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Culture and Diversity in Relation to the Mental and Physical Health of Military Personnel

Research Theme Working Group 3: Culture and Diversity

Proceedings Report of a workshop organized by the Canadian Institute for Military and Veteran Health Research at Toronto with the financial support of the True Patriot Love Foundation and held at Beanfield Centre, Toronto, ON, 24-27 September 2017. Report compiled by Sonia Dussault with the contributions of Kathryne Fontaine, Sarah Murphy, and Stephen Rose.

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Research Theme Working Group 3: Culture and Diversity in Relation to the Mental and Physical Health of Military Personnel

Pre-Forum Research Theme Working Group (RTWG)

Day 1: Sunday September 24, 2017

Leads: Dr. Allan English and Dr. Stéphanie Bélanger

1400 – First Plenary

Subject Matter Experts

Dr. Allan English and **Dr. Stéphanie Bélanger** welcomed participants and set the stage for both the pre- and post-forum research theme working groups (RTWG). The main objective, Dr. Bélanger reminded participants, was to come up with better definitions of key concepts from which future decisions will be made. English also emphasized that this workshop is a sign post of where further work needs to be done, and that at the end of the CIMVHR Forum, participants must be ready to make recommendations about future research areas and how research plans should be initiated.

Dr. Allan English began by defining key concepts of culture and diversity. Among the numerous definitions of *culture*, one of the most useful conceptual understandings when examining military cultures is as “organizationally-accepted behaviours” which are subject to change. English used the example of OP HONOUR, which exemplifies how the military has a certain idea of being able to change its culture versus the dynamic nature of culture. Regarding *diversity*, he acknowledged the existence of multiple definitions and emphasized that understandings of the concept are relative to context, which can be best understood as a snapshot of a particular time and place. In other words, diversity is a notion in flux, with definitions of diversity changing as culture changes.

In order for participants to better understand how culture impacts conceptual understandings of diversity within the armed forces, four presentations were made specific to Canadian, American, British, and Australian and New Zealander contexts.

Dr. English explained that, as per principles laid out by the Department of National Defence, the Canadian Armed Forces is expected to reflect the diversity of Canadian society. As Canadian society has changed over the years, so has the concept of diversity, with the definition being broader today than ever before. Gender diversity and sexuality have become the emphasis rather than simply language or race. Dr. English also noted that the CAF Diversity Strategy is said to be supported by targeted research which links back to the pertinence of this research group/conference.

Dr. David Albright spoke about diversity in the United States (US), acknowledging that, there exists a wide gap between diversity in American society and in its armed forces, as is the case in Canada.

Dr. Alex Cooper remarked that, as in Canada, there is both a gap between general population diversity and that of the armed forces in the United Kingdom (UK), and a commitment to increase the diversity of the forces. He also noted that there are some concerns about cultural changes which could negatively impact its goal of applying “policy by other means” (i.e. violence). Although diversity is embraced in the UK, Dr. Cooper shared his reservations regarding its cultural change and combat readiness.

Dr. Robert Lippiatt related that Australia’s and New Zealand’s definitions of diversity are similar to Canada in that diversity in the armed forces are to be reflective of that in society. There is an aim to employ a single test for the combat arms role rather than gendered physical expectations. He also explained that length of service in Australia is relatively short and is followed by life “in the real world.”

In New Zealand, there is consideration about expectations with regards to ethnicity and cultures, and awareness of the operational impact of certain by cultures such as the Maori warrior culture. Questions of how to manage diversity among a specific group with distinct cultural expectations were raised.

When the first plenary ended, participants left to attend selected breakout discussion groups.

1440 - Breakout Discussion Groups

RTWG 3.1: Culture Change and Diversity

Facilitator: Dr. Allan English

Note-Taker: Kathyne Fountain

In this breakout discussion group, participants examined the three themes below from two different perspectives: those of the researchers and the clients. Firstly, participant-researchers listed all current research focusing on culture and diversity, while participant-clients were tasked with identifying research questions which answered their needs pertaining to those same issues. After sharing their findings, all participants analyzed them in the context of a group discussion.

Cultural change and diversity in particular organization (e.g., the CAF, DND, other armed forces, or paramilitary organizations (police services, EMS, firefighters))

According to participants, the first step to achieve cultural change and diversity in any of those organizations is to determine the nature and scope of specified diversity goals. Therefore, it is essential to identify various models of diversity and inclusivity, as well as to determine how to define and measure success.

Obstacles to comprehensive culture change

When examining obstacles to comprehensive culture change, research should offer evidence-based guidelines regarding diversity management (how do we manage diversity once it has been increased and targets reached?), broaden understanding regarding pull and push factors (what are attractors and barriers to diversity?), and identify the most effective methods to reach diversity goals (how do we communicate and shape messages of diversity?).

Strategies to overcome obstacles to comprehensive culture change

Finally, participants discussed the importance of leadership when striving to achieve diversity in organizations such as the armed forces. They were concerned more specifically about the issue of culture change among leaders in order to foster diversity.

During those exchanges, one participant offered an alternative concept to “culture change” when seeking diversity, namely the notion of “culture enrichment.” This concept aims to minimize “bad habits” when fostering diversity, and enrich the “whole” culture. At this time, there is no research exploring the notion or promises of “culture enrichment.” Participants noted that this route is worth exploring.

RTWG 3.2: Transition and Diversity

Facilitator: Dr. David Albright

Note-Taker: Dr. Stephen Rose

In a round table approach, participants discussed four (4) main issues. Following are highlights of these discussions.

Theoretical approaches to military and civilian life transition

Transition and human performance measures are key. Participants recognised the importance of thinking about human performance throughout transition, and recommended developing practical tools to measure transition success. Despite the need for metrics, it is essential to be specific: What is it we are trying to measure in these areas? What has helped? What are the outcomes? Participants suggested looking at the World Health Organization (WHO) and social determinants of health for measures. They also emphasized the need for patient-centered models of research.

Participants also agreed that looking at what works in other institutions do regarding transition (e.g., prisons) might be useful. Participants encouraged consideration of practice vs. research evidence, as well as practical applicability of outcome indicators, especially when examining post-traumatic growth and stress.

Military to civilian transition for women

Participants examined cultural barriers to women in the military. They recognised that military culture is a challenge for serving women, with women being more likely to experience harassment and sexual trauma and less likely to reach out for help due to stigma. Internalized misogyny was also noted to be an issue. The lack of structure and support upon transition was identified as challenge. Participants indicated that transition which does not take into account that women veterans are more likely to be primary caregivers (and a barrier to participation) than are their male counterparts. Participants also raised limitations associated with gender binary frameworks and the need for broader gender understandings that reflect the needs of the LGBTQ community.

Community level efforts

Participants discussed the importance of community, which can be an issue among medically-released veterans. The pain of being “thrown out of the tribe” affects transition as community plays an important role in veteran identity. Therefore, in this context, family unit and support networks are even more important. Participants remarked that many veteran service issues are related to and exacerbated by a “working in silos” culture.

The America Serves initiative aims at creating a “care coordination system,” integrating data between organizations, and bringing communities together. The need is to focus on service members’ transition to communities rather than to government services.

Identity

Participants then suggested that planning for transition should begin during initial training, building on the fact that military identities are functional during service, but also keeping in mind that civilian identities should not be lost. They questioned whether or not civilian values are functional in a military context (“infantilization issue”).

Participants then discussed what they called the “band of brothers” issue which exemplifies a cultural barrier to transition. They raised concerns associated with veteran programs that perpetuate the “band of brothers” identity which might further increase isolation among those transitioning into the civilian population.

A further barrier to transition to civilian life can be the “patient-identity label” which, once applied, can be very difficult for veterans to break free of.

Lastly, participants examined a gender non-specific, four-day program entitled “Shaping Purpose,” questioning whether or not gender should play a role. Some participants remarked that veterans seem to appreciate being among others with common experiences (despite gender differences), thus reminding everyone of the salience of military vs. gender identity.

RTWG 3.3: Spiritual Dimensions of Identity, Well-being and Moral Injury

Facilitator: Dr. Suzette Brémault-Phillips & Dr. Karl Hamner

Note-Taker: Sarah Murphy

This discussion began with context-setting presentations of the current state of spirituality regarding identity, well-being and moral injury within the Canadian Armed Forces (CAF) and Veterans Affairs Canada (VAC); consideration of 3 key questions followed.

In their opening remarks, **Dr. Brémault-Phillips** and **Dr. Hamner** called for increased recognition of the cross-cutting nature of spirituality in relation to identity, well-being, and moral injury across the military journey. The importance of including spirituality at practice and policy levels related to promotion, prevention, and recovery were brought to the fore. Identified challenges included meeting the diverse spiritual and religious (S/R) needs of military members and veterans respectful of the Canadian Charter of Rights and Freedoms, the disparity between VAC and CAF regarding definitions of spirituality and in their well-being strategies regarding the spiritual domain, and paucity of research regarding spirituality specific to military and veteran populations in Canada (particularly assessment tools, outcome measures and evidence-based interventions).

Col. Padre Maurais, Director of the Royal Canadian Chaplain Service (RCChS), presented an overview of the RCChS’ mission to care for the spiritual well-being and resilience of all, and Strategy for the Spiritual Health and Wellness of the CAF. He provided foundational understandings of key terms including (in brief) the *spiritual dimension* (the essential inner core of the person that informs identity and impacts well-being); *spirituality* (a continuous journey to discover this core and what is most significant or Sacred); *spiritual resilience* (the spiritual fortitude to manage adversity or a traumatic event); and *spiritual fitness* (the ability to integrate core beliefs and values in all

aspects of life). He also outlined a *Spiritual Fitness Performance Continuum* with indicators related to meaning and purpose; integration of morals, values and belief; hope; forgiveness; respect of diverse beliefs; engagement in positive relationships; and connection to one's worldview and what one believes to be Sacred.

LCol. Padre Morin, a Mental Health Chaplain of the RCChS, presented a practice review and reflections of chaplaincy services offered at an operational trauma and stress support centre. He emphasized the need to develop assessment tools and intervention strategies to address key S/R components (e.g. purpose and meaning, forgiveness, grief, worldview, conflict of values, relationships, beliefs, identity and self-esteem), ensure that service providers receive training in S/R, and create research opportunities in the S/R field.

Dr. Brémault-Phillips summarized findings from a review commissioned by VAC, expert consultation and stakeholder engagement regarding spiritual dimensions of well-being, health and moral injury that aimed to inform research, policy and practice. Definitions of spirituality (including concepts of person, path, practices, processes and potential), identity, well-being, health and moral injury were presented. Also offered was a description of a bio-psychosocial-*spiritual* model of well-being, and a review of the current state of evidence-based research regarding the impacts of S/R on well-being, health, and moral injury. S/R assessment tools, outcome indicators and intervention approaches, as well as competencies required to address S/R were introduced. This summary provided participants with a greater sense of what has already been and yet needs to be done regarding research regarding the spiritual dimension.

Presentations were followed by discussion of the following 3 key questions:

1. In what ways is spirituality important to well-being and in Force readiness, recovery (including from moral injury) and the journey across the military life course?

The importance of fostering *spiritual fitness* and *resilience* across the military life course was emphasized. In Force readiness (promotion of well-being and prevention of trauma), S/R practices were noted to foster self-awareness; character; connection with self, others, community and the Sacred or significant; a moral compass; and resilience. In recovery and amidst transitions and struggles (including moral injury), S/R practices and processes can help people (re)connect, make meaning of events, persevere, forgive, (re)engage, grieve, find hope and healing, and adjust to new realities.

2. How can spirituality be integrated into assessments, treatments and research across the military life course?

Participants emphasized the value of *assessing spiritual well-being*, fitness, and resilience across the military journey using validated, standardized tools (at baseline and key time points across the military life course). Determination of population-specific evaluation tools necessitates collaboration between researchers, clinicians and military chaplains. Research questions include: (1) What bio-psycho-social-spiritual model of health might apply across the military journey? (2) What assessment tools and indicators are most appropriate? (3) Which existing CAF and VAC questionnaires might accommodate inclusion of S/R questions?

Determination of *evidence-based S/R-integrated interventions* is also indicated (e.g., pre- and post-deployment training in S/R practices, peer groups, and recovery processes for CAF and VAC populations). Research questions include: (1) How can S/R be better integrated into routine training and support across the military journey in CAF and VAC? (2) What are the best evidence-based interventions regarding prevention, promotion and recovery, as well as key components of effective S/R practices and processes? (3) How can members be best trained for spiritual fitness and resiliency? (4) How can CAF and VAC leverage Canadian diversity, multi-faith rituals and spiritual practices to serve the range of S/R needs of military members, veterans, families and communities?

3. What are the near future needs of CAF and VAC relative to spirituality and well-being? How might they be addressed through research policy and programming?

Multiple needs were identified including: (1) *Collaboration* between CAF, VAC, and key stakeholders to meet S/R needs across the military journey, (2) A foundational understanding of the *person* (inclusive of identity and spirituality as cross-cutting themes of well-being, resilience and moral injury), (3) *Alignment of CAF and VAC well-being and total health strategies* using a bio-psycho-social-spiritual model, (4) *Clear definitions*, (5) *Standardized assessment tools and evidence-informed interventions*, (6) *Research* regarding *S/R assessment tools, S/R-integrated interventions*, supports and services that can be applied at various time points to support well-being and resilience and address S/R struggles (including moral injury), (7) *Competency enhancement* among service providers to address S/R in training and service provision, (9) *Human resources* to provide services (e.g., chaplains at the structural level in CAF and VAC), and (10) *policy changes* to facilitate multi-disciplinary collaboration (e.g., access and contribution to health records by chaplains).

RTWG 3.4: Military Well-Being and Soldier Identity (SEIOT)

Facilitator: Dr. von Hlatky

Note-Taker: Sonia Dussault

In the first plenary, **Dr. Stefanie von Hlatky** - Maj Christian Breede was absent - introduced themes and provided context. The original sub-theme – “Military Well-Being

and Soldier Identity (SEIOT)” – has been modified to “Soldier enhancement and transition issues.” Dr. von Hlatky looks to engage with RTWG attendees to elaborate recommendations for further research and collaboration.

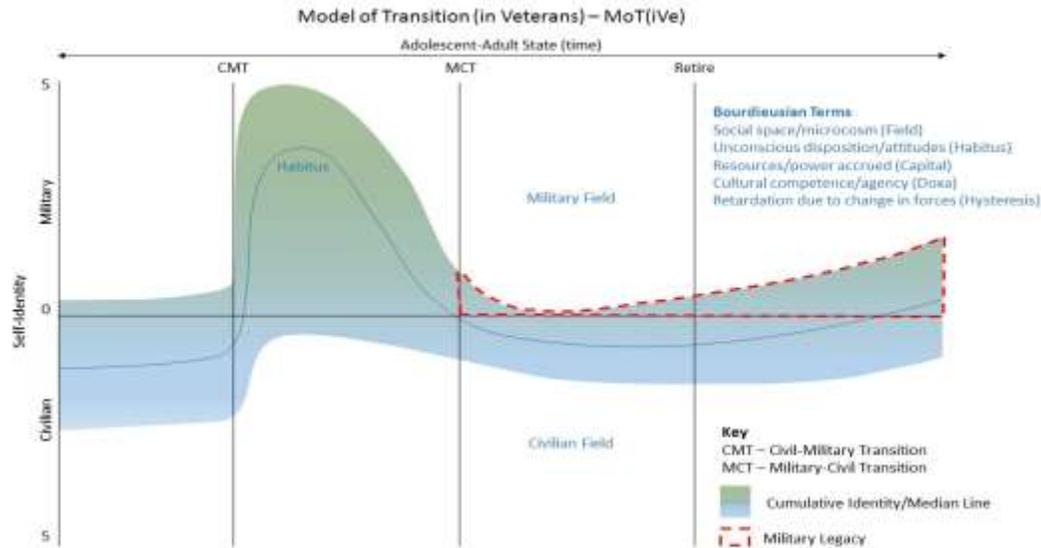
As only **Dr. Linda Cooper** attended this breakout discussion group, Dr. von Hlatky adapted the format to this new environment. Consequently, discussions were not guided by the original five key aspects: (1) How can we distinguish between optimization and enhancement? (2) What are some of the alternative futures for soldier enhancement on operations? (3) What are some of the alternative futures for soldier enhancement upon transition to civilian life? (4) What does a balanced enhancement policy approach (BEPA) look like for the soldier? (5) What are some implementation timelines for a BEPA?

Instead **Dr. von Hlatky** gave the sole attendee, Dr. Linda Cooper, research fellow at Anglia Ruskin University’s Veterans & Families Institute, an opportunity to present in depth her own research and give information regarding her professional experience with veteran issues in England; Britain does not have a government agency similar to Veteran Affairs Canada. Dr. Cooper’s theoretical model will be available in the next issue of the *Journal of Military, Veteran, and Family Health*.

Dr. von Hlatky then gave more background information about her own research interest which focuses on three main areas. (1) Examining the role of human performance and its relations with emerging technology and how technology intersects with human performance enhancement. (2) Assessing and balancing short term gains (in terms of enhancer of human performance) with long-term impacts which might negatively affect transition from military to civilian life. She highlighted the needs to include ethical considerations into acquisition and decision processes. (3) Identifying future research avenues: how technology interact with gender; how gender based differences must be considered; how to enhance cohesion through human performance. E.g.: uniforms (mis)adapted to different body types as generally new equipment is not tested on women. She remarked that gendered cognitive differences must be assessed before engaging with the newest gadgets (e.g.: such as exoskeleton or amphetamine).

Dr. Cooper then reflected on similar British transition concerns intersecting with technology. She mentioned the Veteran universal health passport, a phone app being developed to facilitate access to medical history, thus improving service delivery to veterans by clinicians. Although phone apps are trendy and can certainly be useful (new app to help veterans deal with loss of camaraderie by facilitating online collaboration with the objective of attending football games which gives them a sense of still being part of a team), they are not always the most effective tool (reference to a new app developed to measure alcohol intake - good idea, but unpractical).

Dr. Cooper spoke about her team's Theoretical Model of Transition (adopted by Estonia Defence Force whose male citizens have to do eleven-month compulsory military service, plus three periods of reservist activity). She defined the concept of peak experiences which cannot be matched in civilian life.



After their discussion, Dr. von Hlatky and Dr. Cooper decided to collaborate in producing a short-policy piece which will address how human performance enhances natural-peak experiences which in turn might exacerbate transition issues. The proposed way forward is to focus on policy and will develop a new policy-analysis matrix examining the impact of technology on the soldiers, especially when transitioning to civilian life.

1610 – Second Plenary

The second plenary started with four short PowerPoint presentations; highlighting key points made during breakout discussion groups (see attached PPT slide decks). Afterward, Dr. English opened the floor for questions and general discussion.

Recommendations for research and collaboration

Question 1: After recognizing that a lot of research is being done, a military chaplain asked how it might be possible to ensure that the research is in the best interest of “clients.” What are the mechanics for using what is already available in order to better help members?

Question 2: What should the top priority be? Medical or educational?

Question 3: Have we found that some performance enhancement actually helps to facilitate transition? It is as yet too early to speak of impacts. We must look at an entire career cycle instead of solely short-term impacts. Need to consider what practitioners need to act on at specific life stages (recovery, transition...). It is important not to become pigeonholed into doing research only on specific stages of the military life course; we must think holistically. We are currently looking at theoretical data as this is a new field. We must be clear on what exactly we want to change.

Question 4: How does diversity factor into health?

CIMVHR is an ideal event to broaden talks about evidence-based practices. There is a need to know who is doing what, what is happening when/where (multinational).

**Post-Forum Research Theme Working Group (RTWG)
Day 2: Wednesday September 27, 2017**

1400 – Third Plenary

Dr. English and Dr. Stéphanie Bélanger welcomed back participants. The importance of considering the perspectives of all stakeholders was emphasized. This includes military members, veterans, families, clinicians, chaplains, policy makers and researchers. Dr. Bélanger underscored the need to implement common definitions across stakeholder groups. Common definitions will facilitate communication, allowing clinicians and researchers to better translate the needs of service members, families and communities when advising policy makers.

Dr. English described culture as the “bedrock” of military effectiveness and reminded participants that culture is dynamic and constantly shifting due to both internal and external forces. Thus, our conceptions of military health and well-being must be reflective of such shifts. As our military changes, so do the health and well-being needs of service members.

Dr. English repeated that the aim of this post-forum research theme working group (RTWG) was to present recommendations for future research and/or collaboration: “Where you’re starting from, where you are now and how the Forum helped you get there.”

Following opening remarks, participants preceded to join their pre-forum discussion groups. Due to the absence of Dr. von Hlatky, only the first three pre-forum groups reconvened for their post-forum discussion: (1) Culture Change and Diversity; (2) Transition and Diversity; and (3) Spiritual Dimensions of Identity, Well-being and Moral Injury.

1430 - Breakout Discussion Groups

RTWG 3.1: Culture Change and Diversity

Facilitator: Dr. Allan English

Note-Taker: Kathryn Fountain

First, Dr. English outlined the format of this discussion group and made clear to all participants that he was also interested in collecting feedback about the process in order to improve it for future workshop. Participants re-examined the three main themes from the angle of clients and researchers. Then, each subgroup took the time to review their pre-forum preliminary recommendations, reflected on where they were now and how the CIMVHR Forum helped them getting there. Finally, both subgroups reunited to discuss their respective findings and craft their final summaries and recommendations.

Culture change and diversity in particular organizations

Their first recommendation is to improve collaboration and communication channels between clients and researchers, as well as among clients. To achieve such goal, it is essential that terminology be standardized. Furthermore, events, such as the CIMVHR Forum are a perfect venue to foster and facilitate such collaboration. Day Seminars held by various research organizations support this collaborations.

Obstacles to comprehensive culture change

The second recommendation concerns diversity target numbers. No target should be debated until conceptual analysis is conducted. These analyses will then help all stakeholders determine appropriate target numbers.

Strategies to overcome obstacles to comprehensive culture change

Finally, qualitative research should be conducted in the following three key areas: (1) assessing the validity of different models of diversity; (2) defining success in achieving diversity by consulting the groups representing diversity; and (3) balancing diversity (open culture) with cohesion to ensure operational effectiveness.

RTWG 3.2: Transition and Diversity

Facilitator: Dr. David Albright

Note-Taker: Dr. Stephen Rose

After reflecting on what they had learned, participants noted that the research focus should be on identity and transition issues as well as family violence, which was noted to be a neglected topic at CIMVHR Forum 2017.

To address this neglected area, participants made six suggestions: (1) developing a qualitative/semi-structured interview guide; (2) getting a group(s) together to develop an

international interview tool focused on identity and transition; (3) generating international evidence-based practice from clinicians, practitioners, and non-profit organizations regarding relevant topic questions; (4) exploring potential funding sources; (5) looking at possible meeting(s) through virtual medias; and (6) putting forward a recommendation regarding more focus on family violence in transition.

Theoretical approaches to military and civilian life transition

The round-table discussion considered the applicability of utilizing theoretical models in the context of military to civilian life transition such as Bourdieu's sociological model, conservation resources theory, and the importance of loss of identity in transition. Additionally, there was some discussion regarding the integration of concepts of identity, transition and purpose.

Participants then examined tool-development avenues and identified three key aspects. They noted that tools must be ways to: (1) diminish service disorganization and frustration among veterans in transition; (2) identify and measure outcomes and program effectiveness; and (3) develop international definitions and conceptual understandings, and foster dialogue.

Military to civilian transition for women

After discussing the issue of gender and military effectiveness, participants identified two key questions that are paramount to both researchers and practitioners: (1) Is diversity functional in military operations? (2) How can we operationalize diversity through data? The importance of completing a literature review on current work in this area was also highlighted.

Identity

Participants noted that identity can be protective, thus it is essential to better understand the role of identity in transition as well as being aware of possible sub-group differences (sub-group analysis). Also, researchers must go beyond traditional categories to look at gender nonconforming groups at risk. Finally, participants all agreed that the goal should focus on the ability to translate knowledge for service providers, thus contributing targeted recommendations.

Community level efforts

Participants acknowledged the need for more community-based participatory research which takes into consideration the level to which community programs recognise identity. To that end, it is essential to integrate academia and community efforts, as predictive data could help better understand unique community needs and develop community-level outcome measurements. Finally, understanding and fostering collaborative efforts across regions and locals are paramount; these initiatives can take

the form of international data-sharing and common conceptualization (e.g. the World Health Organization has relevant concepts).

Final recommendations

Participants made four final recommendations: (1) review multinational definitions for data capture; (2) develop a multinational study to determine which veteran demographics are at highest risk during transition; (3) understand the role of military identity in transition; and (4) expand the understanding of family violence in the context of transition.

RTWG 3.3: Spiritual Dimensions of Identity, Well-being and Moral Injury

Facilitator: Dr. Suzette Brémault-Phillips & Dr. Karl Hamner

Note-Taker: Sarah Murphy

Having participated in the CIMVHR Forum 2017, participants resumed their reflections on research priorities in relation to the 3 primary questions, as well as ways to address the noticeable inattention to the spiritual domain at the Forum (despite many presentations alluding to it).

Participants highlighted several key areas/themes regarding the spiritual dimension that require attention: (1) its relationship with identity, well-being, resilience, moral injury, (2) addressing changing S/R needs across the military journey, (3) S/R assessment and intervention, (4) engagement in S/R communities, (5) moral injury and S/R struggles, (6) policy and programming.

Relationship with Identity, well-being and resilience

The close relationship between spirituality and identity, with cross-cutting impact on well-being and resilience, was noted. Research should focus on exploring this relationship and ways in which spirituality, and S/R practices and processes, can enable military members, veterans and families to thrive, maintain well-being, grow in character, develop a moral compass, find meaning and purpose, (re)connect with self, others, the community and Sacred or significant, make-meaning, (re)integrate, and bounce back from adversity.

Addressing changing S/R needs across the military journey

The S/R needs of military members, veterans and their families changes across the life course - from entry to pre- and post-deployment through transitions to end of life. Research is needed to determine how to assess S/R well-being and needs at multiple time points. Integrated programming and policy across CAF and VAC, including access to chaplaincy services, is indicated to more seamlessly address S/R needs.

S/R assessment and interventions

Research is needed to determine the most appropriate population-specific standardized assessment tools and outcome indicators for use across the military life course. Similarly, determination of evidence-informed S/R-integrated interventions, practices, processes, supports and services is needed. Distillation of essential components of diverse S/R interventions and practices that are effective at particular time points (e.g., training in spiritual fitness, peer support, forgiveness, grief, transition, moral injury) would be instructive. Practically, it would be advisable to integrate S/R components into current assessment tools, interventions and service provision available through CAF and VAC.

Engagement in S/R communities

Spirituality is at once deeply personal and outwardly relational. In the Canadian context, despite the long-standing role and potency of S/R communities, spirituality is increasingly being seen as a private matter. Research into the ways in which S/R communities support well-being, resilience, healing and transition is needed. At a practice level, engagement with S/R community partners would be advisable to facilitate support for military members, veterans and families through military service, military to civilian transition, life after service, and healing from moral injury and S/R struggle.

Moral injury and S/R struggles

As S/R is a recognized contributing factor to moral injury, incorporating S/R-integrated approaches to assessment and treatment is essential. This was affirmed by comments offered to the group by a Veteran who shared his journey of dealing with PTSD and Moral Injury. His reflections enriched the discussion and brought to light the positive role that spirituality and peer support have in recovery. This highlighted the imperative of collaborative research and service provision in the area of moral injury that is inclusive of the spiritual domain (e.g., role of S/R communities, healing rituals and practices). From a promotion and prevention perspective, education pre-and post-deployment regarding the role of S/R in moral injury, as well as engagement in S/R practices and rituals, can minimize the potential damage caused by combat experiences. Regarding service provision, chaplains are well-positioned to provide essential supports to address moral injury and S/R struggles. S/R-integrated practices and rituals can be mechanisms for repair, reintegration and post-traumatic growth. (e.g., New Zealand's case of Maori spirituality and post-combat ritual within the armed forces).

Policy and programming

A number of policy and programming recommendations were identified: (1) *Better alignment of CAF and VAC strategies and initiatives* (e.g., CAF's Total Health and Wellness Strategy, VAC's Well-being Construct, Op Honour, Mission Ready, Suicide Prevention Strategy, the Journey, R2MR Program, Sentinel Program, Care for the Caregiver program). This might be facilitated by incorporating a bio-psycho-social-spiritual model of well-being (e.g. Canadian Model of Occupational Performance and

Engagement), and better understanding the “person” along the military journey (inclusive of spirituality and identity), (2) *Review of policies and practices* that are barriers to collaboration between CAF and VAC, and among medical personnel and chaplains (e.g., access to health records), (3) Enhancement of *competencies* of service providers and policy and decision-makers regarding the spiritual domain, and (4) Facilitation of equitable *access to S/R supports and services across the military life course* (e.g., funding for S/R services, and access to chaplains in all CAF and VAC OSI clinics).

Recommendations:

Final recommendations included: (1) Enhancement of collaboration and dialogue between VAC and CAF and other key stakeholders, (2) Alignment of CAF and VAC strategies and initiatives, (3) Development of an international dialogue in-and-between forum conferences on spiritual dimensions of well-being, health, identity and moral injury, (4) Mixed methods research and knowledge exchange focused on S/R definitions; spirituality as it applies across the military journey and relates to identity, moral injury, well-being, transition; evidence-informed S/R assessments, interventions and outcome indicators. Collaboration with other working groups around these topics is essential.

Next steps:

These include: (1) Encouraging the establishment of a recognized research theme on spirituality within CIMVHR, that intersects with other topics such as identity, well-being, health, and transition; (2) Advocating for the incorporation of a spirituality theme within the main 2018 CIMVHR Forum, (3) Advancing international dialogue on spiritual dimensions of identity, well-being, health, moral injury, and (4) Exploring possibilities of an international collaboration around spiritual dimensions of identity, well-being, health, and moral injury, including a smaller forum co-sponsored by interested parties.

1600 – Fourth Plenary

The fourth plenary started with summaries from each of the breakout-groups. These ten-minute PowerPoint presentations allowed RTWG participants to better appreciate the wide range of concerns pertaining to culture and diversity among all stakeholders.

Following Dr. English's brief introductory remarks, each sub-group facilitator provided a ten-minute presentation highlighting key points identified in the breakout discussion groups. Afterward, Dr. English opened the floor for questions and general discussion.

The first line of discussion focused on the need to be aware of process, i.e. the process used during this working group as well as breakout sessions. Problems beyond research questions and answers were raised as part of the culture and diversity workgroup, which was structured to match questions and answers.

Some participants remarked that post-forum workgroups were a lot more driven and focused. Perhaps the aim and deliverables were more clearly and forcefully established. Thanks to CIMVHR Forum 2017, the idea to address military and civilian transition questions multi-nationally developed, as did recognition of the importance of addressing different heterogeneity factors in personal transitioning (i.e., beyond gender and ethnicity) perhaps through a meta-analysis.

The second line of discussion centered around the need to link research regarding spirituality and the core self to that of identity, well-being, transition, and moral injury, as the former affects the latter. While spirituality has been perceived by some as merely a protective factor to mental health, this limited understanding overlooks the robust evidence-base that has evolved regarding S/R, health, well-being, and moral injury, as well as reliance on S/R over millennia. For example, research shows that unresolved spiritual distress or conflicts can exacerbate both physical and mental health conditions. In the best interest of those who serve and have served, any polarizing dialectic among service providers and researchers regarding S/R needs to be overcome. To do so, education and training of, and collaborative efforts among, researchers and interdisciplinary teams regarding S/R would be helpful. Further, engaging military members, veterans, families, communities, and policy and decision-makers in all dialogue regarding culture, diversity, identity, spirituality, moral injury and transition would be both honouring and instructive when determining research and service priorities.

Finally, many participants acknowledged that despite the fact that it is difficult to fit the multitude of topics into these working groups, the many commonalities between sub-working groups allowed them to identify major points to further highlight and advance the need to offer clinicians more space and opportunities to discuss and share.