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Recreation-Based Programming for Veteran Families: Practitioners' Perspective

RESEARCH

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ABSTRACT

Reintegration presents many challenges for transitioning veterans and their families. Veterans return to civil life needing mental health and family services support. Recreation-based programs have been introduced to veterans and their families to help address their needs during and after reintegration. Few studies examine the perspectives of practitioners in veteran-serving organizations focusing on recreation-based programs. Interviews were conducted with eight practitioners and analyzed using qualitative coding. According to practitioners, veterans and their families experienced multiple benefits and learned new skills through the programs, including communication skills, better emotional response, reestablishment of family roles, and problem-solving skills. They also learned about mental health and had an opportunity to decompress and have fun with their families and other veterans. The practitioners also reported that the veterans expressed a desire to include family members in programs, learn more about mental health issues, and share their experiences with fellow veteran families. There were also several barriers experienced by the program providers, including limited funding and staff, and the ability to find housing suitable for the families.

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Military deployment poses many challenges to veterans, spouses, and their children. Separation for long periods contributes to stressors experienced not only by veterans but also by their families (DeVoe et al., 2020). The impact of deployment is matched only by reintegration—the military-to-civilian transition—experienced by approximately 200,000 returning US service members each year (US Department of Labor, 2023). Although most veterans experience a successful transition, a study conducted by the Pew Research Center revealed that at least 44% of American veterans reported some difficulties reintegrating into civilian life (Morin, 2011).

Reintegrating veterans successfully into civilian life after deployment is often a complex and lengthy process, complicated by limited access to treatment options for those who need them and supportive programs for veterans and their families (Elnitsky et al., 2017; Sayer et al., 2014). Other commonly reported problems were challenges securing employment, housing, and educational programs (Perkins et al., 2020). For many veterans, the transition to civilian life involves issues related to mental health, psychological well-being, social isolation, and interpersonal connection (Adler, 2011; Taylor et al., 2020). Ongoing mental disorders and physical health problems after deployment have been well-documented, with at least 5.2 million veterans reporting a behavioral health condition in 2020 (Sprong et al., 2023). According to the NESARC-IIII survey, nearly 7% of veterans reported a lifetime prevalence of PTSD, which increased the likelihood of comorbidities, indicating a greater need for mental health and wellness services (Schnurr et al., 2009). Reintegrating veterans also face a higher risk of suicide compared with the overall veteran population (Sokol et al., 2021). Often untreated or undertreated mental and physical health challenges veterans' disproportionate divorce rate (Schumm et al., 2012), financial difficulties, homelessness, substance abuse (Elbogen et al., 2012), and involvement with the criminal justice system (Bronson et al., 2015).

Further, the transition for spouses and caregivers is also challenging and often marked by barriers to available, accessible, and preferred family programs (Messecar, 2017). Spouses often report inadequate support and resources, while the caregivers of veterans experiencing trauma-related comorbidities reported feelings of distress and depressive symptoms (Griffin et al., 2017; Shepherd-Banigan et al., 2020). For children, parental absence during deployment can result in distress that affects their social, emotional, and physical health (Alfano et al., 2016). During reintegration, returning service members must relearn their parenting roles and adjust to the family system (DeVoe et al., 2020). These adjustment challenges for children sometimes continue after the service member returns home and may persist for an extended period of time (Park, 2011).

With 55.2% of US military service members married and 42.8% having children, a well-functioning family is critical to reintegration (Office of the Deputy Assistant Secretary of Defense, 2013). In fact, veterans with family support are more likely to be successful in reintegrating into civilian life (Freytes et al., 2017). This is because family plays an influential role in well-being and behavior across the life course (Thomas et al., 2017). The family is the most immediate system of support and can either be a strong supportive force for a veteran or reinforce problem patterns and behaviors (Bronfenbrenner, 1979). In a study examining alcohol use disorder, families were instrumental in motivating individuals to seek treatment (McCrady & Flanagan, 2021). Previous research documents the influence of supportive familial relationships on veteran's depressive and anxiety symptoms, and coping strategies (Romero et al., 2015). Similarly, a high-conflict and stressful relationship with family was linked to poor health-related outcomes (Ng & Jeffrey, 2003). Thus, this project was based on the belief that family support is essential for the healthy reintegration of returning veterans.

Few studies have explored the Family Reintegration (FR) process (Gil-Rivas et al., 2017). Among limited existing studies, Fischer et al. (2015), explored perceptions of veterans and their families on the needs related to veterans' readjustment to civilian life, interest in family involvement in joint veteran/family programs, and desired family program content. Both veterans and their families expressed a desire to include family members in programs to facilitate veterans' post-deployment readjustment and reintegration into civilian life. Study participants were also interested in learning information about PTSD and ways to maintain a healthy relationship with someone who has PTSD. The families and veterans also suggested that support offered to their families be holistic and include multiple organizations (US Department of Defense [DoD], US Department of Veterans Affairs [VA]) and stakeholders in the community (schools, employers, and the medical system). They also stated that such support should be offered prior to, during, and post-deployment. Gaining perspective on the experiences of fellow veteran families was important for both veterans and their spouses and partners since both groups felt misunderstood by their family members. Moreover, veterans' family members expressed interest in learning more about parenting tools to support their children during and after deployment. The format of the programs suggested by the participants of this study varied from classes and working on specific case

studies, to outings and fun occasions to reconnect with their partner, as well as the entire family to allow children to express their emotions (Fischer et al., 2015). This study was used as a guide for the present study's exploration of whether the existing programming reflects the shared needs of the veterans and their families, as viewed by practitioners working with veterans' families.

Multiple veteran-serving organizations (VSOs) provide programs to facilitate the process of reintegration. While previous research has revealed that some VSOs do not help families reach their goals, many have experienced some benefits (Hawkins et al., 2018). Despite the availability of VSOs, there is little knowledge about the state of recreation-based programs serving veterans and their families. This study aims to (a) describe the services offered by a purposive sample of currently available recreation-based programs for veterans and their families, and (b) explore the practitioners' perspective on whether existing programming is structured to produce outcomes that align with the expressed needs of the veteran families.

RECREATION-BASED PROGRAMS

Recreation-based programs have been described in depth in recent years (Griffiths & Townsend, 2018; Townsend et al., 2018), and are an established segment of support programs available in the community for military service members and their families. Research has indicated that these types of programs offer short and long-term improvements in health outcomes such as depressive symptoms, stress, PTSD, quality of life, and overall mental health and well-being, often through the use of nature and outdoor recreation activities (Ashurst et al., 2014; Hawkins, et al., 2018; Townsend et al. 2018). The services provided by these programs are varied in their characteristics (i.e., who they serve, cost, duration, location, etc.) and can include both therapeutic and non-therapeutic approaches. For those that utilize therapeutic approaches, a variety of health professionals are often on staff, including certified therapeutic recreation specialists (CTRSs), licensed clinical social workers (LCSWs), mental health counselors, and many others. Many Veterans Health Administration hospitals (typically called VAs) also partner with these programs in order to provide access to opportunities that might not be available in their VAs, and to ensure continuity of care in the community. It is possible that the VA clinician may provide the therapeutic approach to the services, while the program staff focuses on the activity facilitation.

America's Warrior Partnership (AWP) is a national organization that connects VSOs, including veterans-focused recreation-based programs, to resources, services, and partners that allow them to better support the veterans in their communities. Recreation-based AWP member organizations were selected for participation in this study due to their commitment to "serving transitioning service members, veterans, military families, and their caregivers" through their systematic vetting of programs (America's Warrior Partnership, 2020, para. 1).

THEORETICAL FRAMEWORK

Employing a socio-ecological framework and qualitative approach (Strauss, 1987), this study explored what recreation-based programs are currently offered to veterans and their families to address the needs associated with reintegration into civilian life, in addition to exploring whether existing programming is structured to produce outcomes that align with the expressed needs of the veteran families. Bronfenbrenner's (1979) ecological theory explains how the social environment—direct or indirect relationships—interacts to influence human behavior. The microsystem, the closest system to the individual, includes the family. This group of people influences and is influenced by an individual's experiences, behavior, and progress.

The McMaster Family Assessment Device (FAD) (Epstein et al., 1983) was also used to inform the exploration of family needs among veteran families. The FAD includes seven subscales reflecting different areas of family functioning:

> (1) Problem-Solving (i.e., household member's ability to resolve problems for a good family functioning), (2) Communication (i.e., information exchange among household members), (3) Roles (i.e., whether the family has recurrent patterns of behavior to handle family functions), (4) Affective Responsiveness (i.e., the household member's ability to react with proper emotion to environmental stimuli), (5) Affective Involvement (i.e., the extent of warmth among family members), (6) Behavioral Control (i.e., whether the family has norms or standards leading individual responses to emergencies), and (7) General Functioning (i.e., the overall level of family functioning). (Cong et al., 2022, p. 2440)

These areas of family functioning were included as a part of the interview script to better understand which of these areas are discussed during programs serving veteran families.

METHODS

The project was approved by the Institutional Review Board of Clemson University, and all participants were provided appropriate informed consent. Social constructionism (Wallace & Wolf, 1999) was employed for this project to allow program practitioners working with veterans' families to speak for themselves and share information about their experiences with the programs, the benefits provided to the veteran families, and the constraints experienced by practitioners when it comes to organizing such programs. The study used a purposive sampling technique (Riddick & Russell, 2014) with a specific focus on AWP member organizations. Representatives of these organizations working with veterans and their families were invited to provide their perspectives on the needs of veteran families and reflect on currently offered programs.

The study consisted of two stages. During the first stage, we reviewed the membership organizations on AWP's website to estimate the scope and types of family-focused services. At the time of data collection, a list of AWP member organizations was available on their website.

All organizations (50) were first reviewed for mentioning the family on their webpage and placed into a database in a table format. Total (19) organizations were listed in the table. Then, each of the listed organizations was studied more closely, noting their clients served, staff qualifications, and activities provided.

During the second stage, programs serving veteran families were contacted through AWP. The information about the study was shared with potential participants via listservs and promoted during their monthly meetings. One administrator per organization was asked to participate in a semistructured interview over the phone or Zoom. Interviews were focused on the programmatic needs of veterans and their families and consisted of three major sections: (a) information about the organization (size, history, purpose, population served, etc.); (b) services offered to veterans' families (specific programs, staff, associated costs, follow-up practices, etc.); and (c) intended outcomes of the services provided based on The McMaster Family Assessment Device (Epstein et al., 1983) and results of the Fischer et al. (2015) study. For example, the participants were asked "Please describe programs/activities that lead to the development of clear communication skills/problem-solving skills/ etc." The interviews lasted about an hour and were voice-recorded with participants' permission and were transcribed verbatim. Eight in-depth, semistructured interviews with representatives of VSOs were conducted in spring/summer 2021.

The data analysis began as soon as several interviews were conducted and continued until the point of saturation was reached. Data analysis followed a coding technique traditionally used in Grounded Theory, as suggested by Charmaz (2006), including open, focused, and axial coding. In the open coding stage, each sentence of the text from the interviews was analyzed to identify and categorize the main concepts. During focused coding, the codes and concepts were reviewed, revised, and renamed when needed, major categories were developed (Charmaz, 2014). Next, the main categories were narrowed, with connections drawn and organized to reflect the interview responses using axial coding (Corbin & Strauss, 2008).

To ensure the trustworthiness of the study, the authors reviewed their work for credibility, originality, resonance, and usefulness (Charmaz, 2006). The researchers developed expertise by reviewing existing literature on this subject, informed their research objectives by communicating with the practitioners in the field, and reviewed their work for novelty and applicability.

RESULTS

Of the 50 organizations listed on the AWP website, 19 provided services for veterans and their families, including recreational therapy, peer-to-peer counseling, outdoor recreation/adventures, individual/couples therapy, and youth support resources. Nine organizations provided services for service members and veterans only and three organizations did not have a website. Five organizations noted cognitive processing therapy (CPT) and CRTS-certified staff were on site, and four mentioned family/couple therapy. Two organizations provided peer-to-peer support and three used licensed and unlicensed volunteers to provide services. Thirteen organizations did not provide any information regarding staff qualifications. Further, the qualitative data revealed several themes related to practitioners' perspectives on vetting, family needs, barriers, and skills learned by families. This data could provide valuable information to support existing programs for veterans and their families.

VETTING PROCESS

The organizations that participated in this study varied from almost no vetting at all to a rather extensive and thorough application process. Several organizations that reported no vetting of military members and their families, aimed to reduce the barriers for veterans and their families in need. In the words of Participant 1,

> Our founder was really passionate about lowering barriers. He didn't want people to feel like they weren't welcome. He really, and that's just who

> he was, open to everyone with open arms. Just this big guy giving a big hug. He wanted the entire organization to feel this way.

Other practitioners stated that they had to be more careful with the vetting process for some programming due to funding sources. Participant 2 explained,

> Depending on some funding sources, obviously that's a state grant, we have a whole other vetting process. We're having to collect a lot more verification documents. So, if it's a veteran it might be their paperwork. If they're active duty, we have a form they can fill out to verify they are active duty and save all of that paperwork for any potential audits.

Another reason why the practitioners reported using a vetting process (via application) is the safety concerns. For example, Participant 3 described their process, "We do screen the families. We'll check three references each family to make sure that they're safe to be around other families. There are no active alcohol or drug issues and no violence." While safety concern was mentioned by multiple practitioners, they also reported experiencing minimal incidents. In the words of Participant 1, "And we've been very blessed with minimal incidents where someone came and didn't get along with the group."

Finally, the vetting process was performed to ensure a fit between the program and the needs and abilities of the veterans and their families. For example, Participant 6 explained,

> We have an intake form that asks just some basic questions. But really, anybody who wants to come out comes out. When we work, specifically with VA usually, we're capping the number of people, and the therapist is usually the one picking out who's coming to those programs. But, when we do that, we also have open community days in the same community. So, if somebody didn't qualify for the therapist route, they can then just come out to the community day.

One of the participating organizations had a very thorough and thought-through vetting process that included multiple stages (Participant 7),

> We have a five-person selection committee that reviews all of the applications. My husband and I are completely removed from that process because, inevitably, we're going to know somebody that applies. In the application process we ask general demographic information, just for our own knowledge you know, name, age, address, what branch of service, did you serve and how long did you serve, what are the areas, combat areas that you served in. Because our program is focused more specifically on combat trauma. We do ask for copies of DD214. We've read through it to make sure that they actually have served in a combat area at some point, because that's a requirement of the program. But the only information that goes on to the selection committee is the statement that we asked the veterans to write in the application process. So, we asked them a couple of questions specific to our three pillars. So, all personally identifying information, all of that is removed. The selection committee never sees that. All they see are the statements that these veterans have provided. My husband and I do the personal vetting, you know of reviewing the DD214. That doesn't go beyond anywhere beyond us. And we also don't stipulate because we have had applicants in the past with other than honorable discharge. A lot of programs will only accept the veteran if they have honorable discharge. Unfortunately, with a lot of the kind of trauma that we're treating, whether it be traumatic brain injury or PTSD, you have a lot of veterans who were processed out of the military with other than honorable because they had not been diagnosed and were not being treated for the injury that they had sustained.

Such a wide spectrum of approaches to the vetting process shows the lack of standardized practices in the field. However, it also ensures that the needs of different subgroups of veterans may be met through the variety of VSOs.

FAMILY NEEDS

The practitioners were asked to reflect on what needs they thought families had when it came to programming. The representatives of VSOs understood the importance of *comfort* for spouses, particularly, for week-long outdoor activities. Cleanliness and accessibility of the facilities were a priority. As Participant 1 explained,

> I learned real quick if I was going to have families there and we were in the country, we were going to have a portapotty delivered, and it was going to be a clean one, and it was going to be ADA accessible. You don't invite families out in the middle of the pasture with a stock tank. I think over the years, as

> we have encouraged families more, we began to invest a little bit at the chapter level on some more creature comforts. Canopies, chairs, folding table. It's not a bunch of dudes hanging around at a tailgate, leaning against a truck, ya know, elbowing each other for a sandwich.

Further, families expressed an interest in providing *activities for the children*. Participant 1 explained, "All the time. People want us to create resources for younger kids and for high school kids." Some practitioners believed that children do not require a lot of additional resources. As Participant 1 stated, "Kids don't need much, ya know. You can occupy them for a long time if you teach them how to skip rocks, especially that 8–12-year-old crew." Unfortunately, some organizations also stated that there are limitations when it comes to addressing the needs of children and youth. For some programs, a limited budget did not allow them to offer more programs to children and youth, for others, there was not enough trained and certified personnel. Participant 3 explained,

> And then the families asked for the teen program. And we went kicking and screaming with that one. But we recognize right off the bat that the CTRS can handle the youth and they can handle some of the teens that we needed licensed counselors in. For some sessions with the teens were pretty intense [*sic*].

The practitioners also reported the need to focus on *caregivers*, specifically to educate them about *mental health* concerns among veterans. Practitioner 6 reflected on the importance of ensuring that the caregivers feel supported and appreciated, "I think that's like super important to having intentional time built into the programs for the caregivers to connect with each other, and for them to really feel like they're a part of the process." Similarly, several practitioners listened to the feedback provided by the veterans and their families and introduced some information to educate caregivers about mental health concerns. As Participant 3 described,

> The families asked for "how do we live with posttraumatic stress as a family?" So, we went back and we looked at curriculum. I couldn't find anything we liked, story of our lives, so we created our own curriculum with a lot of help. But a lot of outside help and a lot of experts. It was a whole class where the veteran and the spouse can talk about techniques in ways that will normalize posttraumatic stress and how they can move through it.

As many practitioners in this study suggested, incorporating more activities for spouses and children can improve the reintegration process.

BARRIERS

The participants of this study were also asked to discuss barriers to providing veteran family programming. Among the main concerns were *funding, staff, and housing*. As Participant 2 stated, "Funding and size of staff. I mean, like I said, it's painful to leave people on a waitlist and not be able to provide those resources to every single one." Participant 5 shared a similar sentiment,

> I think funding is one. That seems to be a major stumbling block at times to convince funding sources that using the outdoors, using recreation is a powerful training or education kind of thing for people's mental health. Certified staff. I think we need to do a better job of … there's hard skills and soft skills. We can train the hard skills. It's the soft skills that need work done on them. You know, when you sit down in a group and you start evaluating and processing what someone just experienced how do we relate, how has it impacted them, those kinds of trainings.

Additionally, the study participants reported some challenges associated with large group sizes and family housing. As Participant 4 stated, "I think size sometimes. There's are some large sized families. That can be challenging sometimes." Providing accommodations for large families may also be challenging. Participant 3 explained,

> Family housing. So many of the centers and retreat centers are set for youth camps, and they're big open spaces. Not good for veterans and they're all bunk beds, not good for families. Not good to reconnect mom and dad. No privacy. So, housing is probably our biggest hurdle. It can create programming and recreation anywhere I dropped them in the country. So, housing is probably the first thing we look for.

Thus, increasing funding can be helpful in hiring trained personnel and securing appropriate housing to accommodate the needs of veterans and their spouses and children.

SKILLS LEARNED

The participants of this study were also asked to share their perspectives on the specific skills learned by the

families in their programs. While all practitioners believed their programs provided families with some valuable experiences, some of them were more intentional about offering veterans and their families specific tool kits, while others were more focused on ensuring time to decompress and enjoy shared time as a family. As Participant 1 stated,

> [There are] those programs that teach you communication, and interaction, stress management and that sort of thing, which we absolutely don't touch. We just don't do that. Do they learn to cope better because they're able to relax, and reconnect? Which is all part of our mission statement. Yes, they do. But they're not getting the toolset from us.

No matter the format of the program, all practitioners suggested that families learned something important through their veteran family programming. Among some of the skills reported by practitioners were communication skills, mental health awareness, better emotional response, reestablishment of family roles, and problem-solving. The practitioners also believed that veterans and their families benefitted from a sense of community, an opportunity to learn from each other, and an opportunity to decompress and have fun.

Communication skills were among the most often mentioned skills the veterans learned according to the practitioners. For example, Participant 3 shared, "We're actually teaching the whole family, so even the kids. The tiny kids are learning communication skills and they're learning different things." Participant 3 continued,

> So, if we've done 2 days of communication classes during post-traumatic stress, we have one go knees to knees, and actually in a therapeutic safe setting, have them tell stories that are difficult conversations that might have not happened somewhere else. So, it helps just bring down some walls and create that safe space so that emotionally, they can hopefully connect and share.

Mental health was discussed in several programs that took part in this study, either directly or subtly. For example, Participant 3 stated, "That's throughout the whole retreat and they know that before they sign up." Participant 4 discussed how watching the staff of the program may serve as an example for families, "I think just maybe those family members seeing how our staff address those issues, those symptoms, those concerns are helpful to the family I think."

The participants also discussed that *better emotional response* was discussed in their programs. For example, Participant 6 shared, "We do an intro at every single program kind of setting the ground rules of being respectful of each other, giving each other space, being mindful and aware of how we interact with each other." Participant 7 described how their program teaches veterans about better emotional responses to their spouses,

> That is actually one of the things that we talked about is setting healthy boundaries and understanding that when the spouse pushes back and says, "Hey maybe you shouldn't have that third or fourth beer tonight. Maybe you need to go put that down." It isn't, it's the understanding that that's not an attack, it's coming from a place of love that they're trying to protect their veteran.

Reestablishment of family roles was discussed in relation to both children and spouses, as well as in the context of caregiving responsibilities or everyday chores. For example, Participant 3 explained, "I'm trying to teach caregivers to stop babying their spouses. That would be one. Roles get so messed up when one's a caregiver and one's injured." Participant 2 discussed reestablishment of roles between parents and children,

> Obviously, that's going to be very important because each family member might be in a different place. And then the journal, just being able to have those helpful prompts. Different activities, who's doing what chores while that person is gone. Establishing those new activities because they've had to change. They also talk about the injury kit... there are certain caretaking activities that are new for children that they're having to help out with and take on.

Problem-solving skills were often mentioned due to new activities in which the families were engaged. Participant 4 explained, "So it's a new skill they're trying. Yeah, I definitely think there's a lot of problem-solving and working together, and achieving and overcoming, and all of that goes into it." Participant 6 also stated that "by learning to adjust this equipment, you learn to adjust other kind of, try to problem solve in other areas."

Almost every practitioner mentioned a sense of *community and comradery* offered by their programs. While the sense of comradery was naturally high among veterans themselves, the entire family units built strong relationships with each other. As Participant 4 stated, "Multiple families together is awesome because they get to see how different

families interact with each other." Participant 4 added a specific example, "We had a family camp where two of the families actually signed up together because they had met through our programs and wanted to come to that overnight camp together." Similarly, Participant 6 shared that even in virtual space, their programs were intentional about building a sense of community,

> Yeah, that's very intentionally built into most of the programs that we provide, even in the virtual space. We've purposely built in time at the end of the virtual programs for people to interact with other families and also to just have like, we would do like a fun question or whatever to get to know each other, and it's actually truly amazing to me how many people have built lifelong friendships in the virtual programs.

While the sense of community among families was valuable, it also often led to the sharing of resources and opportunities *to learn from each other*. As Participant 1 described,

> Did you know about this program? Did you know these people in town? They start to share experiences and they start to share resources and they become really close. And it is like a family, so yeah, I think there's absolutely a way for them.

In addition to sharing resources among the families, the practitioners also provided families with various resources they thought would be helpful for them. Participant 3 stated,

> Some families actually struggling with healthy choices and development we can use as an opportunity and follow-up to possibly guide them to local resources or a counselor, family therapist, or get them some information or books on how to better deal with that. And if it comes up, and they want to talk to a counselor, we're absolutely available. And we have done that in one one-on-one situations.

Finally, *an opportunity to decompress and have fun* was another benefit discussed by the practitioners serving veterans' families. Participant 3 suggested,

> Also creating fun. So, creating the opportunity and the downtime and just, just so that parents can play. Sometimes the families come through and they're over therapy. They have gone to so many doctors and therapists and retreats and they're over therapists. Do you just drop them in a Rec Center and in a gymnastics room with the whole bunch of trampolines and just let them play? Just let them laugh? Something about that also just really bonds the families.

The participants in this study mentioned various skills gained by the veterans and their families in their programs. While the programs varied significantly on what services they provide, how they select participants for their programs, and what barriers they experienced, they all believed that their programs were working and providing veterans' families with a variety of benefits.

DISCUSSION AND CONCLUSION

Our study, in line with recommendations provided by Fischer et al. (2015), found that from the perspective of VSO practitioners, veterans, and their families experienced multiple benefits from family-focused programming. These benefits ranged from improving the practical skills of family members to helping them better facilitate the readjustment and reintegration process for veterans. Specifically, veterans and their families wanted to include family members in programming, learn information about mental health concerns, gain perspective on the experiences of fellow veteran families, and participate in programs focused on a variety of skills (Fischer et al., 2015). These and other skills were reported by practitioners in this study as skills learned by the veterans' families in their programs.

Variations in the vetting process across the VSOs did not impact the perceived quality and benefit of programming. In fact, the unrestrictive vetting process allowed the VSOs to meet the individualized needs of the different subgroups of veterans. When asked about family needs, VSO practitioners expressed the importance of incorporating programs for spouses and children and connecting military families. Because connecting veteran families is central to successful reintegration and building a sense of community (Freytes et al., 2017; Romero et al., 2015), the VSO practitioners expressed the need for programs/activities that provide support services to veterans and their families. Much like the study conducted by Fischer et al. (2015), there was also a need to provide more activities for children prior to, during, and post-deployment. Children often struggle to cope with parental separation and may regress in behavior during their absence (Mulholland et al., 2020). Programs focused on children are also necessary to reintegrate returning veterans into the family. Further, the VSOs reported several critical skills learned by veterans and

their families. These programs helped veterans re-establish communication, and family roles, improve emotional response, and work on problem-solving skills– the skills discussed in The McMaster FAD (Epstein et al., 1983). Participation with the VSOs also increased mental health awareness for veterans and their families who otherwise may have not had access to the information. According to VSO practitioners, veterans, and their families benefitted from participating in recreation-based activities. However, more standardization in the provision of these services and systematic evaluation of such programs is necessary to better understand what programs lead to various outcomes and which programs may be the most helpful for families facing specific challenges.

While providing valuable information, this study also has several limitations. One, the number of potential participants was limited by the number of organizations that were members of AWP. While we wanted to make sure the participants of this study met certain standards of quality, it also limited the number of potential participants in the study. Second, due to the data collection during the COVID-19 pandemic, the interviews were conducted over zoom, which could limit the rapport established between the interviewer and interviewee. Moreover, the interviewer and interviewees had different demographic characteristics, including cultural background and in some cases, race, and gender. While these differences could also challenge the trust of the participants, the researcher made sure to act in a friendly manner and express genuine interest in the participants' experiences. The interviewer did not observe possible issues related to trust among participants.

Based on the findings of this project, we provide several recommendations for practitioners working with veterans' families and VSOs. Providing more funding would allow VSOs to expand programs for veterans, children, and spouses that would aid in a successful reintegration process. Regardless of the format of the program, all families reportedly learned valuable skills through their veteran family programming. Increasing these types of programs for veterans and their families would be beneficial and help support a smooth transition into civilian and family life. Additionally, it may be helpful to establish a more standardized system that could be helpful for practitioners to use when attempting to reach certain goals for different subsections of the veteran population and their families.

FUTURE RESEARCH

Finally, we provide several recommendations for future research. Future research should aim to create a better understanding of existing recreation programs for veteran families, the outcomes they produce, and the needs they meet. Moreover, future research should produce needed data to better assess the current availability of veteran family programming, determine gaps in services, and identify resources to serve veterans and their families. Thus, conducting similar studies in different geographic regions could provide a better understanding of the current state of programming. Additionally, interviewing children, spouses, and extended families could provide their perspectives and offer recommendations to improve programming for VSOs. Finally, conducting a more representative large-scale study with programming from around the country could provide more generalizable data to assist with developing a more standardized classification and approach to programming.

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COMPETING INTERESTS

The authors have no competing interests to declare.

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