Contemporary Australian Veterans in Transition:

Interventions for Enhancing Well-Being

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Author Note

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"Today's veterans often come home to find that, although they're willing to die for their country, they're not sure how to live for it."

- Sebastian Junger, *Tribe: On Homecoming and Belonging*

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Abstract

Transition from military service to civilian life is a significant and often stressful period, with many veterans reporting practical, emotional, and social difficulties. Research has focused on transitional challenges and associated psychological ill-health, with little consideration of positive experiences and outcomes. Furthermore, insufficient research has addressed the needs of veterans of recent wars or Australian veterans specifically. This literature review explores the experiences, processes, and outcomes of transition for contemporary veterans, and programs designed to support their well-being. Homecoming, social identity, and attachment theories explain individual and interpersonal aspects of transition, while acculturation theory extends to the sociocultural domain. A fifth theory, military transition theory, encompasses individual, interpersonal, sociocultural, and organisational factors that influence the transition process from beginning to end. Literature reviewed through this theoretical framework revealed factors that increase susceptibility to negative outcomes (e.g., medical discharge), support positive outcomes (e.g., social support), and have inconsistent influence (e.g., deployment). Evaluation studies of 6 U.S. programs designed to promote well-being for contemporary veterans were reviewed, with a degree of positive change reported in all studies, although effects appear to be small or very small. However, the heterogeneity of theories, research designs, measurements, sampling, and outcomes between studies limits comparison and generalisation. This review highlights the need for further Australian research, and the development and evaluation of well-being interventions in veteran populations with diverse characteristics.

Keywords: contemporary veteran, civilian, military, reintegration, transition

Contemporary Veterans in Transition and Well-Being Interventions:

A Literature Review

A growing body of Australian and international research has investigated the experiences of military service members (MSMs) across the military career cycle (Fear et al., 2010; Hoge, Auchterlonie, & Miliken, 2006; Van Hooff et al., 2018). The transition from military service to civilian life has been recognised as perhaps the most significant and stressful period of this cycle (Van Hooff et al., 2018). Rates of mental health disorders are comparable between current serving personnel and civilians, yet an increased prevalence of mental illness among former MSMs has consistently been reported, with concerns that this rate is rising (Forbes & Metcalf, 2014; Mitchell, 2017; Van Hooff et al., 2018). As such, there is emerging political, social, and academic interest in risk and protective factors for the well-being of MSMs in transition (Cooper, Caddick, Godier, Cooper, & Fossey, 2018).

An important minority of veterans return with the "invisible wounds" of war, including post-traumatic stress disorder (PTSD) and mild traumatic brain injury, and some experience less severe psychosocial difficulty and distress (Mitchell, 2017; Tanielian & Jaycox, 2008). Many veterans, however, are fundamentally healthy people experiencing normal reactions to momentous changes in their physical, geographical, and social environments (Greenberg, 2013; Mitchell, 2017; Smart, 2016). Research has disproportionately focused on the effects of psychological disorder in transition, a position that risks pathologising soldiers and the very notion of transition, failing to account for the wide variety of veteran experiences (Cooper et al., 2018; Smith & True, 2014). A lack of longitudinal research precludes causal statements about the effect of mental health problems on transition (Ahern et al., 2015; Brunger, Serrato, & Ogden, 2013), yet it appears that the two have an interactive effect. Mental health difficulties often lead to a challenging transition (Kukla, Rattray, & Salyers, 2015), and reintegration problems and negative homecoming

experiences may present as, exacerbate, or even cause, mental health problems (Greenberg, 2013; Smith & True, 2014).

A search of the literature failed to identify any studies of Australian veterans' transition experiences, though the Department of Defence and the Department of Veterans' Affairs (DVA) are co-authoring several forthcoming studies on the transition and well-being of current and former Australian Defence Force (ADF) personnel and their families (DVA, n.d.). A recent systematic review authored in Australia explored the post-discharge reintegration experiences of MSMs, identifying 18 studies (primarily qualitative) containing three key themes: loss of culture and community, loss of identity, and loss of purpose (Romaniuk & Kidd, 2018). Although the authors argued that findings were consistent across countries and contexts, the scarcity of local research precluded consideration or analysis of Australian experiences.

Looking to the international literature, a study of U.S. combat veterans found that 40% reported difficulty in readjusting to civilian life in the previous 30 days ($N = 754$; Sayer et al., 2010). Many veterans reported interpersonal and emotional difficulties, and although these problems were more prevalent in those with PTSD, they were not absent in those without (Sayer et al., 2010). Similarly, 57% of Canadian military veterans reported difficulties with adjustment to civilian life, and 38% felt as though their transition had been unsuccessful ($N = 216$; Black & Papile, 2010). In early transition, veterans' chief concerns were friendship, family, and alcohol use, and in the months and years that followed, 79% continued to experience challenges, particularly in the areas of friendship, family, and health.

In considering these findings, it must be noted that although the Canadian study included a representative sample of veterans drawn from the community, participants in the American study were recruited solely through Veterans' Affairs clinics. While this practice is relatively common in veteran research, only half of U.S. veterans engage with Veterans'

Affairs (Tenhula et al., 2014), and just one in 10 transitioned MSMs in Australia access

veteran healthcare services (Van Hooff et al., 2018). The needs and experiences of those who

do not seek support from DVA (or its international equivalent) may differ substantially, yet

little is known about these veterans (Mitchell, 2017), and further research with diverse and

representative sampling is needed. Less still is known about the transition experiences of

contemporary veterans, those who have served since 1999.

More than 25,000 ADF personnel have deployed to recent and ongoing conflicts in

the Middle East, and Australia plays a key role in international peacekeeping missions and

humanitarian operations regionally and abroad (Forbes & Metcalf, 2014). Contemporary

veterans are likely to experience a combination of peacekeeping, combat, and other

operations, thereby facing unique challenges and presenting with needs dissimilar to veterans

of past wars (Forbes & Metcalf, 2014). They also comprise a diverse, all-volunteer,

professional military, returning to a community with little firsthand knowledge of their

experiences, lacking the shared military cultural identity cultivated during the World Wars

(Brown, 2014; Castro & Kintzle, 2014; Gill, Bain, & Seidl, 2016). Moreover, where

previous cohorts were allowed gradual readjustment during their lengthy transportation by

sea, contemporary veterans are moved in and out of operational theatres by air and afforded

little time to adjust their mindsets from combat zone to home (Field, 2005; Greenberg, 2013).

This literature review critically analyses research on the transition of contemporary

veterans, concentrating on the psychological processes and outcomes of transition

experiences, and methods for facilitating more successful transitions. Although emphasis is

placed on Australian veterans' experiences, the scarcity of local research necessitated the

inclusion of a substantial volume of international literature. Studies addressing the

contemporary veteran experience will be the focus of this review. Many studies fail to

distinguish between MSMs from past and current wars (e.g., Harper, Norris, & D'Astous,

2014) or draw exclusively from Vietnam and World War II veterans, yet this group encounters distinct challenges both during and after their service, and must be considered without generalising from past cohorts (Castro & Kintzle, 2014). This review begins by defining key terms before discussing relevant theory, particularly the phases of transitional approach, management, and assessment, as identified in military transition theory (MTT; Castro, Kintzle, & Hassan, 2014). The review concludes with a summary and critique of existing transition well-being programs, followed by recommendations for future research.

Psychological Theories About Military Veteran Transition

Veteran is a construct with multiple definitions and complex personal meaning. Many MSMs struggle to identify with the term, feeling as though the title is deserved only by those who fought in combat, were injured in service, or served for lengthy periods (Cooper et al., 2018). For the purposes of this review, a veteran is someone who has served at least one day in uniform, irrespective of other factors, including age, combat or deployment history, and current service status.

Transition is another concept lacking clarity or consensus of definition, with the terms *reintegration* and *transition* often used interchangeably to refer to the period, process, or outcomes associated with readjustment to civilian life (Kukla et al., 2015; Meikle, 2017). Nevertheless, reintegration is more often considered an event, state of being, or end goal, while transition refers to a dynamic, personal, and culturally bound process occurring over time – an interaction between the individual and their environment (Meikle, 2017; Smart, 2016). As such, this study will preference the term transition, as have prominent researchers in the field (e.g., Castro et al., 2014; Hoge, 2010).

The lack of a unified definition of both the term and the context in which transition occurs has limited the development of valid and reliable measurement; constrained an understanding of the challenges, processes, and outcomes; and resulted in little

comprehensive theorising (Elnitsky, Blevins, Fisher, & Magruder, 2017; Elnitsky, Fisher, & Blevins, 2017). Although several theories have been employed as frameworks in transition research, no great body of work is associated with any one theory. The five key theories in the field are homecoming, social identity, attachment, acculturation, and MTT.

Homecoming Theory

Homecoming theory proposes that a traveller, such as an MSM, is separated from home by space and time, with unique experiences altering the traveller, their family, and their friends, leading to feelings of being somewhat unknown and unfamiliar to one another upon return (Ahern et al., 2015; Schuetz, 1945). In a study of transitional challenges framed by homecoming theory, contemporary veterans suggested that many of their experiences could only be understood by other MSMs, articulating feelings of disconnection from family and friends, and a dissociation between military and civilian culture (Ahern et al., 2015).

Social Identity Theory

Similarly, social identity theory posits that people have three selves: individual (unique attributes), relational (attributes shared with close others), and collective (attributes shared with ingroup members; Mitchell, 2017; Smart, 2016). The camaraderie shared by MSMs contributes to the relational and the collective selves, with close friendships representing defining features of individual identity (Smart, 2016). Through the lens of social identity theory, transitional challenges are thought to stem from changes to, and the loss of, a collective social identity and sense of belongingness (Mitchell, 2017).

Attachment Theory

Attachment theory is another theory of interpersonal relationships that has been applied to veterans' transition experiences. In this context, military organisations play the role of primary caregivers, setting expectations and boundaries, and taking care of basic needs (Ahern et al., 2015; Meikle, 2017). Separation from the military parallels a broken

attachment between MSM and caregiver, leading to feelings of anger, betrayal, and mistrust (Meikle, 2017). Likewise, the loss of close relationships with other MSMs, which have been described as deeper and more intense than any other relationship, compounds this distress (Mitchell, 2017).

Acculturation Theory

At a broader level, acculturation theory applies a sociocultural perspective to transition, in which individuals may: *assimilate* to a new culture; *separate*, retaining their culture of origin; *marginalise*, rejecting both cultures; or *integrate*, incorporating aspects of both (Berry, 1997). Although veterans are embedded in civilian culture before their service, military training strips recruits of their civilian identities (Demers, 2011), a separation that is further cemented by time and deployment, wherein MSMs are fully immersed in military culture (Cooper et al., 2018; Daniels, 2017; Smith & True, 2014). The cultural differences between civilian and military cultures (e.g., communication styles, value and reward systems) mean that although transitioning veterans are returning to a once-familiar culture, they may find it familiar no longer, needing to re-learn norms, values, and behaviours (Cooper et al., 2018; Demers, 2011; Meikle, 2017). Within the acculturative framework, transitional challenges arise where cultural values cannot be accepted, modified, or relinquished as needed (Daniels, 2017).

Military Transition Theory

Homecoming, social identity, attachment, and acculturation theories offer insights into individual, relational, and sociocultural aspects of transition, yet it is important to reflect on the interplay of psychosocial and environmental factors at multiple levels, adopting an ecological approach (Elnitsky, Blevins, et al., 2017). MTT offers a more cohesive theoretical model, defined by three interacting and overlapping components, covering individual, interpersonal, community, and organisational factors (Castro et al., 2014; see Figure 1).
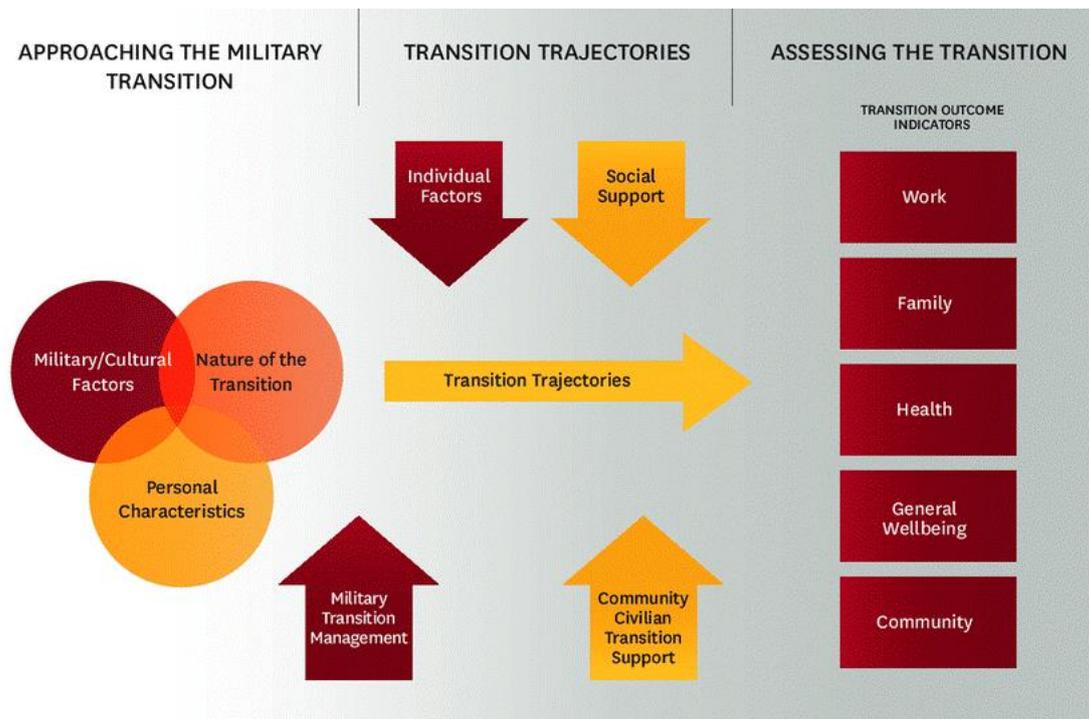
Figure 1. Military transition theory. From *The state of the American veteran: The Los Angeles County veterans study* (Technical report, p. 15), by C. A. Castro, S. Kintzle, and A. Hassan, 2014, Los Angeles, CA: University of Southern California School of Social Work, Center for Innovation and Research on Veterans and Military Families. Copyright 2014 by the University of Southern California. Reprinted with permission.

The first segment of MTT, approaching the military transition, outlines the personal characteristics and military cultural and transitional factors that form the base of the transition trajectory. The second phase, managing the transition, refers to individual, interpersonal, organisational, and community factors that influence the progression from MSM to civilian. The final phase, assessing the transition, summarises the transitional outcomes of work, family, health, general well-being, and community. Outcomes are interconnected: challenges in one area may increase susceptibility to negative outcomes in another, and success or failure in any domain is not indicative of an overall outcome in transition (Castro et al., 2014; Meikle, 2017).

Approach. Transition begins when a veteran first considers a decision to leave the military (Smart, 2016), and MTT notes three aspects of the approach: personal characteristics (e.g., health, expectations, and preparedness), military cultural factors (e.g., type of discharge, combat and deployment history), and the nature of the transition (i.e., anticipated or unanticipated, positive or negative).

Personal characteristics. Personal characteristics influencing the approach include expectations, preparedness, and health. Self-efficacy expectations are crucial to transition and second career success, affecting motivation and the will to face obstacles, and perceptions of transition as positive or negative, achievable or insurmountable (Smart, 2016). A dissonance often exists between expectations of transition and actual experiences, with veterans expressing disappointment when the two diverge, where the realities of transition are more difficult than anticipated (Kukla et al., 2015). Notably, those who feel unprepared for discharge have the most difficult transitions, reporting lower self-efficacy, unstable self-concepts, and feelings of loss and disconnection (Kukla et al., 2015; Mitchell, 2017). A lack of preparedness is also present in that many MSMs leave the military without having adequately addressed their physical and psychological health, "functioning while suffering" until deferred emotional and psychological issues can no longer be ignored (Castro et al., 2014; Demers, 2011; Kintzle & Castro, 2018).

Military cultural factors. The approach is guided, in part, by military cultural factors, including combat experience and deployment history. Combat experience has been associated with feelings of estrangement, disillusionment, and burdensomeness in transition, which are, in turn, associated with increased depression and suicidality (Brewin, Garnett, & Andrews, 2011; Castro, Kintzle, & Hassan, 2015). Deployment, on the other hand, may be either a risk or protective factor, with some researchers finding positive associations between length and number of deployments and psychological disorder (Harper et al., 2014), and

others finding no such correlation (McFarlane, Hodson, Van Hooff, & Davies, 2011).

Conversely, deployment has been associated with higher rates of help-seeking (McFarlane et al., 2011), with Smart (2016) arguing that deployment constitutes the realisation of a military-appropriate behavioural goal, validating one's self concept and identity as a soldier.

Nature of the transition. The nature of the transition also plays a key role in preparing veterans for transitional outcomes. MSMs who leave before having served for 4 years are more at risk of mental health problems and challenging transitions (Australian Institute of Health and Welfare [AIHW], 2017; Cooper et al., 2018), and MSMs who discharge fully from service have significantly higher rates of disorder compared to reservists (members of the military reserve forces; Van Hooff et al., 2018). By far the most challenging transition experiences, however, follow a medical discharge, which accounts for one-fifth of ADF discharges, and is associated with significantly higher rates of suicidality and affective, anxiety, and alcohol disorders (Forbes et al., 2018; Van Hooff et al., 2018). In most cases, medical discharge ends a military career prematurely and under challenging circumstances, resulting in an abrupt and potentially traumatic transition in which illness, injury, or disability compound the already complex process of reintegration (AIHW, 2017; Cooper et al., 2018).

Management. The progression from MSM to civilian is shaped by how the transition is managed, beginning with the discharge process, and extending to individual adjustment factors, social support, and community civilian transition support (Kintzle & Castro, 2018).

Military transition management. The average length of military service in Australia is 10 years, with roughly 5,000 personnel (10% of the ADF) transitioning out of the regular forces each year (Van Hooff et al., 2018). Retiring MSMs represent just 5% of those in transition, with most veterans moving on to civilian occupations (Gill et al., 2016; Van Hooff et al., 2018). Personnel who transition without medical discharge or retirement conditions have, since 2003, been required to transfer to the inactive reserves for at least five years, to be

called upon only in times of national emergency (AIHW, 2017). Approximately 30% of transitioned ADF serve as inactive reservists, with a further 26% engaged as active reservists, and the remainder classified as ex-serving (Van Hooff et al., 2018). Transition pathways and processes may, therefore, vary substantially by discharge type and service status.

Decisions about food, clothing, and housing may be considered minor hassles for civilians, yet for many MSMs, these are new and unfamiliar challenges (Castro et al., 2014). For example, one veteran in transition commented: "it just basically seemed like I was walking out of jail . . . and there was no training besides the training I learned from combat and how to be a leader, but I mean, not civilian skills" (Kukla et al., 2015, p. 483). The ADF transition program reflects the complexity of the separation process, offering an array of support, including financial advice, training in employment and interview skills, and housing and relocation assistance (AIHW, 2017). Both the Department of Defence and DVA, however, acknowledge the program's limitations, including a considerable risk of individuals falling out of care or between gaps in service (Forbes & Metcalf, 2014), with little systematic coordination between private and public military veteran services and care providers (Forbes et al., 2018).

Individual factors. Attitudes, beliefs, and coping styles may ease or impede the transition trajectory. In the military, help-seeking is associated with vulnerability and weakness, a perception that can manifest as a significant barrier to reintegration (Brunger et al., 2013). For example, transitioned ADF who were concerned about their mental health, but sought no care, endorsed statements including "Prefer to manage myself" and "Afraid to ask", and those who met the criteria for 30-day disorder (as defined by the epidemiological cut-off for the Posttraumatic Stress Disorder Checklist and Kessler Psychological Distress Scale) were twice as likely to hold such beliefs (Forbes et al., 2018). Although military values of self-reliance, stoicism, and resilience might hamper a smooth transition, some

veterans find that their military experiences lead to enhanced self-confidence, self-esteem, and determination, attributes that are easily translated into everyday life (Kukla et al., 2015). Thus, maintaining military skills and beliefs that are constructive, and surrendering those that are not, is vital to transitional outcomes.

Transitioning veterans exist in a liminal space, caught between military and civilian worlds, needing to renegotiate identities and integrate military experiences with prior self-concepts and newly formed circumstances (Demers, 2011; Kukla et al., 2015). Separation from the military includes the forfeiture of personal, social, and cultural identities, losses that are associated with a diminished sense of purpose and belongingness, and increased self-isolation (Brunger et al., 2013; Demers, 2011). Ineffective coping strategies like denial and emotional detachment (which MSMs learn as a means of dealing with combat-related stressors) negatively affect interpersonal functioning, lead to a reduced sense of self-efficacy, further impeding the reintegration process (Brunger et al., 2013; Daniels, 2017). In contrast, positive coping strategies like physical exercise, spending time with family and friends, and engaging in hobbies are associated with stronger perceptions of social support, increased help-seeking, and positive adjustment (Forbes et al., 2018; Meikle, 2017; Smart, 2016).

Social support. Support from friends, family, and the public is crucial to transitional success. Veterans experience repeated disruption of interpersonal relationships which, in conjunction with changes in both the individual and home social environments during time apart, can lead to a difficult transition (Ahern et al., 2015; Daniels, 2017). In interviews with 45 veterans of the Afghanistan and Iraq wars, Demers (2011) reported that former MSMs, more than soldiers and reservists, felt a deep disconnection from friends, family, and civilians, struggling with feelings of isolation. However, veterans whose families expressed unconditional positive regard in response to symptoms of trauma and distress were more likely to report a positive adjustment to civilian life (Meikle, 2017).

Outside of the home, both formal support groups and informal interactions with veteran peers increase social connectedness, and more experienced veterans often serve as positive role models and "culture brokers" in navigating complex service offerings (Ahern et al., 2015; Mitchell, 2017). While connecting with other veterans is generally easier, by virtue of a shared identity and common experience, it is important for veterans to extend their circle to the wider community, broadening their self-concepts, relationships, and opportunities for healing experiences (Mitchell, 2017; Scurfield & Platoni, 2013).

Social support is inherently protective, but also has an indirect effect on the course of transition. Social support is associated with increased acceptance of mental health status, which in turn leads to increased help-seeking (Meikle, 2017). Indeed, two-thirds of transitioned ADF personnel with mental health concerns sought care at the suggestion of another person (Forbes et al., 2018), highlighting the importance of friends and family in the engagement, provision, and management of veterans' care.

Community civilian transition support. It has been suggested that the nature of the homecoming experience is more predictive of subsequent psychological health than the stressors of deployment, as it reflects the esteem in which military service is held by the community at large (Brown, 2014; Meikle, 2017). Poorly organised and insincere farewell ceremonies can leave veterans feeling as though their service was a wasted effort, increasing the difficulty of meaningfully appraising the past and adapting to the future (Smart, 2016).

The effect of public opinion and understanding on the well-being and reintegration of veterans is considerable: of Canadian veterans who were asked to name one thing that might have eased their transition, the largest proportion endorsed greater understanding by the public (Black & Papile, 2010). In Australia, military commemoration and remembrance centres around ANZAC day and the World Wars, yet as Brown (2014) asserts: "commemorating soldiers is not the same as connecting with them" (p. 3). Today's veterans

are rarely appreciated for their own accomplishments, expected instead to live up to the mythos of the ANZAC larrikin (Brown, 2014). Such comparisons, no matter how well intentioned, lead to further alienation, where stereotypes of heroism and self-sacrifice impose an unachievable burden (Castro et al., 2015; Smith & True, 2014).

Assessing the transition. In assessing transitional outcomes, research has typically considered single aspects of functioning, like mental health or employment status (e.g., Kukla et al., 2015). Studies of community integration offer a more nuanced view of transition, incorporating domains of interpersonal relationships, self-care, and civic life, yet their reliance on measures designed for rehabilitation patients with neurological disorders limits utility and generalisability. One such scale is the Community Reintegration for Service Members scale (Resnik, Plow, & Jette, 2009), which is yet to be validated in the broader veteran population.

In response to this gap, Sayer et al. (2011) developed the multidimensional Military to Civilian Questionnaire to measure post-deployment reintegration in contemporary veterans. The 16-item questionnaire assesses functioning in: interpersonal relationships, education and employment, community participation, belongingness, and perceived meaning in life. While a validation study in a sample of U.S. Veterans' Affairs clients suggests that the instrument is psychometrically sound, external validity in the broader veteran community is unknown, with the questionnaire yet to be widely adopted. A search of the literature found no other instruments for measuring transitional outcomes, and although Castro and colleagues (2014) emphasise the importance of considering work, family, health, general well-being, and community outcomes, both independently and interdependently, the means to achieve this is unclear. Thus, this review turns to the broader veteran literature to consider these outcomes.

Work. Unemployment rates in transitioned ADF members are comparable to the Australian average, at around 5% (AIHW, 2017; Australian Bureau of Statistics, 2018b),

suggesting that outcomes in this domain are reasonably successful. Employment figures alone, however, do not speak to whether individuals have found meaning, purpose, or satisfaction in their work. For many veterans, time spent in the military represents the most successful and meaningful phase of their careers, and finding the same sense of purpose, community, and meaning as a civilian is not easy (Castro et al., 2015; Kintzle & Castro, 2018; Kukla et al, 2015). Junger (2016), an embedded war journalist, exemplified this sentiment with his assertion that: "Twenty minutes of combat is more life than you could scrape together in a lifetime of doing something else" (p. 144).

Veterans who are able to find work that contributes to a benevolent cause tend to have a stronger sense of life purpose and meaning, and are better able to integrate their military and civilian identities (Kukla et al., 2015). Veterans often look for workplaces that mirror the structure, organisation, and efficiency of the military (Kukla et al., 2015), with the largest proportion of transitioned ADF personnel employed in government administration and Defence positions (Van Hooff et al., 2018). Whether this need for structure, familiarity, and continuity prevents veterans from transitioning successfully, or instead facilitates transitional adjustment, is, as yet, unknown (Brunger et al., 2013).

Family. A complete picture of the short- and long-term effects of military service on veterans and their families is still emerging (Gil-Rivas, Kilmer, Larson, & Armstrong, 2017). Research on military families has focused on the impact of deployment and PTSD diagnoses on the psychosocial functioning of spouses and children (e.g., Davidson & Mellor, 2000), with considerably less study of the transition period. It appears, however, that transition is a particularly challenging time for veterans and their families, with 78% of veterans recounting family issues within the past week (Sayers, Farrow, Ross, & Oslin, 2009), and partners reporting more reintegration difficulties and depressive symptoms than returning MSMs (Knobloch, Ebata, McLaughlin, & Ogolsky, 2013). Whilst adaptation and adjustment are

required by both the veteran and their family, including the renegotiation of roles, routines, and responsibilities (Mitchell, 2017), limited evidence exists regarding specific factors that influence successful outcomes in this domain (Gil-Rivas et al., 2017).

Health. A comprehensive study of the mental health and well-being of 12,806 current and former ADF members found that 46% of transitioned personnel met criteria for a psychological disorder in the last 12 months, with estimated lifetime prevalence as high as 75% (Van Hooff et al., 2018). Closer inspection of 12-month prevalence rates by transition status presents a more concerning picture: rates of suicidality, and alcohol and affective disorders among ex-serving personnel were more than double that of active or inactive reservists (Van Hooff et al., 2018).

These findings are consistent with an investigation of 166 suicide deaths amongst former ADF personnel that occurred between 2001 and 2015: while all-cause mortality was 55% lower for ex-serving men than their age-matched civilian counterparts, their suicide rate was 14% higher (AIHW, 2017). Three key risk factors were identified: suicide was twice as likely both for MSMs who had served for less than 1 year, and MSMs who held a rank other than commissioned officer, and four times as likely for MSMs who had been involuntarily/medically discharged (AIHW, 2017). Taken together, these findings suggest that veterans who are most disengaged from the military (e.g., ex-serving, rather than reservist) are at greatest risk of poor health outcomes.

General well-being. A systematic review of studies on veterans' well-being found that veterans tended to be at greater risk of substance misuse and homelessness than civilians (Oster, Morello, Venning, Redpath, & Lawn, 2017). While few studies of veterans' homelessness provide prevalence rates, housing instability is a known risk factor for mental health issues, and 3% of transitioned ADF reported living in unstable housing in the previous 2 months (Van Hooff et al., 2018), a rate substantially higher than the national average of

0.5% (Australian Bureau of Statistics, 2018a). Similarly, alcohol misuse is not only higher in

veterans than in serving personnel or civilian comparators, but higher in contemporary

veterans than veterans of past wars (Castro et al., 2014; Forbes & Metcalf, 2014). Self-

medicating with alcohol is a form of maladaptive coping associated with poor transitional

outcomes, and veterans themselves have identified alcohol and drug misuse as an impediment

to transition (Castro et al., 2014; Van Hooff et al., 2018).

Community. Engaging with the community and building new social networks are

aspects of the fifth transitional outcome identified in MTT. At its core, success in this area

presents as a sense of belongingness (Castro et al., 2014). In contrast, estrangement hinders

transition and well-being, with feelings of alienation increasing the likelihood of risky

behaviours, over and above the effects of PTSD symptoms (Ahern et al., 2015). The onus of

improving connections between veterans and the public lies with both parties: successful

transitions exist where MSMs are engaged in community activities and events, have a sense

of purpose or contribution to the community, feel appreciated and recognised, and can

contribute to positive narratives surrounding military service (DeLucia, 2016; Meikle, 2017).

Programs and Interventions

Having explored theory and factors that influence transitional outcomes, this review

now turns to programs and interventions designed to facilitate transition for contemporary

veterans. Activities that foster a sense of hope and personal meaning, and promote resilience,

well-being, and self-efficacy, are vital to the veteran community, in addition to those that

focus on alleviating mental health symptoms (Mitchell, 2017). Some veterans are not in need

of clinical treatment or intervention, yet counselling and support can be beneficial at various

points along the mental health spectrum (Castro et al., 2015), and it has been suggested that

veterans are more receptive to programs portrayed as community reintegration services than

those described as mental health treatments (Sayer et al., 2010). Early intervention and

adjunctive support can reduce further distress and the development of disorder, and normalisation of help-seeking is key to reducing stigma (Harper et al., 2014).

Further to this, some responsibility for support also falls on the community, with the diverse needs of transitioning veterans extending beyond the scope of DVA's work (Carter, 2014). While DVA strives to "support those who serve or have served in the defence of our nation and commemorate their service and sacrifice" (DVA, 2014, p. 2), this support generally amounts to primary health care, rehabilitation, compensation, and commemoration (Carter, 2014). Promisingly, many ex-service and community organisations have designed programs to support community reintegration in Australia, with more than 3,000 charities listing serving or ex-serving ADF members as beneficiaries (Forbes et al., 2018).

Nevertheless, traditional organisations like the Returned and Services League are struggling to change with the times, and contemporary veterans feel estranged from the organisation, perceiving it to be geared towards older males who served full-time, rather than women, reservists, or young adults (Gill et al., 2016). Newer organisations established by and for contemporary veterans, including Mates 4 Mates, Soldier On, and Young Diggers, are striving to offer relevant alternatives, but much of this social infrastructure operates without accountability, coordination, or transparency; no research has evaluated the effectiveness or acceptability of these organisations or their programs (Brown, 2014; Forbes et al., 2018).

A base of empirical evidence must be established before widespread implementation can occur (Scurfield & Platoni, 2013), and this shortfall extends beyond Australia. Black and Papile (2010) note that transition programs in Canada are rarely evidence-based or grounded in theory, with many relying instead on anecdotal feedback and non-systematic discussions with participants. Similar arguments have been made about U.S. programs (see Castro & Kintzle, 2014), many of which operate with informal and unstructured formats, including creative approaches such as animal-assisted exercises, indigenous rites of return, and web-

based support programs (Scurfield & Platoni, 2013). While these alternative and adjunctive

therapies may be suited to, and accepted by, a wide subset of the community (no best

treatment exists for all veterans), evaluation is key to their future.

Review of Programs

Published research on transition-related programs is limited, and just six evaluation

studies of programs designed to promote positive outcomes and psychosocial well-being in

contemporary veterans were identified, all from the US. Two studies evaluated expressive

writing (Baddeley & Pennebaker, 2011; Sayer et al., 2015), two evaluated psycho-education

(cognitive behavioural therapy [CBT; Tenhula et al., 2014], acceptance and commitment

therapy [ACT; Blevins, Roca, & Spencer, 2011]), and two evaluated alternative approaches

(adventure therapy [Scheinfeld, Rochlen, & Russell, 2017], complementary therapy

[Collinge, Kahn, & Soltysik, 2012]).

The robustness of the research designs varied, with the two writing studies conducted

as randomised controlled trials, the ACT and adventure therapy programs including wait-list

control groups, and the CBT and complementary therapy programs comparing pre- and post-

intervention outcomes. Follow-up timing ranged from immediately post-intervention to 6

months, and five programs had attrition rates between 17 and 23%, with one reporting a

much higher rate of 57% (Blevins et al., 2011). All veteran participants had served in Iraq,

Afghanistan, or both, and the majority were male (between 61% and 100%). Sample sizes

ranged from 86 to 1,292, and mean age, where reported, was between 31 and 36 years. Only

half of studies reported effect sizes, all of which were small or very small (Cohen's d <0.50).

These programs will now be reviewed in turn.

Writing Interventions

Expressive writing is thought to improve physical and mental health, and relationship

and life satisfaction, when compared to factual writing or no writing. Veterans who had

expressed some readjustment difficulties ($N = 1292$) were asked to spend 20 minutes per day, for 4 days out of 10, writing down their thoughts and feelings about transition ($n = 508$), facts about veterans' needs ($n = 507$), or not writing at all ($n = 277$; Sayer et al., 2015). Compared to factual writing, expressive writing was associated with significant reductions in physical complaints, anger, and psychological distress at both 3- and 6-month follow-ups (effect sizes between 0.04 and 0.20). Compared to no writing, expressive writing was further associated with a significant improvement in perceived social support, and reductions in reintegration difficulty and PTSD symptoms, at both follow-up points (effect sizes between 0.12 and 0.35). Life satisfaction did not differ between the three conditions. Although this program had a disproportionate number of female veterans (29% compared to 15% of all MSMs; Castro & Kintzle, 2014), outcomes were not reported by gender.

A similar program was delivered to 102 couples, wherein veterans and spouses spent three 15-minute sessions in a 1-hour period writing expressively about transition (intervention) or factually about physical activity (control; Baddeley & Pennebaker, 2011). Couples were randomly allocated to one of four conditions: veteran and spouse intervention ($n = 27$), veteran only intervention ($n = 26$), spouse only intervention ($n = 25$), or both control ($n = 25$). Marital satisfaction increased at 1-month follow-up where veterans (but not spouses) wrote expressively (effect size 0.19), with greatest effects found for those with above-average combat exposure. In all conditions, marital satisfaction declined at 6-month follow-up, and no significant effects were found for frequency of violence, depressive symptoms, or physical symptoms in any condition (cf. Sayer et al., 2015).

Psychosocial Interventions

Problem-solving therapy, an approach grounded in CBT, aims to support effective coping by teaching problem-solving awareness and emotional regulation (Tenhula et al., 2014). Veterans reporting transitional challenges ($N = 479$) were recruited from Veterans'

Affairs clinics, 349 of whom were contemporary veterans. Participants took part in four 1-hour classroom-based problem-solving therapy group sessions, with an average of four participants per group. Significant post-intervention improvements were reported in depression, general functioning, resilience, and social problem-solving, for both the full sample and the contemporary veteran subset, with effect sizes ranging from 0.32 (Social Problem-Solving scale) to 0.48 (Patient Health Questionnaire-9). The authors reported neither the timing for baseline measures nor the program's duration. No follow-up surveys assessed long-term outcomes, and no control or comparison groups were included.

Life Guard is a one-time 2-hour program, based on ACT and CBT principles, teaching self-awareness, acceptance of emotion and experience, and value-based living (Blevins et al., 2011) While the program is delivered by health professionals, it is presented as a set of skills that MSMs can use to help others in need, thereby avoiding the stigma associated with a personal acknowledgement of needing help. Reservist veterans ($N = 144$) who had returned from deployment within the past 9 months were assigned either to the intervention condition ($n = 63$) or a waitlist ($n = 81$). At 2-month follow-up, the intervention group reported significant improvements in relationship satisfaction and anxiety, depression, and PTSD symptoms, but no changes in global functioning, panic disorder, anger, interpersonal conflict, or substance use. Effects did not differ by baseline symptom severity or combat exposure. There were no significant changes for the control group on any measure, and no effect sizes were reported. The program had an attrition rate of 57% for intervention participants, which the authors attribute to organisational scheduling conflicts.

Adventure and Complementary Therapy Interventions

Outward Bound for Veterans is a therapeutic adventure program combining outdoor adventure activities (e.g., hiking, mountaineering, canoeing) with therapeutic group sessions (themes include meaning making, remembrance, and interpersonal communication;

Scheinfeld et al., 2017). Male veterans who had enrolled in a program ($N = 199$) were assigned to intervention ($n = 181$) or waitlist-control group ($n = 18$). Baseline measures were obtained 2 weeks prior to the 6-day program, and follow-up surveys were conducted 1 week after the program. Significant reductions in mental health symptoms were reported in the intervention group, and although conformity to masculine norms did not moderate this effect, participants with higher scores on the Dominance subscale were more likely to withdraw from the program, obfuscating these results. Furthermore, the small waitlist-control group limits generalisations of between-group effects. No effect sizes were reported.

Mission Reconnect is a self-guided take-home program of evidence-based complementary therapies (meditation, contemplation, relaxation, and massage) designed to promote reintegration and individual and relationship well-being in veterans and their partners (Collinge et al., 2012). Forty-three couples were recruited to the program, with skills taught through video, audio, and print material. Participants were asked to practice three to four times per week for an 8-week period, and surveys were delivered at two baseline points (30 days apart) and at 4 and 8 weeks after starting the program. At both follow-up points, veterans and their partners reported significant reductions in PTSD and depressive symptoms, and partners reported significantly reduced stress, though no effect sizes were described. Improvements in self-compassion were found for both parties at the 4-week follow-up and, although scores had declined by 8 weeks, they remained improved from baseline levels. Neither compassion for others nor quality of life showed statistically significant change. Self-reported compliance with the program protocol was high, which the authors ascribe to using an existing trusted relationship (spouse or partner) as a strategy for health promotion.

Conclusion

Six empirically evaluated studies of U.S. well-being programs for contemporary veterans were identified, with no consensus about the therapeutic mechanisms for promoting

psychosocial well-being, nor agreement on desired outcomes. Each of the studies considered in this review reported at least some significant positive effect on veterans' well-being, yet substantial differences in sampling, theory, design, and measures mean that findings cannot be compared or generalised. Measures of negative symptomatology (e.g., PTSD, depression) were more consistent between studies than were measures of positive outcomes, reflecting both the predominant focus on difficulties and disorder within the veteran transition literature, and the disjointed understanding of transitional processes and successful outcomes.

Homecoming, social identity, attachment, and acculturation theories offer insights into the individual and relational dimensions of transition, but insufficiently account for interactions between psychosocial and environmental factors, and the wider domains of community and society. MTT, a unified theory of transition, considers the approach, management, and outcomes of transition as they relate to individual, interpersonal, community, and military organisational factors. As such, the theory offers a lens through which to better understand veterans' experiences, and a robust theoretical grounding for future research. While a growing body of quantitative research highlights the characteristics of veterans in transition and enumerates their reintegration challenges, further qualitative research is needed to examine what well-being and transition mean to veterans themselves (Bauer et al., 2018), and measures of transitional outcomes in the general veteran population have yet to be developed.

Veterans have called for support in returning to their communities, particularly in reconnecting with friends and family, and finding renewed meaning and purpose (Ahern et al., 2015; Meikle, 2017; Sayer et al., 2010). Programs that can bypass the stigma of help-seeking (e.g., those framed as skills learning rather than treatment) tend to be more acceptable to MSMs (Bauer et al., 2018), and future research might consider what effect service status, service history, or gender has on the acceptability and effectiveness of

interventions. Above all, there is an unmet need for research examining the Australian experience of transition, and evaluation of programs designed to promote well-being and positive transitions within the Australian veteran community. Understanding the complexities of the transition to civilian life constitutes one of the most important current challenges in military health research.

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Crafting Something Superlative:

Evaluation of a Maker Program for Contemporary Australian Veterans

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Abstract

Roughly 5,000 Australian Defence Force personnel discharge from military service each year, and evidence suggests that the transition to civilian life is challenging across multiple domains of functioning. Evaluation of programs to support transitional well-being in contemporary veterans has been limited, particularly in Australia. In response to this need, this study employed a mixed-methods design to evaluate a pilot program comprising 2 ½ days of tool-making (e.g., knife-making, blacksmithing) for contemporary Australian veterans and family members. Quantitative analyses explored the program's effects on the psychosocial well-being of 37 veterans and 5 family members, revealing a small improvement in engagement with hobbies; no effect on self-efficacy, self-concept clarity, psychological quality of life, or general quality of life; and a small decline in social quality of life, from pre-course to 3-month follow-up. Additionally, themes emerging from a semi-structured focus group with 15 participants highlighted: participants' motivations for engaging with the program; processes of perspective change and social connection; tangible (i.e., handmade tools) and intangible (e.g., pride, sense of meaning) outcomes; and hopes for ongoing programming to support well-being and community building. Implications for transition management and policy in Australia include treating transition as a multi-contextual process and well-being as multi-faceted. These findings could help other community and military organisations to develop, implement, and better evaluate transition well-being programs for contemporary veterans. Further research involving larger samples, comparison groups, and more comprehensive measures could help to better understand cohort characteristics and change processes.

Keywords: contemporary veteran, military, program evaluation, transition, well-being

Crafting Something Superlative:

Evaluation of a Maker Program for Contemporary Australian Veterans

Losing one's career, identity, and closest friends all in one day may seem unfathomable to civilians, but for many service personnel, it is the reality of military discharge (Cramb, 2016). An estimated 5,000 Australian Defence Force (ADF) personnel transition out of the regular ADF each year, and contemporary veterans (those who have served since 1999) comprise a young, diverse cohort. The typical age of separation for officers is 34 years, and other ranks, 27 years, with an average service length of 10 years (Australian National Audit Office [ANAO], 2012; Van Hooff et al., 2018). Women make up almost one-fifth of ADF personnel (Department of Defence, 2017), and more than half of veterans are partnered, with children (ANAO, 2012). Contemporary veterans are now the largest cohort of veterans in Australia (ANAO, 2012; Forbes & Metcalf, 2014), yet relatively little is known about their experiences, needs, and preferences in the return to civilian life.

Transition has been recognised as a uniquely significant and stressful period in the military career cycle, with a higher prevalence of mental illness among ex-serving personnel than both civilians and current serving personnel (who have similar overall rates; Forbes & Metcalf, 2014; Van Hooff et al., 2018). More than one third of veterans consider their transition to have been unsuccessful, with reintegration struggles persisting for months and years after return (Black & Papile, 2010). Furthermore, while veterans with post-traumatic stress disorder (PTSD) report more challenges, all veterans face some degree of difficulty across multiple domains of functioning, regardless of PTSD status (Sayer et al., 2010).

Transition difficulty has been associated with a diminished sense of agency and identity (Smith & True, 2014), reduced quality of life (QOL; Smart, 2016), interpersonal challenges (Brunger, Serrato, & Ogden, 2013; Gil-Rivas, Kilmer, Larson, & Armstrong, 2017), financial strain (Castro, Kintzle, & Hassan, 2014), unemployment (Kintzle & Hassan,

2018; Kukla, Rattray, & Salyers, 2015), homelessness (Oster, Morello, Venning, Redpath, &

Lawn, 2017), and poor physical and mental health (Sayer et al., 2010). These outcomes

illustrate the complexity of the transition process and the need for a clear understanding of

veterans' experiences of, and needs in, transition (Romaniuk & Kidd, 2018). Moreover, they

highlight the necessity for programs that support transitioning veterans across the spectrum of

mental health needs, in various domains (Castro, Kintzle, & Hassan, 2015).

Military transition theory (MTT; Castro et al., 2014) offers a useful framework for

understanding the progression from service member to civilian. In the transition management

stage, four factors are thought to influence the transition trajectory: individual attributes (e.g.,

attitudes, beliefs), social support (e.g., friends, family), military transition management (e.g.,

veterans' benefits, career guidance), and community civilian transition support (e.g.,

community groups, ex-service organisations). Research has tended to focus on proximal

factors (i.e., individual and interpersonal), yet distal influencers like military organisations

and community-led groups also play a vital role in transitional outcomes (Elnitsky, Blevins,

Fisher, & Magruder, 2017). Community and organisational level factors have both direct and

indirect effects on transitional outcomes, particularly through programs and services

delivered to individuals, families, and groups, within communities (Elnitsky et al., 2017;

Meikle, 2017). It is crucial, therefore, that such programs be supported by a base of empirical

research, and considerations of acceptability and feasibility.

In Australia, current and former ADF members and their families are supported by

both the government, through the Department of Veterans' Affairs (DVA), and the

community, through ex-service organisations such as the Returned and Services League

(RSL). DVA's work primarily consists of commemoration activities, compensation and

rehabilitation claims, and funding for primary health care, including high-quality, evidence-

based PTSD treatments (ANAO, 2018; Carter, 2014). The Department struggles, however,

with providing evidence-based programs of a non-clinical nature, and despite limited reporting of engagement and retention rates, have acknowledged difficulties in connecting with the contemporary veteran cohort (Forbes & Metcalf, 2014; Forbes et al., 2018). Today's veterans are not only less likely to engage with DVA than their older counterparts, but also considerably less likely to be satisfied with the service (ANAO, 2012; DVA, 2017a). Recent research suggests that just one in 10 transitioned ADF personnel access veteran healthcare services (Van Hooff et al., 2018), though rates by cohort are unknown.

In striving to stay relevant and connect with contemporary veterans, DVA have developed several tools focusing on the broader psychosocial aspects of transition. One such offering is Stepping Out, a 2-day program for ADF members who are about to discharge, or have recently discharged, focusing on the practical and emotional aspects of transition (Veterans and Veterans Families Counselling Service, n.d.). Preliminary evidence suggests that the program has been well received, yet a review found that just 15% of expected participants had attended a seminar (ANAO, 2012; Dunt, 2009). No evaluation of the program's efficacy is available.

Likewise, DVA's digital self-help resources, the At Ease and High Res websites, which are intended to improve mental health literacy and promote self-help behaviours, have not been empirically evaluated (ANAO, 2012; DVA, 2018). A recent study found that less than 2% of transitioned ADF used the At Ease website, and less than 6% reported using any type of internet treatment or smartphone app to inform, assess, or maintain their mental health; they were, instead, much more likely to seek support from family or friends (34%) or do things they enjoyed (37%; Forbes et al., 2018). In light of these findings, a novel way to engage and support this otherwise hard to reach cohort may be programming designed to improve social networks and foster new hobbies.

Fostering social connection has been a primary goal of community-run RSL clubs for many years, yet they too are struggling to connect with contemporary veterans, who perceive the organisation to be geared towards older males who served full time, rather than reservists, female veterans, or veterans with young families (ANAO, 2012; Gill, Bain, & Seidl, 2016; Kreminski, Barry, & Platow, 2018). Smaller groups such as Mates 4 Mates, Soldier On, and Young Diggers have been established by and for contemporary veterans in an effort to bridge this gap, offering an array of services including canine assistance programs, community service opportunities, and employment support. These groups should be lauded for their efforts but must also strive for accountability; the dearth of research about the effectiveness, feasibility, or acceptability of programs run by ex-service or community-based organisations in Australia is a cause for concern (Ryan & Earles, 2014).

The present study seeks to begin this necessary work by evaluating a pilot maker program run by a small organisation in Australia, who hope to improve the psychosocial well-being of contemporary veterans and their families. Building on the findings that contemporary veterans use social support and leisure activities to bolster their well-being, and acknowledging that transition is associated with identity and self-efficacy challenges, the focus of this study was to address three research questions:

- What are the characteristics of participants attracted to such a program?
- To what degree does the program influence participants' QOL (general, social, and psychological), self-efficacy, sense of identity, and engagement with hobbies? and
- How do participants experience and evaluate the program?

Method

Participants

Sixty-nine participants took part in the Veterans and Families Maker Program (VFMP) run by Tharwa Valley Forge (TVF) between January and June 2018. Pre-program

and program-end surveys were distributed to participants aged 16 years and older ($n = 66$),

and responses were received from 42 individuals, aged 17 to 60 years ($M = 39.3$; $SD = 9.5$;

see Table 1 for response rates). Missing data primarily resulted from surveys which were lost

by the program administrators ($n = 10$). Follow-up surveys were completed by 27

participants, and all missing follow-up data resulted from participant non-response; no

reasons were sought for attrition. Qualitative data were obtained from 15 participants.

Table 1

Responses by Gender and Service Status Across Time

	Program (N = 69)		Pre-/end- (n = 42)		Follow-up (n = 27)		Focus group (n = 15)	
Participants	*n*	%	*n*	%	*n*	%	*n*	%
Sex								
Male	57	83	38	90	24	89	12	80
Female	12	17	4	10	3	11	3	20
Service status[a]								
Former ADF	—	—	14	33	8	30	10	67
Current ADF	—	—	23	55	16	59		
Family	—	—	5	12	3	11	5	33

Note. Pre-/end- = pre-program and program-end, response rates were the same at both time points.
Pre-program and program-end data missing for 27 participants includes: declined survey ($n = 2$),
illegible identifier ($n = 3$), minor ($n = 3$), did not respond to researcher's requests to release data ($n = 9$), and survey lost on-site ($n = 10$).
[a]Service status was not captured in the focus group, nor asked of program participants who did not complete surveys.

The Program

The VFMP was developed and delivered by TVF, a bladesmithing school near

Canberra, Australia (see Bushnell, 2017; Le Lievre, 2017, 2018; TVF, n.d.). A grant from

DVA's Veteran and Community Grants Program (see DVA, 2017b) provided funding for

sixteen 2 ½-day programs. Participants nominated their preference for knife-making,

Japanese knife-making, blacksmithing, leatherwork, or longbow making, and each program began with an information and design evening, followed by 2 days of crafting. Programs were led by TVF instructors, with between two and six VFMP participants.

The VFMP did not include specific therapeutic components and was not explicitly grounded in theory, however TVF, as an organisation, have adapted the Walsh and Golins (1976) Outward Bound process model to a schema of tool manufacture and tool use. The model emphasises journeying through experiential challenges with a supportive group, and includes seven phases such as: a motivated learner, a characteristic set of problem-solving tasks, a level of mastery or competence, and an orientation towards future learning development experiences (see Walsh & Golins, 1976). Attendees of TVF programs are thought to progress through the phases as they design and craft tools. The Outward Bound model has been trialled extensively with veterans in its original format, effecting considerable positive change (e.g., Harper, Norris, & D'Astous, 2014; Hyer, Boyd, Scurfield, Smith, & Burke, 1996).

Eligibility criteria for the TVF program were broad: participants were eligible if they had served in the ADF after 1999, regardless of current service status or engagement with DVA, and immediate family members aged 10 years and up were also invited to take part. Applicants were ineligible if they lived more than an hour's drive from the forge, due to the physically taxing nature of the program, and long days involved. Mental health status was not assessed in considering applications to the program, and accommodations for physical limitations were made where needed (e.g., work could be done while sitting, mechanical presses could be employed).

Materials

Participants completed three self-report questionnaires on up to three occasions: at the beginning of the program (59 items), end of the program (10 items), and at 3-month follow-

up (58 items). Questionnaires measured demographics (age, gender, service status, general service history), QOL, self-efficacy, sense of identity, engagement with hobbies, and program satisfaction. The implementation of survey measures is presented in Table 2 and full questionnaires can be found in Appendix A. A semi-structured focus group was conducted 2 months after the final program had been delivered, subsequent to the distribution of follow-up surveys.

Table 2

Surveys: Measures, Items, and Implementation

Construct	Measure	Items	Time
Demographics	—	5	T1
Engagement with hobbies	—	6	T1, T2, T3
Quality of life	WHOQOL-BREF (WHO, 1996)	26	T1, T3
Self-efficacy	General Self-Efficacy (Schwarzer, 2010)	10	T1, T3
Sense of identity	Self-Concept Clarity (Campbell et al., 1996)	12	T1, T3
Program satisfaction	—	4	T2, T3

Note. WHO = World Health Organization; T1 = pre-program; T2 = program-end; T3 = follow-up. Items measuring demographics, engagement with hobbies, and program satisfaction items were developed specifically for the program.

Quality of life. The WHOQOL-BREF is a 26-item instrument measuring QOL in the domains of physical health, psychological health, social relationships, and the environment, including two items exploring general QOL and satisfaction with health (World Health Organization, 1996). Psychological, social, and general QOL were of interest in this study. Participants were asked to reflect upon the previous 4 weeks when responding to items (e.g., "How much do you enjoy life?"). Items were rated on a 5-point verbal frequency scale from 1 to 5, with anchor labels varying to fit the nature of the item (e.g., 1 = *never*, 5 = *constantly*). One item was reverse-scored, and mean scores were calculated for each domain, with higher scores reflecting greater perceived QOL. Item 1, representing general QOL, was examined

separately. The WHOQOL-BREF has good validity and reliability, with Cronbach's αs

above .82 for all domains in a recent study of 52 U.S. military veterans (Lindsay, Ferrer,

Davis, & Nichols, 2017). In this study, reliability for the psychological domain was .88, and

for the social domain, α = .79.

   Self-efficacy. The General Self-Efficacy scale is a well-validated, unidimensional,

10-item self-report measure of self-efficacy (Schwarzer, 2010), a construct grounded in social

cognitive theory, referring to one's self-belief in the ability to take adaptive action in the face

of challenges (see Bandura, 1982). Participants responded to items (e.g., "I can usually

handle whatever comes my way") on a 4-point Likert scale from 1 (*not at all true*) to 4

(*exactly true*). A mean self-efficacy score was calculated and multiplied by 1.25 for a total

score out of five, for comparison with the 5-point scales of other instruments; higher scores

reflected a stronger sense of self-efficacy. Internal consistency in this study was identical to

that reported in a sample of contemporary U.S. veterans (α = .93; Lawrence, Matthieu, &

Robertson-Blackmore, 2017).

   Sense of identity. The Self-Concept Clarity scale assesses the extent to which

individuals have a clearly defined, stable, and coherent sense of self (α = .86; Campbell et al.,

1996). Twelve items such as "My beliefs about myself often conflict with one another" were

rated on 5-point verbal frequency anchors of 1 (*never*) and 5 (*constantly*). An adaptation

from the original 5-point Likert scale was made for consistency with other instruments.

Eleven items were reverse-scored, and a mean self-concept clarity score was calculated, with

higher scores indicating greater clarity. Internal consistency in this study was high (α = .90).

   Program-specific measures. Six questions were developed to assess participants'

openness to, and engagement with, hobbies (e.g., "I have a hobby that is creative"), rated on a

4-point Likert scale from 1 (*not at all true*) to 4 (*exactly true*). A mean score was calculated

and multiplied by 1.25 for comparison with other instruments (α = .77). Four questions

explored program satisfaction (e.g., "I enjoyed the course"); three using the same scoring as above, and one using a 10-point likelihood scale (1 = *not at all*, 10 = definitely).

Focus group. The semi-structured focus group explored program's impact on participants' psychosocial well-being, self-efficacy, and sense of identity. Focus group questions were developed in conjunction with another researcher and a contemporary veteran. The discussion began by asking participants about how they came to be involved in the VFMP, also exploring their experiences of the program, perceived effects of the program, the perceived value of the program, and suggestions for improvement and future transition support programs (see Appendix B for focus group questions).

Procedure

Data were collected between January and September 2018, with ethical approval for the study provided by the University of Canberra Human Research Ethics Committee (#20180177). All participants gave informed consent; participation was voluntary and anonymous, and individuals were free to leave questions unanswered or withdraw at any time. Paper and pencil questionnaires were distributed on-site at the beginning and end of the program, while follow-up surveys were distributed online via Qualtrics. Surveys took between 5 (program-end) and 20 minutes (follow-up) to complete. The semi-structured focus group, which lasted for 60 minutes, took place on-site at TVF, 2 months after the final program, with all participants who volunteered to take part. Identifying information (e.g., age, name, service status) was not asked of focus group participants to preserve confidentiality and anonymity, and no TVF staff were present.

Changes in participants' QOL (general, social, and psychological), self-efficacy, self-concept clarity, and engagement with hobbies from pre-program to follow-up were investigated using descriptive statistics, paired-samples t tests, and standardised mean effect sizes (Cohen's d). The significance threshold was set at .05. Program satisfaction at

program-end and follow-up, and demographics at pre-program were, investigated with descriptive statistics. The digital audio recording of the focus group was transcribed verbatim and reviewed for completeness and accuracy before being erased. Qualitative analyses of the transcript involved reading and re-reading in order to find commonalities, and key themes were developed inductively (Braun & Clarke, 2006). Another researcher independently verified the themes.

Design

This study employed a sequential mixed-methods design. Quantitative data were obtained from all adult VFMP participants followed by qualitative data collection via volunteer convenience sampling. Mixed-methods research is often used in well-rounded program evaluations, drawing on the respective strengths and perspectives of quantitative and qualitative data to improve an understanding of change processes (Östlund, Kidd, Wengström, & Rowa-Dewar, 2011). Methodological rigour was further enhanced through theoretical triangulation, whereby data were analysed through military, government, social psychology, and clinical psychology research (Guion, 2002).

Results

Participant Profile

Most participants indicated that the ADF member (self, or family member) had been deployed on operations ($n = 33$; 79%), and "spent significant time separated from family" ($n = 32$; 76%). Many participants reported that military service had adversely affected either the veteran ($n = 17$; 41%) or their family ($n = 16$; 38%), and seven participants (17%) stated that the ADF member (self, or family member) had been medically discharged. The proportion of male and female veterans who completed surveys was consistent between pre-program and follow-up (male = 92%, female = 8%).

Quantitative Analyses

Data were approximately normally distributed, with no statistical outliers; assumptions for paired-samples *t* tests were met. There was less than 5% missing data, and Little's MCAR test was non-significant, $\chi^2(241) = 0.00$, $p > .999$, indicating that data were missing completely at random; missing data were treated via listwise deletion. A sensitivity power analysis ($\alpha = .05$, $1 - \beta = 0.80$, $n = 27$) showed that the minimal detectable effect in this study was 0.49 (Faul, Erdfelder, Lang, & Buchner, 2007). Independent-sample *t* tests indicated that participants who completed pre-program and program-end, but not follow-up, surveys ($n = 15$; *M*-age 34.1 years) were significantly younger than those who completed all questionnaires ($n = 27$; *M*-age = 42.1 years), $t(40) = 2.80$, $p = .008$, but differed on no other variables.

Descriptive and inferential statistics for QOL (general, social, and psychological), self-efficacy, self-concept clarity, and engagement with hobbies at pre-program and follow-up are presented in Table 3. Paired-samples *t* tests and Cohen's *d* effect sizes were used to assess changes over time.

Table 3

Descriptive Statistics and Paired-Samples t *Tests Results for Outcome Measures at Pre-Program and Follow-Up (*n = 27)

	Pre-program		Follow-up					
Measure	*M*	*SD*	*M*	*SD*	*t*(26)	*p*	Cohen's *d*	95% CI
Hobbies	3.23	0.83	3.50	0.88	2.08	.048	0.33	[0.00, 0.54]
General QOL	3.48	0.94	3.74	0.90	1.49	.148	0.28	[-0.10, 0.62]
Self-Concept Clarity	3.50	0.70	3.54	0.57	0.42	.677	0.06	[-0.16, 0.24]
Self-Efficacy	4.01	0.60	3.91	0.77	-1.03	.312	-0.15	[-0.27, 0.09]
Psychological QOL	3.49	0.72	3.33	0.75	-2.01	.055	-0.24	[-0.34, 0.00]
Social QOL	3.64	0.93	3.37	0.82	-2.38	.025	-0.29	[-0.51, -0.04]

Note. CI = confidence interval; hobbies = engagement with hobbies; QOL = quality of life. Significance value is two-tailed.

On average, participants had moderate levels of QOL, self-concept clarity, and engagement with hobbies, and high levels of self-efficacy, both before and after the program. Results of the paired-samples t tests revealed no significant change for four of the six outcome measures, one significant positive change, and one significant negative change. Engagement with hobbies was significantly higher at follow-up, suggesting that creative pursuits played a greater role in participants' lives after the program. No significant change was found for self-efficacy, self-concept clarity, general QOL, or psychological QOL. Social QOL was lower at follow-up, suggesting that participants' satisfaction with their social relationships had declined between the start of the program and follow-up. Further analyses of social QOL at the item level revealed significant negative change for one question: "How satisfied are you with your sex life?", $t(26) = -2.83$, $p = .009$, $d = -0.30$. The other two domain items referring to personal relationships or support from friends showed no significant change.

Thematic Analysis of Focus Group

A focus group with 15 participants (five family members [33%], 10 veterans [67%]) was conducted. Responses centred around four inductively developed themes: program engagement, processes of change, program outcomes, and future hopes.

Program engagement. Participants heard about the program through a variety of sources, including social media, military liaison officers within children's schools, and informal recommendation from others. Some veterans signed themselves up, while others were signed up by partners or spouses. Although many veterans attended with family members, others came alone, where the program on offer was not of interest to their spouse. Families engaged with the program as a way to reconnect with one another after having spent considerable time apart. Veterans had found few other programs which allowed them to

participate alongside their partners or children. For example, one family member stated that she sought:

> A shared experience . . . there's nothing that we can do together. This is the only thing that's been offered . . . we've always been left out as partners in anything that goes on. It's always just been for the serving member and that's it.

While some reported that challenges with mental health were an initial hurdle to attending, they also indicated that having an activity-based program helped to overcome this barrier. For example, one veteran noted: "The challenge was turning up and then operating some machinery that I hadn't touched for years . . . but the big thing for me was turning up". Another veteran elaborated that direct social engagement was unappealing:

> If it was something where it was just turn up to have a coffee or something like that, and have a social gathering, often I just wouldn't go. It just flat out wouldn't happen. But this sort of thing, it's great, because it's that sort of natural social engagement.

Participants were appreciative that DVA had funded their participation but were concerned about DVA having further involvement, due to concerns about perceived bureaucracy, burdensome paperwork, and organisational motives. Interestingly, many of the focus group participants did not particularly identify as veterans, and did not want to ask for, or felt that they were unentitled to, assistance from DVA. One veteran commented:

> Your experience with DVA, in your transition, might turn people away. . . some people wouldn't think that they were veterans, so they would think that they would be turned away . . . A lot of people, whether it be pride or whatever, don't want to identify themselves [as veterans].

Processes of change. In discussing their experiences of the program, participants' descriptions aligned with Walsh and Golins' (1976) model wherein (a) a motivated learner is placed into (b) a novel, stimulating environment with a (c) a small, supportive group with collective consciousness, and (d) given a set of prescribed, incrementally challenging, and achievable tasks that create (e) a state of adaptive dissonance. For example, one veteran, speaking of the challenge, environment, and social connectedness said:

> The other beauty of this is that . . . if you find [a task] and it's really simple and you burn through that, and the person next to you is having a few problems, you can provide some guidance, and just step in and help them through it. It was just a really nice environment.

Similarly, when asked about challenges encountered during the program, another veteran commented that:

> Probably the unknown was my biggest challenge. I've got to make this out of this, but how do we go from here to there? . . . I think it kind of just reset how you look at things . . . it refreshed me enough to look at challenges differently, it gave me a different perspective of looking at things.

Working alongside other veterans was a particularly valuable component of the program; veterans felt that they could talk to one another in a way that they weren't able to talk to civilians. One veteran expressed that:

> One of the important things that [TVF owner] has set up here is a place where veterans can talk to veterans. Because veterans do talk to veterans. You start talking to civilian friends and . . . you can see their eyes glaze over, and what you're talking about is so far outside their comprehension that you've got to stop. They do not get it.

Program outcomes. Participants overwhelmingly expressed pride in their handmade objects and appreciated having something tangible and practical to show for their efforts. One veteran explained how this program differed from others that he had taken:

> At the end of it, you've physically got something to take away, to go . . . "Look, I've made something" . . . Not something that just looks good, but something that is there, that's used, that has value. Not just a shiny thing on the shelf.

Participants' handmade tools became conversation points, both for them, and their family members. Several participants were more able to initiate conversations with co-workers and neighbours with whom they had not previously connected. This change was also recognised by veterans' partners:

> I saw a change in [veteran] after the course, that he could become more interpersonal with other people, rather than just be isolated, which seems to be a tendency with PTSD, that they stay isolated and don't want to talk to people. But this gives them something to talk generally about, and in a positive way.

Another veteran who attended with his wife and son felt as though the knives they had made together held a deep meaning and reminder of purpose:

> I keep one with me at all times actually. Every time I pull it out of its sheath, it just . . . I always come back to the day, I always think about these two [family members]. Every time I utilise the knife, it keeps my headspace in the right place.

Several participants, both veterans and family members, felt that they had a new hobby after attending the program; blacksmithing or knife-making was something they envisioned continuing on their own, as a couple, or as a parent-child dyad. Several

mentioned having already purchased, or intending to purchase, their own forges, anvils, and tools for home use. A veteran who attended with his teenage son explained:

> I took the course with my son, and it's just something new to bond with him over . . . he's on the internet looking to buy a forge and anvils and things . . . we used to have footy, but he's stopped playing this year. So, it's wonderful to have something to fill that, to share.

For others, attending the program rekindled a creative spirit that had been lost in the intensity of work and military service, with one veteran remarking:

> I actually found that it changed my perspective a little bit. I mean, I've always known that I can do these sort of things . . . it's just something that's fallen off from my life over the past six or seven years that I've been in Defence. It's nice to get that little push back into that creative space again.

> **Future hopes.** After completing the program, participants reported feeling a sense of pride and achievement, but also disappointment that it was a one-time event. There was a strong sentiment of the need for an ongoing program, where participants could come back every few weeks to reconnect with one another, to foster a stronger sense of community. One veteran related this back to transition services in general:

> With the whole transition thing, everything's just a one off. You get this, you get that, and then there's nothing . . . When I got out, overnight, you're now not in Defence, but you're not in the civilian world, and there's nothing. Nothing that continues.

> Participants hoped that other programs could be developed to support their psychosocial well-being, frustrated that existing services had a strong focus on re-employment, but little else. Although employment was an important aspect of transition,

employment services had little relevance for some veterans. For example, one veteran commented: "I'm transitioning because I'm retiring, and I don't want another job. I've had enough, I want to do my stuff . . . and that seems to be the lacking area".

Program Satisfaction

Overall, program satisfaction was high. Of the 26 participants who completed program satisfaction questions at follow-up, the vast majority responded *exactly true* to: enjoying the program ($n = 24$; 92%), finding the program suitable ($n = 23$; 89%), and feeling that the program was conducted professionally ($n = 25$; 96%). The remainder of participants endorsed those items as *moderately true*, and responses to all items were similar at program-end. When asked whether they would recommend the program to others, participants' scores were again similar between program-end ($n = 40$; $M = 9.90$, $SD = 0.38$) and follow-up ($n = 26$; $M = 9.69$, $SD = 1.05$).

Open-ended survey responses echoed focus group sentiments, including statements such as: "The socialisation and sense of worth after creating an object is of fantastic value. This is a program I would thoroughly recommend that DVA get behind to better fulfil individuals' needs of wellness and mental health", "Creating something, and being able to do so from start to finish, is a rarity in my work and was very satisfying and a confidence and self-esteem boost to trying new things", and "I'm grateful to DVA and Tharwa Valley Forge. This is a really worthwhile use of DVA funds. As a veteran who has never asked DVA for anything, this seems like a really constructive, positive use of government funds".

Discussion

It is important to develop programs which can facilitate the transition from military service to civilian life. The pilot VFMP guided participants through the process of making a tool from design stage to finished product; its aim was to effect positive change in the psychosocial well-being of contemporary Australian veterans and their families. Quantitative

results described the characteristics of participants attracted to the program and revealed small positive changes in engagement with hobbies; small negative changes in social QOL; no significant changes in self-efficacy, self-concept clarity, or general or psychological QOL; and high levels of program satisfaction. Qualitative findings expanded on quantitative measures, revealing participants' motivations for attending the program, perceptions of change processes and program outcomes, and future hopes.

The proportion of veterans in the sample who had either been deployed or medically discharged was consistent with ADF population rates (Van Hooff et al., 2018), but the proportion of female veteran participants was just half that found in ADF personnel (Department of Defence, 2017; demographics of veterans could not be found). Two-fifths of participants reported that service had adversely affected both the veteran and their family, and DVA's upcoming *Family Wellbeing Report* (see DVA, n.d.), which aims to investigate the impact of service on the health and well-being of the families of ADF personnel, may further elaborate on or corroborate this finding. Overall, this sample was fairly representative of the contemporary veteran cohort. High levels of program satisfaction indicate the acceptability of this program to contemporary veterans.

It was clear from both quantitative and qualitative data that hobbies played a greater role in participants' lives after the program. Several focus group participants were pursuing forging and crafting in their spare time, inspired by their time on the program. Veterans and family members were practising their craft together, learning from one another, and bonding over shared experiences. This is a promising outcome for the program, with research highlighting the importance of both spending time with friends and family, and partaking in hobbies, in supporting veterans' mental health and improving help-seeking behaviours, positive adjustment, and perceptions of social support (Forbes et al., 2018; Meikle, 2017; Smart, 2016).

Self-concept clarity showed the least change from pre-program to follow-up. Although the scale was chosen to assess changes in veterans' sense of identity during transition, it has not previously been trialled with veterans, and no evidence exists as to how self-concept clarity might develop over time. Further, the program did not include explicit discussion of identity change, and it is perhaps unsurprising that no effects were found in this domain. Transition does, however, include processes of identity renegotiation (Demers, 2011; Kukla et al., 2015), and modest self-concept clarity scores, as found here, might be expected. Veterans' qualitative responses indicated a continuing evaluation of self-identity (e.g., not yet veterans).

No objective change in participants' self-efficacy was found; scores were high both before and after the program. Veterans' responses in the focus group suggested that their military careers had involved considerable challenge, and obstacles faced during the program paled in comparison. The program did, however, encourage some to look at challenges in different ways and reminded them of creative aspects of themselves that had been forgotten. These findings lend support to the suggestion that self-efficacy is situation-specific, rather than generalised (Scholz, Doña, Sud, & Schwarzer, 2002); a measure of creative self-efficacy may have highlighted changes that the general scale could not.

At follow-up, participants reported higher general QOL, and lower psychological QOL (small effects), though these differences were not statistically significant; the data are inconclusive, and changes may have occurred by chance. If psychological QOL did indeed decline, it may reflect the worsening in mental health that is thought to occur for several years after discharge (Gill et al., 2016), or be an artefact of socially desirable responding, rather than an effect of the program. With pre-program surveys completed during a time of anticipation, excitement, and collegiality, and follow-up surveys completed at home, perhaps alone, environment may have had a considerable impact on participants' momentary

perceptions of psychological well-being. Although psychological health was not explicitly addressed in the focus group, one veteran related that his knife was a touchstone of mental wellness and a reminder of his family's support.

Although quantitative measures demonstrated poorer social QOL at follow-up, qualitative responses painted a different picture. Participants were eager to continue building social connections with one another, and with other veterans, and program attendance was a catalyst for both veterans and family members in starting conversations with new people. Thus, participation led to reduced isolation and expanded social networks. I suggest that these mixed findings arose where the quantitative items failed to capture the complex changes that occurred, and that social desirability further impacted responses to this scale. Indeed, pre-program surveys were filled out in the presence of spouses, TVF instructors, and other participants, while follow-up surveys could be completed in solitude, and significant change occurred for the one item that might be considered most susceptible to this effect, and least related to the program (satisfaction with sex life).

Strengths and Implications

This study has strengths in its originality and design. Around the world, few evaluations of programs designed to promote contemporary veterans' well-being have been conducted, and limited research has explored the needs and experiences of Australian veterans in transition. To the best of my knowledge, this is the first study to empirically evaluate a program designed to improve the psychosocial well-being of contemporary Australian veterans. While the results of the pilot program were modest, this formative evaluation contributes to a base of empirical evidence that might inform the development and implementation of future programs and interventions, and demonstrate impact and value to stakeholders and policy makers. A mixed-methods design further strengthened this study, offering a more detailed and nuanced understanding of the program's effects, and the

perspectives of veterans and their family members. Where quantitative analyses revealed little or no difference, participants' own voices helped to clarify processes of change, and where stronger effects were apparent, qualitative data strengthened these findings.

This study has important implications for transition support in Australia, for both military transition management, and community civilian transition support. Traditional services like DVA and the RSL have struggled to engage this younger cohort, and veterans in the focus group expressed hesitation at accepting services offered directly by DVA. Moreover, participants felt that employment support services were abundant, articulating a desire to be supported alongside their families, with ongoing programming to promote reconnection, community-building, and psychosocial well-being. Although DVA provides extensive funding to organisations that support veterans, no formal evaluation procedures are in place. The Department might, in future, consider specifying a minimum data set, in which each funded program provider is required to administer specific measures, thereby establishing a cross-service set of data for evaluation and comparison. Furthermore, a multidimensional view of transition management, as suggested by MTT and supported by this study, could inform reintegration policy and clinical practice, broadening the context in which prevention, promotion, and maintenance of veterans' health is considered.

Limitations and Future Directions

Despite promising findings, several methodological limitations of this study must be noted. Although small sample sizes are common to pilot programs and evaluations, the limited number of participants in this study constrained statistical power to such a degree that the likelihood of finding statistically significant differences of a small or very small magnitude, as often reported in adjunctive or complementary programs (e.g., average Cohen's $d = 0.19$; Sayer et al., 2015), was slim. Additionally, the design included no control or comparison group, and responses were drawn from a self-selecting sample; response rates

were lower at follow-up than pre-program, and lower again for the focus group. Participants who engaged at all stages of the study were likely those most satisfied with the program, or those who had experienced the greatest positive change. Findings should be interpreted in light of this, and future research might employ a more rigorous research design (e.g., waitlist-control) to control for these effects.

In this vein, baseline measures, collected well before the program began, would have offered a more objective starting point from which to assess change, separating the effects of time from the effects of the program. Furthermore, while pre-program surveys served as a stand-in baseline, they were completed under different conditions than follow-up surveys, potentially obscuring program effects. Future research should strive to maintain the conditions under which surveys are taken and incorporate one or more baseline measures.

The brevity of the WHOQOL-BREF scale was important in managing the length of the surveys as a whole, but also limited understanding of complex changes in well-being. Future studies might instead use the WHOQOL-100 (The WHOQOL Group, 1998), excluding facets or domains unrelated to program outcomes (e.g., financial resources, transport, sexual activity) to reduce survey length, or instead consider validating the 16-item Military to Civilian Questionnaire (Sayer et al., 2011) in a non-clinical sample. Similarly, more detailed questions about transition status would have proved more fruitful in establishing the characteristics of the contemporary veteran cohort. The binary current/former serving item in this study failed to distinguish between veterans who may have been in the process of separating, intending to transition, serving in the active or inactive reserves, or those who had fully transitioned weeks, months, or even years ago. Length of service, discharge type, and combat and deployment history are thought to influence the transition trajectory; a more comprehensive investigation of veterans'

backgrounds could better inform an understanding of needs, processes of change, and outcomes in transition.

Conclusion

This study contributes to a burgeoning field of research exploring the transition from military service to civilian life for contemporary veterans, evaluating a pilot maker program for contemporary Australian veterans and their families. Participant characteristics resembled the contemporary veteran population, and the program was well received in this group. Quantitative and qualitative results revealed positive changes in engagement with hobbies, no apparent change in self-efficacy, sense of identity, general QOL, or psychological QOL, and complex change in social QOL. These findings suggest several areas for future study, including the validation of veteran-specific reintegration measures, and highlight important implications for both policy and the provision of veteran support services. This formative evaluation serves as a starting point, exemplifying the need for well-rounded evaluations of programs that support veterans towards success in transition, alongside their families, and within their communities.

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Appendix A

Survey Instruments

Demographics (Pre-program)

Date: /   / 2018

About You

1. What is your age?

2. What is your gender?

3. Indicate the option that best describes you:

Former member of ADF	Current member of ADF	Dependant family member	Other (specify)

4. Indicate all that apply to the ADF member in Q3:

Deployed on Operations	
Spent significant time separated from family	
Medically discharged	
Adversely affected by service	
Family adversely affected by service	
None of the above	

5. Indicate the course are you taking at Tharwa Valley Forge?

Knifemaking	
Japanese Knifemaking	
Blacksmithing	
Bow making	
Leatherwork	

WHOQOL-BREF (Pre-program, follow-up)

Thinking back over the past four weeks:

1. How would you rate your quality of life?

Poor	Below Average	Average	Good	Great

2. How satisfied are you with your health?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

3. To what extent do you feel that physical pain prevents you from doing what you need to do?

Not at all	A little	Moderately	Very Much	Extremely

4. How much do you need any medical treatment to function in your daily life?

Not at all	A little	Moderately	Very Much	Extremely

5. How much do you enjoy life?

Not at all	A little	Moderately	Very Much	Extremely

6. To what extent do you feel your life to be meaningful?

Not at all	A little	Moderately	Very Much	Extremely

7. How well are you able to concentrate?

Not at all	A little	Moderately	Very Much	Extremely

8. How safe do you feel in your daily life?

Not at all	A little	Moderately	Very Much	Extremely

9. How healthy is your physical environment?

Not at all	A little	Moderately	Very Much	Extremely

10. Do you have enough energy for everyday life?

Not at all	A little	Moderately	Mostly	Completely

11. Are you able to accept your bodily appearance?

Not at all	A little	Moderately	Mostly	Completely

12. Have you enough money to meet your needs?

Not at all	A little	Moderately	Mostly	Completely

13. How available to you is the information that you need in your day-to-day life?

Not at all	A little	Moderately	Mostly	Completely

14. To what extent do you have the opportunity for leisure activities?

Not at all	A little	Moderately	Mostly	Completely

15. How well are you able to get around?

Not at all	Very Poorly	Poorly	Some Problems	No Problems

16. How satisfied are you with your sleep?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

17. How satisfied are you with your ability to perform your daily living activities?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

18. How satisfied are you with your capacity for work?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

19. How satisfied are you with yourself?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

20. How satisfied are you with your personal relationships?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

21. How satisfied are you with your sex life?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

22. How satisfied are you with the support you get from your friends?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

23. How satisfied are you with the conditions of your living place?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

24. How satisfied are you with your access to health services?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

25. How satisfied are you with your transport?

Not at all	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

26. How often do you have negative feelings such as blue mood, despair, anxiety, depression?

Never	Seldom	Often	Very Often	Constantly

General Self-Efficacy (Pre-program, follow-up)

1. I can always manage to solve difficult problems if I try hard enough.

Not at all	Hardly true	Moderately true	Exactly True

2. If someone opposes me, I can find the means and ways to get what I want.

Not at all	Hardly true	Moderately true	Exactly True

3. It is easy for me to stick to my aims and accomplish my goals.

Not at all	Hardly true	Moderately true	Exactly True

4. I am confident that I could deal efficiently with unexpected events.

Not at all	Hardly true	Moderately true	Exactly True

5. Thanks to my resourcefulness, I know how to handle unforeseen situations.

Not at all	Hardly true	Moderately true	Exactly True

6. I can solve most problems if I invest the necessary effort.

Not at all	Hardly true	Moderately true	Exactly True

7. I can remain calm when facing difficulties because I can rely on my coping abilities.

Not at all	Hardly true	Moderately true	Exactly True

8. When I am confronted with a problem, I can usually find several solutions.

Not at all	Hardly true	Moderately true	Exactly True

9. If I am in trouble, I can usually think of a solution.

Not at all	Hardly true	Moderately true	Exactly True

10. I can usually handle whatever comes my way.

Not at all	Hardly true	Moderately true	Exactly True

Self-Concept Clarity (Pre-program, follow-up)

1. My beliefs about myself often conflict with one another

Never	Seldom	Often	Very Often	Constantly

2. On one day I might have one opinion of myself and on another day I might have a different opinion

Never	Seldom	Often	Very Often	Constantly

3. I spend a lot of time wondering about what kind of person I really am

Never	Seldom	Often	Very Often	Constantly

4. Sometimes I feel that I am not really the person that I appear to be

Never	Seldom	Often	Very Often	Constantly

5. When I think about the kind of person I have been in the past, I'm not sure what I was really like

Never	Seldom	Often	Very Often	Constantly

6. I seldom experience conflict between the different aspects of my personality

Never	Seldom	Often	Very Often	Constantly

7. Sometimes I think I know other people better than I know myself

Never	Seldom	Often	Very Often	Constantly

8. My beliefs about myself seem to change very frequently

Never	Seldom	Often	Very Often	Constantly

9. If I were asked to describe my personality, my description might end up being different from one day to another day

Never	Seldom	Often	Very Often	Constantly

10. Even if I wanted to, I don't think I would tell someone what I'm really like

Never	Seldom	Often	Very Often	Constantly

11. In general, I have a clear sense of who I am and what I am

Never	Seldom	Often	Very Often	Constantly

12. It is often hard for me to make up my mind about things because I don't really know what I want

Never	Seldom	Often	Very Often	Constantly

Engagement with hobbies (Pre-program, program-end, follow-up)

1. I'm looking to take up a new hobby or creative activity

Not at all	Hardly true	Moderately true	Exactly True

2. I am always looking to try new things

Not at all	Hardly true	Moderately true	Exactly True

3. I have enough hobbies and creative activities in my life

Not at all	Hardly true	Moderately true	Exactly True

4. I have a hobby that involves making things

Not at all	Hardly true	Moderately true	Exactly True

5. I have a hobby that is artistic

Not at all	Hardly true	Moderately true	Exactly True

6. I have a hobby that is creative

Not at all	Hardly true	Moderately true	Exactly True

Program Satisfaction (Program-end, follow-up)

1. I enjoyed the course

Not at all	Hardly true	Moderately true	Exactly True

2. This course is suitable for people like me

Not at all	Hardly true	Moderately true	Exactly True

3. The course was conducted professionally

Not at all	Hardly true	Moderately true	Exactly True

4. How likely are you to recommend to other people that they attend our Veterans' programs?

⇐ Not at all					Definitely ⇒				
1	2	3	4	5	6	7	8	9	10

5. If you have anything else you would like to say, please write it below:

Appendix B

Focus Group Questions

Program Engagement

1. How did you hear about the Maker program?

2. Did you sign up yourself, or did someone else sign you up? (*e.g., spouse, friend*)

3. What influenced your decision to take part in the program?

   3.1. What was happening in your life at the time?

   3.2. What were you hoping to gain from the program? (*e.g., new hobby or skill, social connection, a challenge*)

4. Did you attend with a family member? Why/why not?

   4.1. What were your expectations of attending with a family member? (*e.g., shared experience, reconnection*)

5. If you were looking for programs in the community, what was on offer? What made you choose this program over any others?

Program Experience

1. Let's talk about your experience of the Maker program.

   1.1. What went well?

   What was a highlight?

   What will you remember most, looking back? *(e.g., creating something from start to finish, doing something that was a bit mindful)*

   1.2. What didn't go well?

   What was the greatest challenge? *(e.g., design phase, physicality/fitness)*

   Was there anything you didn't like/would like to change? *(e.g., some people have said that they might like it to be longer, that they felt a bit rushed and weren't able to complete everything to satisfaction.)*

Program Outcomes

1. **Quality of Life**

   1.1. Now that you're able to look back on the program, what have been the benefits for you, directly, with where you're at in life? *(e.g., well-being, quality of life)*

   1.2. How did the program affect your immediate relationships, with your family?

   1.3. Do you think there have been any flow-on effects for your relationships with friends?

1.4. With the community?

2. **Problem-Solving/Self-Efficacy**

2.1. Looking forward, has the program had an impact on how able you feel to take on challenges?

2.2. When you look at the tool you created, how do you feel about your ability to take on new tasks? Learn new skills?

2.3. Were there any hurdles that you had to overcome when making your tool? Has that knowledge of the ability to overcome adversity translated into your daily life?

3. **Identity/Self-Concept Clarity**

3.1. Did participation in the program influence how you see yourself? How?

3.2. Do you see yourself now as a maker? Something else? Has that changed?

3.3. Do you feel part of any new communities or groups since taking part in the Maker program?

3.4. In what ways might this program help someone transition out of the military? Are there any aspects of the program in particular?

4. **Other effects.** Did the Maker program have any other effects on your life that I've missed?

5. **Overall worthwhileness**:

5.1. Overall, how worthwhile do you think the program was for you?

5.2. Would it be useful for other contemporary veterans to take part in the program?

5.3. Are there any other groups of people that you think would benefit?

5.4. What types of resources and programs do you think contemporary veterans need in transition?

5.5. Are these better led by the community, or someone like Defence or DVA?

5.6. For folks who aren't yet transitioning out of the military, what sort of resources and programs do you think are needed?

5.7. And where might those come from?

5.8. Since attending the course, which the Forge were able to provide because of a DVA Community Grant, has your impression of the department changed? If so, how?

6. **Other comments?**

Thesis Appendix A

Participant Information and Consent Form

UNIVERSITY OF CANBERRA

THARWA VALLEY FORGE
AUSTRALIAN·BLADESMITHING·SCHOOL

Project Title:

Crafting Something Superlative:

Evaluation of a Maker Program for Contemporary Australian Veterans

Researcher: ▮▮▮▮▮▮▮, Centre for Applied Psychology, Faculty of Health, University of Canberra

email: u125390@uni.canberra.edu.au

Supervisor: James Neill, Assistant Professor, Psychology, University of Canberra

ph: (02) 6201 2536   email: james.neill@canberra.edu.au

Others involved: Mark Toogood, Project Manager, Tharwa Valley Forge

email: mark@tharwavalleyforge.com

Karim Haddad, Owner, Tharwa Valley Forge

email: karim@tharwavalleyforge.com

Project Aim

The aim of the current project is to explore the effects of the Veterans and Families Maker Program on contemporary Australian veterans' subjective well-being (quality of life, self-efficacy, and sense of identity), in both the short and long term. We also hope to gain insight into contemporary veterans' own conceptions of well-being, as well as their thoughts on the program and its impact.

Benefits of the Project

The information gained from this research will contribute to the future directions of

Tharwa Valley Forge's Veterans and Families Maker program, which may include seeking further funding for enhancement and expansion of the program to veterans and their families around Australia. A summary of the research will be used to inform a report demonstrating to the Department of Veterans' Affairs that grant obligations have been met. Furthermore, the findings of this study may help to guide the development of other wellness programs aimed at veterans across Australia.

General Outline of the Project

The project will include three surveys: one at the start of the course, one at the end of the course, and another three months after the course. Individuals may also volunteer to participate in a focus group conducted on site at Tharwa Valley Forge by the researcher.

Participant Involvement

Participants who agree to participate in the research will be asked to:

1. Complete a survey at the start of their course

2. Complete a survey at the end of their course

3. Complete a survey three months after their course

4. Volunteer to participate in a focus group

Each survey is expected to take around 20 minutes to complete, and focus groups are anticipated to run for approximately 60 minutes. Participation and completion of surveys and focus groups is completely voluntary, and participants may, without any penalty, decline to take part or withdraw at any time without providing an explanation. Participants may also refuse to answer any questions or prompts. Choosing to withdraw from, not participate in, or not answer questions for the survey will in no way impact participation in the Veterans and Families Maker Program.

This survey includes questions about your sense of identity, quality of life, and sense of agency. Although not anticipated, answering these questions may cause discomfort or

distress. Should this occur, please contact one of the following mental health support services, both of which offer 24-hour support.

Veterans and Veterans' Families Counselling Service – 1800 011 046

Lifeline – 13 11 14

Confidentiality

Only the persons listed above will have access to the individual information provided by participants, which is collected anonymously. Privacy and confidentiality is assured at all times. The research outcomes may be presented at conferences, or written up as a thesis, published journal article, or report. Data may also be used for future research projects. However, in all circumstances, the privacy and confidentiality of individuals will be protected.

Anonymity

All survey data is collected anonymously and treated confidentially. Where participant names are known to the researcher (i.e., in focus groups), alternate identifiers (initials) will be recorded in their place. No reports or publications of the research will contain information that can identify any individual and all information will be kept in the strictest confidence.

Data Storage

Information collected for this project will be stored securely on a password-protected computer throughout the project. Hard copy material will be stored in locked filing cabinets which only Mark Toogood, Karim Haddad, and the researchers will have access to throughout the project. Following the completion of the project, the collected information will be securely stored at the University of Canberra on offline media for the required five-year period.

Ethics Committee Clearance

The project has been approved by the Human Research Ethics Committee of the University of Canberra (HREC – 20180177).

Queries and Concerns

Queries or concerns regarding the research can be directed to the researcher and/or supervisor whose contact details are at the top of this form. You can also contact the University of Canberra's Research Ethics and Integrity Unit. You can contact either Mr Henryk Flaegel via phone (02) 6201 5220, Mr Maryanne Simpson via phone (02) 6206 3916, or email humanethicscommittee@canberra.edu.au.

If you would like guidance on the types of questions you could ask about your participation, please refer to the Participants' Guide located at

http://www.canberra.edu.au/ucresearch/attachments/pdf/a-m/Agreeing-to-participate-in-research.pdf

Consent Form

I have read and understood the information about the research. I am not aware of any condition that would prevent my participation, and I agree to participate in this project. I have had the opportunity to ask questions about my participation in the research. All questions I have asked have been answered to my satisfaction.

Please indicate whether you agree to participate in each of the following parts of the research:

☐ Pre- (15 min), end (5 min), and 3-month follow-up (15 min) survey

☐ Follow-up focus group with a researcher (up to 60 min)

Signature…………...…………………

Date ……………………………….

Thesis Appendix B

External Organisation Project Agreement

THARWA VALLEY FORGE
AUSTRALIAN·BLADESMITHING·SCHOOL

14 March 2018

TO WHOM IT MAY CONCERN:

I, Mark Toogood, can confirm that Tharwa Valley Forge gives its consent to the research project "Crafting Something Superlative: Evaluation of a Maker Program for Contemporary Australian Veterans" as described in the University of Canberra Human Research Ethics Application submitted by ████████.

We have read and understood the information about the research, have had the opportunity to ask questions about the research and had those questions answered to our satisfaction.

Please contact me if you require any clarification.

Sincerely,

Mark Toogood
Program Manager
Tharwa Valley Forge

0409 803 287
mark@tharwavalleyforge.com

Thesis Appendix C

Copyright Permission for Figure 1

FW: Requesting copyright permission

Sara Marie Kintzle <kintzle@usc.edu>

Fri 17/08/2018 5:55 AM

To: ▮▮▮▮▮▮ <u125390@uni.canberra.edu.au>;

Cc: Carl Castro <cacastro@usc.edu>;

Hello ▮▮▮▮,

We are happy to hear you are pursing this important work and find our military transition theory useful. You have our permission to use the figure, as long as it is cited. I've put a couple citations that also discuss the theory that may be useful to you at the bottom of this email.

Good luck with you studies.

Drs. Kintzle and Castro

Thesis Appendix D

Extended Analysis

Table D1

Descriptive Statistics and Paired-Samples t *Tests Results for Outcome Measures at Pre-Program and Follow-Up by Service Status*

Measure	Pre-program		Follow-up					
	M	*SD*	*M*	*SD*	*t*	*p*	Cohen's *d*	95% CI
Former ADF[a]								
Hobbies	3.13	1.13	3.38	1.30	0.68	.516	0.22	[-0.62, 1.12]
General QOL	3.46	0.80	3.21	0.89	-1.16	.285	-0.31	[-0.76, 0.26]
Self-Concept Clarity	3.23	0.90	3.02	0.92	-1.42	.199	-0.23	[-0.56, 0.14]
Self-Efficacy	3.88	0.58	3.88	0.79	0.00	>.999	0.00	[-0.37, 0.37]
Psychological QOL	3.48	0.70	3.42	0.75	-0.44	.674	-0.09	[-0.40, 0.27]
Social QOL	3.13	1.09	3.54	0.99	1.90	.099	0.38	[-0.10, 0.94]
Current ADF[b]								
Hobbies	3.63	0.89	3.88	0.72	1.07	.300	0.28	[-0.25, 0.75]
General QOL	3.69	1.00	3.48	0.83	-1.35	.198	-0.21	[-0.54, 0.12]
Self-Concept Clarity	3.65	0.61	3.53	0.60	-0.96	.353	-0.19	[-0.37, 0.14]
Self-Efficacy	4.02	0.62	3.95	0.79	-0.62	.542	-0.10	[-0.28, 0.15]
Psychological QOL	3.48	0.73	3.63	0.51	1.15	.267	0.21	[-0.13, 0.43]
Social QOL	3.23	0.68	3.49	0.90	1.41	.179	0.38	[-0.13, 0.65]
Family[c]								
Hobbies	3.67	0.58	4.00	0.00	1.00	.423	0.57	[-1.10, 1.77]
General QOL	3.89	1.17	3.22	0.84	-3.46	.074	-0.57	[-1.49, 0.16]
Self-Concept Clarity	3.39	0.84	3.06	0.92	-3.46	.074	-0.40	[-0.75, 0.08]
Self-Efficacy	4.31	0.69	3.83	0.96	-1.15	.370	-0.69	[-2.27, 1.31]
Psychological QOL	3.64	0.84	3.36	0.34	-0.96	.439	-0.33	[-1.53, 0.97]
Social QOL	3.47	1.07	3.40	0.79	-0.25	.826	-0.07	[-1.26, 1.13]

Note. CI = confidence interval; hobbies = engagement with hobbies; QOL = quality of life.
[a]*n* = 8, d*f* = 7. [b]*n* = 16, *df* = 15. [c]*n* = 3, *df* = 2.
Significance value is two-tailed.