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The Shaping Purpose Military to Civilian Transition Program Evaluation and Study

Part II

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Executive Summary

This report summarizes the results of an arms-length, longitudinal, mixed methods evaluation of the Shaping Purpose program for releasing military personnel and their key transition support person. Based on an established personal and career development course, Shaping Purpose was redesigned to assist military members as they cope with the challenges of transitioning from their military careers to civilian work and other roles. The program is delivered online, in a live, small group setting, over four days. Four, three-hour modules are used to lead participants through a series of individual exercises and group discussions to help them clarify their sense of purpose and meaning in their post-military life and roles, and to establish personally relevant, achievable goals for their future.

This study had several overarching objectives: 1) To assess the delivery of the program and gauge its perceived usefulness and value to Veteran participants, their primary support persons or spouse, and to referral stakeholders; 2) To assess the outcomes of the Shaping Purpose program using both quantitative and qualitative methods; and 3) To explore the characteristics of “transitioning well” or “struggling in transition”, in the self-assessments of Veterans and their key support persons using the VAC Domains of Well-being framework. It is our hope that this third objective will contribute to our understanding of “successful transition” and its key determinants.

Based on the interviews with Veterans, spouses and referral stakeholders, and based on the quantitative data, this evaluation concludes that the Shaping Purpose program has demonstrated its effectiveness as a planning and preparedness activity for military personnel and their key support person in the context of transition from military to civilian life. Specifically, participants reported feeling an increase in their purpose in life, reductions in psychological distress and improved general mental health. The program is relevant to the needs of releasing military personnel and their key support person, and produces outcomes desired by participants that appear to be durable over time. Importantly, this evaluation replicates results from three prior evaluations of the program.

A randomized controlled design would be required to establish a causal link between the improvements measured and the program itself – improvements may be due to many other unrelated factors. Nevertheless, independent investigation continues to support the usefulness and effectiveness of the Shaping Purpose program as a resource for Veterans and their key support person as they plan for transition from military to civilian life.

The contents of this report will be of interest to public service policymakers, health care organizations and clinical practitioners, Veteran’s advocacy organizations, health researchers, and others with responsibilities for ensuring that Veterans are able to transition to full and meaningful lives after their military service. It may also be of interest to those who wish to participate in the Shaping Purpose program, those who are facing their own transition out of the military or those who are supporting a family member in transition from a military career.



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Dedication

To Canada's Veterans and serving military, and to their families, who also provide key support without recognition or acknowledgement. We owe a debt of gratitude to them all.



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I ENCOUNTER SO MANY PEOPLE WHO REALLY UNDERVALUE WHAT THEY DID
IN THE MILITARY. BUT IF YOU BROKE DOWN WHAT THEY DID IN A DAY THEY
ACTUALLY TOOK ON REALLY SOPHISTICATED WORK. THEY JUST NEEDED HELP
TO SEE WHAT THEY COULD DO ON THE OUTSIDE.

Vocational Rehabilitation Specialist

Chapter One – Introduction

1.1. Background and Context

This multi-method program evaluation aims to assess the effectiveness and impact of the Shaping Purpose Transition Program in supporting Veterans and their domestic partner or support person during their transition from military to civilian life (MCT). The evaluation incorporates quantitative and qualitative data collection methods to provide a holistic view of the experience of Veterans and their key support persons attending the program, and to measure outcomes over time to gauge the effectiveness of the program. The third portion of the evaluation aims to enhance support provided to Veterans and their families by using the Veterans Affairs Canada (VAC) Domains of Transition Model as a framework for exploring and understanding the multifaceted experience of transition.

The challenges of transition into civilian life after military service have been the subject of research and public concern for generations. In 1944, Dr. Carl Rogers warned about the challenges of adjustment for discharged service personnel, noting that a “profoundly important psychological task is to help the man to explore his attitudes, his situation, his confusions and his dread of the future until he begins to see some things which he himself wishes to attain after his service (Rogers, 1944). Today, it is generally understood that the experience of leaving a military career and “re-entering” the civilian world represents a major life transition that brings some degree of challenge for most releasing military personnel (Kintzle et al. 2016). The eventual return to civilian life after military service can be a source of considerable role and identity disorientation, loss and stress (Bergman et al., 2014).

Four iterations of the Canadian Life After Service Surveys (LASS), have asked Canadian Veterans about their health and well-being and their adjustment to civilian life after leaving military service. In the 2010 LASS, twenty-five percent of Canadian Veterans reported a difficult adjustment after their release from the services (Thompson et al., 2011). On the 2013 LASS, twenty-seven percent of Canadian Armed Forces (CAF) members who had been released from the regular forces between 1998 and 2012 reported difficult or very difficult transitions (Thompson et al. 2014). Findings from the 2015 Life After Service Study (Van Til et al., 2017) suggest that thirty-two percent of those who participated in the survey had difficulty in their adjustment to civilian life. According to the most recent LASS, 39% reported difficulty with adjustment (Sweet et al., 2020). The highest rates of difficult adjustment were reported by Junior Non-Commissioned Members (47%) compared to 35% of Senior Non-Commissioned. Most Veterans reported a high degree of social support (81%) but only half (53%) had a strong sense of belonging to their community. Compared to Veterans who released between 1998 and 2015, those who released



more recently (between 2015 and 2018) had higher rates of: difficult adjustment (47% vs 37%), medical release (49% vs 28%), anxiety (30% vs 20%), depression (33% vs 24%), and not being in the labour force (43% vs 36%).

Compared to Canadians of comparable age and sex, Regular Force Veterans had higher rates of chronic health conditions such as back problems (45% vs 22%); arthritis (35% vs 20%); depression (26% vs 7%); anxiety (21% vs 6%); and post-traumatic stress disorder (24% vs 1%). They also experienced regular activity limitations more often (31% vs 10%) and were less likely to rate their health as “very good or excellent” (39% vs 60%) (Sweet et al., 2020). All of these conditions can complicate the transition out of the forces and adjustment to life after service. When illness or injury results in members being unable to continue to perform essential tasks, they may face a medical release (3B) from the Armed Forces. Such a release from the Services, which marks the end of their military career, may be contrary to the wishes, the terms and/or the schedule of the member, thereby presenting an additional adjustment challenge.

Poor adaptation may exacerbate service-related or non-service-related physical and psychological difficulties, creating additional impacts on long-term health and well-being for the individuals in transition and for their families (Adler et al. 2011, Demers 2011, Thompson et al. 2015). While much of the transition research focuses on the experiences of the military member, on the 2016 LASS, eight per cent of Veterans indicated that their partners had difficulty with their release, and 17% reported their children had difficulty with their release. In her review of mental health supports for Veteran families, Schwartz found that over one in four (28%) Canadian Veterans find the release to be “moderately or very” difficult on the spouse, and 17% indicate that the transition is perceived to be “moderately or very” difficult for children under the age of 18 (Schwartz, 2018).

Dr. Heidi Cramm and colleagues’ landmark qualitative investigation of the impact of military transition on the family (2020) found that Veteran’s mental health problems created multifaceted and pervasive changes in family structure, roles, and routines, and these changes created negative mental health and well-being impacts for family members. Transition out of the military can compound stressors related to mental health, with significant consequences for family members. Given the impacts on Veterans and their families, a better understanding of transition challenges is essential (OVO, 2020).

1.2. Meeting the Needs of Transitioning Veterans and their Families

Ensuring the well-being of transitioning Veterans and their families requires a whole community approach - no single organization has adequate scope of influence or owns a policy issue in isolation (Thompson, 2020). The bridge to be crossed in the transition from the military to civilian worlds requires footings to be built on both sides of the divide. While the government can take a leading role, it can only be successful if complemented by an array of support and assistance programs in the civilian private sector.

The Canadian Armed Forces (CAF) Transition Group is mandated to deliver personalized, professional and standardized transition services to CAF members and their families, with special attention provided to ill and injured personnel, their families and the families of the deceased. Evaluation findings (DND, 2019) suggest that the CAF’s transition services generally meet the needs of approximately 10,000 transitioning members each year and their families. However, evidence from their evaluation indicated that there were gaps in available services and some deficiencies pertaining to communication. A lack of



direct outreach to the spouses/families, and a lack of integration of transition-related policies and procedures between CAF and Veterans Affairs Canada (VAC), were among the gaps identified through interviews and literature review.

An evolving system of support in the military, Veterans' affairs agencies, all levels of government, and the private sector brings increasing challenges for Veterans and their family members to identify and navigate towards relevant supports that are available in the right place, and accessible at the right time (e.g., Cramm et al., 2016). For example, the 2015 CAF *Your Say* Survey showed that about 80% of currently serving CAF members were unaware of the Director Casualty Support Management's publication "The Guide to Benefits, Programs, and Services for Serving and Former Canadian Armed Forces Members and Their Families" (Peach, 2016). Less than half (48%) were aware of VAC Case Management or VAC Career Transition Services (46%), and only about 60% were aware of the CAF Career Transition Assistance Program. Evidence suggests that some transitioning members and Veterans who could benefit from support programs present late, when problems are more difficult to manage, or do not present at all (Ashcroft, 2014; Thompson, VanTil et al., 2015; VAC Ombudsman, 2016).

SCAN (Second Career Assistance Network) seminars, VAC and CAF Case Managers and affiliated services attempt to fill this informational and navigational need but are often hampered in their efforts by human resource shortages that have resulted in caseloads consistently being above recommended levels (Shields et al., 2018). To address this shortfall, further complementary support is required. Civilian personal development courses may offer supplementary means of reaching military personnel, Veterans and family members, linking them to peers to enable knowledge exchange, helping them clarify their transition goals, and facilitating access to and benefit from public and private sector services that promote their successful transition.

In the remainder of this chapter, we describe one such complementary transition support, the Shaping Purpose military to civilian life transition planning course, as well as the existing evaluation work that has been completed on the program. We then discuss the objectives of the current study and research questions, followed by the organization of the report.

1.3. The Shaping Purpose Transition Program for Military Personnel

Researchers studying MCT have noted that inadequate planning and preparation for the challenges of adjusting to civilian life tend to be associated with post-service difficulty (Ashcroft, 2014; Castro, Kintzle, & Hassan, 2014; Shields et al., 2016; Thompson & Lockhart, 2015). People undergoing major life transitions may not reflect upon or prepare sufficiently for aspects of the transition process. For example, military members accustomed to priority access to health services in the military might not anticipate that post-release access to civilian health care could be very different and difficult. Likewise, members used to accessing an array of services through the military might not be prepared to manage their finances, housing and other supports independently or know how to access such services in the civilian sector. For those for whom military service provided a sense of meaning and purpose, an identity, and a sense of belonging within a preferred social group, the transition back to civilian life may lead to an unanticipated and disorienting loss of self, meaning and community.

Shaping Purpose is an established civilian personal development program that has been adapted to assist military members as they negotiate such challenges in their transition to their post-service life. The



program guides individuals through a series of lectures, group discussions and exercises leading to a personal planning process aimed at clarifying participants' sense of purpose and meaning in their post-CAF life and roles. The program works to assist individuals in identifying their “gifts” (skills applicable to the civilian world), “passions” (interests and activities most crucial for ongoing well-being), and “values” (criteria for judging what is important and motivators of action) to inform the creation of a “Life Plan”: a detailed multi-dimensional action plan grounded in SMART goals (Specific, Measurable, Attainable, Relevant, and Timebound). The process and resulting plan are proposed as a framework for CAF members, and their spouses or significant support person, to think through the choices that they need to make, and the concrete steps they need to take, to live an active, connected and fulfilling life after their military service ends.

Preliminary outcome evaluations have suggested that the Shaping Purpose program for transitioning military personnel may improve psychological well-being scores for releasing or recently medically released members of the CAF. During the initial pilot trial of the program, investigators with the New Brunswick Health Research Foundation collected pre and post program data for twenty-one CAF personnel released on a 3B (medical) release (Yuzda et al., 2015). Pilot program measures included the Ryff scales of psychological well-being (Ryff & Keyes, 1995) and the Purpose in Life Scales (Crumbaugh & Henrion, 1988). This preliminary evaluation found statistically significant changes on all measures and sub-scales, and concluded that the program showed a trend towards improved psychological health for participants. They also cautioned the interpretation and generalizability of these results due to the limited sample size of the pilot study and the absence of a randomized control group design. The findings supported a careful expansion of the program with further evaluation.

In 2016, the CAF Social Science Research Review Board and VAC researchers conducted a high-level review of the Shaping Purpose program. The review resulted in approval by the CO, Director Casualty Support Management (DCSM) to recruit participants through the CAF Joint Personnel Support Units (JPSU) and conduct a formal evaluation of the Shaping Purpose program over the course of four sessions. These four sessions were delivered to military personnel and Veterans across Canada in 2017.

Palmer (2019) conducted an independent longitudinal evaluation of these sessions, following 88 Veteran participants for three months post program completion. Overall, the researchers concluded that the Shaping Purpose program was effective in alleviating some of the factors contributing to a difficult military-to-civilian transition.

Symptom scores on both the 7-item Generalized Anxiety Disorder scale, and 9-item Patient Health Questionnaire (Depression and Anxiety) decreased following participation in the workshop, while self-reported Purpose in Life improved. Each of these three results were present immediately following the workshop and persisted at the 3-month follow-up point. Ad hoc exploratory tests also found that participants reported feeling that their general health (as measured by the Short Form Health Survey SF-36) had improved 3 months following the workshop.

An arms-length, longitudinal, formative and summative evaluation of the four 2017 program offerings for military and Veteran participants was completed by this author's team, using a CIPP (context, input, process and product) evaluation model (Shields et al., 2018). The evaluation asked: What is the problem to be addressed? Does the proposed program curriculum have a defensible evidence base, and is it



relevant to stakeholders' stated concerns? Was it delivered effectively? Was it successful? The study sought to measure what was achieved regarding intended program objectives, to gain a rich understanding of the context of challenges for Veterans in MCT, and to assess whether the program objectives and methods were relevant to, and effective for, the population.

To inform this evaluation, interviews were conducted with military personnel and Veterans, Nurse Case Managers from CAF medical services, Case Managers from the Integrated Personnel Support Centres, Veterans Affairs Canada, and the Manulife SISIP program. In total, 184 hours of interviews were analyzed to complete the evaluation. Based on the multi-source interviews, the evaluation concluded that the Shaping Purpose program had demonstrated its effectiveness as a planning and preparedness activity for military personnel in the MCT context. It was found to be relevant to the needs of releasing military personnel, demonstrated an adequate evidence base for its curriculum, was responsive to formative feedback, and produced outcomes desired by participants that were durable over time.

This prior work provided a nuanced understanding of the challenges that CAF members/Veterans were facing in their MCT, in their own words, and looked at program outcomes up to a year post program completion. Evaluation interviews with graduates also suggested that the program's effectiveness could be further strengthened by inviting the domestic partner as a participant in the course. In this way, rather than establishing a transition plan for the individual, CAF members/Veterans and their significant support person would jointly establish a transition plan for the family.

In July 2019, Shaping Purpose was awarded five years of funding from the Veteran and Family Well-Being Fund as part of the 2018-19 grant process. Funding supported an expanded offering of the program across Canada to transitioning Veterans and, if desired, their domestic partner or primary support person.

1.4. COVID-19 Pandemic Effects

The COVID-19 pandemic made originally planned implementation within the in-person classroom setting unfeasible. Understandably, the pandemic also exacerbated the already existing challenges accessing transition supports and appropriate care (Jones et al., 2021; Richardson et al., 2022). In response, many program developers and instructors turned to virtual delivery in order to be able to continue offering support. Consideration needs to be given to the effects of changing to an online delivery medium on impact or effectiveness.

For example, recent research has shown high acceptance of virtual therapies and programming among Veteran populations, and identified strengths and barriers to delivery through this medium (Jones et al., 2020; Jones et al., 2021). Barriers can include poor access to high-speed internet, lack of privacy in the home, lack of comfort with technology, and a lack of personal connection with program instructors. Factors that enhance uptake include the convenience of using virtual mediums, the comfort of being in one's home, and reduced travel time and travel associated costs.

The program evaluated here was offered virtually in a group setting, in four, three-hour modules over four days with optional mentoring sessions throughout the following year. The curriculum was set as follows:



- Day 1 Shaping Purpose's models and concepts
- Day 2 Self-Discovery — Identification of core gifts, passions and values
- Day 3 Well-Being Model — Prosperity, Health and Happiness
- Day 4 Life Plan Creation — Strategic planning for your life in the months and years to come

The existing evidence, supporting the utility of the Shaping Purpose program, provides one of the rationales for this additional evaluation of the virtually-delivered version to transitioning Veterans and their primary support person. Successful implementation of the curriculum into a new setting necessitates understanding the perspectives of involved stakeholders, including Canadian Veterans, their spouse or support person, and case managers who work with them. The effectiveness and relevance of the program during the added transition challenges presented by the COVID 19 pandemic, including heightened disconnection from social supports and services due to social distancing and quarantine directives, also warrant attention.

1.5. Objectives of the Evaluation

The current study builds upon the foundations of the prior evaluation work of the Shaping Purpose program and sought to be responsive to the feedback of past participants by inviting participation and input from both Veterans and their support person or domestic partner. The research aimed to provide formative evaluation data to inform amendments in course content for virtual delivery to Veterans and couples, and to provide a summative evaluation of the program effectiveness over time for the Veteran and family member. The research also provided an opportunity to explore the transition experiences of CAF members/Veterans and their spouses more generally during military to civilian transition (MCT), using the Veterans' Affairs Canada Domains of Well-being as a framework for understanding their multifaced experience.

The study had two overarching objectives:

1) Primary Objectives

Implementation and Usefulness Evaluation - To assess the delivery of the program and gauge its potential usefulness and value, as perceived by Veteran participants, their primary support person or spouse, as well as referral Case Stakeholders using qualitative and quantitative methods.

Outcome and Effectiveness Evaluation - To assess the outcomes of the Shaping Purpose program in the view of transitioning CAF members/Veterans, their spouses or domestic partners, and referral stakeholders, using quantitative methods.

2) Secondary Objective

Exploratory Evaluation - To explore the experiences of this group of releasing CAF members/Veterans and their domestic partners during the peri-release period of MCT. We aimed to better understand the needs of Veterans who are referred to or seek out the Shaping Purpose program by building a profile of critical factors in their MCT trajectories using the VAC Domains of Well-being framework. We hope that this will also contribute to a more nuanced understanding of "successful transition" and its key determinants.



In summary, the overall goal of this mixed methods evaluation was to inform further refinement of the program for delivery to CAF members/Veterans and their domestic partners, to document participants' experiences of the program, including any unintended or unexpected outcomes, and to better understand the experiences and impacts of MCT on CAF members/Veterans and their families to inform future services and supports.

1.6. Organization of this Report

In Chapter Two, we describe the overarching approach we used to evaluate the qualitative and quantitative approaches and the demographics of the interviewees and the survey respondents who informed the evaluation. Chapter Three presents the Implementation and Usefulness Evaluation methodology and key findings from quantitative and qualitative sources. Chapter Four presents the methodology and key findings from the Outcome and Effectiveness Evaluation. Chapter Five uses the VAC Domains of Well-being model as a framework for exploring the factors that impact well-being during transition based on a comparison of Veterans who self-identified as transitioning successfully with those who self-identified as not transitioning successfully. Chapter Six concludes the evaluation and gathers key insights and recommendations. Our data collection instruments can be found in Appendices B through M.



Chapter Two - Methodological Approach

To meet the evaluation objectives, we employed a concurrent mixed methods design in order to triangulate multiple data sources during data collection and interpretation. By gathering information in a variety of ways, researchers can establish links and eventually create a more complete picture of phenomena supported by multiple data sources (Mathison, 1988). Qualitative data was collected via individual, semi-structured interviews with transitioning Veterans, primary support persons, and Case Managers. For the quantitative portion of the evaluation, data was collected via a survey that included questions about demographics, transition experiences, course feedback and selected psychometric instruments. Qualitative aspects of a comprehensive program evaluation can enrich quantitative goal/outcome methods and vice versa by providing breadth and depth of analysis when exploration and discovery is the goal.

One hundred and twelve participants who attended the first eleven virtual programs were invited to participate in both aspects of the evaluation: a one to one-and-a-half-hour semi-structured qualitative interview, and completion of program evaluation questionnaires, which consisted of completing surveys before, one month and six months after completing the course. Data collection for both parts of the evaluation followed the rolling course implementation, taking place over two years from July 2020 to September 2022.

2.1. Qualitative Evaluation Approach

Framed within a social constructionist epistemology, the qualitative portion of the program evaluation focused on gathering a nuanced understanding of interviewees' experiences in transition, or of supporting someone in transition, their experience in the program, and its impact on them in their own words. A semi-structured interview guide was developed, piloted, and refined to ensure that the questions would inform the evaluation objectives and to increase consistency between interviewers.

Interviewers collected brief contextual histories of the participants, demographics and information contextualizing their unique viewpoints. To confirm understanding and ensure interviewer interpretations held fidelity to the experiences of participants, interviewers paraphrased and checked understanding with participants in a process of respondent validation (Bryman, 2012). All interviews were conducted in English and ranged from 55 to 90 minutes.

Interviews were recorded in digitalised MP4 format and loaded onto ATLAS.ti for analysis. Using a method developed by Hauptmann (2007), interview audio waveforms were directly coded and labelled using the audio 'quotation' function of the QDA software. Direct analysis of digital audio data allows researchers to work directly with the raw data and maintain fidelity to the original stories – a key aspect of qualitative validity or trustworthiness (Levitt et al., 2017). Analysis used these coded audio segments and only quotes used as theme exemplars were transcribed.

Open and axial coding was used to capture unanticipated categories and to identify emerging themes and to identify the "storyline" or major narrative findings, grounded in the data (Corbin & Strauss, 2015; Ryan & Bernard, 2003). The approach used was inductive versus hypothesis driven, meaning that the analysis sought to remain open to the discovery of unexpected results arising in the data. This approach



seeks to understand the program in context, put the quantitative data in perspective by restoring context and story, and inform both improvement/formative and accountability/summative information needs of policymakers, program developers, and others concerned with assuring a quality program for the beneficiary population.

Interviewee Demographics

In total, one hundred and twelve individuals participated in the first eleven sessions offered during the evaluation period. Invitations were sent to all participants, resulting in twenty-seven individuals being recruited for interviews.

Ten Veterans volunteered to be interviewed, including five female Veterans and five male Veterans. These participants' military backgrounds ranged from five years to twenty-nine years of service, both commissioned members and NCMs; all had deployed at least once during their careers. All ten Veteran participants were receiving health services related to physical illness or injuries, mental health and operational stress injuries, or both, and had been referred to the program through service providers. Participants self-identified as being in the process of transitioning out of the military. Participants were either currently employed and waiting for a permanent medical category (PCAT), had already received a PCAT, or had recently released for any reason in the past two years.

Six military spouses agreed to participate in the interviews. All of the participating spouses were female.

In order to supplement information provided by these participants, eleven interviews were conducted with expert referral stakeholders who had attended Shaping Purpose sessions. Interviews were completed with two Case Managers from the CAF Transition Centres, three Family Liaison Officers from the Military Family Resource Centres, two Case Managers and one Social Worker from Veterans Affairs Canada, two private sector Vocational Rehabilitation Specialists and one employment services advisor. Table One shows the profile of the interviewees for the qualitative component of the evaluations.

Table 1. Interviewee profiles

Veterans x 10	5 x Female and Five x Male
Spouses x 6	6 Female – Two spouses had also served
Referral Stakeholders x 11	2 x VAC Case Managers
	1 x VAC Social Worker
	2 x CAF Transition Centre Case Managers
	3 x MFRC Family Liaison Officers
	2 x Private Sector Vocational Rehabilitation Specialist
	1 x Private Sector Employment Services Advisor



2.2. Quantitative Evaluation Approach

Quantitative data for the evaluation were gathered using a survey that included questions about demographics, transition experiences, and selected psychometric instruments. Data collection followed the rolling course implementation, and took place over a period of two years from July 2020 to September 2022. One hundred and twelve participants attending the first eleven virtual programs were invited to complete questionnaires, before, one month and six months after completing the course. The survey was distributed over the virtual survey platform, Qualtrics, and data was subsequently exported to SPSS for analysis.

Survey Participant Demographics

Ninety-four participants completed a pre-program survey. Eighty-eight participants (79%) responded to the one-month post-program survey, including 63 Veterans and 25 spouses. Sixty-seven replied to the survey at the six-month post-program timepoint (60%), including 54 Veterans and 13 spouses. The profiles of survey respondents, who completed pre, and at least one post-program survey, are presented in the Table Two below.

Table 2. Demographic Indicators by Gender

Indicator	Category	Total Sample N= 88 (100%)	Males N=40 (45%)	Females N=48 (55%)
Age	≤ 30	3%	3%	2%
	30-39	18%	22%	15%
	40-49	47%	40%	54%
	50-59	28%	27%	29%
	60+	4%	8%	0%
Gender	Male	47%		
	Female	53%		
	Other gender identity	0%		
First Language	English	89%	92%	88%
	French	11%	8%	12%
	Other	0%		
Marital status	Married/Common-law	68%	59%	76%
	Separated/Divorced	21%	24%	17%
	Single, never married	11%	16%	7%
Education	Less than high school graduation	1%	2%	0%
	High school graduation	23%	24%	22%
	Trade Certificate or diploma	10%	19%	2%
	College, CEGEP certificate or diploma	32%	30%	34%
	University Certificate (non-degree)	8%	3%	12%
	Bachelors Degree (University)	14%	11%	17%
	Graduate Degree (University)	12%	11%	12%



Military Characteristics

Eighty-three percent of respondents reported having served in the Canadian Armed Forces; fifty-six percent identifying as a Veteran or serving member, while the additional twenty-seven percent identified as having both served and also being a military spouse. The remaining seventeen percent of respondents identified as a military spouse (without uniformed service), all of whom also identified as female.

Of those who had served in uniform, the majority had served in the Army (64%), thirty-three percent had served in the Air Force, and only three percent in the Navy (see Table Three). Over half of the respondents had 20 or more years of military service.

Table 3. Military Characteristics by Gender

Indicator	Category	Total Sample (100%)	Males (48%)	Females (52%)
Role	Veteran	56%	89%	25%
	Military Spouse	17%	0%	32%
	Veteran and Military Spouse	27%	11%	43%
Service Environment	Airforce	33%	24%	44%
	Army	64%	73%	52%
	Navy	3%	3%	4%
Service Component	Regular Force	91%	97%	81%
	Reserve Force	9%	3%	19%
	Other	0%	0%	0%
Length of Service	< 5 years	8%	11%	4%
	5-9 years	9%	11%	7%
	10 to 19 years	22%	16%	30%
	≥ 20 years	61%	62%	60%
Rank at Release	Senior Officer	16%	14%	19%
	Junior Officer/Cadet	8%	11%	4%
	Senior NCM	39%	35%	44%
	Junior NCM	31%	32%	30%
	Private/Recruit	6%	8%	4%
Deployment	Afghanistan	52%	46%	48%
	Other CAF operation or humanitarian mission	59%	73%	41%
	No Deployment	17%	14%	41%



Military Release Characteristics by Gender

Fifty-nine percent of the military respondents had already released from the military at the time of the evaluation, while thirty-nine percent had not yet released when they attended the course. Sixty-nine percent of the military respondents indicated that their release or upcoming release was on medical grounds, while twenty-nine percent indicated that their release was either voluntary or due to the end of their service contract. Despite the official classification of their release, when asked to identify the reason for their end of service, one hundred percent of respondents indicated their release was due to either a physical or mental health condition with sixty-one percent indicating “both”.

Table 4. Military Characteristics by Gender

Indicator	Category	Total Sample (100%)	Males (48%)	Females (52%)
Release Stage	Released > 12 months	42%	40%	44%
	Released 6 - 12 months	11%	15%	7%
	Released < 6 months	6%	8%	4%
	Pre-release < 6 months	14%	17%	11%
	Pre-release 6 – 12 months	11%	15%	7%
	Pre-release > 12 months	14%	5%	26%
Release Type	Voluntary	23%	33%	7%
	Medical	69%	54%	93%
	Service Complete	5%	4%	0%
	Unknown	3%	4%	0%
Reason for Release	Physical health condition	3%	6%	0%
	Mental health condition	35%	29%	43%
	Both	61%	65%	57%
	Neither/Not applicable	0%	0%	0%

2.3. Summary

This chapter presented the overarching approach to the evaluation including qualitative and quantitative approaches and the demographics for the interviewees and the survey respondents who informed the evaluation. In the chapters that follow, the design and conceptual frameworks, and detailed methodologies used for each of the three evaluation foci (Implementation and Usefulness Evaluation, Outcome and Effectiveness Evaluation, and the Exploratory Evaluation) are presented, followed by relevant results for each of the investigations.



Chapter Three - Implementation and Usefulness Evaluation

3.1. Purpose and Methods

The purpose of the Implementation and Usefulness Evaluation was to assess the delivery of the program and gauge its potential usefulness and value, as perceived by Veteran participants, their primary support persons or spouses, and referral stakeholders. In order to gauge perceived usefulness, we inquired about the overall rating, relevance and impact of the information provided in the program, and about participants' overall experience. We asked participants to provide multiple-choice ratings for the following evaluation questions:

- How do participants rate the course overall, in comparison with other courses they have attended?
- To what extent is the course content useful to them in the transition process? For how long?
- After completing the program, do participants feel more attuned with their desires, interests and goals as they transition out of their military careers?
- Is the amount of material presented appropriate, or is it too little or too much?
- Has the course made them aware of, and better able to make use of public and private sector resources and programs to help them reach their goals?

In addition, open-ended survey questions and qualitative interviews gathered insights and perspectives about areas for program improvement, what they liked best about the program or content, and feedback on the delivery and overall experience.

One hundred and twelve participants attending the first eleven virtual programs were invited to participate in the program formative evaluation which consisted of completing surveys before, one month and six months after completing the course. The survey was distributed over the virtual survey platform, Qualtrics, with two subsequent reminder invitations sent to those who had not responded.

Twenty-seven interviews were conducted with participants who had participated in the program. Interviews took place between 3 months and six months following completion of the program to gain an insight into both the relevance of the course and the perceived ongoing usefulness of the knowledge and skills over time.

3.2. Implementation and Usefulness Survey Results

Eighty-eight participants (79%) responded to the one-month post-program feedback survey, including 63 Veterans and 25 spouses. Sixty-seven replied to the survey at the six-month post-program timepoint (60%), including 54 Veterans and 13 spouses. A break-down of survey responses by category is given at one month and six months post-program completion.



Overall Rating of the Course

1. How would you rate the course overall?

Excellent

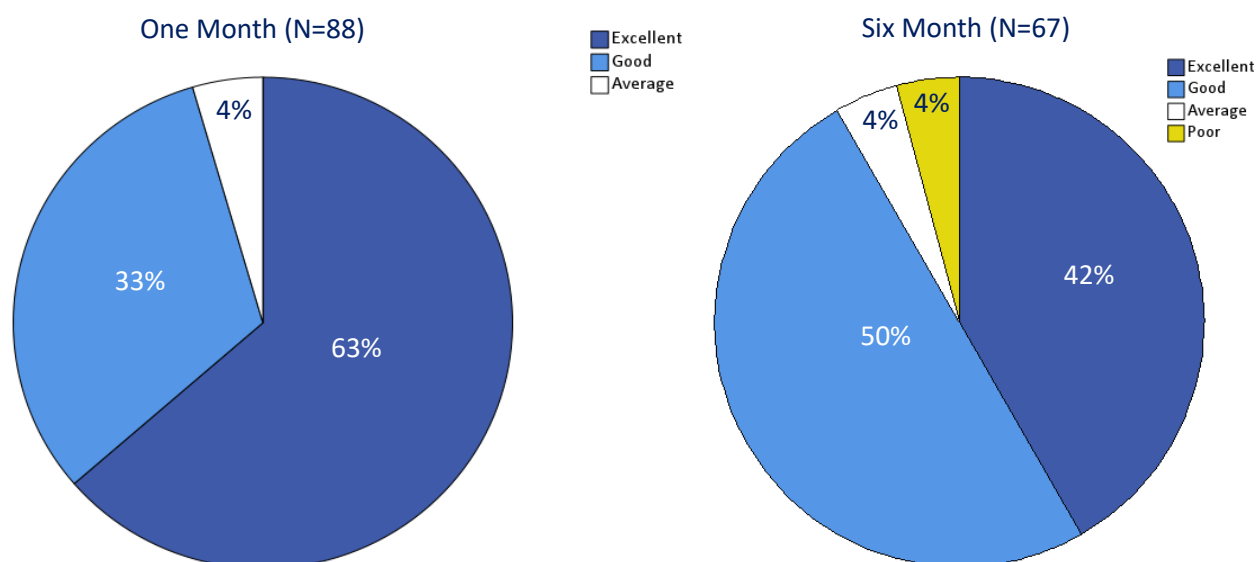
Good

Average

Poor

Very Poor

Ninety-six percent of respondents rated the course as good or excellent after one month, while ninety-two percent rated it as good or excellent at six months.



No significant differences in response were found between Veterans and the primary support persons who participated in the program evaluation. Response by category at one month may be found in Table Five below.

Table 5. Response by Category of Participant at One Month

Category	% Sample	Excellent	Good	Average	Poor	Very Poor
Veteran	72%	66%	30%	4%	0%	0%
Spouse	18%	72%	20%	8%	0%	0%

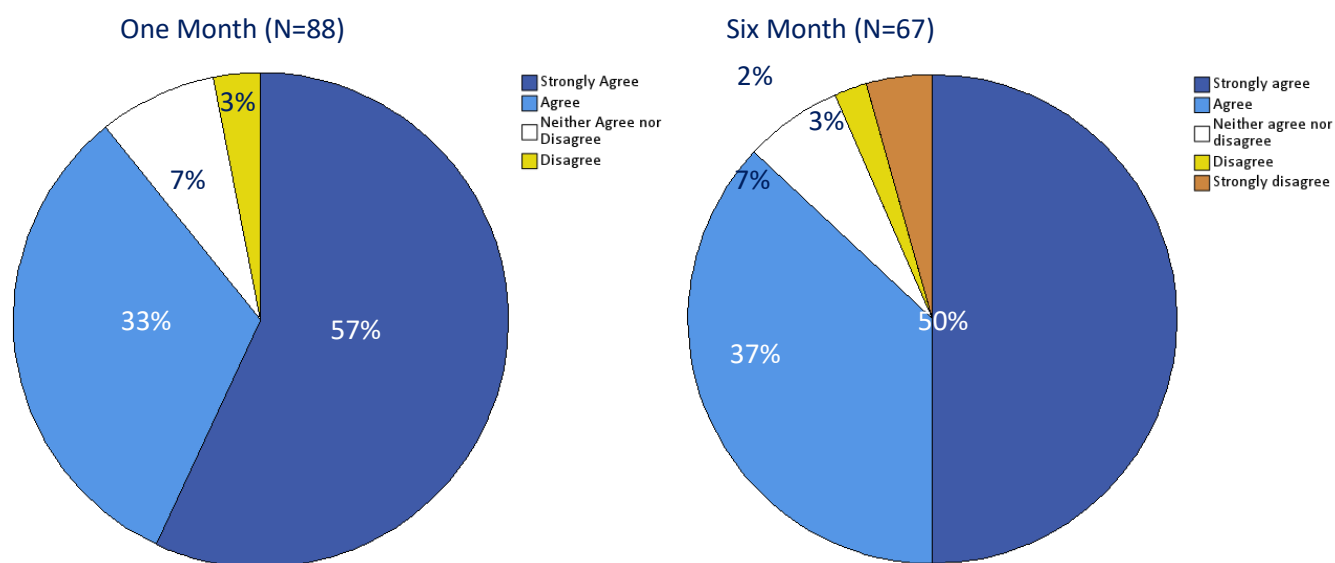


Usefulness of the Material

2. The course content continues to be useful to me in the transition process.

Strongly Agree Agree Neither Disagree Strongly Disagree

Ninety percent of respondents indicated they agreed or strongly agreed that the course content was useful in the transition process after one month, while 87% agreed or strongly agreed at six months.



No significant differences in responses were found between Veterans and the primary support persons who participated in the program evaluation. Response at one month by category may be found at Table Six below.

Table 6. Response by Category of Participant at One Month

Category	Sample N= 88	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Veteran	72%	61%	30%	6%	2%	0%
Spouse	18%	68%	24%	0%	8%	0%

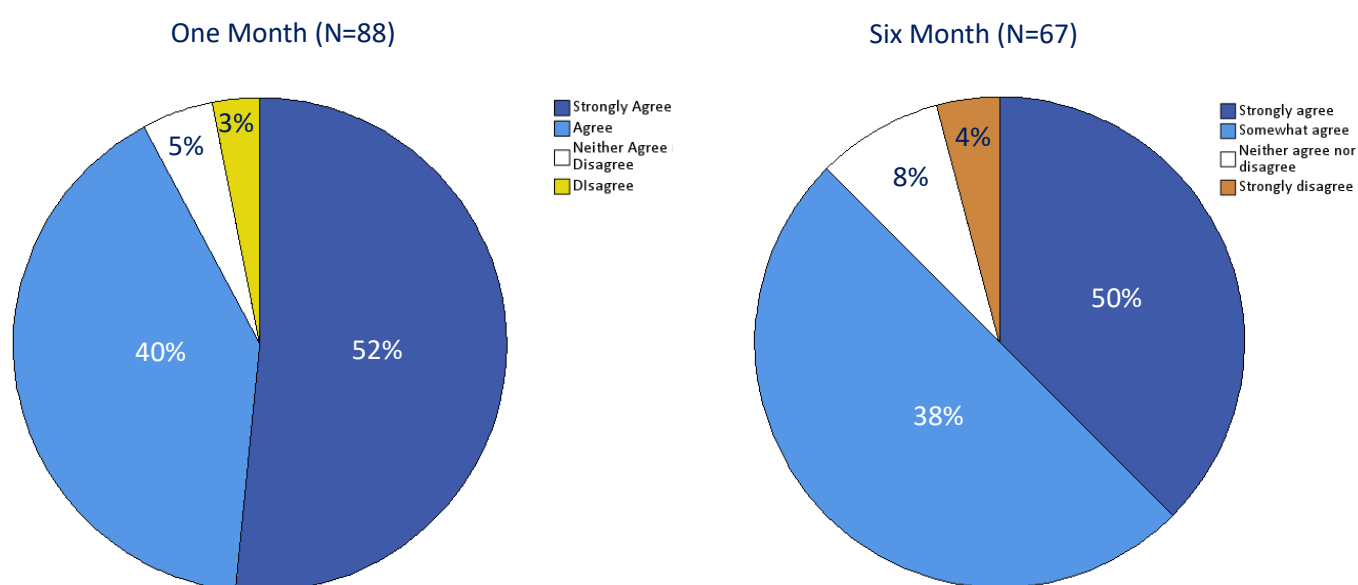


Personal Impact for Participants

3. Since completing the course, I feel more attuned with who I am, my desires, interests and goals.

Strongly Agree Agree Neither Disagree Strongly Disagree

Ninety-two percent of respondents indicated they agreed or strongly agreed that they felt more attuned with who they are, their desires, interests and goals after one month, while eighty-eight percent rated agree or strongly agree at six months.



No significant differences in responses were found between Veterans and the primary support persons who participated in the program evaluation. Response by category at one-month post-program may be found in Table Seven below.

Table 7. Response by Category of Participant at One Month

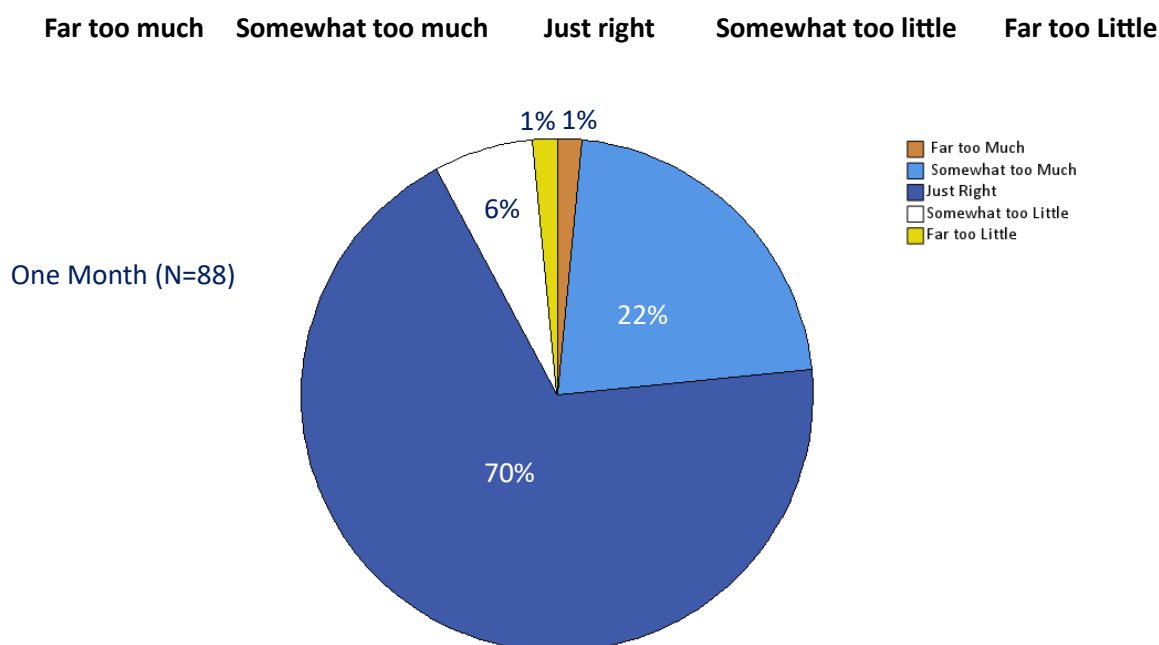
Category	Sample N= 88	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Veteran	72%	54%	30%	4%	4%	0%
Spouse	18%	63%	29%	0%	8%	0%



Course Load or Material Overload?

Feedback from Veterans and Case Managers in previous evaluations suggested that the amount of material presented over the course might be experienced as an overload by some participants. For this reason, a question relating to the amount of material was included in the survey. This question was only asked at the one-month post program data collection as there was no need to assess durability of this result over time.

4. The amount of material covered in the course was,



While seventy percent of respondents felt the amount of material presented in the course was “just right”, twenty-three percent felt there was too much material versus seven percent who felt there was not enough material presented. No significant differences in responses were found between Veterans and the primary support persons who participated in the program evaluation. Response by category may be found at Table Eight below.

Table 8. Response by Category of Participant at One Month

Category	Sample N= 88	Far too Much	Somewhat too Much	Just Right	Somewhat too Little	Far too Much
Veteran	72%	0%	20%	72%	7%	0%
Spouse	18%	4%	21%	63%	13%	0%



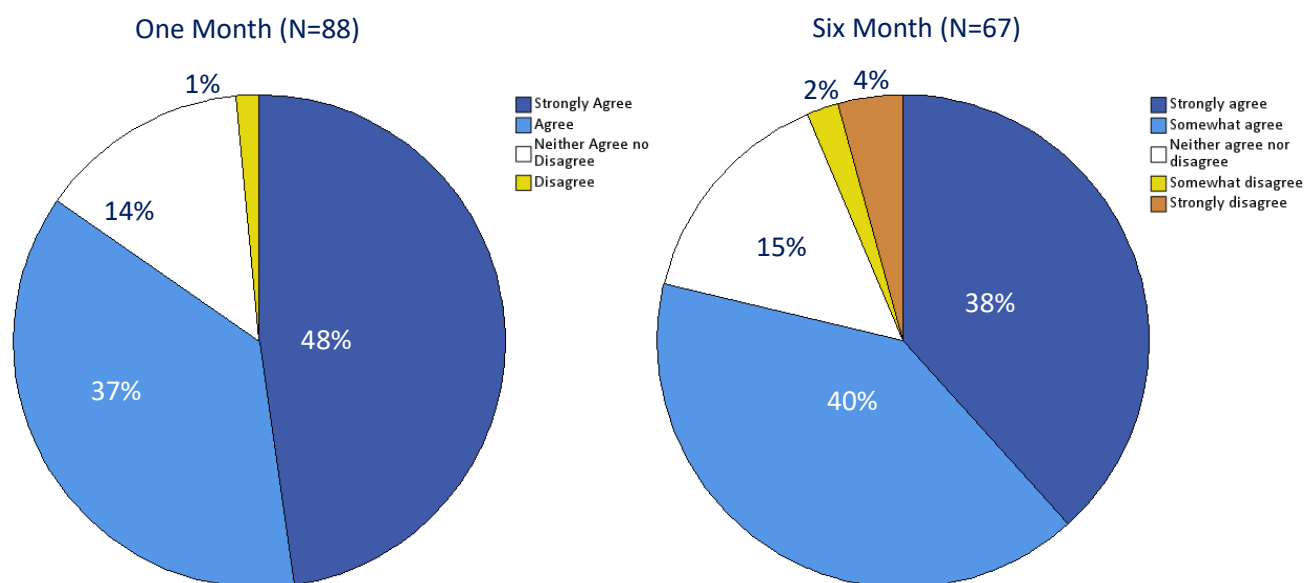
Navigation to Other Services or Supports.

After participants have identified goals for their “life plan”, a significant component of the course orients participants to other services and supports that could assist them in meeting their goals. In previous evaluations, this system navigation function was cited by Veterans, and by CAF and VAC Case Managers as one of the key benefits of attending the course.

What I learned has helped me make better use of other resources and programs

Strongly Agree Agree Neither Disagree Strongly Disagree

Eighty-five per cent of respondents indicated they agreed or strongly agreed that what they had learned had helped them make better use of other resources and programs after one month, while 88% agreed or strongly agreed at six months.



No significant differences in responses were found between Veterans and the primary support persons who participated in the program evaluation. Response by category at one-month post-program may be found at Table Nine below.

Table 9. Response by Category of Participant at One Month

Category	Sample N= 88	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Veteran	72%	51%	38%	11%	0%	0%
Spouse	18%	58%	33%	8%	1%	0%



Open-Ended Evaluation Questions

What I think should be improved.

Interviewees and survey respondents were asked to provide recommendations on how the program could be improved in the future. A thematic analysis of responses supported the development of the following eight recommendations. While many respondents used this question as an opportunity to express encouragement or thanks to the facilitators, these will be summarized under facilitator feedback at question 8 of this section.

A. In future programs, organizers should allot **more time to completion of exercises** and group discussion of exercises. Although the majority of respondents responded to the above-noted multiple-choice question indicating that the amount of material was “just right”, the most common open-ended feedback related to time to reflect, complete, and discuss this material and learn through the group dialogue. This provides an important nuance to this question suggesting that it is a desire for dialogue and integration time that may be reflected in content-load feedback rather than simply load per se.

Support Person's Comment

Allow them more time to process what is being discussed, and give them space and time to answer the questions. These are not answers that people have off the top of their heads. I know it is challenging in a virtual setting, but it's such an important component to them learning how to shape their purpose.

Veterans' Comments

Add a day

Might add an extra day for a list of other programs. That part felt a little rushed.

Perhaps a few extra days to take in the material

An extra day so the content is not so rushed/able to work on it more

Extra time to complete steps

The pace of delivery. I would space it out so that it was one day a week, allowing for more time to reflect and absorb the content. While I found it extremely valuable, I believe that this would make it more effective.

More time needed to fully complete in class in case of questions

I did think it was rather rushed at times. It was difficult to figure out some areas about gifts or passions and I remember feeling behind and a bit and frustrated with my survey results as if I knew that that area didn't really interest me but I had to work with it. So, there was not time really to figure things out. Not all the time but sometimes!



Time allotted to fill in diagrams. Mine was incomplete most times which made it more difficult to bring all these goals ideas forward.

I think it's a bit fast paced. We had interruptions and found our minds distracted or overwhelmed so it took a while to reach the end results even just for one of two surveys.

There was a lot of information, could have had a bit more time to complete the exercises

B. Provide ample time for group discussion and sharing of experiences. This was an area that received a significant number of comments both for the program “improvement” question and the “liked best” question, suggesting that this may be an important factor contributing to the overall experience and impact of the program.

More group interaction/mutual support

Interaction within the group, more sharing experiences

More interaction between parties to share experiences

Maybe more interaction between the students but being online doesn't really help for that

More time for discussion, sometimes it seemed the facilitators were rushing to get through the material.

Course should be spread out over 5 days to allow more group interaction time.

Support Person's Comment

I am the spouse of a veteran. One of the things that needs to be improved is covering how they can start to rebuild an inner circle for themselves. After leaving the military, the majority of their support system and work colleagues disappears. They have no idea who is willing and able to support them in civilian life. Helping them shape their purpose, to me, also means helping them to shape their new inner circle. Also, many of them have no idea what makes them happy, brings them joy, or even know what they want to do moving forward. They have no real idea what their passion is, only what they've been told. It's hard watching them struggle with all this. All I can do is love him, he has to come up with the answers himself.

C. In future programs, organizers and referring Case Managers should clarify selection criteria for prospective participants with consideration for readiness factors such as cognitive capacity and/or mental health issues that could act as barriers to full engagement in the course. Two main recommendations came from this feedback from both the survey responses and the interviews. 1) Some participants with cognitive impacts due to illness or injuries such as traumatic brain injuries (TBI) may require additional processing and work time to access the course material and benefit from the course. 2) A small number of participant comments suggested that those experiencing unmanaged PTSD may



struggle with the Life Line Exercise which requires reflection on critical moments and experiences over the life course.

Processing Capacity

because of my medical condition progress has been slow, so a flexible timetable for various participants would be welcome

Perhaps a longer course for those who identify as struggling. I found the course to be rushed. In addition to my difficulty focusing this made it hard for me to follow along and keep up

PTSD/Traumatic Experiences

Less focus on the lifeline since this can be triggering for Veterans.

It is difficult for individuals with PTSD to keep going back to the Life Line - too many triggers.

Watch the 'theatre of war porn'; while it is great to share where you have been / connect with course participants, the open sharing between facilitator and participant can affect others

D. Provide earlier access to the course in the transition process. Some participants felt that they had already been required to make decisions that would have been better informed if they had completed the course earlier in their release journey.

More awareness of the course for people retiring. Also taking the course earlier in the career.

Course might be helpful along with a SCAN Seminar, but by the time you are released you likely have made- or been forced to make- a decision about your follow-on education/program

This is a course for people as they are releasing. Once you are out, many decisions about what you wish to 'do', especially as far as Voc Rehab, have already been made which makes much of the material moot

This should be given long before a member is released. There are materials here that would help to prepare for the release and after.

Having this course as part of the transition process while releasing or shortly after releasing would have been great.

Should be linked to the CAF transition unit.

This should be given to those that are retiring before they are released.

The course is best offered while people are in the process of Transition. The pressure is on to go to school or re-train, once that has started it is almost too late for this type of course



E. There was feedback received both for and against the virtual delivery of the program. Offering **online and in-person versions of the course** would cater to people with different learning styles, needs and accessibility issues.

Arguments for In-Person Delivery

I really think given the circumstances of Covid, the information was delivered the best it could be. The only downfall is the social aspect of like-minded people being together and having discussions, group togetherness. Easy to let what you know cloud what you are learning when there is a shutoff button and real life happens.

It would be better to be in person to take this course as there is a lot to cover.

While it was great to be able to participate in the course during Covid, I personally think that it would be much more effective if it was done in person because you have more opportunity to be in that positive supporting environment to really work, discuss, get support without your daily life getting in the way. It gives you a chance to digest the information, in person, you are the only focus for that time. It was a worthwhile course and I am only speaking to my experience.

I personally think I would have gotten more by an in-person course, because you are then surrounded by positive reinforcement and guidance. Understanding Covid put a stop to those, it made it more difficult to stay in that frame of mind and also with all the restrictions it was and still is difficult to move forward. It was a valuable course with all that being said.

It would be better to be in person to take this course as there is a lot to cover.

Arguments for Online Delivery

The remote course, meant I was able to stay home and be with my family while processing everything.

The group format via zoom allowed me to participate

Online/remote. Because of my anxiety and depression, I would not go in person to a course.

Doing it online enabled me to stay at home and participate. Otherwise, I would not have done this course.



F. There were a number of comments noting that ongoing support would have helped participants to stay focused and moving towards their goals after the course ended. While ongoing coaching was offered as part of the program, this feedback suggests that some participants did not access or realize that this option was available to them. In future course offerings, special attention could be given to creating and clearly communicating the availability of **follow-up coaching**. This could be particularly important for those participants who express feelings of overwhelm regarding course load and content.

A quarterly check-in would be ideal

I kind of lost interest in it. Maybe a refresher within the 6 months may help?

A follow up on the material maybe. A discussion two weeks out on the goals. A follow up on the closest goal to see any follow through.

G. There were a number of comments suggesting **additions to content or modifications**. These were one-off responses not included in other themes identified.

Not much room for improvement but a day planner would be beneficial (in order to get started right away prioritizing our time), but not absolutely a necessity.

Would liked to have received pdf/doc files for all worksheets ahead of the workshop.

It would be nice if there is more program information for non-medically released veterans but I do understand that it is more geared for medically released members.

Email the resources and supports from the end of the book - they were very small print and having the links of the websites would be very helpful.

It would be helpful to have someone with a financial background talk to us about investments. A lot of us have never received proper financial counselling

An opportunity to speak with a VAC Counsellor

Maybe some videos during each day.

Possibly some more videos or visuals



H. Many respondents' answers offered variations of “**don't change anything**”. Although not suggestions for change or improvement, a sample is included here as this was the largest collection of responses and the strongest theme.

Course was terrific. Nothing to improve.

An excellent initiative. Thank you.

I felt completely satisfied with the entire content and the facilitators as well.

Honestly, nothing... The course content was well delivered and well received.

Course was great.

Absolutely great workshop!!!!

Amazing course! Keep up the work lots of vets and releasing CAF members need this program

Keep up the awesome work, it was a very informative and fun course

What I liked best was

Participants were asked to indicate what they liked best about the course to collect open ended information on what aspects of the content, delivery process, delivery medium, or group process impacted them most positively. A thematic analysis of responses supported developing the following themes or aspects of the course that stood out for participants.

A. A significant theme emerged that centred around participants appreciation for the group discussion and interaction, where they found **commonality and a supportive community**.

Commonality

The interaction with the other members and the depth of discussion. Helps with “it's not just me” discussions.

Finding out I'm not alone

Interacting with others who have or are going through the same change of identity

Meeting other people going through a similar process

That it was geared to military - as a group we could relate and had shared experiences

The shared sense of loss of direction, or, what am I going to do or become after release

Not feeling alone in this process.



Supportive Community

People were open, no worries about judgment

Friendly atmosphere

No judgment when others were emotional.

Seeing everyone grow during the course

Making connections.

The interactive experiences shared with peers.

I really enjoyed hearing the different experiences from everyone.

Hearing other perspectives from other people.

Most of the people openly shared their experiences.

I really enjoyed the group sharing and hearing everyone's story

listening to everyone share their dreams and goals

B. Course participants highlighted the **systematic** way the course progressed, step-by-step, building a better understanding of self and direction, and offering **practical tools and skills** to set and move towards goals.

Learning tools and techniques to take stock of thinking developed in military and apply those skill sets to civilian life.

The structured format on focusing in on goals and making them attainable.

The methodical process, it was step by step or broken down into squads for us Army folk.

The way the course was organized and the schedule planning exercise

The hands-on activities and discussions

SMART goals

Conversations that related to real time situations. Help me to connect the dots.

Lifeline

How it all came together at the end.

Creating a plan with smart goals

Learning how to apply your Life Plan to what you want to accomplish.



Closely looking at everything from all angles

How easy it was to follow

Looking at the various elements of social, psychological, health, spiritual, etc.

Having final goals and values to refer to

C. A significant number of comments noted valuing the “GPV” module - an exploration of personal gifts, passions and values. The GPV module guides participants through a process of **self-reflection and self-discovery** using a number of questionnaires and other tools.

It was good to see my interests, talents, and realize what is important to me

Putting my goals, aspirations, etc in perspective and how easy it is to reach them

Exploring interests, passions, goals

The exercises to help define my goals, values and passions.

Discovering my values strengths and abilities

Increased awareness of my own gifts, passions, values

D. A number of the course participants, at the six-month post program timepoint, answered the “what I liked best” question, with comments specifically about whether or how they were making use of the material. Interestingly, some comments noted that participants were no longer using the material, or had hit obstacles, but provided positive feedback about the course nonetheless. This suggests that the participants rating of the course may sometimes reflect usefulness in goal achievement, but may also reflect their general experience or some other “felt” outcome like discovering a sense of community.

Still Using the Material

Thank you so much, I still use the content to realize my goals.... it works like a charm!

Great job!! Thank you for having me.... Since the course I've re-vamped my finances, signed up for courses, as well as the guitar for vets guitar lessons. It allowed me to really look at what my priorities should be with regards to my passions. Thank you 🙌

I remain more motivated and clearer about where I'm going

Thank you for the course, it was life-changing!



I'm still staying with the program. It's not the complete answer but is it a great guide to help a person focus on the wants not just the needs.

Not Currently Using the Material

This was a great course for anyone releasing medically or not. I have serious MH issues and took a giant step back for the time being.

Course was excellent, I am in a point of my life I am not utilizing what I learnt though. Hopefully when better, I will be able to.

Any feedback for the course presenters about the course or about their facilitation?

Participants were asked to give feedback about the how the facilitators delivered the material. A thematic analysis of responses supported the following themes or aspects of the facilitation that stood out for participants.

A. There were a number of comments suggesting that the presence of a **presenter with military background** was a significant benefit and helped translate the material for participants.

Facilitators are knowledgeable about CAF release process. Their own experiences validated your fears and stresses not to feel alone.

Appreciated real life examples by coordinators

Personal connection that (the facilitator) establishes with participants through his own experience

Great facilitators, helps a fellow veteran was involved.

Again, they were all great, it helps that there was a former CAF member there to legitimize experiences.

I loved that the facilitator has a military background and knows exactly what we are going through. He can relate to each of us and understands what we require

Someone speaking from experience not just education

Having a vet who has gone through transition facilitate the course.

They understood the inner turmoil of being medically released from the CAF.

The instructors. So encouraging and able to relate to the participants, adding significant value.



B. A second theme that emerged regarding the delivery or facilitation of the course related to the course presenters' ability to make **participants feel welcome and connected** and the sense participants had that the facilitators were invested in their successes.

What continues to impress me is how the facilitators quickly earned our trust with the interest and experience they showed to all.

The presenters appear genuinely interested in the participant's success

Was very appreciative that they went the extra mile to point me in the right direction and provided some contacts as well as suggestions moving FWD.

I loved the leaders of the group and how they led with ease and with many personal relatable stories. Their vulnerability made us feel at ease to also share or at least realize the life changing opportunity this really was!

They were very personable and made it easy to talk.

Excellent work, thanks for making use of your own transition stories; sharing your stories was applicable and personable and it was appreciated

Animated, knowledgeable and approachable

The instructors were very supportive

The facilitators were very knowledgeable, friendly and down to earth. They encouraged everyone to feel welcome and participate in discussions

They did an amazing job, made everyone feel connected even though we were using an online platform

They did a great job and kept everyone engaged. well done for a course that had participants from coast to coast

C. A significant number of participants commented on the positive attitude of presenters who clearly believed in their material and the benefits of the program. A countertheme also emerged with several comments from participants cautioning that the positivity might be unrealistic for some.

They were all very positive and provided a lot of suggestions/guidance to improve quality of life.

The facilitators were very positive and provided a lot of guidance to avert dysfunction or at least minimize dysfunction in somebody's life.

the instructor's passion about the course



The positive attitudes of the instructors!

The presenters are obviously passionate about the material and invested in us.

Keep up the positivity and mentoring

Countertheme

Make sure the encouragement is realistic - you cannot do everything you've dreamed of because you fill in survey's and complete a workbook

Set realistic expectations for participants from day 1. It is impossible to plan the rest of a life in just two or three days. Also make sure participants are aware of their limitations and help them set goals that would work within them.

What was the most useful part of the experience for you?

Interview participants were asked to talk about what was most useful about the course from their own unique perspective in the transition journey. The following quotes provide contrasting viewpoints and experiences of Veterans, spouses, and referral stakeholders as they describe why they saw the program as useful to them.

Veterans' perspectives

1. So I feel that it allowed me to no longer be complacent and actually just say to myself, like, you just need to do this, you're going to find the right thing and you need to do it, you need to put yourself out there. I would even go as far as to say that it definitely built my confidence.

2. When you're going through an interesting period in your life like that, you're at a very low. And I feel like they did a really good job to make me reflect on things that I needed to look at that were good, that were positive.

Spouses' perspective

1. From a personal point of view, as a spouse doing it, it was useful for me as well, for my own self discovery and life plan. It helps you realize that, we might plan on doing this, but it's not going to work for me. So, from the family perspective. It's useful to the support person.

2. It was a very interesting perspective to have mostly military members on the actual program with me. As I sat through that I felt like there were so many of them that were just like my husband. I can just picture five men right now. And they're telling a story, because they were allowed to engage as well. And I'm just like, Man, this is my husband's story. From the perspective of a spouse, I feel like it was just so enlightening to actually hear all of these other people who were telling the same story. And it really helped to change my perspective. Even though I had heard this from my husband, it just really helped to connect that and really bring



it full circle. Yeah. So, I do think this program is so relevant for spouses. And for families, I can picture my daughter in this program, I can picture my son in this program.

Stakeholder Perspective

1. A lot of members have questions about, well, what am I good at? Right? And, in the course, it's like, okay, look at your gifts. And they provide a different take or a different view on what those gifts could be. And it opens doors for members to think a little bit more about themselves, instead of just an aptitude test that nine times out of 10 will come back with, "you're good for military". Well, they're already military, that's not an option anymore. Right? So, it gets them thinking and opens doors to what's possible. And because they're looking at so many different aspects of themselves through the course, physical, mental, everything like that, it provides a good foundation. And it kind of references right back into our domains of well being that we take on for transition planning.

2. I enjoyed taking the course. I thought it was worthwhile for me to see what it was about for my clients. And I have referred clients to it. That's my expression of confidence, we're referring clients to the course because it's a useful preparation and planning process for them.

3.3. Conclusion

This chapter summarized our findings regarding the extent to which participants perceived the program to be of use to them. Based on our survey findings and interviews, we found that the majority of participants rated the course as good or excellent, and considered the course content to be useful in their transition process. A clear majority felt that the program helped them clarify and attune to “who they are, their desires, interests and goals”. Participants appreciated the systematic process of clarifying their interests, setting personally relevant goals, and identifying resources to help them achieve them.

The amount of material presented in the course has been a subject of comment in previous evaluations. While feedback from Veterans and Case Managers in prior evaluations suggested that the amount of material presented over the course may be too much, the majority of respondents felt the amount of material in this iteration of the course to be “just right”. Survey feedback and interview data, however, provide some insights into the question and suggested refinements to inclusion criteria for prospective participants due to the amount of material and condensed delivery. Specifically, there may be value in considering how factors such as cognitive capacity and/or mental health issues could act as a barrier to full engagement in the course. Two main recommendations emerged:

1. Some participants with cognitive impairments due to illness or injuries such as traumatic brain injuries (TBI) may require additional processing and work time to access the course material and benefit from the course; and
2. Participants experiencing unmanaged PTSD may struggle with the Life Line Exercise which requires reflection on critical moments and experiences over the life course.



A recurring theme in both the survey responses and the interviews suggested that the time for participants to work through the material together was of significant importance to them and one of the sources of impact long term. It is recommended that facilitators build upon this strength to ensure that there is ample time for both personal reflection and group dialogue.

Finally, a number of respondents suggested that they wished that they access to the course earlier in their transition process. Stakeholders, spouses and Veterans alike felt the process and tools of the course could assist in key decision-making early in the transition process.



Chapter Four - Outcome and Effectiveness Evaluation

4.1. Purpose

The purpose of the Outcome and Effectiveness Evaluation was to assess the self-reported mental health and overall well-being outcomes of the Shaping Purpose program. Based on the course objectives and prior evaluation outcomes, we hypothesized that participants would show improvements in the following areas: sense of purpose; general mental health and well-being; social support or social integration; and satisfaction with their main activity (employment, education, volunteer work, parenting, etc.).

4.2. Measures

Five measures were used as benchmarks to identify program impacts following the program and to assess durability of impact post program. The Purpose in Life subscale of the Ryff Scales of Psychological Well, the Kessler Psychological Distress Scale (K10), the PROMIS Global Mental Health Subscale, the Social Provisions Scale, and two questions assessing satisfaction with main activity in life were adopted for the evaluation. Full questionnaires are attached in Appendices B through M.

Ryff Purpose in Life Subscale

The Ryff scales of Psychological Well-being (Ryff, 1989) were designed to measure six theoretical constructs of psychological well-being. The purpose in life subscale includes nine questions about respondents' meaningful goals and sense of purpose. Respondents rate statements on a scale of 1 to 6, indicating strong agreement or disagreement. High scores indicate the respondent has clear goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; and has aims and objectives for living. Respondents who score lower may lack a sense of meaning in life; have few goals or aims, lack a sense of direction; do not see purpose of past life; and have no outlook or beliefs that give life meaning.

Kestler K10

Psychological distress was measured using the Kessler Psychological Distress Scale (K10). The K10 scale includes 10 questions about emotional states, each with a five-level response scale. The K10 scale is often used as a general measure of mental ill health and includes symptoms associated with depression and anxiety. Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50 (Kestler et al., 2003). Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress. A score of 20 is considered to be the cutoff for mild disorder, while 25 suggests moderate disorder (DHS, 2001).

Global Mental Health

The PROMIS Global Health measures (v.1.2) assess an individual's physical, mental, and social health. The measures are generic, rather than disease-specific, and often use an "In General" item context as it is



intended to globally reflect individuals' assessment of their health. The adult PROMIS Global Health measure produces four scores, Physical Health and Mental Health, using four items each, plus one general health question, and one general quality of Life question.

To calculate the Global Physical and Mental Health scores, the PROMIS measures use Item Response Theory (IRT), a family of statistical models that link individual questions to a presumed underlying trait or concept of global health represented by all items in the scale. PROMIS instruments are scored using item-level calibrations available through the Health Measures Scoring Service (https://www.assessmentcenter.net/ac_scoring-service). This method of scoring uses responses to each item for each participant, referred to as “response pattern scoring.”

Response pattern scoring is more accurate than the use of raw score/scale scores and is the preferred way of scoring the scales. Scores are reported as T scores which are a type of standard score that has a mean of 50 and a standard deviation of 10. A higher PROMIS T-score represents more of the concept being measured. Thus, a person who has T- scores of 60 for the Global Physical Health or Global Mental Health scales is one standard deviation better (healthier) than the general population (PROMIS, 2023).

Social Support and Social Integration

Social connectedness leads to a sense of shared social identity with others. The ten-item Social Provisions Scale (SPS -10) has been implemented to measure social support in a number of national surveys in Canada including the LASS and Canadian general population surveys (Orpana et al., 2019). Each of the ten items is rated on a four-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). A continuous scale score is computed by summing responses to the 10 questions, with values ranging from 10 to 40. Higher scores can be interpreted as having higher levels of social support. In national surveillance efforts, participants are identified as having “high” social support on the SPS-10 if their score was 30 or above (PHAC, 2018).

Satisfaction with Main Activity

Two questions were asked about Employment or Main Activity, taken directly from the Canadian Life after Service Study surveys (LASS). The first question asked about the main activity in which they were currently engaged. The second question asked respondents to think about this main activity and rate their level of satisfaction.

4.3. Results

One hundred and twelve participants attending the first eleven virtual programs were invited to complete surveys before, one month and six months after completing the course. The survey was distributed over the virtual survey platform, Qualtrics, with two subsequent reminder invitations sent to those who had not responded. Eighty-eight participants (79%) responded to the one-month post-program survey and sixty-seven completed the survey at the six-month post-program timepoint (60%). Results of the self-report measures were analyzed with repeated measures ANOVA, using IBM SPSS Statistics software. Results may be seen in Table Ten.



Table 10: Analysis of Variance

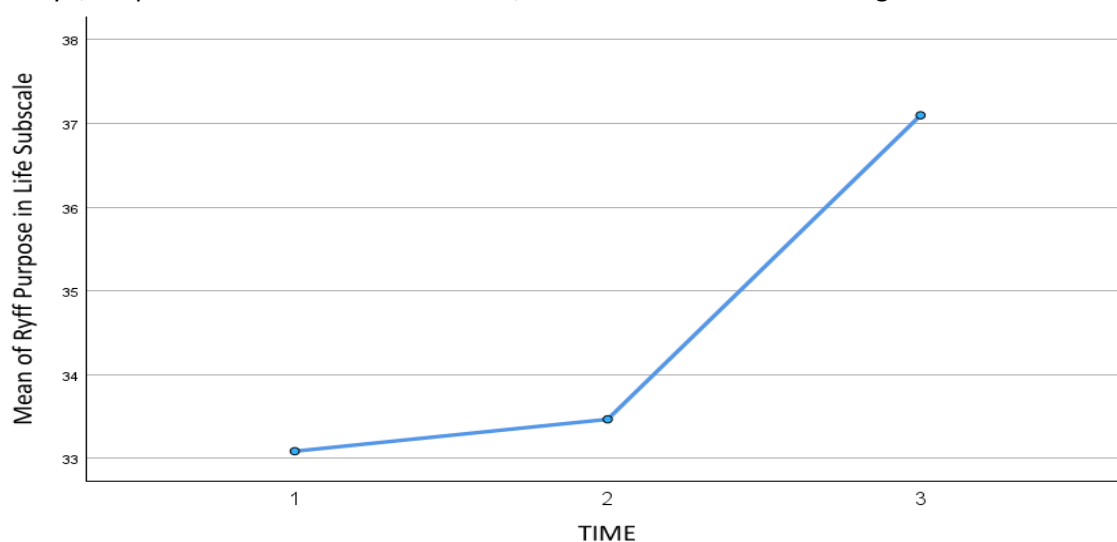
		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
Ryff Purpose in Life	Between Groups	621.453	2	310.726	5.736	0.004
	Within Groups	10021.499	243	54.170		
	Total	10642.952	245			
Kestler 10	Between Groups	572.568	2	286.284	3.805	0.024
	Within Groups	14145.631	243	75.243		
	Total	14718.199	245			
PROMIS Global Mental Health	Between Groups	689.135	2	344.567	5.433	0.005
	Within Groups	11986.150	241	63.419		
	Total	12675.285	243			
Social Provisions Scale	Between Groups	25.885	2	12.943	0.368	0.693
	Within Groups	4824.536	243	35.216		
	Total	4850.421	245			
Satisfaction with Main Activity	Between Groups	4.283	2	2.142	1.698	0.187
	Within Groups	171.544	236	1.261		
	Total	175.827	238			

Results of the repeated measures ANOVA for the Ryff, K10, PROMIS, SPS, and Satisfaction with Main Activity from pre-workshop to 6-months post-workshop. Participants showed improved Ryff, K10, and PROMIS mental health scores that reached statistical significance.

Ryff Purpose in Life Sub-Scale

The average test scores for the survey respondents on the Ryff, Purpose in Life subscale, before, one and six-months post-program completion are presented in Figure One. Analysis of variance of the mean scores from the three data collection time points, showed significant effects ($F_{2,243} = 5.736$, $p = 0.004$).

Figure 1: Ryff, Purpose in Life Mean Scores Before, One and Six-Months Post-Program.

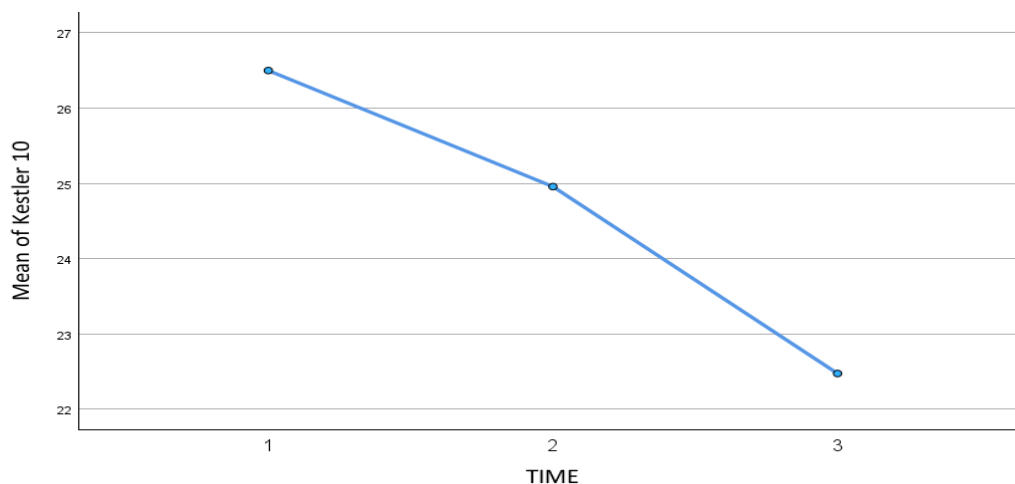




Kessler Psychological Distress Scale

The mean test scores for the survey respondents on the Kessler Psychological Distress Scale before, one- and six-months post-program completion are presented in Figure Two. Analysis of variance of the mean scores from the three data collection time points showed significant effects ($F_{2,243} = 3.805$, $p = 0.024$).

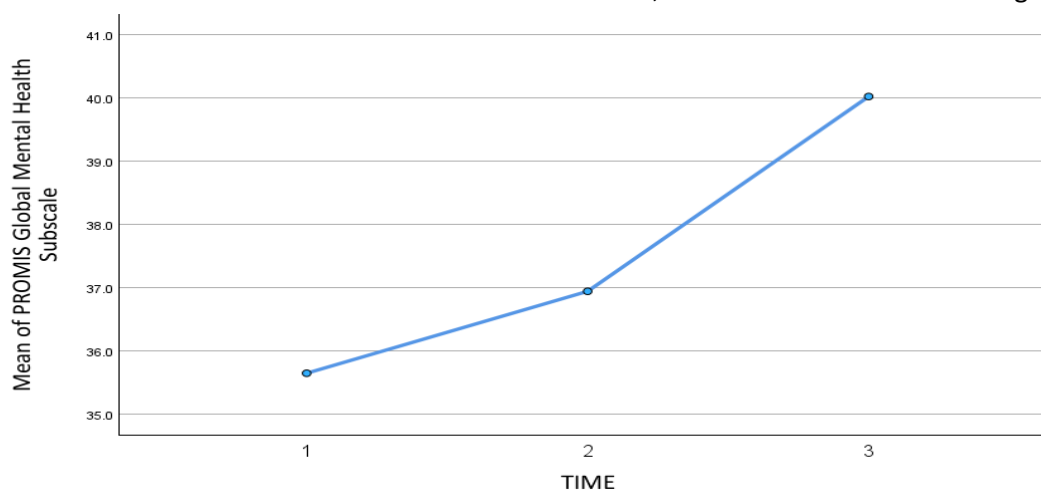
Figure 2: Kessler Psychological Distress Scale Mean Scores Before, One and Six-Months Post-Program.



PROMIS Global Mental Health Subscale

The mean test scores for the survey respondents on the PROMIS Global Mental Health Subscale before, one- and six-months post-program completion are presented in Figure Three. Analysis of variance of the mean scores across time points, showed significant effects ($F_{2,241} = 5.433$, $p = 0.005$).

Figure 3: PROMIS Global Mental Health Subscale Scores Before, One and Six-Months Post-Program.

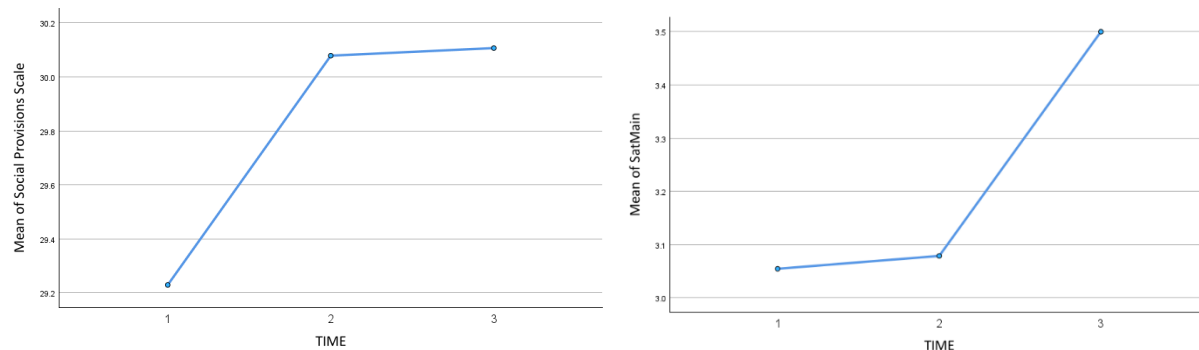




Measures of Social Integration and Satisfaction with Main Activity

Neither social support, as measured by the Social Provisions Scale, nor self-rated Satisfaction with Main Activity reached significance. As can be seen in the graphic depictions in Figure Four, both of these measures showed an upward trend but did not have a large enough effect size to reach significance.

Figure 4: Measures of ‘Social Support’ and ‘Satisfaction with Main Activity’ trended upwards but did not reach statistical significance.



4.4. Conclusion

In this Chapter, we presented the methods and results of the outcome evaluation of the Shaping Purpose program. We found significant effects following participation in the Shaping Purpose Workshop on three of the five variables of interest. Specifically, participants reported experiencing an increase in their sense of having purpose in life, as well as reductions in psychological distress, and an increase in general mental health. Each of these three results was found at one month following the workshop and persisted at the six-month follow-up point.

Neither social support, as measured by the Social Provisions Scale, nor self-rated Satisfaction with Main Activity reached statistical significance. In retrospect, given the timing of the data collection during the height of a global pandemic, with its related restrictions on social gatherings and barriers to engagement in many preferred activities, this result may not be surprising.

Overall, results indicate that the Shaping Purpose program is an effective resource to help Veterans and their key support person plan for the transition from military to civilian life, and may ease some of the negative mental health and well-being impacts of poor adjustment. These results suggest that the program is providing benefit to, and is seen as beneficial by participants, and supports outcomes desired by participants that appear to be durable over time.

The lack of a randomized controlled design is a significant limitation to the degree to which a causal link can be established between the program and the improvements measured - improvements may be due to many other unrelated factors. While there is still work to be done in understanding exactly how, or to what degree the program can be credited with these outcomes, the results are strong. Importantly,



this evaluation replicates results from three prior evaluations of the program providing confirmatory evidence that the Shaping Purpose program is an effective resource for Veterans and their key support person, and has been effective in helping ease the burden of transitioning from military to civilian life.



Chapter Five - Exploratory Evaluation

5.1. Purpose

The purpose of the Exploratory Evaluation was to bring context to the experiences of this group of releasing CAF members/Veterans and their domestic partners during the peri-release period of MCT. Our aim was to better understand the needs of Veterans who are referred to or seek out the Shaping Purpose program by using indicators in each of the VAC Domains of Well-being to build a profile of their status on a range of critical factors in their MCT trajectories. It is our hope that this will also contribute to understanding of “successful transition” and its key determinants to inform future services and supports.

5.2. Conceptual Framework- The Veterans Affairs Canada Domains of Well-Being

The mandate of Veterans Affairs Canada (VAC) is to tend to “(i) the care, treatment or re-establishment in civil life of any person who served in the Canadian Forces ... and (ii) the care of the dependants or survivors of any person referred to in subparagraph (i)” (DVA Act, 1985). In strategic planning this mandate is interpreted and operationalized with Veterans’ “well-being” identified as one of the Department’s re-establishment strategic outcomes (Thompson et al., 2016).

The concept of well-being builds upon seminal work by Berglass and Harrell (2012, p. 11), who argued that the most commonly cited definition of “health”, from the World Health Organization (WHO), does not accommodate the service-related circumstances of many Veterans. They provided a modified definition of well-being, writing: “Our definition of Veteran wellness places equal emphasis on the interrelated and multidimensional domains of psychological and physical well-being and on aspects of life that extend beyond fitness for duty, such as personal relationships, satisfaction of material needs and a sense of daily purpose. Unlike prominent civilian interpretations that emphasize the absence of illness or infirmity as a prerequisite for being well, we propose that the new paradigm for Veteran wellness must emphasize the possibility of wellness despite physical and mental injuries caused by war (p. 6)”.

Thompson (2019) proposed that “good well-being” can be used as an ultimate strategic objective for Veterans’ policy and programming and as a measure of successful transition. In order to operationalize this concept, Veterans Affairs Canada’s (VAC) Research and Policy Directorates reviewed expert literature, considered findings from Veterans’ population studies and held multidisciplinary consultations to develop a composite well-being construct designed for Canadian Veterans and their families. The objective of this work was to develop a framework for considering well-being that would have practical utility in the development and evaluation of policy, programming and service delivery, and for research into Veterans’ issues - the ultimate goal being to support the well-being of Canadian Veterans and their families in life after service (Thompson et al., 2016).

The resulting “Domains of Well-being” framework was designed to provide a holistic lens by which to consider the overall well-being of Canadian Veterans, across seven key domains, each representing a different aspect of a Veteran's life (Thompson et al. 2016, Pedlar et al. 2019). This framework sought to resolve the difficulty operationalizing the 1948 WHO definition of health, in which health was viewed as synonymous with well-being. By contrast, in the VAC Well-Being Framework, health is viewed as subordinate to, and only one of the domains of, well-being. The framework provides a multi-dimensional



perspective for supporting Veterans in their transition to civilian life, while acknowledging that well-being goes beyond physical health and extends into various areas of their lives.

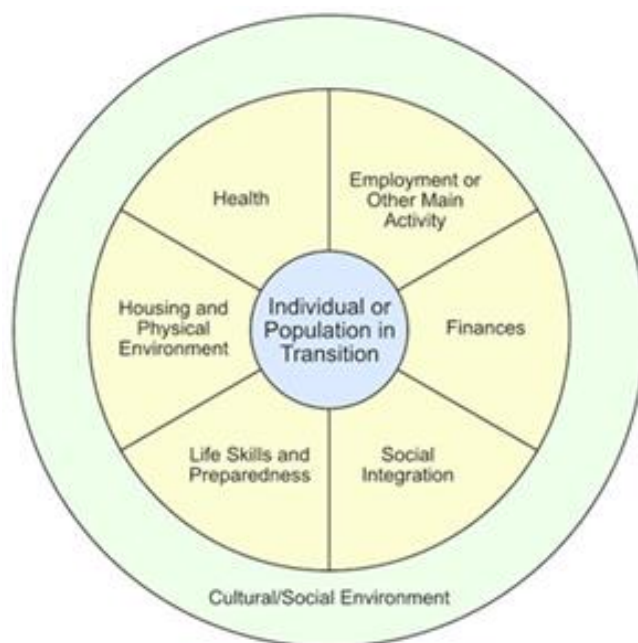
The seven domains are:

1. **Employment and other meaningful activities:** Veterans have a satisfying and engaging role in activities that are beneficial and meaningful to them. It extends beyond traditional concepts of employment to include a sense of meaning attained by participating in fulfilling activities, such as education, hobbies or volunteer work.
2. **Finances:** Veterans are satisfied with their financial situation; have sufficient and secure financial resources to care for self and family.
3. **Health:** This domain focuses on a Veteran's state of physical, mental, social and spiritual functioning, and is broader than the absence of disease. They are either free of physical or mental health problems or are living well with chronic conditions and have timely access to effective health care and rehabilitation as required. Optimally, they have flourishing mental health and are adapted to their new identity in civilian life.
4. **Life Skills and Preparedness:** Veterans are able to adapt, manage, and cope within civilian life. They have a viable plan for establishing themselves in civilian life; can cope well with psychological stressors and loss of military culture; can adapt to the changes experienced in transition; have a good sense of mastery (control over their lives); have realistic expectations of civilian life; and can reconstruct identity from military to civilian.
5. **Social Integration:** This domain emphasizes the importance of social connections and community involvement. It includes support networks, social activities, and programs that help veterans stay connected and engaged. They have satisfying and fulfilling social relationships; the family is functioning well; they have supportive family and friends, and participate in a social network.
6. **Housing and Physical Environment:** Veterans are living in safe, adequate and affordable housing. They have a permanent home and are not homeless or living temporarily in a precarious situation (e.g. parent's home or couch-surfing).
7. **Cultural and Social Environment:** Veterans are understood and valued by Canadians.

The framework is depicted in graphic form in Figure Five with the first six domains in an inner circle and the seventh, Cultural and Social Environment domain as an outer circle. Individuals have more control over the first six domains than they have over the cultural/social environment in which they live. The cultural/social environment domain is about the norms, values and practices of the cultures and societies in which a person lives, plus factors like the state of the economy/job market and presence, access to and utilization of public and private support systems including government, civil service, legal, health services, peer support organizations and many others.



Figure 5. Veterans Well-being Framework for Veterans in Transition (Thompson, 2020)



5.3. Gauging Successful Transition

Measuring well-being in transition necessarily brings the need to set thresholds between poorer and better. Although there is no commonly accepted definition for “successful military-civilian transition” (MCT), this multi-domain well-being concept affords one means of operationalizing a holistic or systemic view of well-being in the transition period. In this regard, individuals may be considered to have transitioned successfully if they do not show difficulties in most domains, whereas difficulty across several domains or severe problems in one domain that become either chronic or evolve into a crisis, could significantly impair well-being and complicate transition.

Such quantifications of symptoms and function may be used as a proxy for identifying well-being in transition, however, this may also differ from individuals' self-described experiences and miss key aspects of the experience of successful or unsuccessful transition (Burgess et al., 2011; St. Cyr, et al., 2022). For example, “successful transition” may be driven by self-perceptions of purpose in life and/or the presence and quality of relationships, despite the presence or absence of symptoms, and in ways that are not captured on psychometric instruments (Keyes, 2002).

In this exploratory analysis, Veterans self-assessed success and well-being in transition will be used to contrast and contextualize profiles of well-being as measured across the seven domains. It is our hope that this will contribute to our understanding of “successful transition” and its key determinants to inform future services and supports. Specifically, the main objective of this portion of the evaluation is to consider psychometric profiles of Veterans who self-assess as transitioning successfully to see if they



differ significantly across domain measures from the sample of Veterans who self-assessed as struggling in their MCT.

5.4. Methods

Self-Assessment of Transition Adjustment

Survey respondents self-assessed how well they felt they had adjusted to the transition to civilian life. This indicator was adapted from LASS and found in prior LASS analyses to be correlated in expected ways with well-being indicators (MacLean, 2014; Thompson et al., 2019). The five answer options were combined into two categories: “Transitioning Well” and “Struggling in Transition”, with cases that showed neutral responses removed from the analysis. Each case included in the analysis represented one full profile, across domains, of one Veteran at one time-point who either belonged to the group that self-assessed as struggling, or the group that self-assessed as transitioning well.

Metrics within the Domains of Well-Being

The following measures are used to describe the status of participants within each domain.

1. Employment/Other Main Activity Domain

Two questions were asked about Employment or Main Activity, taken directly from the Canadian Life after Service Study surveys (LASS). The first question asked about the main activity in which they were currently engaged. The second question asked respondents to think about this main activity and rate their level of satisfaction on a five-point scale, with higher scores representing higher satisfaction.

2. Financial Domain

Two questions were asked about the financial domain taken directly from the Transition Well-being Survey (CAFTWS). The first question, asked respondents how satisfied they are with their financial situation, rated from very satisfied to very dissatisfied on a five-point scale. The second question taken from the Transition Effects section of the CAFTWS relates closely to the first, asking respondents to rate how confident that are that they can make ends meet financially (StatsCan, 2018).

3. Health Domain

Four measures were used as indicators of functioning in the health domain. The Kessler Psychological Distress Scale (K10) and the PROMIS Global Health Scales were used to assess mental and physical health. The Purpose in Life subscale of the Ryff Scales of Psychological Well, and two questions assessing functioning in Activities of Daily Living were also adopted for the evaluation.

Kessler K10

Psychological distress was measured using the Kessler Psychological Distress Scale (K10). The K10 scale involves 10 questions about emotional states each with a five-level response scale. The K10 is often used as a general measure of mental ill health and includes symptoms associated with depression and anxiety. Each item is scored from one ‘none of the time’ to five ‘all of the time’. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50 (Kessler et al., 2003). Low scores



indicate low levels of psychological distress and high scores indicate high levels of psychological distress. A score of 20 is considered to be the cutoff for mild disorder, while 25 suggests moderate disorder (DHS, 2001).

PROMIS Global Health Scale v1.2

The PROMIS Global Health measures (v.1.2) assess an individual's physical, mental, and social health. The measures are generic, rather than disease-specific, and often use an "In General" item context as it is intended to globally reflect individuals' assessment of their health. The adult PROMIS Global Health measure produces four scores, Global Physical Health, Global Mental Health, Overall General Health and General Quality of Life, with a higher PROMIS score represents better health or quality of life (PROMIS, 2023).

Ryff Purpose in Life Sub-Scale

The Ryff scales of Psychological Well-being (Ryff, 1989) were designed to measure six theoretical constructs of psychological well-being. The purpose in life subscale includes nine questions about respondents' meaningful goals and sense of purpose. Respondents rate statements on a scale of 1 to 6, indicating strong agreement or disagreement. High scores indicate the respondent has clear goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; and has aims and objectives for living. Respondents who score lower may lack a sense of meaning in life; have few goals or aims, lack a sense of direction; do not see purpose of past life; and have no outlook or beliefs that give life meaning.

Activities of Daily Living

The LASS surveys list 6 basic and instrumental activities of daily living, asking if the respondent has difficulty with any of them. These 6 areas were summarized into one item asking respondents if they required assistance in any of the areas. A subsequent question queried whether respondents required help with any ADL *on a regular* basis. A positively worded general question was added to gauge functioning well in daily life.

4. Life Skills and Preparedness Domain

Feeling of Mastery

Mastery is the feeling of control people have over their life, actions and decisions. The mastery scale used in the LASS surveys was adopted for use in the current evaluation. It derives its estimate of a sense of mastery based on how strongly the respondent agrees with the following seven statements: (1) You have little control over the things that happen to you. (2) There is really no way you can solve some of the problems you have. (3) There is little you can do to change many of the important things in your life. (4) You often feel helpless in dealing with problems of life. (5) Sometimes you feel that you are being pushed around in life. (6) What happens to you in the future mostly depends on you. (7) You can do just about anything you really set your mind to.

Each item had a five-point scale ranging from "strongly agree" to "strongly disagree," which was transformed to a 0–4 scale summed to obtain a score that ranged from 0 to 28. A participant scoring seven or lower was considered to have low mastery, while an individual who scored 23 or greater was considered to have high mastery (Lee et al., 2010).



Health Functioning

The Well-being Inventory (WBI) is a multidimensional assessment tool designed to measure military Veterans' status and functioning (Vogt et al., 2019). Respondents are instructed to endorse a single response from among statements using a 5-point Likert scale. The Health Function subscale of the WBI was included to provide information about pro-active behaviours that support health. Reverse score items K5, K6, K7, and K8 (1= 5) (2 = 4) (3= 3) (4 = 2) (5 = 1) Average item score such that higher scores indicate better health functioning After reverse scoring appropriate items, all items are averaged to create an overall health functioning score.

Life Stress

Three questions were included on the amount, source and coping capacity for stress. These three items were developed for the Canadian Community Health Survey, a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian population. These questions were also used in the Transition Well-Being Survey.

5. Social Integration Domain

Social Provisions Scale (SPS -10)

Social connectedness leads to a sense of shared social identity with others. The ten-item Social Provisions Scale (SPS -10) has been implemented to measure social support in a number of national surveys in Canada including the LASS and Canadian general population surveys (Orpana et al., 2019). Each of the ten items are rated on a four-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). A continuous scale score is computed by summing responses to the 10 questions, with values ranging from 10 to 40. Higher scores can be interpreted as having higher levels of social support. In national surveillance efforts, participants are identified as having “high” social support on the SPS-10 if their score was 30 or above (PHAC, 2018).

Family Relationships

Three questions were included regarding satisfaction with family relationships. The first two, are used both on the Parental Satisfaction Subscale of the WBI and in the TWS ask respondents to rate, *(1) How close you are with your children, and (2) how much enjoyment you get from parenting*. Respondents are asked to rate these items on a five-point scale from very dissatisfied to very satisfied. The third question, taken from the CAF Transition Well-Being Survey, presented respondents with the statement, *Everything considered, I am happy with my relationship*, and asked them to rate their agreement on a five-point scale from Strongly agree to strongly disagree.

Satisfaction with Support

A fourth general question was included from the Transition Well-being Survey to assess satisfaction with supports across sources, and in recognition that “family of choice” may not correspond to traditional ideas of the nuclear family. Respondents were asked to rate agreement with the statement, *“I am satisfied with the support that I receive from my family, friends or community”*, on a five-point scale ranging from strongly disagree to strongly agree.

6. Housing/Physical Environment Domain



Five questions were included to gather information about housing and physical environment considerations from the TWS Transition Effects section. Questions required respondents to rate their agreement with statements about the suitability of their housing, whether they are living in their preferred location, and the accessibility their living arrangements provide access for themselves, and their family members, to health care, education, work and recreational opportunities.

7. Cultural/Social Environment Domain

Perceived Public and Private Regard

Veterans' perceptions of public attitudes toward them can also be understood as a component of mattering, which is believing that one is important to other people (Rosenberg and McCullough 1981). For Veterans, the feeling that others depend on them and that their service was a meaningful role investment that is noticed and recognized as important is likely a source of psychological and social well-being. Items measuring perceived public regard and private regard come from the subscales of Lancaster and Hart's (2015) Warrior Identity Scale and follow the formulation presented by Markowitz and colleagues (2020). Perceived public regard includes four items ("Overall, veterans are highly thought of"; "In general, others respect veterans and members of the military"; "In general, other groups view veterans in a positive manner"; and "Society views veterans as an asset"). Private regard includes three items ("I feel good about my military service," "I believe that I have many strengths due to my military service," and "I often regret my military service"). Each item is coded from 1 (strongly disagree) to 4 (strongly agree). Appropriate items were reverse coded, and each of the respective subscale items was summed and divided by the number of items so that higher values indicate greater regard.

8. Transition Specific Questions

Release related questions were taken from the Transition Well-being Survey regarding transition stage, type of release, and transition related relationship strain. Respondents were also asked about their experiences understanding available benefits, challenges posed by COVID-19, and the transition impacts on their personal Quality of Life and Family Quality of Life.

5.5. Analytic procedures

Multiple Tests on a Dataset.

In statistical analysis, under a postpositivist epistemology, researchers hold their findings as tentative, and do not make claims of discovered "truth". Instead, researchers test "null hypothesis" that ask what the chance of finding a significant relationship would be by chance alone. The null hypothesis in the current case would be that Veterans self-ratings of "adjusting well" or "struggling in transition" have no relationship to patterns of scores on the domain metrics we have used. In other words, our null hypothesis is that the measures in the domains tell us nothing about Veterans subjective experience of transition success or well-being. An alpha (α) value of .05 or less on a t test for a given domain indicator allows us to (reject the "null hypothesis" and) conclude that the variables of interest are varying independently (are from different populations) only if the result we get has less than a five percent chance of occurring by chance alone (probability $p = .05$).



Despite setting an α value of .05 and using two-tailed tests, however, there is an inherent problem with running multiple tests on a single set of data. Each time that we run the analysis, whether for each separate metric or for each time point, we effectively add five per cent to the chance of finding a significant relationship. In effect, this works like a lottery where buying more tickets will increase one's chances of winning. Our *a priori* hypotheses were that all 25 measures would differ significantly between the two samples, however running 25 t tests would increase the Type II error rate, increasing the possibility of determining that results are significant when they really are not.

The Benjamini-Hochberg procedure, also known as the False Discovery Rate (FDR) procedure, is a statistical method used in multiple hypothesis testing to control the expected proportion of false discoveries (Terrell, 2021). Results of t-tests in the sections that follow provide and interpret adjusted p-values to assess significance. These adjusted p-values provide a corrected measure of statistical significance that controls the FDR and provide a more conservative approach to hypothesis testing when conducting multiple comparisons simultaneously.

Homogeneity of Variances

Independent samples t tests were conducted to determine if the sample of Veterans who self-assessed as transitioning well differed significantly across domain measures from the sample of Veterans who self-assessed as struggling in transition. T tests require the assumption of homogeneity of variance - i.e., both groups have the same variance around their means. Levene's test was used as a test of homogeneity of variance, and where this assumption did not pass, a Welch t Test is reported (The Welch t test does not rely on equal population variances) (KSU, 2017). In the sections that follow, where equal variances are assumed and the calculation use pooled variances; when it is indicated that equal variances is not assumed, the calculation utilizes un-pooled variances and a correction to the degrees of freedom.

5.6. Results

Veterans Self-Rated Adjustment in Transition

Survey respondents self-assessed how well they felt they had adjusted to the transition to civilian life and were divided into two groups depending on their responses; "Transitioning Well" and "Struggling in Transition". Ninety surveys were included as representative "cases" in the analysis (58 male and 32 female), with forty-six profiles of Veterans who self-assessed as transitioning well, and forty-four profiles of Veterans who self-assessing as struggling in transition. There were insufficient, complete, non-neutral responses from spouses across domains (n=12) to include in the analysis (although the preponderance of neutral ratings among spouses is in itself an interesting finding which warrants further investigation).

In the following sections, the mean group responses are compared on selected measures across the seven domains. First, the influence of gender is explored. Second, score differences are explored for significance for each domain measure. Where significant differences are found, the size of those differences is calculated. In the final sections, the group means are presented for each of the domain measures. The Discussion section highlights the results within each of the domains of well-being.



Gender Differences

A Chi-Square test of independence was computed to determine whether gender had a significant effect on Veterans' self-reported transition adjustment. No association was found between gender and adjustment ratings ($\chi^2(1) \geq .025$, $p = .876$). This means that, in this group of Veterans, being male or female was not associated with adjusting well, or alternatively with struggling in transition. Both genders sampled here were equally represented in both groups. Cross tabulation showed almost equal distribution of gender by adjustment. Table 11 shows the cross tabulation with Gender and Adjustment Rating with numbers conforming to those expected if there were no difference between the groups.

Table 11. Gender x Adjustment Crosstabulation

		Adjustment Rating		Total
		Well	Struggling	
Gender	Male	30	28	58
	Female	16	16	32
Total		46	44	90

Independent Samples *t* Tests: testing for significant differences between group means

Measures withing six of the seven domains successfully differentiated those who self-assessed as transitioning well from those who self-assessed as struggling in their transition, with significant differences found between the groups on fourteen of the domain measures of interest (Two measures that initially showed significance did not survive FDR correction). Results are shown for each of the domain measures in Table 12, with significant findings highlighted in red.

Table 12. Equality of Means *t*-Test Results

Independent Samples <i>t</i> Test					
Measure	Homogeneity	<i>t</i>	<i>df</i>	Two-Sided <i>p</i>	FDR Corrected <i>p</i>
Satisfaction Main Activity	Equal Variance	4.796	85	**<.001	**<.001
Satisfaction with Finances	Equal Variance	2.834	85	** .006	*.016
Confidence in Finances	Equal Variance	0.855	84	.395	.449
K10	Equal Variance	-4.097	87	**<.001	** .001
Global Physical Health	Equal Variance	0.084	88	.933	.966
General Health	Equal Variance	1.190	88	.237	.296
Global Mental Health	Equal Variance	4.862	87	**<.001	**<.001
General QOL	Equal Variance	2.738	87	** .008	*.019
Ryff	Equal Variance	3.090	85	** .003	** .010
ADL Functioning	Equal Variance	2.686	85	** .009	*.0016
Mastery	Equal Variance	3.029	84	** .003	** .010
Health Behaviours	Welch <i>t</i>	0.623	77	.535	.582
Stress Coping	Equal Variance	1.972	60	.053	.078



Amount of Stress	Welch t	-1.534	75	.129	.170
SPS10	Equal Variance	1.969	85	*.050	.078
Relationship with Children	Welch t	1.605	50	.115	.159
Enjoyment in Parenting	Welch t	2.381	55	*.021	*.040
Relationship Satisfaction	Equal Variance	-0.043	78	.966	.966
Social Support	Equal Variance	2.496	85	*.014	*.030
Housing	Equal Variance	1.118	85	.267	.318
Private Regard	Equal Variance	2.069	85	*.042	.069
Public Regard	Welch t	3.387	74	** .001	** .006
Covid Challenge	Equal Variance	-3.515	26	** .002	** .007
Navigating VAC Benefits	Equal Variance	-2.755	33	** .009	*.020
Impact of Transition on QOL	Equal Variance	4.066	33	** .001	** .003
Impact of Family QOL	Equal Variance	1.107	25	.279	.329

Benjamini-Hochberg procedure FDR corrected p values are provided in the right-hand column.

* denotes significance at $p \leq .05$ ** denotes significance at $p \leq .01$

Table 13. Effect Sizes for Significant t Tests - Cohen's Delta

Independent Samples Effect Sizes				
Domain Measure	Test	Point Estimate	95% Confidence Interval	
			Lower	Upper
Satisfaction Main Activity	Cohen's d	***1.028	0.578	1.473
Satisfaction with Finances	Cohen's d	**0.608	0.176	1.036
K10	Cohen's d	***-0.869	-1.301	-0.431
Global Mental Health	Cohen's d	***1.031	0.586	1.472
General QOL	Cohen's d	**0.580	0.154	1.003
Ryff	Cohen's d	**0.663	0.229	1.093
ADL Functioning	Cohen's d	**0.576	0.145	1.004
Mastery	Cohen's d	**0.653	0.217	1.086
Enjoyment in Parenting	Unequal VAR	Omitted		
Satisfaction with Social Support	Cohen's d	**0.536	0.106	0.962
Public Regard	Unequal VAR	Omitted		
Navigating VAC Benefits	Cohen's d	***-0.962	-1.660	-0.251
Covid Challenge	Cohen's d	***-1.360	-2.192	-0.507
Impact of Transition on QOL	Cohen's d	***-1.443	-2.184	-0.684

Point estimates for Cohen's d effect size expressed as a standard deviation. * denotes a small effect size of ≥ 0.2 , ** denotes a medium effect size of ≥ 0.5 , and *** denotes a large effect size of ≥ 0.8



Comparison of Group Means

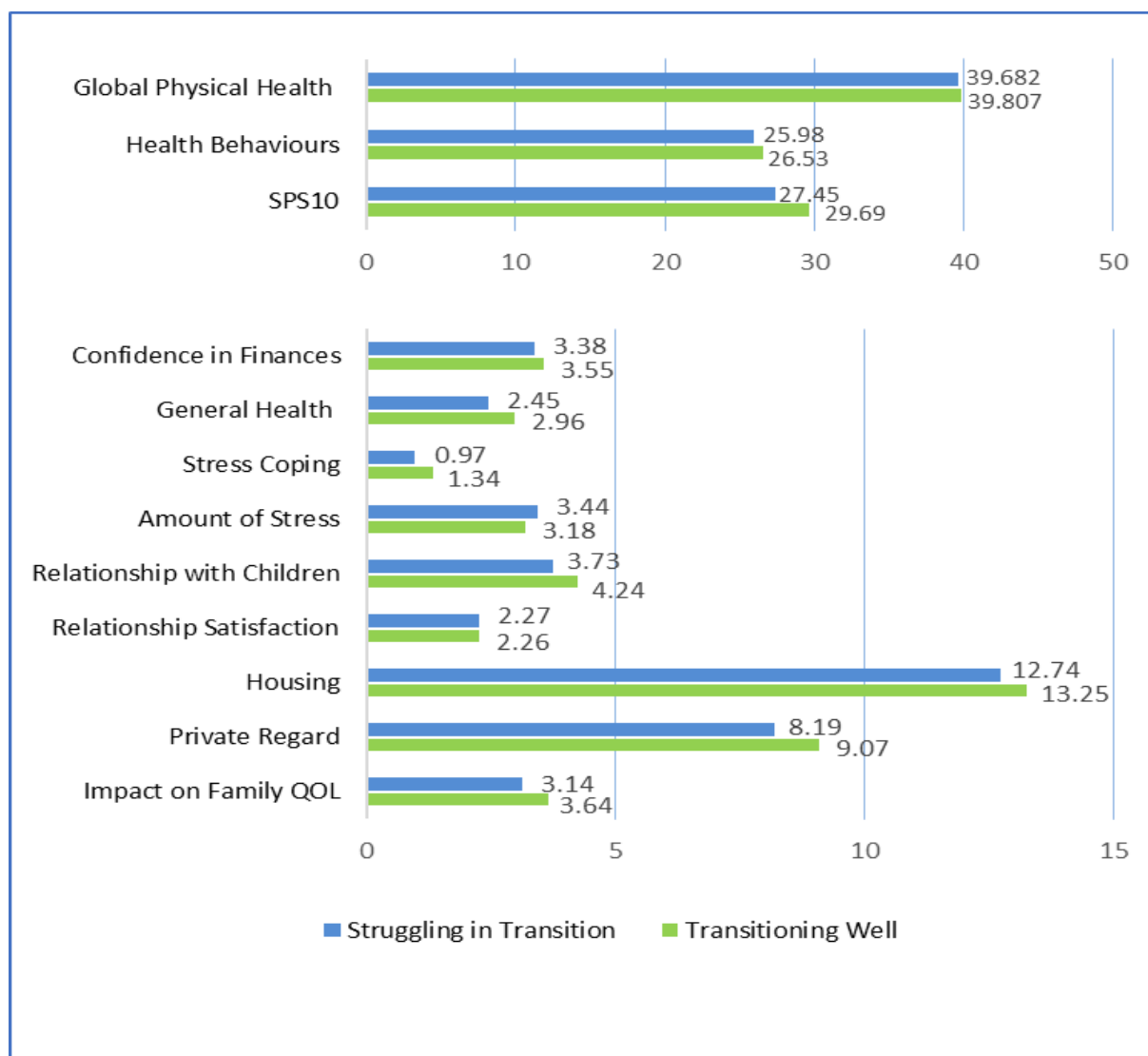
In Figure 6, a graph is presented showing the mean responses of the two groups for each of the domain measures that reached significance in the *t* tests. The mean responses for domain measures that did not reach significance are presented in Figure 7.

Figure 6. Comparison of Significant Group Mean Differences by Domain Indicator





Figure 7. Comparison of non-significant Group Means Differences by Domain Indicator



5.7. Discussion

The purpose of the Exploratory Evaluation was to bring context to the experiences of this group of releasing CAF members/Veterans during the peri-release period of MCT. Our aim was to better understand the needs of Veterans who are referred to or seek out the Shaping Purpose program by using measures within each of the VAC Domains of Well-being to build a profile of their status across domains during their MCT trajectories. It is our hope that this will also contribute to understanding of “successful transition” and its key determinants to inform future services and supports. In the following sections, the findings are discussed for each of the measures used according to each well-being domain.



Findings by Domain

1. Employment/Other Main Activity Domain

The main question in this domain asked respondents to rate their level of satisfaction with their main activity. As shown in Table 12, respondents from the two groups showed significant differences from each other in their responses on this domain measure ($t_{85} = 4.79$, $p < .001$, FDR corrected). The mean response of those who self-rated as struggling in transition was 2.65 out of five versus 3.66 for those who self-rated as adjusting well. A score of 2.65 on this item lies between “somewhat dissatisfied” and “neither dissatisfied nor dissatisfied”. By contrast, a score of 3.66 lies between the neutral point and “somewhat satisfied”. This represents a difference between the group means equivalent to 1.02 standard deviations (Cohen’s delta on Table 13). The two groups’ responses differed significantly and by a large measure on this question, lending support to the hypothesized importance of this indicator.

2. Financial Domain

Two questions were asked about the financial domain. The first question asked respondents how satisfied they were with their financial situation, rated from very satisfied to very dissatisfied on a five-point scale. As shown in Table 12, respondents from the two groups showed significant differences from each other in their responses to this domain measure ($t_{85} = 2.834$, $p = .016$, FDR corrected). The mean response of those who self-rated as struggling in transition was 3.33 out of five versus 3.86 for those who self-rated as adjusting well. While both of these group means fall between “satisfied” and “neither satisfied nor dissatisfied” This represents a medium difference between the group means equivalent to .608 standard deviations (Cohen’s delta on Table 13).

The second question asked respondents to rate how confident they are in making ends meet financially. Respondents from the two groups did not show significant differences from one another in their responses on this domain measure ($t_{84} = 0.855$, $p = .449$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 3.38 out of five versus 3.55 for those who self-rated as adjusting well. These ratings, which lie between “Neither confident nor unconfident” and “Confident”, suggest that both groups were fairly matched in their confidence in making ends meet financially. For this reason, this variable did not differentiate between those who identified as transitioning well and those who were struggling.

Interestingly, inclusion in the transitioning well group did not require *high* levels of satisfaction with their financial situation – satisfaction seemed to be sufficient in this domain. These results, taken together, could be interpreted as supporting the idea that once instrumental needs are met, other needs become more important in determining well-being. Thus, while these findings support the importance of this domain, they also suggest that once financial sufficiency is reached, transition adjustment, esteem and well-being needs may be driven by other domains.

3. Health Domain

Four measures were used as indicators of functioning in the health domain. The Kessler Psychological Distress Scale (K10) and the PROMIS Global Health Scales were used to assess mental and physical



health. The Purpose in Life subscale of the Ryff Scales of Psychological Well, and two questions assessing functioning in Activities of Daily Living were also adopted for the evaluation.

Kessler K10

Psychological distress was measured using the Kessler Psychological Distress Scale (K10) which includes symptoms associated with depression and anxiety. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress. Respondents from the two groups showed significant differences from each other in their responses on this domain measure ($t_{87} = -4.097$, $p = .001$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 35.36 while those who self-rated as adjusting well had a mean score of 27.76. This represents a large difference between the group means equivalent to .869 standard deviations (Cohen's delta on Table 13).

Importantly, both groups mean scores fall above the cut-off for moderate disorder (a cutoff score of 25 is recommended to identify moderate levels of disorder). This supports the observation that presence or absence of symptoms may not tell the full picture of subjective experiences of adjustment in transition.

PROMIS Global Health Scale v1.2

The adult PROMIS Global Health measure produces four scores, General Health, Physical Health, Mental Health and General Quality of Life, with a higher PROMIS score representing better health or quality of life (PROMIS, 2023). A cut-point for good health is suggested to be ≥ 59 , or one standard deviation above the population mean.

Global Physical Health - Respondents from the two groups did not show significant differences from each other in their responses on this domain measure ($t_{88} = 0.084$, $p = .966$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 39.68 versus 39.80 for those who self-rated as adjusting well. This reflects a score in the “fair” range for both groups. This variable did not have a significant effect on who identified as transitioning well or struggling.

Global Mental Health - Respondents from the two groups differed significantly in their mean scores on this domain measure ($t_{87} = 4.862$, $p < .001$, FDR corrected). The mean response of those who self-rated as struggling in transition was 32.08 versus 39.80 for those who self-rated as adjusting well. Although this reflects scores at the bottom and the top of the “fair” range, respectively, this represents a large difference between the group means equivalent to 1.03 standard deviations (Cohen's delta on Table 13).

General Health – This question asked respondents to rate their general health from excellent to poor on a five-point scale. Respondents from the two groups did not show significant differences from each other in their responses on this domain measure ($t_{88} = 1.190$, $p = .296$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 2.45 while those who self-rated as adjusting well had a mean score of 2.96. Both of these group mean scores fall between ratings of “Fair” (=2) and “Good” (=3).

General Quality of Life - This question asked respondents to rate their General Quality of Life from excellent to poor on a five-point scale. Respondents from the two groups showed significant differences from each other in their responses on this domain measure ($t_{87} = 2.738$, $p = .019$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 2.45 while those who self-



rated as adjusting well had a mean score of 2.96. This represents a medium difference between the group means equivalent to .58 standard deviations (Cohen's delta in Table 13).

Ryff Purpose in Life Sub-Scale

The purpose in life subscale of the Ryff scale asks about respondents' meaningful goals and sense of purpose. High scores indicate the respondent has clear goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; and has aims and objectives for living. Respondents from the two groups differed significantly from each other in their responses on this domain measure ($t_{85} = 3.090$, $p = .010$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 31.45 while those who self-rated as adjusting well had a mean score of 35.65, reflecting a higher sense of purpose in life. This represents a medium difference between the group means equivalent to .66 standard deviations (Cohen's delta in Table 13).

Activities of Daily Living

The LASS surveys list 6 basic and instrumental activities of daily living asking if the respondent has difficulty with any of them. Referring to these six areas, a second question asked respondents to gauge how well they were functioning overall in their daily life. Respondents from the two groups showed significant differences from each other in their responses on this domain measure ($t_{85} = 2.686$, $p = .016$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 2.70 (between "Disagree" and "Neither Agree nor Disagree"), while those who self-rated as adjusting well had a mean score of 3.68 (Between "Neither Agree nor Disagree" and "Agree"). This difference between the two groups is interpreted as a medium size difference equivalent to 0.576 standard deviations (Cohen's delta on Table 13).

According to these results, inclusion in the transitioning well group did not require uninterrupted capacity to engage in activities of daily living. To be able to engage "somewhat" seemed to be sufficient for most respondents in this domain. Thus, while these findings support the importance of this domain, they also suggest that once a threshold sufficiency is reached, perceptions of adjustment may be driven by other domains.

4. Life Skills and Preparedness Domain

Feelings of Mastery

Mastery is the feeling of control people have over their lives, actions and decisions. The mastery scale used in the LASS surveys was adopted for use in the current evaluation. Survey respondents from the two groups showed significant differences from each other in their responses on this domain measure ($t_{84} = 3.029$, $p = .010$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 13.50 while those who self-rated as adjusting well had a mean score of 16.73. This represents a large difference between the group means equivalent to .653 standard deviations (Cohen's delta in Table 13).

Although there was a significant difference between the group means, it is important to note that both groups fell into the middle category used in the interpretation of this scale. Participants scoring seven or lower are interpreted as having low mastery, while an individual who scored 23 or greater is considered



to have high mastery (Lee et al., 2010). In this sample, both group means fell within the central region of score ranges (neither high nor low) and yet the group differences were significant.

Health Functioning

The Health Function subscale of the WBI was included to provide information about pro-active behaviours that support health. Higher scores indicate better health functioning overall. The respondents from the two groups did not show a significant difference from each other in their responses on this domain measure ($t_{77} = 0.623$, $p = .582$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 25.98 out of a possible 40 points. The mean for those who self-rated as adjusting well had a mean score of 26.53.

Life Stress

Two questions were included about the amount and coping capacity for stress, that were developed for the Canadian Community Health Survey and also used on the Transition Well-Being Survey. Neither of these questions showed significant differences between groups. (1. Amount of stress most days, $t_{75} = -1.534$, $p = .170$, FDR corrected & 2. Ability to manage stress, $t_{60} = 1.972$, $p = .078$, FDR corrected).

For the amount of stress, the mean response of those who self-rated as struggling in transition was 3.44 versus 3.18 for those who self-rated as adjusting well. These scores lie between 3 = “A Little Stressful” and 4 = “Quite stressful”.

For ability to manage stress, the mean response of those who self-rated as struggling in transition was 0.97 (between poor = 0 and fair = 1) compared to 1.34 for those who self-rated as adjusting well (between fair = 1 and Good = 2). This suggests that although the perceived capacity to cope was somewhat higher for those adjusting well, the perceived amount of stress was quite similar for both groups and neither of these differences was significant.

5. Social Integration Domain

Social Provisions Scale (SPS -10)

The Social Provisions Scale (SPS -10) was included to provide a measure of social connectedness and shared sense of social identity. Scores range from 10 to 40, with higher scores suggesting higher levels of social support. In national surveys, participants are identified as having “high” social support on the SPS-10 if their score is 30 or above (PHAC, 2018). The mean response of those who self-rated as struggling in transition was 27.45 and 29.69 for those who identified as transitioning well, suggesting both groups were not experiencing high levels of support. As shown in Table 12, respondents from the two groups did not show significant differences from each other in their responses to this domain measure ($t_{85} = 1.969$, $p = .078$, FDR corrected). Given the timing of the data collection, during the height of a global pandemic and its related restrictions on social gatherings, this result may not be surprising. However, social support is considered to be a critical aspect of adjusting well and the lack of difference found between the two group means on this measure is of significant interest.

Satisfaction with Support



A general question was included from the Transition Well-being Survey to assess satisfaction with supports across sources, and in recognition that “family of choice” may not correspond to traditional ideas of the nuclear family. Respondents were asked to rate agreement with the statement, “*I am satisfied with the support that I receive from my family, friends or community*”, on a five-point scale ranging from strongly disagree to strongly agree. Respondents from the two groups showed significant differences from each other in their responses on this domain item ($t_{85} = 2.496$, $p = .030$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 3.56 while those who self-rated as adjusting well had a mean score of 4.33 (Figure 6). This represents a medium difference between the group means equivalent to .535 standard deviations (Cohen’s delta on Table 13). Contrasting this finding with the lack of difference found between the group means on the SPS10 measure discussed previously highlights the complexity of using and interpreting results of these instruments in the context of transition.

Family Relationships

Three questions were included regarding satisfaction with family relationships. The first question asked respondents to rate, (1) *How close you are with your children?* Respondents from the two groups did not show significant differences from each other in their responses on this question ($t_{50} = 1.605$, $p = .159$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 3.73 (Neutral/Somewhat satisfied) while those who self-rated as adjusting well had a mean score of 4.24 (Somewhat/very satisfied) (Figure 7).

The second question asked, *how much enjoyment do you get from parenting?* Respondents from the two groups showed significant differences in their mean response to this question ($t_{55} = 2.381$, $p = .040$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 3.35 (neutral) while those who self-rated as adjusting well had a mean score of 4.10 (somewhat). The effect size was not calculated as the variance of the responses were unequal for the two groups (responses varied around the average more widely for group that were struggling in transition).

The third question presented respondents with the statement, “*Everything considered, I am happy with my relationship*”, and asked them to rate their agreement on a five point scale. Respondents from the two groups did not differ significantly in their mean scores on this domain measure ($t_{78} = -0.043$, $p = .966$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 2.27 versus 2.26 for those who self-rated as adjusting well. This reflects a rating between “agree” and “strongly agree” for both groups. There is a surprising homogeneity in these responses which raises the question whether these groups of Veterans were simply happy in their relationships or whether the inclusion of spouses in the programming prompted more politic responses to the surveys.



6. Housing/Physical Environment Domain

Five questions were included that asked respondents to rate their agreement with statements about the suitability of their housing, whether they are living in their preferred location, and whether where they are living affords them, and their family members, access to health care, education or work, and social/recreational opportunities. Scores were combined to create one composite measure with higher scores (up to 15) reflecting preferable living situations. Both groups of respondents showed similar ratings on this measure (Group means were not significantly different. $t_{85} = 1.118$, $p = .318$, FDR corrected). The mean housing/physical environment response of those who self-rated as struggling in transition was 12.74 while the mean for those who were adjusting well had a mean score of 13.25.

7. Cultural/Social Environment Domain

Perceived Public and Private Regard

The belief that their service was meaningful and recognized as important by others, may be important to psychological and social well-being. Perceived public regard includes four items (“Overall, veterans are highly thought of”; “In general, others respect veterans and members of the military”; “In general, other groups view veterans in a positive manner”; and “Society views veterans as an asset”). Survey respondents from the two groups showed significant differences from each other in their mean scores on this domain measure ($t_{74} = 3.387$, $p = .006$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 10.10 while those who self-rated as adjusting well had a mean score of 11.48 (see Figure 6). Scores on this measure did not meet the assumption of equal variance, and therefore effect size was not calculated.

Private regard includes three items (“I feel good about my military service,” “I believe that I have many strengths due to my military service,” and “I often regret my military service”). Respondents from the two groups did not show significant differences from each other in their responses to this measure ($t_{85} = 2.069$, $p = .069$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 8.19 while those who self-rated as adjusting well had a mean score of 9.07 (Figure 7).

Transition Specific Questions

Release-related questions were taken from the Transition Well-being Survey regarding transition stage, type of release, and transition-related relationship strain. Respondents were also asked about challenges posed by COVID-19, their experiences understanding available benefits, and the transition impacts on their personal quality of life and family quality of life.

Veterans were asked, “How challenging has the COVID-19 pandemic made your transition?” Survey respondents from the two groups showed significant differences in their responses to this question ($t_{26} = -3.515$, $p = .007$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 3.94 (approaching “very challenging”) while the mean for those who were adjusting well had a mean score of 2.27 (“a little challenging”). This represents a large difference between the group means equivalent to 1.36 standard deviations (Cohen’s delta on Table 13).

Participants were also asked, “How challenging was understanding Veterans Affairs Canada (VAC) benefits and services available to you and your family?” Survey respondents from the two groups



showed significant differences from each other in their responses to this domain question ($t_{33} = -2.755$, $p=.020$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 3.89 (3=moderately challenging and 4=very challenging) while those who self-rated as adjusting well had a mean score of 2.81 (2= a little challenging) (see Figure 6).

Veteran participants were asked, *“How has leaving the military impacted your quality of life?”* Survey respondents from the two groups showed significant differences from each other in their responses on this domain item ($t_{33} = 4.066$, $p=.003$, FDR corrected) (Table 12). The mean response of those who self-rated as struggling in transition was 2.05 (2 = it has decreased somewhat) while those who self-rated as adjusting well had a mean score of 3.75 (3 = it has stayed about the same and 4 = it has improved somewhat) (see Figure 6). This represents a large difference between the group means equivalent to 1.44 standard deviations (Cohen’s delta on Table 13).

Finally, survey respondents were asked, *“How has leaving the military impacted your family's quality of Life?”* Both groups of respondents showed similar ratings on this measure (Group means were not significantly different. $t_{25} = 1.107$, $p=.329$, FDR corrected). The mean response of those who self-rated as struggling in transition was 3.14 while the mean for those who were adjusting well had a mean score of 3.64. These scores suggest that both groups felt that leaving the military had improved their family’s quality of life.

5.8. Conclusion

Supporting a Redefinition of Health

Findings from the exploratory study of this sample underscore the distinctions between health, well-being and adjustment in military to civilian transition. The sample of Veterans who self-assessed as transitioning well did not necessarily enjoy good physical or mental health, or undisrupted ability to complete activities of daily living. Instead, they showed moderately higher levels of mastery, higher satisfaction with social supports and a stronger sense of meaning and purpose.

For example, although there was a large difference between the two groups’ mean scores on the Kessler K10 measure of depression and anxiety symptoms, both groups’ scores suggest they were experiencing moderate levels of disorder. Similarly, although there was a large difference between the two groups’ means on the PROMIS Global Mental Health measure, both means lay at the top and bottom of the “fair” range. On both of these mental health measures, the groups were differentiated by their degree of disorder, not the presence or absence of disorder. This supports the observation that the presence or absence of symptoms may not tell the full picture of subjective experiences of transition adjustment.

In terms of physical health measures, groups’ mean scores for both the Global Physical Health and General Health scores fell in the “fair” range. In addition, inclusion in the transitioning well group did not infer uninterrupted capacity to engage in activities of daily living. To be able to engage “somewhat” in activities of daily living seemed to be sufficient for most respondents who were transitioning well. Thus, while these findings support the importance of these indicators, they also suggest that once a threshold sufficiency is reached, perceptions of adjustment may be driven by other domains.



Taken together, these findings recall Berglass and Harrell’s assertion, that defining health as the absence of illness or infirmity does not accommodate the realities of many Veterans (2012, p. 11). Here, results support a new paradigm and modified definition of well-being for Veterans that emphasizes the “possibility of wellness despite physical and mental injuries caused by war (p. 6)”.

Screening for Those Likely to Experience Difficult Transition to Civilian Life

Although there is no commonly accepted definition for “successful military-civilian transition”, the VAC multi-domain well-being concept affords one means of operationalizing a holistic or systemic view of well-being in the transition period. For organizations to make use of the domains to identify individuals at risk, or those who would benefit from additional supports and services, there is a need to identify appropriate measures and understand where to set screening thresholds between poorer and better. For example, individuals may be considered to have transitioned successfully if they do not show difficulties in most domains, whereas difficulty across several domains or severe problems in one domain that become chronic or a crisis could significantly impair well-being and complicate transition (Thompson, 2020).

In the current sample, however, respondents’ self-evaluation of transition adjustment was often markedly different than the dichotomized understanding of health or ill-health, set out by recommended cut-off scores on common health metrics. Whereas such quantifications of symptoms and function have served as a proxy for identifying well-being in transition, it is important to note that they may differ substantively from individuals’ self-described experiences, and miss key aspects of the experience of successful or unsuccessful transition (Burgess et al., 2011; St. Cyr, et al., 2022).

“Successful transition” may be driven by self-perceptions of purpose in life and/or the presence and quality of relationships, despite the presence or absence of symptoms, and in ways that are not captured on psychometric instruments (Keyes, 2002). This finding echoes the work of St. Cyr and colleagues (2022), who suggested that adjustment and well-being “does not necessarily equate to a lack of symptoms, but rather a life lived meaningfully in spite of them” (p. 9).

At a practical level, these findings underscore an important reality. Clinical cut-off scores, informed by treatment research and considerations, should be used cautiously in screening for transition risk. In particular, the use of such clinical cut-offs may perpetuate the confounding of symptom load with well-being in transition, and be inconsistent with the recommended conceptual shift to see, “possibility of wellness despite physical and mental injuries caused by war (Berglass and Harrell, 2012. p. 6)”.

Future Directions

This exploratory evaluation provides valuable information about the transition profiles of Veterans across the VAC domains of Well-Being, and provides further information for the development of screening tools and efforts to identify and bring support to Veterans who are struggling in transition. The lack of congruence between Veterans’ self-evaluation of transitioning and their scores on standardized measures echoes the findings of past research (for example see St. Cyr et al., 2022) that problematizes reliance on such measures in understanding transition or adjustment. The use of these tools independent of consultations with Veterans and their families may adversely affect the ability to



accurately gauge Veterans' transition needs and therefore impact the appropriateness and fit of services and supports recommended. Success in transition may be a more dynamic, emergent capacity, not captured by the quantification of symptoms, but instead rooted in other factors, such as the ability to manage existing symptoms and re-engage meaningfully in life.

Despite these caveats, this exploratory evaluation lends considerable support for the importance of the VAC Domains of Well-Being in the transition journey. Measures within six of the seven domains successfully differentiated those who self-assessed as transitioning well from those who self-assessed as struggling in their transition. Findings from the remaining domain, "Housing" suggest that, for this group of Veterans, once instrumental needs were met, other needs became more important factors in determining well-being in transition. Future research building on these findings will assist in developing a more complete understanding of well-being and success in transition that will help create supports to facilitate transitions from military service to civilian life marked by well-being, community inclusion, and a sense of meaning and purpose.



Chapter Six – Key Findings and Conclusion

This multi-method program evaluation aimed to assess the effectiveness and impact of the Shaping Purpose Transition Program in supporting Veterans and their domestic partner or support person during their transition from military to civilian life (MCT). The evaluation incorporated quantitative and qualitative data collection methods to provide a holistic view of the experience of Veterans and their key support persons attending the program, and to measure outcomes over time to gauge the effectiveness of the program. The third portion of the evaluation aimed to enhance support provided to Veterans and their families by using the Veterans Affairs Canada (VAC) Domains of Transition Model as a framework for exploring and understanding the multifaceted experience of transition.

The study had two overarching objectives:

1) Primary Objectives

Implementation and Usefulness Evaluation - To assess the delivery of the program and gauge its potential usefulness and value, as perceived by Veteran participants, their primary support persons or spouse, as well as referral Case Stakeholders using qualitative and quantitative methods.

Outcome and Effectiveness Evaluation - To assess the outcomes of the Shaping Purpose program in the view of transitioning CAF members/Veterans, their spouse or domestic partner, and referral stakeholders, using quantitative methods.

2) Secondary Objective

Exploratory Evaluation - To explore the experiences of this group of releasing CAF members/Veterans and their domestic partners during the peri-release period of MCT. We aimed to better understand the needs of Veterans who are referred to or seek out the Shaping Purpose program by building a profile of critical factors in their MCT trajectories using the VAC Domains of Well-being framework. We hoped this would also contribute to understanding of “successful transition” and its key determinants.

This chapter summarizes the key findings from the three evaluations.

6.1. Summary of findings

1. Implementation and Usefulness Evaluation

Based on our survey findings and interviews, we found that the majority of participants rated the course as good or excellent, and considered the course content to be useful in their transition process. A clear majority felt that the program helped them clarify and attune to “who they are, their desires, interests and goals”. Participants appreciated the systematic process of clarifying their interests, setting personally relevant goals, and identifying resources to help them achieve them.

The amount of material presented in the course has been a subject of comment in previous evaluations. While feedback from Veterans and Case Managers in prior evaluations suggested that the amount of



material presented over the course may be too much, the majority of respondents felt the amount of material in this iteration of the course to be “just right”.

Survey feedback and interview data, however, provide some insights into the question and suggested refinements to inclusion criteria for prospective participants due to the amount of material and condensed virtual delivery. Specifically, there may be value in considering how factors such as cognitive capacity and/or mental health issues could act as a barrier to full engagement in the course. Two main recommendations emerged: 1) Some participants with cognitive impairments due to illness or injuries such as traumatic brain injuries (TBI) may require additional processing and work time to access the course material and benefit from the course; 2) Participants experiencing unmanaged PTSD may struggle with the Life Line Exercise which requires reflection on critical moments and experiences over the life course.

A repeating theme in both the survey responses and the interviews suggested that the time for participants to work through the material together was of significant importance to them and one of the sources of impact long term. It is recommended that facilitators build upon this strength to ensure that there is ample time for both personal reflection and group dialogue.

Finally, several respondents suggested that they wished that they could have had access to the course earlier in their transition process. Stakeholders, spouses and Veterans alike felt the process and tools of the course could assist in key decision-making early in the transition process.

2. Outcome and Effectiveness Evaluation

Based on measures administered before the course and at one month and six months post program completion, we found significant effects following participation in the Shaping Purpose Workshop on three of the five variables of interest. Specifically, participants reported experiencing an increase in their sense of purpose in life, as well as reductions in psychological distress, and an increase in general mental health. Each of these three results was found at one month following the workshop and persisted at the six-month follow-up point.

Neither social support, as measured by the Social Provisions Scale, nor self-rated Satisfaction with Main Activity reached statistical significance. In retrospect, given the timing of the data collection during the height of a global pandemic, with its related restrictions on social gatherings and barriers to engagement in many preferred activities, this result may not be surprising. Results from the exploratory evaluation discussed next, suggest that “satisfaction with support” may be more sensitive to changes in adjustment than the full SPS10 questionnaire. Further work is required to confirm or refute this hypothesis.

Overall, results indicated that the Shaping Purpose program is an effective resource to help Veterans and their key support person plan for the transition from military to civilian life, and may ease some of the negative mental health and well-being impacts of poor adjustment. These results suggest that the program is providing benefit to, and is seen as beneficial by participants, and provides outcomes that appear to be durable over time.



3. Exploratory Evaluation

The purpose of the Exploratory Evaluation was to better understand the needs of Veterans who are referred to, or seek out the Shaping Purpose program, by building a profile of their status across VAC Domains of Well-Being. Using measurement indicators within each domain, it was also our hope that this would contribute to our understanding of “successful transition” and its key determinants to inform future services and supports. The seven domains are:

1. Employment and other meaningful activity
2. Finances
3. Health
4. Life Skills and Preparedness
5. Social Integration
6. Housing and Physical Environment
7. Cultural and Social Environment

Veteran’s self-assessed rating of their degree of struggle or success in their transition adjustment was used to create two contrasting groups for comparison with selected metrics reflecting each domain. Findings from this sample underscore the distinctions between health, well-being and adjustment in military to civilian transition. The sample of Veterans who self-assessed as transitioning well did not necessarily enjoy good physical or mental health or uninterrupted ability to complete activities of daily living. Instead, the presence of physical and mental health symptoms or disorder was counterbalanced by moderately higher senses of mastery, higher satisfaction with social supports, and a stronger sense of meaning and purpose.

A lack of congruence between Veterans' self-evaluation of transition adjustment and their scores on standardized measures echoes findings from past research (for example see St. Cyr et al., 2022) that problematizes reliance on such measures in understanding transition or adjustment. The use of these tools independent of consultations with Veterans and their families may adversely affect the ability to accurately gauge Veterans’ transition needs and therefore impact the appropriateness and fit of services and supports recommended. Success in transition may be a more dynamic, emergent capacity, not captured by the quantification of symptoms, but instead rooted in other factors, such as the ability to manage existing symptoms and re-engage meaningfully in life.

Despite these caveats, this exploratory evaluation lends considerable support for the importance of the VAC Domains of Well-Being in the transition journey. Measures within six of the seven domains successfully differentiated those who self-assessed as transitioning well from those who self-assessed as struggling in their transition. Findings from the remaining domain, “Housing”, suggest that, for this group of Veterans, once instrumental needs were met, other needs became more important factors in determining well-being.

This exploratory evaluation provides valuable information about the transition profiles of Veterans across the VAC domains of Well-Being, and provides further information for the development of screening tools and efforts to identify and bring support to Veterans who are struggling in transition. Future research building on these findings will assist in developing a more complete understanding of well-being and



help support transitions from military service to civilian life marked by well-being, community inclusion, and a sense of meaning and purpose.

6.2. Concluding Comments

Military to civilian life transition is known to be a challenging time for military personnel and yet our understanding of this population's needs or the normative trajectory of this transition is incomplete. It is hoped that these three complementary program evaluations will contribute both to a better understanding of the effectiveness and relevance of the Shaping Purpose program, and to a better understanding of the needs of this population to improve service and support design, delivery and accessibility. s

Simmonds-Goulbourne (2009) likened MCT “preparedness” to “disaster preparedness”. Preparedness activities seek to put in place the required resources and capabilities to ensure effective and efficient responses to a known hazard, to ensure that that hazard does not overwhelm coping capacity and become a disaster. At this point we understand that MCT holds inevitable hazards for Veterans, and early preparation activities are most likely to be useful and preventative of later challenges.

The Shaping Purpose program has demonstrated its effectiveness as such a preparedness activity in the MCT context. Evaluation results, confirm the results of prior evaluations, showing outcomes that are desired by participants and that are durable over time. It is relevant to the needs of releasing military personnel who considered the course content to be useful in their transition process. A clear majority felt that the program helped them clarify and attune to “who they are, their desires, interests and goals” as they negotiated the identity change that transition brings. Stakeholders, spouses and Veterans alike felt the process and tools of the course could assist in key decision-making early in the transition process. In the words of one of the program participants:

It really was a real deep dive into yourself, which I think was enormously beneficial given we were taught not to think about ourselves, that everything important is about “we”. So, the idea of what you prefer? I didn't know where to start at all. So, to make a plan, date the plan and make it realizable? That helped a lot. I realized that hey, I do have things to offer. I still do have purpose in my life. I just got to get down to it. I sorted that out during the course, made the plan and am actually following the plan.



7. References

- Adams, R.E., Urosevich, T.G., Hoffman, S.N., Kirchner, H.L., Figley, C.R., Withey, C.A., Boscarino, J.J., Dugan R.J., and Boscarino, J.A., (2019). Social and Psychological Risk and Protective Factors for Veteran Well-Being: The Role of Veteran Identity and Its Implications for Intervention, *Military Behavioral Health*, 7:3, 30.
- Ashcroft, M. (2014). *Veterans' transition review*. London, UK: Forces in Mind Trust.
- Berglass, N., & Harrell, M. C. (2012, 05/2012). *Well After Service: Veteran Reintegration and American Communities*. Center for a New American Security.
- Bryman, A. (2012). *Social research methods* (4th ed.). London: Oxford University Press.
- Burgess, P., Pirkis, J., Coombs, T., Rosen, A. (2011). Assessing the value of existing recovery measures for routine use in Australian mental health services. *Aust N Z J Psychiatry*. 45(4):267–80.
- Castro, C. A., Kintzle, S., & Hassan, A. (2014). *The state of the American veteran: The Los Angeles County Veterans Study*. Los Angeles, CA: University of Southern California School of Social Work.
- Cramm, H., Norris, D., Eichler, M., Tam-Seto, L., Mahar, A., & Smith-Evans, K. (2016). *Resources for Canadian armed forces veterans during the military to civilian transition* (Report prepared in contract to the Canadian Institute of Military Veteran Health Research for the Road to Civilian Life Program). Kingston, ON: Canadian Institute of Military Veteran Health Research.
- Corbin, J., & Strauss, A. (2015). *Basics of Qualitative Research*. Thousand Oaks, CA: Sage.
- DND (2019) *Evaluation of the Military Transition Program*,
<https://www.ourcommons.ca/DocumentViewer/en/42-1/ACVA/report-9/page-5>
- Department of Veterans Affairs Act, (1985) <http://laws-lois.justice.gc.ca/eng/acts/V-1/> viewed July 21, 2019.
- Hauptmann, S (2007). Structuring Audio Data with a "C-TOC". An Example for Analyzing Raw Data. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 6(1), Art. 33, <http://nbn-resolving.de/urn:nbn:de:O114-fqs0501331>.
- Jones C, Miguel-Cruz A, Bremault-Phillips S. Technology Acceptance and Usability of the BrainFx SCREEN in Canadian Military Members and Veterans With Posttraumatic Stress Disorder and Mild Traumatic Brain Injury: Mixed Methods UTAUT Study. *JMIR Rehabil Assist Technol*. 2021; 8: e26078. <https://doi.org/10.2196/26078> PMID: 33983125
- Jones C, Miguel-Cruz A, Smith-MacDonald L, Cruikshank E, Baghoori D, Kaur Chohan A, et al. Virtual Trauma-Focused Therapy for Military Members, Veterans, and Public Safety Personnel With Posttraumatic Stress Injury: Systematic Scoping Review. *JMIR Mhealth Uhealth*. 2020; 8: e22079. <https://doi.org/10.2196/22079> PMID: 32955456



Kent State University Libraries. (2017, May 15). SPSS tutorials: Independent samples t test. Retrieved May 17, 2017, from <http://libguides.library.kent.edu/SPSS/IndependentTTest>

Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., et al. Screening for serious mental illness in the general population. *Arch Gen Psychiatry*. 2003 Feb;60(2):184-9.

Keyes, C. M. (2002). The Mental Health Continuum: From languishing to flourishing in life. *Journal of Health and Social Research*, 43((June)), 207-222.

Lee JEC, Whitehead J, Dubiniecki C. Descriptive analyses of the Recruit Health Questionnaire 2003–2004. Director General Military Personnel Research and Analysis, Technical Memorandum 2010–010. 2010; p. 1–78

Levitt, HM, Motulsky SL, Wertz FJ, Morrow S L, Ponterotto JG (2017). Recommendations for Designing and Reviewing Qualitative. *Qualitative Psychology*, 4(1), 2–22.

MacLean MB, Van Til L, Thompson JM, et al. Postmilitary adjustment to civilian life: potential risks and protective factors. *Phys Ther*. 2014;94(8):1186–95. <https://doi.org/10.2522/ptj.20120107> . Medline: 23766397

Mathison, S. (1988). Why Triangulate. *Educational Researcher*, March. 13-17.

Mcfarlane, A., Jetly, R., Castro, C.A., Greenberg, N., Vermetten, E. (2020). Impact of COVID-19 on mental health care for Veterans: Improvise, adapt, and overcome. *Journal of Military, Veteran and Family Health*. 6: 17–20.

Fred E. Markowitz, F.E., Kintzle, S.M., Castro, C.A., and Lancaster, S.L., (2019) Effects of Perceived Public Regard on the Well-Being of Military Veterans. *Society and Mental Health* 00(0) 1–14 American Sociological Association DOI: 10.1177/2156869319894372

Public Health Agency of Canada. Positive Mental Health Indicator Framework Infobase [Internet]. Ottawa (ON): Government of Canada; 2016 Sep [modified 2018 Jul 10; cited 2019 Mar 13]. Available from: health-infobase.canada.ca

Peach, J. (2016). Fall 2015 Your Say survey results (DGMPRA Scientific Letter DRDCRDDC-2016-L061). Ottawa, ON: Defence Research and Development Canada.

Promis (2023) Health Measures.net, 2023 <https://www.healthmeasures.net/explore-measurement-systems/promis/measure-development-research>

Richardson, J.D., St Cyr, K., Forchuk, C., Liu, J.J.W., Plouffe, R.A., Le, T., et al. (2022). Well-being of Canadian Veterans during the COVID-19 pandemic: cross-sectional results from the COVID-19 Veteran well-being study. *Eur J Psychotraumatol*. 13: 2012374. <https://doi.org/10.1080/20008198.2021.2012374> PMID: 35087643

Ryan, G.W., & Bernard, H. R. (2003). Techniques to identify themes. *Field Methods*, 15(1). 85-109. Seligman, M. E. P. (2012). *Flourish: A Visionary New Understanding of Happiness and Well-being*. Simon and Schuster, New York: NY



Ryff, C., & Keyes, C. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.4-314, DOI: 10.1080/21635781.2019.1580642

Ryff, C. (1989). Happiness Is Everything, or Is It? Explorations on the Meaning of Psychological Well-Being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081. 10.1037/0022-3514.57.6.1069

Statistics Canada (2020). Canadian Community Health Survey. Accessed June 2020 at <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226>

Statistics Canada (2018). Canadian Armed Forces Transition and Well-being Survey (CAFTWS) Accessed June 2020 at <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=359214>

Sweet, J., Poirier, A., Pound, T., Van Til, L.D., (2020). Well-Being of Canadian Regular Force Veterans, Findings from LASS 2019 Survey. Charlottetown PE: Veterans Affairs Canada. Research Directorate Technical Report.

Thompson, J.M., (2020). Personal communication

Thompson, J. M., & Lockhart, W. (2015). Backgrounder for the road to civilian life (R2CL) program of research into the well-being of Canadian armed forces members/veterans during military civilian transition (Veterans Affairs Canada Research Directorate Technical Report). Charlottetown, PE: Veterans Affairs Canada.

Thompson, J.M., MacLean, M.B., Roach, M.B., Banman, M., Mabior, J., Pedlar, D. (2016). Charlottetown PE: Research Directorate, Veterans Affairs Canada. A Well-Being Construct for Veterans' Policy, Programming and Research. Research Directorate Technical Report.

Thompson, J.M., Dursun, S., VanTil, L., Heber, A., Kitchen, P., de Boer, C., Black, T., Montelpare, B., Coady, T., Sweet, J., Pedlar, D.(2019). Group identity, difficult adjustment to civilian life and suicidal ideation in Canadian Armed Forces Veterans: Life After Service Studies 2016. *J Mil Vet Fam Health*. 2019.

Van Til, L.D., Sweet, J., Poirier, A., McKinnon, K., Sudom, K., Dursun, S., Pedlar, D. (2017). Well-Being of Canadian Regular Force Veterans, Findings from LASS 2016 Survey. Charlottetown PE: Veterans Affairs Canada. Research Directorate Technical Report.

VAC Ombudsman. (2016). Support for military families in transition. Charlottetown, PE:

Melbourne: Department of Human Services (2001). Victorian Population Health Survey, Victoria.

Vogt, D., Taverna, E. C., Nillni, Y. I., Tyrell, F. A., Booth, B., Perkins, D. F., ...& Gilman, C. L. (2019). Development and validation of a tool to assess military Veterans' status, functioning, and satisfaction with key aspects of their lives. *Applied Psychology: Health and Well-Being*, 11.



Appendix A – Demographic Questions

1. Your gender.

- ☐ Male
- ☐ Female
- ☐ Other gender identity

2. What is your age?

- ☐ Under 30
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60+

3. What is your first official language?

- ☐ English
- ☐ French
- ☐ Other

4. What is your current marital status?

- ☐ Married
- ☐ Living common-law
- ☐ Widowed
- ☐ Separated
- ☐ Divorced
- ☐ Single, never married

5. What is the highest certificate, diploma or degree that you have completed?

- ☐ Less than high school diploma or its equivalent
- ☐ High school diploma or a high school equivalency certificate
- ☐ Trade certificate or diploma
- ☐ College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)



- ☐ University certificate or diploma below the bachelor's level
- ☐ Bachelor's degree (e.g. B.A., B.Sc., LL.B.)
- ☐ University certificate, diploma or degree above the bachelor's level

Military Experience

6. Who served in the Military?

- ☐ I served
- ☐ My spouse or partner served
- ☐ Both myself and my partner served in the military

7. Has your spouse or partner already released from the military?

- ☐ Yes
- ☐ No

8. How many years did you or have you served in the Canadian Armed Forces?

- ☐ Less than 5
- ☐ 5-9 years
- ☐ 10-19 years over 20 years

9. Which environment uniform did you wear for the majority of your career?

- ☐ Sea
- ☐ Land
- ☐ Air

10. What was your component for the majority of your career?

- ☐ Regular Force
- ☐ Reserve Force
- ☐ Other

11. What was your military rank at release?

- ☐ Senior Officer
- ☐ Junior Officer/Cadet
- ☐ Senior NCM
- ☐ Junior NCM



☐ Private/Recruit

Deployment Experience

For the next few questions, "deployment" means having deployed in support of a mission, such as a NATO mission or a UN tour.

12. Did you ever deploy for any period of time in support of the mission in Afghanistan, since its inception in 2001?

☐ Yes

☐ No

13. Did you ever deploy for any period of time outside of North America in support of any other Canadian Armed Forces operation or humanitarian mission?

☐ Yes

☐ No



Appendix B – Spouses Assessment of Transition Experience

1. How long ago did your spouse or partner release from the military?

- ☐ Less than 6 months ago
- ☐ 6-12 months ago
- ☐ 13-24 months ago
- ☐ More than 2 years ago

2. My spouse has adjusted well to civilian life

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

3. I have adjusted well to my spouses transition to civilian life

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

4. How challenging was understanding Veterans Affairs Canada (VAC) benefits and services available to you and your family?

- ☐ Not at all challenging
- ☐ A little challenging
- ☐ Moderately challenging
- ☐ Very challenging
- ☐ Extremely challenging Not applicable



5. How challenging was losing your military family identity?

- ☐ Not at all challenging
- ☐ A little challenging
- ☐ Moderately challenging
- ☐ Very challenging
- ☐ Extremely challenging
- ☐ Not applicable

6. How challenging was losing touch with your military family peers?

- ☐ Not at all challenging
- ☐ A little challenging
- ☐ Moderately challenging
- ☐ Very challenging
- ☐ Extremely challenging
- ☐ Not applicable

7. How challenging has the COVID 19 pandemic made your transition?

- ☐ Not at all challenging
- ☐ A little challenging
- ☐ Moderately challenging
- ☐ Very challenging
- ☐ Extremely challenging
- ☐ Not applicable

8. How has your spouse or partner leaving the military impacted your family's quality of life?

- ☐ It has improved significantly
- ☐ It has improved somewhat
- ☐ It has stayed about the same
- ☐ It has decreased somewhat



☐ It has decreased significantly

9. Does your spouse require your assistance on a regular basis in any of the following areas due to a physical or mental health condition?

☐ preparing meals?

☐ getting to appointments and running errands?

☐ doing everyday housework and chores?

☐ personal care, such as washing, dressing, or taking medications?

☐ moving about inside the house?

☐ looking after personal finances?

☐ None of the above

10. Thinking about the amount of stress you experience related to your spouse or partner's physical or mental health condition, would you say most days are ...?

☐ Not at all stressful

☐ A little stressful

☐ Moderately stressful

☐ Very stressful

☐ Extremely stressful

☐ Not applicable

11. How well have you been coping with caring for your spouse or partner due to his/her physical or mental health condition?

☐ Very well

☐ Generally well

☐ Not very well

☐ Not well at all

☐ Not applicable



Appendix C – Member Self-Assessment of Transition Experience

1. Have you already released from the military?

☐ Yes

☐ No

If No,

2. Do you expect to release from the military in?

☐ Less than 6 months

☐ 6-12 months

☐ 13-24 months

☐ More than 2 years

3. What type of release do you expect it to be?

☐ Voluntary

☐ Medical - 3A

☐ Medical - 3B

☐ Retirement

☐ Involuntary

☐ Service complete

☐ Unknown

If yes,

The next few questions are about your release.

4. How long ago did you release from the military?

☐ Less than 6 months ago

☐ 6-12 months ago

☐ 13-24 months ago

☐ More than 2 years ago

5. What type of release was it?



- ☐ Voluntary
- ☐ Medical - 3A
- ☐ Medical - 3B
- ☐ Retirement
- ☐ Involuntary
- ☐ Service complete
- ☐ Unknown

6. Was your release due to a physical health condition, a mental health condition or both?

- ☐ Physical health condition
- ☐ Mental health condition
- ☐ Both
- ☐ Neither/Not applicable

The next set of statements deal with your transition to civilian life.

7. I have adjusted well to civilian life

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

8. My spouse has adjusted well to my transition to civilian life

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ Not Applicable



9. I have hobbies and interests outside of the military life.

- ☐ No
- ☐ Somewhat
- ☐ Yes

10. My military Command has been/was supportive of me during my release from the military.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

11. My military peers were/are supportive of me during my release from the military.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

12. My release from the military has caused strain in my relationship.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

13. How challenging was understanding Veterans Affairs Canada (VAC) benefits and services available to you and your family?

- ☐ Not at all challenging
- ☐ A little challenging



- ☐ Moderately challenging
- ☐ Very challenging
- ☐ Extremely challenging
- ☐ Not applicable

14. How challenging has the COVID 19 pandemic made your transition?

- ☐ Not at all challenging
- ☐ A little challenging
- ☐ Moderately challenging
- ☐ Very challenging
- ☐ Extremely challenging Not applicable

15. How has leaving the military impacted your quality of life?

- ☐ It has improved significantly
- ☐ It has improved somewhat
- ☐ It has stayed about the same
- ☐ It has decreased somewhat
- ☐ It has decreased significantly

16. How has leaving the military impacted your family's quality of life?

- ☐ It has improved significantly
- ☐ It has improved somewhat
- ☐ It has stayed about the same
- ☐ It has decreased somewhat
- ☐ It has decreased significantly
- ☐ Not applicable



Appendix D – Military Identity

The next few questions are about how you feel about your service. Choose the answer that best fits how you feel.

1. I feel good about my military service

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

2. I believe that I have many strengths due to my military service

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

3. Being a Veteran is an important reflection of who I am

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

4. It is important to me that others know about me as a Veteran

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

5. I have come to think of myself as a Veteran

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree



6. Overall, Veterans are highly thought of

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

7. In general, others respect Veterans and members of the military

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

8. I often regret my military service

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

9. In general, other groups view Veterans in a positive manner

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

10. Society views Veterans as an asset

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree



Appendix E – PROMIS® Scale v1.2 – Global Health

To help us understand the impact of transition, we would like to track changes in your health and well-being over the next year. Answer each question by choosing just one answer. Please give the best answer you can.

1. In general, would you say your health is...?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2. In general, would you say your quality of life is...?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

3. In general, would you say your physical health is?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

4. In general, how would you rate your mental health, including your mood and ability to think?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor



5. In general, how would you rate your satisfaction with your social activities and relationships?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, spouse, employee, friend, etc.)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- ☐ Completely
- ☐ Mostly
- ☐ Moderately
- ☐ A little
- ☐ Not at all

8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

9. In the past 7 days, how would you rate your fatigue on average?



- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

10. In the past 7 days, how would you rate your pain on average?

No Pain										Worst pain imaginable	
1	2	3	4	5	6	7	8	9	10		



Appendix F – Activities of Daily Living

1. Over the past month, because of a physical or mental health problem, did you have any difficulty with:

- ☐ preparing meals?
- ☐ getting to appointments and running errands?
- ☐ doing everyday housework and chores?
- ☐ personal care, such as washing, dressing, or taking medications?
- ☐ moving about inside the house?
- ☐ looking after personal finances
- ☐ None of the above

2. Do you need someone to help you regularly?

- ☐ Yes
- ☐ No

3. My physical and mental health allow me to function well in my daily life

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree



Appendix G - Kessler Psychological Distress Scale (K10)

1. During the past month, about how often did you feel tired out for no good reason?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

2. During the past month, about how often did you feel nervous?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

3. During the past month, about how often did you feel so nervous that nothing could calm you down?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

4. During the past month, about how often did you feel hopeless?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time All of the time

5. During the past month, about how often did you feel restless or fidgety?

- ☐ None of the time
- ☐ A little of the time



- ☐ Some of the time
- ☐ Most of the time All of the time

6. During the past month, about how often did you feel so restless you could not sit still?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

7. During the past month, about how often did you feel depressed?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

8. During the past month, about how often did you feel that everything was an effort?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

9. During the past month, about how often did you feel so sad that nothing could cheer you up?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

10. During the past month, about how often did you feel worthless?

- ☐ None of the time



- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time



Appendix H - Ryff Purpose in Life Sub-scale

The following statements deal with how you might feel about yourself and your life.

Life Satisfaction

1. Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now?

Very dissatisfied 1 2 3 4 5 6 7 8 9 Very satisfied

Over the last month, how often have you:

2. Spent time doing things that you enjoy.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Most or all of the time

3. Spent time doing things that you find personally meaningful.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Most or all of the time

Choose the answer that best describes how much you agree or disagree with each statement.

4. I live one day at a time and don't really think about the future.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Disagree Slightly
- ☐ Agree Slightly
- ☐ Agree
- ☐ Strongly Agree



5. I tend to focus on the present, because the future always brings me problems.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Disagree Slightly
- ☐ Agree Slightly
- ☐ Agree
- ☐ Strongly Agree

6. My daily activities often seem trivial and unimportant to me.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Disagree Slightly
- ☐ Agree Slightly
- ☐ Agree
- ☐ Strongly Agree

7. I don't have a good sense of what it is that I am trying to accomplish in my life.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Disagree Slightly
- ☐ Agree Slightly
- ☐ Agree
- ☐ Strongly Agree

8. I used to set goals for myself, but that now seems a waste of time.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Disagree Slightly
- ☐ Agree Slightly
- ☐ Agree
- ☐ Strongly Agree



9. I enjoy making plans for the future and working to make them a reality.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Disagree Slightly
- ☐ Agree Slightly
- ☐ Agree
- ☐ Strongly Agree

10. I am an active person in carrying out the plans I set for myself.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Disagree Slightly
- ☐ Agree Slightly
- ☐ Agree
- ☐ Strongly Agree

11. Some people wander aimlessly through life, but I am not one of them.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Disagree Slightly
- ☐ Agree Slightly
- ☐ Agree
- ☐ Strongly Agree

12. I sometimes feel as if I've done all there is to do in life.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Disagree Slightly
- ☐ Agree Slightly
- ☐ Agree
- ☐ Strongly Agree



Appendix I - Social Integration

The next questions are about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people.

1. I am satisfied with support that I get from my family, friends or community.

- ☐ No
- ☐ Somewhat
- ☐ Yes

2. There are people I can depend on to help me if I really need it.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

3. There are people who enjoy the same social activities I do.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

4. I have close relationships that provide me with a sense of emotional security and well-being.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

5. There is someone I could talk to about important decisions in my life.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree



6. I have relationships where my competence and skill are recognized.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

7. There is a trustworthy person I could turn to for advice if I were having problems.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

8. I feel part of a group of people who share my attitudes and beliefs.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

9. I feel a strong emotional bond with at least one other person.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

10. There are people who admire my talents and abilities.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

11. There are people I can count on in an emergency.

- ☐ Strongly agree



- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

12. How would you describe your sense of belonging to your local community? Would you say it is...?

- ☐ Very strong
- ☐ Somewhat strong
- ☐ Somewhat weak
- ☐ Very weak

Social Integration 2 - Family

If applicable, how satisfied have you been with the following aspects of your parenting and primary relationship over the past month:

1. How close you are with your child(ren).

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied
- ☐ Not applicable

2. How much enjoyment you get from parenting.

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied
- ☐ Not applicable

3. Everything considered, I am happy with my relationship.

- ☐ Strongly agree



- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable



Appendix J – Mastery

The next series of statements are ones that people might use to describe themselves. Please choose the response that fits best.

1. You have little control over the things that happen to you.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

2. There is really no way you can solve some of the problems you have.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

3. There is little you can do to change many of the important things in your life.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

4. You often feel helpless in dealing with problems of life.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

5. Sometimes you feel that you are being pushed around in life.



- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

6. What happens to you in the future mostly depends on you.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

7. You can do just about anything you really set your mind to.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Life Stress

8. Thinking about the amount of stress in your life, would you say that most days are...?

- ☐ Not at all stressful
- ☐ Not very stressful
- ☐ A bit stressful
- ☐ Quite a bit stressful
- ☐ Extremely stressful

9. Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have? Check one for the most important item

- ☐ Time pressures / Not enough time
- ☐ Own physical health problem or condition



- ☐ Own emotional or mental health problem or condition
- ☐ Financial situation (e.g., not enough money, debt)
- ☐ Working conditions (e.g., hours of work, your own working conditions)
- ☐ School
- ☐ Employment status (e.g., unemployment)
- ☐ Personal relationships
- ☐ Discrimination
- ☐ Personal and family's safety
- ☐ Health of spouse or partner
- ☐ Health of family members other than spouse or partner
- ☐ Caring for - own children
- ☐ Caring for - others
- ☐ Other personal or family responsibilities
- ☐ Transition - Stress leaving the military, transitioning to civilian life
- ☐ Uncertainty / Fear of future
- ☐ Other
- ☐ Nothing

10. In general, how would you rate your ability to manage stress?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor



Appendix K - Health Behaviours and Preparedness

Over the past month, how often have you:

1. Eaten a generally healthy diet (for example, low fat, limited sugar, adequate servings of fruits and vegetables).

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Most or all of the time

2. Gotten at least 2 hours and 30 minutes of moderate physical activity OR 1 hour and 15 minutes of vigorous activity each week.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Most or all of the time

3. Done muscle strengthening exercises at least two days per week.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Most or all of the time

4. Gotten quality sleep.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Most or all of the time



5. Used tobacco and/or nicotine products (for example, cigarettes, cigars, vape).

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Most or all of the time

6. How often in the 3 months have you had 5 or more alcoholic drinks on one occasion?

- ☐ Never or rarely
- ☐ Once a month
- ☐ 2 to 3 times a month
- ☐ Once a week
- ☐ More than once a week

7. Used drugs (including prescription drugs) in a way that put your health at risk (for example, losing memory or consciousness, driving under the influence).

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Most or all of the time

8. Completed recommended medical care (for example, kept appointments and taken prescriptions).

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Most or all of the time



Appendix L - Physical Environment and Finances

1. I have suitable housing arrangements

- ☐ No
- ☐ Somewhat
- ☐ Yes

2. I am living in my preferred location

- ☐ No
- ☐ Somewhat
- ☐ Yes

3. Where I live, I have access to the health care that I or my family members need.

- ☐ No
- ☐ Somewhat
- ☐ Yes

4. Where I live, I have access to opportunities for work or schooling.

- ☐ No
- ☐ Somewhat
- ☐ Yes
- ☐ Not Applicable

5. Where I live gives me access to social and recreational opportunities.

- ☐ No
- ☐ Somewhat
- ☐ Yes

Income and Financial Satisfaction

6. Overall, how satisfied are you with your financial situation?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied



- ☐ Dissatisfied
- ☐ Very dissatisfied

7. I am confident that I can make ends meet.

- ☐ Very confident
- ☐ Confident
- ☐ Neither confident nor unconfident
- ☐ Somewhat unconfident
- ☐ Very unconfident



Appendix M - Main Activity / Employment and Satisfaction

1. Are you:

- ☐ Working at a paid job or business
- ☐ Looking for paid work
- ☐ Going to school
- ☐ Caring for children
- ☐ Household work
- ☐ Retired
- ☐ Volunteering or care-giving other than for children
- ☐ Other

Please answer the next question with respect to the main activity you identified.

2. Overall, over the past month, how satisfied have you been in your main activity?

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied