



SAFEProject

Stop the Addiction Fatality Epidemic

SAFE PROJECT VETERAN WELLNESS PILOT (March 2020 - June 2021)

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Supported by



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Executive Summary

Background. Research indicates that, in many localities across the United States, there is a need for well-being education for veterans at risk for mental health and substance use problems. This is partly due to lack of awareness, stigma, and problems associated with accessing veteran benefits and resources. An easy-to-deploy, positive, and adaptable training on self-care and local resource awareness can help fill service gaps.

Development. From Spring, 2020 to Summer, 2021, SAFE Project developed and evaluated a Veteran's Wellness pilot program, with funding from the Wounded Warrior Project and WALMART. The training was intended to promote resilience skills and to encourage help-seeking intentions for substance use, mental health or co-occurring challenges. This report evaluates training efficacy and is comprised of this document and two Appendixes: (A) Qualitative Data/Participant Comments; (B) Quantitative Data/Participant Ratings.

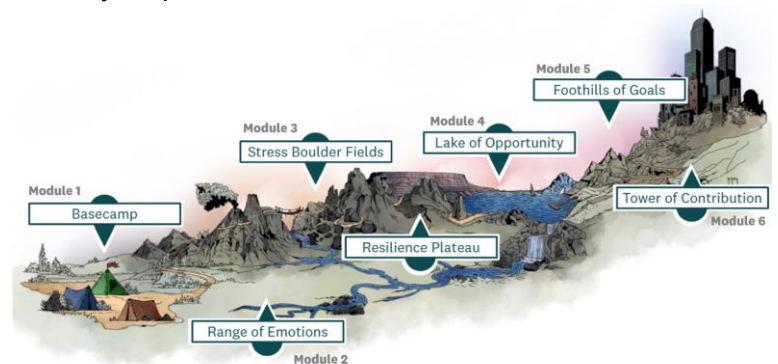
Prior to the creation of the pilot, veterans shared their need for services to help with challenges to mood, stress, substance use, and other mental health concerns. Over 100 veterans from three municipal areas (Jacksonville, FL; San Antonio, TX; and Philadelphia, PA) provided input into training design through interviews, focus groups, surveys, and prototype review. This included input from 17 veterans and service providers in the Philadelphia area. Service providers included the Travis Manion Foundation, Saint Joseph's University - Office of Veteran Services, and Drexel University - Office of Veteran Student Services and Counseling Center.

In essence, the program was truly created by veterans for veterans. After feedback was provided on a training prototype, a highly interactive group training was designed, adapting content from two evidence-based programs (Team Awareness and Team Resilience). The program included six 30-to-45-minute modules and was delivered in the three cities, in-person for Jacksonville and Philadelphia and virtually for San Antonio. In total, over 50 veterans and some family members attended. Training modules used the motif of traveling on a journey of resilience (see diagram above). The first module was available online in an interactive e-learning program. An in-depth resource guide was developed for each city and distributed to all participants and available for download.

Outcomes. The program had a significant positive impact on the participants, whether delivered in-person or virtually through interactive webinar format. Through both quantitative ratings (prior to training, immediately after, and 2-to-3 weeks later) and qualitative comments after the training, the program demonstrated a significant positive impact in the areas of well-being, self-care skills, knowledge of resources, help-seeking, and goal setting. Most importantly, the data indicated gains were sustained beyond the initial session. Other results suggested that for maximum benefit, training should be longer in duration, have multiple sessions, and with periodic boosters for checking-in and practiced application of skills learned.

Many participants commented on how much the training helped them personally. They asked to contribute to training dissemination and in some cases, actively invited others to attend the training. Participants were enthusiastic about the training design and were eager to use what they learned. One veteran wrote, "This was a great course laid out in a way that I believe can truly engage Veterans and provide assistance at both group and individual levels. The pre-module website design was fantastic. I've completed hundreds of online trainings, often boring and clunky, and this streamlined approach was absolutely fantastic." For all the open-ended comments received in all three cities, please refer to Appendix A.

Journey Map Used Across All Modules



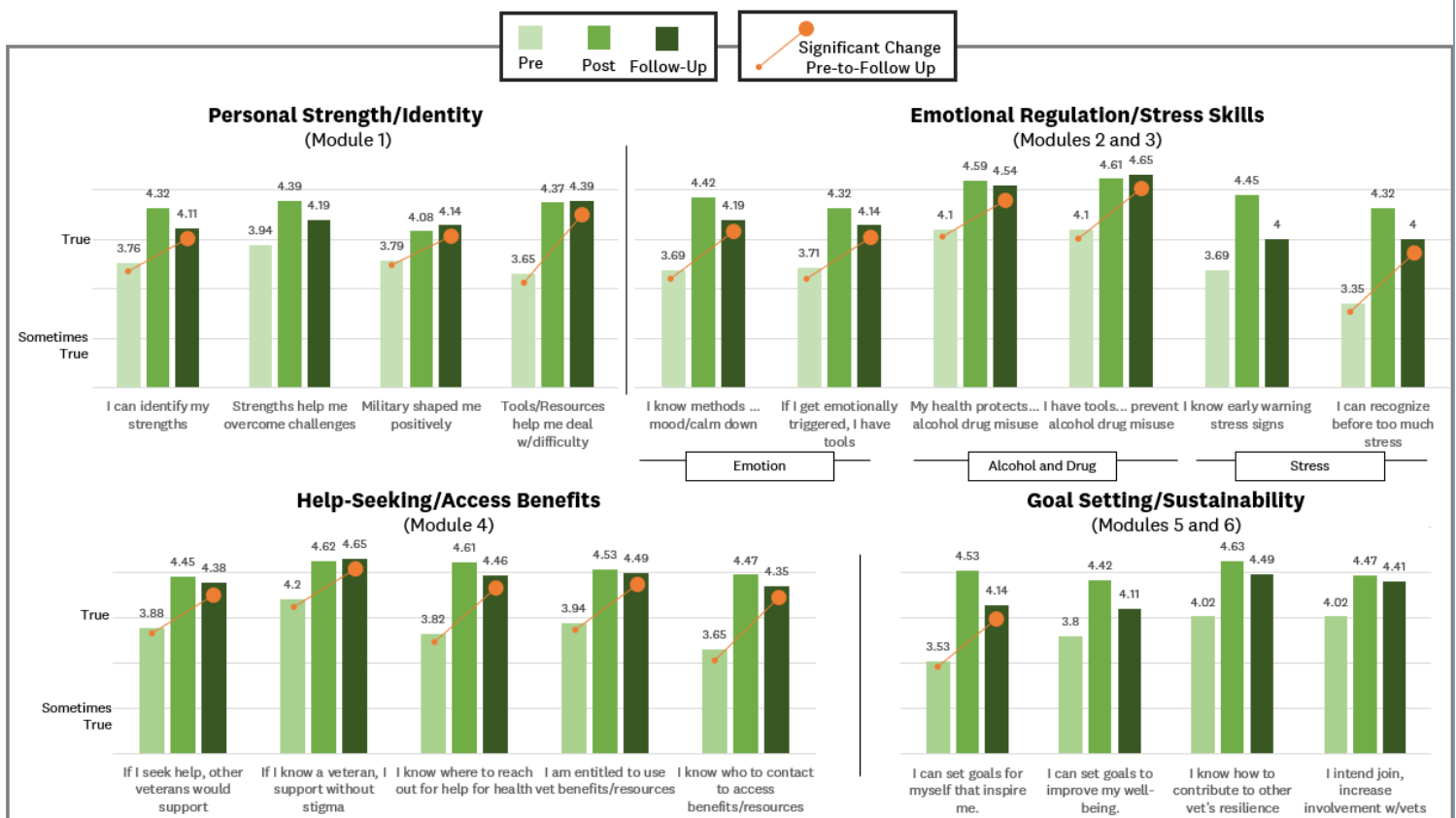
Next Steps. These findings support a continued expansion of the Veteran Wellness Program. SAFE Project has begun plans to expand the program later this year. To ensure sustainability, the training is one part of a three-tiered strategy and plug-and-play resource to help local veteran organizations adapt resources. The other portions, the Peer Ambassador Program and a Veteran Resilience Strategy Tool-Kit, have substantial potential for growth given the foundation set by pilot development, including vast interest from participants to stay involved and become ambassadors. Given gaps in service, SAFE Project believes it is critical to disseminate the training, build the Ambassador and Tool-Kit components, and conduct training-of-trainers.

Collaboration is essential to any successful veteran’s program. For this reason, moving forward, SAFE Project hopes that the results of this work will encourage WARMART, Wounded Warrior Project and others non-profits to continue to join us in the development necessary to activate this three-tier approach. Moreover, we see many veterans struggling in workplace settings and a need to collaborate with businesses to offer this as a broad wellness program that helps veterans as well as their coworkers. By working together, SAFE Veteran Wellness can continue to positively impact veterans in their communities and workplaces across the nation.

OUTCOMES: QUANTITATIVE RATINGS

As noted, participants rated themselves before, after, and then again 2-to-3 weeks after program delivery. Changes were assessed in four domains that aligned with module objectives: Personal Strength/Identity; Emotional Regulation/Stress Skills; Help-Seeking/Access Benefits; and Goal Setting/Sustainability. Chart 1 shows that pre-to-post increases in skills and knowledge were seen across all nineteen areas. When assessed at 2-to-3 weeks later, these changes were sustained in the majority (14 of the 19) of areas indicating the training had a lasting impact. Positive changes in each domain are described below.

Chart 1. Veteran Wellness Pilot: Pre-Training, Post-Training, and Follow-up (2-to-3 Weeks) Means



Note. All Pre-to-Post Means differ significantly from each other in paired t-test comparisons ($p < .05$). Circled orange lines indicate significant pre-to-follow-up differences. Sample sizes were pre: 49, post: 38, and follow-up: 37. Item wording in the chart above is an abbreviation of exact item wording (See Appendix B). Items were rated on a 5-point scale (Not True-Rarely-Sometimes-True-Very True).

Personal Strength/Identity. Participants showed increased ability to identify personal strengths, use those strengths to overcome challenges, and seeing that the military gave them a positive identity. The greatest change was in recognizing having tools to deal with “whatever difficulties come my way.” Overall, participants improved in a positive, strengths-based, mind-set both as individuals and in their veteran identity.

Emotional Regulation/Stress Skills. Participants showed increases in emotional regulation (i.e., knowing methods for calming down and tools for emotional triggers), and skills for preventing alcohol and drug misuse and managing stress. Greatest improvements were seen in two areas: knowing methods to “improve mood or calm down if sad, angry, or anxious” and recognizing early stress warning signs before getting too much stress. These findings support the efficacy of the self-care techniques taught in Modules 2 and 3 and the use of exercise in the workbook.

Help-Seeking/Access Benefits. Participants improved significantly in their positive attitudes toward help-seeking, supporting other veterans, and in knowing about and willingness to use veteran-related benefits for physical and mental health. For example, consider the item, “I am entitled to use benefits and resources tailored towards veterans.” The percent of respondents answering “Very True” increased from pre (30%), to post (64%), to follow-up (71%). In addition, the item, “If I know a veteran with mental health issues, I know ways to be supportive instead of stigmatizing them” increased from pre (44%), to post (56%), to follow-up (71%). It appears that Module 4 and the camaraderie fostered in the overall training had a significant influence on attitudes toward getting and giving help with regard to mental health issues.

Goal-Setting/Sustainability. Modules 5 and 6 focused on setting well-being goals at the individual- and the veteran community-level, respectively. Respondents showed increases in their self-perceived ability to set inspiring and well-being goals, their knowledge on how to contribute to other veterans’ resilience, and their intentions to increase their involvement with local veteran’s organizations. These improvements were consistent with the final and overall goals of the training as a whole; namely, to provide participants with skills, knowledge, and connections to help them follow through on any gains they received from the training and to connect with other veterans for ongoing benefit.

Greater Depth and Length Needed. Chart 1 reveals minor decreases in initial gains made from post-training to follow-up. However, statistical analyses revealed these were not significant decreases except in two areas: stress management and goal-setting. Hence, the training had sustained positive impact in these areas. As a brief and short-term solution, the pilot was successfully designed to assess viability and feasibility. Other research on veterans, as well as participant’s comments, indicate a need for a longer training, multiple sessions, and ways to interact with other veterans to sustain longer-term outcomes. In debriefing discussions, participants were interested in our proposal to have an ambassador training and volunteered to help out. Still, even without these in place, results were extremely promising. For example, in other retrospective ratings at follow-up, 98% of participants reported improving “A Lot” or “A Great Deal” in at least one of seven areas: sense of well-being; ability to manage stress; knowing where to get help; willingness to utilize veteran benefits; skills for addressing emotional triggers; willingness to get help; and positive self-leadership (see Appendix B). Moreover, 65% shared that they improved in 5 or more of these areas.

Participant Comments: Highlights from Qualitative Data

Interviews and focus groups conducted prior to the development of the pilot revealed common themes in the needs of veterans. Below are some excerpts as they relate to each theme. These themes are described in more detail, including additional quotes from the other cities (See Appendix A).

Needs Identified Prior to Pilot Development:

- *Knowing Where and How to Get Help*
 - “So much money is spent on preparing for a veteran’s ‘readiness to leave,’ but not so much on the readiness to come back (i.e., return) to the civilian world.”

- *Promotion of Mental Health and Help-Seeking*
 - “We can’t only target those in crisis mode anymore. We need to be going more in the direction of a prevention outlook instead.”
 - “Veteran wellness is not an issue just for somebody who’s been diagnosed with PTSD coming back from deployment. It’s relevant to everyone.”
- *Effective Coping*
 - “Alcohol has been a universal challenge to the military service population because it’s a societal thing. I think I see all sorts of substance challenges, such as individuals substituting medication with alcohol or other substances instead of adopting healthier and more effective ways for dealing with such stressors and/or challenges.”
- *Social Support*
 - “The more that we can enlist the help of veterans, whether it’s faculty, students, staff, or alumni vets, the better they can be champions in spreading the word about work being done.”
- *Career & Health Care Security*
 - “Our backgrounds within the military are as diverse as who we are in the civilian world, each working toward unique accomplishments and goals.”
 - “The vast majority of veterans getting out of the military are not retiring, meaning they are not receiving the guaranteed Tricare benefits for life. This results in many veterans struggling with health care instability, both for themselves and their families.”

Feedback from Pilot Training:

Following the completion of the pilot, several positive comments were received from participants. In all cities, several participants indicated they would have preferred to have more time in the training. Below are some examples.

- “Overall, I think the content was on target, but I wish it was more in depth. For example, making this a two-day event. I do think the topics were on point but ... I would’ve liked more time to learn.”
- “SAFE has not only made me more aware of resources, but more so comfortable I’m using them. Maybe making the course a two-day event for those who cannot complete it in a day.”
- “The program exceeded my expectations. I am so glad we made the commitment to offer the pilot program. The team is extremely knowledgeable, accessible and credible. The program content was grounded in theory and focused on the realities of our veterans... The composition of the modules and order in which they were presented was well curated and fostered a balance of individual and group work appropriately... I believe that the program materials will also help the support team of the veterans – friends, family, loved-ones who live through so much as stakeholders in their success.”
- “Great and extensive material and information! Very apparent a lot of background work and thought has been put into developing modules and presentation and relatable for veterans. I feel there is a need for more time, especially so sections near the end do not get rushed.”

Conclusion

Given the results found in the quantitative data and feedback in open-ended comments, it can be said that the pilot training program was effective in identifying and addressing the well-being needs of veterans. The pilot has also set a strong foundation for the development of a Peer Ambassador Program and a Veteran Resilience Strategy Tool-Kit, both of which help ensure the sustainability and adaptability of this program across time. This pilot was created “by veterans, for veterans” and will continue to be as the content and reach of this program proceed into the future. However, this cannot be done alone. SAFE Project needs the support of other organizations and veteran non-profits to ensure that this valuable and effective content reaches critical populations of at-risk veterans.