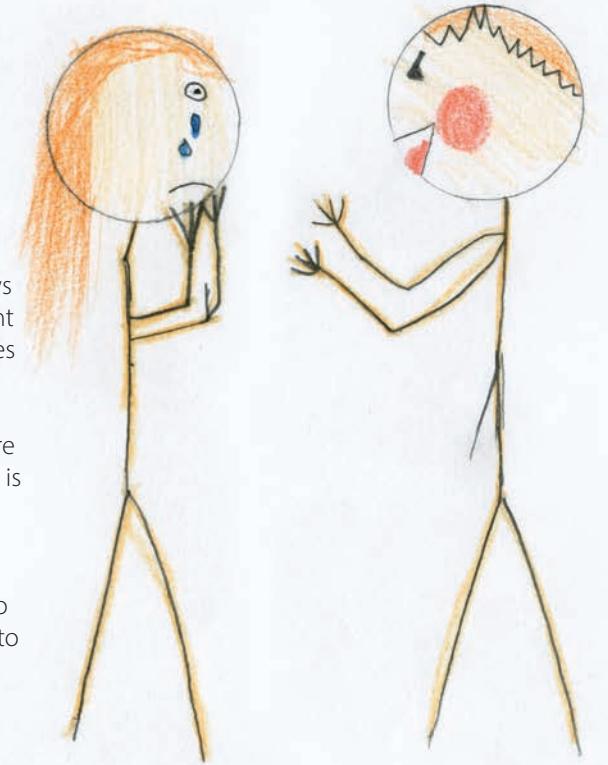
So constant reassurance with a gentle explanation of what is happening is vital, but can only be done at a rate and pace that a child can understand and cope with. Here it is important to remember that it is best to answer all questions a child might ask without adding extra worry to the child's mind. Children often find it difficult to understand the concept of stress as an illness...for mostly their idea of illness is to do with their own experience – a bad cough, a sore knee, a tummy ache. But they will often want to know why they can't see what is wrong with Daddy.

“Why is mummy crying.”



Only a Mum can decide when is the right time and what is the easiest way to answer the child's questions, but when doing so should always provide them with a response even if it is a delaying one. This may be necessary if you're in the middle of the supermarket shop or on the school run. All you need to do is acknowledge and say "After tea let's sit and talk about it and I will tell you then". Only a Mum knows how much information her child can take in at any one point without adding extra stress to their worries, for in some cases too much information can be overwhelming. But it is really important to keep each child informed along with extra cuddles so that the child feels safe and loved, and to reassure them along the lines of "You mustn't worry about daddy, he is getting help and is going to get better."

More than anything the child needs to know that whatever the matter is, they are not to blame...it's not their fault. Also providing information about what is happening, does help to reduce the child's anxiety.



EFFECTS ON CHILDREN WHEN A PARENT SUFFERS

Pre-school	Young school-age	Teenage children
<ul style="list-style-type: none"> ● Behavioural outbursts/ temper tantrums ● Afraid of the dark ● Bed-wetting ● Thumb-sucking ● Extra needy/ clinging ● Crying 	<ul style="list-style-type: none"> ● Withdrawal ● Anger ● Night fears and nightmares ● Lack of concentration ● Not wanting to sleep alone 	<ul style="list-style-type: none"> ● Withdrawal ● Aggression ● Drop in academic endeavour ● Depression ● Change in appetite



Obviously the age of the children dictates how much information they can deal with. Very young pre-school children can understand basic information while the slightly older ones may need more but still need the reassurance that they have not in any way contributed to the illness. And of course teenagers will need just as much, and sometimes more reassurance... mostly because they are going through a crisis of their own, with major development and changes in their bodies and minds. They may suddenly become angry, irritable and withdraw from family life...also there may well be a decline in their academic performance at school.

Always remember that help is available from the following sources:

- Your GP
- The school
- Individual service welfare teams
- Unit padres
- Combat Stress
- Family therapists

(A full list can be found at the back of this book)

More than anything else do try and remind yourself YOU ARE NOT ALONE

Adele Towsey, the Community Welfare Officer, who works with both children and wives groups, is adamant that the below are core to the coping strategy:

- Information
- Communication
- Transparency

Deployment is part of military life so families regularly have to experience stretches of time where they are separated from each other. Naval deployments usually last for six months, but some can stretch to nine months, and while there is time to plan for most, there are times when only a day or two's notice can be given. Over 80% of Naval families say their children find it difficult when a parent has to go away, and this in turn puts a huge stress on the caring parent. (Even though more and more women are now joining the Naval Service, to date there are 3,670, the job of caring for families during deployment is still mostly managed by women).

A group of children and adults were talking about their families and what was going on at the time. The talk turned into submarines and suddenly one 9 year old walked away from the group quite angrily and sat somewhere away from them. The group changed subject and carried on with their chat but the boy remained aloof. Quietly another boy went over to him and talked about his dad, the first boy didn't respond until the second one suddenly said "At least your dad is not being shot at every day".

Quietly the first boy said: "I suppose I do know he will be coming home." (his father was in a submarine.) The spell was broken and both boys returned to the group.

Coping measures for the wives and partners...

“When I see my
dad’s bag I know
he’s going away”

11 year old girl

...who then went away and wrote a series of notes, cards and letters which she then surreptitiously put between his clothes, so he would find them when unpacking.



PRE-DEPLOYMENT

- **Prepare children for the fact that Daddy will be away for some time** and we will all help him get ready, even in small ways like finding his socks or wrapping a small gift for him to find in his rucksack when he arrives – that way the children feel involved.
- **Dads can help too by talking about what they will do when he returns**, what he will be looking forward to, and also by setting goals e.g. “Why don’t you learn to ride a bike and we can go cycling when I get back”. Something attainable and physical that the child can achieve and be proud of is a great help.
- **Make sure that you too have a support system**, treasure your friends and ensure that you all get together individually as well as with the children. For during this time your friends are your family, and for wives and partners in the same situation this can be the strongest of bonds and support. Be sure that you each have each other’s telephone numbers and decide among you who, in a crisis will be responsible for what. Even if the crisis is a burst tyre rather than the worst news, the kids will still need to be picked up from school and the dog walked.
- **If possible have a few little tricks or rituals to help you cope**, try to have some time – even if it is only a few minutes each day – that you devote to you. Use it to make your favourite soup or salad, have a bubble bath, paint your nails, opt for something that spoils or pampers you. If you can’t do it daily, try at least once a week. It’s called ME time!



THINGS TO AVOID – what not to do or say:

- ‘Look after Mummy while Daddy is away’. The child will want to know why – is Mummy ill? It’s just something else for them to worry about
- ‘You’re the man of the house now’ Too much responsibility for a child, it’s very scary for them...and what will happen if they get it wrong

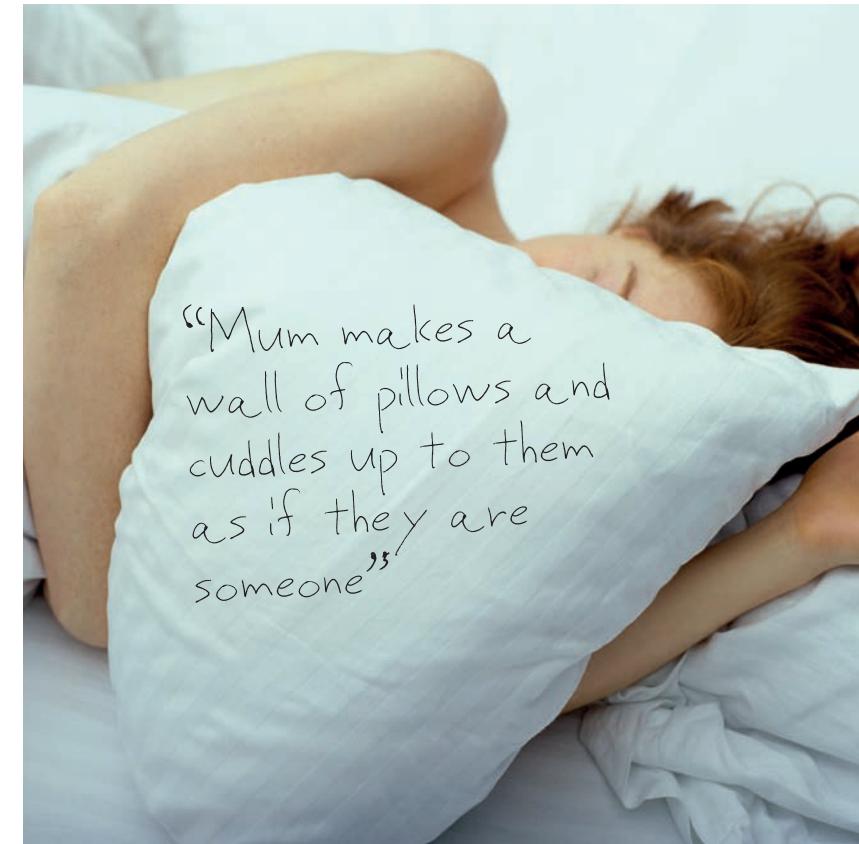


DURING DEPLOYMENT

- **Keep to the same household routine** – breakfast at this time, swimming every Tuesday, football or dancing on Saturday. If there are little jobs to be done around the house, helping clear the table, unpacking the shopping, tidying their rooms on a particular day, putting toys away – these should remain in place. This provides a safe structure for the children, one that they know, is unchanging and gives order.
- **In the first few weeks give lots of reassurance**, extra cuddles and extra time together, for often in these first few weeks children can become more needy and can revert to thumb-sucking, bed-wetting, not wanting to leave the house. Be patient and talk them through why and what is happening...and mostly after those few weeks they will settle back to normal, if nothing has changed in their immediate environment.
- **Turn waiting for Daddy into a game.** One tried and trusted way is to have two jars, one empty and one full of pennies (not sweets if you want to protect their teeth). There should be the same number of pennies as days he is away...and then each morning put a penny into the empty jar so that everyone can see how it is changing. If for any reason, there is a delay in the return date, you can always surreptitiously pop in a few extra pennies! And then on his return...the pennies can be turned into treats.

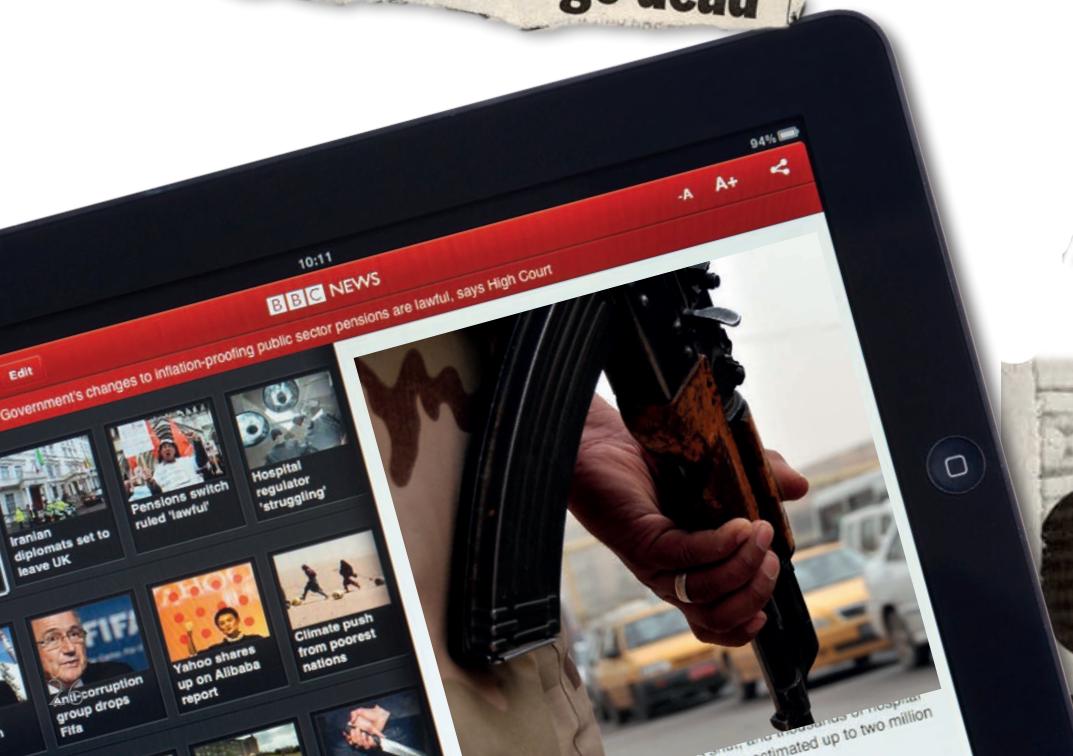
- **Only watch or listen to the news once a day**, as the constant repeating of the same or a similar bulletin, gives it more credence and importance than it often needs or warrants and can be deeply upsetting and worrying for children.*
- **Make sure there is enough physical activity** especially for boys – ask for help from schools, see what the local football team offers. Take them swimming, to football, dancing classes even get them to help in the kitchen. For instance – boys love making bread...give them a ball of dough to knead, beat and let rip...it's good way to dissipate their fears.... At the end you will have a pizza base, a burger bun or a loaf of bread...something positive.
- **Art therapy is a recognised method of helping children with their emotional problems.** You can ask them to paint or draw a picture for Daddy when he comes home... or make a portrait of you, or the dog, or the rest of the family. It's a very positive thing for them to do, they can even ask school for help.
- **Most of all, make sure you have fun**, laugh, such simple things do help make the days go quickly.

* See over the page





Taliban: 2nd hostage dead



At least 9 dead in Gaza attacks

Afghan...
side trail



***The MEDIA**
We are surrounded by news – on the TV, radio, smartphones, Facebook, Twitter, computer not to mention newspapers...so really there is no escape from what is happening in the world...and particularly in the theatre of war. Try to minimise access and the importance of this non-stop information by ensuring that you watch the TV news only once a day...perhaps after school, when you are all at home together. You don't need to make a big deal of it, just turn on the TV and have it idly in the background. If the children stop to watch it, then you can join them. Obviously it will be much more tense if there has been an incident and families are waiting to be informed...but if you only hear it once, rather than ten or twelve times it will still worry but not to an unnecessary level.

“I'm scared when
Daddy shouts”

CASE STUDY

One wife reminded herself that she knew what she was marrying into, when she married a marine. She thought she knew and understood what her life would be like and always knew that she would have to share him with the service. However, after two deployments they made a promise to each other, that when he eventually left the service, they would renew their vows and embark on a different marriage contract.

POST DEPLOYMENT

- **Patience is the key** as it can take up to six months for veterans to get back into normal family life.
- **Give him time to get used to being at home and being a parent again...** so ease in any childcare responsibilities slowly, and watch for signs that the children's behaviour may be upsetting him. For instance a child's crying or sudden move can lead to an overreaction by someone who is easily startled or not sleeping properly.
- **He's been away for six months and in that time what he has done and seen has changed him.** In that six months what has been happening around you has changed, and you have changed...in the same way the children have grown and changed too. Therefore a period of adjustment for all of you is needed – and that too takes time.
- **Talk if he wants to talk...** but don't push it. Return to the normality, rhythm and structure of your day once the relief and joy have been experienced. The children need it, you need it and he will feel reassured that things go on as normal. Of course you too will need to talk to him about what he has seen, done...but don't push it, let it unfold gently.
- **Try not to get disillusioned with the slowness** the recovery and re-entry can sometimes take. Be as positive as possible!
- **This is also the time to keep a careful eye on how the children are coping and reacting** for in some cases children can begin to suffer from the same extreme symptoms as the PTSD sufferer, and this is known as 'secondary traumatising'.

A 10 year old boy whose father was seriously wounded in Afghanistan, over a number of years began to show the same symptoms of anxiety and stress as his father. He had nightmares and got angry for no reason when he was at home... however when he was out with his friends he seemed happy and confident. Over the years, this different behaviour increased and he is now having psychotherapy. Even though his father has recovered, the 10 yr old is still suffering.



The emotional **cycle of deployment**...

PRE-DEPLOYMENT

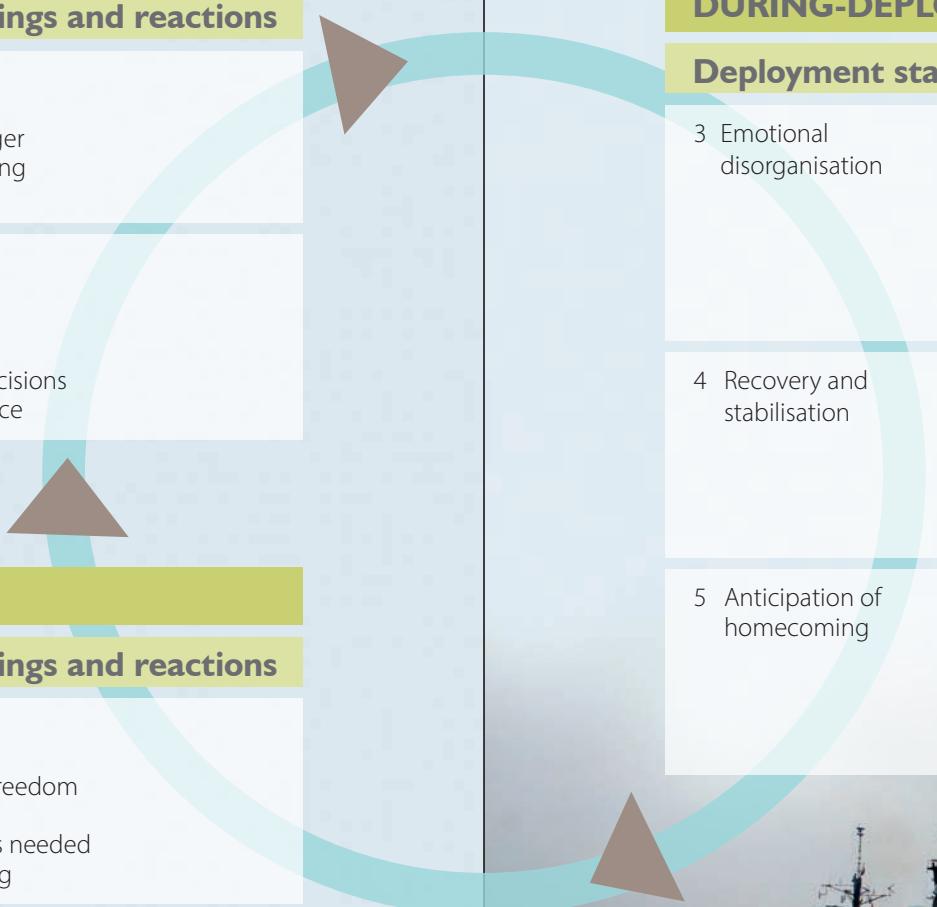
Deployment stage	Duration of stage	Common feelings and reactions
1 Anticipation of loss	1-6 weeks before	<ul style="list-style-type: none"> ● Tension ● Increased crying ● Unexpressed anger ● Increased bickering ● Resentment
2 Detachment and withdrawal	Last week before deployment	<ul style="list-style-type: none"> ● Despair ● Hopelessness ● Lack of energy ● Numbness ● Hard to make decisions ● Emotional distance

POST-DEPLOYMENT

Deployment stage	Duration of stage	Common feelings and reactions
6 Renegotiation of relationships	6 Weeks after homecoming	<ul style="list-style-type: none"> ● Shock ● Excitement ● Grieving loss of freedom ● Resentment ● Role adjustments needed ● Difficulty bonding
7 Reintegration and stabilisation	6-12 weeks after homecoming	<ul style="list-style-type: none"> ● Relaxation ● Bonds re-establishing ● Warmth and closeness ● Family unit

DURING-DEPLOYMENT

Deployment stage	Duration of stage	Common feelings and reactions
3 Emotional disorganisation	First 6 weeks away	<ul style="list-style-type: none"> ● Relief ● Shock and anger ● Depression and irritability ● Guilt and numbness ● Indecision and confusion ● Wishful thinking ● Sleep and appetite disturbances
4 Recovery and stabilisation	Variable	<ul style="list-style-type: none"> ● New sense of freedom ● Increased confidence ● Initiating new activities ● Secure yet independent ● Increased sense of pride ● Isolation and anxiety
5 Anticipation of homecoming	6 Weeks before homecoming	<ul style="list-style-type: none"> ● Increased energy and activity ● Joy and excitement ● Apprehension ● Nervous ● Restlessness and impatience ● Sleep and appetite disturbances



Best of both worlds...

DOES INTEGRATED HEALTHCARE WORK?

Modern medicine has made huge advances in battling with disease. But if it's is peace and calm in the body that we are after, something more than standard medicine alone may be needed. Perhaps this is where complementary therapies fit in. And it's clear that in the last twenty-five years more and more people have tried them.

Although there is a growing interest in their possible benefits, there has been relatively little scientific inquiry into these treatments compared with the huge amount of research done on the medications doctors use. This is partly because complementary therapies are rather personalised treatments, based on individual skill and therefore quite different from standardised drug treatments. So they are difficult to evaluate and, they are of no interest at all to the pharmaceutical industry which funds so much ordinary research.

No surprise then that there has been hardly any scientific research into using complementary therapies for Operational Stress Reaction (OSR) and Post Traumatic Stress Disorder (PTSD). At this stage the best we can do is take heed of what people say about their experience of complementary therapies. This is called 'anecdotal evidence' or 'clinical experience'. While scientists don't entirely dismiss this sort of evidence, they point out that it is not reliable. Indeed they have a point because it is always hard to be sure how much any treatment helps, since people often get better anyway. And the 'therapeutic relationship' (when we feel looked after properly and believe a treatment is going to be helpful) can have a huge impact on healing processes. This in itself of course is a very good thing, though it rather vexes researchers, who are always keen to cancel out the human factors when trying to decide whether a treatment works or not.

Since we don't have scientific studies to guide us right now, we have to look for some clues in what people have said about using complementary therapies – perhaps alongside medical treatments – to help them deal with OSR and PTSD. Here then we look into some popular therapies including Massage, Reflexology, Reiki, Craniosacral Therapy, Yoga, Meditation and Mindfulness, Acupuncture, Emotional Freedom Techniques and Somatic Experiencing.

All these therapies recognise the important connection between mind and body, and in many cases these therapies use touch to promote healing and help the body deal with stress and trauma. Touch may be something that deep down, human beings need: it is extraordinary how powerfully touch can support the healing process and promote calmness. Just think about how we automatically reach out to a hurt child and rub the sore spot better... or how a kindly hand on the shoulder offers support in troubled times... a hand on a fevered brow helps the sufferer relax... holding hands makes a child feel safe... stroking a loved one's cheek can be more powerful than words.

So it seems people turn to these therapies for supporting calmness, to relax tensions and so they hope, help ease the worry, stress and agitation that so often surround those with OSR and PTSD. Perhaps too, by helping people develop ways of managing stress better, these approaches can bring relief to families and carers as well.

On the following pages is a brief introduction to the various alternative therapies recommended by the Royal Navy and Royal Marines Children's Fund...



Professor David Peters



Power of touch...

MASSAGE

This is one of the oldest types of treatment, and it can be enjoyed by anyone of any age. Its effects are well known to:

- Reduce pain
- Promote relaxation
- Reduce stress
- Increase the blood circulation
- Reduce stress hormones and tensions so the body feels that the need for fight or flight is over

The therapist uses stroking and kneading movements to stimulate and relax the soft tissues and muscles of the body, mostly using hands but sometimes elbows and forearms too. People feel relaxed and comfortable after a massage because during it the body produces natural, relaxing pain-relieving chemicals. Research has shown that over-stressed adults and restless children and babies all sleep better after a massage.

- However do inform the therapist if you are worried about any aches and pains beforehand as well as pointing out any injuries so that they are taken into consideration during the massage.
- Why not learn to massage too...so that you can practice at home with upset children or physically and emotionally exhausted partners? Babies love being massaged and it is a great sleep enhancer for them. Currently several premature baby units in our National Health hospitals are teaching mothers to massage their tiny babies as it helps everything from blood flow to breathing.

REFLEXOLOGY

Sometimes known as Zone Therapy – is a form of massage performed on hands or feet (or occasionally ears)...but mostly on the feet. It uses pressure to zones on the feet which correspond to different organs, systems and parts of the body.

Reflexologists say it can help relieve tension, minor sports injuries, back pain and sleeplessness.

For instance reflexologists say the big toes match up with the head, while the ball of the foot relates to the heart and chest area, the arch tallies with the liver, pancreas and kidney while the heel reflects the lower back and kidney. A reflexology treatment can be very relaxing even if slightly painful at times when the therapist works into a zone of 'blocked energy'. The reflexologist then uses foot massage (similar points on the hands) to get rid of the block, so that the spot stops being sore within minutes. This often brings about a sense of relaxation and wellbeing, which reflexologists think actually improves health too.

(For further information and details of local practitioners www.reflexology.org.uk)

REIKI

This is a Japanese word meaning 'universal life energy'. The treatment is a kind of hands-on healing which is a bit like acupuncture and is said to work by shifting the flow of energy through the body. Sometimes the practitioner touches the body (which is fully clothed) while at other times the hands are held just above the energy centres. There are said to be seven of them – crown of the head, the forehead, throat, heart, stomach area, sacrum and the base of the spine.

The theory is that the energy flowing from the practitioner's hands, meets the body's own energy and helps it begin its own natural healing process.

Reiki is often performed on the front and back, or may be limited to the area where the pain or problems lie. Sometimes the patient feels nothing very much, while at other times it can feel like tingling, jerking, movement or heat. In general three or more treatments (at least a week apart) are recommended for the best effect.

(For further information and details of local practitioners www.reikiassociation.org.uk)



One naval wife said after her treatment:

"I have to be honest, if I had seen this being done on someone else I would have been very sceptical. But having received this treatment I am very clear of its benefit. When I arrived (for the treatment) I had much trouble getting down the stairs to the treatment room, but afterwards the stairs were so much easier to cope with and the following days were almost pain free and I was left feeling so relaxed."

"I can finally see the light at the end of the tunnel." Army Veteran

"That was fantastic. I feel relaxed and still feeling a lot of heat in my thorax and less pain. You can't always explain what is happening, but feel better all the same." Naval Veteran

CRANIOSACRAL THERAPY

Life expresses itself as movement, and every living tissue of the body "breathes" with the movement of life. These subtle rhythmic impulses are what Craniosacral Therapists are trained to feel. Craniosacral Therapists believe that our state of health depends on the free, unrestricted and balanced flow of these movements.

However, during the course of our lives our bodies have to deal with all sorts of experiences: shocks, accidents, things that cause us pain. Mostly we cope, but often there is a cost because these difficulties create tensions and constrictions in the body. So what happens to us reshapes the body's underlying rhythms. And sometimes, if we're unable to let go of stresses and traumas, it's as if these tensions become trapped inside. Until such a time as we're able to deal with them, these places of tension affect our health and wellbeing by hindering the way movement spreads throughout the body.

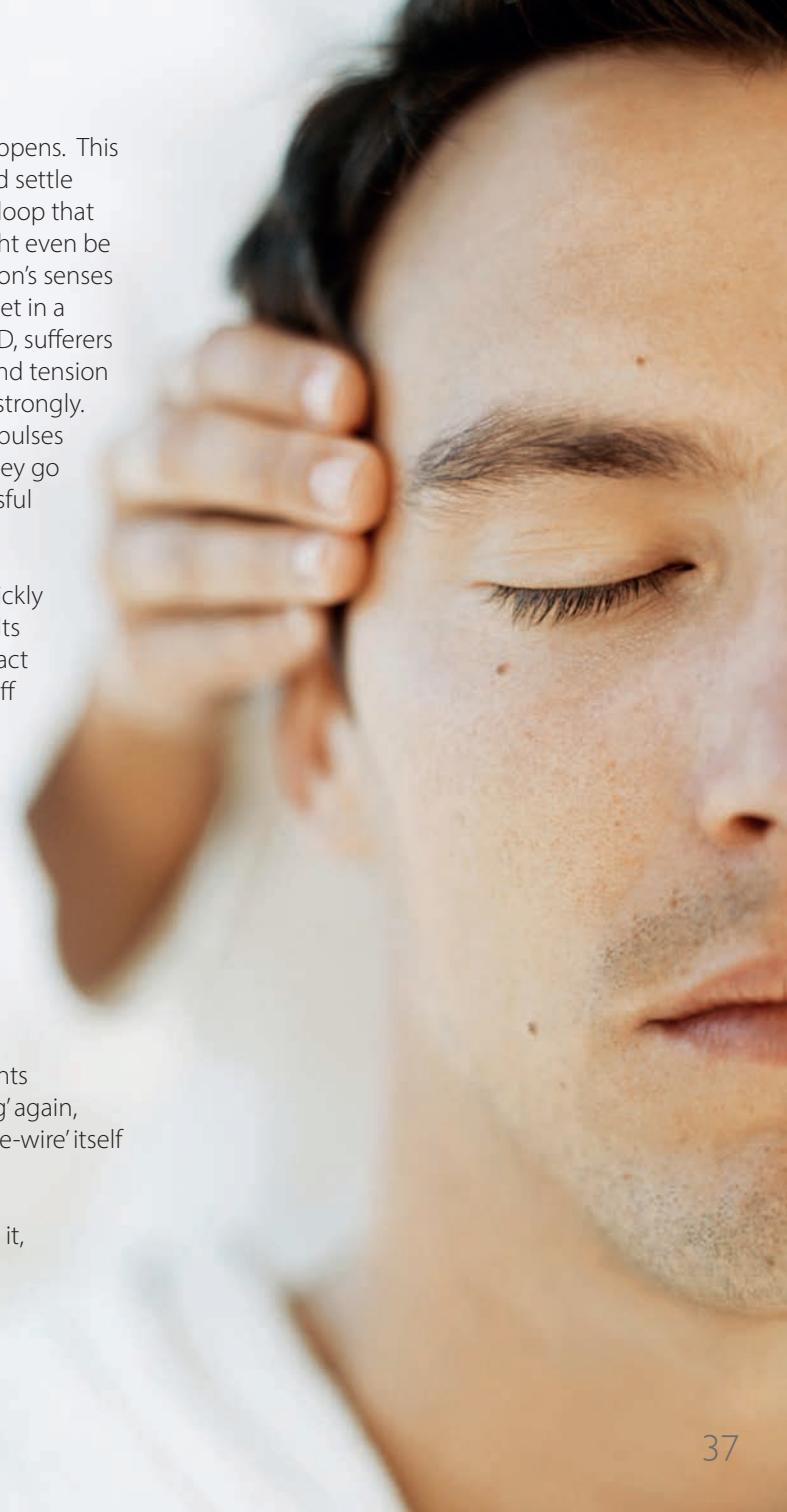
The body remembers

Craniosacral Therapy recognises first of all that there are powerful connections between the body and the mind – especially between the body and our feelings; secondly that the effects of stress and trauma are stored in the body. When caught up in a situation that feels overpowering, the body's first protective instinct is to tense up and contract (or sometimes even to collapse and faint). This automatic 'brace and freeze' reaction is part of an instantaneous instinct that's intended to protect us from any extremely stressful or overwhelming event. But if the 'freeze' is not quickly dissolved, it can stay around and get stored in the body itself. This can happen even though the actual memory of what caused the 'freeze' gets lost and forgotten. If this sort of trauma happens very early in life, it can have a lifelong effect on the way the body and mind react in stressful situations. For someone affected this way, everyday stresses sometimes unexpectedly wake up early unremembered feelings stored as 'body memories'. That said, an overwhelming experience can imprint the body with the memory of bracing

and tightening up, no matter what time of life it happens. This sort of 'body memory' may just work its way out and settle down. However it can hang on and act like a tape-loop that keeps replaying every time something – and it might even be quite a minor stress that triggers it. And so the person's senses and feelings are then on a bit of a hair trigger, and set in a constant state of high sensitivity. This is why in PTSD, sufferers may find noise or bright light too much, feel pain and tension in muscles or that their heart is beating too fast or strongly. They may find that their defensive or aggressive impulses are triggered at the slightest provocation, or that they go into a cold sweat and 'freeze' when faced with stressful situations.

Children often get over these experiences quite quickly by having a serious crying fit or a tantrum. But adults have learned not to show how they feel, not to attract attention and simply to get on with life – the old stiff upper lip syndrome. So, because of upbringing or embarrassment we override our natural instincts and this stops us from discharging the body's natural responses to shock. For example, when someone slams into the back of your car you will probably feel shaky or even enraged, but instead of standing in the street and trembling or shouting, you just have to stand around and politely exchange insurance details! Understandable though this is, a lot of excess energy can get trapped in our bodies when we have to control our natural reaction to stressful events this way. However, there are safe ways of 'unfreezing' again, and fortunately the nervous system is fully able to 're-wire' itself given the chance.

Indeed, as the body gets accustomed to living with it, we can often hide the effects of shock or trauma – sometimes for years. But we might end up feeling highly agitated yet at the same time frozen and immobile – a bit like



One veteran waiting for a treatment stood in the middle of the room with his back to a pillar, anxiously checking all around him. During the treatment this nervousness was expressed in his sacrum which the therapist was able to guide to a more centrally balanced movement. Feeling so much better he told a waiting client about it. . . who simply went to the therapist and said "I'll have what he had"

(note . . . each treatment is quite different, but the effects can be the same)

'I notice that for three or four days after the CST I sleep better. I leave here relaxed and so not hyper-vigilant. I don't need to look over my shoulder while walking back to my car, which means I can get on and do other things.'

"My foot was really hurting and I put my hand in my pocket I realised that I had forgotten to bring my painkillers. Then I came for a treatment and after a while that pain just went away and I feel very relaxed - like I'm in a flotation tank."
Army Veteran with foot in plaster

having one foot down hard on the accelerator and the other on the brake at the same time. No good for the engine! Eventually physical and emotional health may start to suffer from problems caused by this sort of tension – symptoms like back pain, headaches or digestive problems, or anxiety, depression and insomnia. Tensions like this are the sorts of thing Craniosacral therapists believe it can help relieve. This kind of stress and trauma can commonly occur while on deployment, but the effects may not be apparent until arriving back home. Many families are also unprepared for some of the emotional difficulties encountered when loved ones are sent away, nor by the changes they perceive on their return – such as Dad's sleeplessness, unhappiness or general agitation, or Mum's anxiety or depression. These injuries are the sort that aren't obvious to the naked eye, and don't show up on blood tests. But they are real enough, and may need some help to heal them.

What you may experience?

Craniosacral Therapy is a gentle approach, and doesn't involve any manipulation of the body. Craniosacral Therapists instead use a light touch, aiming to help relax tensions that might be blocking the body's energy flow. In a typical session you would lie (or sometimes sit) fully clothed on a treatment couch. The therapist makes contact by gently placing her/his hands on your body to tune into the movements taking place and any areas where movement may be restricted – a sort of 'listening to the story of the body'. Craniosacral Therapists say they use their hands to sense the body in much the same way a counsellor might listen to your words.

Gradually this light touch helps the body settle and feel more comfortable. If there's enough relaxation some of the energy that was holding everything tightly in place can begin to move again. During a session you could experience deep relaxation, heat, tingling, floatiness or a sense of letting go. Sometimes the body will discharge the effects of stress or trauma by trembling or even shaking. Sometime you might feel nothing much at all. During this process the therapist will always help to pace the treatment so that the tensions they are looking for can be safely and slowly released in a step-by-step process – a bit like opening a very shaken up bottle of

fizzy drink just a little bit at a time, so the energy can be released gradually without any problem . . . gently, gently does it. Perhaps, when this approach is effective it is because it concentrates on the body rather than the mind. So the client does not have to 're-live' the traumatic events.

REMEMBER – the body is naturally brilliant at recovering from all types of experiences, stress and trauma. Craniosacral Therapy simply harnesses and guides that ability.

(For further information and to find a therapist near you www.craniosacral.co.uk)

YOGA

This is a physical and mental exercise which originated in India and is a mixture of postures (asana's) and breathing (pranayama). Over the centuries it has been found to have a beneficial effect on the over-stressed, the depressed and those in pain. The great thing about yoga is that everybody works at their own level. . . nobody is expected to strain or push themselves beyond where they feel comfortable. Regular yoga practice has been found, in studies in the US and Australia, to improve the body's flexibility but also mental health and ability to sleep. While in another study at the University of Boston it showed a thirty per cent reduction for those suffering back pain, over a period of twelve weeks. It is a discipline that engages body and mind and may help sufferers from OSR and PTSD with sleep and anxiety problems.

Its great asset is that it engages three of the most powerful aspects of healing – exercise, breathing and meditation.

Best of all it is simple to follow and easy to practice. Adele Towsey, Community Development Worker, uses it with her children's groups as the last 15 minutes of each session. "I ask them all to lie on the floor and close their eyes, it is astonishing how quickly a roomful of children quieten down."

(For further information and where to find a class near you www.localyogaclass.co.uk or www.yoga.co.uk)





MEDITATION AND MINDFULNESS

Meditation and mindfulness may they sound similar, but in practice they are quite different, although both have been found to reduce the stress hormone, cortisol, and both help to:

- Decrease anxiety levels
- Relieve worry
- Help sleep problems
- Restore calm to an overworked mind

You know the feeling, when worry and exhaustion take over and you find yourself with little or no energy or appetite for anything...then this might be the time to try one of these. Meditation has been practised since time immemorial in monasteries, temples and sacred places...however in the ensuing centuries its efficacy has filtered down to the secular world and is now even practised in high-tech firms from Silicon Valley to Shanghai. It is a great way to clear away the information overload that builds up each day in our minds and contributes to our stress levels. Studies have shown it can have a profound effect on high blood pressure, depression and sleep deprivation. In some forms of meditation a mantra or visual aid, such as the flame of a candle, is used, both to help focus attention. You can allow thoughts in and out, but the minute you find yourself dealing with them... go instantly back to concentrating on your breathing. The idea is simply to give the mind a rest.

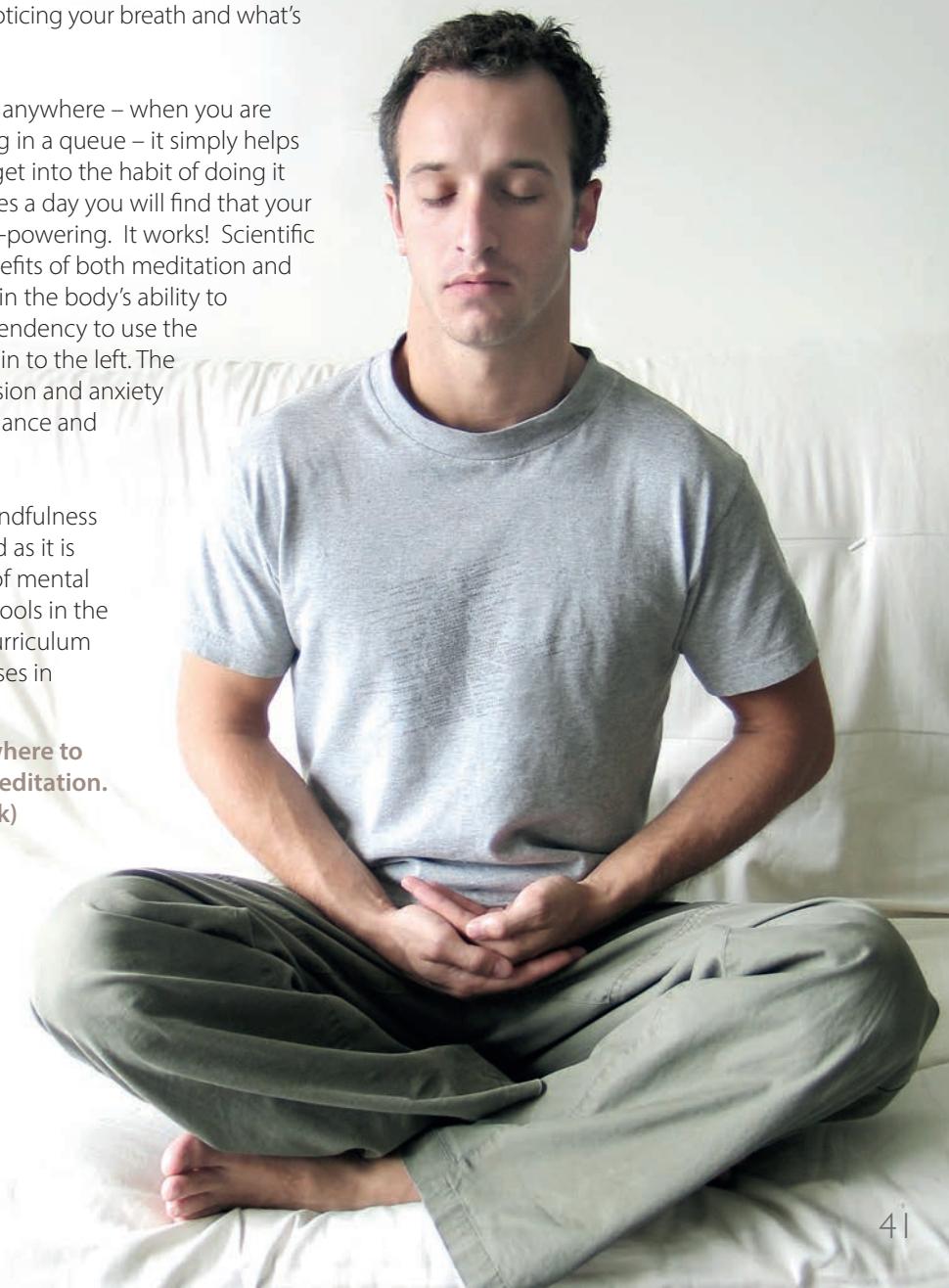
While most forms of meditation are practised alone in a quiet room with the person sitting cross-legged or upright on a chair, Mindfulness can be practised anywhere. Again the breath is at its centre...but all it demands is for you to be mindful of the present moment. Simply be aware of where you are in the here and now. It teaches you to focus on the moment and not think about the past or what will happen in the future. Of course this kind of thing takes a bit of practice, so you would need to get good at doing this while sitting quietly at first. For instance, it is good practice counting slowly one to ten and when other thoughts comes into your head simply go back to counting again. This is surprisingly hard to do because the mind likes to find all sorts of irrelevant

snippets to hang on to! After a while you will get better at this and become more aware of the jumble and chatter in your head and how to let go of it by noticing your breath and what's happening in the here and now.

So mindfulness can be practised anywhere – when you are out for a walk, on the bus, waiting in a queue – it simply helps focus on the present. If you can get into the habit of doing it for five minutes two or three times a day you will find that your stress levels do not seem so over-powering. It works! Scientific studies have shown that the benefits of both meditation and mindfulness include an increase in the body's ability to heal itself by subtly shifting our tendency to use the right pre frontal cortex of the brain to the left. The former is associated with depression and anxiety and the latter with emotional balance and relaxation.

In the US, Marines are offered mindfulness training before they are deployed as it is recognised as an effective form of mental discipline, while a number of schools in the UK have introduced it into the curriculum and the NHS is encouraging classes in certain areas.

(For further information and where to find help visit www.learningmeditation.com and www.bemindful.co.uk)





ACUPUNCTURE

One of the elements of Traditional Chinese Medicine and is one of the oldest healing practices in the world and one which believes that the physical, emotional and mental aspects of the body are interdependent. During the last decade it has been employed by medical units within the US Air Force as a treatment for PTSD and pain relief. This latter aspect is known as battlefield acupuncture and involves a tiny needle in the skin of the ear for pain relief. It has also been endorsed for certain conditions by both the NHS and the World Health Organisation and is thought to:

- Help alleviate pain
- Treat migraines
- Alleviate Depression
- Help deal with insomnia

How it works

Traditional acupuncture is based on the idea that an energy or life force flows through the body in channels known as meridians. Acupuncturists believe that when this energy (known as Qi in Chinese medicine) is out of balance the body cannot remain healthy. Using very slender needles, the acupuncturist stimulates points through the skin to restore the body's equilibrium. Some people seem to respond to acupuncture better than others, and at first weekly treatments may be needed before there is a useful effect.

**(For further information and to find a therapist near you
www.acupuncture.org.uk)**

EMOTIONAL FREEDOM TECHNIQUES AND THOUGHT FIELD THERAPY

This is often described as acupuncture without the needles as it also said to work by unblocking the body's energy system. There isn't as yet much research but users claim it can help with

- Anxiety
- Depression
- Phobias
- PTSD
- Abuse
- Anger outbursts

It is an extraordinary gentle therapy where results are said to be experienced quite swiftly. You can practice it on yourself between treatments or as an on-going aid whenever you begin to feel stressed. According to users you can learn to literally tap away your traumas. It involves a gentle finger tapping at certain points on the crown of the head, on the face and along the chest and hands. The tapping is combined with repetitive positive affirmations such as "I will get better". Practitioners claim that improvements can be felt immediately and between four and six sessions should have lasting effects. They can also teach people how to do it to themselves.

**(For further information and where to find a practitioner
near you www.emotionalfreedomtherapy.co.uk and
www.sitdownandrelax.co.uk)**

Mark, a 28 year old veteran, who served in Kosovo, twice in Iraq and once in Afghanistan and is now suffering from PTSD, has found it has given him great relief. Having had four treatments originally he now only needs to see a practitioner about once a month,

"I feel a lot better in myself, although I know I've got someway to go. . .but even my youngest little girl now says that I am smiling again."

Power of breath...

We all think that we know how to breathe – we do it naturally twenty-four hours a day... but what we never think about is, whether we are doing it properly. It's a fact that most of us have forgotten how to breathe. Stay still for a moment and be aware of your breath... does it go all the way down to the abdomen? Watch how a baby sleeps and you will see his tummy pushes out when he breathes in, and moves in on the out breath – that should be the same with you. However, after shock or when we are stressed it's common for this sort of relaxed breathing with the belly to change into tense shallow breathing that uses the upper chest only. This sort of breathing makes for tiredness and tension.

The great thing about breathing correctly is that you can do it on your own and at any time... while its advantages are numerous. When you breathe properly your body takes in enough oxygen and gets rid of enough CO₂. So breathing helps produce harmony in the body and brings vitality to your inner organs, muscles and mind. Good breathing can also help fight stress, insomnia and fatigue and relax you (remember those ante-natal classes).

You can teach your children to do it too. Make a game of it that all of you can join in just before bedtime.

- Lying on your back comfortably with a hand on your tummy between belly button and ribs, breathe all the way out. Notice that as you do this your belly moves inward. If it does the opposite then you're breathing just with your chest and not using your belly.
- As you breathe in gently, with a hand on your upper chest notice whether there's much movement there.
- If there is, then as you breathe out, make sure you breathe out completely and your belly is concave. This will help the in breath and make it easier.
- Give yourself time to sense how you breathe and to let it slow down. By concentrating lightly on your out-breath for a few minutes you should be able to let your body relax so the breathing slows down naturally.
- Practice this every day for ten minutes, breathing slowly and gently. This is not about "deep breathing", it's about reminding your body what calm breathing feels like, so that you can start to notice when your breathing gets agitated.
- Calm breathing tells your body that all is well, so it's a great trick for un-stressing! Once you're good at the slow belly breathing you might like to try this simple

exercise – breathe in for a count of seven and then out for a count of eleven. This takes a bit more practice, but its worth it because it slows things down a little and is extra calming.

- Once you've done the homework you can start to be aware of your breath, and how to relax into the calm-breath (particularly the 7/11) whenever you need to.
- Try being breath aware and slow breathing with your belly even while you're walking the dog, taking the children to school, doing the washing up.
- It will eventually become second nature.
- Anytime you or the kids are feeling upset or worried – why not play the breathing game. It is surprising how much better you will feel.



SOMATIC EXPERIENCING

Somatic Experiencing is a pioneering approach to physical and psychological symptoms of stress, shock and trauma. It works with your body's natural self-regulating systems, and doesn't necessarily involve touch or bodywork.

Knowledge of trauma's patterns may help transform traumatic reactions and potentially prevent symptoms developing after an overwhelming event. Practising SE can be a significant support not just in your own life but those around you.

Nature's wisdom

SE® is based on the work of American psychotherapist Dr Peter Levine who believes PTSD is primarily physical. His theory is based on observations of wildlife. Animals are regularly threatened with death yet rarely traumatised; their survival instinct kicks in, flooding their body with highly charged energy ready for fighting back or running away. When the threat has passed, that intense energy is discharged and the animal returns to full normal health.

We are all equipped with the same capacity to overcome an overwhelming experience. Yet our rational brain frequently 'rejects' the powerful primal instinct of the body. The result is that huge fight/flight energy gets trapped in the nervous system where it can lead to all sorts of symptoms; sometimes immediately, sometimes not until years later.

The power of presence

Through moment-to-moment awareness of sensations in your body SE aims to gently re-establish the natural flow of your life energy, supporting the safe release of energy and tension, putting the past where it belongs, and restoring body, heart and mind to a relaxed wholeness.

SE's long-term goal is for you to live a rich and full life with equal access to all parts of your mind and body and help you feel whole again.

The work of Dr Peter Levine and his associates can be found at the Somatic Experiencing Trauma Institute.

(To watch a short video of Dr Peter Levine giving a summary of Trauma and SE, please go to <http://www.seauk.org.uk/resources.html>)



Where to go for help..?

ROYAL NAVY and ROYAL MARINES CHILDRENS FUND

This is the only charity dedicated to supporting the children whose parents work or have worked with the Naval Service. They help with educational needs, childcare, in-home support, holidays among other needs. In the last year over 1,500 children were supported in some of the following ways;

- A couple, one of which served with the Royal Navy and had been diagnosed with PTSD found their new born baby to be suffering from a disability and not all the treatment for him was available on the National Health, the parents asked the children's fund for a grant.
- One family with four children and the father was diagnosed with PTSD and a broken back. The whole family was showing signs of stress. They were in debt and unable to cope. Children's fund helped to cheer up the children's bedrooms.
- A couple who had been together since they were teenagers finally broke up a few years after the children's father was diagnosed with PTSD. Both children had been to boarding school due to the constant moves the family had made during Dad's time in the service. When the family fell apart they could not keep the children at school and removed them. The daughter was about to begin her A levels and the son to start his GCSE courses. Both the children went to a local college. Sadly the disruptive home life has taken its toll on the children and the son became very angry and fell in with a bad crowd. He started skipping school and taking drugs. Mum was desperate and finally came to the fund to ask if we could help with the cost of getting her son some counseling before he ruined his life.

- A female RN rank was diagnosed with PTSD and when her marriage failed, she tried to take her own life. She has two children who live with her and their father's address is unknown. She had not been able to work, but fortunately, had a very supportive family. The children's fund was able to help with some of the costs for the children.

This book is this year's initiative from the Fund to help and support families whose members have returned from active service experiencing Post Traumatic Stress Disorder or Operational Stress Reactions.



OTHER HELPFUL SOURCES INCLUDE:

- **Anxiety UK** www.anxietyuk.org.uk
- **Big White Wall** - www.bigwhitewall.com
- **Combat Stress (ex-Services Mental Health Welfare Society) Veterans**
24 Hour Helpline (0800 138 1619) www.combatstress.org.uk
- **Defence Community Mental Health Teams (DCMH)**
- **Department of Community Mental Health**
 - Portsmouth: 023 9272 6256
 - Plymouth: 01752 555 965
 - Neptune: 01436 674 321 ex 5188
- **Families of the Fallen** www.familiesofthefallen.org.uk
- **Family Therapists**
- **Help for Heroes** www.helpforheroes.org.uk
- **Joining Forces app** – available through itunes store.
- **Maudsley Hospital (Traumatic Stress Service)** www.slam.nhs.uk
- **Mental Health Social Worker**, Dept of Community Mental Health, Plymouth.
www.pomplymouth.org
- **Military Families Support Group** www.mfsg.org.uk
- **Mind** - 020 8519 2122, contact@mind.org.uk or contactwales@mind.org.uk www.mind.org.uk
- **Naval Families Federation** www.nff.org.uk
- **Royal Navy & Royal Marines Welfare**
 - 02392 728 777
 - www.royalnavy.mod.uk/welfare
- **NHS Veterans** - UK free helpline: 0800 138 1619
- **Post Traumatic Stress Disorder** www.ptsd.org.uk (for ex service personnel)
- **RETHINK**
 - 0300 5000 927
 - www.rethink.org
- **Royal British Legion**
 - 0808 802 8080 8am to 8pm 7 days a week
 - www.britishlegion.org.uk
- **Royal Marines Welfare** - Each Royal Marines Unit has its own dedicated Welfare Officer although the central number at RM Stonehouse is 01752 836 906
- **Individual Service Welfare Teams** – RN & RM - www.royalnavy.mod.uk/
- **SSAFA (Soldiers, Sailors, Airmen and Families Association Forces Help)** – Forcesline (0800 731 4880, 10.30am-7.30pm) www.ssafa.org.uk
- **Unit Padres**
- **Veterans UK**
 - 0808 1914 2 18
 - www.veterans-uk.info/
- **Veterans Outreach Support** – based in Plymouth at The Royal Maritime Club, Queen Street, Portsmouth, PO13 3HS. Tel: 023 9273 1767 or a center near you.
 - www.vosuk.org
- **The Veterans and Reserves Mental Health Programme (VRMHP)** - Freephone helpline: (0800 032 6258) Email: dphce-dcmhcol-vmhmp@mod.uk
- **VVADS (Vulnerable Veterans and Adult Dependants)** – Catterick based initiative to support serving personnel and their families using bespoke local IAPT.
- **Your local GP**

Acknowledgments...



Barcapel Foundation

The Barcapel Foundation has been supporting charitable works and endeavours in Scotland and beyond for over 40 years.

Today its trustees still operate guided by the philosophies of the original settlers, R Clement Wilson and Andrew C Wilson, especially their view that "From the outset the Foundation saw that its most effective giving would be directed to those organisations who were in the early stages of development and in need of help to get off the ground". The current trustees refer to this ambition as "pump priming".



**Armed Forces
Covenant**

Libor Fund

This project was funded by the Armed Forces Covenant LIBOR Fund. The intention of the Libor Fund is to support the two key principles of the Armed Forces Covenant, which are that the Armed Forces Community should not face disadvantage in the provision of public and commercial services, and that special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

Veterans Outreach Support

Veterans Outreach Support has been functioning in Portsmouth since July 2008. It is central to positive mental health is wellbeing and many veterans and their families have difficulty in asking for help.

Their mission statement is; "The Preservation and Protection of the Mental Health, Wellbeing and the relief of need for Armed Forces Veterans (both Regular and Reservists) or former members of the Royal Fleet Auxiliary/Merchant Navy (who served in times of conflict) and their family members, in so far as they have charitable need, by the provision of a Drop In service providing assessment, treatment, support, advice and advocacy".

The aim of VOS is to address this difficulty, by providing a one stop shop, in a friendly setting, staffed by experienced agencies such as SSAFA, the RBL, Combat Stress, supported by a team of Mental Health Practitioners familiar with the problems encountered by Veterans.

It is expected that the majority of those who come through the doors for the first time will find that their problem can be resolved within two or three visits.

Others may benefit by return visits for companionship, or Counselling/Complimentary Therapy.

There is no need to make an appointment. It is literally a Drop-In Facility. Nor is there any limit to the number of times the facility can be accessed.

Adele Towsey

Adele is a Community Development Worker with the NPFS&RMW in Plymouth and is responsible for developing projects and activities based on the needs of service families during deployment. One such project, 'Future Minds', is a 10-week programme for children aged 7-11 years and is aimed at building resilience and developing an understanding of the Cycle of Deployment. This work enables children and families to draw on their experiences in order to build relationships and develop key skills which may alleviate any negative effects of adversity.

Andrew Watson

Andy has served for 27 years in the Royal Marines and now works as a Welfare Officer within the Royal Marines Welfare team.

Contact details via the generic Welfare listing at 'Other Agencies'

Anne Wadsworth

Anne who, with the Barcapel Foundation, supported our vision of producing this booklet from the outset with guidance and initial funding. A successful public affairs specialist and former journalist, Anne has played a prominent role in the promotion of integrated health for over 20 years. She has worked with numerous charities to expand patient choice by bringing together orthodox and complementary therapies.

Barbara Bear

Barbara has had a varied career. As well as being a teacher, musician, writer and sculptor, she is a qualified craniosacral therapist with over 10 years' experience. She is a keen supporter of Integrated Health, and actively promoted this during her year as Lady Mayoress of the City of London 2010/11.

Her experience has included responding to the London bombings of 2005 by initiating the inclusion of CST at the 7th July Assistance Centre, London.

More recently, she was instrumental in setting up the Craniosacral Therapy Clinic for veterans and their families that is now offered as part of Veterans Outreach Support VOS (Portsmouth) and RNRMCF.

She has extensive experience teaching children of all ages.

'Cure Sometimes, Heal Often, Comfort Always'

Professor David Peters

David's work as a musculo-skeletal physician has been enriched by osteopathy and acupuncture, and by body-oriented psychotherapy methods, as well as by his own exploration of the relaxation response, yoga and meditation. David has published five books about complementary therapies, and led on several projects evaluating complementary medicine in the NHS. David also has a particular interest in health problems where pain and fatigue often overlap (including PTSD). Another concern is self-care in long-term conditions (for which he developed the online Self Care Library <<http://selfcare-library.info>>). David is now directing a new initiative - the Centre for Resilience at the University of Westminster.

Jo Foley

Journalist and writer she has edited a number of women's magazines and has written on Complementary Therapies and Integrated Health for almost twenty years. She has also written books on health, fitness and travel.

Spider PR

Who created the concept of 'Knit the Family' and sought volunteers from around the world to knit the evocative and symbolic parent and child dolls.

Special thanks to the following people:

- Jonathan Poston, Chair of the Craniosacral Therapy Association, for assistance with setting up the project.
- Liz Kalinowska, Fellow of the Craniosacral Therapy Association, for wise advice.
- Michael Kern, Founder/Principal of Craniosacral Therapy Educational Trust and author of "Wisdom in the Body - The Craniosacral Approach to Essential Health" for clarity in explaining craniosacral therapy.
- Cathy Cremer, whose experience working with Healing Hands Network in Bosnia and UK Forces Project has contributed to an understanding of how best to explain the benefits of CST for those suffering from PTSD.
- Silvana Calzavara whose experience working at Headway East London (acquired brain injury) proved invaluable at the VOS (Portsmouth) CST clinic.
- Monica Tomkins, Eva Kretchmar, Sally Christian, Talita Harrison, Cathy Brooks and Simon Copp for their contribution in carrying the CST project forward.
- The children of Whitewell School, Plymouth for their wonderful hand drawn illustrations for the book.
- Fiona Goble for kindly donating her time and knowledge to create the original 'Knit the Family' patterns. She is also known for her charming and original yarn characters and authored the bestseller, Knit Your Own Royal Wedding. Her other books include Noah's Knits and the Christmas-themed craft titles Knitvity, 'Twas the Knits Before Christmas and The Twelve Knits of Christmas (Ivy Press, www.ivypress.co.uk).
- Laughing Hens for their generous offer on wool and for helping to promote knit the family within their knitting community.
- The many volunteers in the UK and abroad who kindly donated their time and spare wool to create the wonderful knitted pairs of dolls.

Appendix...

INTEGRATED HEALTH OVERVIEW **Professor David Peters**

Modern medicine has made huge advances in battling disease. Yet if peace and calm are what the body and mind need, something more than standard medicine alone may be called for. This is where complementary therapies so often seem to help. With the NHS facing a deluge of long term disease and stress-related illness, it's no wonder there is so much interest in using approaches like acupuncture, osteopathy or touch therapies alongside conventional treatments. This combination - the best of both worlds, combined with good 'self-care' - is what's called Integrated Healthcare.

People with long term health problems very often have a whole variety of related symptoms that make everyday life even harder to cope with. Things like low back pain, anxiety, headaches, exhaustion, low mood, pain, irritable bowels often seem to be part of the picture. So we have put together a website to help you find out more about some treatment choices - many of them the kind of self-care you can get on with without expert help. If you are bothered by symptoms like these why not take a look at the SelfCare Library and see what you can do to help yourself feel better?

www.selfcare-library.info

The National Institute for Clinical Excellence (NICE) Guidelines – Post Traumatic Stress Disorder (PTSD) 2005 (reviewed 2011)

1.5 Support for families and carers

Families and carers have a central role in supporting people with PTSD. However, depending on the nature of the trauma and its consequences, many families may also need support for themselves. Healthcare professionals should be aware of the impact of PTSD on the whole family.

1.5.1 In all cases of PTSD, healthcare professionals should consider the impact of the traumatic event on all family members and, when appropriate, assess this impact and consider providing appropriate support. GPP

1.5.2 Healthcare professionals should ensure, where appropriate and with the consent of the PTSD sufferer where necessary, that the NICE Guideline – Post-traumatic stress disorder (PTSD) 12 families of PTSD sufferers are fully informed about common reactions to traumatic events, including the symptoms of PTSD and its course and treatment. GPP

1.5.3 In addition to the provision of information, families and carers should be informed of self-help groups and support groups and encouraged to participate in such groups where they exist. GPP

1.5.4 When a family is affected by a traumatic event, more than one family member may suffer from PTSD. If this is the case, healthcare professionals should ensure that the treatment of all family members is effectively coordinated. GPP

1.6 Practical support and social factors

Practical and social support can play an important part in facilitating a person's recovery from PTSD, particularly immediately after the trauma. Healthcare professionals should be aware of this and advocate for such support when people present with PTSD.

1.6.1 Healthcare professionals should identify the need for appropriate information about the range of emotional responses that may develop and provide practical advice on how to access appropriate services for these problems. They should also identify the need for social support and advocate for the meeting of this need. GPP

1.6.2 Healthcare professionals should consider offering help or advice to PTSD sufferers or relevant others on how continuing threats related to the traumatic event may be alleviated or removed. GPP

GPP – Good practice point

Knit your own family...

Knitting genius, Fiona Goble kindly donated the patterns for a small girl with either a Marine or Naval parent so that volunteers worldwide could create 'knitted families' for the Royal Navy and Royal Marines Children's Fund to use in conjunction with this book. If you would like to knit your own families, please visit the Royal Navy and Royal Marines Children's Fund website at www.rnrmchildrensfund.org.uk for more information and downloadable patterns.

LITTLE GIRL DOLL

You will need:

- 3 m (2 g) pale pink DK yarn
- 11 m (5 g) mauve DK yarn
- 11 m (5 g) skin tone DK yarn
- 5 m (2 g) pale yellow DK yarn
- Very small amounts of dark grey and red DK yarns
- 5-10 g polyester toy filling

You will also need:

- A pair of 3 mm knitting needles
- A needle to sew your doll together
- A large-eyed embroidery needle
- Red colouring pencil
- Water-soluble pen

DOLL

Body and head

Make 2 pieces

- Cast on 12 sts in pale pink.
- Work 5 rows in st st beg with a K row.
- Next row: K.
- Break pale pink yarn and join mauve yarn.
- Work 5 rows in st st beg with a K row.
- Next row: K.
- Break mauve yarn and join beige yarn.
- Next row: K.
- Next row: (P2tog) twice, P4, (p2tog) twice. [8 sts]

- Next row: K1, k2tog, K2, ssk, K1. [6 sts]
- Next row: P.
- Next row: (Inc1) 5 times, K1. [11 sts]
- Next row: P.
- Next row: K2, m1, K7, m1, K2. [13 sts]
- Work 7 rows in st st beg with a P row.
- Next row: K2, k2tog, K5, ssk, K2. [11 sts]
- Next row: P2tog, P7, p2tog. [9 sts]
- Cast off.

Legs

Make 2

- Cast on 8 sts in beige.
- Work 14 rows in st st beg with a K row.
- Next row: K1, k2tog, K2, ssk, K1. [6 sts]
- Next row: P2tog, P2, p2tog. [4 sts]
- Break yarn, thread through rem sts, pull tightly and secure.

Arms

Make 2

- Cast on 7 sts in mauve.
- Work 5 rows in st st beg with a K row.
- Next row: K.
- Break mauve yarn and join beige yarn.
- Work 8 rows in beige beg with a K row.
- Next row: K1, k2tog, K1, ssk, K1. [5 sts]
- Next row: P2tog, P1, p2tog. [3 sts]
- Next row: K3tog. [1 st]
- Break yarn and pull through rem st.



Skirt

- Cast on 20 sts in mauve.
- 1st row: P.
- Next row: K2, (m1, K2) to end. [29 sts]
- Work 10 rows in st st beg with a P row.
- Cast off kwise.

Making up

Join the back seam of the skirt using mattress stitch. Weave in lower yarn tails.

Making up

Make up doll in the same basic way as the sailor doll. Cut 20 x 20-cm strands of yellow yarn for the hair. Join the centre of the strands to the centre of the top seam of the head. Join again at each side of the doll's face, using the photograph as a guide. Trim the bunches to the desired length. Oversew the waistband of the skirt in place round the doll's waist using the yarn tails





The Royal Navy & Royal Marines
Children's Fund

311 Twyford Avenue, Stamshaw, Portsmouth, PO2 8RN
e: caseworkers@rnmchildrensfund.org.uk
t: 023 9263 9534

Registered Charity Number: 1160182

