✳ 2025 REPORT

Veteran Spouse Resiliency Group Program Evaluation

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VETERAN SPOUSE NETWORK

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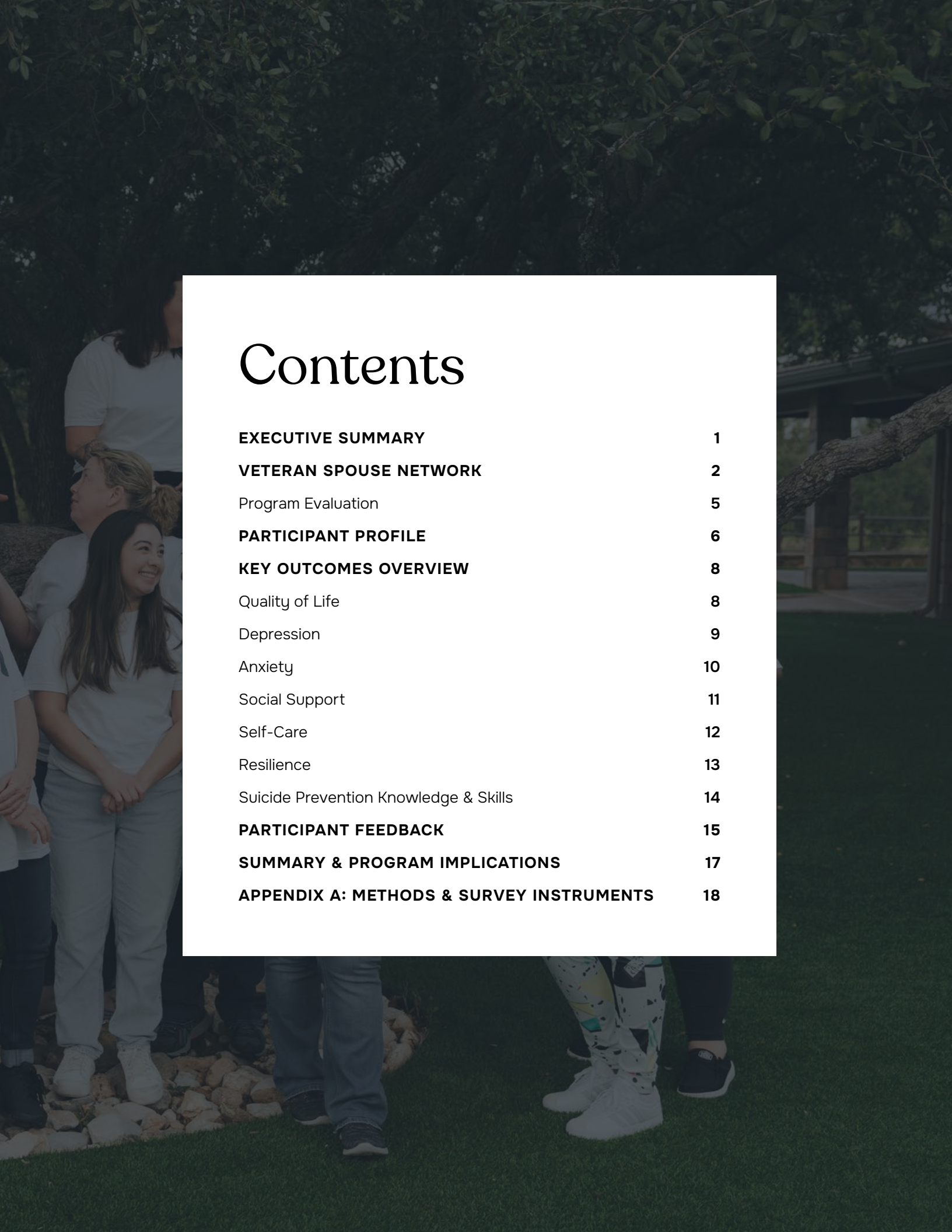

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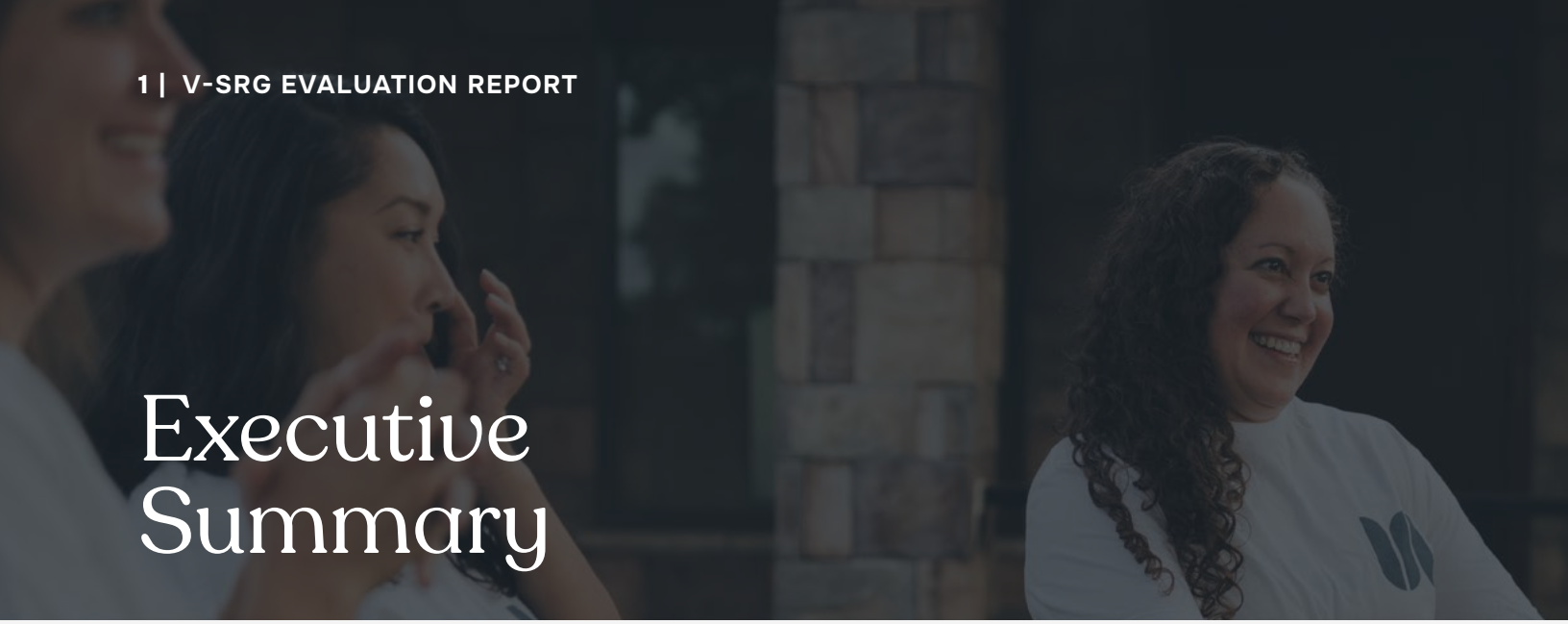


Executive Summary

The Veteran Spouse Resiliency Group (V-SRG) is a six-week, evidence-based peer support program designed to reduce isolation, strengthen mental health, and equip veteran spouses with tools to navigate caregiving stress, relationship challenges, and mental health concerns. In 2025, the program was delivered virtually across 16 groups, reaching 96 enrolled participants, of whom 60 completed the program (62.5% completion rate). Program outcomes were assessed through surveys administered at pre-, post-, and one-month follow-up timepoints.

Overall findings indicate that participation in the V-SRG program was associated with meaningful improvements across multiple domains of well-being. The strongest and most consistent gains were observed in social support, self-care, and suicide prevention knowledge/confidence in skills. Nearly all participants (94.7%) showed improvements in overall social support from pre- to post-survey, with statistically significant increases across emotional/informational support, tangible support, affectionate support, and positive social interaction. These gains were largely sustained at follow-up. Self-care behaviors also improved significantly, with nearly three-quarters of participants demonstrating increased self-care practices following program participation.

Improvements were also observed in mental health outcomes. Average scores for depression and anxiety decreased modestly from pre- to post-survey, with over half of participants showing individual-level improvement, though these changes did not reach statistical significance. Quality of life scores showed a small but positive increase, with nearly half of participants reporting improved quality of life following the program. Resilience scores also increased significantly, suggesting enhanced ability to recover from stress and setbacks. Together, these findings suggest that while symptom reduction was modest, participants experienced meaningful gains in protective factors associated with long-term well-being.

Participants also demonstrated substantial increases in suicide prevention knowledge and confidence in responding to suicide risk. Scores in this domain improved significantly, with more than three-quarters of participants showing gains. Finally, qualitative feedback strongly reinforced the quantitative findings. 100% of surveyed respondents reported they would recommend the program to others, and 95.2% found the V-SRG curriculum valuable or very valuable. Participants consistently emphasized the value of connecting with others who shared similar experiences, describing reduced feelings of isolation and increased validation and empowerment. Additional themes included appreciation for the knowledge and skills gained through the curriculum and the supportive role of trained peer facilitators. Suggested enhancements included providing more information on available resources, incorporating conflict resolution and de-escalation skills, and offering opportunities to maintain connections after the six-week program concludes.

In summary, the 2025 V-SRG program effectively strengthened social connection, mental health, self-care, and suicide prevention capacity among participating military and veteran spouses. Findings support continued investment in peer-led, curriculum-driven group models and suggest opportunities for future program refinement, including post-program engagement options and expanded resource education, to further enhance participant outcomes and sustainability of benefits.

Veteran Spouse Network

The V-SRG program is the flagship program of the Veteran Spouse Network (VSN): a national organization dedicated to improving the mental health and well-being of military and veteran spouses and families. Founded in 2016, VSN addresses critical gaps in support services by offering programs designed specifically for spouses and family members: those often overlooked in traditional veteran care. Through evidence-based peer support groups, psychoeducation, and suicide prevention training, VSN empowers spouses to build resilience, reduce isolation, and strengthen family stability.

LOGIC MODEL: VETERAN SPOUSE NETWORK

ABOUT Who we are	INPUTS What we invest in	OUTPUTS What we do	OUTCOMES Our impact
MISSION The Veteran Spouse Network (VSN) provides evidence-based peer support, training, and tools to help military and veteran spouses and families grow through every phase of life. Through connection and shared experiences, we create a community where spouses feel seen, supported, and equipped to strengthen their well-being.	**Space and technology** to facilitate peer support programming. Experienced **program staff**. Trained **peer leaders**. Local and national **partnerships** with military- and veteran-serving organizations.	Provide comprehensive **evidence-based peer support programming** delivered nationwide to spouses and family members. Offer **educational opportunities**. **Train, support, and monitor** peer leaders. Deliver **suicide risk and lethal means safety planning training** to the larger military and veteran-connected community.	**SHORT-TERM** Improved social support, quality of life, resilience, self-care practices, and mental health. Increased knowledge about veteran suicide prevention and mental health. Increased knowledge about available resources. **MID-TERM** Increased community engagement. Increased mental health care access. Engagement in suicide prevention efforts. **LONG-TERM** Improved veteran mental health. Decrease in veteran and spouse suicide. Strong community of support for veteran families.
PHILOSOPHY When a service member serves, their family serves alongside them, and when they leave service, the whole family transitions. Military and veteran families thrive when they are a part of strong communities that offer peer support. Military and veteran spouses know what their families need and should be involved in creating support designed for those needs.			

The Veteran Spouse Resiliency Group (V-SRG) delivers curriculum-driven, evidence-based peer support groups for veteran spouses and partners. The objectives of the V-SRG are to reduce isolation, strengthen mental health, and equip spouses with tools to navigate challenges, such as invisible wounds of war, relationship stress, and compassion fatigue. Through a six-week Wellness series, participants meet weekly in either virtual or in-person settings, in groups facilitated by two trained peer leaders. Sessions are highly discussion-based and guided by intentional "conversation sparks"—such as videos, quotes, or short readings—paired with structured questions that help participants ease into dialogue before exploring how each topic connects to their own lived experiences. In addition to these guided discussions, sessions incorporate reflective exercises and activities that support participants in identifying where they are thriving, where they may be struggling, and how they want to grow. Each session begins with a self-care check-in and concludes with time for reflection and decompression, while also including built-in opportunities for informal connection—balancing a consistent, evidence-informed structure with the flexibility to adapt to the unique needs and dynamics of each group. Sessions cover topics including self-care, suicide prevention, compassion fatigue, and goal-setting: fostering both skill-building and community connection. These topics are described in greater detail below:

SESSION 1 Sharing Our Stories	Participants get to know one another, establish shared community guidelines, and build trust by sharing their personal stories as veteran spouses or partners. This session lays the foundation for connection, safety, and peer support throughout the series.
SESSION 2 Taking Care of Ourselves	This session explores what self-care really means, addresses common barriers like guilt and lack of time, and helps participants identify realistic, individualized strategies to prioritize their own wellness.
SESSION 3 The Invisible Wounds of War & Suicide Prevention	Participants deepen their understanding of trauma, PTSD, TBI, Moral Injury, addiction, and their impact on individuals, couples, and families, while learning practical suicide prevention tools, including warning signs, supportive conversations, and lethal means safety.
SESSION 4 Compassion Fatigue & Setting Boundaries	This session examines the emotional toll of caregiving and compassion fatigue, helping participants recognize burnout and learn how to set healthy boundaries that protect their energy and well-being.
SESSION 5 Love & Relationships	Participants explore how military experiences affect relationships, with a focus on communication, intimacy, boundaries, and navigating challenges unique to veteran families while maintaining hope and connection.
SESSION 6 Moving Forward	The final session focuses on seeking support for oneself and one's partner, setting personal goals, and identifying tools and resources to continue growth, resilience, and wellness beyond the group experience.

Since the program was first rolled out in 2018, 445 participants have signed up for the V-SRG program, with 79 leaders trained, and 66 groups conducted. In 2025:

- 76 participants started the V-SRG program.
- Of these, 60 completed the program (78.9%).[1]
- 16 groups were conducted, the most in a single year thus far.
  - In 2024, 15 groups were conducted.
- All groups were conducted virtually

PROGRAM EVALUATION

V-SRG program outcomes are measured through surveys, administered to program participants at three timepoints: prior to their first program session, upon program completion, and one month following program completion. The table below details response rates for each survey. Note that the number of eligible participants for the postsurvey and follow-up are smaller compared to the presurvey; this is due to participant attrition.

TABLE 1: RESPONSE RATES

SURVEY	ELIGIBLE PARTICIPANTS	# OF SURVEYS	RESPONSE RATE
Presurvey	76	64	**84.2%**
Postsurvey	60	31	**51.7%**
Follow-up survey	60	20	**33.3%**

Of the participants who completed the postsurvey, 23 were able to be matched with presurveys. Of those who completed the follow-up survey, 13 were able to be matched with both postsurveys and presurveys. Due to the small number of participants completing all three surveys, the data for the report primarily comes from the 23 participants who completed both pre and postsurveys, unless otherwise noted. The next section provides a demographic profile of the 23 pre and postsurvey participants.

[1] Program completion is defined as having attended the program, missing no more than 3 sessions.

Participant Profile

Program participants represented a range of ages, from 30 to 65, with an average of approximately 46 years old. The majority were female (95.5%), and white (81.8%). Most participants were married (91.3%), with one in a committed relationship, and one separated. The average length of marriage was just under 11 years.

TABLE 2: DEMOGRAPHICS

AGE	
Mean (min, max)	46.6 (30, 65)
GENDER	
Female	21 (95.5%)
Male	1 (4.5%)
RACE/ETHNICITY	
Asian	1 (4.5%)
Black/African American	1 (4.5%)
Hispanic	3 (13%)
White/Caucasian	18 (81.8%)

TABLE 3: MARITAL/RELATIONSHIP STATUS

Married	21 (91.3%)
Avg. years married (min, max)	10.9 (.1, 37)
In a committed relationship, but not legally married	1 (4.3%)
Separated	1 (4.3%)

Participants were asked if they considered themselves to be caregivers. On the presurvey, 56.5% identified themselves as caregivers. On the postsurvey, this increased to 65.2%. This increase may be due to some participants having taken on additional caregiving responsibilities during the program, or it may be that, through participating in the program, they came to understand their roles as more caregiving-oriented.

TABLE 4: CAREGIVER STATUS

	PRESURVEY	POSTSURVEY
Yes	13 (56.5%)	15 (65.2%)
No	10 (43.5%)	8 (34.8%)

Participants were provided with a list of 13 potential challenges and asked to indicate which ones they were currently facing. On the presurvey, helping their veteran access mental health care was the most frequently endorsed challenge (52.4%), followed by finding community and accessing mental health care for themselves (both 47.6%).

On the postsurvey, fewer participants reported accessing mental healthcare for their veteran and for themselves as challenges (50% and 40%, respectively). In contrast, reports of challenges finding community increased post-program (60%). This pattern differs from prior years, in which finding community challenges typically decline from pre-to post-survey. The reason for this divergence is unclear, though it is worth noting that the increase is relatively small in absolute numbers (from 10 to 12 participants). Other notable challenges included accessing community-based healthcare, helping their veteran access VA benefits, and helping their veteran access community-based healthcare.

TABLE 5: CURRENT CHALLENGES[1]

CHALLENGE	PRESURVEY (n = 21)[2]	POSTSURVEY (n = 20)
Finding affordable housing	1 (4.8%)	2 (10%)
Covering living expenses	2 (9.5%)	1 (5%)
Finding community	**10 (47.6%)**	**12 (60%)**
Affording meals	0	0
Finding suitable employment for myself	1 (4.8%)	1 (5%)
Accessing mental health care for myself	**10 (47.6%)**	**8 (40%)**
Accessing community-based healthcare for myself	4 (19%)	3 (15%)
Helping my veteran access VA benefits	8 (38.1%)	10 (50%)
Helping my veteran access mental health care	**11 (52.4%)**	**9 (45%)**
Helping my children access mental health care	1 (4.8%)	0
Helping my veteran access community-based healthcare	5 (23.8%)	5 (25%)
Helping my children access community-based healthcare	0	0
Other	7 (33.3%)	4 (20%)

[1] Respondents were instructed to select all that apply

[2] n refers to the total number of respondents who answered the question on each survey.

Key Outcomes Overview

The pre, post, and follow-up surveys are designed to establish baselines and measure progress for the following outcomes:

- Quality of life
- Mental health status, including for anxiety, depression, and resilience
- Social support
- Self-care behaviors
- Knowledge and skills relating to suicide risk and crisis intervention

These outcomes are measured using empirically validated tools at each of the three timepoints. The scores are then compared between each timepoint, using descriptives and paired t-tests to explore changes between the pre and postsurveys, and repeated measures ANOVA to examine the sustainability of these outcomes with the follow-up data available. The results of these analyses are summarized for each outcome below.

QUALITY OF LIFE

TABLE 5: QUALITY OF LIFE PRE AND POSTSURVEY AVERAGE SCORES

	PRESURVEY	POSTSURVEY
Average Score (out of a maximum of 100)	68.2	70.1

Quality of life was measured using the Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (QLES-Q-SF). The average score on the QLES-Q-SF **improved** from 68.2 on the presurvey to 70.1 on the postsurvey. This change was not found to be statistically significant, though it suggests positive change in line with expectations. Further descriptive analyses revealed that **47.1%** of participants showed improved scores on the postsurvey, compared to their presurvey scores.

HIGHLIGHTS:

- 47.8% of participants in the presurvey rated their satisfaction with their **mood** over the past week as either good or very good.
  - For the postsurvey, this **increased** to 63.6%.
- 47.8% of participants rated their **overall life satisfaction and contentment** as good or very good on the presurvey.
  - For the postsurvey, this **increased** to 72.7%.

DEPRESSION

TABLE 6: DEPRESSION PRE AND POSTSURVEY AVERAGE SCORES

	PRESURVEY	POSTSURVEY
Average Score (out of a maximum of 27)	6.2	5

Depression was measured with the Patient Health Questionnaire (PHQ-9). The average score on the PHQ-9 improved from 6.2 on the presurvey to 5 on the postsurvey, suggesting a **mild decrease in depressive symptoms**. This change was not found to be statistically significant. Both pre and postsurvey average scores fell into the range indicating "mild depression." Further descriptive analyses revealed that **61.9% of participants showed improved scores on the postsurvey**, compared to their presurvey scores.

HIGHLIGHTS:

- On the presurvey, 17.3% of participants reported **feeling down, depressed, or hopeless** more than half the days or nearly every day over the past two weeks.
  - On the postsurvey, this **decreased** to only 4.8% experiencing this symptom more than half the days, and none reporting it every day.
- Over a third of participants (34.8%) on the presurvey reported **trouble falling or staying asleep, or sleeping too much** more than half the days or nearly every day over the past two weeks.
  - On the postsurvey, this **decreased** to 23.8%.

ANXIETY

TABLE 7: ANXIETY PRE AND POSTSURVEY AVERAGE SCORES

	PRESURVEY	POSTSURVEY
Average Score (out of a maximum of 21)	7.3	6.23

Anxiety was measured with the Generalized Anxiety Disorder questionnaire (GAD-7). The average score on the GAD-7 improved from 7.3 on the presurvey to 6.3 on the postsurvey, suggesting a **mild decrease in anxiety symptoms**. This change was not found to be statistically significant. Both pre and postsurvey average scores fell into the range indicating "mild anxiety." Further descriptive analyses revealed that **57.1% of participants showed improved scores on the postsurvey**, compared to their presurvey scores.

HIGHLIGHTS:

- Just over a third of participants (30.4%) reported on the presurvey **not being able to stop or control worrying** as a symptom they experienced over half the days, or nearly every day over the past two weeks.
    - On the postsurvey, this number **decreased** to 23.8%
- On the presurvey, 60.9% of participants reported **trouble relaxing** on some days, and 17.4% not at all.
    - Overall, this symptom **decreased** on the postsurvey, with 42.9% experiencing this symptom some days, and 33.3% not at all.

SOCIAL SUPPORT

TABLE 8: SOCIAL SUPPORT PRE AND POSTSURVEY AVERAGE SCORES

	PRESURVEY	POSTSURVEY
Overall social support (out of a maximum of 95)	60.3	73
Emotional/Informational support (max: 40)	24	30.1
Tangible support (max: 20)	14.4	16.2
Affectionate support (max: 15)	9.8	11.1
Positive social interaction (max: 15)	9	11

Social support was measured with the Medical Outcomes Study Social Support Survey (MOS-SSS). The MOS-SSS consists of four subscales, measuring emotional/informational support, tangible support, affectionate support, and positive social interaction. **Average scores for overall social support, and for each subscale, all improved from pre to postsurvey and were found to be statistically significant** ($p < .05$), suggesting a meaningful improvement in social support. **Overall, 94.7% of participants showed improvement in social support.**

HIGHLIGHTS:

- On the presurvey, only 17.4% of participants indicated they had **someone who understood their problems most or all of the time.**
  - On the postsurvey, this **increased substantially** to 66.6%.
- 39.1% of participants reported they had **someone to get together with for relaxation on the presurvey most or all of the time**.
  - On the postsurvey, this **increased** to 52.3%.
- Just over a third of participants (34.7%) indicated that they had **somebody to share their most private worries and fears with** most or all of the time.
  - On the postsurvey, this **doubled**, increasing to 71.5%.

In addition, Analysis of Variance (ANOVA) was conducted for the 13 participants who completed all three surveys, including the follow-up survey. While participants made major improvements from pre to postsurvey (with average overall social support scores among this sample increasing from 58.5 to 74.2), a slight decline was observed at the follow-up point (70.5), though this was still considerably higher than the presurvey average. **These results were significant ($p < .001$).**

ANOVAs were also conducted on the individual subscales, which followed the same general pattern as the overall social support average scores, increasing markedly from pre to post, and declining slightly at follow-up though remaining well above baseline. Results were significant for all subscales ($p < .05$) excluding the affectionate support subscale. **Together, the results from these ANOVAs indicate sustained, significant improvements in social support.**

SELF-CARE

TABLE 9: SELF-CARE PRE AND POSTSURVEY AVERAGE SCORES

	PRESURVEY	POSTSURVEY
Average Score (out of a maximum of 75)	54.5	59.5

Self-care was measured with the Military and Veteran Spouse Self-Care Inventory (MVSSCI). The average score on the MVSSCI improved from 54.5 on the presurvey to 59.5 on the postsurvey, suggesting an **increase in self-care behaviors**. This change was found to be statistically significant ($p < .01$). Further descriptive analyses revealed that **73.7% of participants showed improved scores on the postsurvey**, compared to their presurvey scores.

HIGHLIGHTS:

Most improvement was seen in areas of work/professional interest.

- 56.5% of participants indicated in the presurvey that they frequently or **occasionally identify projects or tasks that are exciting and rewarding**.
  - In the postsurvey, this **increased** to 81%.
- 34.7% of participants indicated in the presurvey that they frequently or occasionally **develop other areas of professional interest**.
  - In the postsurvey this **increased** to 66.6%.

In addition, Analysis of Variance (ANOVA) was conducted for the 13 participants who completed all three surveys, including the follow-up survey. While participants made major improvements from pre to postsurvey (with average overall self-care scores among this sample increasing from 56.3 to 63.3), a slight decline was observed at the follow-up point (60.3), though this was still higher than the presurvey. **These results were significant ($p < .01$), indicating sustained improvement in self-care behaviors.**

RESILIENCE

TABLE 10: RESILIENCE PRE AND POSTSURVEY AVERAGE SCORES

	PRESURVEY	POSTSURVEY
Average Score (out of a maximum of 30)	19.4	21.1

Resilience was measured with the Brief Resilience Scale (BRS). The average score on the BRS improved from 19.4 on the presurvey to 21.1 on the postsurvey, indicating an **increase in resilience**. This change was found to be statistically significant ($p < .05$). Further descriptive analyses revealed that **57.1% of participants showed improved scores on the postsurvey**, compared to their presurvey scores.

HIGHLIGHTS:

- In the presurvey, 34.8% of participants agreed with the statement, **"I tend to take a long time to get over setbacks in my life,"** while 39.1% disagreed or strongly disagreed.
  - In the postsurvey, **agreement with this statement decreased**, with only 19% agreeing, and 57.2% disagreeing or strongly disagreeing.
- 39.1% of participants in the presurvey agreed or strongly agreed with the statement, **"I usually come through difficult times with little trouble."**
  - On the postsurvey, this **increased** to 52.4%.

SUICIDE PREVENTION KNOWLEDGE & SKILLS

TABLE 12: SUICIDE PREVENTION KNOWLEDGE AND CONFIDENCE IN SKILLS PRE AND POSTSURVEY AVERAGE SCORES

	PRESURVEY	POSTSURVEY
Average Score (out of a maximum of 30)	15.9	21.2

Suicide prevention knowledge and confidence in skills was measured with questions adapted from the Zero Suicide Workforce Survey (ZSWS). The average score on the ZSWS improved from 15.9 on the presurvey to 21.2 on the postsurvey, suggesting an **increase in suicide prevention knowledge and confidence in skills**. This change was found to be statistically significant ($p < .001$). Further descriptive analyses revealed that **78.9% of participants showed improved scores on the postsurvey**, compared to their presurvey scores.

HIGHLIGHTS:

- 28.6% of participants indicated on the presurvey that they agreed or strongly agreed with the statement, **"I am confident in my ability to respond when I suspect an individual may be at elevated risk for suicide."**
    - On the postsurvey, this **more than doubled**, with 71.4% agreeing or strongly agreeing.
- 28.6% of participants on the presurvey agreed or strongly agreed with the statement, **"I have the knowledge and skills needed to screen individuals for suicide risk."**
    - On the postsurvey this **increased**, with 47.7% agreeing or strongly agreeing.

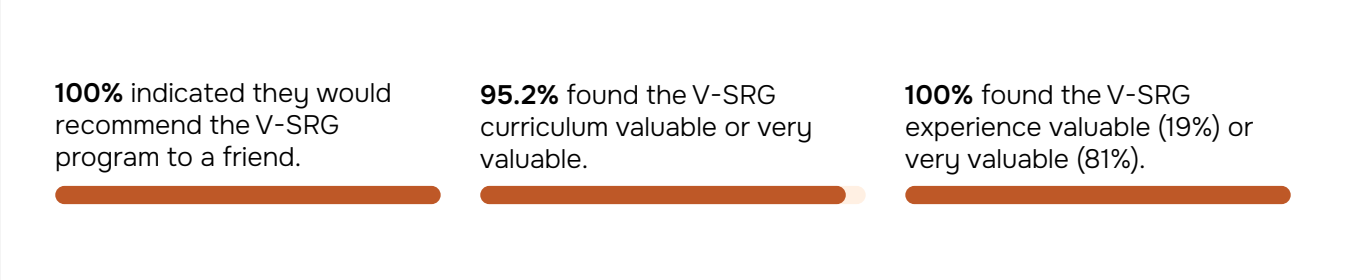
In addition, Analysis of Variance (ANOVA) was conducted for the 13 participants who completed all three surveys, including the follow-up survey. While participants made improvements from pre to postsurvey (with average overall scores among this sample increasing from 16.9 to 21.6), a slight decline was observed at the follow-up point (20.6), though this was still higher than the presurvey. **These results were significant ($p < .05$), indicating sustained improvement in suicide prevention knowledge and confidence in skills.**

Participant Feedback

The postgroup survey included questions that allowed participants to rate their satisfaction with different parts of the program, including communication with V-SRG leaders, the structure of the sessions, and more. The results are summarized below.

- Participants appreciated **communication by staff/group leaders** throughout the duration of the group, and the **overall V-SRG experience**, with 95.2% of participants indicating they were 'very satisfied' with each of these items.
- Although participants were generally satisfied with group leaders' **ability to manage technology**, this item received the lowest satisfaction rating, with 71.4% indicating they were 'very satisfied,' 23.8% 'somewhat satisfied,' and 4.8% 'somewhat dissatisfied.'

In addition:



Finally, participants were asked open-ended questions designed to better understand their experiences of the program, specifically: their favorite aspects, other topics they would like to have been covered, and any general feedback or changes they would recommend. The responses for each question were analyzed with thematic analysis. The top themes are presented below.

FAVORITE ASPECTS OF THE V-SRG PROGRAM (n = 20)

- **Connecting with others with similar experiences and feeling less alone (n = 20):** Every participant responding to this question described how their experience in the V-SRG program helped them connect with others with similar experiences, and/or feel less alone with the challenges they were facing.
  - One spouse shared, "I used to feel alone in my relationship issues - [Like what] I was doing was wrong or that my partners personality was just what it is. After having taken this class I feel so much less alone. It was so empowering and freeing to hear other women who had the same issues I do. I feel so much better equipped to handle my life with my partner…We covered some heavy stuff but it felt so safe and relieving to talk about heavy things it made them lighter…oh- and we had fun too!! Lots of laughs and smiles! I cherished every meeting."
- **Knowledge and skills gained (n = 4):** Participants described the helpful information and skills that they learned through the V-SRG program.
  - One spouse shared, "Additional knowledge gained on trauma and how this can impact relationships, strategies to address healthier communication and set boundaries."
- **Group leaders (n = 4):** Several participants praised their group leaders for being supportive and creating a safe space to share vulnerable experiences.
  - One spouse shared, "The group leaders were very supportive and gave ample space for sharing."

OTHER TOPICS TO INCLUDE (n = 8)

- **Education regarding available resources (n = 4):** Several participants wanted to learn more about resources that were available to them, particularly related to economic support, dealing with military separation, finding community for their veteran, and accessing medical care through the VA.
    - One spouse shared, "I wish we had more resources for the VA and VSOs, how to deal with separation, and how to help your Veteran find their community."
- **Conflict resolution/de-escalation skills (n = 2):** A couple of participants suggested including education about conflict resolution and de-escalation, to manage their veteran's anger or PTSD.
    - One spouse shared, "I wish we covered how to deal with [our] partners anger a bit more. Or how to deal with conflict/how to deescalate. We did a lot about depression, but I have a harder time in my relationship with my man being angry."

GENERAL FEEDBACK AND RECOMMENDED CHANGES (n = 10)

- **No changes/Everything was great (n = 3):** A few participants simply voiced appreciation for the program.
    - One spouse shared, "Everything and everyone was fantastic. And I'm sad it's over."
- **Ongoing activities/Maintaining connections (n = 3):** Some participants suggested holding additional activities after the program, to maintain connections with other members of the group.
    - One spouse shared, "I wish it had lasted longer than 6 weeks! Our group was sad it ended and wanted to stay connected. Maybe consider some optional regroup sessions of the groups to check in with each other once a month for a few months after it completes?"
- **Session structure changes (n = 2):** A couple of participants offered specific suggestions for session changes, including adding decompression time post-session, and allowing chats between participants during virtual group sessions.
    - One spouse shared, "Add time at the end to decompress. Some of the conversations are challenging and it would be helpful to prepare before rejoining my family."

Summary & Program Implications

The 2025 evaluation findings indicate that the V-SRG program continues to achieve its core objectives of strengthening protective factors and reducing isolation among military and veteran spouses. Participation in the six-week program was associated with meaningful improvements in social support, self-care behaviors, resilience, and suicide prevention knowledge and confidence in skills. Social support emerged as the strongest outcome domain, with statistically significant gains across all subscales and evidence that these improvements were largely sustained one month after program completion. Increases in self-care and resilience further suggest that participants developed coping strategies and internal resources that support long-term well-being. While changes in anxiety, depression, and quality of life were more modest and did not reach statistical significance, over half of participants demonstrated individual-level improvement in these areas, indicating positive growth consistent with program goals.

Participant feedback reinforced these findings, highlighting connection with others who share similar experiences as the most valued aspect of the program. Many participants described feeling less alone, more validated, and better equipped to navigate challenges in their relationships and caregiving roles. Participants also emphasized the value of the curriculum content and the supportive, skilled facilitation provided by peer leaders. Satisfaction with the program was high overall, with the vast majority of participants indicating they would recommend the V-SRG program to others and found the experience valuable or very valuable.

Evaluation results suggest several implications for future program implementation.

- First, the consistent and sustained gains in social support underscore the importance of maintaining the peer group model as a central feature of the V-SRG program. Given participant interest in continued connection after program completion, optional post-program check-ins or alumni groups may help reinforce and extend these benefits.
- Second, feedback indicating interest in additional resources, education and conflict resolution skills suggests opportunities to modestly expand or refine curriculum content.
- Finally, continued emphasis on suicide prevention knowledge and skill-building appears warranted, as participants showed substantial growth in these areas.

Together, these findings support the continued delivery and refinement of the V-SRG program as an effective, evidence-informed intervention for promoting mental health and well-being among military and veteran spouses.

Appendix A: Methods & Survey Instruments

The table below describes the instruments utilized in program evaluation outcomes, offering references for further information.

TABLE A: SURVEY OUTCOME MEASURES

INSTRUMENT	OUTCOME MEASURED	NUMBER OF ITEMS	REFERENCE
Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (QLES-Q-SF).	Quality of life	16	Stevanovic, D. (2011). Quality of Life Enjoyment and Satisfaction Questionnaire–short form for quality of life assessments in clinical practice: A psychometric study. Journal of psychiatric and mental health nursing, 18(8), 744-750.
Patient Health Questionnaire (PHQ-9)	Depression	9	Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. Journal of general internal medicine, 16(9), 606-613.
Generalized Anxiety Disorder questionnaire (GAD-7)	Anxiety	7	Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. Archives of Internal Medicine, 166(10), 1092. https://doi.org/10.1001/archinte.166.10.1092
Medical Outcomes Study Social Support Survey (MOS-SSS)	Social support	19	Sherbourne, C. D., & Stewart, A. L. (1991). The MOS social support survey. Social science & medicine, 32(6), 705-714.

TABLE A: SURVEY OUTCOME MEASURES (CONT.)

INSTRUMENT	OUTCOME MEASURED	NUMBER OF ITEMS	REFERENCE
Military and Veteran Spouse Self-Care Inventory (MVSSCI)	Self-care	15	Hare, J. P., Hare, K., Borah, E., Castro, Y., Ortiz, R., & Arora, A. (2025). Self-care among military spouses and partners: Developing the Military and Veteran Spouse Self-Care Inventory (MVSSCI). Journal of Military, Veteran and Family Health, 11(1), 63–74. https://doi.org/10.3138/jmvfh-2023-0078
Brief Resilience Scale (BRS)	Resilience	6	Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. International Journal of Behavioral Medicine, 15(3), 194-200.
Questions adapted from the Zero Suicide Workforce Survey (ZSWS).	Suicide prevention knowledge/ confidence in skills	6	Wakai, S., Schilling, E. A., Aseltine, R. H., Blair, E. W., Bourbeau, J., Duarte, A., Durst, L. S., Graham, P., Hubbard, N., Hughey, K., Weidner, D., & Welsh, A. (2020). Suicide prevention skills, confidence and training: Results from the Zero Suicide Workforce Survey of behavioral health care professionals. SAGE Open Medicine, 8, 2050312120933152. https://doi.org/10.1177/2050312120933152

The statistics provided in this report are the results of descriptive analyses, paired samples t-test, and analysis of variance (ANOVA) conducted utilizing SPSS v.31. For additional information regarding methods, please contact Katherine Gower at katherine.gower@austin.utexas.edu.

VETERAN SPOUSE RESILIENCY GROUP PROGRAM EVALUATION

— 2025 REPORT

The University of Texas at Austin
Institute for Military and Veteran Family Wellness
Dell Medical School & School of Social Work

VETERAN SPOUSE NETWORK