

Dominion Command Poppy and Remembrance Committee Meeting of the Whole

Meeting Minutes

21 April 2022

Our Mission is to serve Veterans, which includes serving military and RCMP members and their families, to promote remembrance and to serve our communities and our country.



**DOMINION COMMAND POPPY AND REMEMBRANCE COMMITTEE
MEETING OF THE WHOLE
21 APRIL 2022, 1300 HRS EST – ZOOM
MEETING MINUTES**

File: 35-1

1.	OPENING RITUAL	4
2.	POPPY AND REMEMBRANCE COMMITTEE CHAIR’S REMARKS	4
3.	NEW BUSINESS	4
4.	APPROVAL OF MINUTES FROM PREVIOUS MEETING	4
5.	RESILIENT PARENTS ... RESILIENT COMMUNITIES (RPRC): INTERVENTIONS TO ENHANCE RESILIENCE AMONG VETERANS & THEIR FAMILIES	4
6.	HEROES MENDING ON THE FLY CANADA	5
7.	THE NAMING OF A MOUNTAIN REQUEST	5
8.	JUNO BEACH – PROPOSED HOUSING DEVELOPMENT	5
9.	FINANCIAL YEAR FOR POPPY FUNDS AND REPORTING DATES	5
10.	BRANCH STATUS REPORT POPPY TRUST FUND	6
11.	RECOMMENDATION FROM VETERANS, SERVICE AND SENIORS COMMITTEE TO AMEND POPPY MANUAL	7
12.	POPPY MANUAL REVIEW	8
13.	2022 COMMITTEE UPDATES	11
14.	NEW BUSINESS	12
15.	NEXT MEETING OF THE POPPY AND REMEMBRANCE COMMITTEE	14
16.	CLOSING RITUAL AND ADJOURNMENT	14

**DOMINION COMMAND POPPY AND REMEMBRANCE COMMITTEE
MEETING OF THE WHOLE MINUTES
21 APRIL 2022**

IN ATTENDANCE:

Dominion Command Poppy and Remembrance Committee:

Chair	-	Berkley Lawrence
Member	-	Peter Merola
Member	-	Carol Pedersen
Member	-	Daryl Alward
Member	-	Ernie Tester
Coordinator	-	Freeman Chute
Assist' Coordinator	-	Lia Taha Cheng

Provincial Command Poppy Chairs and Representatives:

BC/YT	-	Craig Thomson (in place of Jim Diack)
AB/NT	-	Dave Velichko
SK	-	Carol Pedersen
MB/NWO	-	Ronn Anderson
ON	-	Brian Harris
ON	-	Lisa Dinsmore (observer)
QC	-	Norman Shelton
NB	-	Tony Chevalier
NS/NU	-	Clarence Dawe
PE	-	Jack MacIsaac
NL	-	Berkley Lawrence

Other:

OSI	-	Darren Reid
TVS	-	Peter Merola
P&R Division	-	Nicole Thomas

REGRETS:

Vice-Chair	-	Derek Moore
------------	---	-------------

ANNEXES:

Annex "A"	-	P & R Committee Meeting Minutes – 2 February 2022
Annex "B"	-	Veteran Support Partnership Program - RPRC family resilience - HiMARC
Annex "C"	-	Veteran Support Partnership Program - Heroes Mending on

- Annex “D” - the Fly Canada
Annex “E” - Heroes Mending on the Fly Canada - 2022 Budget
The naming of a mountain request

1. OPENING RITUAL

The meeting commenced at 1300 hours on Thursday, 21 April 2022 via Zoom video conferencing. The chair conducted the opening ritual.

2. POPPY AND REMEMBRANCE COMMITTEE CHAIR’S REMARKS

The chair welcomed the committee members, Provincial Command Poppy Chairs and guests and relayed his appreciation for their commitment to the Poppy and Remembrance Division.

3. NEW BUSINESS

The chair entertained requests to add new agenda items. The following items were added for discussion:

- a. Poppy Manual section 403 ii
- b. Poppy Manual section 403 ii (g)
- c. Poppy Trust Funds Bank Account Beneficiary
- d. Biodegradable Wreaths

4. APPROVAL OF MINUTES FROM PREVIOUS MEETING

Minutes Approval – The 2 February 2022 Poppy and Remembrance Committee Meeting minutes are attached at Annex “A”.

MOTION: It was moved that the 2 February 2022 Poppy and Remembrance Committee Meeting minutes be approved as presented.

CARRIED

**5. RESILIENT PARENTS ... RESILIENT COMMUNITIES (RPRC):
INTERVENTIONS TO ENHANCE RESILIENCE AMONG VETERANS &
THEIR FAMILIES**

HiMARC (Heroes in Mind Advocacy and research Consortium) at the University of Alberta submitted the attached application at Annex “B” in 2021 to request funding for a national project that will support and enhance resilience in families of Veterans. It was presented to the Dominion Executive Council (DEC) on 24 April 2021 and the request for funding in the amount of \$599,700 over a three-year period, thus \$199,900 installments each year, commencing in 2021, was approved. In order for the approved funds of \$199,900 to be released in 2022, this will be brought forward to DEC for ratification.

6. HEROES MENDING ON THE FLY CANADA

Heroes Mending on the Fly Canada supports disabled Veterans of the military, RCMP, and first responders through fly fishing, fly tying, and associated activities. They have submitted the attached application at Annex “C” for \$35,000 in funding through the Veteran Support Partnership Program. This project has previously received \$20,000 in 2018 and \$25,000 annually from 2019 to 2021. As per the Veteran Support Partnership Program Poppy Fund Guidelines, it was discussed that a project is not eligible if it creates a financial dependency. Therefore, the application will be brought forward to DEC for discussion.

7. THE NAMING OF A MOUNTAIN REQUEST

Dr. Paul Kavanagh, Director, Legion National Foundation, is seeking support to investigate the possibility of having a mountain named: The Royal Canadian Legion in honour of the Legion’s upcoming 100th anniversary in 2025. As per the attached request at Annex “D”, he has proposed the Rocky Mountains area, which could be unveiled during the 2025 Legion National Youth Track and Field Championships in Calgary; however, he will explore additional location options in collaboration with the federal government. The committee members determined that they would like to support this initiative.

MOTION: It was moved that the Poppy and Remembrance Committee supports Dr. Paul Kavanagh’s investigation to have a mountain named: The Royal Canadian Legion in honour of the Legion’s upcoming 100th anniversary in 2025.

CARRIED

8. JUNO BEACH – PROPOSED HOUSING DEVELOPMENT

A French developer is currently working on plans to build a 70-unit housing complex on the hallowed grounds of the D-Day landings of 1944. Concerned citizens in both Canada and France are hoping to reverse this decision and members of the Save Juno Beach campaign have requested that The Royal Canadian Legion officially supports the opposition of the development on Juno Beach. The committee members determined that they oppose the plan to disturb the sacred grounds in France.

MOTION: It was moved that the Poppy and Remembrance Committee officially opposes the proposed housing development on Juno Beach.

CARRIED

9. FINANCIAL YEAR FOR POPPY FUNDS AND REPORTING DATES

In accordance with Subsection 130.b. of The General By-Laws, the financial year

for Poppy Funds was updated to cover the period of 1 January to 31 December of the reporting year. However, the deadline for Branches to submit their Branch Status Report remains 31 January. The committee members discussed if one month is sufficient for Branches to complete and submit their Branch Status Reports. It was determined that despite a deadline extension, some Branches would still submit their Branch Status Reports late and therefore no change to the deadline is required.

MOTION: It was moved that the deadline for Branches to submit their Branch Status Report remain 31 January.

CARRIED

10. BRANCH STATUS REPORT POPPY TRUST FUND

The following items brought forward to the Dominion Command Poppy and Remembrance Committee were discussed:

- a. The opening balance section of the Branch Status Report form does not separate the balance in the Branch Poppy Trust Fund Bank Account from the balance of Poppy Trust Investments which is inconsistent with what is requested in the closing balance section. The committee members discussed adding a separate line to the opening balance section, which requests the opening balance of Poppy Trust Investments, and that the rest of the form be revised accordingly.

MOTION: It was moved that a separate line at the top of the Branch Status Report Poppy Trust Fund form be added to reflect investments so that it is consistent with what is at the bottom of the form.

CARRIED

- b. The committee members discussed the suggestion that section B (Income from campaign and all other sources) of the Branch Status Report should include interest and endowments as examples listed in section 615 e (i) of the Poppy Manual. Therefore, the assistant committee coordinator will draft an amendment to present to the Poppy and Remembrance Committee for their review.

ACTION: Assistant Committee Coordinator

- c. The committee members discussed sections D and E (campaign expenses and disbursements) of the Branch Status Report Poppy Trust Fund form as they do not correspond to the expenditure categories in section 402 of the Poppy Manual. Therefore, the assistant committee coordinator will draft proposed amendments to the form to present to the Poppy and Remembrance Committee for their review.

ACTION: Assistant Committee Coordinator

- d. The committee members discussed section E4. Provincial Assessment on the

Branch Status Report as no definition is provided in section 615 e (iv.4) of the Poppy Manual for this item. It was revealed that some Provincial Commands charge a levy to Branches; therefore, the assistant committee coordinator will draft an amendment to the Poppy Manual to present to the Poppy and Remembrance Committee for their review.

ACTION: Assistant Committee Coordinator

In addition to the above items, the committee members and Provincial Command Poppy Chairs have been requested to review all sections of the Branch Status Report Poppy Trust Fund form, as well as the Provincial Command Status Report Poppy Trust Fund form and provide any suggestions on areas to improve. The assistant committee coordinator will provide a template to the Poppy Chairs on how suggestions should be presented for the Poppy and Remembrance Committee to review (for example: reference to section, proposed new wording, rationale, etc.).

ACTION: Provincial Command Poppy Chairs & Assistant Committee Coordinator

11. **RECOMMENDATION FROM VETERANS, SERVICE AND SENIORS COMMITTEE TO AMEND POPPY MANUAL**

The below recommendation was received from the Veterans, Service and Seniors Committee and was discussed by the Poppy and Remembrance Committee.

It was brought forward that Branches have been making donations from their Poppy Funds to funds at the Zone and District level to assist Veterans and their families, hospital funds, Veterans comfort funds and most recently, homeless Veterans funds. Establishing these funds at the Zone and District level allow for generous donations in a larger amount for big ticket items that would not be funded by an individual Branch.

The Poppy Manual is limiting in that Section 207 NOTE restricts Districts and Zones from collecting or maintaining a Poppy Trust Fund: "NOTE: This Section does not provide District and Zones the Authority to collect or maintain a Poppy Trust Fund account."

After considerable discussion on this issue, the Veterans, Service and Seniors Committee carried the below motion for consideration by the Poppy and Remembrance Committee.

RECOMMENDATION: That the 207 NOTE in the Poppy Manual be deleted and replaced with 207 g as follows: "Where deemed necessary to combine Poppy Fund resources for projects/programs beyond the capability of a single Branch Poppy fund, Zones and Districts may establish a separate Poppy Trust Fund for support of veterans in the area overseen by that Zone or District. The approval to provide Branch Poppy Funds for this collective purpose is at the discretion of the Branch

(s) within that Zone or District. All financial accountability and reporting associated with Branch Poppy Funds apply. Additionally, the Application for Special Use of Poppy Trust Funds must be submitted to Provincial Commands for approval of any expenditure.”

The Poppy and Remembrance Committee discussed the above recommendation at length and determined that Provincial Commands are already set up to assist with big ticket items that could not be funded by an individual Branch. In addition, it would become complicated as who at the Zone or District level would be responsible for the fund. Finally, Branches and volunteers work hard to raise Poppy funds and may not want to give them to a Zone or District in which they would have less control on how funds are spent. Therefore, despite some opposing points, the majority of the members and Provincial Command Poppy Chairs determined that Zones and Districts do not require a separate Poppy Trust Fund.

MOTION: That the 207 NOTE in the Poppy Manual be deleted and replaced with 207 g as follows: “Where deemed necessary to combine Poppy Fund resources for projects/programs beyond the capability of a single Branch Poppy fund, Zones and Districts may establish a separate Poppy Trust Fund for support of veterans in the area overseen by that Zone or District. The approval to provide Branch Poppy Funds for this collective purpose is at the discretion of the Branch (s) within that Zone or District. All financial accountability and reporting associated with Branch Poppy Funds apply. Additionally, the Application for Special Use of Poppy Trust Funds must be submitted to Provincial Commands for approval of any expenditure.”

DEFEATED

12. POPPY MANUAL REVIEW

The Poppy and Remembrance Committee is undergoing a comprehensive review of the Poppy Manual. Provincial Command Poppy Chairs were asked to review the Poppy Manual and bring forward points for consideration for the next committee meeting. In the meantime, the following items brought forward to the Dominion Command Poppy and Remembrance Committee were discussed:

a. Poppy Manual 101 (pg. 5) and 705 f (pg. 40)

Following the last Poppy and Remembrance Committee meeting, it was determined that more research was required on the number of Canadians who have given their lives in the service of our country.

101. “We, as members of The Royal Canadian Legion, strive to keep the memory alive of the 117,000 Canadian men and women who paid the supreme sacrifice in the service of Canada during war and on subsequent operations since Korea.”

705 f. “Thanks to the millions of Canadians who wear the Legion’s lapel Poppy

each November, the little red flower has never died. The memories of Canadians for the 117,000 of their countrymen who died in battle remain strong.”

It was recognized that 117,000 may not be inclusive of all Canadians who gave their life while serving in uniform. Specifically, in 2005 this number changed to 118,000 as the In the Service of Canada Book of Remembrance (seventh book) was released. It lists the names of more than 1,900 members of the Canadian Armed Forces who have died while serving Canada since 1 October 1947, excluding those who are commemorated in the Korean War Book of Remembrance. This includes those who died in conflict, peacetime training exercises, deployments abroad or other military duty.

The eighth Book of Remembrance, the War of 1812, was unveiled in 2019 and it commemorates over 1,600 individuals who were killed while serving Canada as a colony of Great Britain. Including this Book of Remembrance would increase the total to 120,000 Canadians who have made the ultimate sacrifice while serving our country in uniform. Although the War of 1812 was prior to Confederation, it must be noted that these individuals, similar to the Newfoundlanders who were not yet Canadians prior to 1949 but who fought in the War of 1812 and in the First and Second World Wars, played a pivotal role in establishing our country. Therefore, the Poppy and Remembrance Committee determined that all sacrificed lives should be recognized and remembered as equals and have brought forward the following recommendations for DEC consideration and approval:

As per the above, the intent of the following amendments is to update the number from 117,000 to 120,000 to include all eight Books of Remembrance.

RECOMMENDATION: That section 101 of the Poppy Manual be amended to read: “We, as members of The Royal Canadian Legion, strive to keep the memory alive of the 120,000 Canadians who paid the supreme sacrifice in the service of Canada during war and on subsequent operations since Korea.”

RECOMMENDATION: That section 705 f of the Poppy Manual be amended to read: “Thanks to the millions of Canadians who wear the Legion’s lapel Poppy each November, the little red flower has never died. The Poppy remains a visual pledge to never forget the 120,000 Canadians who served and sacrificed.”

In addition to the above, it was discussed that section 101 should be further revised as the wording “since Korea” may not be inclusive and overly focuses on military duties during wars only. Therefore, the committee members decided to remove the words “since Korea” in order to ensure inclusivity of all peacekeeping and other military operations.

MOTION: It was moved that section 101 of the Poppy Manual be amended to read: “We, as members of The Royal Canadian Legion, strive to keep the memory alive of the 120,000 Canadians who paid the supreme sacrifice in

the service of Canada during war and on subsequent operations.”

CARRIED

b. Poppy Manual Definition of Families

Page 21 information bubble: “Families is defined as current or surviving spouse and dependant children”

Page 55 glossary: “Family is defined as current or surviving spouse and dependant children.”

At the last Poppy and Remembrance Committee meeting, the members determined that the General By-Laws should dictate the proper definition of family for the Poppy Manual; therefore, it was requested that the Constitution and Laws (C&L) Committee consider adding definitions for both family and surviving spouse. However, the C&L Committee determined that it is best that the Poppy Manual includes the definitions since they apply directly to the policies/programs listed within. Therefore, the definitions will remain as they are.

c. Poppy Manual section 403 ii (a)

The below resolution was non-concurred by the Poppy and Remembrance Committee prior to the 2021 Dominion Convention.

WHEREAS As stated in Article 403 ii a) Poppy Funds can be used for Care Facilities;

WHEREAS As stated in a brochure produced by The Royal Canadian Legion entitled “All your answers on the Poppy Campaign”, Poppy funds can be used for “care facilities for elderly and disabled Veterans and their families” and for “community medical appliances ...”;

WHEREAS Hospice facilities are considered Care facilities providing care and comfort to its patients during their end-stage of life;

WHEREAS Some of our Veterans can and do spend their final days in a Hospice facility receiving such care and comfort; and

WHEREAS Hospice Care Facilities are not government funded:

THEREFORE BE IT RESOLVED That Hospice Facilities should be included under Article 403 as a facility to which Branches may be allowed to donated Poppy funds for equipment and medical devices.

The Committee considered this to already be part of 403 ii (a) as the wording “Care Facilities” includes hospice facilities which is why it was non-concurred.

However, it was brought forward that previously there was no provision that would allow Poppy Funds to purchase items for a hospice. Therefore, to remove any uncertainty in the interpretation, the committee members determined that hospice facilities should be explicitly included in 403 ii (a).

MOTION: It was moved that section 403 ii (a) of the Poppy Manual be amended to read: "Housing Accommodation or Care Facilities: (prior Provincial Command approval is required) 50 percent of the current balance, to repair or furnish housing accommodation and care facilities, including hospice facilities and hospital wards/rooms, for Veterans."

CARRIED

d. Poppy Manual section 403 ii (I)

403 ii (I). "Transition Programs for Veterans: (prior Provincial Command approval is required) 25 percent of the current balance for the purpose of funding transition programs related to the training, education and support needs of Veterans. Provincial Commands will be responsible to maintain a list of qualifying programs within their respective commands."

At the last Poppy and Remembrance Committee meeting, the members discussed that they have not seen any Provincial Command Transition Programs for Veterans lists. Therefore, Provincial Command Poppy Chairs are requested to provide their list of qualifying programs within their respective commands.

ACTION: Provincial Command Poppy Chairs

13. 2022 COMMITTEE UPDATES

a. Expansion of Corporate Partnerships

The Poppy and Remembrance Committee will continue to work on expanding the number of corporate partners and optimizing relationships with existing partners. For example, the Committee is exploring the creation of paper Poppy boxes to pilot with Starbucks as the first partner to collect donations via their PoS system. As Starbucks does not permit unattended cash boxes, these paper boxes would not have a cash slot, but would only hold Poppies, and would be distributed directly to Starbucks stores through their internal network. Should Starbucks locations deplete their Poppies, they will be asked to contact their local Branch to replenish the box. Any donations, less shipping costs, collected would be returned to the local Legion Branch via EFT. Enhancing and modernizing the donation experience will be a focus for the Committee over the next few years.

ACTION: Assistant Committee Coordinator

b. Poppy Fund Direct Deposit Forms

With the expansion of corporate partners providing direct donations, the Committee is continuing to collect Electronic Funds Transfer (EFT) forms from all Legion Branches as EFTs reduce costs, require less administrative processing, are more secure than cheques and simplify reconciliation and accounting. Working with Legion Headquarters Financial Services, approximately 1,126 Poppy Fund EFT forms have been collected. The Committee would like to collect the remaining approximately 186 forms prior to the 2022 Poppy Campaign.

ACTION: Assistant Committee Coordinator

c. Pay Tribute Poppy Boxes

Following findings from year two of the three-year pilot project and as a result of only 700 of the 1,000 Pay Tribute Poppy boxes even being turned on, the Committee is developing a form for Branches to request Pay Tribute Poppy boxes directly from Dominion Command. The intent is that only Branches who would like a box(es) will receive a box(es). All box requests must still be approved by the Provincial Commands. Additional video tutorials will also be developed and clear communications on the processing fee and reimbursement process will also be provided to Branches at the outset. The committee members discussed the denominations and most members preferred the \$2, \$5, and \$10 option. One Provincial Command was notified that some stores were uncomfortable with the safety of the cell phone technology in the boxes; therefore, information on this will be provided to Branches prior to distributing the boxes in 2022.

ACTION: Assistant Committee Coordinator

d. Information Collection and Program Review

The Committee, on behalf of the Legion National Foundation (LNF) where applicable, will continue to focus on enhancing and modernizing Legion and LNF Poppy and Remembrance programs and is in the process of collecting information and suggestions from the Provincial Commands. The primary focuses will be on the poster and literary contests and new proposed video component, the Teaching Guide, the Poppy and Remembrance promotional materials, and the Pilgrimage.

ACTION: Assistant Committee Coordinator

14. NEW BUSINESS

As referenced at item 3: the following new business items were raised:

a. Poppy Manual section 403 ii

403 ii. "Authorized Special Use Expenditures. In all cases, and subject to prior approval by Provincial Command, a Branch or group of Branches may make an allotment not exceeding the specified amount in each case. All percentages are maximum amounts."

It has been brought forward that Poppy Funds are occasionally being used for Housing Accommodation or Care Facilities (403 ii (a)), Medical Appliances (403 ii (c)), and other special use expenditures which do not directly support Veterans. Therefore, the committee members discussed potential control measures that could be implemented to address this concern. For example, the Application for Special Use of Poppy Trust Funds form could be revised to include the requirement of supporting documents which outline how the Poppy Funds will be specifically used to support Veterans and the requirement to submit a report following the expenditure. The assistant committee coordinator is requested to review the form, seek feedback from the Provincial Command Poppy Chairs, and develop a proposal for the Poppy and Remembrance Committee to review.

ACTION: Assistant Committee Coordinator

Following further discussion and review of section 403 ii, the committee members determined that the wording of all subsections should state "up to" as it is not given that a Branch is able to provide the maximum percentage of the current balance to support the various special use expenditures.

MOTION: It was moved that all subsections of 403 ii of the Poppy Manual that reference a percentage be amended to read: "up to ___ percent of the current balance".

CARRIED

b. Poppy Manual section 403 ii (g)

403 ii (g). "Support of Cadet Units: (prior Provincial Command approval is required) 20 percent of the current balance, to support and encourage Cadet Units that have assisted the Branch with the Poppy Campaign or other Remembrance activities. Cadet units are defined as Sea Cadets, Army Cadets, Air Cadets, Navy League Cadets and Junior Canadian Rangers. An allotment would be for assistance to Cadet units, not reimbursements for individual expenses. See "Example" in Subsection 403.i.e."

It has been brought forward that previously "a branch may make an allotment up to 20 percent of the balance in its Poppy Trust Fund on the thirtieth day (30th) September in the year preceding the expenditure to support and encourage Cadet Units that have assisted the branch with the Poppy Campaign or other Remembrance activities." As a result of the 30th of September date being removed, some cadet units have approached Branches to request funding right after the Poppy Campaign when the balance of Branch Poppy funds are high and at a time

when Branches are not aware of the needs of Veterans. Therefore, the committee members determined that the 30th of September date should be included in section 403 ii (g).

MOTION: It was moved that section 403 ii (g) of the Poppy Manual be amended to read: "Support of Cadet Units: (prior Provincial Command approval is required) up to 20 percent of the balance on the 30th of September, to support and encourage Cadet Units that have assisted the Branch with the Poppy Campaign or other Remembrance activities. Cadet units are defined as Sea Cadets, Army Cadets, Air Cadets, Navy League Cadets and Junior Canadian Rangers. An allotment would be for assistance to Cadet units, not reimbursements for individual expenses. See "Example" in Subsection 403.i.e."

CARRIED

c. Poppy Trust Funds Bank Account Beneficiary

Ontario Command was informed that when one of their Branches went to open a Poppy Trust Fund, they were asked to provide a beneficiary. Therefore, Ontario Command would like to know if this is a new requirement for trust funds as Branches should be informed of this change via the All Branch. The assistant committee coordinator is requested to inquire with the finance department.

ACTION: Assistant Committee Coordinator

d. Biodegradable Wreaths

Nova Scotia/Nunavut Command requested more information on the biodegradable wreaths; therefore, the assistant committee coordinator is requested to follow up with the Supply department and pass on the information accordingly.

ACTION: Assistant Committee Coordinator

15. NEXT MEETING OF THE POPPY AND REMEMBRANCE COMMITTEE

The next Poppy and Remembrance Committee meeting will be scheduled in the Fall by Zoom video conferencing.

16. CLOSING RITUAL AND ADJOURNMENT

The chair concluded the meeting by thanking the committee members, Provincial Command Poppy Chairs and guests for their insight and valued input. The meeting adjourned 21 April 2022 at 14:57 hours EST and the chair conducted the closing ritual.



Berkley Lawrence
Chair



Freeman Chute
Committee Coordinator

DISTRIBUTION LIST

DEC

Dominion Past Presidents

Dominion Poppy & Remembrance Committee

Provincial Command Executive Directors

Provincial Command Poppy Chairs

Dominion Command Committee Coordinators and Assistant Coordinators

Dominion Command Poppy & Remembrance Committee

Meeting Minutes

2 February 2022

Our Mission is to serve Veterans, which includes serving military and RCMP members and their families, to promote remembrance and to serve our communities and our country.



**DOMINION COMMAND POPPY & REMEMBRANCE COMMITTEE
2 FEBRUARY 2022, 1300 HRS EST – ZOOM
MEETING MINUTES**

File: 35-1

1.	OPENING RITUAL	3
2.	POPPY & REMEMBRANCE COMMITTEE CHAIR’S REMARKS	3
3.	NEW BUSINESS	3
4.	APPROVAL OF MINUTES FROM PREVIOUS MEETING	3
5.	POPPY & REMEMBRANCE COMMITTEE TERMS OF REFERENCE REVIEW	4
6.	REVIEW OF RESOLUTION PASSED AT CONVENTION	4
7.	POPPY MANUAL REVIEW	5
9.	NEXT MEETING OF THE POPPY & REMEMBRANCE COMMITTEE	8
10.	CLOSING RITUAL AND ADJOURNMENT	8

**DOMINION COMMAND POPPY & REMEMBRANCE COMMITTEE
MEETING MINUTES
2 FEBRUARY 2022**

ATTENDEES:

Berkley Lawrence	-	Chair
Derek Moore	-	Vice-Chair
Peter Merola	-	Member
Carol Pedersen	-	Member
Daryl Alward	-	Member
Ernie Tester	-	Member
Freeman Chute	-	Committee Coordinator
Lia Taha Cheng	-	A/Committee Coordinator

ANNEXES:

Annex "A"	-	P & R Committee Meeting Minutes – 27 Oct 2021 Amended
Annex "B"	-	Poppy and Remembrance Committee – Terms of Reference
Annex "C"	-	RCL Dominion Memorandum

1. OPENING RITUAL

The meeting commenced at 1300 hours on Wednesday, 2 February 2022 via Zoom video conferencing. The chair conducted the opening ritual.

2. POPPY & REMEMBRANCE COMMITTEE CHAIR'S REMARKS

The chair welcomed the committee members and relayed his appreciation for their commitment to the Poppy and Remembrance Division.

3. NEW BUSINESS

The chair entertained requests to add new agenda items. The following items were added for discussion:

- a. Last Post Fund suggestion to collaborate with the Royal Canadian Legion to properly recognize Silver Cross Mothers
- b. Information collection/brainstorming sessions

4. APPROVAL OF MINUTES FROM PREVIOUS MEETING

Minutes Approval – The 27 October 2021 Poppy & Remembrance Committee Meeting minutes are attached at Annex "A".

MOTION: It was moved that the 27 October 2021 Poppy & Remembrance Committee Meeting minutes be approved with the following amendments:

Page 34 change wording of 614 to 614. "The Poppy fiscal year covers the period 1 January and ends 31 December of the reporting year and the report includes the most recent Poppy Campaign and the disbursements made up until 31 December. For example, let us assume that the report is being completed for the period 1 January 2022 to 31 December 2022. The funds to be reported are the *opening* balance of the Poppy Trust Fund as of *1 January 2022*, the money collected during the November 2022 Poppy Campaign, the funds disbursed up to and including 31 December 2022 *and the closing balance of the Poppy Trust Fund as of 31 December 2022.*"

CARRIED

5. **POPPY & REMEMBRANCE COMMITTEE TERMS OF REFERENCE REVIEW**

Terms of Reference Approval – The Poppy and Remembrance Committee - Terms of Reference are attached at Annex "B".

MOTION: It was moved that the Poppy and Remembrance Committee - Terms of Reference be approved as presented.

CARRIED

6. **REVIEW OF RESOLUTION PASSED AT CONVENTION**

The below resolution was passed at convention.

POPPY FUNDS FOR EDUCATION 402 VI. A. (in glossary as well) ALTA-NWT 6

WHEREAS the granting of bursaries from Poppy funds is limited to students who are veterans, children, grandchildren or great-grandchildren, per Section 402 vi (a) of the Poppy Manual;

WHEREAS the Poppy Manual, Section 401, states that the basic purpose and obligation of the Poppy Trust funds are to assist a Veteran as defined in subsection 101.d of the General By-Laws, and their families; and

WHEREAS the spouse of a veteran is an integral part of a family:

THEREFORE, BE IT RESOLVED that the inclusion of "spouse" be added to Section 402 vi (a) to allow the granting of bursaries to a spouse of a veteran.

402 vi (a) has been revised as follows: "the granting of bursaries to students who are Veterans, children, grandchildren, great-grandchildren or spouses of Veterans;

who are in need of financial assistance."

However, it has been brought forward that the intention of the resolution was to also include surviving spouses; therefore, the following recommendations are brought forward for DEC consideration and approval:

RECOMMENDATION: That section 402 vi (a) of the Poppy Manual be amended to read: "the granting of bursaries to students who are Veterans, children, grandchildren, great-grandchildren, spouses or *surviving spouses* of Veterans; who are in need of financial assistance."

RECOMMENDATION: That the definition of a bursary in the Poppy Manual glossary on page 54 be amended to read: "A bursary is a grant provided to further the education of Veterans, children, grandchildren, great-grandchildren, spouses or *surviving spouses* of Veterans; who are in need of financial assistance."

7. POPPY MANUAL REVIEW

The Poppy & Remembrance Committee is undergoing a comprehensive review of the Poppy Manual. At the upcoming Committee of the Whole meeting, Provincial Command Poppy Chairs will be asked to review the Poppy Manual and bring forward points for consideration for the third meeting in 2022. In the meantime, the following items brought forward to the Dominion Command Poppy and Remembrance Committee were discussed:

a. Poppy Manual sections 101 and 705 f

101. "We, as members of The Royal Canadian Legion, strive to keep the memory alive of the 117,000 Canadian men and women who paid the supreme sacrifice in the service of Canada during war and on subsequent operations since Korea."

705 f. "Thanks to the millions of Canadians who wear the Legion's lapel Poppy each November, the little red flower has never died. The memories of Canadians for the 117,000 of their countrymen who died in battle remain strong."

The members discussed if 117,000 is an outdated statistic to represent the Canadians who have given their lives in the service of our country. The eight Books of Remembrance commemorate the more than 120,000 Canadians who gave their life while serving in uniform. Therefore, the following recommendations are brought forward for DEC consideration and approval:

RECOMMENDATION: It is recommended that section 101 of the Poppy Manual be amended to read: "We, as members of The Royal Canadian Legion, strive to keep the memory alive of the *120,000 Canadians* who paid the supreme sacrifice in the service of Canada during war and on

subsequent operations since Korea.”

RECOMMENDATION: It is recommended that section 705 f of the Poppy Manual be amended to read: “Thanks to the millions of Canadians who wear the Legion’s lapel Poppy each November, the little red flower has never died. *The Poppy remains a visual pledge to never forget the 120,000 Canadians who served and sacrificed.*”

b. Poppy Manual section 321

321. “It is not mandatory that wreaths and crosses collected from the Cenotaph be destroyed. They may be used in another manner to promote Remembrance, such as for display at community cemeteries or placement at Veterans’ gravesites. **The resale of used wreaths and crosses should be strongly discouraged.**”

The above states that the resale of used wreaths and crosses should be strongly discouraged; however, the page 15 information bubble states that “used wreaths and crosses SHOULD NOT be re-sold”. Therefore, the following recommendations are brought forward for DEC consideration and approval:

RECOMMENDATION: It is recommended that section 321 of the Poppy Manual be amended to read: “It is not mandatory that wreaths and crosses collected from the Cenotaph be destroyed. They may be used in another manner to promote Remembrance, such as for display at community cemeteries or placement at Veterans’ gravesites. **The resale or rental of used wreaths and crosses is not permitted.**”

RECOMMENDATION: It is recommended that the information bubble on page 15 of the Poppy Manual be amended to read: “It is not mandatory that wreaths and crosses collected from the Cenotaph be destroyed. They may be used in another manner to promote Remembrance, such as for display at community cemeteries or placement at Veterans’ gravesites. Used wreaths and crosses *WILL NOT* be re-sold *or rented.*”

c. Poppy Manual Definition of Families

Page 21 information bubble: “Families is defined as current or surviving spouse and dependant children”

Page 55 glossary: “Family is defined as current or surviving spouse and dependant children.”

The members discussed whether this definition should be sent to the Constitution and Laws Committee for consideration to be included in the General-By-Laws which currently only define a spouse. It was determined that the General By-Laws should dictate the proper definition for the Poppy Manual; therefore, the

Constitution and Laws Committee is requested to consider adding definitions for both family and surviving spouse.

ACTION: Committee Coordinator

d. Poppy Manual section 402 viii

Poppy Trust Funds are approved to be used for Homeless Veterans provincial programs. However, there is no definition or description included in the manual for this use. Therefore, the members discussed if further information was necessary under this section and they determined that the title “Homeless Veterans provincial programs” is sufficiently descriptive so no changes are required.

e. Poppy Manual section 403 ii (a)

403 ii (a). “Housing Accommodation or Care Facilities: (prior Provincial Command approval is required) 50 percent of the current balance, to purchase, construct, repair or furnish housing accommodation and care facilities, including hospital wards/rooms for Veterans.”

The members discussed that Poppy Funds historically have not been permitted to be used to purchase or construct housing accommodation and care facilities for Veterans. Therefore, the following recommendation is brought forward for DEC consideration and approval:

RECOMMENDATION: It is recommended that section 403 ii (a) of the Poppy Manual be amended to read: "Housing Accommodation or Care Facilities: (prior Provincial Command approval is required) 50 percent of the current balance, to repair or furnish housing accommodation and care facilities, including hospital wards/rooms, for Veterans.”

f. Poppy Manual section 403 ii (I)

403 ii (I). “Transition Programs for Veterans: (prior Provincial Command approval is required) 25 percent of the current balance for the purpose of funding transition programs related to the training, education and support needs of Veterans. Provincial Commands will be responsible to maintain a list of qualifying programs within their respective commands.”

The members discussed that they have not seen any Provincial Command Transition Programs for Veterans lists. Therefore, at the upcoming Committee of the Whole meeting, Provincial Command Poppy Chairs will be requested to provide their list of qualifying programs within their respective commands.

8. NEW BUSINESS

As referenced at item 3: the following new business items were raised:

a. Last Post Fund suggestion to collaborate with the Royal Canadian Legion to properly recognize Silver Cross Mothers

The attached memorandum at Annex “C” proposes that, in collaboration with the Last Post Fund, all past National Silver Cross Mothers, as chosen by the Royal Canadian Legion over the years, be properly recognized on their grave markers with a Memorial Cross and brief description with the year that they performed their honorary function. The committee was asked to review this proposal and provided the following comments:

- Cemeteries maintain an established criterion for headstones and may not permit any attachments
- The proposal only recognizes National Silver Cross Mothers which would exclude other Silver Cross Mothers and recipients
- It is inappropriate to dictate to families what they should include on their loved ones’ grave markers
- Logistical challenge of how far back this would go

b. Information collection/brainstorming sessions


As the Poppy and Remembrance Division continues to focus on enhancing and modernizing Legion Poppy and Remembrance programs, brainstorming sessions to collect information and suggestions from the Provincial Commands and Branches through their Provincial Command Poppy Chairs are required. Therefore, Zoom calls will be scheduled with the preliminary sessions focusing on the poster and literary contest and new proposed video component, Poppy and Remembrance promotional material feedback, request form for the Pay Tribute boxes and corporate sponsor PoS and direct deposit expansion.

9. NEXT MEETING OF THE POPPY & REMEMBRANCE COMMITTEE

The next Poppy & Remembrance Committee meeting will be a Committee of the Whole meeting where all Provincial Command Poppy Chairs will be invited. It will be scheduled for early April by Zoom video conferencing.

10. CLOSING RITUAL AND ADJOURNMENT

The chair concluded the meeting by thanking the committee members for their insight and valued input. The meeting adjourned 2 February 2022 at 14:20 hours EST and the chair conducted the closing ritual.



Berkley Lawrence
Chair



Freeman Chute
Committee Coordinator

DISTRIBUTION LIST

DEC

Dominion Past Presidents

Dominion Poppy & Remembrance Committee

Provincial Command Executive Directors

Provincial Command Poppy Chairs

Dominion Command Committee Coordinators and Assistant Coordinators

Veteran Support Partnership Program Application Form



Application Checklist

Please put a check mark beside each document you enclose and include this sheet with your application. **Your application must include:**

- A signed original of your application
- Details of project budget, quotes, current and future funding as specified in Part D
- Outline, excerpt, or example of previous work
- Letters of support (if applicable)
- Copy of registered charitable organization status (if applicable)
- Other – please specify: _____

Instructions:

- If you need assistance with your application, please contact The Royal Canadian Legion – Poppy and Remembrance Committee.
- Fill out all sections of the application form, sign and date it.
- Ensure budget information is complete and calculated correctly.
- **Applications must be received and deemed complete by The Royal Canadian Legion at least three (3) months before the date of the proposed project/event to allow for processing and notification of funding.**
- If you do not have enough space to answer a question, please attach a separate sheet.
- Initial all corrections you make.
- Keep a copy of your application for your records.

PART A: Applicant Organization – Contact Information

Name of Organization: _____

Organizations Status: Profit Non Profit | Registered Charitable Number: _____ GST number: _____

Name of Contact Person: _____

Name of the person(s) authorized by bylaw or constitution of the organization to sign financial agreements: _____

Preferred language of communication: English French | Telephone number: _____

Mailing address: _____ City: _____

Province or territory: _____ Postal Code: _____ Email address: _____

Organization Website (if applicable): _____

PART B: Applicant Organization Previous Funding

Has your organization previously received Poppy Trust Funds from The Royal Canadian Legion? Yes No

If yes, at what level? Branch Provincial Command Dominion Command

Please explain: _____

Date of project: _____ Funding amount: _____

Provide a brief description of the funded project(s): If you have received previous funding on more than one occasion, attach description (s).

PART C: Request for Funding - Project Information

Title of project: _____

Location of project – address: _____

Requested funding start date: _____ Requested funding completion date: _____

Date of event (if applicable): _____

Nature of project: Learning Veteran's Activity Support Function Other (specify): _____

Describe the project. How will this project support Veterans and/or their families? How will it engage Veterans?
(Please attach a separate sheet if necessary).

Number of Veterans (retired) involved: _____ Number of Veterans (serving) involved: _____

Number of Veteran family members involved: _____

Other: _____

How will this project be promoted? (Outline how your organization will ensure that the project is well publicized to the Veteran community)

If applicable outline how Veterans or their families are selected to attend this program.

How will you determine that you have successfully achieved your planned outcome(s)? NOTE: A final report must be submitted at the conclusion of this project. The report will enable the organization to fulfil its obligation of accountability to The Royal Canadian Legion.

PART E: Attestation

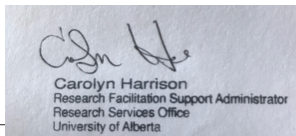
To be considered for funding, all boxes must be checked.

I hereby attest that:

- The information contained in this application is accurate and complete. If there is a change in authorized signatory(ies) and/or their contact information, the organization will notify the appropriate level of the Royal Canadian Legion.
- Legion funding may be used only for the purposes specified in this application. Once the Legion has agreed to provide financial assistance, no change can be made to the project without Legion approval (the Legion shall determine what constitutes a change).
- Funds not used for the specified purposes must be returned to the Legion.
- The Organization, by its authorized agents, consents and authorizes the Legion to disclose any information received in the application within the Legion or to outside entities for the following purposes: to reach a decision on this application, and to administer, monitor, and evaluate the project after completion. The disclosure of any information received in this application may also be used to reach a decision on any other application of the applicant for funding under any other program of the Legion.
- The Organization will take all necessary actions to maintain itself in good standing, to preserve its legal capacity and to inform the Legion without delay of any failure to do so.
- The Organization will comply with all applicable provincial/territorial and federal legislation.
- The Organization will provide the required amount of liability insurance in regard to the proposed project.
- The Organization will obtain all the necessary authorities, permits, licences and consents to undertake the proposed project and, if required, will provide them to the Legion.
- The Legion retains the right to establish the communications roles and responsibilities of the parties involved, with respect to official languages, corporate identity, visibility, publishing, marketing and promotional activities.
- The Legion and its employees and agents shall not be held liable for any injury, including death to any person, or for any loss or damages to property incurred or suffered by the Organization or its employees, agents or voluntary workers in carrying out the Project.
- The Organization shall indemnify and save harmless the Legion and its employees from and against all claims, losses, damages and costs attributable to any injury or to death or a person or damage to or loss of property arising on the part of the Organization or its employees, agents or voluntary workers in carrying out the Project.
- The Organization agrees that no agency relationship will result from the Legion contributing toward the activities funded.
- The Organization agrees to submit a final report, and where required, financial accounting, to allow the Legion to evaluate the activities funded.
- This application constitutes a legally binding agreement between the Organization and The Royal Canadian Legion and is effective the date the funding is approved by the Legion.

Carolyn Harrison

Name of the person authorized to sign for the organization (print)



Signature

Research Facilitation Support Administrator
Title

February 22, 2021

Date

PART F: Document Checklist

Please put a check beside each document you enclose and include these with your application. Your application must include:

- Completed and signed application and attestation.
- Completed project budget expenses and revenues.
- Other (as applicable)

Mail to:

Poppy and Remembrance Committee

The Royal Canadian Legion Dominion Command
86 Aird Place
Ottawa, ON
K2L 0A1



Veterans Affairs
Canada

Anciens Combattants
Canada

February 20, 2021

Dr. Suzette Brémault-Phillips
Associate Professor
Department of Occupational Therapy
Director, HiMARC (Heroes in Mind, Advocacy and Research Consortium)
Faculty of Rehabilitation Medicine, University of Alberta
2-64 Corbett Hall, 8205 - 114 Street, Edmonton, AB, T6G 2G4

Title: Resilient Parents...Resilient Communities (RPRC): Interventions to enhance resilience among Veterans & their families

Funding Source: The Royal Canadian Legion Veteran Support Partnership Program

Dear Suzette,

I am writing to express my full support for your application to the Royal Canadian Legion Veteran Support Partnership Program for the spread and scale of resilience-training in support of military and Veteran families. The proposed “Resilient Parents...Resilient Communities (RPRC): Interventions to enhance resilience among Veterans & their families” project has the potential to enhance the ability of service providers to model resilience and deliver the *Reaching In...Reaching Out (RIRO)* (for adults working with parents of young children) and *Bounce Back and Thrive! (BBT)* (for parents of children aged 0-8 years) resilience training programs. Participation in BBT has the potential to enhance the resilience of parents, their children, and their families.

I believe delivery of these programs will serve to address a service gap regarding resilience training for young families. Evidence-informed, made-in-Canada solutions such as BBT and RIRO: (1) have been integrated into family services in several Canadian cities and provinces, (2) are aligned with programs such as the Road to Mental Readiness, (3) are available in several languages including French, (4) are being trialed online, (5) have been successfully delivered to diverse trauma-affected populations (e.g., low income, refugee, Indigenous, disaster exposed), (6) evaluations since 2002 have been favourable, and (7) BBT has successfully promoted ‘cultures of resilience’. Given that your team has also successfully trialed RIRO and BBT at the Edmonton MFRC to good effect, and that Veteran families and service providers have recommended that the programs be made more accessible, increased spread and scale would be worthwhile.

The HiMARC (Heroes in Mind Advocacy and Research consortium) team is certainly well-positioned to lead this project in light of your expertise and collaborations with the local and national partners. I look forward to collaborating with you and supporting this initiatives.

Regards,

Dr. Alexandra Heber MD FRCPC CCPE
Chief of Psychiatry
Veterans Affairs Canada | Anciens Combattants Canada alexandra.heber@canada.ca

Canada



The Royal Canadian Legion
2020 – 15 Street NW
Calgary, AB T2M 3N8
P: 403-284-1161
F: 403-284-9899
www.abnwtlegion.com

February 19, 2021

The Royal Canadian Legion Dominion Command
VSS Committee & Poppy and Remembrance Committee
86 Aird Place
Ottawa, Ontario
L0L 0A1

Re: HiMARC Funding Application for Resilient Parents, Resilient Communities

Attn: Ray McInnis, Director Veterans Services

Dear Comrades,

It is our pleasure to forward an application for funding from HiMARC (Heroes in Mind Advocacy and research Consortium) at the University of Alberta. The request is to fund a national project that will support and enhance resilience in families of Veterans.

Veterans and their families face many unique challenges. We must find ways to support not only the Veteran but also their family. This project, with the Legion's support, will help children and their parents better navigate some of the challenges they face and better prepare them for struggles they will encounter in the future.

We have partnered and supported HiMARC over the years because of its approach to research. Dr Suzette Bremault -Phillips has focused on support and wellness of those partaking in the research and the research component. This "whole person" approach has shown many benefits.

We strongly support the work of HiMARC and the positive impact the Team of HiMARC has had and continues to have on the lives of our Veterans and their families. It is the hope Alberta-NWT Command that you will continue this great initiative so we can help future generations.

Yours in Comradeship,

A handwritten signature in blue ink, appearing to read "Chris Strong".

Chris Strong,

IPP, VSS Chair



The Royal Canadian Legion
2020 – 15 Street NW
Calgary, AB T2M 3N8
P: 403-284-1161
F: 403-284-9899
www.abnwtlegion.com

Resilient Parents...Resilient Communities: A pilot study trialling the Bounce Back and Thrive! Resilience-training program with military families

Cynthia Mikolas¹, Ashley D. Pike^{2, 3}, Chelsea Jones^{2, 4, 3}, Lorraine Smith-MacDonald^{2, 3}, Melina Lee², Hope Winfield^{5, 2, 3}, Jennifer Griffiths³, Ryan Perry³, David Olson², Joanne Olson², Phillip Sevigny^{2, 3}, Suzette Bremault-Phillips^{3, 2*}

¹Military Family Resource Centre, Canadian Forces Base Edmonton, Canada, ²University of Alberta, Canada, ³Heroes in Mind Advocacy and Research Consortium, Faculty of Rehabilitation Medicine, University of Alberta, Canada, ⁴Field Ambulance, Canadian Forces Health Services, Canadian Forces Base Edmonton, Canada, ⁵Royal Canadian Chaplain Service, Canadian Armed Forces, Canada

Submitted to Journal:
Frontiers in Psychology

Specialty Section:
Developmental Psychology

Article type:
Brief Research Report Article

Manuscript ID:
651522

Received on:
10 Jan 2021

Journal website link:
www.frontiersin.org

Conflict of interest statement

The authors declare a potential conflict of interest and state it below

Author CM was employed by the local MFRC at which the pilot study occurred. All other authors declare no competing interests.

Author contribution statement

SBP, AP, JO, PS and CM conceived, designed and conducted the study. All authors drafted, revised and approved the final manuscript submitted for publication.

CM and AP have contributed equally to this work and share first authorship

JO, PS and SBP have contributed equally to this work and share last authorship

Keywords

military, Families, resilience, training, Mental Health, Child Development, Skill-building, Well-being, Program Evaluation

Abstract

Word count: 249

Introduction: The resilience of Canadian military families (CMFs) - the main support of Canadian Armed Forces (CAF) service members (SMs) - is imperative. The CAF aims to ensure that SMs and their families are resilient and SMs ready to respond when called upon for combat, peace-keeping or disaster-response. Family concerns, however, can realistically distract SMs from the mission, potentially compromising themselves, their unit and the mission. Resilience-training programs such as Bounce Back and Thrive! (BBT) can help families manage the realities of military life. **Objective:** This pilot study aimed to evaluate the suitability of BBT implementation by Military Family Resource Centres (MFRCs), including whether BBT: (1) fosters resilience-building among parents, (2) facilitates CMF resilience-building, (3) can be contextualized for CMFs, and (4) supports MFRCs in cultivating a culture of resilience. **Methods:** A mixed-methods quasi-experimental design was employed. BBT was offered to parents face-to-face. Participants completed questionnaires pre/post-training and 3- and 6-months post-intervention and participated in focus groups after the first 6 sessions, final 4 sessions, and one-year post-intervention. Data was statistically- and thematically-analyzed. **Results:** Nine military parents participated. Four major themes resulted: (1) military parent resilience-building, (2) CMF resilience-building, (3) BBT program feedback and contextualization, and (4) MFRCs as community resilience hubs. **Discussion:** BBT enabled parents to gain a new perspective on resilience, engage in dialogue and intentionally role model resilience skills. MF-specific BBT contextualization and online-delivery formats would increase suitability and access for CMFs. Access to resilience programs delivered through MFRCs would support CMFs. Further research is warranted.

Contribution to the field

With military families (MFs) being the main support of serving members (SMs), supporting their resilience is imperative. The Canadian Armed Forces are committed to ensuring that SMs are strong, resilient and ready to respond when called upon by the national and international community for combat, peace-keeping or pandemic/disaster-response. Regrettably, concerns of a domestic nature can interfere with SMs' ability to focus, which can potentially compromise not only themselves but their unit and mission. MF resilience-training using a program such as Bounce Back and Thrive! (BBT) proposed here may enable MFs to enhance their resilience and ability to manage the stressors of MF life. This is particularly important for MFs with children aged 0-8 years for whom there exist few resilience-training programs. Resilience-building modelled to young children by parents may lay foundations for a resilient life and have intergenerational impacts. The earlier resilience that skills are learned, the more impactful resilience-training is likely to be. We make the case that this pilot study evaluating BBT lays a foundation for future research regarding resilience-training for families with young children - here applied to MFs - and will contribute to the much-needed evidence-base regarding culturally-specific and sensitive programs for families with young children.

Funding statement

This pilot study was funded by a Glenrose Rehabilitation Hospital Clinical Research Grant and Kule Institute for Advanced Study (KIAS) Dialogue Grant. In-kind support was provided by the local MFRC, RCChS, CAF and the academic institution with which the research team members are affiliated.

Ethics statements

Studies involving animal subjects

Generated Statement: No animal studies are presented in this manuscript.

Studies involving human subjects

Generated Statement: The studies involving human participants were reviewed and approved by University of Alberta Research Ethics Board . The patients/participants provided their written informed consent to participate in this study.

Inclusion of identifiable human data

Generated Statement: No potentially identifiable human images or data is presented in this study.

In review

Data availability statement

Generated Statement: The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

In review

Resilient Parents... Resilient Communities: A pilot study trialling the Bounce Back and Thrive! Resilience-training program with military families

1 Cynthia Mikolas^{1†}, Ashley Pike^{2,4†}, Chelsea Jones^{2,5,6}, Lorraine Smith-MacDonald^{2,6}, Melina
2 Lee⁷, Hope Winfield^{8,9}, Jennifer Griffiths², Ryan Perry², David Olson⁸, Joanne Olson^{7††}, Phillip
3 Sevigny^{2,3††}, *Suzette Bremault-Philips^{24††}

4 ¹Military Family Resource Centre, Canadian Forces Base Edmonton, Edmonton, AB, Canada

5 ²Heroes in Mind, Advocacy and Research Consortium (HiMARC), Faculty of Rehabilitation
6 Medicine, University of Alberta, Edmonton, Alberta Canada

7 ³ Department of Educational Psychology, Faculty of Education, University of Alberta, Edmonton,
8 AB, Canada

9 ⁴Department of Occupational Therapy, Faculty of Rehabilitation Medicine, University of Alberta,
10 Edmonton, AB, Canada

11 ⁵1 Field Ambulance, Canadian Forces Health Services, Canadian Forces Base Edmonton, Edmonton,
12 AB, Canada

13 ⁶Faculty of Rehabilitation Medicine, University of Alberta, Edmonton, AB, Canada

14 ⁷Faculty of Nursing, University of Alberta, Edmonton, AB, Canada

15 ⁸Departments of Obstetrics & Gynecology, Faculty of Medicine and Dentistry, University of Alberta,
16 Edmonton, AB, Canada

17 ⁹Royal Canadian Chaplain Service, Canadian Forces Health Services, Canadian Forces Base
18 Edmonton, Edmonton, AB, Canada

19 †These authors have contributed equally to this work and share first authorship

20 †† These authors have contributed equally to this work and share last authorship

21 * Correspondence:

22 Dr. Bremault-Phillips, Suzette

23 suzette.bremault-phillips@ualberta.ca

24 Keywords: Military¹, families², resilience³, skill building⁴, trainings⁵, mental health⁶, well-being⁷,
25 trainings⁸

26

27 Number of words: 4000

28 Number of figures: 4

29 Language style: Preference for article formatting in British English

30 Abstract

31 **Introduction:** The resilience of Canadian military families (CMFs) - the main support of the
32 Canadian Armed Forces service members (SMs) - is imperative. The Canadian Armed Forces aims to
33 ensure that SMs and their families are resilient and SMs ready to respond when called upon for
34 combat, peacekeeping or pandemic/disaster-response. Family concerns, however, can realistically
35 distract SMs from the mission, potentially compromising themselves, their unit and the mission.
36 Resilience-training programs such as Bounce Back and Thrive! (BBT) can help families manage the
37 realities of military life. **Objective:** This pilot study aimed to evaluate suitability of BBT

COMMUNITIES

38 implementation by Military Family Resource Centres (MFRCs), including whether BBT: (1) fosters
 39 resilience-building among parents, (2) facilitates CMF resilience-building, (3) can be contextualized
 40 for CMFs, and (4) supports MFRCs in cultivating a culture of resilience. **Methods:** A mixed-
 41 methods quasi-experimental design was employed. BBT was offered to parents face-to-face.
 42 Participants completed questionnaires pre/post-training and 3- and 6-months post-intervention and
 43 participated in focus groups after the first 6 sessions, final 4 sessions, and one-year post-intervention.
 44 Data was statistically- and thematically-analyzed. **Results:** Nine military parents participated. Four
 45 major themes resulted: (1) military parent resilience-building, (2) CMF resilience-building, (3) BBT
 46 program feedback and contextualization, and (4) MFRCs as community resilience hubs. **Discussion:**
 47 BBT enabled parents to gain a new perspective on resilience, engage in dialogue and intentionally
 48 role model resilience skills. MF-specific BBT contextualization and online-delivery formats would
 49 increase suitability and access for CMFs. Access to resilience programs delivered through MFRCs
 50 would support CMFs. Further research is warranted.

51 **1 Introduction**

52 With Canadian military families (CMFs) being the main support of Canadian Armed Forces (CAF)
 53 serving members (SMs) (Government of Canada and National Defence 2017a, 6), enhancing their
 54 resilience is imperative. The CAF is committed to ensuring that SMs are strong, resilient and ready to
 55 respond when called upon by the national and international community for combat, peacekeeping or
 56 disaster-response. Regrettably, concerns of a domestic nature can interfere with SMs' ability to focus,
 57 potentially compromising themselves, their unit and the mission. Resilience-training may enhance
 58 CMF resilience and ability to manage military-specific circumstances (e.g., mobility,
 59 absence/separation, and risk of injury or death) (Manser 2020c), mental health, financial and
 60 relational challenges, and realities of relocation (e.g., housing, employment, child-care (Battams and
 61 Mann 2018), academic and social challenges (Manser 2018b)).

62 **Demographics of CMFs.** In August 2017, CAF reported 66,471 Regular Force (RegF) (85% male;
 63 15% female), 47,135 Reserve Force (ResF) SMs (Manser 2018c) and 99,716 RegF and 38,398 ResF
 64 family members (including spouses, children, and dependents), totaling 251,721 CMF members.
 65 Nearly half (47%; 29,601) of RegF SMs posted in Canada have children, with 47% having at least
 66 one 0-5-year-old (total=19,162); 45% at least one 6-12-year-old (total=19,402), and 37% at least one
 67 child aged 13-25 years (total=11,028) (Manser 2018a). Each CMF has unique needs (e.g., special
 68 needs children, dependent elders), structures (e.g., single member, new families, single parents, dual
 69 service couples) and experiences (Manser, 2020a). While some CMFs reside on CAF bases (Manser
 70 2018a, 26), 85% live in civilian neighbourhoods (Cramm et al. 2015).

71 **Resilience and CMFs.** Resilience enables positive adaptation (individual, family community) in the
 72 face of adversity (Ungar 2013; Fisher et al. 2019). Facilitative environments, including formal and
 73 informal supports, are central to developing and maintaining resilience (Ungar 2013). While most
 74 CMFs (80%) are well-supported and resilient, others (10%) struggle (Manser 2018c; Manser 2020b).
 75 Crises and life challenges impact families (Walsh 2016); children, whose adjustment is linked to
 76 parental mental health, can be particularly affected (Conger et al. 2002). The experience of prolonged
 77 or cumulative stressors, especially combined with lower resources, relational stress and conflict, can
 78 heighten the risk of family disruption and poor outcomes (Walsh 2016; Manser 2018c). Extended
 79 family supports can conversely enhance collective family resilience (Walsh 2016), improve
 80 psychological health and family functioning (Saltzman et al. 2016), and have long-standing and
 81 intergenerational impacts.

COMMUNITIES

82 **CAF's commitment to family resilience.** CAF's *Strong, Secure and Engaged (SSE)* Defence Policy
 83 promotes "well-supported, diverse, resilient people and families" (Government of Canada and
 84 National Defence 2017a, 107), and its *Total Health and Wellness Strategy (TH&WS)* emphasizes a
 85 "Triad of Responsibility" between SMs/CMFs, the Chain of Command and the care provider/team
 86 (Government of Canada and Department of Defence 2017b, 11). Of particular note are *SSE* initiatives
 87 22-24 which focus on strengthening partnerships with Military Family Resource Centres (MFRCs),
 88 improving access to psychological services, and developing a Comprehensive Military Family Plan
 89 (CMFP) (tasked to Canadian Forces Morale and Welfare Services (CFMWS)) (Manser 2018b, 1). A
 90 range of crisis and peer supports and psychoeducational and counselling services (Cramm et al.
 91 2015) are available through MFRCs and CAF's Royal Canadian Chaplain Service (RCChS), Health
 92 Services Group, Personnel Support Programs (PSP) and Health Promotions.

93 **MFRC family-resilience programming.** MFRCs offer CMF programs and services that vary by
 94 location and focus on resilience. Currently offered programs for children and youth predominantly
 95 address mental health concerns and trauma rather than resilience and have been sporadically
 96 delivered in recent years (Manser 2015; Manser, Bain, and Swid 2016; Chartier 2019) due to
 97 resourcing and promotion challenges. While a condensed version of CAF's Road to Mental
 98 Readiness Program (R2MR) is available to CMFs, the program is less focused on resilience-building
 99 than on mental health awareness and help-seeking. There is also a paucity of resilience-training
 100 programs for CMFs with children aged 0-8 years.

101 **CMF resilience-training service gap.** With CAF's priority being total health, wellness, resilience
 102 and operational readiness of SMs and CMFs, the current state of resilience-training for CMFs is sub-
 103 optimal. Further efforts are needed to identify resilience-training programs to address this service gap
 104 (Cramm et al. 2015; Chartier 2019). Resilience-training programs, which are interactive, structured,
 105 group psychoeducational programs, aim to enhance individual and collective resilience (e.g.,
 106 emotional, cognitive, spiritual, physical, familial, social) and the development of critical abilities
 107 associated with resilience (e.g., emotional regulation, empathy, self-efficacy, realistic optimism and
 108 reaching out). Such programs have been found to result in healthier relationships, more fulsome lives
 109 and reduced susceptibility to depression (Seligman et al. 1995; Reivich and Shatte 2002; Kordich-
 110 Hall and Pearson 2004).

111 Potential future resilience-training programs - particularly for CMFs with young children - would
 112 need to be selected from a limited number of available programs (Kordich-Hall and Pearson 2004;
 113 Beeghly and Tronick 2011; Masten 2014; National Scientific Council on the Developing Child 2015;
 114 National Academies of Sciences, Engineering, and Medicine 2016; Burns 2018; Chartier 2019),
 115 contextualized for CMFs and evaluated using CFMWS's evaluation criteria (i.e., relevance,
 116 coverage, efficiency, effectiveness, accessibility and gaps). Fit with and usability by CMFs and
 117 MFRCs, and alignment with *SSE* and *TH&WS*, would also need to be considered.

118 **Proposed CMF resilience-training program**

119 Bounce Back & Thrive! (BBT) - a group-based psychoeducational resilience-training program for
 120 parents of children aged 0-8 years - holds promise for potential implementation across MFRCs. Well-
 121 defined, standardized and evidence-informed, BBT aims to help parents build resilience skills and
 122 increase their ability to use modelling and child-friendly activities to teach resilience skills to young
 123 children (Pearson and Kordich-Hall 2017). As adult coping and thinking styles have been emulated
 124 by children as young as age 2 (Pearson and Kordich-Hall 2017), teaching resilience skills during
 125 early childhood supports individual and family resilience (Kordich-Hall 2014) and is anticipated to

COMMUNITIES

126 have lifelong and intergenerational impacts. BBT is typically offered in a 10-session format (weekly
127 2-hour sessions over 10 weeks). (See Table 1 for an outline of BBT sessions, objectives and formats).

128 Several BBT program features may make it suitable for consideration across MFRCs. A trauma-
129 informed, Canadian-made program, BBT draws on the evidence-based, gold-standard Penn
130 Resiliency Program (Penn Arts and Sciences; Seligman et al. 1995), as does R2MR, and uses
131 experiential learning to foster resilience across multiple domains. Available in several languages
132 including French, it is being trialed online, and has been successfully delivered to diverse Canadian
133 and international trauma-affected populations (e.g., low income, refugee, Indigenous, disaster-
134 exposed), integrated into family services in several Canadian cities and provinces, and introduced at a
135 Labrador MFRC. Evaluations conducted since 2002 have been favourable (Kordich-Hall 2014;
136 Liberty et al. 2019) and BBT has successfully promoted ‘cultures of resilience’ among organizations
137 and communities (Pearson and Kordich-Hall 2017, 49).

138 Objectives

139 This pilot study aims to evaluate BBT’s suitability for potential implementation by MFRCs,
140 including whether it: (1) fosters resilience-building and well-being among military parents, (2)
141 facilitates CMF resilience-building, (3) can be contextualized for CMFs, and (4) supports MFRCs in
142 cultivating a culture of resilience.

143 2 Methods**144 Study design**

145 A mixed-methods, quasi-experimental design was employed, with qualitative data collection and
146 analysis being the primary focus. Research Ethics Board approval and CAF Surgeon General
147 Endorsement were received prior to study initiation.

148 Recruitment and sampling

149 Study participants included CMFs associated with a local MFRC and in which at least one parent was
150 a SM or Veteran, and one child was between the ages 0 to 8 years or was expected. Recruitment was
151 conducted in September and October 2019 through the MFRC (i.e., social media, email notifications
152 and posters). At time of recruitment, the local military base was training and deploying, resulting in
153 fewer SMs being available to participate. Potential BBT participants were directed to a secure
154 REDCap (Harris et al. 2009) site to access study information. Formal consent, health and
155 demographic data, and questionnaire responses were also collected using REDCap.

156 Intervention

157 BBT was offered face-to-face to parents/primary caregivers (N=9) at the MFRC by a RIRO-trained
158 MFRC Social Worker. While BBT is normally offered over 10-sessions, a 6-session (3-hour sessions
159 twice a week for 3 weeks), and 3-session format (6-hour sessions weekly for 3 weeks) were trialed to
160 accommodate CMF schedules (See Table 1). Adult skills were taught in November 2019 and child
161 application in January 2020.

162 Data collection

163 Quantitative and qualitative data was collected. Quantitative measures included a demographic
164 survey and standardized questionnaires pre/post BBT-training, and 3- and 6-months post-intervention

COMMUNITIES

165 to capture self-report symptoms of PTSD (17-item PTSD Checklist (PCL-C); Weathers et al. 2013),
 166 emotional well-being (14-item Mental Health Continuum (MHC-SF); Keyes, 2006), adverse
 167 childhood experiences (Adverse Childhood Experiences (ACEs); Felitti et al., 1998; measures 10
 168 types of childhood trauma), sense of coherences (13-item Sense of Coherence (SOC-SF);
 169 Antonovsky, 1987; assessing orientation, internal strengths, comprehensibility, manageability and
 170 meaningfulness) and resilience (Question 11, Bounce Back Survey (BBS), *When things go wrong in
 171 my life it generally takes me a long time to get back to normal*, as the founders of BBT found this
 172 question to be the most predictive of an individual's resilience). Qualitative data was collected
 173 through audio-recorded semi-structured focus groups (FGs; N=6) with participants (N=9) and MFRC
 174 staff (N=3) in November 2019, and January and November 2020.

175 **Data analysis**

176 Quantitative and qualitative data were analyzed using standard research protocols.
 177 Quantitative data (demographic survey, standardized self-reported questionnaires) were subjected to
 178 descriptive analysis and analyzed using SPSS 26. Once transcribed, qualitative FG data was
 179 thematically-analyzed (deductively and inductively) by four research team members. Coding and
 180 analysis was facilitated using NVivo 12 software. Deductive analysis was informed by study
 181 objectives and program evaluation criteria proposed by CFMWS. Braun and Clarke's (2006)
 182 framework for qualitative thematic analysis guided inductive analysis. Initial coding was conducted
 183 independently by team members to ensure inter-rater reliability. Regular team meetings enabled
 184 discussion and verification of codes, resolution of discrepancies and determination of final themes
 185 and supporting quotes (Lincoln and Guba 1985). Quantitative and qualitative data were triangulated
 186 using a sequential-comparative design with a single point of integration at the end of the analysis
 187 (Creswell and Plano 2011; Schoonenboom and Johnson 2017).

188 **3 Results**189 **Demographics**

190 Nine individuals participated in BBT and completed data collection. The participant sample has a
 191 group mean age of 35.11 ± 3.89 years, of which 55.56% were civilians, 55.56 % were married, and
 192 55.56% had college or university degrees. Participants who identified as SMs or Veterans had an
 193 average length of service of 12.60 ± 5.86 years. 77.78% of participants attended the BBT sessions
 194 without their partner. At the time of the study, participants reported on a scale of 1 (Excellent) to 4
 195 (Fair) to be in very good health ($M= 2.25$ $SD = .46$) and mental health ($M= 2.75$ $SD= .886$). See
 196 Table 2 for participant demographics.

197 **Quantitative results**

198 Participants' scores on self-reported questionnaires varied over the course of the study. The initial
 199 online survey was completed by 12 participants, 9 of whom participated in BBT, and 5 of whom
 200 completed the pre/post-, 3- and 6-month questionnaires. Due to the small sample size significance
 201 testing was not conducted. Descriptive statistics will be reported.

202 The ACEs instrument has a score range from 0-10. Scores >4 indicate greater risk for the
 203 development of disease, social and emotional problems. Participants had a mean score of 2
 204 ($SD=1.66$, Min = 0, Max = 5). Scores on the PCL-C between 17-29 indicate little to no symptoms of
 205 PTSD. Mean scores at all 4 time points were within or below this range. Total scores on the MCH-SF

COMMUNITIES

206 range between 0 and 70. Participants reported relatively high levels of emotional well-being with
 207 mean scores >50 at all 4 time points. Scores on the SOC-13 range from 13-91 with higher scores
 208 signifying higher sense of coherence. Participants reported moderate levels of social coherences with
 209 mean scores between 55 and 60 at all 4 time points. See table 3 for quantitative results.

210 **Thematic analysis**

211 Thematic analysis focused on four major themes: (1) military parent resilience-building, (2) CMF
 212 resilience-building, (3) BBT program feedback and contextualization, and (4) MFRCs as community
 213 resilience hubs. Triangulation of quantitative and qualitative findings indicated that the BBS results
 214 had some similarities with themes and quotes A discussion and table of these themes (see Table 4:
 215 Major themes and subthemes) follow, including BBS questions supporting qualitative themes.

216 **Theme I: Military parent resilience-building**

217 **Resilience is a learned skill.** BBT reinforced ongoing resilience skill-building. *“We noticed in our*
 218 *group (...) how our thoughts automatically go in one direction instead of focusing on strengths. (...)*
 219 *[W]e definitely have stuff to learn.” (FG1) “There is a lot of improvement I can look forward to (...)*
 220 *Doing it all the time (...) will be really helpful long-term.” (FG4). **Resilience requires reflection***
 221 **and self-awareness.** Participants valued taking time to reflect and came to new realizations: *[I]t’s*
 222 *not changing your kid, it’s changing yourselves.” (FG4) and “I thought I didn’t have any*
 223 *[shoulds/expectations] anymore. (...) [I]t was like a lightbulb just to look at myself. I’ve already seen*
 224 *a shift in the last couple of weeks.” (FG1).*

225 **Resilience-building requires practice.** BBT emphasized the importance of intentional, routine
 226 practice. *“[Knowing resilience skills] doesn’t mean I do those things regularly. It’s practicing them,*
 227 *having it re-introduced in different ways.” (FG2) Improvements in self-regulation and mindset shifts*
 228 *were reported: [Stop] before it escalates. [L]et go (...) and then come back to it.” (FG4). The most*
 229 *impactful thing was changing [my] frame of mind.” (FG1). Participants described having to “[R]e-*
 230 *write the script in my head. (...) [I’ll] really try to be purposeful in how I’m responding.” (FG3).*
 231 Participants also commented on self-care stating, *“You can learn to care for a baby, but you’ve got to*
 232 *learn to care for yourself.” (FG5)*

233 **Theme II: Military family resilience-building**

234 **BBT supports development of collective family resilience.** Participants recognized
 235 intergenerational impacts stating: *“[Y]ou learn parenting from your parents. (...) It’s mind-blowing*
 236 *when you realize that you’re raising your child in how to parent.” (FG2). Collective family*
 237 *resilience and deeper connections in parent and parent-child relationships can be fostered through*
 238 *focusing on resilience and making a shared effort.*

239 **Resilience requires reflection on parenting practices.** Allocating time to discuss parenting was
 240 seen as essential. Participants challenged assumptions about themselves and their children, and
 241 validated improvements. *“A significant change in our house is that immediate reaction. [L]ots of*
 242 *breathing, focusing on the positive.” (FG4); “I like considering the thinking habits and where we get*
 243 *stuck as parents.” (FG1)*

244 **Requirement of collective understanding and practice of resilience skills.** *“[BBT] puts us on the*
 245 *same page.” (FG3) Resilient-thinking helps CMFs respond to challenges, and “Helps us see things*
 246 *ahead of time.” (FG2). Participants appreciated the importance of role-modeling, stating*

COMMUNITIES

247 *“[W]hen your kids are little (...) you talk to them all the time. ‘Oh mom is doing this’. [N]ow*
 248 *they’re older, you don’t do that. (...) I actually did it a couple times while [my daughter] was*
 249 *having some meltdowns. [I said], ‘ok, Mom’s going to take a couple deep breaths’ (...) and*
 250 *she just looked at me; (...) she stopped crying.” (FG1)*

251 Emotion and expectation management were also key areas participants addressed.

252 *“I have to separate myself from work. (...) [While] it might’ve been a hard day at work, it*
 253 *might’ve been a completely happy day at home.” (FG3);*

254 *“I didn’t need to get angry (...) I can make a choice and just take a breath and be calm and (...)*
 255 *make (...) choices together without it [being] a negative experience” (FG6);*

256 **Theme III: BBT Program feedback and contextualization for CMFs**

257 **BBT supports CMF resilience-building.** While SMs receive resilience-training, CMFs do not. BBT
 258 addresses the need and allows SMs and their partners to jointly participate in programs.

259 **Peer connection during BBT was essential.** Participants valued peer support, stating *“[F]or guys to*
 260 *see other guys having these discussions, and being a part of a parenting group. [T]hat is really*
 261 *valuable.” (FG3)* Those attending individually also indicated that it would be helpful if their partner
 262 had access to materials. This would facilitate conversation and enhance consistency in co-parenting.
 263 *“[G]ood [for] members and spouses [to have] conversations.”(FG3)*

264 **BBT content was valuable.** Participants appreciated BBT’s focus on enhancing military-promoted
 265 skills: *“[W]e learned it going through basic [training] (...) it’s just a continuation.” (FG5)* and
 266 sharing knowledge with spouses: *“[T]he take home stuff was nice. [M]y husband can circle his stuff*
 267 *and we talked about it.” (FG1)* They also valued the trauma-informed approach, *“[It’s] not ‘I’m a*
 268 *good or bad parent’, it’s ‘what is going on with me?’” (FG4).* One participant suggested that BBT-
 269 training be offered to SMs post-injury (e.g., Post-Traumatic Stress Disorder (PTSD) or an
 270 Operational Stress Injury (OSI)) to help them relearn resilience and help them engage with their
 271 children.

272 *“For someone like me with PTSD, [I] had to be retaught resilience. [BBT] reinforced (...) using*
 273 *resilience. So I (...) had to relearn resilience for myself and then (...) learn it for a child. That*
 274 *was (...) huge. (...) I think the course should be part of [recovery].” (FG6)*

275 **BBT requires adaptation to fit CMFs.** *“[BBT’s] general coping skills. (...) It’s definitely not*
 276 *tailored [to military], but still helpful.” (FG2)* Participants recommended that adaptations address,
 277 *“unique challenges to military families” (FG2),* including deployment, relocation, postings, and short
 278 notices. CMFs are also frequently isolated from extended family, making it important to emphasize
 279 reliance on CMF community members. Contextualization would also need to highlight both helping
 280 children adjust, as, *“[Kids] have to re-adjust their thinking (...) - their anger towards that parent*
 281 *being gone.” (FG2),* and having *“More mixed gender videos (...); more dads.”(FG2).*

282 **BBT provides flexible program delivery.** While participants appreciated BBT’s incorporation of
 283 different learning methods, they noted that BBT is information-heavy, and that *“[H]aving online*
 284 *accessibility, spacing out a little bit more, having time for application and integration.” (FG4),*
 285 would be beneficial. Consideration of synchronous and asynchronous as well as blended delivery
 286 formats was encouraged.

COMMUNITIES

287 **Theme IV: MFRCs as community resilience hubs**

288 **MFRCs are well-established and trusted by CMFs.** MFRCs provide CMF culture- and
 289 circumstance-specific social-emotional supports and services. The MFRC, “[F]eels like a family
 290 setting. So, it was more of a conversation.” (FG1). “[I]t’s a military thing. We’re a little more blunt
 291 and open to share. (...) [I]t’s ok [at MFRCs] to talk about not being perfect and having struggles.”
 292 (FG4) The facilitator’s understanding of military culture was critical to making the content relatable.

293 “*[O]ne of our examples (...) was ‘it’s not a big deal to be late’. (...) [F]or civilians that’s*
 294 *true, but for someone in the military (...), that is not okay, (...) [MFRC staff] have a unique*
 295 *skill set where they can relate and use the language ‘cause it’s a different language and*
 296 *different culture.’ (FG1)*

297 **BBT may address a service gap regarding CMF resilience-building.** While current CAF
 298 programs aim to enhance mental health awareness and help-seeking (e.g., R2MR), participants
 299 appreciated BBT’s psychoeducational approach, resilience-specific training, and peer-support
 300 approach: “[BBT] definitely covered a lot more than (...) R2MR that I did as a spouse” (FG2).

301 **MFRCs partner with CFMWS, PSP, RCChS, and Health Promotions.** MFRCs’ pre-existing
 302 partnerships may facilitate integration of BBT into CAF programming (e.g., InterComm, Sentinel
 303 Program, Resilient Relationships).

304 **4 Discussion**

305 As the backbone of the CAF, CMFs need to be resilient. The habitual practice of resilience skills can
 306 help them prepare for and thrive in CMF-life. Enabling adults to model resilience to children can
 307 foster collective well-being, confidence, and resilience. Further, family support and training
 308 encourages development of resilience in children 0-8 years during a critical developmental period. A
 309 service gap, however, exists regarding evidence-based programs available through MFRCs that
 310 facilitate resilience-building for CMFs.

311 This pilot study evaluated the suitability of BBT for potential implementation at MFRCs.
 312 Specifically, the research team examined whether BBT: (1) fosters resilience-building and well-being
 313 among military parents, (2) facilitates CMF resilience-building, (3) can be contextualized for CMFs,
 314 and (4) supports MFRCs in cultivating a culture of resilience. Participants reported that BBT enabled
 315 them to focus on personal and family resilience, facilitated an understanding of resilience, fostered
 316 open dialogue with peers and partners and enabled intentional role-modelling of resilience. Despite
 317 the small sample size (and impact on recruitment of the local military base deployment preparation),
 318 mean scores pre/post, 3- and 6-months are trending in the anticipated direction. Results of items on
 319 the BBS also triangulated with qualitative themes. CMF-specific contextualization of BBT and
 320 delivery in an online format (i.e., synchronous, asynchronous, and blended) would make the program
 321 more accessible to CMFs. BBT was also found to align with CAF’s resilience-building initiatives and
 322 priorities as outlined in SSE, TH&WS and the CMFP, and may address an MFRC service gap, while
 323 complementing program offerings by MFRCs, PSP, RCChS and Health Promotions.

324 Contextualization and scalability of BBT for CMFs. While participants indicated that BBT enhanced
 325 resilience, it may be more suitable if contextualized (e.g., content reflective of military experience
 326 including relocation, absences, risk of illness and injury, family configurations, health and mental
 327 health concerns). Development of CMF-specific BBT peer groups may also support resilience-

COMMUNITIES

328 building and foster CMF community connection. In partnership with PSP and the RCChS, a CMF-
 329 version of BBT could be implemented in English and French through the 32 MFRCs across Canada.
 330 BBT would align with MFRCs' focus on offering evidence-based or standardized programs for
 331 which employees can be certified as Master Trainers who could train other employees. Use of an
 332 implementation framework would be advisable if nation-wide adoption were considered.

333 BBT delivery models and format. Providing alternate scheduling and means of accessing BBT would
 334 enhance CMFs program participation. While face-to-face 2-hour sessions for 10 weeks is considered
 335 optimal, participants indicated that the 3- and 6- session formats were acceptable. Attendance of CAF
 336 SMs might increase if BBT were integrated in PSP, RCChS and Health Promotions programming,
 337 thereby allowing SMs to attend as a work requirement with the support of their Chain of Command.
 338 Further, with online program delivery being more common as a result of COVID-19 restrictions,
 339 acceptance of online or blended delivery options has increased. Such formats may enable CMFs in
 340 Canada and abroad to equally access programs, thereby enabling MFRCs to have a broader reach.

341 MFRCs are community resilience hubs. MFRCs are well-suited, situated, and trusted to deliver
 342 resilience-training to CMFs that is culturally-sensitive - a factor known to enhance engagement (Weir
 343 et al. 2019). Including programs such as BBT in MFRC programming may address the needs of
 344 young CMFs, strengthening not only CMFs but the CAF at large. Further identification and
 345 evaluation of programs such as BBT is required to ensure that MFRCs deliver a range of resilience-
 346 building supports and services in a variety of formats.

347 Future research

348 BBT's effectiveness in general and CMF-specific versions (co-designed with CMFs) require further
 349 study, as does evaluation of various models, formats (e.g., virtual, in-person, and blended) and doses
 350 of delivery, the long-term impact of resilience-training on parents (solo- and co-parents), children and
 351 the family unit, and peer support component. Program delivery by professionals and CMF members,
 352 as well as the implementation, spread and sustainability of BBT by MFRCs also warrant further
 353 research.

354 Limitations

355 Notable limitations include the limited sample size and representation, with most participants being
 356 female spouses of male SMs or Veterans, attending individually. All participants were over 30 years
 357 of age, missing the younger demographic. As the delivery schedule of BBT was adjusted to
 358 accommodate CMFs, fidelity to the BBT program cannot be claimed and findings cannot be
 359 accurately compared to the original BBT. Further, the realities of deployment and the 2020 COVID-
 360 19 pandemic added unanticipated complexities.

361 Conclusion

362 This study aimed to examine military parents' experience of the BBT resilience-training and its
 363 impact on CMF resilience. Participants found BBT effective at fostering skills, and promoting a
 364 common language, understanding and practice of individual and collective CMF resilience. Program
 365 contextualization for CMFs and delivery in an online format would make it more accessible.
 366 Scalability across MFRCs and CAF would support efforts to enhance CMF resilience and enrich a
 367 culture of resilience. The program aligns with CAF's resilience-building priorities for SMs and
 368 CMFs and may support SMs' ability to be mission-ready and focused. Building CMF resilience at

COMMUNITIES

369 MFRCs using a program such as BBT offers a template that can be applied to civilian families who
 370 also require resilience in everyday life and during stressful or unprecedented times (e.g., family
 371 crises, natural disasters, anthropogenic hazards or pandemics).

372 **5 Conflict of Interest**

373 Author CM was employed by the MFRC. All other authors declare no competing interests.

374 **6 Author Contributions**

375 SP, AP, JO, PS and CM conceived, designed and conducted the study. All authors drafted, revised
 376 and approved the final manuscript submitted for publication.

377 **7 Funding**

378 This pilot study was funded by a Glenrose Rehabilitation Hospital Clinical Research Grant and Kule
 379 Institute for Advanced Study (KIAS) Dialogue Grant. In-kind support was provided by the local
 380 MFRC, RCChS, CAF and the academic institution with which the research team members are
 381 affiliated.

382 **8 Acknowledgments**

383 The research team would like to thank study participants for sharing their time and experiences, the
 384 funders for enabling the study, and the MFRC, RCChS, and CAF leadership and staff for their
 385 continued support.

386 **9 References**

- 387 Antonovsky, A. (1987). *Unraveling the Mystery of Health. How people manage stress and stay well.*
 388 San Francisco: Jossey-Bass.
- 389 Battams, N., and Mann, R. (2018). A snapshot of military and veteran families in Canada. *Statistical*
 390 *Snapshots*. The Vanier Institute of the Family.
- 391 Beeghly, M. and Tronick, E. (2011). Early resilience in the context of parent-infant relationships: A
 392 social developmental perspective. *Curr Probl Pediatr Adolesc Health Care*, 41, 197-201.
- 393 Braun, V. and Clarke V. (2006). Using thematic analysis in psychology. *Qual Res Psychol*. 3:2 doi:
 394 10.1191/1478088706qp063oa
- 395 Burns, B. M. (2018). “Mindfulness-Based Parenting Programs: Significance for Young Children
 396 Experiencing Adversity and Trauma”, in *Healing with Spiritual Practices: Proven Techniques for*
 397 *Disorders from Addictions and Anxiety to Cancer and Chronic Pain*, ed. T. G. Plante. Praeger.
- 398 Chartier, A. (2019). The Mapping and Gaps Analysis of Services for Military Families Report.
 399 Comprehensive Military Family Plan. Ottawa: Canadian Forces Morale and Welfare Services.
- 400 Cramm H, Norris D, Tam-Seto L, Eichler, M and Smith-Evans K. (2015). Making military families
 401 in Canada a research priority. *J Mil Vet Fam Health*.1:2 doi: 10.3138/jmvfh.3287
- 402 Creswell, J. and Plano, C.V. (2011). *Designing and Conducting Mixed-Methods Research*. Thousand
 403 Oaks: SAGE Publications.
- 404 Felitti V. J., Anda R. F., Nordenberg D., Williamson D. F., Spitz A. M., Edwards V., et al. (1998).
 405 Relationship of childhood abuse and household dysfunction to many of the leading
 406 causes of death in adults: the Adverse Childhood Experiences (ACE) Study. *Am. J. Prev.*
 407 *Med.* 14 245–258. 10.1016/s0749-3797(98)00017-8 - DOI - PubMed

COMMUNITIES

- 408 Fisher, D. M., Ragsdale, J. M., and Fisher, E. C. S. (2019). The importance of definitional and
 409 temporal issues in the study of resilience. *Appl Psych: Inter Rev* 68:4. doi: 10.1111/apps.12162
 410 Government of Canada and National Defence. (2017). *Strong, Secure, Engaged - Canada's Defence*
 411 *Policy*. Ottawa: National Defence.
- 412 Government of Canada and National Defence. (2017). *Surgeon General's Integrated Health Strategy*
 413 *- 2017 - Integration for Better Health*. Ottawa, ON: National Defence.
- 414 Harris, P.A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., and Conde, J.G. (2009). Research
 415 electronic data capture (REDCap) - A metadata-driven methodology and workflow process for
 416 providing translational research informatics support, *Journal of Biomedical Informatics*,
 417 42(2),377-81.
- 418 Keyes, C. L. M. (2006). Subjective well-being in mental health and human development research
 419 worldwide: An Introduction. *Social Indicators Research*, 77(1), 1-10.
- 420 Kordich-Hall, D. and Pearson, J. (2014). *Introducing Thinking Skills to Promote Resilience in Young*
 421 *Children*. Toronto, ON: Child & Family Partnership.
- 422 Kordich-Hall, D. (2014). *Research & Evaluation Program: Description & Results Summary*. Toronto,
 423 ON: Reaching IN...Reaching OUT Project.
- 424 Liberty, K., Allan, M., Bangma, J., McNaughton, L. and Liberty, B. (2019). *Whole-school strategies*
 425 *to improve learning and reduce children's stress symptoms: Effects in an Earthquake-struck City*.
 426 National Library of New Zealand.
- 427 Lincoln, Y. S., Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park: SAGE Publications.
- 428 Manser, L. (2015). *The Needs of Medically Releasing Canadian Armed Forces Personnel and Their*
 429 *Families - MFRC Environmental Scan and Subject Matter Expert Survey Results*. Ottawa:
 430 Military Family Services.
- 431 Manser, L., Bain, S., and Swid, G. (2016). *Mental Health Services for Military Families - MFRC*
 432 *Environmental Scan and Subject Matter Expert Survey Results*. Ottawa: Military Family
 433 Services.
- 434 Manser, L. (2018a). *Profile of Canadian Military Families: 2018 Regular and Reserve Force*
 435 *Demographics*. Ottawa, ON: Canadian Forces Morale and Welfare Services.
- 436 Manser, L. (2018b). *Relocation Experiences. The Experiences of Military Families with Relocations*
 437 *Due to Postings—Survey Results*. Ottawa, ON: Military Family Services, Canadian Forces
 438 Morale and Welfare Services.
- 439 Manser, L. (2018c). *State of Military Families in Canada: Issues Facing Regular Force Members and*
 440 *Their Families*. Ottawa, ON: Canadian Forces Morale and Welfare Services.
- 441 Manser, L. (2020a). Canadian military family demographics. *J Mil Vet Fam Health*, 6:1. doi:
 442 10.3138/jmvfh-2019-0003
- 443 Manser, L. (2020b). Fast Facts: Canadian military families. *J Mil Vet Fam Health*, 6:1. doi:
 444 10.3138/jmvfh-2019-0003
- 445 Manser, L. (2020c). The state of military families in Canada: A scoping review. *J Mil Vet Fam*
 446 *Health*, 6:2. doi: 10.3138/jmvfh-2019-0001
- 447 Masten, A.S. (2014). *Ordinary Magic: Resilience in Development*. New York: Guilford Press.
- 448 National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting matters: Supporting*
 449 *parents of children ages 0-8*. Washington: The National Academies Press.
- 450 National Scientific Council on the Developing Child (2015). *Supportive relationships and active skill*
 451 *building strengthen the foundations of resilience*. Working Paper 13.
 452 <http://www.developingchild.harvard.edu>
- 453 Pearson, J. and Kordich-Hall, D. (2017). *Reaching IN...Reaching OUT Resiliency Guidebook*
 454 *"Bounce Back" Skills for Adults and Young Children*. Canada: First Folio Resource Group, Inc

COMMUNITIES

455 Penn Arts and Sciences. Resilience in Children. The Trustees of the University of Pennsylvania.
 456 <https://ppc.sas.upenn.edu/research/resilience-children>
 457 Saltzman, W.R., Lester, P., Milburn, N., Woodward, K., and Stein, J. (2016). Pathways of risk and
 458 resilience: impact of a family resilience program on active-duty military parents. *Fam Process*.
 459 55:4. doi: 10.1111/famp.12238
 460 Sandler, I., Ingram, A., Wolchik, S., Tein J. Y., and Winslow, E. (2015). Long-term effects of
 461 parenting-focused preventative interventions to promote resilience of children and adolescents.
 462 *Child Devel Perspec*, 9:3, 164-171.
 463 Seligman, M., Reivich, K., Jaycox, L., and Gillham, J. (1995). *The Optimistic Child*. New York:
 464 Harper Perennial.
 465 Schoonenboom, J. and Johnson, R.B. (2017). How to construct a mixed methods research design.
 466 *Kolner Z Soz Sozpsychol*, 69(Suppl 2). doi: 10.1007/s11577-017-0454-1
 467 Reivich, K., and Shatte, A. (2002). *The Resilience Factor: 7 Keys to Finding Your Inner Strength and*
 468 *Overcoming Life’s Hurdles*. New York: Broadway Books.
 469 Ungar, M. (2013). Resilience, trauma, context, and culture. *Trau, Viol, & Abus*. 14:3. doi:
 470 10.1177/152483801348780
 471 Walsh, F. (2016). Family resilience: a developmental systems framework. *Euro J Dev Psych*, 13:3.
 472 doi: 10.1080/17405629.2016.1154035
 473 Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The
 474 PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at
 475 www.ptsd.va.gov.
 476 Weir, B., Cunningham, M., Abraham, L., and Allanson-Oddy, C. (2019). Military veteran
 477 engagement with mental health and well-being services: A qualitative study of the role of the peer
 478 support worker. *J Ment Health*. 28:6. doi: 10.1080/09638237.2017.1370640

479 **10 Data Availability Statement**

480 All relevant data is contained within the article: The original contributions presented in the study are
 481 included in the article/supplementary files. Further inquiries can be directed to the corresponding
 482 author.

483 Restrictions apply to the datasets: The datasets presented in this article are not readily available due
 484 to ethical and contractual requirements. Requests to access the datasets should be directed to the
 485 corresponding author.

486 Table 1: BBT sessions, objectives and formats

Session Topics		Session Number		
		Standard 10-session Format	Trialed 6-session Format	Trialed 3-session Format
Adult Skills Focus: Developing caring	Resilience and family strengths	1	1	1
	Role modeling resilience, relaxation and noticing thoughts	2		

COMMUNITIES

relationships and role modelling resilience	Automatic thoughts, reactions and stress	3	2	2
	Thoughts and feelings	4		
	Thinking habits and managing stressful situations	5	3	
	Healthy and unhealthy beliefs	6	4	
Child Application Skills Focus: Facilitating resilience in children	Empathy	7	5	3
	Autonomy, choices and decision-making	8		
	Empowerment	9	6	
	Flexible thinking, hope and optimism	10		

487 Table 2: Participant Demographics

Table 2. Participant Demographics	
Demographic characteristics	Number of participants
Total Participants	9
Sex	
Female	7 (78%)
Male	2 (22%)
Status	
Civilian	5 (56%)
Service Member	2 (22%)
Veteran	2 (22%)
Marital status	
Married	5 (56%)
Common law	4 (44%)
BBT attendance	
Co-parents	2 (22%)
Individual	7 (78%)

COMMUNITIES

Total children per participant	
1 child	3 (33%)
2 children	2 (22%)
3 children	3 (33%)
9 children	1 (11%)
Children aged 0-8 yrs per participant	
1 child	7 (78%)
2 children	1 (11%)
3 children	1 (11%)
Highest level of education	
High school graduate	1 (11%)
Some college/university	3 (33%)
College/university	5 (56%)
SM/Veteran Participants	
	4
Rank	
Officer	1 (25%)
Senior Non-Commissioned Officer	1 (25%)
Junior Non-Commissioned Officer	2 (50%)
Service Environment	
Sea	1 (25%)
Land	2 (50%)
Air	1 (25%)
Enrollment Era	
2001-2015	3 (75%)
2016+	1 (25%)
Deployment History	
Yes	2 (50%)

COMMUNITIES

No	2 (50%)
----	---------

488 Table 3: Quantitative results

	Pre			Post			3 months			6 months		
	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	N
PCL-C	22.38	22.10	8	5.33	6.53	6	14.00	7.16	4	7.4	8.88	5
MCH-SF	50	12.16	9	58.67	10.76	6	56.5	8.66	4	58.2	8.79	5
SOC-13	55.25	6.37	8	60.40	9.13	5	58.50	6.61	4	55.75	3.40	4
Bounce Back Survey (Scale 1 (Don't agree at all to 5 (Agree a lot))												
1) I hardly ever expect things to go my way	2.67	1.33	9	2.00	1.10	6	1.83	.98	6	1.83	.98	6
2) I frequently blame myself when things go wrong	3.11	1.45	9	2.67	1.37	6	2.17	.98	6	3.00	1.27	6
3) I think if something can go wrong for me, it will	2.67	1.41	9	2.00	.89	6	1.67	.82	6	1.83	.98	6
4) I believe I can do well on most things	4.00	1.00	9	4.33	.52	6	4.17	.75	6	3.83	1.17	6
5) I am always optimistic about my future	3.78	1.20	9	4.50	.55	6	4.50	.55	6	4.00	.89	6

COMMUNITIES

6) When one thing goes wrong, it usually ruins my day	2.78	1.20	9	2.17	.75	6	2.33	1.03	6	3.67	.98	6
7) It really bothers me when I make mistakes	3.89	1.05	9	4.00	.63	6	3.67	1.03	6	4.17	.89	6
8) I stay calm when things go wrong	3.33	1.32	9	4.33	.52	6	4.00	.63	6	3.67	.82	6
9) No matter what happens I can handle it	3.67	1.41	9	4.33	.52	6	4.17	.98	6	4.17	.75	6
10) It is easy for me to control my anger	3.78	1.09	9	4.33	.52	6	4.17	.41	6	3.83	.75	6
11) When things go wrong in my life it generally takes me a long time to get back to normal	2.67	1.41	9	2.50	1.05	6	1.83	.75	6	2.50	1.05	6
12) I find parenting very stressful	3.33	1.41	9	2.33	1.03	6	2.17	.98	6	2.50	1.05	6
13) My child frequently acts up just to get my attention	2.67	1.58	9	2.50	1.87	6	1.50	.55	6	1.33	.52	6

COMMUNITIES

14) My child's behavior is frequently hard for me understand	3.44	1.59	9	2.50	1.38	6	1.67	.52	6	1.33	.52	6
15) My child frequently does things to upset me	1.89	1.62	9	2.00	2.00	6	1.17	.41	6	1.17	.41	6

489 Table 4: Major themes and subthemes

Theme	Subtheme	Supporting quote (FG number)	BBS Question in Support
Military parent resilience-building	Resilience is a learned skill	<i>"[BBT] made you [see resilience] step by step and pay attention. [A] very clear explanation of resiliency." (FG1)</i>	5,9 12
	Resilience requires reflection and awareness	<i>"What stood out to me was setting aside the time to work on some stuff that I needed to do as a parent. (...) I never took the time to check in or (...) acknowledge what I do and don't do." (FG6)</i>	2 3 4
	Resilience-building requires practice	<i>"[I]t wasn't one specific teachable moment that was (...) enlightening [about BBT. Rather resilience] is something you (...) continually need to work at; (...) it's the time, effort and energy that needs to go into maintaining that skill." (FG6)</i>	2 3 11
CMF resilience-building	BBT supports development of collective family resilience	<i>"[F]ocusing on (...) and being aware of what you and your child's strengths are and having that much more visible and (...) concrete was really helpful." (FG2)</i> <i>"[W]e talked about connection with our kid. (...) [B]eing able to communicate better (...) would have helped. A year later, it's much better (...) [H]ad [the BBT] course been there that conversation would have been open maybe a little earlier." (FG5)</i>	11 12 13 15
	Resilience requires reflection on parenting practices	<i>"[I'm trying to get] rid of assumptions that I've made about my kids and how they'll behave and (...) react to situations. It was giving them a chance to work through things, giving myself a chance to reflect on the skills I have, (...) and always look for the positives and how we can work at things together as a family." (FG6)</i>	3 4 5 13 14 15

COMMUNITIES

	Requirement of collective understanding and practice of resilience skills.	<p><i>“If we react better on a constant basis, then when the big things happen, we’re better equipped.” (FG1)</i></p> <p><i>“It gave us a lot to talk about at home. (...) [We give] cues to each other (...) [As] scenarios with our children happen, (...) we look at each other and (...) give the [flipping lid] hand sign.” (FG1)</i></p>	4 5 8 9 10
BBT program feedback and contextualization	BBT supports CMF resilience-building	<i>“[I]n the military, the [SMs] get resilience-training, but not (...) our spouses. [They] have to have a lot of resilience too. Your husband is gone for however long.” (FG1)</i>	9
	Peer connection during BBT was essential	<p><i>“I really connected with some of the people in our group. (...) [I]t was nice to see other parents who are doing and being and struggling with the same things.” (FG6)</i></p> <p><i>“I would’ve liked if my husband could come.” (...) I feel like I’m trying not to criticize him, like “oh this is what we’re trying to do now”.” (FG4)</i></p>	9
	BBT content was valuable	<i>“I like the last session (...) focused on the kids versus the adults, but I think having that background of looking at yourself first before you just start putting everything on your parenting skills.” (FG4)</i>	7 9 11
	BBT requires adaptation to fit CMFs unique challenges	<p><i>“[T]he member coming back has to adjust to the child being different, new developmental stages, different perspectives, interest.” (FG2)</i></p> <p><i>“I use breathing (...) daily. (...) [W]e learned it going through basic [training] (...) [It’s] a continuation.” (FG5)</i></p>	11 12
	BBT provides flexible program delivery	<p><i>“It was broken up and laid out well. (...) [G]o through a couple slides, watch a video, do a couple scenarios. (...) [T]here wasn’t time to get bored. A new way of thinking and teaching; (...) really interactive. I liked that.” (FG2)</i></p> <p><i>“Honestly, you just need that week for integration.” (FG4)</i></p>	4
MFRCs as community resilience hubs	MFRCs are well-established and trusted by CMFs	<p><i>“It’s nice having it at the MFRC. I think everyone is pretty comfortable walking in the doors of the MFRC.” (FG1)</i></p> <p><i>“[I]t was really great to have members of the MFRC present. [I]f it wasn’t, I think it would’ve been very inaccessible. (...) [T]hey know the lifestyle.” (FG2)</i></p>	
	BBT may address a CMF resilience service gap	<i>“[R2MR] was just a 2-hour evening (...) - it was still helpful, but [BBT] definitely covered a lot more (...) from the spouse family side.” (FG2)</i>	
	MFRCs partner with CFMWS,	<i>“I would love to see so many new people [take BBT]. Could it be run like the PSP programs? (...) health promotions? (...) [SMs] can get the time off work; (...) if they take a health</i>	

COMMUNITIES

	PSP, RCChS, and Health Promotions	<i>promotion course, they get credits.” (FG4)</i>	
--	-----------------------------------	---	--

490

In review

Enhancing Resilience-Building Capacity to Support Canadian Military Families and Communities: A Qualitative Analysis of Multidisciplinary Service Provider Perspectives of the Reaching in... Reaching Out (RIRO) and Bounce Back and Thrive! (BBT) Resiliency Skills Training Programs

1 Cynthia Mikolas^{1†}, Hope Winfield^{1†}, Lorraine Smith-MacDonald^{2,6†}, Ashley Pike^{2,4}, Chelsea
2 Jones^{2,5,6}, Melina Lee⁷, Jennifer Griffiths², Ryan Perry², David M Olson⁸, Joanne Olson^{7††},
3 Phillip Sevigny^{2,3††}, *Suzette Brémault-Phillips^{2,4††}

4 ¹Military Family Resource Centre, Canadian Forces Base Edmonton, Edmonton, AB, Canada

5 ²Heroes in Mind, Advocacy and Research Consortium (HiMARC), Faculty of Rehabilitation
6 Medicine, University of Alberta, Edmonton, Alberta Canada

7 ³ Department of Educational Psychology, Faculty of Education, University of Alberta, Edmonton,
8 AB, Canada

9 ⁴Department of Occupational Therapy, Faculty of Rehabilitation Medicine, University of Alberta,
10 Edmonton, AB, Canada

11 ⁵1 Field Ambulance, Canadian Forces Health Services, Canadian Forces Base Edmonton, Edmonton,
12 AB, Canada

13 ⁶Faculty of Rehabilitation Medicine, University of Alberta, Edmonton, AB, Canada

14 ⁷Faculty of Nursing, University of Alberta, Edmonton, AB, Canada

15 ⁸Departments of Obstetrics & Gynecology, Faculty of Medicine and Dentistry, University of Alberta,
16 Edmonton, AB, Canada

17 ⁹Royal Canadian Chaplain Service, Canadian Forces Health Services, Canadian Forces Base
18 Edmonton, Edmonton, AB, Canada

19 [†]These authors have contributed equally to this work and share first authorship

20 ^{††} These authors have contributed equally to this work and share last authorship

21 * Correspondence:

22 Dr. Brémault-Phillips, Suzette

23 suzette.bremault-phillips@ualberta.ca

24 **Keywords:** Military₁, families₂, community₃, resilience₄, training program₅, skill-building₆,
25 program evaluation₇, capacity building₈, mental health₉, well-being₁₀

26 Number of words: 4000

27 Number of figures: 4

28 Language style: Preference for article formatting in British English

29 Abstract

30 **Introduction:** A new vision of resilience and well-being for Canadian military service members
31 (SMs), Veterans and their families has been championed by the Canadian Armed Forces (CAF) and
32 Veterans Affairs Canada (VAC). Operationalizing this vision, which aims to support those who
33 serve/have served and their families as they navigate life during and post-service, requires the support
34 of service providers (SPs). Training SPs to deliver complementary resilience-training programs

35 Reaching In...Reaching Out (RIRO; for adults working with parents of young children) and Bounce
 36 Back and Thrive! (BBT; for parents of children aged 0-8 years of age) may support this vision.
 37 **Objective:** To assess the appropriateness of RIRO/BBT trainer training for SPs, and RIRO and BBT
 38 resilience-training for military populations and families. **Methods:** This qualitative descriptive study
 39 involved the delivery of RIRO/BBT trainer training to SPs (n=20), followed by focus groups (n=6)
 40 with SPs and organizational leaders (n=4). Focus groups were recorded, and data were transcribed
 41 and thematically-analyzed. **Results:** Several themes emerged: (1) RIRO/BBT trainer training enabled
 42 SPs to model resilience and deliver the resilience-training programs, which SPs indicated (2) were
 43 appropriate and adaptable for the CAF and SMs/CMFs, and (3) could support the development of
 44 resilient communities. **Discussion:** RIRO/BBT trainer training and RIRO and BBT resilience-
 45 training programs use a holistic, integrated, experiential and community approach to resilience-
 46 building and align with CAF and VAC initiatives. Once contextualized, such programs could support
 47 resilience-building in the military context.

48 1 Introduction

49 A new vision of resilience for Canadian military service members (SMs), Veterans and their families
 50 has been championed by the Canadian Armed Forces (CAF) and Veterans Affairs Canada (VAC).
 51 Commitment to this vision is reflected in CAF's Strong, Secure and Engaged (SSE) Defence Policy
 52 (Government of Canada (GoC) and Department of National Defence (DND) 2017b; Doherty, Knight
 53 and Dobрева-Martinova 2019) and Total Health and Wellness Strategy (GoC/DND 2017c); VAC's
 54 composite well-being construct (Thompson et al. 2016; VAC Research Directorate 2019), and the
 55 CAF-VAC Joint Suicide Prevention Strategy (GoC/DND 2017a). Provision of comprehensive,
 56 holistic and integrated support to approximately 68,000 Regular and 27,000 Reserve Force SMs,
 57 5,200 Rangers (GoC/DND 2020a), 24,000 civilian Department of National Defence employees
 58 (GoC/DND 2017), 60,600 Canadian military families (CMFs) (Battams and Mann 2018) and
 59 629,300 Veterans (VAC 2020) during and post-service, is central to realizing this vision.

60 CAF has clearly indicated that "well-supported, diverse and resilient people and families"
 61 (GoC/DND 2017b p. 19) are its first priority. Resilience, a process through which individuals adapt
 62 to or recover from adversity (Pfefferbaum et al. 2015), enables SMs/CMFs to be operationally-ready
 63 for domestic and international peace-keeping and combat missions and pandemics/disasters-response.
 64 Resilience across multiple domains (i.e., physical, mental, ethical/spiritual, social/cultural, familial,
 65 financial) and environments (i.e., psychosocial work, physical work, and physical home) is essential
 66 for the military community (Doherty, Knight and Dobрева-Martinova 2019). (Table 1). **Article types**

67 A "Triad of Responsibility" between the Chain of Command, care provider/team and SMs/CMFs
 68 (GoC/DND 2017c, 11) characterizes CAF's approach to total health and wellness. Organizationally,
 69 CAF deploys tools, programs, and actions to enhance resilience at each stage of a SM's career and
 70 provides support for CMFs (GoC/DND 2017b). Program delivery is tasked to service providers (SPs)
 71 associated with, for example, CAF Health Promotions (Strengthening the Forces Health Program
 72 (GoC/DND 2019)), military Chaplains (spiritual and familial support for SMs/CMFs), and Personnel
 73 Support Services (PSP; fitness centres, libraries, camps), and Military Family Resource Centres
 74 (MFRCs; social and family services/programs). A scan, however, of available programs and
 75 resources, which vary by location, reveals SM/CMF service gaps regarding resilience-building
 76 (Chartier, 2019). This qualitative descriptive study explores this knowledge/service gap as it relates
 77 to resilience-building programs for SMs/CMFs with young children and CMF communities.

78 **CMF resilience-building.** SM/CMF resilience is foundational to CAF operational readiness. While
79 the majority of CMFs manage stressors well, approximately 10% struggle (Manser 2018; Manser
80 2020) as they navigate military life challenges (e.g., mobility and relocation, risk of injury and illness
81 and absence/separations). These stressors can impact family processes, parent–child attachment and
82 (co)parenting during critical early development (DeVoe, Paris and Acker 2016). Prolonged or
83 cumulative stressors heightens risk of family disruption and poor outcomes (Walsh 2016; Manser
84 2018). SMs affected by family stress can find it difficult focusing on duty-related activities, their unit
85 and the mission. As this can affect operational readiness, enhancing SM/CMF resilience is vital.

86 SMs/CMFs may benefit from resilience and parenting skills training and engagement in resilient
87 communities. Evidence indicates that parenting skills can be improved through programs that foster
88 positive attachment and parent-child interactions, provide a safe, structured environment, and shift
89 parenting attitudes and skills (Bradley and Corwyn 2008; DeVoe, Paris and Acker 2016). Programs
90 informed by attachment and developmental–ecological frameworks that foster resilience across
91 individual, family, and cultural contexts (DeVoe, Paris and Acker 2016) may be particularly
92 effective, as can those that include young children who develop their preferred mode of explanation
93 and thinking styles largely from behaviours modeled by adults (Kordich-Hall and Pearson 2004).
94 Resilience-training that is strength-based, trauma-informed, and peer-supported, and enables
95 individuals to better navigate and thrive amidst adversity, model resilience and contribute to building
96 strong and resilient communities, can be powerful. The impact of such programs may extend beyond
97 the family unit and into the wider community (Sandler et al. 2011) and future generations.

98 **Community Resilience.** A community’s sustained ability to mobilize and respond and positively
99 adapt to stress (individual, family, community), is affected by its resilience (Ungar 2013; Fisher et al.
100 2019). Facilitative environments that increase individual and local capacity, provide informal/formal
101 support and resources, and decrease risks, unhealthy communication and trauma can contribute to
102 community resilience (Ungar 2013; Patel et al. 2017). According to Patel, core elements associated
103 with community resilience include local knowledge, community networks and relationships,
104 communication, health, governance/leadership, resources, economic investment, preparedness, and
105 mental outlook (Table 2). Consideration of such elements is important when determining resilience-
106 training programs that might foster community resilience.

107 **Resilience-Training.** Within the Canadian military context, potential resilience-training programs for
108 future use with SMs/CMFs with young children would need to be selected and evaluated using
109 criteria such as relevance, efficiency, effectiveness, accessibility, fit, usability, and alignment with
110 policies such as SSE and Total Health and Wellness. While other family resilience-building programs
111 are available (Beeghly, M. and Tronick, E. 2011; Masten, A.S. 2014; National Scientific Council on
112 the Developing Child 2015; DeVoe, Paris and Acker 2016; National Academies of Sciences,
113 Engineering, and Medicine 2016; Burns, B. M. 2018), two complementary made-in-Canada
114 resilience-training programs are being explored. Developed by Kordich-Hall and Pearson (2004),
115 Reaching IN...Reaching OUT (RIRO) is for SPs working with those engaging with parents of young
116 children, and Bounce Back and Thrive! (BBT) for parents of children 0-8 years of age (Pearson and
117 Kordich-Hall 2017).

118 **RIRO and BBT Resiliency Skills Training Programs.** RIRO and BBT are standardized, evidenced-
119 informed programs based on the gold standard University of Pennsylvania’s Resiliency Program
120 (Seligman et al. 1995). Psychoeducational, group, peer-supported programs, they include topics such
121 as fostering calming and focusing, thought-catching and reframing, challenging core beliefs,
122 understanding thinking habits, and generating alternatives (See Table 3 for session topics and

123 objectives of BBT and RIRO). BBT consists of 10, 2-hour weekly sessions, while RIRO training is
124 12-hours with flexible delivery options. RIRO and BBT are trauma-informed and available in
125 French, English and other languages, and have been introduced at a Labrador MFRC, utilized with
126 trauma-affected populations, and delivered in person and online. RIRO and BBT have been found to
127 enhance individual and community resilience and foster a culture of resilience (Pearson and Kordich-
128 Hall 2017).

129 ***RIRO/BBT Trainer Training and Capacity Building.*** SPs can receive RIRO/BBT trainer training to
130 deliver RIRO and BBT Resiliency Skills Training Programs. The training includes 40 hours of
131 psychoeducational sessions, individual and group activities and discussions, and aims to familiarize
132 trainees with the material, resources and skills, enhance their understanding of resilience and ability
133 to model resilience, and prepare them to deliver the RIRO and BBT programs (Pearson and Kordich-
134 Hall 2017).

135 **Objectives**

136 This study aims to capture the perspectives of SPs post-RIRO/BBT trainer training regarding (1) the
137 impact of the training on their ability to model resilience and deliver RIRO and BBT programs; and
138 the appropriateness of RIRO and BBT resilience-training programs for use with SMs/CMFs and
139 military communities. Specifically, the study will determine whether these programs might (2)
140 address identified service/training gaps regarding resilience-building, (3) lend themselves to
141 contextualization for military populations, and (4) foster a culture of resilience.

142 **2 Methods**

143 **Study Design**

144 This study employed a qualitative descriptive research design. Following RIRO/BBT trainer training,
145 audio-recorded focus groups (FGs) were conducted with trainees, the RIRO/BBT Master Trainer and
146 organizational leaders. Collected data was transcribed and thematically-analyzed. Ethical approval
147 from a Research Ethics Board and CAF Surgeon General Endorsement were received prior to study
148 initiation.

149 **Recruitment, Sampling and Participants**

150 Study participants included SPs (n=20) recruited from a local military base, MFRC, health authority,
151 and university who were invited to participate in RIRO/BBT trainer training due to their roles and
152 responsibility supporting SMs/CMFs with children 0-8 years of age: MFRCs (n=8; social workers,
153 early child care workers), the Royal Canadian Chaplain Service (RCChS) (n=5; chaplains, mental
154 health chaplains), CAF transition unit (n=1, SM), a family (n=1; parent), the local health authority
155 (n=1; social worker), university-based researchers/clinician-scientists (n=4; nurse, occupational
156 therapist, psychologist, social worker). Organizational leaders from the MFRC (n=2) and RCChS
157 (n=1), and the RIRO/BBT Master Trainer (n=1), also participated in focus groups.

158 **Intervention**

159 RIRO/BBT trainer training was delivered in-person at the local MFRC for 5 days (September 9-13,
160 2019) by a RIRO/BBT Master Trainer to 20 trainees. RIRO-specific training occurred on Days 1-3
161 and BBT training on Days 4-5.

162 Data Collection

163 Data were collected during six focus groups (FG1-6) following RIRO/BBT trainer training using
 164 semi-structured interview questions. A focus group with trainees and the Master Trainer was held at
 165 the end of training Day 5 (FG1; n=21), followed in the two weeks thereafter with MFRC and RCChS
 166 leadership (FG2; n= 3), and a CMF member, transition unit SM, and research team members (FG3;
 167 n=5). Organization-specific focus groups were conducted with trainees later in September and
 168 October 2019 (FG4 and FG5; n=20) and in November 2020 (FG6; n=3). In instances where
 169 participants were unable to attend due to operational commitments, participants provided feedback by
 170 email.

171 Data Analysis

172 Qualitative data was analyzed using standard qualitative research protocols. Once transcribed, focus
 173 group data was thematically-analyzed (inductively and deductively) by four research team members.
 174 Deductive analysis was informed by study objectives, resilience domains, core community resilience
 175 elements (Patel et al. 2017) and evaluation criteria. Braun and Clarke’s (2006) framework for
 176 qualitative thematic analysis guided inductive analysis. Initial coding was completed independently
 177 by team members to ensure inter-rater reliability. Regular meetings enabled discussion and
 178 verification of codes, resolution of discrepancies and determination of final themes and supporting
 179 quotes (Lincoln and Guba 1985). **Equations**

180 3 Results

181 Thematic analysis revealed several salient themes: (1) RIRO/BBT trainer training enhanced the
 182 ability of SPs to model resilience and deliver RIRO and BBT programs. RIRO and BBT programs
 183 (2) are useful for military application, (3) could assist in developing resilient communities, and (4)
 184 could be adapted for use with military populations. Themes support several of the total health and
 185 wellness domains and core elements of community resilience, with the potential for enhancement of
 186 local knowledge, community networks and relationships, communication, preparedness, and mental
 187 outlook being evident in participant feedback. Further discussion of themes, in addition to a table of
 188 prominent themes, subthemes, and supportive quotes, resilience domain and core elements (Table 4),
 189 follows.

190 Theme I: Service Provider Capacity-Building

191 **Resilience role-modelling.** Participants noted that resilience programs fostering adult modelling of
 192 resilience-skills is currently lacking across bases and MFRCs. RIRO/BBT trainer training inspired
 193 them to be more intentional about modelling resilience in their homes and workplaces: “[B]ecause
 194 we are such a small community, if we can be role modelling it more often they will see the results of
 195 it.” (FG4)

196 **Resilience tools.** Participants found that the training offered relevant, useful, simple, applicable and
 197 understandable tools across resilience domains (i.e., physical, mental, ethical/spiritual, social/cultural,
 198 familial, financial) and the psychosocial work environment) that, “*everybody could use.*” (FG5) The
 199 training reportedly expanded their knowledge and offered ways to alter tools, including using “[An
 200 aide memoire] like a cheat sheet or a quick refresher that you carry with you (...) the first page could
 201 be the 3Rs [or another learned tool] (...) After a while it becomes muscle memory and you don’t need
 202 it.” (FG1) “[A]ctive breathing (...) is not necessarily a skill that everyone wants or practices (...)
 203 Fair enough. Here is another thing you can try.” (FG5) They also identified periods of time, such as

204 pre- and post-deployment, during which increased resilience-skills may support CMFs, younger CAF
 205 members, and SMs across all ranks.

206 **Personal awareness.** Participants indicated that the training enhanced their self-awareness, “*Personal*
 207 *awareness ..to understand my strengths and weaknesses. In terms of understanding different styles of*
 208 *thinking,*” (FG5) and their own parenting: “*[I]t was helpful to (...) pause and spend time thinking*
 209 *about your reaction as a parent and thinking about the children’s reactions, and how that maybe we*
 210 *are not managing them in the best way.*” (FG5)

211 **Professional awareness.** The training provided an opportunity for participants to gain insight into
 212 areas that they and others may need to develop: “*I am trying to understand what might be struggles*
 213 *for people, (...) [and how and] when (...) to help (...) people improve their resiliency and (...) see that*
 214 *in-depth journey.*” (FG5) It also equipped them with new strategies to “*approach some topics...to*
 215 *help families and the members, (...) understand thought traps [thinking habits].*” (FG5)

216 **Mechanism for SP Capacity Building.** Participants saw benefit to involving SPs from various
 217 community partners to ensure widespread use of skills: “*[I]t would be fantastic if we could have (...)*
 218 *additional people within the community who are able to (...) be a facilitator.*” (FG6)

219 **Theme II: Community and Family Application**

220 **Skills and strategies.** Participants believed that the training could “*[H]elp [SMs] to recognize their*
 221 *emotions, how they think and then give them the necessary tools to correct and adjust their behaviour*
 222 *and thought processes.*” (P1) They recommended that the tools be taught in basic training as it
 223 would, “*[S]et a healthy thought pattern and provide each member with coping skills.*” (P1) Another
 224 participant noted, “*Chapters 1-3 of RIRO should be mandatory for all ranks. The information in it is*
 225 *probably some of the best building blocks I’ve seen.*” (FG3) In addition to providing regulation tools,
 226 they recognized the impact of equipping adults with resilience-skills that can be used across all
 227 domains with their children and across the lifespan.

228 **Family-Building.** Strengthening CMFs is important to developing community resilience. Participants
 229 related that BBT supports family-building as it is, “*[V]ery family-oriented (...) and is presented in a*
 230 *language that speaks well to that demographic.*” (FG6) It could be useful in “*[T]eaching parents to*
 231 *know themselves and self-regulate. And then in turn help their kids to self-regulate and express when*
 232 *they are having difficulty.*” (FG5)

233 **Role modelling.** Participants noted improvements in their own families as a result of role modelling,
 234 “*[A]s my wife would say, I often would (...) dad-splain (...) to help [my children] through whatever*
 235 *they are feeling. (...) [RIRO] provided me with a language and the avenue for engagement with my*
 236 *children that I was lacking (...) and it has made a very positive impact on my relationship with my*
 237 *kids.*” (FG5)

238 **Behaviours.** Participants identified specific periods of time, such as pre- and post-deployment
 239 windows, where increased resilience-skills may be beneficial in supporting families to understand
 240 patterns of behaviour: “*[I]t would be wonderful (...) pre-deployment (...) and (...) post deployment*
 241 *(...) when they are not meshing like they did necessarily before they went away.*” (FG5)

242 **Theme III: Resilient environments**

243 **Community resilience-building.** “[The CMF community] is the environment that the kids are in and
 244 the people who are with them all the time.” (FG6) Equipping CMF communities with resilience tools
 245 is essential as community members often support each other amidst frequent change, uncertainty,
 246 relocation, deployments, extended absences of a parent/caregiver, and lack of SP and program
 247 continuity from one location to the next. Participants noted that families have been struggling to cope
 248 with the increased tempo of operations, indicating that, “[W]e are to support our families to figure
 249 out tools to help them to survive the military profession or at least until the tempo comes down and
 250 they are not so busy.” (FG5) Participants noted that access to resilience programs addressing adult
 251 modelling of resilience-skills to children and child resilience skill-building is currently needed across
 252 bases and MFRCs: “[C]hildren are constantly adjusting. (...) So building up resiliency skills for
 253 children is a good thing.” (FG4)

254 **Common language.** The benefits that standard evidence-based resilience programs offer regarding
 255 use of a common language were also noted: “It would be good to have all the staff trained in it so we
 256 have the same style or the same verbiage with children that come into our care. Or even families that
 257 we’re trying to help them build their resiliency skills.” (FG4)

258 **Community Benefits.** Participants recognized the benefits that RIRO/BBT trainer training might
 259 have for other SPs, “[PSP] staff at the library, (...) they see enough [children/CMFs] that it would be
 260 great to have some of those people [trained]” (FG6), and the ways in which RIRO and BBT might
 261 complement other programs: “We have health promotions here. They run a lot of programs.
 262 [T]here’s bits and pieces (...) but not a complete program like [RIRO/BBT].” (FG6) RIRO and BBT
 263 appear to align with existing CAF and MRFC program offerings and would address a service gap.

264 **Theme IV: Usability**

265 **Cultural adaptability.** Participants noted that RIRO and BBT content would need to be
 266 contextualized for the military populations: “[T]he language, (...), some of the examples, need to
 267 change for it to communicate better to our soldiers.” (FG5) “Examples I think would be worthwhile
 268 because it may be easier for someone to pick it up, but outside of that they’ve tested this all across
 269 trauma. significant trauma communities. Why would we be any different? (...) It’s the nominal
 270 changes to update the program versus militarize it.” (FG2). Additionally, participants noted that,
 271 “[A]ctivities could be altered so they are a little bit more (...) military-friendly.” (FG4) Changes
 272 training content and material to neutralize gender could also be helpful: “If men are in the group,
 273 some male perspectives, changing the colour scheme might be helpful, because for me, it’s feminine
 274 to a core (...) some guys might be turned off by that.” (FG1) It was further noted that, “[I]f [RIRO]
 275 doesn’t emphasize separations, deployments ...it will just be seen as another [civilian] course that is
 276 trying to make its way into a military context.” (FG5)

277 Some participants cautioned against too much militarization during contextualization as, “People are
 278 people. When you grieve because your dad died, it doesn’t matter that I wear a green uniform (...) I
 279 grieve the same way whether I wear a green uniform or I don’t, but ‘we have to put it in the context
 280 because we’re separate across the country’ but a lot of people are separate across the country.”
 281 (FG2) Additionally, “Some spouses want nothing to do with the military, so if you give them too
 282 many military examples they won’t get it. So it’s making sure there’s enough of both.” (FG2)

283 **Program delivery.** Participants noted a need for reduced time commitment, “We have to summarize it
 284 to make it in a military context. It might be hard to get the people one week off from what they do.”
 285 (FG5) Participants recommended providing condensed or intensive versions of RIRO and BBT. “My

286 *concern is the longevity. 10 weeks is a long time. I kind of wish it were 6 or 8.”* (FG1) Despite the
 287 length, participants indicated, *“From an educator perspective, the lesson plans are very clear, could*
 288 *be delivered in a simplistic manner. (...) [Y]ou could open up the book and know what you needed to*
 289 *teach.”* (FG3)

290 **Community collaboration and outreach.** Participants suggested several potential collaboration
 291 options: *“Some units have a family cell so finding out who the member is that runs that cell within a*
 292 *unit is a good connection.”* (FG4) *“Sentinels (peer supports embedded) in the various units. RIRO*
 293 *offers useful tools to help them help others,”* (FG5) and, *“We do have a school liaison coordinator*
 294 *who (...) may be a good person to get that out to the school newsletters.”* (FG4) The RIRO and BBT
 295 programs could be expanded to other SPs throughout the CAF and MFRCs.

296 4 Discussion

297 The development of resilient SMs and CMFs is essential to fulfilling the vision and priorities of CAF
 298 and VAC. Offering resilience-training to SPs and SMs/CMFs within the CAF community and
 299 through MFRCs can foster resilient behaviours, attitudes, and mindsets, enhance individual, family
 300 and community resilience and have intergenerational impacts. Currently, evidence-informed
 301 resilience-building programs that foster SM/CMF resilience within the CAF, VAC, and MFRC
 302 communities are lacking.

303 Trainees related that the RIRO and BBT psychoeducational and peer-supported resilience-training
 304 programs, with their holistic, integrated, experiential learning and community approach, were likely
 305 to facilitate resilience-building in military and CMF communities. Skills and tools crossed resilience
 306 domains (i.e., physical, mental, ethical/spiritual, social/cultural, familial) and the psychosocial work
 307 environment. The programs also addressed many core elements of community resilience (i.e., local
 308 knowledge, community networks and relationships, communication, preparedness, and mental
 309 outlook). Participants perceived program content to be relevant, effective, useful, and accessible.
 310 Alignment and fit with CAF and VAC initiatives was also noted, although contextualization and
 311 inclusion of military-specific scenarios and testimonials would greatly enhance usability and reflect
 312 the lived experiences of SMs/CMFs. Trainees indicated that the programs would address a service
 313 gap and be complementary to current programs offered by CAF and MFRCs.

314 **Capacity-building.** Intentional-capacity building across SPs, SMs/CMFs, MFRCs, and the CAF,
 315 together with clear and supported implementation efforts, would be required to integrate resilience-
 316 building programs such as RIRO and BBT in military, Veteran and CMF populations. Selection and
 317 contextualization of a particular program(s), facilitator training, and embedding of training into
 318 existing program offerings and routine training cycles would also be needed. Master trainers,
 319 authorized to train others in the delivery of RIRO and BBT, would need to be credentialed to support
 320 widespread program implementation. It would also be of benefit for sufficient numbers of SPs and
 321 SMs/CMFs (25%) to receive RIRO and BBT resilience-training so as to enhance the likelihood of
 322 effecting culture change at the individual, family and organizational levels (Centola et al. 2018).
 323 Making the program available in differing formats (in-person, online), length, and language specific
 324 to target audiences would also enhance uptake. This would be especially helpful for reaching SMs
 325 and CMFs who reside off base (currently 85% of CMFs; Cramm et al. 2015), or are geographically
 326 dispersed, living abroad, or separated due to duty-related activities. Online delivery would make it
 327 possible for simultaneous program participation by co-parents. Virtual RIRO/BBT peer support
 328 groups would also have the benefit of facilitating community connection and resilience. Overarching
 329 resilience networks and hubs could create a greater sense of community and increase capacity and

330 support, allowing SMs, Veterans, CMFs and communities to flourish during and following life in
331 military service.

332 **Future Research**

333 This study lays a foundation for future research regarding resilience-training programs and capacity-
334 building within a Canadian military context. It also contributes to the much-needed evidence-base
335 regarding culturally-specific and sensitive resilience-building programs. Further research is yet
336 needed, however, to assess the impact of RIRO and BBT training on SPs, SMs and Veterans, CMFs,
337 and the CAF at large, the effectiveness of RIRO and BBT resilience-training and program
338 contextualization. Consideration of programs for CMFs with older children and family members is
339 also needed. Additionally, the implementation, scale, spread and sustainability of RIRO and BBT
340 programs in the CAF and VAC communities, as well as the establishment of community resilience
341 networks and hubs has not been explored. Various formats of delivery of RIRO/BBT trainer training
342 and RIRO and BBT resilience-training programs (online and in-person formats in various languages)
343 is also warranted.

344 **Strengths and Limitations**

345 This study had several notable strengths and limitations. Participation of multidisciplinary SPs and
346 leaders who support SMs/CMFs and are familiar with the military culture, as well as SMs
347 themselves, was a strength, as was capturing trainee perspectives immediately upon completion of
348 the RIRO/BBT trainer training. Limitations include the limited sample size and lack of VAC
349 representation, although SPs working specifically with Veterans were included. Findings were also
350 largely based on discussions prior to the majority of trainees delivering RIRO and BBT programs,
351 with the exception of FG6 participants who delivered BBT training to a small sample of CMFs at the
352 local MFRC. Further, due to the unforeseen circumstances of a global pandemic (COVID-19),
353 exploration of opportunities and plans for RIRO/BBT trainees to offer either RIRO or BBT programs
354 was not possible.

355 **5 Conclusion**

356 The resilience and operational readiness of SMs/CMFs is essential to CAF's ability to fulfill its
357 vision and missions. Resilience-training can enhance the resilience of SPs and SMs/CMFs and
358 military communities. Preparing SPs to model resilience and deliver evidenced-based resilience-
359 training programs such as RIRO and BBT has the potential to build capacity at the individual, family,
360 community, SP and organizational levels, and support a resilient and ready defence team.
361 Widespread use of standardized resilience programs could enable use of a common language and
362 skill set in the military community and growth of a culture of resilience. This study contributes to
363 research regarding evidence-based culturally-specific and -sensitive resilience-training programs and
364 capacity-building within the Canadian military context.

365 **6 Conflict of Interest Statement**

366 Author CM was employed by the MFRC. All other authors declare no competing interests.

367 **7 Author Contributions Statement**

368 SP, AP, JO, PS and CM conceived, designed and conducted the study. All authors drafted, revised
369 and approved the final manuscript submitted for publication.

370 **8 Acknowledgements**

371 The research team would like to thank study participants for sharing their time and experiences, the
 372 funders for enabling the study, and the MFRC, RCChS, and CAF leadership and staff for their
 373 continued support.

374 **9 Funding**

375 This pilot study was funded by a Glenrose Rehabilitation Hospital Clinical Research Grant and Kule
 376 Institute for Advanced Study (KIAS) Dialogue Grant. In-kind support was provided by the local
 377 MFRC, RCChS, CAF and the academic institution with which the research team members are
 378 affiliated.

379 **References**

380 Battams, N. and Mann, R. (2018). A Snapshot of Military and Veteran Families in Canada. Statistical
 381 Snapshots. The Vanier Institute of the Family. Retrieved January 30, 2021 from
 382 <https://vanierinstitute.ca/2018-update-a-snapshot-of-military-and-veteran-families-in-canada/>.

383 Beeghly, M. and Tronick, E. (2011). Early resilience in the context of parent-infant relationships: A
 384 social developmental perspective. *Curr Probl Pediatr Adolesc Health Care*, 41, 197-201.

385 Bradley RH, Corwyn RF. (2008). Infant temperament, parenting, and externalizing behavior in first
 386 grade: a test of the differential susceptibility hypothesis. *Journal of Child Psychology and Psychiatry*.
 387 49:2, 124-31.

388 Braun, V. and Clarke V. (2006). Using thematic analysis in psychology. *Qual Res Psychol*. 3:2 doi:
 389 10.1191/1478088706qp063oa

390 Burns, B. M. (2018). Mindfulness-Based Parenting Programs: Significance for Young Children
 391 Experiencing Adversity and Trauma, in Plante, T. G. (ed.), *Healing with Spiritual Practices: Proven*
 392 *Techniques for Disorders from Addictions and Anxiety to Cancer and Chronic Pain*.

393 Centola, D., Becker, J., Brackbill, D., and Baronchelli, A. (2018). Experimental evidence for tipping
 394 points in social convention. *Science*. New York, 360:6393, doi: 10.1126/science.aas8827

395 Cramm H., Norris D., Tam-Seto L., Eichler, M. and Smith-Evans K. (2015). Making military
 396 families in Canada a research priority. *J Mil Vet Fam Health*.1:2 doi: 10.3138/jmvfh.3287

397 Chartier, A. (2019). *The Mapping and Gaps Analysis of Services for Military Families Report*.
 398 Comprehensive Military Family Plan. Ottawa: Canadian Forces Morale and Welfare Services.

399 DeVoe, E. R., Paris, R., and Acker, M. (2016). Prevention and treatment for parents of young
 400 children in military families. In *Parenting and children's resilience in military families* (pp. 213-227).
 401 Springer, Cham.

402 Doherty, G., Knight, E. C., and Dobрева-Martinova, T. (2019). Defence Team Total Health and
 403 Wellness Strategic Framework. In Paper submitted to the 43rd HFM Panel Business Meeting (pp. 8-
 404 11).

- 405 https://scholar.googleusercontent.com/scholar?q=cache:R4ZF19Vdz4sJ:scholar.google.com/+Defence+Team+Total+Health+and+Wellness+Strategic+Frameworkandhl=enandas_sdt=0,5
406
- 407 Fisher, D. M., Ragsdale, J. M., and Fisher, E. C. S. (2019). The importance of definitional and
408 temporal issues in the study of resilience. *Appl Psych: Inter Rev* 68:4. doi: 10.1111/apps.12162
- 409 Government of Canada and Department of National Defence (2020). Canadian Armed Forces 101.
410 [https://www.canada.ca/en/department-national-defence/corporate/reports-publications/transition-](https://www.canada.ca/en/department-national-defence/corporate/reports-publications/transition-materials/defence-101/2020/03/defence-101/caf-101.html)
411 [materials/defence-101/2020/03/defence-101/caf-101.html](https://www.canada.ca/en/department-national-defence/corporate/reports-publications/transition-materials/defence-101/2020/03/defence-101/caf-101.html)
- 412 Government of Canada and Department of National Defence. *Canadian Armed Forces and Veterans*
413 *Affairs Canada Joint Suicide Prevention Strategy*, Ottawa, ON: Government of Canada, 2017a
- 414 Government of Canada and Department of National Defence. *Strong Secure Engaged: Canada's*
415 *Defence Policy*. Ottawa, ON, CA: National Defence, 2017b.
- 416 Government of Canada and Department of National Defence. (2019). Strengthening the Forces
417 Health Promotion Program. [https://www.canada.ca/en/department-national-](https://www.canada.ca/en/department-national-defence/programs/strengthening-forces.html)
418 [defence/programs/strengthening-forces.html](https://www.canada.ca/en/department-national-defence/programs/strengthening-forces.html)
- 419 Government of Canada and Department of National Defence. *Surgeon General's Integrated Health*
420 *Strategy – 2017 – Integration for Better Health*. Ottawa, ON, CA: National Defence. 2017c
- 421 Kordich Hall, D., and Pearson, J. (2004). *Introducing Thinking Skills to Promote Resilience in Young*
422 *Children. Reaching IN...Reaching OUT Project (RIRO)*, Child and Family Partnership. Toronto, ON.
423 http://www.reachinginreachingout.com/documents/RIROThinking_skills_and_resilience.pdf
- 424 Masten, A.S. (2014). *Ordinary magic: Resilience in development*. New York: Guilford Press.
- 425 Manser, L. (2020). The state of military families in Canada: A scoping review. *J Mil Vet Fam Health*,
426 6:2. doi: 10.3138/jmvfh-2019-0001
- 427 Manser, L. (2018). State of Military Families in Canada: Issues Facing Regular Force Members and
428 Their Families. Ottawa, ON: Canadian Forces Morale and Welfare Services.
- 429 Lincoln, Y. S., Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park: SAGE Publications.
- 430 National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting matters: Supporting*
431 *parents of children ages 0-8*. Washington: The National Academies Press.
- 432 National Scientific Council on the Developing Child (2015). Supportive relationships and active skill
433 building strengthen the foundations of resilience. *Working Paper 13*.
434 <http://www.developingchild.harvard.edu>
- 435 Patel, S. S., Rogers, M. B., Amlôt, R., and Rubin, G. J. (2017). What Do We Mean by 'Community
436 Resilience'? A Systematic Literature Review of How It Is Defined in the Literature. *PLoS currents*, 9,
437 doi: ecurrents.dis.db775aff25efc5ac4f0660ad9c9f7db2.
- 438 Pfefferbaum B., Pfefferbaum R. L. and Van Horn R. L. (2015). Community resilience interventions:
439 Participatory, assessment-based, action-oriented processes. *Am Behav Sci*. 59:2. doi:
440 10.1177/000276414550298

- 441 Pearson, J., and Kordich Hall, D. (2017). *Reaching IN ... Reaching OUT Resiliency Guidebook*
 442 “Bounce back” skills for adults and young children. Toronto, ON.
 443 <http://www.reachinginreachingout.com/resources-guidebook.htm>
- 444 Sandler I. N., Schoenfelder E. N., Wolchik S. A., MacKinnon D. P. (2011). Long-term impact of
 445 prevention programs to promote effective parenting: lasting effects but uncertain processes. *Ann Rev*
 446 *Psyc.* 62. 299-329.
- 447 Seligman, M. E. P., Reivich, K., Jaycox, L., and Gillham, J. (1995). *The Optimistic Child*. New York,
 448 NY: Harper Perennial.
- 449 Thompson JM, MacLean MB, Roach MB, Banman M, Mabior J, Pedlar D. Charlottetown PE:
 450 Research Directorate, Veterans Affairs Canada. A Well-Being Construct for Veterans’ Policy,
 451 Programming and Research. Research Directorate Technical Report. 07 September 2016.
 452 [https://www.veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/well-](https://www.veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/well-being-construct)
 453 [being-construct](https://www.veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/well-being-construct)
- 454 Ungar, M. (2013). Resilience, trauma, context, and culture. *Trau, Viol, & Abus.* 14:3. doi:
 455 10.1177/152483801348780
- 456 Veterans Affairs Canada (2020). Facts and figures demographics.
 457 <https://www.veterans.gc.ca/eng/about-vac/news-media/facts-figures/1-0>
- 458 Veterans Affairs Canada Research Directorate (2019). Info Brief: Measuring Veteran well-being.
 459 [https://www.veterans.gc.ca/eng/about-vac/research/research-directorate/info-briefs/measuring-well-](https://www.veterans.gc.ca/eng/about-vac/research/research-directorate/info-briefs/measuring-well-being)
 460 [being](https://www.veterans.gc.ca/eng/about-vac/research/research-directorate/info-briefs/measuring-well-being)
- 461 Walsh, F. (2016). Family resilience: a developmental systems framework. *Euro J Dev Psych,* 13:3.
 462 doi: 10.1080/17405629.2016.1154035

463 **10 Data Availability Statement**

464 All relevant data is contained within the article: The original contributions presented in the study are
 465 included in the article/supplementary files. Further inquiries can be directed to the corresponding
 466 author.

467 Restrictions apply to the datasets: The datasets presented in this article are not readily available due
 468 to ethical and contractual requirements. Requests to access the datasets should be directed to the
 469 corresponding author.

470

471

472

473

474 *Table 1: Total Health and Wellness Domains*

Total Health and Wellness Domains (Doherty, Knight and Dobрева-Martinova, 2019)		
Domain		Definition
1	Physical	An individual's physical body and may include genetic, environmental, psychophysical, or behavioral components.
2	Mental	Includes cognitive, affective and behavioural sub-domains.
3	Ethical/ Spiritual	Ethical awareness, justification of moral beliefs, spirituality (may or may not be aligned with a religious tradition), meaning and purpose.
4	Social/ Cultural	Larger social circles that individuals participate in such as community (special interest groups, sporting and cultural groups, etc.)
5	Family	Persons intimately involved in one's life, such as co-habitual partners, dependants, extended family, in-laws, and/or close friends who are perceived as family.
6	Financial	Financial literacy and management ability, and overall net worth.
7	Psychosocial Work Environment	The design and management of work, and contexts that could impact (positively or negatively) an employee's well-being.
8	Physical Work Environment	The physical workplace (building, workspace, air quality etc.).
9	Physical Home Environment	Type and quality of housing one lives in and neighbourhood which impacts safety, access to community services, schools, and important amenities.

475

476 *Table 2: Elements of Community Resilience as Proposed by Patel et al. 2017.*

Elements of Community Resilience as Proposed by Patel et al. 2017		
Core Element	Subthemes	Summary Description

A	Local Knowledge	<ul style="list-style-type: none"> - Factual Knowledge - Training and Education - Collective Efficacy and Empowerment 	Community members must possess an understanding of their potential vulnerabilities and a belief that they are able to overcome hardships.
B	Community Networks and Relationships	<ul style="list-style-type: none"> - Connection - Cohesion 	Development of strong links between community members creates a sense of community connectedness and cohesion.
C	Communication	<ul style="list-style-type: none"> - Effective Communication - Risk Communication - Crisis Communication 	Use of common language, meanings and understandings, in addition to the provision of space for individuals to articulate their needs, views, and attitudes allows for open dialogue.
D	Health	<ul style="list-style-type: none"> - Physical Health - Mental Health 	Understanding and treating physical and mental health needs mitigates additional risks of long-term recoveries after crisis situations.
E	Governance/ Leadership	<ul style="list-style-type: none"> - Infrastructure and Services - Public Involvement and Support 	Timely and effective responses, along with the involvement of the community for planning responses and recovery increases trust risk and crisis communication.
F	Resources		Appropriate access and allocation of tangible (e.g., food), technical resources (e.g., shelter) and financial and social resources are hypothesised to be connected to community resilience.
G	Economic Investment	<ul style="list-style-type: none"> - Economic Programming - Economic Development 	Proactive investments should ensure interventions are cost-effective and should consider specific needs for a post-disaster community.
H	Preparedness		Individual, family, and government levels must be considered in planning for crisis, prevention, and response and recovery.
I	Mental Outlook		Enhancement of mental outlook is conducive towards development of resilient attitudes, feelings, and views in the face of uncertainty, including incorporation of both hope and adaptability

477

478 *Table 3: Reaching In...Reaching Out and Bounce Back and Thrive! Sessions and Objectives*

Reaching In...Reaching Out Section Topics		Bounce Back and Thrive! Session Topics	
<p>Part One</p> <p>Focus: Build foundation of critical resiliency abilities</p>	<ul style="list-style-type: none"> • Resilience, relaxation and noticing thoughts • Strengths, resilience, accurate and flexible thinking • Emotional regulation, self-efficacy, learned control, empathy • Automatic thoughts • Thoughts and feelings • Challenging believes • Generating Alternatives • Iceberg beliefs 	<p>Part One Adult Skills</p> <p>Focus: Developing caring relationships and role modelling resilience</p>	<ul style="list-style-type: none"> • Resilience and family strengths • Role modeling resilience, relaxation and noticing thoughts • Automatic thoughts, reactions and stress • Thoughts and feelings • Thinking habits and managing stressful situations • Healthy and unhealthy beliefs
<p>Part Two</p> <p>Focus: Application of resiliency skills to children</p>	<ul style="list-style-type: none"> • Stress and resilience in children • Relaxing, calming and focusing • Accurate thinking, thinking habits, generating alternatives, and flexible thinking • Developing self-efficacy, positivity, belonging • Thought-feeling connections, reframing, realistic optimism 	<p>Part Two Child Application Skills</p> <p>Focus: Facilitating resilience in children</p>	<ul style="list-style-type: none"> • Empathy • Autonomy, choices and decision-making • Empowerment • Flexible thinking, hope and optimism

479

480 *Table 4: Themes, Subthemes and Supportive Quotes and Resilience Domains/Core Elements*

Themes, Subthemes, and Supportive Quotes and Resilience Domains/Core Elements			
Theme	Subtheme	Supportive Quote	Resilience Domains (1-9) and Core Elements (A-I)

Service provider capacity-building	Enhances role modelling	<i>“[B]ecause we are such a small community, if we can be role modeling it more often they will see the results of it.” (FG4)</i>	2, 3, 4, 5, 7 A, B, C, I
	Offers useful, simple, applicable and understandable tools	<i>“I found with this it was greatly expanded on the levels and the amount of skills [provided in other training] and I think that is good.” (FG5)</i> <i>“[R]esiliency is such a catchword (...) So what does that mean? You know you can explain it but in practical terms this program gives you practical applications of what that looks like.” (FG4)</i>	2, 4, 5, 7 A, B, C, H, I,
	Increases personal and professional awareness of thoughts and behaviours	<i>“At least in my units, our units, we are dealing with a younger population in general. The body of folks are privates or corporals or master corporals and those tend to be between the ages of 17-25 so they are first time parents, or ..first time out the door with deployments so any kind of CBT skill sets that can be modeled and or explained and done is really helpful; not only personally, but in their professionalism as well, because they encounter a lot of stressful situations and then fall into the same patterns of thought.” (FG5)</i>	2, 4, 5, 6 A, B, C
	Offers a mechanism for SP capacity-building	<i>“I think it would be fantastic if we could have more individuals [trained]. So if we had had somebody from PSP who's been able to do the training for people who are coming to do camps (...) [I]t might be worthwhile to have some additional people within the community who are able to provide the facilitator role or be a facilitator.” (FG6)</i>	4, 5, 7 A, B, C
Community and Family Application	Provides helpful skills and strategies	<i>“As a parent of [toddlers] (...) I found the breathing and counting exercises helpful to help my son self-regulate. (...) When my son is having a temper tantrum he is trying to tell me something. That one insight has changed how I respond to him.” (P1)</i>	2 A, C

	Supports family building	<i>“[I] think it is huge for the spouses, and their resilience with just the high tempo of our soldiers right now. Because a happy home does mean a happy soldier. (...) we could just introduce it there... I think you get the most bang for your buck. I think things will really permeate into our soldiers lives as well.” (FG5)</i>	2, 5 A, B, I
	Enhances understanding of behaviours	<i>“I think it would be wonderful to be part of that pre-deployment window and also the post deployment window (...) when they come back they are super excited that the partner is back but that is when the rub starts to happen, when they are not meshing like they did necessarily before they went away so to learn and to re-emphasise some of that skill set when the members come back from deployment I think would be very useful.” (FG5)</i>	2, 4, 5, 6 B, C
Resilient environments	Supports community resilience-building	<i>“[W]hen we talk of deployments they are gone then they are back. They are constantly leaving and reintegrating. And their family dynamics ...they are not consistent. They are always in flux. People are constantly adjusting so I think keeping that and adding that to this would fit be perfect, because it is all about keeping resilient.” (FG4)</i>	2, 4, 5, 7 A, B, C, H, I
	Cultivates a common language	<i>“I think that somewhat of a common language (...) that helps too. Like a lot of the kids don't have a lot of consistency so then at least having consistency at their school or the daycare they go to and then this program that their Mom knows a couple of things.” (FG4)</i> <i>“[T]hat's the whole idea of RIRO - a community approach to resilience so that everybody is using similar language; everybody has a similar understanding of the development and strengthening of resilience” (FG6)</i>	2, 4, 5 A, B, C
	Benefits the community	<i>“[T]he base is its own community (...) We run a daycare and out of school care. (...) We have a school here. So a lot of people are interacting with kids on our</i>	4, 5, 7 B, C

		<i>base. (...) There's a lot of day homes (...) [T]hey (...), our community and our kids would benefit from the facilitation of [RIRO and BBT].” (FG6)</i>	
Usability	Is culturally adaptable/sensitive	<i>“Maybe just bringing in some of the common themes of military life like deployment is a big one, like those challenges even to bring in example... so it is not the program you are changing but just the way that people understand it. (...) [F]ocus on what constant disruption [and isolation] looks like.” (FG4)</i>	4, 5, 7 A, B, C, H
	Lends itself to flexible program delivery	<i>“I think a more intensive experience a whole day or whatever with two Saturdays (...) you are going to have more buy in just it will work better than 10 weeks” (FG5)</i>	5 A, B
	Enriches community outreach	<i>“[Reaching out to] some of the places where there are more concentrated numbers. training some of the daycares there (...) [W]e cannot necessarily train every single [local] agency, but maybe the ones we know there are more concentrated [Military] kids. We had some schools asking for services, so they might be teachers we want to train so they develop the skills.” (FG4)</i>	2, 4, 5, 7 A, B, H, I

Veteran Support Partnership Program

Application Form



Application Checklist

Please put a check mark beside each document you enclose and include this sheet with your application. **Your application must include:**

- A signed original of your application
- Details of project budget, quotes, current and future funding as specified in Part D
- Outline, excerpt, or example of previous work
- Letters of support (if applicable)
- Copy of registered charitable organization status (if applicable)
- Other – please specify: _____

Instructions:

- If you need assistance with your application, please contact The Royal Canadian Legion – Poppy and Remembrance Committee.
- Fill out all sections of the application form, sign and date it.
- Ensure budget information is complete and calculated correctly.
- **Applications must be received and deemed complete by The Royal Canadian Legion at least three (3) months before the date of the proposed project/event to allow for processing and notification of funding.**
- If you do not have enough space to answer a question, please attach a separate sheet.
- Initial all corrections you make.
- Keep a copy of your application for your records.

PART A: Applicant Organization – Contact Information

Name of Organization: Heroes Mending on the Fly Canada

Organizations Status: Profit Non Profit | Registered Charitable Number: 73685 1338 RC0001 GST number: _____

Name of Contact Person: Gervais Jeffrey

Name of the person(s) authorized by bylaw or constitution of the organization to sign financial agreements:
Gervais Jeffrey

Preferred language of communication: English French | Telephone number: 418 956 5816

Mailing address: 265 Opale St City: Rockland

Province or territory: Ontario Postal Code: K4K 0G2 Email address: hmotfcanada@gmail.com

Organization Website (if applicable): heroesmendingontheflycanada.ca

PART B: Applicant Organization Previous Funding

Has your organization previously received Poppy Trust Funds from The Royal Canadian Legion? Yes No

If yes, at what level? Branch Provincial Command Dominion Command

Please explain: Dominion Command has been supporting our prorma since 2018

Date of project: Jan 2022 till Dec 2022 Funding amount: 35K

Provide a brief description of the funded project(s): If you have received previous funding on more than one occasion, attach description (s). 2021 Annual report has been submitted to you for each previous year that we did received funding from National Poppy funds.

PART C: Request for Funding - Project Information

Title of project: Annual activities Canada wide
Location of project – address: Across Canada
Requested funding start date: April 2022 Requested funding completion date: May 2022
Date of event (if applicable): From May 2022 till Dec 2022
Nature of project: Learning Veteran's Activity Support Function Other (specify): Also with Veterans families

Describe the project. How will this project support Veterans and/or their families? How will it engage Veterans?
(Please attach a separate sheet if necessary).

For spring to fall 2022, activities will occur in NL, NS, QC, ON, AB and BC. The NB chapter will be participating with QC and NS activities. Given the uncertain pandemic situation, each provincial director has the responsibility to make sure that all mandatory precautions are respected during each outing or activity and will respect the directives issued by their provincial government health advisor. All activities will be conducted in Canada; no international activity is authorized. Due to unforeseen COVID circumstances and measures, it may be necessary to postpone or cancel certain activities. Ontario chapter had to postponed is family activity for 2021.

Number of Veterans (retired) involved: minimum of 130 Number of Veterans (serving) involved: Unknow until completion of activities
Number of Veteran family members involved: For the retreat at Six Foot Bay we are aiming for a maximum of 16 families. NS their annual
Other: Quebec will also be hosting a family activity as well as a fishing outing reserved for female veterans.

How will this project be promoted? (Outline how your organization will ensure that the project is well publicized to the Veteran community)
Our program is locally promoted mainly by word of mouth. On many occasions, we were invited to give a presentation of our program to the newly formed Transition Centers serving various bases. The Canadian Armed Forces Transition Center (CAFTC) has replaced the previous JPSU. During this pandemic, we received numerous requests coming from our web page to enroll in our fly-tying program. We also notice significant an increase of viewing on our Facebook page. We have been invited to give presentations to some legion branches across Canada. For the most part, these presentations were given by the provincial coordinators.

If applicable outline how Veterans or their families are selected to attend this program.
In our national policy manual is stated to give priority to those who are new to the program before those who are returning. However, we have activities that are based on first come, first served. Some flexibility has been given to each provincial director to determine how to choose participants for activities due to local circumstances. In addition to multi-day fishing trips, we host a large number of smaller, local day events that provides ample opportunity for members to participate. We conduct beginners fly tying sessions in every province (presently we are using virtual platforms) and normally include a year-end outing (planned and executed by provincial directors) to ensure that maximum opportunities are available to our members, particularly those who are new to the organization, or to fly fishing. For members who have been with us for some time, we also provide to them more challenging opportunities by offering them outing on a cost-sharing basis—for example, the program might use excess funds to pay for a portion of an excursion, with members paying for their share of the cost. For those returning participants, we have found that they don't mind reimbursing the program for their share of the cost of the outing.

How will you determine that you have successfully achieved your planned outcome(s)? NOTE: A final report must be submitted at the conclusion of this project. The report will enable the organization to fulfil its obligation of accountability to The Royal Canadian Legion.
At the national level, we are requesting from all of our provincial director to complete an annual activity report and to be submitted to us along with their annual spending budget. We also require their upcoming budget for the following year so that we can properly do the planning of our budget. This information, enable us to provide a complete annual activity report to Dominion Command, including the number of veterans, serving members, RCMP and family members who participated in various activities across Canada. We also require that each provincial director to send us all testimonies from participants received during the year so that we can justify our activities and funding requests submitted to you each year.

PART D: Project Budget

Planned expenditures: What is the cost of your project?

- Itemize and list all planned expenditures, including in-kind. In-kind must also be reported as revenue.
- Refer to the Veteran Support Partnership Program guidelines.

Planned Expenditures	Cash \$	In-kind \$
See our attach budget activity planning for 2022		
Our business plan and annual report has been submitted via our Google Drv.		
SUBTOTAL		
Total planned expenditures – (A)		

Anticipated revenue: Indicate in the table below the sources of revenue you have secured/enlisted for this project.

- Financial support from other organizations, the Legion, federal funding, provincial funding and/or municipal funding.
- Donations in-kind (itemize and list).
- Your organization's own funding.

If more space is required submit on a separate document.

Source	Amount \$
Legion Branch support (identify branch)	
Legion Provincial support (identify command)	
Federal support (identify department)	NA
Provincial/Territorial support (identify department)	NA
Municipal support (identify municipality)	NA
Other organizations (identify)	25K Canadian Legacy Project
Private sector support (identify)	
Donations	
Your own funding	
In-kind support (e.g. discounts, products, etc)	Cabela'S Outdoor fund
Other (specify)	
Total anticipated revenue (B)	
Total planned expenditure (A)	\$
Minus total anticipated revenue (B)	\$
FUNDING REQUIRED	\$

Important: Complete the table below, listing items that may be covered by the Veteran Support Partnership Program funding. Refer to the guidelines for eligible and ineligible expenditures.

List specific project costs/items to be paid for with Veteran Support Partnership Program funding	Amount \$
See detailed breakdown of annual outing program attached	
Total	\$
Funding requested from the Veteran Support Partnership Program (if there is a shortfall please explain how the remaining funds will be secured)	\$ 35K

Does your organization have Legion members involved in this project? Yes No

PART E: Attestation

To be considered for funding, all boxes must be checked.

I hereby attest that:

- The information contained in this application is accurate and complete. If there is a change in authorized signatory(ies) and/or their contact information, the organization will notify the appropriate level of the Royal Canadian Legion.
- Legion funding may be used only for the purposes specified in this application. Once the Legion has agreed to provide financial assistance, no change can be made to the project without Legion approval (the Legion shall determine what constitutes a change).
- Funds not used for the specified purposes must be returned to the Legion.
- The Organization, by its authorized agents, consents and authorizes the Legion to disclose any information received in the application within the Legion or to outside entities for the following purposes: to reach a decision on this application, and to administer, monitor, and evaluate the project after completion. The disclosure of any information received in this application may also be used to reach a decision on any other application of the applicant for funding under any other program of the Legion.
- The Organization will take all necessary actions to maintain itself in good standing, to preserve its legal capacity and to inform the Legion without delay of any failure to do so.
- The Organization will comply with all applicable provincial/territorial and federal legislation.
- The Organization will provide the required amount of liability insurance in regard to the proposed project.
- The Organization will obtain all the necessary authorities, permits, licences and consents to undertake the proposed project and, if required, will provide them to the Legion.
- The Legion retains the right to establish the communications roles and responsibilities of the parties involved, with respect to official languages, corporate identity, visibility, publishing, marketing and promotional activities.
- The Legion and its employees and agents shall not be held liable for any injury, including death to any person, or for any loss or damages to property incurred or suffered by the Organization or its employees, agents or voluntary workers in carrying out the Project.
- The Organization shall indemnify and save harmless the Legion and its employees from and against all claims, losses, damages and costs attributable to any injury or to death or a person or damage to or loss of property arising on the part of the Organization or its employees, agents or voluntary workers in carrying out the Project.
- The Organization agrees that no agency relationship will result from the Legion contributing toward the activities funded.
- The Organization agrees to submit a final report, and where required, financial accounting, to allow the Legion to evaluate the activities funded.
- This application constitutes a legally binding agreement between the Organization and The Royal Canadian Legion and is effective the date the funding is approved by the Legion.

Gervais Jeffrey

National Director

Name of the person authorized to sign for the organization (print)

Title


Signature


Date

PART F: Document Checklist

Please put a check beside each document you enclose and include these with your application. Your application must include:

- Completed and signed application and attestation.
- Completed project budget expenses and revenues.
- Other (as applicable)

Mail to:

Poppy and Remembrance Committee
The Royal Canadian Legion Dominion Command
86 Aird Place
Ottawa, ON
K2L 0A1

2022 NATIONAL BUDGET



**HEROES
MENDING
ON THE FLY
CANADA**



2022

Revenue		Estimation	Actual
		\$157 500,00	\$46 027,39
Estimated	Actual	Estimated	Actual
	46 027,39 \$		46 027,39 \$
Transfer from last year as Feb 1st			
		-	46 027,39 \$
35 000,00 \$		35 000,00 \$	
25 000,00 \$		25 000,00 \$	
55 000,00 \$		55 000,00 \$	-
10 000,00 \$		10 000,00 \$	-
9 000,00 \$		9 000,00 \$	-
5 000,00 \$		5 000,00 \$	
5 000,00 \$		5 000,00 \$	
5 000,00 \$		5 000,00 \$	-
149 000,00 \$	46 027,39 \$	149 000,00 \$	46 027,39 \$
DONATION IN KIND			
Estimé	Actuel		
5 000,00 \$		5 000,00 \$	-
- \$	- \$	- \$	-
- \$		- \$	-
- \$		- \$	-
- \$		- \$	-
- \$		- \$	-
- \$		- \$	-
5 000,00 \$	- \$	5 000,00 \$	-
MISC REVENUES sale of material			
Estimé	Actuel		
1 500,00 \$		1 500,00 \$	-
2 000,00 \$		2 000,00 \$	-
		- \$	-
		- \$	-
		- \$	-
3 500,00 \$	0,00 \$	3 500,00 \$	-

HEROES MENDING ON THE FLY ONTARIO

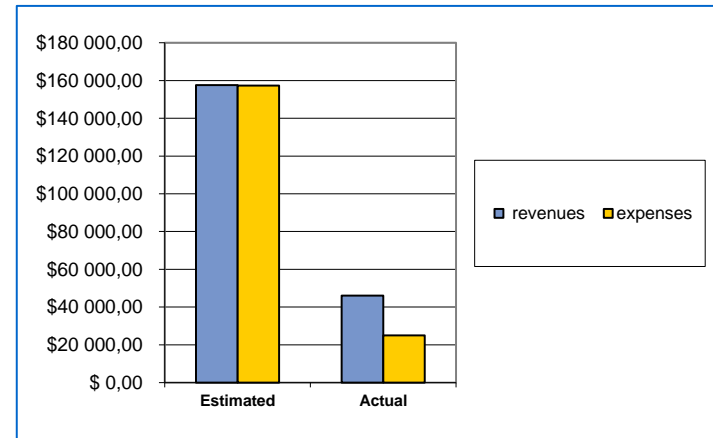
DEPENSES(expenses)

				ESTIMATED	ACTUAL
EXPENSES				157 300,00 \$	\$25 000,00
Fly tying Material					
	ESTIMATE	ACTUAL	LEFT	COMMENTAIRES EXPLICATIONS	
FLY TYING					
National Stock fly tying material	5 000,00 \$		5 000,00 \$		
Fly tying Hooks	4 000,00 \$		4 000,00 \$		
Tying Thread	2 500,00 \$		2 500,00 \$		
Tyink Silk	- \$		- \$		
Totaux	11 500,00 \$	- \$	11 500,00 \$		\$0,00
FLY FISHING EQUIPMENT					
	NATIONAL STOCK FOR RESUPPLING		PROVINCIAL	COMMENTAIRES EXPLICATIONS	
Fly casting courses					
Fly rods	8 000,00 \$		8 000,00 \$	Fly rods are bought centrally and distributed to the provincial Directors (80 X250) Reel replacement acquisition of flies for family activities replacement fly line	
Fly Reels	2 500,00 \$		2 500,00 \$		
Terminal Tackles	1 000,00 \$		1 000,00 \$		
Fly Lines	1 500,00 \$		1 500,00 \$		
Leaders & Tippet Material	500,00 \$		500,00 \$		
Totals	13 500,00 \$	- \$	13 500,00 \$		
ADMINISTRATION/					
MISC, EXPENSES				COMMENTAIRES	
Locker rental	2 500,00 \$		2 500,00 \$	Annual locker rental fees Liability Insurance for all of our director (exception of Quebec) We do the majority of the shipping via Canada Post Web page registration, and maintenance Paper, enveloppes, Ink, Brochures extra mailing boxes	
ZOOM	250,00 \$		250,00 \$		
Insurance	3 500,00 \$		3 500,00 \$		
Canada Post (Shipping Material)	2 000,00 \$		2 000,00 \$		
web page	500,00 \$		500,00 \$		
OFFICE Supply	1 200,00 \$		1 200,00 \$		
Telephone	850,00 \$		850,00 \$		
Totals	10 800,00 \$	- \$	10 800,00 \$		
Field Outings					
	NATIONAL STOCK FOR RESUPPLING		PROVINCIAL	COMMENTAIRES EXPLICATIONS	
National Outing	20 000,00 \$		20 000,00 \$	Food, travel expenses and lodge rental Due to COVID activity postpone until 2022 fund have been set aside Family activity, Female veteran outing, Squamish outing Margeree Outing Humber & Exploit River outing Miramichi River TBC	
Six Foot Bay Resort ON	25 000,00 \$	25 000,00 \$	-		
Quebec Activities	15 000,00 \$	-	15 000,00 \$		
Alberta Activity	5 000,00 \$	-	5 000,00 \$		
BC Activity	12 000,00 \$	-	12 000,00 \$		
NS Activity	9 500,00 \$	-	9 500,00 \$		
NL Activity	5 000,00 \$	-	5 000,00 \$		
NB Activity	5 000,00 \$	-	5 000,00 \$		
Ontario	25 000,00 \$	-	25 000,00 \$		
Totals	121 500,00 \$	25 000,00 \$	96 500,00 \$		

HEROES MENDING ON THE FLY CANDA

Gains and lost (Summary)

	Estimated	Actual
revenues	\$157 500,00	\$46 027,39
expenses	\$157 300,00	\$25 000,00
Balance year end	\$200,00	\$21 027,39



Dr. Paul Kavanagh

Parodontiste

B.Sc., D.D.S., Dip. Periodont.

Mr Steven Clark, National Executive Director
The Royal Canadian Legion
86 Aird Place
Ottawa, Ontario
K2L 0A1

04 March 2022

Dear Steven, Subject: The naming of a mountain

I wish to honour the upcoming 100th Anniversary of the RCL in 2025. As per your request - I shall make this an official request to investigate the possibility of having a mountain named: THE ROYAL CANADIAN LEGION.

My family and I have visited the Rocky Mountains on multiple occasions - Banff and Jasper remain our favourite sites. The PPCLI was named after Princess Patricia of Connaught. There exists within Jasper the beautiful Lake Patricia which was named in her honour. Patricia Lake is notable for its history during WWII - Project Habbakuk. An attempt to build an unsinkable aircraft carrier from an ice-based composite material. There is also Mount Edith Cavell and the Winston Churchill Mountain Range.

There are still several unmanned mountains within the Rockies. Of course, the Federal Government may well prefer another location.

My wife and I had a meeting with Tom Eagles and Brad White in August 2014. When I mentioned this interesting possibility - Tom gave me his verbal permission to proceed. However, I was overloaded with personal responsibilities: my family, my surgical practice and with Operation Veteran. I simply could not go forward at that time.

I am now retired and the time is right. The 100th Anniversary in 2025 is rapidly approaching. I recently met a Professor, Department of Geography, at the University of Toronto. He has contacts who may be able to assist at the Federal level. In addition, last year, on May 26, 2021 - Tom Irvine announced that the host city for the 2025 Legion National Youth Track and Field Championship will be Calgary.

Yours truly,

Operation Veteran, Founder
Operation Remembrance, Cofounder
The Legion National Foundation, Director

ⓧ COPY FOR
FREEMAN.