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Pandemic Peer Support: Adaptations to the Veteran Spouse Resiliency Group Program

O'Brien and Schwarz

Abstract

The Veteran Spouse Resiliency Group (V-SRG) Program was designed to create supportive communities for veteran spouses through peer support groups. Prior to the COVID-19 pandemic, groups were offered in person with a few virtual groups, and peer leader trainings were conducted exclusively in person. With the emergence of the pandemic, the program pivoted to an entirely virtual platform, resulting in lower recruitment and participation, technological challenges, privacy and safety concerns, and the need for new training and evaluation methods. This paper provides an overview of the program, details programmatic shifts made during the pandemic, and describes challenges and lessons learned.

Keywords: peer support, veteran spouse, resiliency, pandemic

Introduction

Military service can significantly impact both the individual serving as well as their family members, and those effects of service often linger well after separation from the military. Effects of service can include physical and mental injuries, delayed educational pursuits, frequent relocations, gaps in employment, relationship strains, and more. Each year, approximately 200,000 service members transition out of the military, and in 2017, approximately 50% of service members were married (U.S. Department of Veterans Affairs, 2018). Upon separating from military service, both the veteran and their partner face significant challenges in redefining their lives, careers, communities, and healthcare needs.

Many veterans' mental health conditions surface or are exacerbated by the stressors they face while transitioning. In Blue Star Families' (2020) Military Family Lifestyle Survey, 30% of veteran families reported post-traumatic stress disorder (PTSD)/combat stress/traumatic brain injury (TBI) as their family's main concern, compared to only 9% of active-duty spouses and 8% of active-duty service members. In these cases, or in cases where physical disabilities are present, many spouses fall into a caregiver role, and their own mental health may be significantly impacted by the health of their veteran, by these new roles, or by the related strain of the veteran's challenges on the relationship and family.

Upon separation from military service, veteran families frequently relocate to be near family or for career or educational opportunities and often end up in locations where they do not have a "built-in" community like the one they came to rely on in the military, resulting in feelings of isolation. The impact of the COVID-19 pandemic has only created further isolation and strain on the veteran spouse community in particular, yet supports designed to meet the mental health and community needs of this population are lacking across the country.

The Veteran Spouse Resiliency Group (V-SRG) Program creates supportive communities for veteran spouses/partners by offering structured, curriculum-based peer support groups. These groups allow spouses to connect with others who have walked the same path, leading to increases in their self-reported quality of life, social support systems, and self-care practices, as well as contributing to decreases in depression and anxiety when present. Created in 2017 and piloted in 2018, this program has grown and adapted to continually meet the needs of those it serves. With the onset of the COVID-19 pandemic, the V-SRG program pivoted to an entirely virtual platform and expanded from serving spouses in Texas to serving spouses across the nation. This article will explore the impact of COVID-19 on V-SRG program implementation, leader training and support, and participant recruitment and participation.

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Program Overview

The V-SRG Program was created under the Veteran Spouse Network initiative established by the Institute for Military and Veteran Family Wellness at the University of Texas at Austin. This 12-session peer support group curriculum was designed with veteran spouses' input on needed content and preferred structure of the program to ensure that it would meet their needs. Groups follow a true peer-to-peer model with two veteran spouses/partners leading groups of 6-8 participants. Groups are offered in spring, summer, and fall, meeting for 2 hours, once a week for 12 weeks. Each week, peer leaders facilitate a discussion around a different topic. Topics include Getting Started, Sharing Our Stories, Taking Care of Ourselves, Our Goals, The Lingering Effects of Service, Trauma, Secondary Trauma, Compassion Fatigue, TBI, PTSD, Moral Injury, Suicidality, Seeking Help, Love and Relationships, Our Kids, Life Transitions, and Moving Forward. Leaders provide participants with prompts to spark discussion and lead discussions on how these topics impact their lives and strategies they utilize for managing difficulties in their lives surrounding these topics.

V-SRG program staff recruit, train, and support veteran spouse/partner peer leaders who facilitate the peer support groups. Leaders attend a 20-hour training that covers program implementation, curriculum, and group facilitation skills. Following training, V-SRG program staff hold weekly, online group leader support meetings, provide one-on-one support and additional training as needed, and conduct participant outreach and recruitment. V-SRG leaders and program staff work collaboratively to make program improvements where needed, with leaders providing critical feedback during leader support calls. Leaders are surveyed twice a year to provide feedback on the program, their leadership experience, and supervision and support from program staff.

COVID-19 Impact on Veteran Families

When the COVID-19 pandemic began, we all faced unprecedented challenges as we were forced to quarantine, attend work and school from home, and severely limit our social and physical interactions. Many veteran families were already facing social isolation and other challenges, and the COVID-19 pandemic only exacerbated their needs. Veterans reported increases in PTSD and acute stress symptoms (Shura et al., 2020), and mental health concerns also increased for their spouses and partners. Veteran families with children reported feeling more anxious, depressed, and stressed as the quarantine extended (Riegler et al., 2020).

COVID-19 Impact on Program

In February 2020, the V-SRG program had just completed an in-person training of 17 new leaders in Texas who were excited to start leading in-person groups. In early March, two in-person groups had already begun, and six additional in-person groups were set to start later in the month. In mid-March, stay at home orders upended normal life and affected all plans for in-person interactions. Not knowing how long the stay-at-home orders would be in place, or fully understanding how the pandemic would impact our lives and organization, staff began reaching out to all of the peer leaders to develop a plan.

Group Recruitment and Participation

For the two groups that had already begun when the pandemic hit, leaders were asked to halt in-person meetings, and ask participants if they would prefer to transition to an online format or wait to see if in-person sessions could be resumed. One group chose to move sessions to a virtual platform, while the other opted to wait and see (they would later pivot to online as well). For the groups that had yet to begin, the majority decided to cancel their group and try again in Summer 2020. The V-SRG program had already been adapted to offer virtual groups to reach individuals in rural areas in Summer 2019, making the transition to all-virtual groups relatively smooth. In addition to adapting the curriculum for online implementation, program staff created a 2-hour group facilitation training and accompanying guide to support leaders running virtual groups.

For leaders who pivoted to Zoom groups, program staff worked to train them quickly in the virtual implementation of the program. All of the online groups running in Spring of 2020 were led by at least one leader with past experience facili-

tating groups, making staff more confident that the leaders could handle this abrupt shift; however, not all participants were comfortable with the virtual environment, and others were overwhelmed by all the changes in their lives created by the pandemic, resulting in some participant attrition.

When it became clear that the COVID-19 pandemic would persist through the year, staff chose to only allow virtual groups until the Centers for Disease Control and Prevention and state and local governments indicated in-person gatherings were safe. As a result, all groups were offered virtually through Summer 2021. While virtual formats and "pandemic life" did become more familiar and comfortable for everyone as time went on, groups faced several challenges in the face of the ongoing pandemic. Many participants and leaders were not familiar nor comfortable with the Zoom platform, and as Zoom and Wi-Fi use increased groups faced connectivity, bandwidth, and other technical issues. Some technical glitches prevented participants from being able to join sessions or resulted in leaders and participants getting kicked out, or worse, locked out of meetings, with no reasonable explanation.

In addition to issues with internet and Zoom, the pandemic also contributed to much lower recruitment numbers than previously seen. From February 2020–May 2021, only 54 participants from Texas were served, compared to 91 in the same period pre-pandemic. With the pivot to an all-virtual format, groups were no longer bound by proximity, and in Fall 2020, staff expanded program eligibility across the nation, resulting in the program serving 22 spouses outside of Texas from September 2020–May 2021.

Beyond opening up eligibility, shortened versions of the curriculum were offered in the hopes that a shorter time commitment would be more realistic for spouses. After all, for much of the pandemic, the nation was juggling unprecedented uncertainty, making it difficult to commit to anything, much less a 3-month program. Many leaders opted to offer 4- or 6-week versions of the program, giving participants the option to continue for the remaining 6-8 weeks. The majority of participants opted to continue for the full 12 weeks; however, lowering the initial time commitment significantly boosted recruitment numbers.

Privacy and Safety Concerns

When virtual groups were first piloted, the topic of privacy was paramount. Much of the groups' discussion is private in nature, and leaders work with the group to develop community guidelines to ensure participants feels safe sharing. The establishment of community guidelines required unique considerations for virtual groups that were absent in person. For instance, on Zoom, one's view is limited to what each individual's camera captures (if their camera is turned on at all), and it is nearly impossible to tell if someone else is off-camera listening in or recording the conversation, making it impossible to know if the conversation is in fact private.

Since participants can join from anywhere, steps were taken to stress the importance of privacy and confidentiality. On the intake application for the program, participants were asked if they had reliable access to the internet and if they would join sessions from a private, quiet, distraction-free space. All applicants answered "yes" to the latter question, and leaders were instructed to remind participants of this requirement prior to the first session and again when crafting the community guidelines. Some leaders even asked participants to share where they were joining from each week and confirm that no one else in the house would be able to hear the conversation. If they were unable to commit to this, they were required to use headphones to ensure participants' voices would not be overheard. If it became clear that any participants were not following these guidelines, leaders were instructed to refer back to the agreed upon guidelines with the group. If it became a recurring issue, leaders would talk one-on-one with those participants, and if necessary, leaders were instructed to move participants to the waiting room until they adhered to the guidelines.

An additional privacy concern expressed by participants was that they would be unable to find a private space in their house to join sessions where they couldn't be overheard by others. Many spouses were concerned they would be unable to share freely due to their spouse or children's presence in the house. In some instances, spouses didn't even want their partner aware that they had joined a support group. In these instances, there were not many solutions to offer.

Safety concerns were also present in the virtual setting. Due to the sensitive nature of group discussion, it is not uncommon for participants to become triggered by content and need to step away. In person, leaders were instructed to discuss this during the creation of community guidelines and come up with an agreed upon practice for when this occurred. For many groups, they agreed on giving a thumbs up when stepping out, if they were good to be alone, or a thumbs down if they wanted someone to step out with them, in which case one of the leaders would follow. In the virtual setting, Zoom's Breakout Room function provided a workable alternative, and groups established a similar practice in their community guidelines. If a participant left the virtual session unexpectedly, leaders were instructed to follow up with that participant. Some leaders took safety a step further and gathered addresses from participants before each session to ensure they knew where they were joining from. While not common, spouses sometimes shared instances of suicidal ideation and/or domestic violence in session. In these instances, it was imperative to know the participant's location in the event that a leader needed to send emergency services to their aid.

Program Evaluation Administration

As part of the V-SRG program, staff administer pre-, post- and one-month follow-up surveys to all participants to determine program impact and participant satisfaction. Participants are also asked to complete weekly session feedback surveys providing feedback on session content and administration. Prior to the pandemic, both surveys were primarily administered by group leaders in person and sent to program staff. Surveys, in general, are far more likely to be completed when participants are given the chance to complete them in person during the session; however, this was no longer an option when all groups pivoted to a virtual setting. Program staff took over the administration of program evaluation surveys through an online platform, emailing unique links to participants and instructing leaders to encourage participants to complete the surveys and explain their importance. Program staff also created virtual session feedback surveys, instructing leaders to share the survey link each week with participants. While there was a slight decrease in the completion of program evaluation and session feedback surveys, the decrease was negligible.

New Leader Training

In addition to the groups themselves, V-SRG staff were forced to consider how to train new leaders if it remained unsafe to gather in person. Staff traditionally conducted one in-person training annually and had already booked a venue for the February 2021 leader training. Each year, 20 leaders came together over one weekend to complete the V-SRG Leader Training. The weekend consisted of training in group facilitation and the V-SRG curriculum, interspersed with group bonding and self-care activities such as hiking, horseback riding, archery, and more. The previous two training weekends had been incredibly successful, with leaders not only feeling prepared and excited to begin leading groups but feeling incredibly bonded to the other leaders.

As 2020 neared an end, much remained uncertain about what the future would entail. As a result, the next in-person training was cancelled over safety concerns and was instead offered virtually on Zoom. Trying to recreate the in-person training in a virtual format presented many concerns. The training consisted of 20 hours of content, and spending 20 hours on Zoom over one weekend was out of the question. After weeks of consultation with existing leaders, staff ultimately landed on breaking the training into five 4-hour sessions to occur over three weekends. It was also decided to keep the training small, only recruiting seven leaders. Managing the schedules of leaders and training staff proved difficult, and ultimately, concessions had to be made. It was decided to record all training sessions and share the recordings with leaders who were unable to attend any live training sessions. Leaders who had to miss the first training session, which contained critical program information and leader expectations, were required to schedule a live make-up with staff. Those who had to view training recordings were instructed to follow up with any questions.

For the training itself, staff balanced sharing PowerPoint slides and switching to gallery view to make sessions feel more intimate and conversational. This would be critical, as the majority of the training consists of leading trainees through the curriculum as if they were the participants, allowing them to get a true feel for the group experience. The final two days of training were spent having leaders practice leading a session to demonstrate their leadership style and comprehension of the training material and receive feedback from staff and fellow leaders.

There were many benefits to training online, namely the fact that it was easier for participants to attend. In Fall 2020, leader eligibility was expanded, allowing spouses from outside of Texas to become trained leaders. Hosting a virtual training made this possible, and spouses from Missouri, Ohio, Virginia, and Texas attended the virtual training. Spacing the training out over several weeks helped leaders minimize Zoom burnout and allowed for a schedule that could work around childcare and career and household responsibilities.

While there were many benefits to the online training format, there were serious challenges and drawbacks as well. Having leaders view training recordings for the sessions they missed proved concerning, as there was no way to confirm they had actually viewed the recordings or that they had comprehended the material. Additionally, the leaders took significantly longer to bond virtually. Unlike the in-person training, trainees weren't eating meals together, socializing during down time, or participating in self-care activities together. In the first two days of training, participants were quiet and slow to engage and share. To address this issue, socialization time and activities were built into the final three training days, and a significant increase in bonding and engagement resulted.

Although the virtual training was broken up into shorter sessions, Zoom fatigue was still reported by some. On the other hand, some leaders expressed a desire to have longer sessions and fewer training days. In addition to attendance being sporadic due to family emergencies, weather storms, or bad Wi-Fi connections, when leaders were able to join, some preferred to keep their video off, which further prevented the group from bonding and prevented staff from gauging engagement and comprehension. A self-paced online training was deemed inadequate from the start for this reason, and it was disappointing to see it manifest in the live training. One of the critical aspects of the live training is to allow program staff to get a better feel for the leaders and their fit with the program. How they participate and interact with others in the training is often a good indicator of what kind of leader they will be, and with absences and limited participation, it

was difficult to gauge this aspect of leaders' potential.

Training evaluations were administered to all leaders to get a better sense of how they received the training, how prepared they felt, what they enjoyed, and what they thought needed improvement. Unfortunately, only two leaders completed the survey, and responses were mixed, making it difficult to draw meaningful conclusions about future improvements.

After completing the first virtual training, staff felt a strong preference for the in-person format; however, the benefits of virtual training could not be ignored. Moving forward, staff decided to offer one in-person training and one virtual training annually, as well as create new training requirements and expectations for leaders moving forward. An added benefit of the virtual training was that the recordings were used to create a virtual training library that was made available to all existing leaders.

Conclusion

While the COVID-19 pandemic was marked with intense levels of hardship, anxiety, and uncertainty, it forced individuals and organizations to find creative solutions to foster community and connection. The V-SRG program's mission is to create supportive communities for veteran spouses, and the hardships brought on by the pandemic only made that mission more critical. Through creative thinking and thoughtful conversations with program staff, volunteer leaders, and program participants, the V-SRG program was able to quickly get its sea legs in the COVID-19 world and not only continue serving veteran spouses in Texas but expand services to spouses across the nation.

Leaders and participants reported that virtual groups were still able to bond and engage at similar levels to those in in-person groups, and the majority of spouses were not only open to joining virtually but expressed many preferences for the virtual setting. They were able to attend from the comfort of their own home, without having to travel or find childcare, and were able to create a national network of support. And perhaps most

importantly, at a time when the entire country was facing unprecedented levels of isolation, participants were able to feel less alone. While the transition to virtual groups was eased by the fact that there was no alternative, it was not without its challenges. Many of the technological concerns lessened over time as people became more comfortable with the virtual world and as program staff became more informed and able to provide additional training and guidance. Privacy and safety presented hurdles not all spouses were able to clear, but brought about important conversations, trainings, and program policies that will positively influence future groups. Zoom fatigue was a serious challenge and one that only increased as the pandemic raged on, negatively impacting program recruitment.

Like many other programs, the V-SRG learned through a trial by fire, and those lessons learned will be critical to continued program improvement even when in-person groups resume. As the end to the pandemic seems nearly in sight, most groups will likely return to in-person formats; however, virtual groups will continue to be offered to ensure spouses in rural communities and across the nation continue to be served. The pandemic created a void of community and connection in people's lives, and despite all of the programmatic challenges, the V-SRG program was able to adapt in order to help veteran spouses fill that void.

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