The Soldier On Program

Identifying the Right Time for Participation in an Event Following an Illness and/or Injury

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Prepared for: Deputy Commander, Joint Personnel Support Unit (JPSU)

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Scientific Letter

The Soldier On Program: Identifying the Right Time for Participation in an Event Following an Illness and/or Injury

Background

The Soldier On program supports serving and former Canadian Armed Forces (CAF) personnel in overcoming their physical or mental health injuries and/or illnesses through physical activity and sport. The program is open to individuals who have suffered a physical or mental health injury/illness while enrolled in the CAF, regardless of whether or not it is attributable to military service. The program helps participants acquire sporting or recreational equipment that supports an active lifestyle, gain access to high-level training from world-class instructors and coaches, and experience a broad range of structured physical activities. The program also provides members with a safe environment in which they can challenge themselves as they are re-introduced to physical activities, develop new skills, build confidence in their abilities and meet peers with similar challenges.

Director Casualty Support Management (DCSM) previously requested that Director General Military Personnel Research and Analysis (DGMPRA) conduct a study examining the Soldier On program. The objective of the research study was to explore the role of the Soldier On program in helping support ill and injured actively serving CAF members and veterans. Overall, the study found that the program was an effective pathway to increasing physical activity among the injured and that it also provided significant mental health benefits to participants. The findings further suggested that the role of peer support and interpersonal connections developed through the program were significant additional benefits in the recovery, reintegration, and rehabilitation of injured military personnel and veterans. See Coulthard and Woycheshin (2016) for further details on the findings.

Aim

Deputy Commander, JPSU requested that DGMPRA conduct an additional phase of research on the Soldier On program. The objective of this second phase was to identify the best time for exposure to Soldier On following an illness/injury and assess when involvement in an event may be most effective in the recovery and rehabilitation process.

1 Information in this section was drawn from materials provided by DCSM. Also previously cited in Coulthard and Woycheshin (2016).
Method

The second phase of the study followed the same strategy as was employed in the first phase (Coulthard and Woycheshin, 2016). Semi-structured, in-person interviews with Soldier On participants were conducted across Canada to gather data. A concerted effort was made to collect data from participants representing a variety of Soldier On events, including a mix of both summer and winter events across Canada. On average, the interviews were approximately 30 minutes in duration. All interviews were recorded and transcribed, and the data was analyzed using the qualitative software program MAXQDA. In total, interviews were conducted with 75 Soldier On participants attending eight events. The majority of interviews were conducted in English, with 11 conducted in French.

Recruitment of Study Participants

Participants were recruited from Soldier On with the assistance of program staff. Prior to an event, information about the study was distributed to potential participants, outlining the purpose and nature of the research study, data collection methods, and measures taken to protect the participant’s confidentiality. Individuals were instructed to follow up directly with the Soldier On point of contact to indicate their potential interest. Individuals who identified themselves were asked to provide their consent to allow their contact information to be given to the researchers so that an interview could be scheduled. This recruitment process maintained the confidentiality of the participants and ensured voluntary consent.

Procedures

Ethical approval for the study was given by the Social Science Research Review Board (SSRRB; SSRRB authorization number 1531-16F). Prior to each interview, the participant was asked to read and sign a consent form and permission was obtained to audio-record the interview. The audio-recordings of the interviews were transcribed verbatim, and subsequently, any identifying information was removed from these transcripts.

Coding and Analysis

Each transcript was reviewed and examined several times to identify and code emerging patterns of responses. The lead researcher identified and developed the overall coding scheme, including both the larger themes as well as the sub-themes. Coding was conducted independently, with the researchers each coding a selection of interviews. All interview data was coded into major themes, with several sub-categories included under each broader theme. This process continued until no new themes emerged.

Results

Demographic Overview of Study Participants

The breakdown of the demographic background of participants is presented in Table 1. As can be seen, the majority of participants were male and were actively serving in the CAF. Additionally, a majority were NCMs and in the Army at the time of the interview or, for the veterans, at their time of release from the CAF. Also of note is that approximately one-third had previously participated in an event, while two-thirds reported no prior involvement.
Table 1: Demographic Breakdown of Participants.

<table>
<thead>
<tr>
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<th>Respondents (N=75) Frequency (Percentage)</th>
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<tr>
<td><strong>Sex</strong></td>
<td></td>
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<tr>
<td>Male</td>
<td>63 (84.0%)</td>
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<tr>
<td>Female</td>
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<tr>
<td><strong>Status</strong></td>
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<tr>
<td>Actively Serving</td>
<td>49 (65.3%)</td>
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<tr>
<td>Veterans</td>
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<tr>
<td><strong>Environmental Uniform</strong></td>
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<tr>
<td>Army</td>
<td>39 (52.0%)</td>
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<td>Navy</td>
<td>20 (26.6%)</td>
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<tr>
<td>Air Force</td>
<td>8 (10.6%)</td>
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<tr>
<td>Support Occupation</td>
<td>8 (10.6%)</td>
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<tr>
<td><strong>Rank</strong></td>
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<tr>
<td>Jr. NCMs</td>
<td>34 (44.0%)</td>
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<tr>
<td>Sr. NCMs</td>
<td>30 (41.3%)</td>
</tr>
<tr>
<td>Jr. Officers</td>
<td>5 (6.7%)</td>
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<tr>
<td>Sr. Officers</td>
<td>6 (8.0%)</td>
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<tr>
<td><strong>Years of Service</strong></td>
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<tr>
<td>Less than 10 years</td>
<td>5 (6.7%)</td>
</tr>
<tr>
<td>Between 10 and 19 years</td>
<td>26 (34.7%)</td>
</tr>
<tr>
<td>20 years or more</td>
<td>44 (58.7%)</td>
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</table>

Overview of Participant Illness/Injury Details

The majority of participants reported both mental health and physical illness/injuries. In terms of the mental health conditions, post-traumatic stress disorder (PTSD) was the most frequently reported, followed by depression and anxiety. A few other mental health conditions, including alcoholism and a variety of personality disorders were reported by a handful of participants. Many reported that they suffered from more than one mental health condition. In terms of the physical injuries, the vast majority reported musculoskeletal problems, with a small proportion also reporting that they suffered from a variety of illnesses and diseases.

Benefits of Participation in a Soldier On Event

Although not the primary objective for this particular study, participants were asked about the physical and/or mental health benefits they felt they had gained from participating in Soldier On events. The themes that emerged from this study were similar to Coulthard and Woycheshin's (2016) results. Specifically, participants identified a range of positive impacts, including:

- Peer support and the value of a shared experience;
- Improved self-confidence;
- Access to support from staff and instructors;
- Injury accommodation and the provision of tools that enable them to participate more fully in certain sports/activities; and
- An increased motivation to get out of their comfort zone and regain activity as a result of attending a Soldier On event.
While this study did find that participants gained several important benefits from involvement with the program, given that many (approximately two-thirds) were interviewed while attending their first event, it should be noted that a potential gap exists in terms of determining or assessing the potential longer, post-event outcomes and impact.

**Peer Support and the Value of a Shared Experience**

Consistent with the findings in Coulthard and Woycheshin (2016), the opportunity to access peer support and engage in social interaction with other injured CAF members and/or veterans was a significant benefit noted by the vast majority of participants.

*And that's what Soldier On does – it gets people out of their shell, maybe talk to somebody, confide in somebody, and say things that they probably wouldn't say to anybody else, and it's simply because we have something in common – We were in the military….And because you have a common thing, this is what brings it out and people can start talking about it.*

Participants frequently reported that they felt the program provided them with increased access to social and peer support. The comradery and connection that developed with other ill/injured actively serving members and veterans with similar backgrounds and experiences was repeatedly identified as a positive outcome by participants. Several participants mentioned how beneficial it was for them to be surrounded by other individuals with a shared experience, and was something that participants often attributed to them feeling as though they were not alone.

*Yes, I created a group of friends. Seriously. I created a group of friends. Amongst ourselves, we shared our contacts, personal emails… It would seem that in less than three days, a family was forged here. It’s unbelievable!*  

Also of note was the value mentioned by some participants with respect to bringing two separate groups together (i.e., still actively serving/recently released members and longer-term, more established veterans) at an event. It was commented that this not only helped in terms of the broadening of their social network but that it also offered a more tangible and practical benefit in the sharing and exchanging of information about available services and resources, as well as with regards to injury and pain management and medications.

*It’s reconnection. You’re with people who are in a similar situation. There’s networking available – somebody has tried something that has been successful for them, or tried something that hasn’t been successful and this is the reason why…and with the other peer groups going on, more so post-release, I find this is really important for resource-sourcing…you know, this isn’t rocket science, if you’ve got other people who are disabled, require assisted devices, once again adaptation in their homes for access, maybe somebody else knows somebody – “Which medical supplies place are you using?” “Well, I use Harding” – you’re still talking the same resource base that goes on.*

**Primary Sources of Awareness about Soldier On**

Participants were asked to indicate the sources through which they learned about the program. The primary sources of information identified include the following, in order of the most commonly reported to the least noted:

- Informal means, such as peers/friends/colleagues (including social media sources);
- Through more formal means from the Integrated Personnel Support Centres (IPSC) / Joint Personnel Selection Units (JPSU) and briefings, such as SCAN seminars;
Through the Operational Stress Injury Social Support (OSISS) program;
Through a variety of secondary sources such as the Legion, the Military Family Resource Centre (MFRC), and the Army Run; and
Through e-mail communication from the chain of command or unit.

Regardless of when one may actually get involved with Soldier On, participants overwhelmingly agreed that knowledge and awareness about the program should occur as soon as possible following an injury. Some participants further noted that it should be something all CAF members are made aware of very early in a career, even prior to the onset of any possible mental or physical health challenges that they may experience.

\[ I \text{ mean there’s nothing wrong with it being introduced earlier in your recovery, for sure, absolutely, because then the bug’s in your ear and then I think maybe when you’re ready --- you’ll utilize it, right. But I think the departments, mental health, physicians, that kind of thing, they should publicize it more or they should whatever, let the members know that it exists. Right? And know what else exists out there, and how it could benefit you in the long run, really. } \]

However, the analysis did identify some key gaps that exist where there is greater capacity to build more extensive awareness and knowledge about the program. More specifically, for personnel who have not released and are still actively serving, there were two notable avenues that were not found to be as influential in informing or directing members toward Soldier On as they have the potential to be, including:

- Chain of command/unit of the ill/injured CAF personnel; and
- Medical/health services, including Medical Officers (MOs), physical therapists, psychologists, and other clinicians and practitioners who have direct contact with ill/injured CAF members.

In exploring whether Soldier On was introduced through any healthcare professional, participants were asked to indicate whether it was ever introduced to them as part of their treatment and recovery plan. The vast majority stated that it was never suggested or brought up to them and that they were not informed or directed toward the program through the medical side of the CAF.

\[ \text{No. Nobody [mentioned it] and I was a Medical Officer. And I never recommended it to anyone – it’s never been something that I would even think of…it just wasn’t presented to me as an MO as a treatment option that I could offer to people. Yeah, absolutely [it should be mentioned]. Especially when people are being released. } \]

Participants were also asked to report whether they brought it up to their healthcare professionals during the course of their treatment. While only a small proportion noted that they did mention it themselves (outside of the need to request a medical note), a positive and supportive response from the MOs was cited.

\[ \text{And their second reaction is always to smile and say, “Go! Regardless of what it is, go, you’ve got our full support.” They encourage it because they see it as an opportunity, it’s an alternative treatment that isn’t offered in the regular medical world. } \]

\[ \text{It was positive, and she’s glad that I’m -- she sees it as me taking care of myself. } \]
For the veteran participants, the primary gap that was identified in terms of the lack of information given or direction provided toward the program was by Veterans Affairs Canada (VAC), which has the potential to be a key organization that can help build awareness and promote the program to a wide population.

VAC never even mentioned it at all, which surprises me greatly that it’s not part of -- especially when you’re assigned a case manager and, I mean, I’m at 92 percent with injuries so, I mean, something they should have recommended to me.

Event Participation Timing

Process Following the Onset of an Illness/Injury

In general, there are some broad phases that a CAF member will go through following the onset of a significant illness and/or injury. Prior to going into detail about identifying the “right” time for event participation, it is important to first understand these phases.

In the immediate aftermath, there is the acute injury phase where the illness/injury has reached a critical point, thereby necessitating medical intervention and involvement. This period will thereby lead into the medical assessment and diagnosis stage, through which treatment and recovery/rehabilitation options are explored and identified.

Following this involvement with the medical side, members then subsequently enter into something of an administrative phase with the CAF, during which it will be determined which one of two potential paths they may be directed toward – namely, whether they will still be able to meet Universality of Service requirements, and therefore be retained in service, or whether they will be unable to remain in the CAF and will subsequently be guided toward medical release and eventual transition.

Identifying the “Right” Time for Event Participation

While it is recognized that the circumstances and needs may differ for each individual and that there is not necessarily one specific time most suitable for all potential participants, there were some broad themes that emerged from the data suggesting there may be some general points in the program where involvement would be especially advantageous.

Specifically for medically releasing members, the time period between when the CAF has made an official release decision and when the point of final transition to veteran status occurs was found to be a particularly beneficial time for participation in an event, with a greater likelihood of imparting or maximizing positive outcomes observed. Further, the period between the onset of the significant injury/illness and the official release decision (namely, the acute injury and the administrative phase) was noted to be a less ideal time for event participation. This makes sense given that this point can often be a time of heightened stress and uncertainty as the member does not yet have clear direction as to whether retention will be possible, as well as a potentially overwhelming time in managing all the medical treatments and assessments, while also trying to sort out administrative processes. As such, this is generally not considered a particularly ideal time for event involvement.

However, upon an official release decision being made, it is time for the member to start considering their new post-service life as a civilian/veteran and to move toward acceptance of this now pre-determined reality. While it may not hold true for all potential participants, involvement in an event during this in-between stage may help to maximize the impact by providing members with the opportunity to re-engage in physical activity and/or sport.
Additionally, it can also connect them to others in similar situations and gain access to peer support, including from established veterans who may also provide that additional practical and tangible advice and guidance on life after service.

Participants noted the importance of needing to be in a place where you are ready to accept release in order to fully benefit from the program.

*I think before, I don’t think I would have been ready. You’re dealing with so much and you want to get better, and then there comes a point where you’re like – “I’m okay. I can.” Because you lose yourself. I don’t think I would have been ready to even know, or want to know, about this program…Now, I’ve accepted the fact that I’m being released and so there’s a lot of acceptance, right? So I’m in a better state of mind.*

Generally speaking, the timing for the veteran participants can be separated into two broad groupings:

- Fairly new veterans who are more recent releases: Sufficient time needs to have passed to allow for successful transition and settling into new civilian life and identity. Event participation may be more challenging for those who are in the more acute phase of managing and adapting to their new reality but, ideally, they should be captured once they have fallen into an established post-service routine; and
- Established veterans who are longer-term releases: While newer veterans may require some additional time post-transition to sort out administrative details and settle into a new reality, the timing for established veterans was noted to be less essential or specific. So, for example, the timing of when to involve a veteran who has been out for five years versus 10 years isn’t particularly distinct and, more often than not, differences would be considered on an individual basis depending on the state of well-being as opposed to being attributable to post-release timing.

Participants discussed the challenge of introducing the program in the more immediate period following release, noting that it can often be a time of disruption and upheaval as one may be consumed with sorting out and adapting to the post-release reality.

*The biggest challenge that I see...is the uncertainty when you’re leaving. I mean, I had difficulty too. I’ve lost my identity. So my concern is that – when they’re dealing with an injury and maybe PTSD on top of that – to introduce Soldier On...not when you’re – “I’ve lost my way, what do I do? Where? How do I become important again, a valuable member of society?” – I think when you’re settled, the administration is out of the way, and you’re looking for something; I think that’s when Soldier On can be really impactful. And it’s a balance, it’s where they are on the continuum.*

For the most part, participants did indicate that the present time felt like the right point for their individual involvement and that their first event did come at a satisfactory period for them, although some did acknowledge that sooner involvement may have been better. On the other hand, there were also some who noted that earlier event participation may not have been a positive experience and that they likely would not have been in the right place to participate, either physically or in terms of their emotional and mental health well-being. As such, it was found that the assumption cannot necessarily be made that participation in an event is always best as soon as possible.
Participant Recommendations

Participants were asked whether they might have any recommendations for potential ways to improve the program. From these results and the overall analysis of the data, a number of recommendations were noted, including:

- **Program promotion**
  - Communicate information as early as possible in order to increase awareness and knowledge about the program among all CAF members;
  - Consider personalized testimonials to increase the chance of standing out amidst the extensive amount of information that gets disseminated; and
  - Address confusion over eligibility requirements that continue to exist, specifically related to whether one is actively serving versus a veteran and on the nature of the injury.

- **Increase connections with key stakeholders**
  - Given their extensive interaction and engagement with prospective participants, both VAC and Medical/Health services in particular have much potential to direct and guide them toward the program and to serve as a major access point to involvement.

Event-Related Recommendations

A major theme that emerged from the interviews was the suggestion of considering the feasibility of incorporating more regional and/or local events into the overall programming. This was recommended for several reasons, including that it could:

- Provide greater opportunity for more short-term requirements to participate while increasing the frequency of involvement by introducing ongoing, weekly or monthly activities that are more community driven;
- Help to alleviate the impact of the post-event come down from the “high” of participating in the event in which participants may experience difficulties returning home and struggle to incorporate their training and motivation into their daily life back at home;
- Decrease the requirements to manage the travel and logistical aspects that can serve as a significant stressor and hinder interest or willingness to participate; and
- Enable those who may not be ready or prepared to engage fully in an extended event to start gradually and work toward greater involvement at a slower pace.

And I think once the chaotic crisis type situation is done then I think if you can catch them soon after that then I think it's like, “oh, there's something after, and someone's there to help me”, and geez, I can set myself a goal. I can go back out and do more physical fitness type things. But then the negative part will hit in. And it's sort of like, let's take that person in -- introduce them to Soldier On, but it's almost a tease, isn't it? Let's say they have the money. That more on a regional basis... so the local stuff where you don't have to go sleep over...So you lose out on the people that could maybe go do something but they can only do something that is a couple of hours and during the daytime or whatever. So I think more opportunities, you know, even on a monthly basis or a six-week basis throughout -- and a local area.
Discussion

Participants noted a wide range of positive impacts on both their physical and mental health well-being and discussed the many benefits that come from involvement in the program.

Importantly, the current analysis suggests that there may be critical points following an illness/injury where participation in a Soldier On event has the potential to maximize the impact and benefit of the experience. Specifically, the potential key points in time identified by the study include:

- For actively serving personnel: In the period between the official medical release decision and the time prior to transitioning out; and
- For those post-release/Veterans: After a sufficient amount of time has passed whereby the veteran is settled and ready for involvement.

Overall, the research demonstrates that the Soldier On program has continued to play a significant role in the recovery, reintegration and rehabilitation of actively serving CAF members and veterans who have experienced a significant illness and/or injury.

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References

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