BAND OF BROTHERS AND SISTERS

FINDINGS FROM PARTICIPANT FOCUS GROUPS

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Executive Summary

The Band of Brothers and Sisters (BoBS) project is a peer-to-peer recovery support services program for veterans in the Milwaukee community. In 2012/2013, IMPACT Planning Council conducted interviews with the program’s Peer Coordinators and Peer Leaders to develop a description of the BoBS model and its value from the Peers’ perspective. To further describe the BoBS model and its value, a series of five focus groups was conducted with 41 current BoBS participants from October of 2013 to March of 2014. At the time of the focus groups, the BoBS program had been in existence for approximately three years and had served over 450 veterans. With assistance from the BoBS Peers, the evaluation team sought to recruit participants representing each of the following categories:

- Veterans who participated in BoBS during the program’s early stages of development;
- Veterans who were recent BoBS participants;
- Older veterans who may have served in the Vietnam War era;
- Younger veterans who may have served in Iraq or Afghanistan (OEF/OIF veterans); and
- Women veterans.

Verbatim notes from the focus groups were analyzed through a systematic data coding process, resulting in themes related to the BoBS model itself, the value of the model for veterans, and suggestions for future growth and improvement.

Participant Perspectives on the BoBS Model

- Participants shared a common understanding of the services provided by BoBS. They described BoBS as a combination of Peer-led support groups, socialization activities, one-on-one meetings, linkages to community resources, and opportunities to volunteer. They tended to express an appreciation of the diversity of services, regardless of whether or not they themselves accessed every service offered.

- Participants became involved in BoBS through a variety of ways. For some, involvement in BoBS was strongly suggested by another service provider or system, while others reported that they initiated their own involvement in the program.

- BoBS was experienced within the context of other services. Participants observed that BoBS is embedded within the Center for Veterans Issues (CVI) and Dryhootch and tended to view BoBS as indistinguishable from whichever agency they were connected with in other ways.

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• **Participants valued the individualized approach.** They observed that BoBS has services to meet a variety of needs and generally saw the personalized approach as promoting their recovery and aligning with the peer-to-peer philosophy.

• **Participants found the casual, unstructured nature of BoBS to be appealing.** Participants reported feeling comfortable “dropping in” to meet with the Peers, appreciated that support groups lacked a rigid protocol, etc. Several found these qualities to be unique from, but complementary to, other recovery support services.

• **Several elements of the BoBS model were found to be particularly important.** These elements included:
  
  o **Connecting with other veterans around common experiences.** Being with other veterans with similar military and substance abuse experiences was seen as an essential and unique feature of the BoBS program.
  
  o **A sense of camaraderie between Peers and fellow participants.** Many reported that a sense of togetherness counteracted feelings of isolation, evoked the bonds they experienced during their military service, and supported their commitment to recovery.
  
  o **Opportunities to connect with role models.** Participants appeared to be inspired by the example set by the BoBS Peers and other long-term BoBS participants, particularly their success in overcoming the challenges of addiction and reintegration to civilian life.

**PARTICIPANT PERSPECTIVES ON THE VALUE OF BOBS**

• **The non-clinical approach was viewed as fostering genuine relationships.** Participants deeply valued the personal and genuine nature of the peer-to-peer relationship and saw it as unique from more professional, clinical relationships.

• **Participants felt safe from judgment among Peers and fellow participants.** Participants described feeling accepted by BoBS regardless of their era or branch of service, whether or not they “saw combat”, their mental health symptoms, and where they were in their substance use recovery.

• **The non-using environment provided by BoBS was deemed essential.** Participants contrasted the substance-free environment with other social settings and found it to support their own recovery.

• **Participants attributed positive changes in their lives to BoBS.** When discussing the changes they had made in their lives, focus group participants described progress in their recovery, improved mental health, progress towards life goals, and an improved outlook on life.
PARTICIPANT SUGGESTIONS FOR PROGRAM ENHANCEMENTS

- **Enhance outreach and services for younger veterans and female veterans.** Overall, both the younger veterans and the female veterans who were included in the focus groups reported that targeted outreach and services could increase engagement with these veteran populations.

- **Offer more socialization activities.** Participants viewed socialization activities as a way to promote having fun in a non-using environment, but also as an avenue for facilitating bonding among veterans and creating connections across the various age groups.

- **Provide more transportation.** Participants indicated that transportation is a key issue for many BoBS participants and suggested that BoBS assist participants with bus passes or obtain a van or a bus.

- **Assist with community resources.** Because some participants were unaware that Peers were available to provide assistance with accessing benefits and services, it may be helpful to make this service offering more explicit to participants. In addition, while providing specific counseling on benefit eligibility goes beyond the scope of peer support services, the program may want to review the ways in which Peers can be helpful to participants who are experiencing challenges in that area.

- **Increase visibility and enhance orientation.** Participants noted that BoBS could do a better job of publicizing the program to potential participants and of informing existing participants about the array of service offerings and activities.

The focus groups conducted with a wide range of BoBS participants clearly illustrated the program’s value to the veterans it serves. Focus group participants offered unique perspectives on the BoBS peer-to-peer model, the essential elements of the program, and the value of BoBS to their own lives. In addition, the focus groups provided an additional opportunity to learn how BoBS can further meet the needs of local veterans.
Introduction

The Band of Brothers and Sisters (BoBS) project is a peer-to-peer recovery support services program for veterans in the Milwaukee community. The project has been funded by the federal Substance Abuse and Mental Health Services Administration over a four year period (2010-2014; Grant #TI-23019). BoBS is a collaboration between two local veterans’ service organizations: 1) the Center for Veterans Issues (CVI), an established nonprofit agency whose mission is to serve veterans who find themselves in need after returning to civilian life and 2) Dryhootch, a peer-run organization established in 2008 that provides a range of peer-to-peer services for veterans. IMPACT Planning Council serves as the program evaluator for BoBS, providing evaluation support to describe the program’s implementation and outcomes.

Peer-to-peer services are non-clinical services designed and provided by people who have life experiences similar to the population being served.² Peer services are typically directed towards providing emotional support, information and training, concrete assistance, and/or socialization activities. The BoBS program provides peer services such as these in an effort to engage veterans in recovery and support them throughout the entire recovery process. BoBS peer services are staffed by paid Peer Coordinators and Peer Leaders, by volunteer Peer Mentors, and supplemented by non-peer volunteers. The specific services offered include support groups, one-on-one mentoring, socialization activities, and linkages to community services. These services are provided in multiple locations throughout Milwaukee, including at CVI’s Veterans Resource Center, at CVI’s transitional housing sites (e.g., VETS Place Central, Boudicca House), at Dryhootch’s coffee shop, and at Dryhootch’s Forward Operating Base (FOB).

Drawing from peer-to-peer resources and the partnering agencies’ experiences, the BoBS program has crafted a model to specifically address the needs of veterans in Milwaukee and to capitalize on the resources and strengths of the partnering agencies. In 2012/2013, IMPACT Planning Council conducted interviews with the program’s Peer Coordinators and Peer Leaders to develop a description of the BoBS model and its value from the Peers’ perspective.³ During those interviews, the Peers indicated that BoBS services have been designed by veterans for veterans and also highlighted the individualized nature of the services that are provided. In addition, they described the BoBS program as having a number of unique elements, including its emphasis on connecting veterans with other veterans, its strong focus on veteran-directed services, the wide range of service offerings, and the diversity of philosophies about recovery.

From Peers’ perspectives, the BoBS program was seen as having tremendous value for both veterans and for the Peers themselves. Because the model was viewed as already being highly responsive to the needs of veterans and the interests of the Peers implementing the services, the Peers had only limited suggestions for program improvement.

To further describe the BoBS model and its value, the program and evaluation team were interested in hearing the perspectives of participants. As a result, a series of focus groups were conducted with current BoBS participants. At the time of the focus groups, the BoBS program had been in existence for approximately three years and had served over 450 veterans. This report summarizes qualitative data gathered from these focus groups, highlighting themes related to the program model and its essential elements, the value of the model to veterans as they make changes in their lives, and suggestions for future program improvements. The report is intended to complement our earlier report that described Peer perspectives on BoBS.4

**Methodology**

From October of 2013 to March of 2014, the evaluation team conducted five focus groups with BoBS program participants. The focus groups were held at each of the key locations where BoBS peer-to-peer services are provided, in an effort to access program participants engaged at each site (CVI’s Veterans Resource Center, CVI’s VETS Place Central, Dryhootch’s coffee shop, and Dryhootch’s FOB). In collaboration with the BoBS management team and Peer Coordinators, the decision was made to attempt to recruit participants who represented a variety of distinct groups. Although the focus groups were not limited to participants in these categories, across the five groups each of the following categories was represented:

- Veterans who participated in BoBS during the program’s early stages of development;
- Veterans who were recent BoBS participants;
- Older veterans who may have served in the Vietnam War era;
- Younger veterans who may have served in Iraq or Afghanistan (OEF/OIF veterans); and
- Women veterans.

Peer Coordinators and Peer Leaders led the participant recruitment, guided by recruitment instructions and materials provided by the evaluation team (see Appendix A for copies of the invitation letter and a frequently asked questions document). Focus group attendees were provided with a light meal or snack during the group.

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4 Ibid.
A total of 41 veterans participated in the focus groups, with the number of attendees per group ranging from 3 to 13. A brief survey completed at the beginning of each group indicated that most of the attendees were male (with the exception of the group specifically geared towards female veterans), with half identifying themselves as White/Caucasian and 40% describing themselves as Black/African American. The focus group attendees ranged widely with respect to age, branch, and era of military service. Overall, the demographic composition of the focus group attendees was similar to that of the full population of veterans served by the BoBS program. A copy of the survey and detailed information about focus group attendee characteristics can be found in Appendix B.

The focus groups were facilitated by one of two female, non-veteran members of the external evaluation team (with the second team member plus an intern taking notes). The groups generally lasted one to two hours and were designed to be semi-structured, with guiding questions and prompts for eliciting additional details if needed. The questions that guided the groups were developed by the evaluation team with input and approval from the Peer Coordinators and the BoBS management team. The questions asked attendees to speak to: 1) their involvement in the BoBS program, 2) the unique aspects of the BoBS model, 3) the changes made in their lives since becoming involved in BoBS, and 4) suggestions for improvement. Women who attended the group about female veterans were also asked questions about needs, services, and recruitment efforts specifically related to women. For a complete list of interview questions and prompts (as well as the informed consent materials) see Appendix C.

Detailed notes from each of the focus groups were analyzed through a systematic data reduction and coding process. Key themes were identified and manually coded by the evaluation team. The evaluation team consisted of the two focus group facilitators who were each extensively familiar with the BoBS project, as well as one team member with limited project-specific background who provided an “outsider’s” perspective. In addition, the evaluation team reviewed the preliminary set of themes with BoBS management staff and Peer Coordinators for feedback prior to completing the analysis. A description of the major themes that emerged from the analysis and illustrative quotes from focus group attendees follow.

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5 Because most of the groups were relatively heterogeneous in terms of demographics, length of participation in BoBS, etc., the unit of analysis was generally focused on individual responses rather than each group as a whole.

6 Focus groups provide rich, in-depth information about participants’ experiences with a particular program. Although every effort was made to obtain input from a representative set of BoBS participants, it must be noted that the focus group findings are not necessarily generalizable to the experiences of all program participants.
Participant Perspectives

WHAT SERVICES ARE PROVIDED BY BoBS?

In general, BoBS participants shared a common understanding of the services provided by BoBS and an understanding that was consistent with the intended services of the program. They described a combination of Peer-led support groups, socialization activities, one-on-one meetings, linkages to community resources, and opportunities to volunteer. Many focus group participants reported making frequent, informal visits to either Dryhootch’s coffee shop or the FOB on a regular basis in order to interact with their Peers and/or other participants. Overall, participants valued the diversity of services (or aspects of those services), and the availability of the full service array seemed important.

Support Groups

As part of the BoBS peer-to-peer mentoring model, BoBS provides Peer-led, topic-specific support groups. There are a variety of groups offered to serve the many needs of its veterans, ranging from a group for veterans ages 60 and over, to a support group for women veterans. Several participants spoke about the value of attending the BoBS group that is particularly focused on recovery. For example, one participant described the Peer leader of that group as being “...good with getting down to brass tacks and talking about ideas and things that can help you. He helps get the group together to work with each other on their issues.” Another participant noted, “We talk about recovery and how to be a better person. I get a lot out of that group.”

Socialization Activities

The opportunity to participate in social activities with other veterans was significant for several participants. According to focus group participants, BoBS serves many veterans who have been isolated for a variety of reasons or who have substance-using social networks that may not be beneficial for their recovery. In order to support the recovery process, BoBS offers a variety of organized activities for veterans to enjoy in substance-free environments. Activities range from attending athletic events to fishing and cookouts. One participant expressed how much he enjoyed one of the activities he participated in: “[A Peer] got me involved with a football team. We had a winning season last spring... It was a really good time.” In addition, BoBS (often at Dryhootch locations) also provides opportunities for more informal socializing. Several participants described the value of having a designated socialization place and a non-using network. Stated simply by one participant, “[The FOB] is a good, non-using place where you can have a friend.”
One-on-One Mentoring

One-on-one mentoring is another key component of the Peer support model of BoBS. While many participants reported having positive experiences in support group settings, one-on-one meetings were also viewed as critically important. One participant stated, “[My Peer is] very helpful with certain issues. He gives me lots of info and direction on certain things. That’s been ongoing for about a year.” Peers were described as role models through their actions and behaviors and through overcoming challenges. They were also seen as individual supporters for BoBS participants, providing information, advice, and “golden nuggets” of wisdom. One participant indicated that his Peer mentor will “say things that you can just keep with you for a lifetime. He’ll take me aside and spin some words that will just change my whole day.”

Linkages to Community Resources

Participants acknowledged that they were sometimes uncertain about their options when it came to basic services, and they discussed the value of having a Peer to serve as a community liaison and a link to needed resources. Peers were reported to have assisted participants with anything from filling out paperwork to finding affordable housing. Recounting a recent bout with illness, one participant stated, “The people who work here really know the resources and where to go. A few months ago I was at the VA and they sent me over to [a local hospital]. [A Peer] told me to take the bill over to the VA and have them take care of it. That saved me $300 bucks. I didn’t know I could do that.” Another participant described a situation in which housing assistance was needed, explaining, “[Rent] was getting too steep, and [my Peer] helped me find out I was eligible for subsidized housing.” Overall, the Peers were described as both knowledgeable and helpful when it came to accessing community resources.

Volunteer Opportunities

BoBS recognizes that some veterans may be retired, have a disability, or experience other circumstances that prevent them from holding employment. Volunteerism is one activity that a number of participants have used to be productive, “give back”, and engage with others. In describing the ways that BoBS connects participants to volunteer opportunities, one participant noted, “Let’s be honest, some of us won’t ever work again, but we can come here and help out. Before our addictions or PTSD, we were all rock stars. Now, we’re finding our way back out.” Similarly, another participant remarked, “I feel good when I can help somebody else — to give back.” Other participants mentioned being involved in volunteer work including mentoring teenagers, assisting the Milwaukee Bicycle Collective, and helping with special veteran and non-veteran community events.
WHAT DRAWS VETERANS TO BOBS?

Focus group participants became involved in BoBS in varying ways and for a range of reasons. For some veterans, involvement in BoBS was strongly suggested by another service provider or system with which they were involved (e.g., Milwaukee Veterans Treatment Initiative, CVI’s transitional living program, etc.). Following the initial nudge into the program, participants indicated they quickly became connected to Peers and other BoBS participants. As one veteran recalls, “When I landed in Vet’s Treatment Court, I was facing seven months. [BoBS gave him a Peer]. I come down and talk to him [Peer]. I’m through Vet’s Treatment Court now; with no jail time…I come to Dryhootch two to three times a week. It’s a way out.”

Several of the BoBS participants reported that they initiated their own involvement in the program. Some got engaged for the social activities, and others described an interest in joining BoBS for the opportunity to participate in sporting activities. Additionally, participants reported getting involved in BoBS due to having a personal connection with a Peer or through recruitment into a particular activity. For example, one participant shared that “I had a personal connection with [my Peer]. I started coming to watch Packer games at the FOB…Then I started learning about the peers stuff, and it was right up my alley.” However, a number of participants indicated that they became connected to BoBS almost by chance (e.g., through just dropping into one of the Dryhootch locations). For example, one participant stated, “Five months ago, I didn’t know this existed. It started off with me just coming in to say hello. Then I started coming three to four times a week and learned about different things. I got to know a lot of the Peers so I feel comfortable talking to them.”

HOW ARE BOBS SERVICES STRUCTURED?

As they discussed the ways in which they engaged with BoBS peer-to-peer services, the focus group participants illustrated the structure of the services from the veterans’ point of view. From their perspective, several aspects of the BoBS service structure were notable, including the way that BoBS services are embedded in a larger context of services, the individualized nature of the peer-to-peer approach, and the unstructured format of the program. Overall, focus group participants tended to view these qualities as being part of what makes BoBS a unique and valuable program for veterans in the community.

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7 The Milwaukee Veterans Treatment Initiative is a specialized track of the Milwaukee County Drug Treatment Court. Often referred to as Veteran’s Treatment Court, it offers deferred prosecution and substance abuse treatment support (including connection to a Peer Mentor) to veterans entering the criminal justice system.
Embedded in Other Services

At the outset of the focus groups, it was evident that many participants had difficulty seeing BoBS as a set of services distinct from those provided by either CVI or Dryhootch. They often saw BoBS peer-to-peer services as being part and parcel of these agencies, and tended to link BoBS with whichever agency they were connected with in other ways. For example, focus group participants who were engaged with housing services through the Center for Veterans Issues tended to experience peer-to-peer mentoring and support in tandem with those services. Similarly, focus group participants who were connected with Dryhootch observed the natural fit of BoBS within the peer-run organization. “It’s very hard to tease out what is BoBS and what is Dryhootch,” stated one participant. In addition to being embedded within the services provided by CVI and Dryhootch, the small number of focus group participants who were participants in the Milwaukee Veterans Treatment Initiative experienced BoBS as an additional support integrated into that program. As a result, while the focus group facilitators made every effort to concentrate the discussions specifically on the BoBS program, it is possible that some participant feedback also applied to peer-to-peer services generally.

Individualized to each Veteran’s Needs

Focus group participants also described BoBS services as being highly individualized, offering support to meet a variety of needs. One participant described BoBS as “multifaceted”, explaining, “We all have multiple scenarios and issues going on. Some of us have mental health issues and need to know where to go for help with addiction, benefits, clerks, transportation….” Another noted that this individualized approach is central to the peer-to-peer model, stating that “with peer-to-peer, you can sit down and learn what programs they have. They can help with homelessness, AODA, [etc.]. The people who work here are really good at saying, ‘Hey, what do you need?’” Furthermore, focus group participants saw the personalized services as promoting their recovery, allowing veterans to pick and choose what works for them. As one focus group participant put it, “Here we take knowledge from each other and make something that works for us.”

Unstructured Format

Finally, in describing BoBS, the focus group participants often observed that in contrast to many recovery groups and other support services for veterans, BoBS services are offered in a casual, unstructured setting. For example, it was noted that participants can “drop in” and talk to a Peer without an appointment, that support groups do not have a rigid protocol, and that there are no strict requirements for participation. Focus group participants tended to see this as a unique and appealing feature of BoBS. One participant suggested that for them, the unstructured format is a welcome change from the military experience: “We’re able to speak our minds without having
a structure. In the military it’s all structure. I want something different.” This lack of structure also contributed to focus group participants’ sense that BoBS provides a valuable complement to other recovery support services, particularly those with a more clinical approach.

**WHAT IS IMPORTANT ABOUT THE PEER-TO-PEER MODEL?**

In general, focus group participants perceived there to be much value in the peer-to-peer model and the BoBS program. Most notably, participants indicated that they found meaning and value in the shared experiences of fellow veterans in recovery, in the camaraderie found in the BoBS program and Dryhootch settings, and in the ways in which others served as role models. While some of this value was derived from relationships with the Peer Coordinators and Peer Leaders, much of it was drawn from connections with other BoBS participants.

**Common Experiences**

In each of the focus groups, it was clear that the most salient and valued aspect of the BoBS peer-to-peer model was the opportunity for participants to connect with other veterans who had experiences similar to their own. Participants explained that veterans often have difficulty connecting fully with non-veterans, holding back their more personal thoughts and feelings. Several participants stated simply that “a vet is not going to open up to someone who’s not another vet.” Through BoBS, participants indicated that they were able to establish meaningful relationships with other veterans. They described this commonality of experience as providing the basis for a different level of support and understanding than they received in other relationships. One participant talked about experiencing a feeling of emotional release and ready trust in his interactions with other BoBS participants: “There’s that release. Within 30 seconds you know if you’re talking to another vet. That’s how you know you can open up.” Another participant described the range of issues he felt comfortable sharing with other veterans and the confidence he had that other BoBS participants would be able to fully understand him: “We can talk about everything: relationships, goals, how we feel being homeless. Other places, you can’t put that out there because they don’t understand. Veterans get other veterans.”

Beyond the shared military background among BoBS Peers and participants, those who attended the focus groups indicated that having similar experiences with substance abuse was also valuable. Particularly during one focus group, participants pointed out that everyone in the room had struggled with some form of addiction. For example, one participant asked the group, “How many of us here are addicts?” and, after a strong show of hands, observed that “we’ve been
through the same thing.” Another participant emphasized the value of this shared experience, saying, “The most powerful tool is that we’re all struggling with addiction. We reach out and don’t keep it locked inside.” Overall, this commonality of military and substance abuse experience among both the BoBS Peers and the other participants was seen as an essential and unique feature of the BoBS program.

Camaraderie

According to focus group participants, this shared experience was intertwined with a sense of camaraderie among the veterans engaged in BoBS. Invoking the program’s name, one participant commentated that “we’re a band of brothers and sisters here. We remember being in the service; we are each other’s mission.” For some, this sense of togetherness counteracted the isolation that they experienced attempting to transition to civilian life. For example, one participant indicated that “I’m coming here [to the FOB] for the camaraderie ... to have people to talk to, and for the companionship, to avoid the loneliness and isolation.” Others went further, comparing the BoBS camaraderie to the bond they experienced within their military unit. For example, one participant expressed relief “just to know that it’s not me against the world anymore. It’s just like when we were in the service. You can turn to your buddy for help. We have each other’s backs.”

Beyond the companionship, participants also reported that this camaraderie motivated them to remain committed to their recovery in order to avoid “letting down” their fellow BoBS participants. One participant explained that “we want to stay sober for each other. Once you’ve made a commitment, you don’t want to let each other down. That’s the military mindset.” Another participant agreed, indicating that “I know that if I went out and got shitfaced, I’d be ashamed to come back here.” Overall, participants suggested that the camaraderie found in BoBS helped them feel as if “we’re all in this together.” In talking about the mentoring and bonds that develop among BoBS participants, one simply stated: “I wouldn’t be here if it wasn’t for them.”

Role Models

Finally, the focus group participants indicated that the BoBS peer-to-peer model provided them with a source of inspiration. Participants appeared to be inspired by the example set by the BoBS Peers, including their success in overcoming difficult experiences, their genuine caring, and their efforts to become certified as Peer Specialists. Notably, however, participants spoke in more depth about the ways in which their fellow participants served as role models for them.
For example, one participant was motivated by seeing that “here [at the FOB] you have the same people coming over and over and they’re sober.” Another agreed, observing that “I see guys who have been through it and see how successful they’ve been.” For these participants, the camaraderie, support, and role modeling provided by veterans who have successfully dealt with challenges was a key component in their own recovery. As stated by one participant who did not feel particularly connected to his Peer mentor, “I think BoBS has helped a lot of people and they’ve helped me too. These people [i.e., other focus group participants] motivate me every day.”

**WHAT DO PARTICIPANTS VALUE IN THE BoBS APPROACH?**

Many participants deeply valued the BoBS program, and articulated ways in which BoBS was distinct from other types of services or support. The most meaningful and unique aspects to participants were the non-clinical approach, the nonjudgmental stance of the Peers and fellow participants, and the non-using environment of BoBS venues and activities. Interestingly, these distinct components closely mirrored the unique features identified by BoBS Peers in key informant interviews conducted for our earlier report.⁸

**Non-clinical Approach**

Focus group participants emphasized that the support they receive from the BoBS program is different and distinct from the kinds of support they may receive from professionals such as psychiatrists, therapists, etc. While several participants acknowledged the role that professional clinicians had played in their recovery, as a whole the participants deeply valued the non-clinical approach of BoBS. This approach was described as being truly personal and genuine, in a way that was seen as different from more professional relationships. As one participant noted, “[The Peers] talk to you like it’s not just a job.” Similarly, another participant described the contrast between their experience of BoBS groups and more traditional therapy groups: “[The Peers are] really personable, not by the book. Not like ‘I’m going to teach for 30 minutes.’ They can really dig into your stuff.”

The genuine quality of the Peer relationships was attributed in part to their shared military and life experiences. In describing his Peer mentor, one participant said, “His input is genuine ... he’s been there. He can listen to you and come back with feedback that’s real.” For some participants,

this common experience allowed them to express thoughts and feelings that they had never
shared with professionals. For example, one participant indicated that connecting with a Peer
who has had similar experiences “makes a big difference. I saw a shrink for six years after my first
deployment. I didn’t tell her everything. I held so much back.” Expressing a similar sentiment,
another participant explained that the egalitarian relationship with a Peer made it easier to share
information and to accept feedback: “Someone who’s clinical, you can’t open up to them. You
need someone who’s an equal to give you advice – solid advice and direction on where to go.”

The non-clinical approach was also seen in the extent to which BoBS Peers made themselves available to participants
and the degree of casual openness in those relationships. For example, one participant indicated that his Peer Mentor
“always has his door open” while another observed that he will “take the time to listen. I’ll walk in and shoot the shit about whatever.” Peers were also seen as willing to “go the extra mile” when working with participants. Participants described numerous
instances in which Peers used their own cars (and gas money) to provide veterans with
transportation, took participants out to eat, delivered household supplies, or assisted someone
when they were ill. As one participant noted: “In my opinion, Peers go above and beyond the call
of duty when they have the resources.”

In addition to describing the differences between the BoBS approach and that of clinical
professionals, one of the focus groups included a lively discussion about the distinction between
participants’ experiences with BoBS and their experiences with Twelve Step programs. Some
participants had found Twelve Step groups to be integral to their recovery and viewed BoBS as a
complementary support. For example, one participant emphasized that “I do both. I work the
steps and have a sponsor and I come [to Dryhootch].” Other participants, however, indicated that
they had never felt fully connected to Twelve Step groups and that BoBS played a more
meaningful role in their lives. Some found that the BoBS approach was more solution-focused
and positive. For example, one participant said, “Here we talk about our problems. ... At AA
meetings, you hear so many people talking and bitching about their cravings, it makes you
want to use.” Others valued that the BoBS approach appeared to be more holistic than what they had
experienced at Twelve Step meetings. As one participant poignantly stated in describing why
Twelve Step had not resonated with him: “I’m not 100% an alcoholic. That’s not who I am out of
all of these billions of cells.”
Focus group participants indicated that the nonjudgmental style of Peers was an essential element of the BoBS model. According to participants, veterans have often felt judged, criticized, and devalued by the wider community, their friends and family, and occasionally by other veterans. This theme was articulated most strongly in a focus group that included primarily Vietnam War era veterans. However, participants in other groups and from other military eras also described a sense of being judged by others. As one participant explained, “The way I grasp it, some people look down on vets. They see someone with a sign that says ‘Homeless Vet’ and they think ‘He’s just looking for a handout.’” Another participant described his personal experience of being judged based on his service experience: “For years, I got looked down on because I didn’t see combat. My family didn’t even recognize my service... Not until I came here did I feel like my service meant something.”

As a result of these past experiences, participants particularly valued the sense that they were not being judged by the Peers themselves or by their fellow participants. They described feeling accepted by BoBS regardless of their branch of service, whether or not they “saw combat”, what kinds of mental health symptoms they were experiencing, where they were in their substance use recovery, etc. As one Vietnam War veteran said, “We don’t judge nobody. That’s a big thing with vets.” Another participant spoke emotionally about being welcomed and embraced by other participants when he was experiencing mental health symptoms: “I have a lot of stress. I have trust issues, and if I’m having an episode no one judges me. No one laughs at me or walks away saying something rude. I feel safe here; this is a life saver for me.”

The few participants who expressed dissatisfaction with aspects of the BoBS program indicated that it was because they had felt judged at some point during their participation. While participants valued the commonality they had with the BoBS Peers, they also cautioned that it was important for Peers not to make quick assumptions about participants’ situations or motivations based on their own experiences. For example, one participant reported feeling disconnected and “in a position where my guard had to be up” when a Peer made inaccurate assumptions about him in their first meeting. Participants encouraged Peers to fully embrace a nonjudgmental stance even when offering insight or advice (e.g., “Sometimes you don’t mean to be judgmental, but you haven’t walked in someone’s shoes.”)
Non-using Environment

Focus group participants also saw the non-using environment of the various BoBS settings as being an essential element of the BoBS model. This theme was particularly prominent at the focus groups conducted at the Dryhootch locations which are intentionally created to be casual, drop-in, social environments. One participant described the BoBS Dryhootch setting as “a safe, sober place to come and watch the [football] game.” This participant further explained, “A year ago, I would have been face down in the gutter after the game.” Participants saw the non-using environment and the ability to have “friends who are sober” as being helpful to their own recovery. They were also clear that they actively work to keep the environment “clean”, indicating that if it was apparent that someone had been using, “we’d tell them to come back when they’re sober.” In addition to supporting sobriety, this non-using environment was seen as promoting a more genuine connection than might be experienced in other veteran-specific settings: “If we were at the VFW, we’d all be drinking and puffing up our chests. Here, we can deal with our issues ... the whole gamut of issues. At the VFW, we’d all be telling fictitious war stories.”

WHAT CHANGES HAVE PARTICIPANTS MADE IN THEIR LIVES?

The BoBS program was designed to assist veterans in all stages of recovery, and focus group participants represented varying points along the recovery continuum. For example, some participants had recently been homeless and using alcohol or drugs, while others were in long-term recovery and had stable living conditions. As a result, when asked to rate their overall quality of life on the focus group survey, approximately 60% of participants (60.5%, or 23 of 38) reported having a “good” or “very good” quality of life, while approximately 15% (15.8%, or 6 of 38) reported having a “poor” or “very poor” quality of life. When discussing the changes they had made in their lives as the result of their participation in BoBS, focus group participants gave a variety of responses. For some, BoBS has provided them with connections to substance abuse treatment and other support services for which they had an immediate need. For others, BoBS Peer support has provided added stability for a life lived in recovery. Specific areas in which participants experienced changes included their recovery progress, mental health, goals and decisions, and their overall outlook on life.

Recovery Progress

Many focus group participants attributed their success in recovery at least in part to their participation in BoBS. Among those, a small number indicated that they found BoBS when they were at “rock bottom” in their addiction, and that BoBS
helped them take the first steps in the recovery process. As one participant recalled, “I woke up one morning so hung over. I just looked at myself in the mirror and said, ‘This is getting old.’” Several of these participants became connected to BoBS through the Milwaukee Veterans Treatment Initiative, and indicated that the combined support has been instrumental to their success in that program. One participant shared that “I was struggling with heroin and landed at Veterans Treatment Court. Since then I’ve really improved.” It was also suggested that BoBS has helped some participants make changes in the way they approach their recovery, with several indicating that the peer-to-peer support has been more helpful than services they received in the past. As one participant explained, “It has made me understand myself better, as far as my recovery and how to actively participate in my recovery instead of just having someone tell me what I should do.”

Mental Health

In addition to changes related to their recovery from addiction, some participants noted positive changes in their mental health since getting connected with BoBS. For example, one participant recalled experiencing severe sleep disturbances and reported that he had seen a marked improvement as a result of having an emotional outlet: “I probably used to get 30 minutes of sleep a night. Now I’m finally getting a solid night’s sleep.” Another attributed his improved PTSD symptoms to having a place to drop in informally, explaining, “I come to Dryhootch two to three times a week. It’s a way out.” Others reported more modest, but nonetheless positive changes in their emotional well-being: “My mood is a lot better…,” reported one focus group participant, while another suggested that “talking to people has helped with my anxiety.”

Goals and Decisions

A number of focus group participants suggested that BoBS has helped them make better decisions and make positive progress towards their goals. Some indicated that the support they received from their Peer and their fellow veterans has been helpful in developing a plan to get their lives on track and with keeping them on that path. “It helps you make good decisions,” said one participant, “The things you talk about daily give you a focus on what you’re doing and how to make things happen.” While participants identified improvements and progress toward their goals, some also recognized that they were just getting started and still had a way to go in their overall recovery. As one participant shared, “Lately, the using part isn’t the hard thing. It’s my attitude and mouth.”
Outlook on Life

In discussing the positive changes they had made, a common theme among focus group participants was a shift in their overall perspective and attitude towards life. Often discussed in conjunction with the changes identified above, participants reflected on the overall positive growth they had experienced with statements such as, “It’s helped me open my mind to some positive things,” and, “I’ve put my perspective [sic] in order.” Participants also referred to specific Peers and other participants as being particularly inspirational, either through their words or by modeling behavior to which they aspire. Stated simply by one, “BoBS and the vets here have helped me change my perspective.”

Overall, focus group participants were able to identify a number of positive changes they had made in their lives and connected these changes with the peer-to-peer services they had participated in through BoBS. While systematic data was not collected from participants to document the type or degree of improvement actually experienced, it was clear that participants viewed BoBS as being valuable to them as they either maintained their recovery or worked towards growth and improvement.

HOW DOES BoBS SERVE YOUNG VETERANS AND FEMALE VETERANS?

The BoBS program recognizes that there are populations of veterans with unique needs and for whom peer-to-peer support services may be of particular value. As a result, the program has sought to provide outreach and targeted services to two veteran populations: younger veterans who may have served in Iraq or Afghanistan (OEF/OIF), and female veterans of all ages. To explore the extent to which BoBS has addressed these populations’ unique needs and to generate additional ways that BoBS could tailor its services, focus groups were conducted with representatives from each of these veteran groups. In addition to more general questions about BoBS, these focus group participants were prompted to discuss their own experiences and ideas for engaging younger veterans and female veterans in peer-to-peer services.

Serving Young Veterans

The younger focus group participants (i.e., those in their 20’s and 30’s) generally indicated that they participated in BoBS socialization activities such as social outings, sporting events, and informal peer-to-peer interactions (particularly at the Dryhootch FOB). Often, they discussed the value of these activities as being opportunities to connect with other veterans and to have fun, rather than to directly address their recovery or “process” their military experiences. For some, these social outings and activity-based interactions were preferable to more explicitly recovery-oriented services or talk-based support.
Participants noted several factors that make the veteran experience—and therefore the needs—of younger veterans distinct from those of older veterans. For example, participants recognized that the military experience of OEF/OIF veterans (including unit structure, deployment, and the types of threats faced) create different challenges for readjusting to civilian life. In addition, they identified generational differences that make for unique priorities, views of service systems, and preferences for interacting. While BoBS has attempted to target services for younger veterans, these differences in experience and perspectives create challenges for engaging this group alongside the older generation of veterans.

There was some indication among the focus group participants that younger veterans have been a hard to reach population as well as difficult to retain. Several participants talked about younger veterans having obligations such as jobs, school, and family, and therefore lacking time to dedicate to outside groups. Denial was another factor that participants discussed, with some suggesting that younger veterans may not have had enough time for their problems to create significant consequences in their lives. However, there was some indication among older veterans that they, looking back, would have appreciated help at a younger age. As one reflected, “I wish someone would’ve connected with me [when I was young]. To go through a job for 30 years with that [addiction]—that’s torture.” When asked if he would have attended a group for younger veterans, this veteran stated, “I would have gone if someone had asked me.”

The younger focus group participants offered several suggestions for engaging young veterans in peer-to-peer services. For example, one participant indicated that “younger peer specialists would help.” Many suggested that more socialization activities would draw more participation among younger veterans; as expressed by one participant, “We do enough talking here. We should do more fun stuff.” Other suggestions included more sports-oriented activities and opportunities to connect with other veterans with shared interests. Finally, there was some discussion that more could be done to employ social media to reach out and engage young veterans in BoBS peer-to-peer services.

**Serving Female Veterans**

BoBS has sought to develop and offer services for female veterans, recognizing the need for specialized services for this veteran population. In addition to having female veteran Peers, BoBS offers “Women’s Wednesdays” at the Dryhootch FOB which provides a weekly, informal women-only space for female veterans.
Among the small number of women who participated in the focus groups, engagement with BoBS varied, from long-term involvement to more recent engagement and from high levels of participation to a more casual connection. In discussing the value of BoBS, the women often identified the relationships they had established and social support as being the most helpful aspects of the program. Stated by one, “I’ve met a lot of beautiful people, full of information. It has been very rewarding.” Another shared that there’s value “being around my peers. They say, ‘You can do it.’ They’re my cheerleaders. They’re so proud of me.”

The women included in the focus groups emphasized that female veterans have unique needs. For example, it was noted that the military experience is different for women: “We know that being in the service affects women differently.” In addition, women shared that their view of themselves, both as women and as veterans, is often misunderstood. Perhaps most noteworthy, the women explained that female veterans often do not see or describe themselves as “veterans” and that, as a result, they may not be inclined to access services labeled as veterans’ services. Speaking of her own experience, one participant stated that “most women don’t check that box [to say they’re a veteran]. I didn’t tell nobody until they absolutely asked.”

Further, the female focus group participants indicated that female veterans, particularly those who are struggling with addiction, joblessness, or homelessness, often have negative views of themselves that are difficult to overcome. As one expressed, “It’s about being valued. Women are coming from a place where they feel they have no value.” It was reported that feelings of low self-worth can be insidious, even for women with accomplished careers in the military: “These are professional women, and they’ve been overlooked for jobs they should be getting….Some of these women were pilots, they hold advanced degrees, and they think they need to take whatever job they can to survive.” These feelings can also be compounded by the difficulty of shifting roles from “helper” to one needing help. As one expressed, “Women [are] trying to be strong, and going and getting resources takes that strength away.” Finally, whether or not they had personal experiences of sexual trauma or harassment during their service, the women recognized that many female veterans often carry trauma histories that make it difficult for them to engage in services with men. “Looking at men and seeing them as brothers when they’re not behaving like brothers is hard,” reported one participant.

In offering suggestions to help BoBS reach out and engage female veterans in peer-to-peer services, the women overwhelmingly agreed that more targeted outreach is necessary. Most of all, they indicated that BoBS and its advertising could include more representations of women, so that female veterans know that there is a place for them in BoBS. As one participant observed about
BoBS and other veterans’ services, “The problem is that they’re not seen in the advertising. The brochures don’t show any women.” In addition, it was suggested that outreach to women should be done by women, and in places where female veterans frequent. For example, another participant suggested, “When they have job fairs at the VA, why don’t they hand out flyers there? And have women do it.” It was also suggested that more women Peers would not only help to draw female veterans to the program but could serve to catalyze additional women-focused services.

Other suggestions for services to engage women included opportunities to connect around food, such as cooking together, exchanging recipes, or holding a picnic or banquet. The women also indicated that services could do more to incorporate family members, by including them in activities and events as well as by providing services specifically for veterans’ family members. Finally, recognizing that the number of female veterans locally is relatively small compared to the larger veteran population, the women showed some interest in establishing a network of female veterans and using social media to keep that network informed and connected.

Overall, both the younger veterans and the female veterans who were included in the focus groups reported that these populations have unique needs and acknowledged that there are challenges to engaging them in services. The challenges have been evidenced in the BoBS program’s limited success in engaging either of these veteran groups in large numbers. Nevertheless, focus group participants saw a value in peer-to-peer services when they were targeted and appropriate to their needs and situations. As BoBS continues to seek increased engagement with both younger veterans and female veterans, it will be important to continue to gather input and to tailor services to ensure that the program is responsive to the needs of these specific veteran populations.

WHAT SUGGESTIONS WERE PROVIDED?

Overall, the focus group participants expressed a high level of satisfaction with the structure, services, and peer-to-peer model of the BoBS program. When asked to provide suggestions for improvement or ways in which the program could be more helpful to veterans, each group had to be coaxed to identify areas for further refinement or development. With prompting, several suggestions did emerge, including concrete ideas for additional participant services (e.g., activities, transportation, etc.) and recommendations for the program as a whole regarding participant outreach and orientation.
Offer More Socialization Activities

It was clear that participants enjoyed and valued the socialization activities offered by the BoBS program. Participants viewed socialization activities as a way to promote having fun in a non-using environment, but also as an avenue for facilitating bonding among veterans and creating connections across the various age groups. As a result, participants encouraged the program to attempt to make more socialization opportunities available. Suggestions included participatory activities such as bowling, softball, and art, all of which were seen as particularly attractive to both older and younger veterans. Increasing the number and type of spectator activities was also recommended, including attending Packers games or going to the movies. Finally, participants indicated they would like to see BoBS offer more field trips or travel opportunities. Several focus group participants had been to Camp American Legion (a free camp in northern Wisconsin designed for veterans to “rest, relax, and recuperate”) and recommended it highly to others. As they offered these suggestions, however, participants recognized that the ability of BoBS to provide these activities is dependent on funding to support them. As one veteran commented, “In order to do it more regularly ... more efficiently, we need to have donations more regularly.”

Provide Transportation

Participants indicated that transportation is a key issue for many BoBS participants and for the BoBS program as a whole. According to participants, many veterans “don’t have bus fare or transportation” and this prevents them from attending BoBS services and activities. One participant described his own transportation challenges: “On a couple of occasions, I have walked [to Dryhootch] from [a Milwaukee suburb]. Sometimes it’s good to walk, but for some people it’s not healthy.” Participants reported that BoBS Peers sometimes provide transportation to BoBS services or events, using their own vehicles and funds. Although participants were grateful for the Peers’ willingness to go “above and beyond” by providing rides, they recognized that Peers’ funds and time are limited. As one participant pointed out, “The Peers don’t mind giving people a ride once in a while, but if you really have to get to an appointment” it is not a reliable mode of transportation. As a result, they suggested that BoBS arrange for bus passes (noting that bus tickets will soon become obsolete in Milwaukee County) and/or obtain a van or a bus. Participants further noted that the availability of a working van/bus would also allow the program to provide larger scale transportation for activities and field trips, enabling more veterans to attend these kinds of events.
Assist with Community Resources

One of the services that BoBS offers is linking veterans to community resources. However, in several focus groups it appeared that some participants were unaware that Peers were available to provide assistance with accessing benefits and services. For example, one participant requested support that is already available through BoBS: “When you’re at the VA, it could be helpful to have someone to walk over there with you.” As a result, it may be helpful to make this service offering more explicit to participants.

Participants who were aware that Peers can provide assistance in this area nonetheless indicated that additional information and support specific to benefit eligibility may be helpful. They noted that it can be very challenging for veterans to determine which benefits they are qualified for and to navigate the various systems. For example, one participant reported that “I was 40 before I knew I was eligible for anything,” and another observed that “some of the guys ... don’t seem to be VA eligible, but when they have someone break it out they are eligible.” As a result, some participants thought that BoBS may need to include Peers who have a specific expertise in veterans-related benefits and insurance. However, others indicated that this level of support goes beyond the scope of peer support services, pointing out that “no one can know everything” and that the Peers should not be expected to be benefits experts. Regardless, it was clear that BoBS participants viewed the determination of benefit eligibility and the steps required to access those benefits as substantial challenges. As a result, the program may want to review the ways in which Peers can be helpful to participants as they navigate those challenges and how participants can be connected with other more specialized supports in this area.

Increase Visibility and Enhance Orientation

Focus group attendees noted that BoBS could do a better job of publicizing the program to potential participants and of informing existing participants about the array of service offerings and activities. Some suggested that there could be a more organized process for orienting new participants to the program and informing them of all the opportunities available to them. For example, one participant from the Dryhootch FOB location said, “A person who walks in off the street ... we need to grab them with a welcome board or with a schedule of what’s being provided ....” Others indicated that even veterans who have been involved with BoBS for some time may not know about various activities and events. Participants observed that there is such a wide variety of opportunities that it can sometimes be “chaotic” and unclear.
what is available. As one participant stated, “There are so many people involved in so many things, the interpretation does not get to everyone. That is one thing we have to conquer.”

Several suggestions were offered to streamline the flow of information including: creating a more organized bulletin board or pamphlet rack, developing a newsletter, starting an email blast, and/or creating a Facebook group. However, participants seemed to understand that increasing visibility (and therefore potentially recruiting more participants) and coordinating the flow of information to existing participants requires time and resources. There was some recognition that the BoBS Peers were already stretched thin. As one participant noted, “What [the Peers] can do now is very limited. They need more Peers to grow the business, to help more people.” In light of these limitations, the program could explore the possibility of engaging the participants themselves in developing ways to increase communication about BoBS services and activities.
Summary and Conclusions

The Band of Brothers and Sisters (BoBS) project is a peer-to-peer recovery support services program for veterans in the Milwaukee community. In order to describe project participants’ perspectives on the BoBS model and its value, a series of five focus groups with 41 veterans was conducted during the project’s fourth year of operation. Following the completion of a draft report summarizing the key themes that emerged from the focus groups, the evaluation team reviewed the report with BoBS Peer Coordinators, Peer Leaders, and the Project Service Coordinator. The BoBS team provided feedback on the report and discussed the recommendations raised.

**SUMMARY**

It was clear from the focus groups that BoBS participants have found the program’s peer-to-peer model to be valuable and meaningful in their lives. That value has been derived from the whole range of services offered by BoBS, with some participants connecting more strongly to a particular service and other participants availing themselves of multiple services (i.e., support groups, socialization activities, peer mentoring, linkages to community resources, and volunteer opportunities). Participants appreciated that BoBS services are highly individualized and relatively unstructured (e.g., no required programming, a casual setting, etc.). As a result, participants indicated that they are able to select what works for them, an approach that is consistent with the recovery principles of most peer-to-peer models.

Although the individualized, unstructured aspects of BoBS were important to participants, the core value of the program was clearly found in the common experiences and camaraderie participants experienced in connecting with other veterans. In each focus group, participants spoke about the hesitancy and discomfort they often had about sharing their experiences with professionals or loved ones who had not served in the military and/or were not in recovery themselves. By contrast, they described feeling safer, more fully understood, and more willing to open up to the BoBS Peers and their fellow BoBS participants. Overall, participants also fully embraced the “band of brothers and sisters” concept. They indicated that looking out for one another was consistent with their military training and that the BoBS camaraderie motivated them to remain committed to their recovery to avoid “letting down” their fellow participants.

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The participant view that common experiences and camaraderie are central to the value of the BoBS program was consistent with the perspectives previously expressed by Peer Coordinators and Peer Leaders during key informant interviews. Specifically, BoBS Peers indicated that the commonality of experience creates a unique level of trust, allows for genuine and authentic relationships, breaks through veterans’ sense of isolation, and instills a sense of hope.

Beyond the value of shared experiences, focus group participants often cited the non-clinical program model as being particularly unique to the BoBS program. For example, many emphasized that the support they receive from BoBS is different and distinct from the kinds of support they may receive from professionals such as psychiatrists, therapists, etc. Specific qualities that participants found to set BoBS apart from traditional clinical services included more genuine relationships; the availability and commitment of Peers; and the individualized, holistic service model. Further, focus group participants indicated that the nonjudgmental attitude exhibited by Peers and their fellow participants was an essential element, allowing them to more fully engage in BoBS services and receive the support they need.

**Discussion**

Overall, it was evident that the peer-to-peer approach utilized by BoBS was highly valued by focus group participants and served an important role in their recovery. As in most peer-to-peer models, the essential value was seen as stemming from the opportunity to connect with and feel fully understood by others who have gone through similar experiences. As veterans, the camaraderie and bond promoted in a program like BoBS was viewed by participants as being both consistent with their military training and as having a healing power. The participants and the Peers themselves agreed that BoBS fills a unique role for veterans in recovery, serving as a non-clinical alternative for some veterans and as a complement to formal treatment or self-help groups for others.

Although all of the services provided by BoBS were appreciated by participants, many indicated that they particularly valued the socialization activities. Furthermore, of the few recommendations that emerged from the focus groups, the most common was for the program to offer more socialization opportunities. Both spectator events and participatory socialization activities were seen as having a particular appeal for younger veterans. Because BoBS has had somewhat limited success in its attempts to reach young veterans, this recommendation seemed to have particular relevance for the program and therefore was discussed at length with the BoBS team.

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During that discussion, it was apparent that the Peers also see value in the socialization activities offered by the program. Specifically, these activities were viewed as reducing participants’ isolation, supporting their sobriety and recovery, and promoting community. However, the Peers also raised concerns about participants who only connect with the program through socializing, at the expense of focusing on their recovery and addressing their underlying issues. As a result, the Peers indicated that it is possible for some veterans to “languish” in an unhealthy place and for the program to tacitly enable their lack of movement forward. Ultimately, the Peers agreed that it was important to be aware of the potential downside of socialization activities and to work to intentionally maximize their value for participants. However, they also stressed that this needs to be done in the context of continuing to “meet veterans where they’re at”, which (for some people) may simply be participating in substance-free activities with other veterans.

In reviewing the report and its recommendations, the BoBS Peers also discussed the tension between supporting and assisting participants versus promoting self-efficacy and self-sufficiency. Specifically, in addition to an interest in having more socialization activities, the other recommendations to emerge from the focus groups included a request for BoBS to provide more transportation and a desire for more assistance in accessing benefits and services. The BoBS team indicated that they do provide these services and recognized their value to veterans, particularly at the early stages of program engagement and recovery. However, the Peers also noted that there can be a danger in providing too much “hand-holding.” If these kinds of concrete supports continue indefinitely, some argued, participants can become dependent on the program rather than developing their own skills and resources. As a result, the BoBS team agreed to consider these recommendations in the context of different stages of peer support. That is, the program could provide more concentrated and frequent assistance with things like transportation and community linkages for participants who are early in their involvement. However, it may support and expect more independence from participants who have been involved in the program for a considerable length of time.

Overall, BoBS participants had strikingly positive perspectives on the BoBS program and the peer-to-peer model. The BoBS Peers and management were gratified to hear these perspectives and also to learn of the suggestions for improvement. The BoBS team engaged in a rich discussion of the recommendations, informed by their now four years of experience with the program and their formal training as Certified Peer Specialists. On the whole, the focus groups and the report itself will be used to inform program development, support communication with key stakeholders, and contribute to efforts to sustain the BoBS peer-to-peer model.
LIMITATIONS

While the focus groups yielded in-depth information about participants’ experiences with BoBS, it must be noted that findings from focus groups are not necessarily generalizable to all program participants. In addition, several limitations of this particular project may have influenced the data that was gathered. Specifically:

- Focus group recruitment was conducted by the Peer Coordinators and Peer Leaders. In preparing for the focus groups and partnering with the Peers, the evaluation team emphasized the importance of hearing from a wide range of participants (e.g., those who would be considered “successful” and those who would not, those who were “satisfied” participants and those who were not, etc.). Despite this guidance, it is possible that the participants who were approached and those who agreed to attend may have differed from the full population of BoBS participants.

- The focus groups were conducted by White, female facilitators who were not veterans themselves. As a result, there was not a cultural match between the facilitators and the primarily male, racially diverse veteran participants. As a result, it is possible that participants were not as forthcoming as they may have been if there was a cultural match.

- A small number of women attended the focus group specifically focused on issues related to female veterans. While those who attended represented a range of length of participation, involvement in the program, etc., it would have been ideal to hear from a larger group of female veterans.

Despite these potential methodological limitations, it must be noted that the demographic composition of the focus group attendees was similar to that of the full population of veterans served by the BoBS program. In addition, the focus group findings were consistent with the findings obtained from key informant interviews with BoBS Peer Coordinators and Peer Leaders. As a result, it is likely that the data provides a meaningful window into the experiences of veterans who have participated in the BoBS program.
Appendix A: Focus Group Recruitment Materials

Participant Recruitment Letter

Dear ____________________,

I would like to personally invite you to participate in a focus group about your experiences in the BoBS Peer Support program.

BoBS has asked the IMPACT Planning Council to conduct focus groups with some of our participants. The IMPACT Planning Council is a separate nonprofit research and planning agency here in Milwaukee. The purpose of the focus groups is to hear and learn from people who have participated in BoBS so that we can provide the best program possible for veterans.

The focus group is scheduled for [insert date, time, and location]. [specify type of refreshments that will be provided] will be served.

The feedback focus group participants provide will be summarized anonymously, without using names or any other identifying information. Although your participation is completely voluntary, we hope that you'll consider helping us learn more about how veterans see the BoBS program.

I will be contacting you again in the near future to give you additional details and to talk about whether you would be willing to participate.

Thank you for your time.
Focus Group FAQs

Q: What are these focus groups about?

A: You are being asked to participate in a focus group about your experiences with the BoBS Peer Support program. BoBS would like your honest feedback to be able to provide the best possible program for veterans.

Q: What will I be asked about?

A: A focus group is different from a therapy group or a support group. It’s a conversation designed to gather information about people's thoughts on a particular topic. You’ll be asked about how you’ve been involved with the BoBS Peer Support program, what’s unique about BoBS, how BoBS has been helpful to you, and what suggestions you might have for improving the program.

Q: Who will be running the focus groups?

A: The focus groups will be facilitated by people from IMPACT Planning Council. IMPACT Planning Council is the agency that helps to evaluate the BoBS program. They are a local nonprofit that helps other agencies plan and evaluate services in the Milwaukee area.

Q: How long will the focus group take?

A: The focus group will take about an hour and a half. However, it may take a little more or less time depending on how much feedback people want to share.

Q: Am I required to participate in the focus groups?

A: No. Participation in the focus groups is completely voluntary. If you decide not to participate, your decision will not affect the services you receive from BoBS.

Q: Will I get anything for participating?

A: Snacks and beverages will be served at the focus group. However, focus group participants will not be paid for attending the group.

Q: What will happen with the information that I provide in the focus group?

A: IMPACT Planning Council will be writing a report to summarize what we learn from the focus groups. The report will not mention names or other information that could identify you. As a result, your responses will remain completely anonymous.

Q: What do I do if I have questions about the focus groups or the results?

A: If you have any questions or concerns about the focus groups, you may contact Lisa Larson, IMPACT Planning Council team member, at 414-224-3054.
Appendix B: Focus Group Participant Characteristics

Focus group participants were asked to complete a brief survey upon their arrival at the groups. The survey asked for basic demographic information including gender, age, and race/ethnicity (see below for a copy of the survey). Table 1 details the demographic characteristics of the 41 focus group participants who completed the survey.

Table 1: Demographic characteristics of BoBS focus group participants

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<table>
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<td>(26.8%)</td>
</tr>
<tr>
<td>60 years or older</td>
<td>12</td>
<td>(29.3%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity (N=40)</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>20</td>
<td>(50.0%)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>16</td>
<td>(40.0%)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1</td>
<td>(2.5%)</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>3</td>
<td>(7.5%)</td>
</tr>
</tbody>
</table>

As Table 1 above shows, focus group participants were primarily male (90%), age 50 or older (56%), and described themselves as white (50%) or African American (40%). This is generally similar to the demographic composition of the full population of veterans served by the BoBS program. However, a somewhat larger number of focus group participants were female (10%) or under age 30 (17%); this was likely due to the inclusion of focus groups that were specifically geared toward these veteran subpopulations.

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1For a preliminary description of the full BoBS participant population, see Larson, L., Malcolm, E., & Murph, B. (2013). Band of Brothers and Sisters participant characteristics and outcomes: Interim report. A publication of the Planning Council for Health and Human Services, Inc.
In addition to the demographic questions, they survey asked participants to indicate the military branch as well as the war/era in which they served. Table 2 provides participants’ responses to these questions regarding their service history.

### Table 2: Service history of BoBS focus group participants

<table>
<thead>
<tr>
<th>Military Branch (N=40)</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army</td>
<td>22</td>
<td>(55.0%)</td>
</tr>
<tr>
<td>Navy</td>
<td>7</td>
<td>(17.5%)</td>
</tr>
<tr>
<td>Air Force</td>
<td>5</td>
<td>(12.5%)</td>
</tr>
<tr>
<td>Marines</td>
<td>7</td>
<td>(17.5%)</td>
</tr>
<tr>
<td>Coast Guard</td>
<td>2</td>
<td>(5.0%)</td>
</tr>
<tr>
<td>Reserves or National Guard</td>
<td>2</td>
<td>(5.0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>War or Era of Service (N=39)</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vietnam</td>
<td>12</td>
<td>(30.8%)</td>
</tr>
<tr>
<td>Persian Gulf</td>
<td>7</td>
<td>(17.9%)</td>
</tr>
<tr>
<td>Afghanistan/Iraq (OEF/OIF)</td>
<td>8</td>
<td>(20.5%)</td>
</tr>
<tr>
<td>Peacetime</td>
<td>10</td>
<td>(25.6%)</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>(7.7%)</td>
</tr>
</tbody>
</table>

Note: Focus group participants were able to indicate more than one military branch and war/era of service. As a result, the percentages do not add up to 100%.

As can be seen in Table 2, the focus group participants ranged widely with respect to branch and era of military service. Over half (55%) had served in the Army, with smaller numbers having served in the Navy (18%), Marines (18%), or Air Force (13%). Nearly one-third of participants (31%) served in Vietnam, one-quarter served during peacetime, and the remainder served in either Afghanistan/Iraq (21%), the Persian Gulf (18%), or other conflicts (8%). It is possible that the number of participants who served in Vietnam or Afghanistan/Iraq are somewhat over-represented given that two focus groups specifically recruited for older veterans and younger veterans.

Overall, the demographic composition of the focus group participants was relatively similar to that of the full population of veterans served by the BoBS program. In addition, participants included representatives from each military branch and a range of service eras.
### BoBS FOCUS GROUP PARTICIPANT SURVEY

1. **What is your gender?**  
   - [ ] Male  
   - [ ] Female  

2. **What is your age?**  
   - [ ] Under 30 years  
   - [ ] 30 to 39 years  
   - [ ] 40 to 49 years  
   - [ ] 50 to 59 years  
   - [ ] 60 or older

3. **What is your race/ethnicity?**  
   - [ ] American Indian or Alaska Native  
   - [ ] Asian or Pacific Islander  
   - [ ] Black or African American  
   - [ ] Hispanic or Latino  
   - [ ] White or Caucasian  
   - [ ] Multiracial  
   - [ ] Other (specify): __________

4. **In which branch of the military did you serve?**  
   - [ ] Army  
   - [ ] Navy  
   - [ ] Air Force  
   - [ ] Marines  
   - [ ] Coast Guard  
   - [ ] Reserves or National Guard  
   - [ ] Other (specify): ______________________

5. **In which war era or period of service did you serve?**  
   - [ ] WWII  
   - [ ] Korea  
   - [ ] Cold War  
   - [ ] Vietnam  
   - [ ] Gulf War  
   - [ ] Peace Time  
   - [ ] Afghanistan/Iraq (OEF/OIF)  
   - [ ] Other (specify): ______________________

6. **In general, how would you rate your quality of life at this point in time (circle one response)?**  
   - Very Poor  
   - Poor  
   - Neither Poor nor Good  
   - Good  
   - Very Good
Appendix C: Focus Group Questions and Informed Consent Materials

Focus Group Questions

1. **What kinds of activities are you involved in through the BoBS Peer Support program?**
   - Support groups like the BoBS Recovery Group?
   - Social activities like baseball games?
   - Individual meetings with a veteran Peer Support?
   - Assistance getting connected to resources in the community?

2. **How did you get involved in the BoBS Peer Support program?**
   - What made the program seem like a good fit for you?

3. **What is unique or different about the services provided through the BoBS Peer Support program?**
   - For example, how is it different from substance abuse treatment, 12-step groups, or support you might get from your friends and family?
   - How does it fit with other services or supports you may have in your life?

4. **Since getting involved in the BoBS Peer Support program, what kinds of changes have you made in your life?**
   - In what ways has BoBS been helpful to you in making those changes?
   - How would you describe your overall outlook on life at this point?

5. **What suggestions do you have for the BoBS Peer Support program?**
   - If it were up to you, what changes would you make in the program?
   - How could BoBS Peer Support be more helpful to veterans?
Informed Consent

You have agreed to participate in a focus group about the Band of Brothers and Sisters (BoBS) Peer Support program. IMPACT Planning Council will be conducting the focus group. IMPACT Planning Council is a private, non-profit, research and planning organization that is separate from BoBS.

The purpose of the group is to hear and learn from veterans who have participated in the BoBS Peer Support program. The information we learn in the focus group will be used to describe the value of the program and to help BoBS provide the best program possible for veterans.

We want to let you know that we will be taking notes during the focus group and will write a report to summarize what we have learned. However, your responses to questions will remain anonymous, and nothing will be included in the report that would identify you individually.

Your participation in the focus group is voluntary, and you can change your mind about participating at any time. Snacks and beverages will be served during the group. However, you will not be paid for participating in the focus group.

It is possible that some of the questions we ask during the focus group might bring up uncomfortable feelings. If this should happen, the BoBS Peer Support people will be available to talk with you. Also, remember that you can stop participating in the focus group at any time.

Thank you for your willingness to share your thoughts about BoBS. Your participation in the focus group will provide valuable information for BoBS as it continues to assist veterans in Milwaukee.

Your signature below indicates that you understand the above and agree to participate in this group.

Signed: _________________________________  Date: _______________