



THE UNIVERSITY  
OF BRITISH COLUMBIA

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## OVERVIEW OF PROGRAM EVALUATION AND RESEARCH

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Last Updated – September 2018

### RESEARCH HISTORY

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The Veterans Transition Program (VTP) was first designed and delivered as a research project with the intention of investigating new methods of helping Canadian Forces veterans to reduce and cope with symptoms of operational stress injuries and transition more successfully into civilian life.

Since the development and delivery of the first VTP in 1997, numerous research papers and books have been published on our therapeutic model and its effects on Veterans who complete the program. The majority of these initial papers were authored by the program founders; Drs. Marv Westwood, David Kuhl and Tim Black. References to these publications and more can be found in the Appendix below.

In 2012, Dr. Daniel W. Cox, a UBC professor, began conducting an ongoing program evaluation of the VTP. Dr. Cox was hired because of his expertise in evaluating programs and treatments for military and veteran populations. He was involved with developing and evaluating several U.S. military and veteran programs including a group transition program for mortuary affairs soldiers returning from deployment, an inpatient cognitive-behavioural treatment for recent Army suicide attempters, and two suicide prevention trainings – one for Marines and another for Navy health care professionals.

Dr. Cox has collaborated with the VTN to evaluate our transition program in line with the standards used by the Canadian Government; specifically Veterans Affairs Canada and the Department of National Defense.

### MEASURES USED

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Each VTP has a comprehensive research package administered immediately before, after and at 3, 12 and 18 months following the program. We worked to develop a program evaluation that assessed the myriad of constructs that have been linked with veteran transition. These include indicators of quality of life (e.g., life satisfaction, work satisfaction), interpersonal well-being (e.g., relationship satisfaction, social support), and ability to cope with life stressors (e.g., emotion regulation, problem solving). We also included measure of psychological and psychiatric distress, ranging from general measures of psychological/emotions functioning (e.g., Outcome Questionnaire-45) to measures of specific psychiatric symptoms (e.g., PTSD, depression, suicidality).

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**MEASURES ADMINISTERED IN THE VTP RESEARCH PACKAGE**

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<b>SCALE</b>	<b>PRE</b>	<b>POST</b>	<b>3 MOS</b>	<b>12 MOS</b>	<b>18 MOS</b>
Alcohol Use Disorders Identification Test (AUDIT)	Y	Y		Y	
Attitudes Towards Seeking Professional Help (ATTSPH)	Y	Y			
Authenticity Scale (AS)	Y	Y			
Beck Depression Inventory (BDI-II)	Y	Y	Y	Y	Y
Career Futures Inventory-Revised (CFI-R)	Y	Y	Y		Y
Cognitive Fusion Questionnaire (CFQ)	Y	Y			
Difficulties in Emotion Regulation Scale (DERS)	Y				
Dyadic Adjustment Scale (DAS)	Y	Y	Y		Y
Interpersonal Support Evaluation List (ISEL)	Y	Y	Y		Y
Learned Helplessness Scale (LHS)	Y	Y			
Male Roles Norms Inventory-Revised (MRNI-R)	Y	Y			
Multi-dimensional Scale of Perceived Social Support (MSPSS)	Y	Y			
Outcome Questionnaire (OQ)	Y	Y	Y	Y	Y
Pittsburgh Sleep Quality Index (PSQI)	Y	Y	Y		
PTSD Checklist (PCL)	Y	Y	Y	Y	Y
Rosenberg Self-esteem Scale (RSES)	Y	Y			
Satisfaction with Life Scale (SWLS)	Y	Y		Y	
The Emotion Amplification and Reduction Scale (TEARS)	Y				
Therapeutic Factors Inventory-Short Form (TFI-S)		Y			
Trait Hope Scale (THS)	Y	Y		Y	
Traumatic Life Events Questionnaire (TLEQ)		Y			

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## DATA ANALYSES

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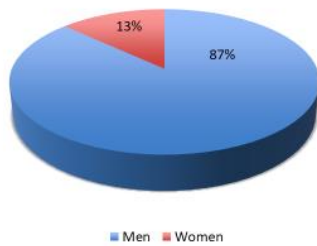
To evaluate statistically significant change from before the VTP to after, we ran a series of repeated measures analyses from baseline to follow-up. The follow-up time points varied depending on the construct we evaluated due to not all constructs being assessed at each follow-up time point, as demonstrated in the previous table.

The most recent data analysis performed in September 2018 included data collected from 340 program participants across 62 program serials from October 2012 to August 2018.

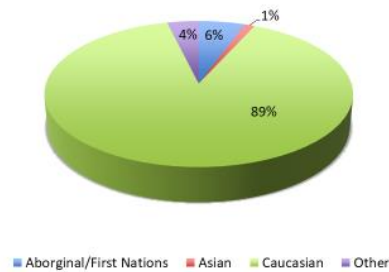
Below are just a few examples of outcomes produced from data analyses performed over the last 2 years.

### Participant Demographics:

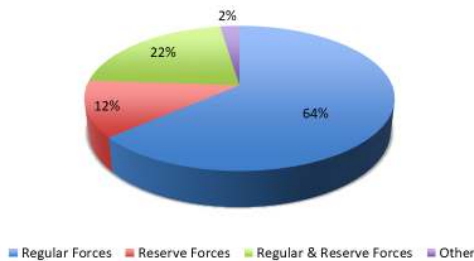
Gender



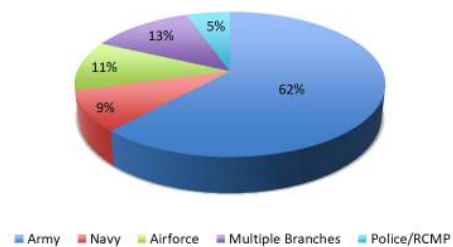
Ethnic Background



Type of Service

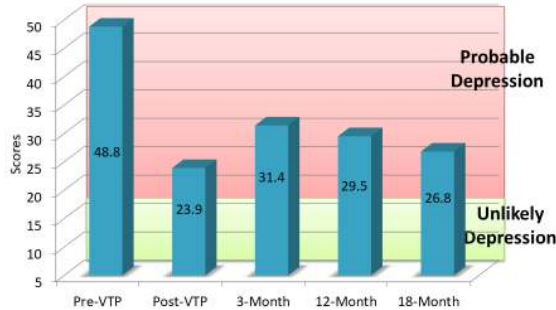


Branch of Service

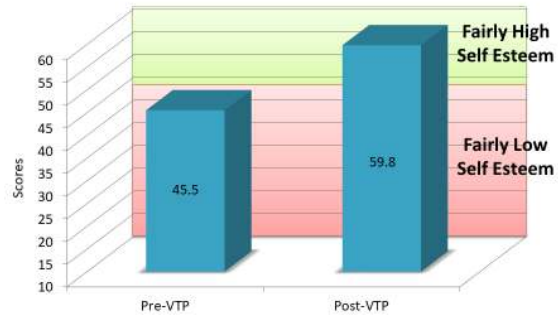


## Participant Outcomes

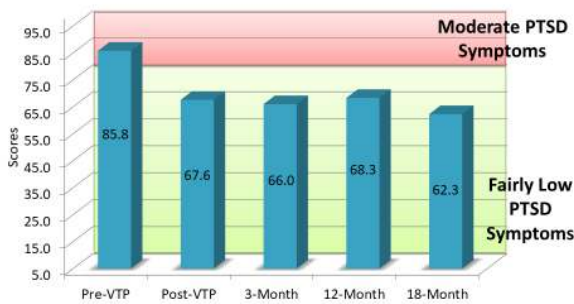
45% Reduction in Depressive Symptoms



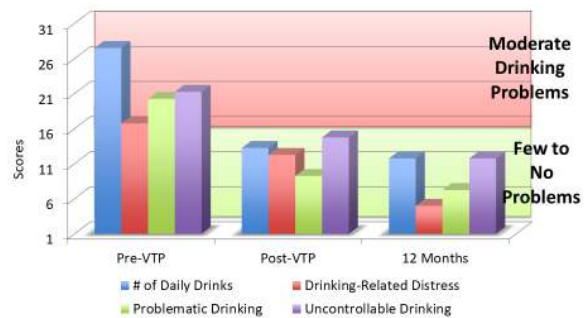
24% Increase in Self Esteem



27% Decrease in PTSD Symptoms



21-37% Decrease in Drinking and Related Problems



## VETERANS TRANSITION PROGRAM PUBLICATIONS

### Books

Borgen, W. A., Pollard, D., Amundson, N., & Westwood, M. (1989). *Employment groups: The counselling connection*. Toronto: Lugus Press. (281 pages).

Westwood, M. J. & Wilensky, P. (2005) *Therapeutic enactment: Restoring vitality through trauma repair in groups*. Group Action Press.

### Peer-Reviewed Publications

Al-Mashat, K., Amundson, N., Westwood, M., Buchanan, M. (2006). Iraqi Children's War Experiences: The Psychological Impact of "Operation Iraqi Freedom." *International Journal for the Advancement of Counseling*, 28 (2), 195-211.

Cox, D. W., Baugh, L. M., McCloskey, K., & Iyar, M. (in press). Social causation or social erosion? Evaluating the association between social support and PTSD among Veterans in a transition program. *Journal of Military, Veteran and Family Health*.

Cox, D. W., Motl, T. C., Bakker, A. M., Lunt, R. A. (2018). Cognitive fusion and life satisfaction in veterans: Examining the mediating roles of emotion dysregulation. *Journal of Contextual Behavioral Science*, 8 (1), 1-7. <http://dx.doi.org/10.1016/j.jcbs.2018.02.002>

Cox, D. W., Bakker, A. M., & Naifeh, J. A. (2017). Emotion dysregulation and social support in PTSD and depression: A study of trauma-exposed veterans. *Journal of Traumatic Stress*, 30 (5), 545-549. <http://dx.doi.org/10.1002/jts.22226>

Cox, D. W., Westwood, M. J., Hoover, S. M., Chan, E. K. H., Kivari, C. A., Dadson, M. R., & Zumbo, B. D. (2014). The evaluation of a group intervention for veterans who experienced military-related trauma. *International Journal of Group Psychotherapy*, 64(3).

Cox, D., Black, T., Westwood, M., & Chan, E. (2013). Transition focused treatment: An uncontrolled study of a group program for veterans. In Aiken, B. & Belanger, A. (Eds.). *Beyond the line: military and veteran health* (p,281 – 290). McGill – Queen’s University Press.

Kivari, C. A., Oliffe, J. L., Borgen, W. A., & Westwood, M. J. (2016). No Man Left Behind Effectively Engaging Male Military Veterans in Counseling. *American journal of men's health*.

Shaw, M., Westwood, M. J., & DeVries, B. (1999). Life review and guided autobiography: Integrating reflection and group based enactments. *Journal of Aging Studies*, 13, 109-113

Westwood, M. & Ewasiw, J. (2011). Integrating Narrative and Action Processes in Group Counseling Practice: A Multidimensional Approach for Helping Clients. *Journal for Specialists in Group Work*.

Westwood, M., Kuhl, D., & Shields, D. (2011). Counseling Active Military Personnel, Veterans and their Families In. *Multicultural Issues in Counseling: New Approaches to Diversity (Fourth Edition)*. Sage Publications.

Westwood, M., McLean, H., Cave, D., Borgen, W. & Slakov, P. (2010). Coming home: A group-based approach for assisting Canadian military veterans in transition. *Journal for Specialists In Group Work*, 35(1), 44-68.

Westwood, M. J. (2009) The Veterans’ Transition Program — Therapeutic Enactment in Action. *Educational Insights*, 13(2).

Westwood, M.J., Keats, P. & Wilensky, P. (2003). Therapeutic enactment: Integrating the individual and group counselling models for change. *Journal For Specialists In Group Work*. 28, 2, 122-138.

Westwood, M. J., Black, T. & McLean, H.(2002) A re-entry program for peacekeeping soldiers: Promoting personal and career transitions. *Canadian Journal of Counselling*. 36, 221-231

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