Evaluating the Effectiveness of Techniques Utilized With Outreach Services to Engage

Homeless Veterans

By

Michael Switzer

A thesis submitted to the School of Community Services in partial fulfillment of the requirements for the degree of Bachelor of Applied Arts in Behavioural Psychology

St. Lawrence College
Kingston, Ontario
Canada
March 2013

The information gained from the questionnaires designed specifically for this thesis is meant to be used by agency staff, as part of the broader services they provide.
DEDICATION
For all the people who are living their lives on the street

*There is always hope, don’t ever lose it*
ABSTRACT

The present research was designed to evaluate the effectiveness of techniques (including: motivational interviewing, personal care items, reducing the stigma of the word ‘veteran,’ maintaining an ongoing presence, and establishing a hierarchical approach) employed by service providers when they are utilizing outreach to facilitate engagement in homeless veterans as rated by both service providers and service users from Veterans Affairs. The service provider group consisted of three staff members (one from each of the three existing homeless veterans outreach programs in Toronto, Calgary, and Montreal). The service user group consisted of eight male participants who had either chosen to be released, or been medically released from the military. The data gathered for this research was collected by using two specifically designed questionnaires, one for each of the two populations under study. Results of the study indicated that both service users and service providers endorsed many of the items listed, therefore supporting their effectiveness as techniques to facilitate engagement in the targeted population. A recommendation of the current study was that the measures that have been created in the course of this study be further refined during subsequent research. A further recommendation was to evaluate the success of the program itself rather than just the techniques utilized in it.
ACKNOWLEDGEMENTS

I would like to express a significant amount of gratitude towards my thesis supervisor, Matt O’Brien, for his continued support and guidance throughout the creation of this thesis. Furthermore, I want to thank Gary Bernfeld for fulfilling the role of second reader. Your in-depth and thoughtful review of this thesis was greatly appreciated. In addition, I would like to extend my thanks to the staff of Veterans Affairs particularly Kathy Richards-Soloc and Catherine Smith for their insight and supervision throughout this process.

Lastly, I would like to thank my family, mainly Mom, Dad, Jennifer, and Emma, who showed me anything is possible if I put my mind to it. Your endless love, support, and advice has been the biggest reason for my success in more ways than one. Without you, none of this would have ever been possible.
# TABLE OF CONTENTS

DEDICATION .................................................................................................................. ii
ABSTRACT ...................................................................................................................... iii
ACKNOWLEDGEMENTS ................................................................................................. iv
TABLE OF CONTENTS .................................................................................................... v

CHAPTER
I. INTRODUCTION ........................................................................................................... 1

II. LITERATURE REVIEW ................................................................................................. 3

- The Importance of Outreach ....................................................................................... 3
  - The effectiveness of outreach in engaging the homeless ........................................... 3
  - The effectiveness of outreach in engaging veterans ............................................... 4
  - The effectiveness of outreach in engaging homeless veterans ............................... 5
- The Importance of Motivational Interviewing ............................................................ 6
  - The significance of expressing empathy ................................................................. 6
  - The significance of developing discrepancy ......................................................... 7
  - The significance of supporting self-efficacy ......................................................... 7
- The Significance of Personal Care Items to Assist with Daily Living ......................... 7
- The Importance of Establishing a Hierarchical Approach ......................................... 8
- The Importance of Reducing the Stigma of the Term Veteran ................................... 9
- The Importance of Providing an Ongoing Presence for Clients ............................... 9
- Summary .................................................................................................................... 10

III. METHOD .................................................................................................................... 11

- Participants ............................................................................................................... 11
- Design ....................................................................................................................... 11
- Setting/Apparatus ..................................................................................................... 12
- Measures .................................................................................................................. 12
- Procedures ................................................................................................................ 13
  - Service User Survey ............................................................................................... 13
  - Service Provider Survey ....................................................................................... 13

IV. RESULTS ................................................................................................................... 14

- Initial Yes/No Service User Responses ....................................................................... 14
- Initial Yes/No Service Provider Responses ................................................................ 15
- Average Service User Respondent Likert Ratings .................................................... 16
- Average Service Provider Respondent Likert Ratings .............................................. 18
- Service User Qualitative Responses ........................................................................ 18
- Service Provider Qualitative Responses .................................................................. 19

V. DISCUSSION .............................................................................................................. 20
Summary ................................................................................................................................. 20
Context to the Literature ........................................................................................................ 21
Strengths and Limitations ....................................................................................................... 21
Multilevel Challenges to Service Implementation Report ..................................................... 22
  Client Level .......................................................................................................................... 22
  Program Level ...................................................................................................................... 22
  Organizational Level .......................................................................................................... 23
  Societal Level ...................................................................................................................... 23
Contributions to the Field ........................................................................................................ 23
Recommendations for Future Research .................................................................................. 23

REFERENCES .......................................................................................................................... 25

APPENDICES

Appendix A: Consent Form for Veteran Affairs Service Users .............................................. 27
Appendix B: Consent Form for Staff ..................................................................................... 30
Appendix C: Service User Questionnaire .............................................................................. 33
Appendix D: Staff Questionnaire .......................................................................................... 45
Appendix E: Service User Questionnaire Responses Raw Data .......................................... 57
Appendix F: Service Provider Questionnaire Responses Raw Data ..................................... 58
LIST OF TABLES

Table 4.1. Service User Questionnaire Responses ................................................................. 15
Table 4.2. Service Provider Questionnaire Responses ............................................................. 16
Table 4.3. Service User Average of Yes Responses ................................................................. 17
Table 4.4. Service User Average of No Responses ................................................................. 18
Chapter I. Introduction

Although homelessness has been a concern that has been targeted by both the Canadian and American governments, rates remain alarmingly high (Kirchner, Farmer, Shue, Blevins, & Sullivan, 2011). For example, as explained by Milaney (2012), there were an estimated total of 150,000 to 300,000 homeless people in shelters and on the street in Canada. According to Cumo & Halala (1999), homelessness can affect all population types, ethnic groups, families, people with mental or physical disabilities, and people who have lost their jobs. Medically released and voluntarily released veterans are a population that have seen an increase in homelessness due to problems transitioning to civilian life (Kirchner et al, 2011). In fact, the overall proportion of veterans among the homeless was higher than in the general population, though modestly so (Gamache, Rosenheck, & Tessler, 2001). These findings highlighted the need for a program to be put in place to help reach out to those veterans who are homeless who are either unaware of the availability of services, or lack the motivation to engage in these services. With several wars coming to a close, such as the ones in Afghanistan and Iraq, it is important to ensure that soldiers are able to transition and succeed in civilian life.

There have been several pilot projects implemented across a number of major cities throughout Canada involving the use of outreach case managers by Veterans Affairs (Milaney, 2012). These programs are used to help facilitate engagement with the homeless veteran population with the aim of helping them to transition to an improved quality of life. The literature suggests that services such as Veterans Affairs should employ outreach and engagement strategies (Olivet, Bassuk, Elstad, Kenney, & Jassil, 2010). It is also suggested that by reaching out to homeless veterans, instead of waiting for them to seek treatment, a therapeutic rapport can be established that can lead them to trust and utilize available services (Fisk, Rakfeldt, & McCormack, 2006). There has yet to be an evaluation of how effective certain outreach services that are being implemented by Veterans Affairs Canada are considered to be by both staff and service users. In addition, the frontline case managers at Veterans Affairs had no information of the effectiveness of the utilization of the programs they have been implementing in Montreal, Calgary, and Toronto. The goal of the current thesis is to provide recommendations and feedback to staff members of Veterans Affairs that recommend best practices and in so doing address this under-researched issue.

It was hypothesized that by evaluating the data from two specifically-designed questionnaires, one administered to the clients who utilize the services and one to the staff who implement them, recommendations could be provided to adhere to best practices. Based on this premise, the research literature was reviewed to develop two questionnaires that include the relevant information for the purpose of collecting the necessary data. Each questionnaire, based on the literature (reviewed below), included the following topics: expressing empathy, rolling with resistance, support of self-efficacy, building rapport, use of accessible tangibles, establishing a hierarchy of needs approach, form of meetings, and availability and openness. Although these findings could not be tested for their effectiveness, the recommendations and feedback received was given to Veterans Affairs to be utilized for future use.

The second chapter of this thesis provides a review of the literature relating to outreach and its effectiveness in facilitating engagement. The topics that will be discussed are as follows:
empirically based evidence supporting the effectiveness of outreach in engaging the homeless, veterans, and homeless veteran populations. Furthermore, the topics previously listed as being included in the questionnaires were reviewed in detail in the literature. The development of the questionnaires will be described in the method section. This section will also include a description of the two groups of participants involved in the study, as well as an in-depth explanation of the design and procedures for the questionnaires. The findings will then be presented in the results section. The appendices will include the two questionnaires used and the data obtained. This data will be presented in both tables and graphs. Lastly, the thesis will conclude with a discussion that will contain a summary, presentation of strengths and limitations, and final recommendations for best practices.
Chapter II. Literature Review

The Importance of Outreach

According to Milaney (2012), Outreach is defined as “a systematic attempt to provide beneficial services to those in need by moving beyond conventional limits to improve quality of life” (p.10). Outreach has been an increasingly used intervention method of case management service to help increase engagement in clients who have otherwise been reluctant to accept services. In fact, there is substantial evidence that points towards outreach as a best practice treatment method for increasing engagement and promoting clients to seek appropriate services that could improve their quality of life (Bralock et al., 2006; Fisk, Rakfeldt, & McCormack, 2006). Added to which, according to Valentine and Skirton (2006) outreach allows clients who are resistant to treatment or who require treatment the most to be targeted and assisted.

Outreach, however, is not without its critics. For example, it has been argued by some that outreach is not worth the time and effort required by workers to ensure its success (Lam et al., 1999). Lam et al. also hypothesized that clients targeted by outreach workers will resist establishing a rapport with workers, due to the clients’ reluctance to use services that are offered. However, Lam et al. ultimately concluded that outreach-enabled caseworkers have the ability to “connect” with clients in ways that they otherwise would not be able to. In fact, certain studies show that outreach for specific populations known to be resistant to engaging in services has had great success (Bralock, Farr, Kay, Lee, Smythe-Padgham, Scherlin, & Strickland, 2011; Stecker, Fortney, & Sherbourne, 2011; Wain, Wilbourne, Harris, Pierson, & Teleki, 2011).

The literature previously mentioned has provided evidence about the importance of outreach as a general practice in regards to increasing engagement. However, to further gauge the success of outreach in facilitating engagement, it is important to explore several populations that have been given a label of “difficult to engage.” For this purpose, the following reviews the empirical evidence found that relates to the use of outreach with several of those populations.

The effectiveness of outreach in engaging the homeless. As a population, the homeless have benefited from the use of outreach to help them engage in the services they need to help them become successful (Bralock et al., 2011). In fact, outreach initiatives that have been implemented have been shown to have great success in improving the clients’ quality of life (Fisk et al., 2006). In an extensive review completed by Olivet et al. (2010), both the staff and service users described outreach as effective in facilitating engagement within the homeless population.

Padget, Henwood, Abrams, and Davis (2008), surveyed 39 formerly homeless clients in the hopes of identifying key themes in outreach, engagement, and retention services from a homeless perspective. The authors discovered that many of the clients who were surveyed expressed the use of kindness, access to quiet housing, and building relationships with case workers as important elements that make them want to engage in the services offered to them. Padget et al. concluded that the most successful technique when attempting to engage homeless clients was by utilizing a person-centered outreach approach that included: targeting the use of kindness, providing access to housing, and an establishing rapport. Furthermore, the homeless
clientele from the study identified negative elements such as strict rules and regulations, as well as a lack of one-on-one contact as ineffective tools used in outreach. Moreover, the use of questionnaires designed for the subjects and service providers was discussed as a more effective way of gathering data and feedback for this study (Padget et al., 2008). This is of particular importance to the current thesis as it indicates the use of questionnaires to be an appropriate method for collecting data on issues for this population.

In summary, the homeless population has been shown to benefit from the implementation of outreach programs to help facilitate engagement in services. Several studies have shown promising results that support the use of outreach during critical periods when engagement is needed to ensure safety and well-being for the homeless (Bralock et al., 2011; Padget et al., 2008; Fisk et al., 2006).

The effectiveness of outreach in engaging veterans. The veteran population is another population that has seen increased levels of engagement when outreach services are implemented. Many veterans return from difficult overseas postings with a wide range of mental health, addiction, and physical issues that can limit their ability to live successful lives (Kudler & Straits-Troster, 2009). In fact, of veterans who have been released from the military, and acknowledge the need for services, only about one quarter of those actually seek out assistive services despite efforts made by the Department Of National Defense and Veteran Affairs (Stecker, Fortney, Sherbourne, 2011).

Several researchers have explored the use of outreach programs to help increase engagement levels in veterans who have been released from the military. For example, Stecker et al. (2011) enrolled 27 Army National Guard soldiers who had served a 1-year deployment in Operation Iraqi Freedom (OIF) with mental health concerns to attempt, over the phone, to reach out to them to help surpass the barriers to engagement. The results of the study indicated that the soldiers were more inclined to engage in treatment services following a subsequent cognitive behaviour therapy (CBT) program. The barriers that were targeted were stigmas believed to be correlated to admitting they needed help, the belief they were not struggling with mental health issues, and the belief they could handle the problems on their own.

Murphy, Murray, Rainey, Thompson, and Uddo (2009) found similar results while examining 115 veterans attending a mandated 12-month Post Traumatic Stress Disorder (PTSD) outpatient clinic. The authors compared motivation enhancement therapy (MET), another CBT technique, to psychoeducation, as ways of utilizing outreach to help increase engagement into treatment for PTSD. The findings of this research indicated that incorporating MET as an outreach approach positively influenced the clients’ readiness to change and willingness to accept help versus the psychoeducation group (Murphy et al., 2009). Although they were able to show a positive impact for the MET outreach approach, it was also noted by Murphy et al. that they were unable to conclude if there were ways of improving upon the approach in order to make it more successful.

The effectiveness of outreach in engaging homeless veterans. It was noted in the two previous sections that outreach can be successful as a way to help facilitate engagement in the homeless and veteran populations. According to Gamache et al. (2001), veterans are at a greater
risk of homelessness than most of the general population. Considering this, it is important to examine the effects outreach can have on the homeless veteran population.

It is estimated that 30% of Canadian veterans transitioning to civilian life have an occupational stress injury (OSI) such as posttraumatic stress disorder (PTSD), addictions, and other mental health issues causing them to struggle in the civilian world (Ray & Forchuk, 2011). It was perhaps for reasons such as these that Milaney (2012) stated that outreach was a critical component in attempting to engage homeless veterans who have struggled to transition in services offered by Veteran Affairs.

Chen, Rosenheck, Kasprrow, and Greenberg (2007) conducted a large-scale study using outreach as a method of informing 5,731 recently homeless veterans of potential financial benefits that could be accessed through Veterans Affairs. The authors hypothesized that establishing rapport when assisting clients with obtaining financial benefits would help engage them in other services offered by Veterans Affairs (Chen et al., 2007). Chen et al. discovered that after an 18-month follow-up that only a relatively small 15% of the sample received benefits. Despite the small sample size, of those who received benefits, over 80% of them did engage in other services offered by Veterans Affairs (Chen et al., 2007). This allowed the authors to conclude that although many of the subjects had a difficult time obtaining benefits in the 18-month period, many of those who did, decided to seek out other services offered by Veterans Affairs in hopes of getting the help they needed (Chen et al., 2007).

Further, Applewhite (1997) conducted an exploratory qualitative study of 60 homeless veterans utilizing focus group interviews to obtain information on what they considered the best techniques to utilize in ensuring homeless veterans engage in services. Results obtained from the study indicated several barriers to service use including insensitive service providers, negative policies and procedures, and lack of trust and knowledge of the social service system. The participants interviewed expressed the need for the service providers to reach out to attempt to educate them on the services and to establish connections with the homeless veteran population to ensure engagement in the services being offered. The author was able to conclude that outreach itself could be one of the interventions implemented that would be a successful way of removing the barriers that homeless veterans face with service providers such as Veterans Affairs.

In reviewing the previously discussed research literature as it pertained to several different populations, several techniques were identified as successful when utilizing outreach as a way of enhancing engagement. Many of the studies reviewed also indicated the importance of how outreach is conducted as reasons to why it was successful both from the client and service provider perspective. Thus, the importance of evaluating these techniques is critical and empirical research will be discussed in detail in the following sections.

**The Importance of Motivational Interviewing**

Motivational Interviewing (MI) is a technique that has been shown to have great success when initiated during outreach to help facilitate engagement (Lundahl & Burke, 2009). Although originally developed for the treatment of substance abuse, MI has been expanded to help clients
commit to change, as well as end their uncertainty and distrust (Miller & Rollnick, 2002, p. 35). As explained by Westra, Aviram, & Doell (2011), MI has become an empirically supported form of treatment when attempting to increase motivation, and enhance engagement across several different populations such as substance abusers, and the homeless.

For example, Wain, Wilbourne, Harris, Pierson, and Teleki (2011) evaluated the effectiveness of MI with 75 homeless veterans by randomizing a wait list to receive either a single MI, or standard intake interview. The authors assessed the individual’s self-efficacy and their readiness to change before as well as after the interviews were completed. Results indicated that 95% of the participants who received an MI intake interview ended up enrolling in the services being offered, as opposed to 71% of the participants who received a standard intake interview. Therefore, Wain et al. were able to conclude that utilizing MI can increase service engagement within the homeless veteran population.

However, other research failed to find MI as a key stand-alone treatment in attempting to enhance engagement (Baer, Garret, Beadnell, Wells, & Peterson, 2007). Baer et al. did not successfully prove the effectiveness of a brief motivational interviewing treatment to enhance engagement in services through 4 short counseling sessions with homeless youth. Although the authors were unable to demonstrate MI’s overall effectiveness, they were able to show the effectiveness of several of its key components such as expressing empathy, supporting client’s self-efficacy, and developing discrepancy in helping to establish a rapport. Furthermore, the authors noted the results obtained could have been due to the population being children, and the lack of ability to pair MI with another form of intervention.

In conclusion, while there have been conflicting results relating to the use of MI as a stand-alone treatment to help facilitate engagement, several of its key components have been identified as effective when utilized with other forms of treatment such as outreach (Baer et al., 2007). The significance of three key MI components will be discussed below.

The significance of expressing empathy. According to Miller and Rollnick, expressing empathy is one of the four basic and defining components that make up MI. Using reflective listening to understand and accept the client’s feelings and perspectives without judgment, allows for therapeutic rapport to be established and for the promotion of change (Miller & Rollnick, 2002). In fact, according to Milaney (2012), not judging, criticizing, or blaming a client for their viewpoints is a critical component when attempting to facilitate engagement through outreach case management.

For example, Swartz et al. (2008) described an engagement session designed to help enhance the client’s ability to recognize, understand, and resolve resistance to treatment. The authors concluded that the use of this technique helped to ensure that treatment is obtained.

The significance of developing discrepancy. Miller and Rollnick describe developing discrepancy as another core principle used in the motivational interviewing model. Helping clients identify a discrepancy between their present state and where they wish to be in the future allows the service provider to breach the barrier that is preventing the client from engaging in treatment (Miller & Rollnick, 2002). Allowing clients to develop a discrepancy between their
present and future further increases the motivation to change, as it makes the decision the client’s and not the service provider’s. This then enhances the effectiveness of improving engagement levels (Murphy & Rosen, 2006).

For example, Murphy and Rosen developed a PTSD motivation enhancement group utilizing MI techniques such as developing discrepancy to address problem acknowledgement and engagement resistance. The authors implemented this group program for 243 veteran inpatients in a Veterans Affairs PTSD mandated treatment program over an 18-month period. Results from the study showed that over 40% of the veterans accepted the need for change and over 95% of the veterans fully engaged in the treatment offered (Murphy & Rosen). This led to signs of improvement of PTSD symptoms for veterans who took part (Murphy & Rosen, 2006).

The significance of supporting self-efficacy. Supporting self-efficacy is another component that has been identified by Miller and Rollnick as crucial when implementing a motivational interviewing approach. Enhancing a client’s confidence in his or her ability to engage in treatment and to accept change can have a significant impact on the outcome of the outreach plan being utilized (Arkowitz & Westra, 2009). In fact, the ability to support and enhance clients’ confidence in their ability to engage in treatment and make change is a key element to an outreach caseworker’s plan (Milaney, 2012).

Arkowitz and Westra evaluated several key components needed when utilizing MI as a technique to help enhance a client’s willingness to engage in treatment. Along with several other elements, supporting self-efficacy was one that was found to be beneficial when attempting to work with otherwise “difficult to engage” clientele (Arkowitz & Westra (2009).

Collectively, these findings discussed above clearly support the use of motivational interviewing as a whole and several of its key components as critical aspects to employ in outreach efforts aimed at maximizing engagement (Miller & Rollnick, 2002; Arkowitz & Westra, 2009). It is of course also necessary to review the research on other empirically-supported techniques and strategies that have been utilized when attempting to engage clients through the use of outreach. These techniques will be reviewed below.

The Significance of Personal Care Items to Assist with Daily Living

Giving clients personal care items to assist with daily living while implementing outreach as a way to formulate engagement was found to have support in the literature when dealing with homeless populations (Olivet et al., 2010). In fact, according to Tommasello, Myers, Gillis, Treherne, and Plumhoff (1999), in order for an outreach team targeting homeless populations to be successful, providing items related to personal care assistance is a critical component of the process. Providing certain useful items and forms of assistance such as transit passes or hygiene kits (containing soap, deodorant, a razor, toothpaste, and a toothbrush) help to establish trust and rapport between outreach workers and the homeless, both of which are crucial to the outreach process (Tommasello et al., 1999).

Sackreiter and Armstrong (2010) explored the use of an education program focused on raising awareness about the homeless population. The authors also evaluated the outreach
program established by a local church that incorporated the use of daily necessities for the homeless. Furthermore, the authors were able to conclude that providing personal care items as part of the outreach program, was successful in attempting to establish rapport with much of the homeless population. Interestingly, the authors noted that although the time it took to gain the rapport needed to successfully elicit a request for help from many of the clients was significant, the success of engagement, once the rapport was established, was greater than in other studies completed (Sackreiter & Armstrong, 2010). This would appear to indicate that the provision of self-care items to vulnerable clients could significantly aid the process of engagement.

The Importance of Establishing a Hierarchical Approach

According to Maslow (1943), human beings have their needs met through the development of a “hierarchy of needs.” Developing and employing a ‘hierarchy of needs’ approach as an outreach worker has been supported in the literature as an effective way of increasing engagement in clients who are resistant to treatment (Bradford, Gaynes, Kim, Kaufman, & Weinberger, 2005). In fact, by following a hierarchy and attempting to help clients with needs such as food, clothing, and shelter before any other sort of treatment, has been shown to be effective in successfully lowering barriers in place that are preventing clients from engaging in other beneficial services (Tommasello et al., 1999).

For example, Jost and Levitt (2010) completed in-depth qualitative interviews with 20 long-term unsheltered homeless men who had recently been placed into housing by Street to Home, a housing-focused outreach program that utilized a hierarchy in their outreach approach. Results from the interviews indicated the importance of meeting basic needs such as housing as triggers for clients to change their perception on homeless initiatives and engage in other services offered to them (Jost & Levitt, 2010). The authors noted that although this was one of several key elements identified as to why the subjects decided to engage in services offered to them, it was one that was considered to have one of the largest impacts.

Bradford et al. (2005) discovered similar results when a randomized controlled trial was used to evaluate the effectiveness of a shelter based outreach program to support the transition of homeless individuals with mental health issues. The authors concluded that by initially offering housing with a warm meal, alleviated many of the subject’s primary needs making it easier for them to engage in the other services offered by the shelter.

Several studies have supported the efficacy of a ‘hierarchy of needs’ approach when utilized in an outreach program (Jost & Levitt, 2010; Bradford et al., 2005; Tommasello et al., 1999). It is important to note that the authors of the studies cited all indicated that outreach programs employed a number of techniques to help facilitate engagement, rather than just a singular one in order for them to be successful.

The Importance of Reducing the Stigma of the Term Veteran

There are certain traits that are believed to be needed before one can actually considers themselves a veteran (“VA Begins Next Phase of Combat Vet Outreach”, 2008). Many veterans actually do not consider themselves to be a true veteran due to not serving in what was
considered to be a “major war” such as WWII or Vietnam (Davis et al., 2012). Furthermore, many veterans believe that to be classified as a true veteran they need to serve for a significant period of time to attain that status (Davis et al., 2012). Reducing the stigma related with the term veteran has been proven to be crucial in an outreach process as it pertains to engaging resistant cliental (Ray & Forchuck, 2011).

Dickstein, Vogt, Handa, & Litz (2010), described the stigma that veterans accumulate as it relates to the term ‘veteran’ itself, as well as mental and physical health issues. The authors reviewed intervention strategies related to targeting the self-stigma of returning military personnel and veterans. Outreach educational sessions was one of several interventions identified as reducing the previously listed stigmas (Dickstein et al., 2010). Although mixed results were obtained from reviewing several studies, the authors concluded that reaching out to clients through an initial outreach session could help reduce the stigmas they possess. Moreover, the authors were able to conclude that the initial outreach session could help engage clients in services that are offered to them by service providers such as Veterans Affairs.

The Importance of Providing an Ongoing Presence for Clients

For outreach programs to be effective when dealing with a homeless population, establishing a “presence” whether at a shelter or the surrounding area is seen as a useful component of the program (Tommasello et al., 1999). It has been found that instead of waiting for clients to come to service providers such as shelters, best practice involves going to where the potential clients are as a way of “connecting” and establishing trust with them.

Reitzes, Crimmins, Yarbrough, and Parker (2011), completed a study that aimed to investigate the effectiveness of social support and maintaining a presence as a way of establishing rapport with clients. One of the authors set a consistent timetable of appearing in the same area over a 2-year period visiting with 95 homeless men and women in an attempt to establish rapport and engage them in the services identified as needed. Results of the study indicated that the author was able to establish a rapport with many of the clients that otherwise would not have been possible. The authors concluded that going to the possible clientele and establishing a constant presence in the area can be utilized in outreach to help establish the initial rapport needed to initiate engagement.

There is limited research into the effectiveness of establishing a presence in the surrounding area and going to where the clients are when utilizing outreach programs to increase engagement. However, what research that has been conducted has shown positive effects for both techniques especially when dealing with homeless populations (Tommasello et al., 1999; Reitzes et al., 2011).

Summary

Outreach programs are a best practice to encourage engagement in typically resistant populations such as the homeless (Fisk et al., 2006), veterans (Stecker et al., 2011), and homeless veterans (Milaney, 2012). However, several barriers have been identified by these populations, preventing them from seeking help. These barriers include the stigma attached to their specific
population, negative service providers, and a lack of trust between the provider and the clientele. The literature reviewed suggests that incorporating motivational interviewing techniques into outreach programs can overcome the identified barriers and facilitate success. These MI techniques included expressing empathy, developing discrepancy, and supporting self-efficacy. Furthermore, the literature showed that providing homeless veterans with self-care items, developing a hierarchy of needs, and frequently visiting clientele in combination with MI techniques helps to further maximize engagement.

The review of the literature also identified two key areas that have a significant impact on the present thesis: the need to evaluate outreach programs, and the importance of gathering feedback from both service users and outreach workers in order to gain valuable feedback. The current thesis focuses on the design of questionnaires that address these two gaps in the literature, by providing a means to give recommendations to the service providers and users that implement them. Data collected from both service providers and clientele could make it possible to identify key components and areas for improvement. This can help to add to the literature as to what elements have been found to be more or less successful. Therefore, more data needs to be collected to identify areas that service providers and clientele feel are and are not working. Collecting these data will help future services encourage client engagement and increase the ultimate success of outreach programs.

**Word Count:** 3944
Chapter III. Method

Participants

This study investigated the effectiveness of certain techniques utilized in outreach. The study sought out the opinions of both service providers and service users from Veterans Affairs. The staff group consisted of three staff members (one from each of the three existing homeless veterans outreach programs in Toronto, Calgary, and Montreal). To qualify for participation in the survey, these staff had to have been offering case management services in the form of outreach at the time the study was completed. This was done to ensure that the collected data were a valid representation of the population being canvassed. Furthermore, the staff chosen were no younger than 22 years of age, and was employed by Veterans Affairs for a minimum of 1 year. The latter criterion was included to ensure that all staff canvassed had been employed long enough to give an adequate representation of knowledge gained by Veterans Affairs frontline workers. This sample population ensured that staff had adequate experience to provide valid input.

The homeless veteran client group consisted of eight male participants who were 18 years or older when the questionnaires were administered. Eight participants were chosen due to the time constraints of the thesis. No female participants were included due to the lack of female homeless veteran clients willing to take part in the study. Although there are many who have in fact been homeless since early teens, all who have served in the military had to have been 18 to enlist. Therefore, no one under the age of 18 was considered for this study. Recruitment for the study was voluntary, which in turn prevented results skewed based on being forced to complete the study. The pool of potential participants were the clients in the case managers’ caseload from a homeless shelter in Toronto, Ontario. In order to be selected as a participant, each veteran must have been homeless for at least 3 months, and have met the requirements to receive case management services from Veterans Affairs Canada. These requirements include 3 main concerns: (1) must have served in the military, (2) must have a barrier that prevented them from succeeding in the civilian world, and (3) the barrier must be related to their service in the military (i.e. PTSD due to overseas tours). This ensured that the responses could be considered to be valid as they were provided by those who had received a reasonable level of input from the organization. Any service user who suffered from severe mental illness or who had personal issues with Veterans Affairs was excluded to furthermore ensure validity.

Written informed consent was obtained from both the clients (Appendix A), and the staff (Appendix B). All participants were asked for their signed consent to take part in the study prior to completing their respective questionnaires. Both groups were informed of their right to withdraw from the study at any time without penalty occurring for not taking part. The St. Lawrence Research Ethics Board as well as the Veterans Affairs Canada Research Ethics Board approved the research study.

Design

The data gathered for this research was collected by using two specifically designed questionnaires (Appendix C and D), one for each of the two populations under study. Relevant literature was reviewed to help identify what was considered the best techniques that are utilized
when working populations that are considered “difficult to engage.” The questionnaires included initial yes/no response questions, Likert scale questions, and open-ended feedback questions. Both styles of questions were included to incorporate both numerical data that was visually analyzed as well as receive opinions that could be incorporated to help improve the services being offered. This was done to include as much feedback on what was considered to work, and what does not work, while also incorporating written responses to improve the outreach program in place.

That data obtained for this study are presented in four different tables. Two tables were created to display the percentage of service users and service providers who answered yes or no in the initial responses section of the questionnaires (Tables 4.1 and 4.2; see Appendix E and F for raw scores). In addition, the mean Likert Scores for each respondent were calculated then displayed in two other tables for service users and providers (Tables 4.3 and 4.4). Qualitative responses for both service user and service providers are then verbally presented. All data was visually analyzed, which was deemed by the researcher to be the most appropriate method for analyzing the collected data received.

**Setting/Apparatus**

The research study took place at a homeless shelter in Toronto, where the case managers employed by Veteran Affairs assist homeless veterans. This location was chosen because it was likely to be a good representation of both service providers and service users. Questionnaires were also distributed by mail to incorporate the feedback of staff who were involved in the programs being implemented in Calgary as well as Montreal. The service providers both in Calgary and in Montreal were contacted to explain the questionnaire to them prior to their receiving the documents. The participants were free to contact the researcher after the initial phone call if questions or concerns arose when the service provider questionnaire was being completed. The only materials involved in data generation were copies of the questionnaires that were administered to case managers and clients.

**Measures**

Two semi-structured questionnaires were utilized to collect the data necessary for this study. Each questionnaire was designed specifically to gather data and feedback to evaluate the effectiveness of the outreach services being offered to engage homeless veterans.

One questionnaire was created to gather data and feedback from the homeless veteran population, and the second questionnaire was designed for the staff who implement the outreach programs. Additionally, both questionnaires included the opportunity for respondents to make recommendations for the improvement of services. Each questionnaire included use of a Likert scale to rate the items that ranged from 1 (very ineffective) to 5 (very effective) for the collection of quantitative data, and open-ended questions for the collection of qualitative data. Each question that was created for both questionnaires was discovered to be relevant in the literature that was previously reviewed. The questionnaires created for both service users and service providers were then reviewed by several staff members at Veterans Affairs to ensure validity of both was obtained.
Procedures

Service user survey. The questionnaire that was administered to the homeless veterans was completed independently in a private room at a homeless shelter. It was critical that each service user completed the questionnaire away from distractions or situations that could affect the validity of the results. The participants were each given as much time and assistance from the researcher as they required to complete the questionnaire. Only the researcher and one additional staff member were present during the completion of the questionnaire. The researcher was present to ensure that all questions that arose from the questionnaire were answered, and the additional staff member was present in adherence to the agency’s procedures and policies.

Service provider survey. The questionnaire that was designed for the staff was also administered at a homeless shelter in a private room. Only the researcher was present to answer questions if needed. The questionnaire for staff was also distributed by mail for staff members from Montreal and Calgary in order to supplement the small sample size in Toronto. It was also distributed to staff in Montreal and Calgary to ensure information was gained from several sources as well as to look at the consistency of approaches across different settings. Staff participants also received as much time and assistance as they needed to complete the questionnaire.

The two questionnaires were utilized to help to identify whether certain outreach strategies were considered to be effective in strengthening engagement, and in order to receive feedback on what may or may not be successful techniques to use in the future.

All research that was conducted in Toronto, Ontario at a homeless shelter was completed over a 2-day period. Half of the homeless veteran group completed the survey on the first day as well as one of the staff participants. The remaining participants in this group completed the survey on the second day. This ensured that enough time was designated for each participant to complete the questionnaire successfully. The staff questionnaires that were mailed to Calgary and Montreal were completed and mailed back by the end of the allotted time period for this study.
Chapter IV: Results

Two questionnaires evaluating how effective certain approaches of outreach being implemented by Veterans Affairs Canada were designed and administered to service providers and users of the service. It is important to note that one service provider was not included due to a language barrier and time constraints. Questions related to a variety of related areas including the topics of motivational interviewing, personal care items, reducing the stigma of the word ‘veteran’, maintaining an ongoing presence, and establishing a hierarchical approach were divided into three elements.

The first element of each question contained a dichotomous ‘yes’ or ‘no’ style response question that invited respondents to endorse whether they utilized/received the approaches listed above. The next element invited respondents to indicate how effective this particular approach was using a 5-point Likert scale framework (where a score of ‘1’ denoted a very ineffective endorsement and a score of ‘5’ denoted a rating of very effective). The last element provided the opportunity for respondents to openly share their own views about each topic in a free response section that enabled qualitative feedback and analysis. A total of eight homeless Veterans Affairs service users and two Veterans Affairs service providers completed each respective questionnaire.

The data obtained from the two questionnaires, specifically designed for this study, were collected and organized into four tables. Table 4.1 presents the results of the questionnaire completed by the service users, while Table 4.2 presents the results of the service users’ questionnaire. For the purpose of clear visual analysis, the dichotomous ‘yes’ and ‘no’ responses forming the initial response to each question were assigned a numeric code (‘yes’ = 1, ‘no’ = 0) and presented in Table 4.1. The mean answer for service users to each Likert scale question was then calculated and presented in Table 4.3 for those who answered ‘yes’ and Table 4.4 for those who answered ‘no’.

Initial Yes/No Service User Responses

In the initial part of each question, respondents simply answered ‘yes’ or ‘no’ before moving on to the next section. As Table 4.1 below indicates, 100% of the eight service user respondents endorsed items 1 (relating to self-efficacy), 2 (relating to establishing rapport), 6 (relating to maintaining presence), 8 (relating to motivational interviewing) and 9 (relating to exploring discrepancy). Furthermore, 87.5% (7 of 8) service users endorsed item 4 (relating to the hierarchy of needs) and 62.5% (5 of 8) service users answered affirmatively to item 7 (relating to reducing stigma). However, 50% (4 of 8) of the respondents endorsed item 3 (relating to the distribution of hygiene products) while 37.5% (3 of 8) service users endorsed item 5 (relating to establishing contact). Overall, 87.5% of the eight respondents endorsed at least seven of the nine items listed on the service user questionnaire as techniques that case managers were currently utilizing.
Table 4.1

*Service User Questionnaire Responses*

<table>
<thead>
<tr>
<th>Service User</th>
<th>Percentage of Respondent Answers</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question 1 (self-efficacy)</td>
<td>100%  (8 out of 8)</td>
<td>0%  (0 out of 8)</td>
<td></td>
</tr>
<tr>
<td>Question 2 (rapport)</td>
<td>100%  (8 out of 8)</td>
<td>0%  (0 out of 8)</td>
<td></td>
</tr>
<tr>
<td>Question 3 (hygiene)</td>
<td>50%  (4 out of 8)</td>
<td>50% (4 out of 8)</td>
<td></td>
</tr>
<tr>
<td>Question 4 (hierarchy)</td>
<td>87.5% (7 out of 8)</td>
<td>12.5% (1 out of 8)</td>
<td></td>
</tr>
<tr>
<td>Question 5 (visitation)</td>
<td>37.5 % (3 out of 8)</td>
<td>62.5% (5 out of 8)</td>
<td></td>
</tr>
<tr>
<td>Question 6 (presence)</td>
<td>100%  (8 out of 8)</td>
<td>0%  (0 out of 8)</td>
<td></td>
</tr>
<tr>
<td>Question 7 (stigma)</td>
<td>62.5% (5 out of 8)</td>
<td>37.5% (3 out of 8)</td>
<td></td>
</tr>
<tr>
<td>Question 8 (experiences)</td>
<td>100%  (8 out of 8)</td>
<td>0%  (0 out of 8)</td>
<td></td>
</tr>
<tr>
<td>Question 9 (discrepancy)</td>
<td>100%  (8 out of 8)</td>
<td>0%  (0 out of 8)</td>
<td></td>
</tr>
</tbody>
</table>

Initial Yes/No Service Provider Responses

As Table 4.2 below indicates, 100% (2 of 2) of the service provider respondents endorsed items 1, 2, 4, 5, 6, 8, and 9. It is important to note is that 50% (1 of 2) of the respondents endorsed all items that were listed on the service provider questionnaire, while the other respondent did not endorse items 3 or 7.
Table 4.2

Service Provider Questionnaire Responses

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Percentage of Respondent Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Question 1 (self-efficacy)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(2 out of 2)</td>
</tr>
<tr>
<td>Question 2 (rapport)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(2 out of 2)</td>
</tr>
<tr>
<td>Question 3 (hygiene)</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>(1 out of 2)</td>
</tr>
<tr>
<td>Question 4 (hierarchy)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(2 out of 2)</td>
</tr>
<tr>
<td>Question 5 (visitation)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(2 out of 2)</td>
</tr>
<tr>
<td>Question 6 (presence)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(2 out of 2)</td>
</tr>
<tr>
<td>Question 7 (stigma)</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>(1 out of 2)</td>
</tr>
<tr>
<td>Question 8 (experiences)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(2 out of 2)</td>
</tr>
<tr>
<td>Question 9 (discrepancy)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(2 out of 2)</td>
</tr>
</tbody>
</table>

Average Service User Respondent Likert Ratings

For the second element of each question, respondents were asked to rate the effectiveness of the service on a Likert scale ranging from ‘1’ (very ineffective) to ‘5’ (very effective) based on whether they answered ‘yes’ or ‘no’ in the previous element. As Table 4.3 indicates below, in questions 1 and 8 of the service user questionnaire for those who answered ‘yes’, the mean response of the respondents was 4.8 (effective). For item 2 of the service user questionnaire for those who answered ‘yes’, the mean response was 4.9 (effective). With items 3 and 7 of the service user questionnaire for those who answered ‘yes’, the mean response of the respondents was 4.0 (effective). Additionally, for items 4 and 9 of the service user questionnaire for those who answered ‘yes’, the mean response of the respondents was 5.0 (very effective). Furthermore, for those who answered ‘yes’ on item 5 of the service user questionnaire, the mean response was
4.7 (*effective*). Finally, for item 6 of the service user questionnaire, for those who answered ‘yes’, the mean response of the respondents was 4.6 (*effective*).

It is important to note on the overall findings that for those respondents who endorsed the items listed in the questionnaire, the vast majority considered them at least ‘effective’. It is also important to note that although only three respondents endorsed item 5, those who did considered it at least ‘effective’.

Table 4.3

*Service User Average of Yes Responses*

<table>
<thead>
<tr>
<th>Service User Yes Responses</th>
<th>Number of Respondents Endorsing Each Approach</th>
<th>Calculated Mean Likert Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1 (self-efficacy)</td>
<td>8</td>
<td>4.8</td>
</tr>
<tr>
<td>Question 2 (rapport)</td>
<td>8</td>
<td>4.9</td>
</tr>
<tr>
<td>Question 3 (hygiene)</td>
<td>4</td>
<td>4.0</td>
</tr>
<tr>
<td>Question 4 (hierarchy)</td>
<td>7</td>
<td>5.0</td>
</tr>
<tr>
<td>Question 5 (visitation)</td>
<td>3</td>
<td>4.7</td>
</tr>
<tr>
<td>Question 6 (presence)</td>
<td>8</td>
<td>4.6</td>
</tr>
<tr>
<td>Question 7 (stigma)</td>
<td>5</td>
<td>4.0</td>
</tr>
<tr>
<td>Question 8 (experiences)</td>
<td>8</td>
<td>4.8</td>
</tr>
<tr>
<td>Question 9 (discrepancy)</td>
<td>8</td>
<td>5.0</td>
</tr>
</tbody>
</table>

As indicated in Table 4.4 below, for items 1, 2, 6, and 8 of the service user questionnaire, none of the respondents answered ‘no’, and therefore a mean score was not applicable. For items 3 and 4 of the service user questionnaire for those who answered ‘no’, the mean response was 3.0 (*neither effective nor ineffective*). For item 7 of the service user questionnaire for those who answered ‘no’, the mean response of the respondents was 2.0 (*ineffective*). Furthermore, for item 5 of the service user questionnaire for those who answered ‘no’, the mean response of the respondents was 4.2 (*effective*). Although the respondents did not endorse items 3 and 5, they still rated the items at the least ‘neither effective nor ineffective’. Furthermore, for the respondents who did not endorse item 4, they still rated the item as being ‘effective’.
Table 4.4

Service User Average of No Responses

<table>
<thead>
<tr>
<th>Service User No Responses</th>
<th>Number of Respondents Not Endorsing Each Approach</th>
<th>Calculated Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1 (self-efficacy)</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Question 2 (rapport)</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Question 3 (hygiene)</td>
<td>4</td>
<td>3.0</td>
</tr>
<tr>
<td>Question 4 (hierarchy)</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Question 5 (visitation)</td>
<td>5</td>
<td>4.2</td>
</tr>
<tr>
<td>Question 6 (presence)</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Question 7 (stigma)</td>
<td>6</td>
<td>2.0</td>
</tr>
<tr>
<td>Question 8 (experiences)</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Question 9 (discrepancy)</td>
<td>0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Average Service Provider Respondent Likert Ratings

Both service provider respondents endorsed items 1, 2, 4, 5, 6, 8, and 9. One of the two respondents endorsed all items listed in the service provider questionnaire, while the other did not endorse items 3 or 7. One of the respondents considered that all items, except items 4 and 5, to be ‘very effective’. The same respondent rated items 4 and 5 as ‘effective’. The other respondent rated all items as ‘very effective’, apart from item 3, which was rated as ‘very ineffective’.

Service User Qualitative Responses

In the third element of each question, the respondents were asked to provide qualitative feedback. With respect to the service users, although two of the eight service user respondents did not respond in these sections, there was still much feedback given. For example, with regards to establishing rapport (item 2), four of the eight respondents chose to provide feedback. All of this feedback received was positive and typified by one of the respondents who said, ‘Having someone want to sit down and establish that connection with me went a long way in getting me to trust in what they were trying to do for me.’ Furthermore, with utilizing a ‘hierarchy of needs’ approach (item 4), five of the eight respondents provided feedback. Of these, four out of the five respondents provided positive feedback. This feedback was best described by one respondent who explained, ‘I came in starving and cold and by fixing this first helped me focus on the other stuff that I needed after.’

Item 10, ‘Open Feedback’, presented the opportunity for respondents to provide more general, unstructured feedback. Of those who commented (three out of eight service user respondents), all explained the need for the program to expand to encompass more of the homeless veteran population. All three of these respondents agreed that the steps taken to help were successful but that there were many out there like them that need this service. This was perhaps best explained by one respondent who said, ‘Biggest thing to improve would be the need
for more case managers to help increase the places for this service to help more people that were in my predicament.’ Furthermore, many of the service users also took the opportunity in this question to thank Veterans Affairs for their attempts to reach out to their population to attempt to help them improve their quality of life. This was probably best described by one respondent who explained, ‘Overall it was extremely helpful and I want to thank Veterans Affairs. To have someone like my case manager who really cares is the reason I am where I am today without her I would be dead.’

Service Provider Qualitative Responses

With regards to the service provider questionnaire, the two respondents provided similar feedback. Both discussed the need to expand not only the knowledgebase about this relatively new program, but also to expand the resources made available to support the program. This was probably best described by the respondent who explained, ‘Continuous and ongoing awareness and increased knowledge within staff across the country to help best serve this lost population.’ Furthermore, the consensus of both respondents was that not only were they satisfied with the service they are providing with this program and the techniques employed, but that it is improving the lives of many. An example of this was provided by one respondent who said; ‘this program has made huge strides since being started, it has helped pull hundreds off of the street and is continuing to do so, we are an unknown commodity where every day we get to attempt improve quality of life!’ It is important to note that respondents, both service user and service provider, who rated less than 3 (neither effective nor ineffective) did not choose to include any qualitative feedback.
Chapter V: Discussion

Summary

As previously stated, medically released and voluntarily released veterans have been a population that has been shown to have problems with transitioning to civilian life (Kirchner et al., 2011). This then has led to the overall proportion of veterans among the homeless to increase enough to be slightly larger than those from the general population who had become homeless (Gamache et al., 2001). The literature showed that services such as Veterans Affairs should employ strategies such as outreach and engagement to be successful with homeless veterans (Olivet, Bassuk, Elstad, Kenney, & Jassil, 2010). Two significant gaps were identified in the literature of outreach techniques utilized with a homeless veteran population. These identified gaps were (1) the need to evaluate outreach programs, and (2) the importance of gathering feedback from both service users and outreach workers in order to gain valuable feedback. The initial hypothesis was that by developing two specifically designed questionnaires, one administered to the clients who utilize the services and one to the staff who implement them, recommendations could be made about best practices.

This thesis aimed to utilize literature focused on outreach techniques for homeless veterans to create two questionnaires, and to provide recommendations for best practices when working with this population. Both questionnaires included questions related to a variety of critical areas. Each of the first nine questions included a dichotomous ‘yes’ or ‘no’ style response element that invited respondents to endorse whether they utilized/received the approaches listed above. Furthermore, each of the first nine questions included a 5-point Likert scale element (where a score of 5 denoted a very effective endorsement and a score of 1 denoted a very ineffective endorsement) to rate the effectiveness of a particular approach. Lastly, all 10 questions on the questionnaires provided the opportunity for respondents to share their own views about each topic in a free response element that enabled qualitative feedback and analysis.

The results indicated that overall, both service users and service providers endorsed many of the items listed therefore supporting their effectiveness when used to facilitate engagement in the targeted population. Out of the nine questions that had a dichotomous ‘yes’ or ‘no’ element, 87.5% of the eight service user respondents endorsed at least seven of the nine items listed by responding ‘yes’. Furthermore, one of the two respondents endorsed all items that were listed on the service provider questionnaire, while the other strongly endorsed all but two items by responding ‘yes’. In addition, both service users and providers rated the items they had previously endorsed a rating no lower than 4 (effective) on the 5-point scale.

Lastly, the qualitative data provided by both populations under consideration consisted entirely of positive feedback about the work being conducted. This provided social validity to support the labelling of these techniques as best practices when utilized in outreach to facilitate engagement in homeless veterans. These data support the conclusion that the questionnaire items related to techniques can be recommended as being experienced as beneficial by both populations, therefore confirming the previously stated hypothesis.
Context to the Literature

According to the relevant literature, reviewed in the introduction to this thesis, utilizing outreach as a method to facilitate engagement has been employed increasingly over time. More specifically, the literature supported the use of techniques such as expressing empathy, developing discrepancy, and supporting self-efficacy; all of which have been hypothesized to increase engagement levels in this environment. The literature also suggested that providing homeless veterans with self-care items, developing a hierarchy of needs, and frequently visiting clientele in combination with MI techniques can help to further maximize engagement levels. The current study helped to address the two gaps in the literature that were previously identified. As a result, proper recommendations could be given with regards to what techniques were considered best practices based on those who employ the techniques and those who benefit from them.

Strengths and Limitations

There were several strengths and limitations to the current thesis. The major strength of this research was the use of questionnaires that had been created for the specific purpose of this study. This allowed each question to be tailored specifically to the population based on the relevant literature, rather than having to adapt and modify questionnaires from another population. Another strength of this research was the use of both service users as well as service providers. Using both those from the homeless veteran population and those who serve them, the researcher was able to collect a wider range of data in an attempt to include all who are involved with this population, and hence increase the amount, and type, of relevant information collected.

One major limitation to this study was the small sample size, especially with respect to the staff participants, as this weakens the ability to generalize the findings of this research. In fact, one service provider had to be excluded from the study due to language barriers. Increasing the number of participants would not only have increased the statistical power of the data, but it would have increased the ability for the study’s conclusions to be generalized. Time was also another major limitation of this study as it hampered the ability to travel to other cities to ensure more reliable data was gathered. Only having a short timeframe of 14 weeks to complete this study limited the amount of time utilized for data collection to ensure a larger sample was used. Having a restricted amount of time prevented a good representative sample of participants from all the important geographic areas to be included, which further limited the generalizability of the study. Furthermore, only having eight service users complete the questionnaire from one geographical area, there was a lack of data from other geographical areas in which the homeless veteran population reside.

Another limitation of this study was its ability to generalize to other populations. Although this study focused on the homeless veteran population, many of the other homeless populations benefit from programs such as the one evaluated (Cumo & Halala, 1999). This study only included one population, therefore limiting its ability to generalize to other populations. Not piloting the questionnaires before administering them is another limitation of this study. This did not allow the researcher to check the levels of comprehension. This then could have hampered
the validity of the data from the questionnaires if some of the respondents did not understand what was being asked of them.

In addition, the ability for participants to determine ‘desired’ responses on both questionnaires is another key limitation to this study. As all items on both questionnaires rate effectiveness in one direction (i.e., left to right), it permits both sets of respondents to ‘fake’ answers by giving what they think is the socially desired answer. Moreover, it can also lead to a responding bias as respondents can rate an item as a 5 (very effective) then keep selecting similar ratings on the right side on the right side of the scale until finished.

Lastly, the use of self-report data was a limitation of this study, as the respondents could have felt compelled to respond to the questionnaires in a socially desirable manner; for example, being concerned that services would be removed if they did not demonstrate their appreciation for them. Although steps were taken to remove this limitation (i.e., only the researcher being present while questionnaires are being answered), many of clients could have answered based on what they thought was the right thing for Veterans Affairs to hear to ensure security in the services they are receiving (e.g., shelter, food, addictions rehabilitation).

Multilevel Challenges to Service Implementation Report

Despite significant efforts, most scenarios do not closely follow the scenarios outlined in textbooks. There are multiple areas of service, which can pose a challenge when implementing a research study such as this. The following are some of the challenges experienced when working at a case management services agency for veterans: the client, program, organization, and societal levels.

Client level. For the most part, it is expected that when collecting research data from clients they correctly complete the tasks to which they are assigned. Unfortunately, this is not always the case. If the clients chosen do not understand properly or are just not willing to do everything required, they may choose to not complete the tasks asked of them. It is though, the client’s decision whether or not they want to participate, and it is important to always listen and adhere to the client’s needs. Another challenge at the client level is to remember that although you consider the task to be one that can be relatively easily completed by clients; this may not always be the case. Asking the client to fill out a questionnaire, as was the case in this study, could be a case in point. However, if the client has literacy deficiencies, they may find it extremely difficult to complete. Under such circumstances, adaptation is highly important for a behaviour therapist to help gear the task towards the client’s level.

Program level. The homeless veteran program is a relatively new program in place that has several challenges that limit its ability. For example, there are many more clients than first anticipated for a program with these treatment aspirations. With so many clients and only few staff dedicated strictly to this population type, the amount of resources allocated for help is not large and neither is the time that can be spent for anyone other than clients. It is important, to ensure optimal results, to plan to meet with those staff involved on their schedule as the clients are who come first. Furthermore, by meeting with staff when they are available and ready allows there to be no rushing and correct data can be obtained.
**Organizational level.** A challenge in the implementation of a thesis at the organizational level in a case management services agency for veterans is the lack of time given to complete a research study with this hypothesis. It can be difficult completing a study with significant results when travel organization and actual travel can limit the amount of time spent on data collection. It is key to the success of the study to ensure enough time is allotted within the limited time period to attempt to ensure enough data can be collected so the study can yield valid results.

**Societal level.** A serious limit to service implementation at a societal level includes the stigma that comes attached to the homeless population. For example, society labels many of the homeless population as one that is “a freeloader”, and “a waste of good resources.” These stigmas can affect both the populations level of care received as well as cause issues from the public or other service providers when working with this population. It is important for all involved in a study of this population to now allow a stigma to reduce the amount of care that is received or to allow their beliefs to be construed by what society might think of the population that is being targeted.

**Contributions to the Field**

The current research provides initial feedback on the effectiveness of techniques utilized in outreach when working with the homeless veteran population. The research sought to investigate techniques found to be effective in the literature with similar populations and combined them into two unique specifically designed questionnaires in an attempt to evaluate their effectiveness. The current research attempted to identify the techniques that can be considered best practices when facilitating engagement through the use of outreach. Furthermore, this research study provides preliminary results on the effectiveness of many techniques that can be utilized when working with the homeless veteran population. Lastly, with there being no known previous measures to help evaluate the effectiveness of these techniques, the two questionnaires created may aid fellow researchers attempting to understand aspects of working with the homeless veteran population.

**Recommendations for Future Research**

Since the current study was the first of its kind with this population, further research should be conducted. For example, the research could be replicated with other individuals from different homeless populations rather than just homeless veterans, different geographical areas, female service users, and with a larger sample size. This would then add to the study’s ability to be generalized to a wider range of populations. In addition, this would ensure that all the characteristics that help define the homeless veteran population are included to confirm that the sample is representative.

Furthermore, research could be conducted in order to determine the effectiveness of the specifically designed questionnaires. It is recommended that the measures that have been created be piloted to check the level of comprehension by subsequent respondents and the literacy level required of them. Once the results of the pilot study are obtained and the feedback obtained about any needed changes, then it is recommended that modifications be made based on that
feedback. This is important as to ensure that not only the questionnaires obtain what they are supposed to, but to ensure that they are fully comprehended by respondents. It is also recommended that other techniques not included be added to evaluate them in the questionnaires to see if they are found to be effective. This could be done by just incorporating items about strictly motivational interviewing techniques to gauge their effectiveness.

In addition, it is recommended that a small literacy test be administered before the questionnaires are given out to ensure they are comprehensible by all respondents. It is then recommended that another study be completed to determine the literacy level required to comprehend and complete the surveys. This would allow the researchers to rule out those who do not have the literacy level needed to ensure optimal results are obtained on the questionnaires.

Lastly, it is recommended that the success of the program itself be evaluated, rather than just the techniques it utilizes. This could be conducted by identifying success rates among the homeless veteran population involved in the program. These success rates could be determined by analyzing future homelessness rates, how well they stayed in contact with the program throughout the process, and the amount that have become self-sustaining after the completion of the program. This would allow the researchers to not only evaluate the success of the program itself but also identify the indicators that lead to success in the program.

**Word Count:** 10 426
References


Appendix A: Consent Form for Veteran Affairs Service Users

Title: Evaluating Effectiveness of Outreach Services in Engagement with Homeless Veterans

Student: Michael Switzer

College Supervisor: Matt O’Brien

INVITATION
I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College Kingston, ON and I am currently on placement at Veteran Affairs in Kingston. As a part of this placement, I am completing a special project called an applied thesis and am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want to participate. Please read the information below carefully and feel free to ask any questions you might have before deciding whether or not to participate.

What is the purpose of the study?
This study is being completed to evaluate how well Veteran Affairs staff is reaching out to inform the people of the potential services offered to increase engagement. The data being collected will be used to report on the effectiveness of the programs in place and provide recommendations on what might work and what might not work.

What will you need to do if you take part?
If you choose to take part in the study, you will be asked to fill out one questionnaire consisting of various questions which may take you up to 10 minutes to complete. This will be completed when sitting down with me and another staff member, who is not your case manager, in a private office.

What are the potential benefits to me of taking part?
The direct benefit of taking part in the study is an opportunity to help in the continuing improvement of the outreach services being offered.

What are the potential benefits to others of taking part? (If applicable)
If you take part in this study, other homeless veterans in various locations have the opportunity to receive similar and improved services. Participating in this study gives you the chance to improve the services you have been receiving.

What are the possible disadvantages and risks of taking part?
Risks from taking part in this study are minimal but may include feeling tired, less spare time on the days that you are filling out the questionnaire, and possible feelings of frustration that comes with being taken away from your previous activities.
What happens if something goes wrong?
If you feel uncomfortable at any time in the study, you may talk to a staff member or me, or you can talk to any of your regularly available counselors. You also have the right at any time during the study to change your mind and no longer take part.

Will my taking part in this project be kept private?
All personal information that you give us relating to this project will be kept private and your name will never be used. Papers will have a number instead of your name to make sure that no one will be able to identify you. Any information that we collect will be kept in a locked filing cabinet or on a password-protected USB memory stick.

Do you have to take part?
It is your choice whether or not to take part. If you do decide to take part, you will be asked to sign this consent form. You will still be free to withdraw at any time, without giving any reason.

Contact for further information.
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Matt O’Brien, my supervisor from St. Lawrence College. I really appreciate your cooperation. If you have any additional questions or concerns, feel free to ask me, mswitzer10@student.sl.on.ca and 1-866-522-2122, or you can contact my College Supervisor, matt@rockwoodpsyc.com. You may also contact the Research Ethics Board at reb@sl.on.ca

Consent
If you agree to participate in the project, please complete the following form and hand it to me before completing the questionnaire. A copy of this signed document will be given to your own case manager to store in your VA records. An additional copy of your consent will be retained at the agency and in a secure location with the Research Ethics Board at St. Lawrence College.

CONSENT
By signing this form, I agree that:

- The research project has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this project have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the research project.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.
I hereby consent to participate

Participant: ____________________________

Signature: ____________________________  Date: ________

SLC Student Signature: __________________  Date: ________

Printed Name: _________________________
Appendix B: Consent Form for Staff

Title: Evaluating Effectiveness of Outreach Services in Engagement with Homeless Veterans

Student: Michael Switzer

College Supervisor: Matt O’Brien

INVITATION
I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College Kingston, ON and I am currently on placement at Veteran Affairs in Kingston. As a part of this placement, I am completing a special project called an applied thesis and am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want to participate. Please read the information below carefully and feel free to ask any questions you might have before deciding whether or not to participate.

What is the purpose of the study?
This study is being completed to evaluate the effectiveness of the outreach services being offered by Veteran Affairs to increase levels of engagement with services offered. The data being collected will be used to report on the effectiveness of the outreach services and give recommendations towards gaining optimal success.

What will you need to do if you take part?
If you choose to take part in the study, you will be asked to fill out one questionnaire consisting of various questions which may take you up to 10 minutes to complete. The questionnaire will be completed when sitting down with me and another staff member in a private office or via videoconference.

What are the potential benefits to me of taking part?
The direct benefit of taking part in the study is an opportunity to help in the continuing improvement of the outreach services being offered.

What are the potential benefits to others of taking part? (If applicable)
If you take part in this study, other Veteran Affairs staff from different district offices has the opportunity to implement the same services. Participating in this study gives you the chance to improve upon the services you have been implementing.

What are the possible disadvantages and risks of taking part?
Risks from taking part in this study are minimal but may include feeling tired, less spare time on the day that you are filling out the questionnaire, and feelings of frustration at the questions being asked.
What happens if something goes wrong?
If you feel uncomfortable at any time in the study, you may talk to any one of your regularly available coworkers, or you can talk to me. You also have the right at any time during the study to change your mind and no longer take part.

Will my taking part in this project be kept private?
All personal information that you provide will be kept private and your name will never be used. You will be assigned a number to ensure confidentiality of identity. Any information that we collect will be kept in a locked filing cabinet and on a password-protected USB memory stick.

Do you have to take part?
It is your choice whether or not to take part. If you do decide to take part, you will be asked to sign this consent form. You will still be free to withdraw at any time and without giving any reason.

Contact for further information.
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Matt O’Brien M.A., M.Sc., C Psych. Assoc., my supervisor from St. Lawrence College. I really appreciate your cooperation. If you have any additional questions or concerns, feel free to ask me, mswitzer10@student.sl.on.ca, or you can contact my College Supervisor, matt@rockwoodpsyc.com. You may also contact the Research Ethics Board at reb@sl.on.ca

Consent
If you agree to participate in the project, please complete the following form and return it to me via fax to the Veteran Affairs Kingston district office before completing the questionnaire. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency and in a secure location with the Research Ethics Board at St. Lawrence College.

CONSENT FORM SIGNATURE
By signing this form, I agree that:
- The research project has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this project have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the research project.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.
I hereby consent to participate

Participant: ____________________________

Signature: ____________________________  Date: ________

SLC Student Signature: ____________________  Date: ________

Printed Name: ____________________________

Appendix C: Service User Questionnaire

Dear Service User,

My name is Michael Switzer and I am a student from St. Lawrence College in Kingston, Ontario completing my Thesis Project. As part of the research that I am conducting while on placement at Veteran Affairs Canada, I am asking service users to complete a survey questionnaire that will evaluate the effectiveness of outreach services in engaging Veterans Affairs service users. These results will be used to aid me in evaluating the effectiveness of the outreach programs. These results will be made available at my place of education (St. Lawrence College) and at Veteran Affairs electronically as well as a paper copy at the Kingston district office. I would greatly appreciate it if you could complete the following questionnaire because it would allow me to help evaluate the effectiveness of the program. All information collected from the study will be kept confidential and your name will never be used in the study or related work. You are free to withdraw at any time and if you have any questions or concerns you can contact me at 1-866-522-2122 or by email at mswitzer10@student.sl.on.ca.

Thank You for your help.

Michael Switzer

St. Lawrence College, Kingston
**INSTRUCTIONS**

For each of the questions below involving a scale, please indicate the extent of your agreement or disagreement by circling the number you feel best represents the level of effectiveness of that particular approach.

The response scale is as follows:

1. Very Ineffective  
2. Ineffective  
3. Neither Ineffective Nor Effective  
4. Effective  
5. Strongly Effective  

For each of the questions asking a yes or no question please circle the one you agree with the most.

For each statement, providing a space for a written answer please provide feedback on what you believe is best.

Please do not hesitate to ask me if there’s anything you don’t understand, or would appreciate help with.
QUESTION 1.)

a. Did the case manager make you feel you were in charge of making your decisions and carrying out the changes you wanted?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If you answered YES to Question 1 please answer the following

b. How effective was this in making you want to use the services offered by Veterans Affairs?

1 2 3 4 5

Very Ineffective Ineffective Neither Ineffective Nor Effective Effective Very Effective

In your opinion, what changes could be made to improve this approach

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you answered NO to Question 1 please answer the following.

c. How effective do you think this approach could be?

1 2 3 4 5

Very Ineffective Ineffective Neither Ineffective Nor Effective Effective Very Effective

Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
QUESTION 2.)

a. Did the outreach case manager attempt to get to know you and establish a connection with you?

YES

NO

If you answered YES to Question 2 please answer the following

b. How effective was it in making you want to use the services offered to you by Veterans Affairs?

1 2 3 4 5

Very Ineffective Ineffective Neither Ineffective Nor Effective Effective Very Effective

In your opinion, what changes could be made to improve the approach taken to try and establish a connection?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

If you answered NO to Question 2 please answer the following.

c. How effective do you think this approach could be?

1 2 3 4 5

Very Ineffective Ineffective Neither Ineffective Nor Effective Effective Very Effective

Why or why not?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
QUESTION 3.)

a. When coming to speak to you for the first time did the case manager bring helpful items such as hygiene products (deodorant and toothbrushes and toiletries (toilet paper, Kleenex)?

YES

NO

If you answered YES to Question 3 please answer the following

b. How effective was this in making you want to use the services offered to you by Veterans Affairs?

In your opinion, what changes could be made to improve the approach taken to bring hygiene and toiletry products?

If you answered NO to Question 3 please answer the following

c. How effective do you think providing you with toiletries and hygiene product are in helping you to engage with services?

Why or why not?
QUESTION 4.)

a. When you were initially approached by the Veterans Affairs case manager did they first focus on helping you with your essential needs such as food and shelter?

YES
NO

*If you answered YES to Question 4 please answer the following question*

b. How effective was this in making you want to use the services offered to you by Veterans Affairs?

In your opinion, what changes could be made to improve the approach taken to target your essential needs such as food or shelter?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*If you answered NO to Question 4 please answer the following question*
c. How effective do you think this approach could be?

Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
QUESTION 5.

a. When establishing contact with you did the case manager come visit you?

YES  NO

*If you answered YES to Question 5 please answer the following question*

b. How effective was this in making you want to use the services offered to you by Veterans Affairs?

In your opinion, what changes could be made to improve the approach utilized by the case manager of reaching out to you?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

c. How effective do you think this approach could be?

Why or why not?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
QUESTION 6.)

a. Were the case managers available and did they have a visible presence at the shelter as well as in the surrounding area?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If you answered YES to Question 6 please answer the following

b. How effective was this in making you want to use the services offered to you by Veterans Affairs?

In your opinion, what changes could be made to improve the approach of having case managers available and having a visible presence?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

If you answered NO to Question 6 please answer the following

c. How effective do you think this approach could be?

Why or why not?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
QUESTION 7.)

a. Did the case manager explain to you when they first met you, the range of services available to those served in the military?

    YES                                                 NO

*If you answered YES to Question 7 please answer the following*
b. How effective was this in making you want to use the services offered to you by Veterans Affairs?

In your opinion, what changes could be made to improve the approach of being informed by the case manager of the services offered by Veterans Affairs?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*If you answered NO to Question 7 please answer the following*
c. How effective do you think this approach could be?

Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

41
QUESTION 8.)

a. Did you feel that the case manager attempted to understand you and your position in an in-depth way

   YES  
   NO

If you answered YES to Question 8 please answer the following

b. How effective was this in making you want to use the services offered to you by Veterans Affairs?

   In your opinion, what changes could be made to improve the approach of trying to connect in an in-depth way?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you answered NO to Question 8 please answer the following

c. How effective do you think this approach could be?

   Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

42
QUESTION 9.)

a. Do you feel that the case manager attempted to work with you to help you to understand your current problems and help you to create reachable goals for the future?

**YES**  **NO**

If you answered **YES** to Question 9 please answer the following

b. How effective was this in making you want to use the services offered to you by Veterans Affairs?

In your opinion, what changes could be made to improve the approach of the case manager working with you to understand your current problems and help create reachable goals?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you answered **NO** to Question 8 please answer the following

c. How effective do you think this approach could be?

Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

43
QUESTION 10

Is there any other feedback that you feel you should give to help make this service more effective in making you want to utilize Veteran Affairs as a resource?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________


THANK YOU FOR YOUR FEEDBACK
Appendix D: Staff Questionnaire

Dear Colleague,

My name is Michael Switzer and I am a student from St. Lawrence College in Kingston, Ontario completing my Thesis Project. As part of the research that I am conducting while on placement at Veteran Affairs Canada, I am conducting a survey questionnaire that will evaluate the effectiveness of outreach services in engaging Veterans Affairs service users. These results will be used to aid me in evaluating the effectiveness of outreach programs. These results will be made available at my place of education (St. Lawrence College) and at Veteran Affairs electronically as well as a paper copy at the Kingston district office. I would greatly appreciate it if you could complete the following questionnaire because it would allow me to help evaluate the effectiveness of the program. All information collected from the study will be kept confidential. In any written reports the information you provide will be represented with no use of names to identify you. You are free to withdraw at any time and if you have any questions or concerns you can contact me at 1-866-522-2122 or by email at mswitzer10@student.sl.on.ca.

Thank You for your help.

Michael Switzer

St. Lawrence College, Kingston
Veteran Affairs Staff Questionnaire

INSTRUCTIONS

For each of the questions below involving a scale, please indicate the extent of your agreement or disagreement by circling the number you feel best represents the level of effectiveness of that particular approach.

The response scale is as follows:

6. Very Ineffective
7. Ineffective
8. Neither Ineffective Nor Effective
9. Effective
10. Strongly Effective

For each of the questions asking a yes or no question please circle the one you agree with the most.

For each statement providing a space for a written answer please provide feedback on what you believe is best.

Please do not hesitate to ask me if there’s anything you don’t understand, or would appreciate help with.
QUESTION 1.)
a. Do you help the clients by supporting their self-efficacy as well as helping them to stay motivated while engaging in the services you offer as a case manager?

YES  NO

If you answered YES to Question 1 please answer the following
b. How effective do you find this approach to be when attempting to engage the client in services with Veterans Affairs?

1  2  3  4  5
Very Ineffective  Ineffective  Neither Ineffective Nor Effective  Effective  Very Effective

In your opinion, what changes could be made to improve the approach of support of self-efficacy and motivation?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you answered NO to Question 1 please answer the following.
c. How effective do you think this approach could be?

1  2  3  4  5
Very Ineffective  Ineffective  Neither Ineffective Nor Effective  Effective  Very Effective

Why or why not?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
QUESTION 2.)

a. Do you take steps to establish rapport such as trust building before attempting to engage your clients in the services that are available to them.

YES                                           NO

If you answered YES to Question 2 please answer the following:

b. How effective do you find this approach to be when attempting to engage the client in services with Veterans Affairs?

In your opinion, what changes could be made to improve the approach taken to try and establish a rapport with clients?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you answered NO to Question 2 please answer the following.

c. How effective do you think this approach could be?

1  2  3  4  5
Very Ineffective  Ineffective  Neither Ineffective Nor Effective  Effective  Very Effective

Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
QUESTION 3.)

a. Do you provide accessible and useful items (i.e. hygiene products and toiletries?) to help gather trust?

| YES | NO |

If you answered YES to Question 3 please answer the following

b. How effective do you find this approach to be when attempting to engage the client in services with Veterans Affairs?

In your opinion, what changes could be made to improve the approach taken to bring useful and accessible items to gather trust?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you answered NO to Question 3 please answer the following

c. How effective do you think providing the client with useful and accessible items could be?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Ineffective</td>
<td>Ineffective</td>
<td>Neither Ineffective Nor Effective</td>
<td>Effective</td>
<td>Very Effective</td>
</tr>
</tbody>
</table>

Why or why not?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

49
QUESTION 4.

a. Do you establish a “hierarchy of needs” approach when attempting to engage a client, such as meeting their primary needs of food and shelter before attempting to utilize other services?

   **YES**
   **NO**

*If you answered YES to Question 4 please answer the following question*

b. How effective do you find this approach to be when attempting to engage the client in services with Veterans Affairs?


In your opinion, what changes could be made to improve the approach taken to establish a “hierarchy of needs”?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*If you answered NO to Question 4 please answer the following question*

c. How effective do you think the approach of establishing a “hierarchy of needs” could be?


Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
QUESTION 5.)

a. When establishing contact with clients do you go out to visit them instead of them coming to you?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If you answered YES to Question 5 please answer the following question

b. How effective do you find this approach to be when attempting to engage the client in services with Veterans Affairs?

In your opinion, what changes could be made to improve the approach of going to the client?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
______________________________________________________________________________
QUESTION 6.)
a. Do you attempt to have a continued presence at and around the homeless shelter?

**YES**

**NO**

*If you answered YES to Question 6 please answer the following*
b. How effective do you find this approach to be when attempting to engage the client in services with Veterans Affairs?

In your opinion, what changes could be made to improve the approach of having a visible presence at the shelter and surrounding area?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

If you answered NO to Question 6 please answer the following
c. How effective do you think this approach could be?

Why or why not?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
QUESTION 7.)

a. Do you attempt to reduce the stigma that is related to the term “veteran” when attempting to engage clients in Veterans Affairs services?

**YES**                                                        **NO**

*If you answered YES to Question 7 please answer the following*

b. How effective do you find this approach to be when attempting to engage the client in services with Veterans Affairs?

![Effectiveness Scale]

In your opinion, what changes could be made to improve the approach of reducing the stigma that is related to the term veteran?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

*If you answered NO to Question 7 please answer the following*

c. How effective do you think this approach could be?

![Effectiveness Scale]

Why or why not?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
**QUESTION 8.**

**a.** Do you allow clients to express their experiences with you in an in-depth way so that you can better understand their needs?

| YES | NO |

*If you answered YES to Question 8 please answer the following*

**b.** How effective do you find this approach to be when attempting to engage the client in services with Veterans Affairs?

In your opinion, what changes could be made to improve the approach of trying to connect in an in-depth way?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*If you answered NO to Question 8 please answer the following*

**c.** How effective do you think this approach could be?

Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

54
QUESTION 9.)

a. Do you as a case manager explore the discrepancy between how the clients act and the future goals they have?

YES

NO

If you answered YES to Question 9 please answer the following

b. How effective do you find this approach to be when attempting to engage the client in services with Veterans Affairs?

In your opinion, what changes could be made to improve the approach of exploring the discrepancy between clients goals and behaviours?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you answered NO to Question 8 please answer the following

c. How effective do you think this approach could be?

Why or why not?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
QUESTION 10

Is there any other feedback that you feel you should give to help make this service more effective in making you want to utilize Veteran Affairs as a resource?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

THANK YOU FOR YOUR FEEDBACK
## Appendix E: Service User Questionnaire Responses - Raw Data

<table>
<thead>
<tr>
<th>Service User</th>
<th>Respondent’s Dichotomous Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question 1:</strong> Did the case manager make you feel you were in charge of making your decisions and carrying out the changes you wanted?</td>
<td>1 1 1 1 1 1 1 1</td>
</tr>
<tr>
<td><strong>Question 2:</strong> Did the outreach case manager attempt to get to know you and establish a connection with you?</td>
<td>1 1 1 1 1 1 1 1</td>
</tr>
<tr>
<td><strong>Question 3:</strong> When coming to speak to you for the first time did the case manager bring helpful items such as hygiene products (deodorant and toothbrushes and toiletries (toilet paper, Kleenex))?</td>
<td>0 1 0 1 1 0 0 1</td>
</tr>
<tr>
<td><strong>Question 4:</strong> When you were initially approached by the Veterans Affairs case manager did they first focus on helping you with you essential needs such as food and shelter?</td>
<td>1 1 0 1 1 1 1 1</td>
</tr>
<tr>
<td><strong>Question 5:</strong> When establishing contact with you did the case manager come visit you?</td>
<td>1 0 1 0 0 1 0 0</td>
</tr>
<tr>
<td><strong>Question 6:</strong> Were the case managers available and have a visible presence at the shelter as well as surrounding area?</td>
<td>1 1 1 1 1 1 1 1</td>
</tr>
<tr>
<td><strong>Question 7:</strong> Did the case manager explain to you when they first met you, when they first met you the range of services available to those served in the military?</td>
<td>1 1 1 1 0 0 0 1</td>
</tr>
<tr>
<td><strong>Question 8:</strong> Did you feel that the case manager attempted to understand you and your position in an in-depth way?</td>
<td>1 1 1 1 1 1 1 1</td>
</tr>
<tr>
<td><strong>Question 9:</strong> Do you feel that the case manager attempted to work with you in discovering your position and help create reachable goals for the future?</td>
<td>1 1 1 1 1 1 1 1</td>
</tr>
</tbody>
</table>

*Note.* Yes = 1, No = 0
# Appendix F: Service Provider Questionnaire Responses - Raw Data

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Respondent’s Dichotomous Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Did you help the clients by supporting their self-efficacy as well as instill them to stay motivated while engaging in the services you offer as a case manager?</td>
<td>1 1</td>
</tr>
<tr>
<td>2</td>
<td>Do you take steps to establish rapport such as trust building before attempting to engage your clients in the services that are available to them?</td>
<td>1 1</td>
</tr>
<tr>
<td>3</td>
<td>Do you utilize accessible and useful items (i.e. hygiene products and toiletries) to help gather trust?</td>
<td>1 0</td>
</tr>
<tr>
<td>4</td>
<td>Do you establish a “hierarchy of needs” approach when attempting to engage a client, such as meeting their primary needs of food and shelter before attempting to utilize other services?</td>
<td>1 1</td>
</tr>
<tr>
<td>5</td>
<td>When establishing contact with clients do you go out to visit them instead of them coming to you?</td>
<td>1 1</td>
</tr>
<tr>
<td>6</td>
<td>Do you attempt to have a continued presence at and around the homeless shelter?</td>
<td>1 1</td>
</tr>
<tr>
<td>7</td>
<td>Do you attempt to reduce the stigma that is related to the term “veteran” when attempting to engage clients in Veterans Affairs services?</td>
<td>1 0</td>
</tr>
<tr>
<td>8</td>
<td>Do you allow clients to express their experiences with you in an in-depth way so that you can better understand of where they are at?</td>
<td>1 1</td>
</tr>
<tr>
<td>9</td>
<td>Do you as a case manager explore the discrepancy between how the clients act and the future goals they have?</td>
<td>1 1</td>
</tr>
</tbody>
</table>

*Note. Yes = 1, No = 0*