Meaning Exploration and Homeless People: Client and Staff Requirements for Programming at The Ottawa Mission

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Abstract

In Canada there are an estimated 35,000 people experiencing homelessness on any given night and 235,000 people experiencing homelessness each year. The number of people in Ottawa using emergency overnight shelters in 2018 was 7937, an increase of 6.8% over 2017. In addition to experiencing a range of physical ailments, between 23% and 74% of homeless people report having some type of mental illness or problem. While community-based approaches to mental health interventions for homeless people are effective, many neither address nor explore the concept of "meaning" and its relevance to their lives. Meaning may be important for the experience of mental health, as well as substance use intervention, and has also been found to be linked to resilience, itself a contributor to positive mental health. Those programs that do address this topic have not engaged homeless people in the development of such programs, which can be detrimental to program use and effectiveness. By using a stakeholder-informed knowledge translation-integrated (KTI) model, the present study seeks to integrate learnings from research on mental health interventions with homeless people, community-based and participatory action principles, and the importance of meaning to well-being with the recommendations of the Mental Health Commission of Canada. Using a consensual qualitative research methodology, a needs assessment for the development of a meaning exploration session for clients of The Ottawa Mission's Day Program was conducted based on KTI standards. Based on the stakeholder-generated general themes that emerged from the research, meaning exploration sessions can and should be created in Day Program, would likely be helpful and motivating to clients, and clients stated that they would attend such sessions.

Keywords: homelessness, needs assessment, meaning, resiliency, knowledge translation, consensual qualitative research

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Having access to safe and affordable housing is an important contributor to well-being (Statistics Canada, 2019). Unfortunately, there are an estimated 35,000 Canadians experiencing homelessness on any given night and 235,000 Canadians experiencing homelessness each year (Gaetz et al., 2016; Rech, 2019). In 2016, approximately 22,190 people in Canada resided in 995 counted shelters (McDermott et al., 2019; Statistics Canada, 2019). Of those, 8780 people resided in Ontario (McDermott et al., 2019). Employment and Social Development Canada defines homelessness as:

> […] the situation of an individual or family who does not have a permanent address or residence; the living situation of an individual or family who does not have stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.
>
> It is often the result of what are known as systemic or societal barriers, including a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. (Employment and Social Development Canada, 2019b, n.p.)

This definition has been criticized for not always capturing those unable or unwilling to access shelters, or those at risk of homelessness, such as those whose housing or economic situation is precarious, such as those in rooming houses, or couch surfers, people living in cars, and others unwilling to access shelters, sometimes characterized as the *hidden homeless* (McDermott et al., 2019; Rech, 2019). There are few, if any, comprehensive statistics on these people. While point in time counts of people experiencing homelessness may include the hidden homeless, they are dependent on participation by individual communities and focus on identifying the service needs

of homeless people rather than a precise number of homeless people (Employment and Social Development Canada, 2020).

Locally, the number of people in Ottawa using emergency overnight shelters in 2018 was 7937, an increase of 6.8% over 2017 (City of Ottawa, 2019). Further, there was a 10.8% increase in chronic homelessness amongst single men in Ottawa in 2018, with a corresponding increase in their length of stay by 1.5% or 4 nights (City of Ottawa, 2019). The Ottawa statistics do not account for homeless people unable, or unwilling, to access emergency shelters, or the hidden homeless.

Composition of the Homeless Population

Based on the 2016 census of the Canadian population, current statistics on the composition of the Canadian homeless population indicate that 60.8% of the shelter population were men, compared with 49.2% of people living in private dwellings (McDermott et al., 2019; Statistics Canada, 2019). This percentage varied depending on shelter type: men in no fixed address shelters represented 72.8% of that population while men represented 89.8% of the population in other types of shelters (McDermott et al., 2019; Statistics Canada, 2019). In shelters for people escaping abuse, however, 96.2% of that population was comprised of women and their children (Statistics Canada, 2019).

Additional statistics on the composition of the homeless population in Canada (again, based on the 2016 census) are as follows:

- The largest group represented in the homeless population were those people between the ages of 25 and 29, or 52%;

- 18.7% of the homeless population was comprised of youth between the ages of 13 and 24 who were not accompanied by an adult;
- Women made up 27.3% of the homeless population, unchanged over the previous ten years;
- Indigenous Peoples made up between 27.7% and 33.5% of the census sample, and are greatly overrepresented amongst homeless shelter users, as Indigenous Peoples represent less than 5% of the general Canadian population; and
- Approximately 2,950 veterans used emergency shelters, representing 2.2% of the shelter population (Gaetz et al., 2016; McDermott et al., 2019).

Regarding other populations, people over the age of 65 (seniors) made up approximately 5.9% of the homeless population in shelters, compared with 15.9% of people living in private dwellings (McDermott et al., 2019; Statistics Canada, 2019). This difference has been partially attributed to the availability of nursing homes, retirement complexes, and other types of private dwellings targeted for seniors (Statistics Canada, 2019). Seniors, along with adults between the ages of 50 and 64, are the only demographic age groups for whom shelter use has increased over the ten-year period between 2005 and 2014: In 2005 there were 2,244 seniors staying in emergency shelters, and in 2014 there were 4,332 (Gaetz et al., 2016). While this increase is partly explained by the aging of the population, the rate of shelter use among seniors has increased even taking into consideration the aging population (Gaetz et al., 2016).

There was a year-over-year decline in the number of people using shelters between 2005 and 2014: 136, 865 in 2014 compared to approximately 116, 865 in 2005 (Gaetz et al., 2016). While this decrease in the number of users is positive, there has been an increase over the same period in the number of times an individual or family has accessed or used an emergency shelter

(sometimes referred to as *bed nights*) (Gaetz et al., 2016). There has also been an increase in the number of 30 days or more length of stays in an emergency shelter: from 9.1% in 2005 to 12% in 2014 (Gaetz et al., 2016). The occupancy rate, or percentage of shelter beds being used on a given night, increased from 82% of beds full in 2005 to 92.4% of beds full in 2014 (Employment and Social Development Canada, 2019a; Gaetz et al., 2016). Evidencing the continuing problem of family homelessness in Canada, length of stays and occupancy rates have also been increasing in family shelters (Employment and Social Development Canada, 2019a; Gaetz et al., 2016). The near capacity of operations makes it difficult to understand the full extent and nature of the homeless populations. This results from inconsistencies in the tracking of people turned away from at capacity shelters, or those choosing not to access shelters for safety or overcrowding concerns (Gaetz et al., 2016; Rech, 2019). It has been suggested that, in spite of the decrease in the number of people using shelters, there may be hidden inefficiencies in addressing the entire homeless population (Gaetz et al., 2016; Rech, 2019).

From an income lens, homeless people in shelters are more likely to earn less income, and to fall below standardized after-tax low income levels (Statistics Canada, 2019). Shelter residents are less likely to have employment income, investment income and pensions (together, “market income”), and are more likely to receive social assistance and refundable tax credits (Statistics Canada, 2019). Only 46.9% of people in shelters received some sort of market income, compared with 85.8% of people living in private dwellings (McDermott et al., 2019). Also, the source of market income varies as between people living in shelters and people living in private dwellings. Employment income was received by 41.2% of shelter residents as compared with 71.3% of people living in private dwellings; this is noteworthy given the proportionally larger number of potential income earners, based on age, in the shelter population (McDermott et al., 2019).

Investment and private pension income was received by shelter residents approximately six times less often than was by people in in private dwellings (McDermott et al., 2019). Conversely, 90.4% of people living in shelters received some form of government assistance, including social assistance benefits and tax credits, as compared with 68.9% of people living in private dwellings (McDermott et al., 2019).

Based on these collective statistics, a shelter user is most likely to be a male between the ages of 25 and 29 whose source of income is some form of government assistance. Therefore, programming, such as mental health promotion programming, designed to include young males living in shelters is likely to be particularly beneficial, as it would target one of the greatest homeless demographics.

Predictors of Homelessness

Predictors of homelessness are typically based on three different sets of factors: structural factors, systems failures, and personal and relational factors. *Structural factors* are economic and societal issues that affect individuals' opportunities and social environments, and include: lack of adequate income; access to affordable housing; lack of health supports; global, national, and local economic conditions affecting income earning potential and the cost of living; and the experience of discrimination (based on age, race, country of origin, gender or gender identity, and sexual orientation) (Gaetz, Donaldson, et al., 2013; Gaetz & Dej, 2017). While the lack of affordable housing and housing availability may be the most obvious contributing factors, discrimination has been seen as having a significant negative impact on access to employment, housing, justice and similar services (Gaetz, Donaldson, et al., 2013; Gaetz & Dej, 2017). *Systems failures* occur when mainstream systems of care and support fail, resulting in vulnerable people turning to the homelessness sector (Gaetz, Donaldson, et al., 2013; Gaetz & Dej, 2017).

Examples of systems failures include: difficult transitions from child and youth welfare systems; inadequate discharge planning for people leaving hospitals, corrections and mental health and addictions facilities; and a lack of support for immigrants and refugees (Gaetz, Donaldson, et al., 2013; Gaetz & Dej, 2017). *Individual and relational factors* consider the personal circumstances of a homeless person, and may include: traumatic events (physical, situational, mental); personal crisis (family break-up or domestic violence); cognitive, mental health and addictions challenges; and physical health challenges or disabilities (Gaetz, Donaldson, et al., 2013). Relational problems include: family violence, neglect, and abuse (in particular for youth and women); the physical, cognitive, and mental health challenges of other family members or caretakers; and extreme poverty (Gaetz, Donaldson, et al., 2013; Gaetz & Dej, 2017).

Other reported factors contributing to homelessness include: amount of income spent on housing; declines in new rental housing; declines in vacancy rates for renters; long waiting lists for subsidized housing; lack of affordable housing; poverty and low income; being in a lone parent family; situation loss of employment or precarious employment; migration toward urban centres; level of schooling; parental substance abuse; loss, or lack, of social or family support; social isolation; stigmatization of people experiencing homelessness, addictions, and mental health challenges; and poor self-image or self-esteem (Canadian Institute for Health Information, 2007; Rech, 2019). Research has also demonstrated that policy factors can be strong predictors of homelessness. Policies from social housing, the justice system, the health system, and income support systems can all create the context in which people find themselves without stable housing (Oudshoorn, 2020). A withdrawal, or lessening, of public funding for health, housing, and welfare systems has similarly been identified as contributing to homelessness (Rech, 2019). Overall, mental health challenges, including addictions, and the lack of accessible support and

resources for these, are significant homelessness risk factors (Canadian Institute for Health Information, 2007; Gaetz, Donaldson, et al., 2013).

Health and Homeless People

Being homeless has significant effects on the overall health of the person. Homeless people have been found to suffer a number of physical ailments to a greater extent than the general population (Ontario Agency for Health Protection and Promotion [Public Health Ontario] & Berenbaum, 2019). The findings from that report indicate that homeless people experience the following at a higher rate than do the general population: infectious diseases (such as tuberculosis, hepatitis, HIV, other sexually transmitted infections); nutritional deficiencies among alcoholic adults; hypertension; diabetes; foot problems (such as corns/calluses, nail pathologies, infections); head trauma and a range of other injuries (e.g., traumatic head injuries); behavioural disorders; deficits in cognitive functioning, performance, and memory; and a wide range of mental health issues (including alcohol dependency). These findings highlight a number of challenging health outcomes experienced by homeless people that could assist in the planning and prioritizing of specific measures geared towards improving the health of the homeless population (Ontario Agency for Health Protection and Promotion [Public Health Ontario] & Berenbaum, 2019). An international meta-analysis found that the mental health challenges faced by homeless people are associated with increased mortality resulting from suicide and substance abuse, an increased risk of serious somatic illnesses, especially infectious diseases, and increased rates of criminality and violence (Schreiter et al., 2017).

Significantly, between 23% and 74% of people who experience homelessness report having some type of mental illness or problem (Goering et al., 2014; Mental Health Commission of Canada, 2012). One international meta-analysis study found the percentage of homeless people

experiencing some form of mental health challenge to be as high as between 60% and 93% (Schreiter et al., 2017). Given the current statistics, and the contributors to homelessness related to and/or affecting mental health, it is not surprising that the research has found that the rate of mental illness is higher in the homeless population, particularly with those people also experiencing substance addictions (Ontario Agency for Health Protection and Promotion [Public Health Ontario] & Berenbaum, 2019). Studies have found that people experiencing homelessness have greater occurrences of a wide range of mental health issues beyond substance dependence, including other forms of addiction, affective disorders, anxiety, and depression (Ontario Agency for Health Protection and Promotion [Public Health Ontario] & Berenbaum, 2019; Schreiter et al., 2017). The Schreiter et al. (2017) international meta-analysis study found that between 8.1% and 58.5% of homeless people experience alcohol dependency, 4.5% to 54.2% of homeless people experience drug dependency, and between 2.8% and 42.3% of homeless people experience psychotic illnesses. Research shows that those individuals who have co-occurring severe mental health issues and substance abuse issues are more likely to suffer from chronic homelessness (Munn-Rivard, 2014; Sun, 2012). Substance abuse, in particular, has been described as both a cause and the result of homelessness (Munn-Rivard, 2014). Clearly, the overall health, and the mental health in particular, of people experiencing homelessness remains a pressing concern. As discussed, mental health challenges are predictors of, contributors to, and ever-present in homelessness.

Mental Health Interventions with Homeless People

Mental health interventions, including for homeless people, are recommended to be community-based, responsive, focused on individual needs, and consider local realities (Mental Health Commission of Canada, 2012). When implemented, these factors have been found to

contribute to both program effectiveness and user satisfaction (Mental Health Commission of Canada, 2012). The Mental Health Commission of Canada (2012) recommends that mental health services be based primarily in the community, as doing so can lead to improved quality of health and reduced time in hospital. Additional benefits of community-based mental health include continuing client engagement, client satisfaction with services, and continuity of care (Mental Health Commission of Canada, 2012). The coordination of all relevant services, including housing, physical and mental health, addictions, social services, education, and justice, provides clients with much needed support as they navigate these often complex and intertwined resources (Mental Health Commission of Canada, 2012). In recognizing the unique situation of each individual, it is recommended that mental health clients have the ability to work directly with service providers in their community, ensuring that their individualized plan maximizes the potential for their recovery and well-being (Mental Health Commission of Canada, 2012).

A full service, integrated approach to treating the mental health of people experiencing homelessness has been found to result in longer stays in stable housing and increased well-being (Gilmer et al., 2010). Addressing mental health issues as part of the response to homelessness can be seen as both homelessness intervention and prevention, especially as addictions and mental illness are both a cause and outcome of homelessness (Gaetz & Dej, 2017). An integrated, community-based approach can address the challenges homeless people experiencing mental health issues have in accessing needed support, which challenges are further compounded by the pervasive stigma surrounding mental illness, addictions, and homelessness (Gaetz & Dej, 2017). Interventions and supports based on harm reduction, rather than on abstinence, have been found to be effective in counteracting stigma while contributing to housing stability and wellness (Gaetz & Dej, 2017; Pauly et al., 2013). In another study, support programs based solely on

abstinence were suggested as contributing to a higher rate of alcohol dependency among homeless people (Schreiter et al., 2017).

In contrast to abstinence only programs, an assertive community treatment approach tailored to an individual's particular needs has been found to be effective in treating mental health issues in the homeless population (Coldwell & Bender, 2007; Nelson et al., 2007). This approach uses a community-based multidisciplinary team that provided services directly to the clients, and is available on a 24-hour basis (Coldwell & Bender, 2007). These programs, similar to harm reduction programs, and recognizing the unique circumstances of each client, focus on the importance of meeting clients where they are, be that physically, mentally, or on their path to sobriety. Mental health programs, including those for addictions, that meet clients where they are have been associated with positive results (Mental Health Commission of Canada, 2012). Such an approach, therefore, may be similarly helpful when working with people who are experiencing homelessness.

Housing First

Given that a high percentage of people experiencing homelessness reported some form of mental health issue in their lifetime, the Housing First model was developed to support homeless people experiencing chronic mental health challenges (Gaetz, Scott, et al., 2013; Tsemberis, 2010). Developed in 1992 in New York City by the Pathways to Housing organization, its approach is described simply as "provide housing first, and then combine that housing with supportive services and treatment services" (Tsemberis, 2010, p. 4). In its Canadian iteration, this model has generated these five guiding principles: (i) quick access to housing without a requirement for addictions or mental health issues having been addressed; (ii) a focus on client choice in respect of dwelling and of support services; (iii) client well-being through supporting

recovery, including through the use of harm reduction; (iv) support tailored to the unique needs of the client; and (v) meaningful social support and community integration (Gaetz, Scott, et al., 2013; Munn-Rivard, 2014). While the Housing First approach views housing as central to recovery from homelessness, client acceptance, harm reduction, and community integration and support are also viewed as important components contributing to the success of the approach (Gaetz, Scott, et al., 2013; Munn-Rivard, 2014). In particular, harm reduction has been identified as a key contributor to the effectiveness of the Housing First approach (Pauly et al., 2013).

The Housing First approach is supported and encouraged as part of Canada's mental health strategy and has been cited as "showing great promise for improving outcomes and quality of life for homeless people living with mental health problems or illnesses" (Mental Health Commission of Canada, 2012, p. 72). In 2014, the Mental Health Commission of Canada reported on the outcomes of Housing First programming in five Canadian cities (Goering et al., 2014). That report's key findings are: (i) Housing First can be effectively implemented in cities of varying size and of differing ethno-racial-cultural composition; (ii) Housing First can quickly end homelessness and at a much higher rate than with traditional treatment; (iii) Housing First results in cost savings and cost offsets; (iv) the support and treatment components of Housing First contribute to shifts towards community-based support and more appropriate use of health and shelter services; (v) in comparison with those receiving existing municipal services, Housing First clients had better quality of life and community functioning outcomes; (vi) Housing First may positively affect clients' lives in other ways, meriting further study; and (vii) programs which adhere closely to the principles established in the Pathways Housing First model (Tsemberis, 2010) are more likely to have the desired outcomes of increased housing stability, quality of life, and community functioning (Goering et al., 2014).

Other Canadian research has also documented the effectiveness of the Housing First approach with homeless people in improving their housing retention, reducing their use of social services, and improving their mental health (Gaetz et al., 2016; Gaetz, Scott, et al., 2013; Munn-Rivard, 2014). Other research has found that clients in a Housing First program, as compared with clients in a treatment focused program, were significantly less likely to use substances and less likely ton access substance treatment centres or drop-in clinics (Padgett et al., 2011). Housing First, then, appears effective in addressing both the economic costs of homelessness and the significant interplay between homelessness and mental health. Based on its continuing positive effects on both housing stability and quality of life, and its adaptability to client and community specific circumstances, Housing First continues to be foundational in Canada (Aubry et al., 2019; Canham et al., 2019). As a compliment to the success of the Housing First approach, homelessness prevention has been recommended as the next evolutionary phase in the response to homelessness (Gaetz & Dej, 2017). Prevention favours interventions that will lessen the likelihood that someone will become homeless. Not only does this entail providing resources and support, it requires addressing the drivers of homelessness (Gaetz & Dej, 2017). Homelessness prevention, then, will have to address the interplay between homelessness and mental health.

In addition to providing affordable and available housing, some provincial and municipal interventions for people experiencing homelessness continue to apply the holistic Housing First approach to their homelessness reduction and prevention initiatives (Gaetz et al., 2016; Munn-Rivard, 2014). Housing First is listed as a key component of the City of Ottawa's 10 Year Housing and Homelessness Plan (City of Ottawa, 2019). The City of Ottawa's approach to Housing First focuses on housing affordability and availability, coordination of related services, and homelessness prevention (City of Ottawa, 2019). These related services focus on assisting

people maintain housing so as to avoid homelessness. While mental health support is included in this, recently there has been a focus on specific homeless populations such as youth, veterans, indigenous populations, and families (City of Ottawa, 2019; Gaetz et al., 2016).

Recently, the Canadian federal government released its Reaching Home homelessness strategic initiative. Reaching Home is a community-based program that is "aimed at preventing and reducing homelessness by providing direct support and funding to Designated Communities (urban centers), Indigenous communities, territorial communities and rural and remote communities across Canada" (Employment and Social Development Canada, 2019b). Reaching Home contains a number of primarily funding and administrative directives that provide guidance and requirements for programming aimed at helping communities to prevent and reduce homelessness (Employment and Social Development Canada, 2019b, n.p.). Consistent with community-based programming, Reaching Home recognizes the relevance of culturally relevant programming and the rights of Indigenous communities to participate in, and administer, housing and social assistance programs that affect them (Employment and Social Development Canada, 2019b).

Notwithstanding the focus on specific groups in the City of Ottawa's 10 Year Housing and Homelessness Plan and the federal Reaching Home initiative, programming to address the mental health of anyone who is experiencing homelessness remains critical. A gap in most mental health treatment programs for homeless people, including Housing First, however, is that many neither address nor explore the concept of "meaning" and its relevance to the lives of homeless people. Meaning may be important for the experience of mental health, as well as addiction prevention or intervention (Armstrong, 2018a; Frankl, 1988; Oakes, 2008; Thompson,

2012). Meaning has also been found to be linked to resilience, itself a contributor to positive mental health (Wong, 2011).

Meaning, Meaning Exploration, Resiliency, and Well-Being

Meaning has been defined as making sense or order of one's existence, with having a purpose and striving towards goals (Reker et al., 1987). Meaning has been characterized as unique to the individual, without there being a universal meaning to life (Frankl, 1988). In spite of this uniqueness, meaning has been characterized as something connecting all human beings (Frankl, 2000, 2006). While discovering meaning (or meaning-seeking) answers the "why" of life, finding and acting on a purpose (meaning-making) provides the "how" to live life (Ivtzan et al., 2015). Meaning-seeking and meaning-making have been found to be consistent activities common to all humans (Frankl, 2006; Wong, 2017). This author uses the term "meaning exploration" to capture both meaning-seeking and meaning-making.

Developed by Frankl based on his psychological theories as refined by his experiences in World War II concentration camps, logotherapy is a meaning-based therapy emphasizing the freedom and responsibility of individual choice (Frankl, 2006). There is meaning in every aspect of life and rather than being created, meaning is discoverable as a person contemplates, reflects on, and makes choices (Frankl, 2006). This is a recognition that people are not fully determined: rather, a person self-determines by choosing either to give in to conditions or to take a stand in face of those conditions, and regardless, people retain the freedom to choose their response (Frankl, 1988, 2006). In choosing that response, people are to do so responsibly and conscientiously (Frankl, 1988).

According to Frankl (1988, 2006), there are three pathways to discovering meaning: (i) by doing something or creating something; (ii) by experiencing something or interacting with someone; and (iii) by the attitude a person chooses in the face of a given set of circumstances, including suffering. Some researchers have taken the position that the most effective of these is through interacting or connecting with others to form secure attachments (Armstrong, 2018b). It is because of the accessibility and completeness of these pathways that Frankl (1988, 2000) states that meaning is always discoverable by anyone. Interestingly, in Frankl's conception (2000), and notwithstanding his own deeply held religious beliefs, religion is not a pre-condition for discovering meaning, or even ultimate meaning, arguably another indicator of meaning's accessibility and discoverability.

Meaning and Well-Being

Meaning has been found to be a motivating factor in life and a contributor to psychological well-being (Frankl, 2006; Reker et al., 1987). In one study, student participants from an Iranian university attended ten sessions of group logotherapy. As compared with a control group, group logotherapy participants had significantly lower depression level scores and significantly higher meaning in life scores (Robatmili et al., 2015). In another study, elderly female residents of a nursing home who participated in eight group logotherapy sessions scored higher on psychological well-being, life-expectancy, and social well-being than did those people in the control group (Saffarinia & Dortaj, 2018). A study of cancer patients participating in six sessions of logotherapy while receiving standard medical treatment found a significant positive difference in depression scores and significant decreases in pain and cortisol levels as compared to a control group receiving only medical treatment (Soetrisno et al., 2017).

Logotherapy, in the form of spiritual group therapy, was found to decrease both worry and stress, and to have a positive effect on the ability to find meaning in life, in infertile couples (Mosalanejad & Koolee, 2013). The use of logotherapy was found to decrease social disconnectedness and perceived isolation in a group of elderly participants (Elsherbiny & Al Maamari, 2018). In particular, this study highlighted the importance of finding new sources of meaning, participating in activities, and connecting with others. In another study, participants attended a meaning-centered men's group, comprised of twelve logotherapy-based sessions targeting intrapersonal and interpersonal challenges associated with retirement transitions (Heisel et al., 2020). That study found that participants experienced significant improvement in areas such as life satisfaction and well-being, as well as significant decreases in factors such as depressive symptoms and hopelessness. That study also indicated that participant results were consistent with other studies on the preventative effects of psychological resiliency on suicidal ideation. In a study of men with alcohol use disorder, finding purpose in life, in addition to enhancing self-control and abstinence self-efficacy, was relevant to treatment of the disorder (Song et al., 2018).

Based on a review of the clinical, existential, and relational approaches to addiction, meaning-centered approaches to addiction therapy have been proposed (Carreno & Pérez-Escobar, 2019). Specifically, that review highlighted the potential effectiveness of these approaches to helping clients with addictions deal with a variety of existential issues such as social isolation, evasion of responsibility, and lack of purpose. That review also highlighted the contribution of certain characteristics of a meaning-centered approach, such as being holistic, integrative, and pro-social, as positive contributors to its potential effectiveness. Meaning-centered therapy has been used with positive effects in a British Columbia addictions treatment

facility (Thompson, 2012). A sixteen session meaning-centered grief therapy was found to have a positive effect on the psychological functioning of parents who had lost a child to cancer (Lichtenthal et al., 2019). That study found that, after the sessions, participants were able to focus on their ability to choose their attitude in the face of suffering, their connections to other sources of meaning, their constructions of meaning, and their ongoing connections to their deceased child. Meaning in life has also been found to be a distinct basic psychological need, contributing positively to, and independently of, other basic psychological needs, to well-being as measured by both decreased depressive symptoms and in increased daily satisfaction and vitality (Hadden & Smith, 2019).

Resiliency

It is inevitable that in a lifetime a person will experience times of difficulties. Rather than being defeated by these, people often come through them wiser and stronger. Resiliency refers to the ability and capacity to endure, and to not only recover, but to grow in the face of physical, emotional, or other adversity (Ivtzan et al., 2015; Wong, 2011). According to Frankl (1988, 2006), people have the capacity to turn suffering into achievement and accomplishment. Resiliency has also been described as a person's success in confronting the darker side of life (Ivtzan et al., 2015). To suffer, and to acknowledge and face the existential void, is honest and human, and connects people to each other (Frankl, 1988, 2006). In working through their own existential despair, people learn how to help others with theirs (Frankl, 1988).

Resiliency has several different definitions, however, these have been classified into three broad categories: (i) *resistance resilience* is the ability or strength to maintain equilibrium in the face of stress or adversity, or the roots of a tree are firmly planted; (ii) *recovery resilience*, or adaptability and the most popular conceptualization of resiliency, is the ability to bounce back to

a prior level of functioning after the stressful or adverse event, or a tree can bend without breaking in the storm, and can return to an upright position); and (iii) *reconfiguration resilience*, related to post-traumatic growth, is the change, or growth, that results after having experienced and endured the stressful or adverse event, or a tree is stronger after having weathered the storm (Ivtzan et al., 2015).

In responding to a range of stressors, including ecological and cultural stressors, resiliency involves an individual's ability to access healthy resources, including their own capacity for experiencing well-being, as well as the ability of that individual's family, community and culture to meaningfully provide healthy resources (Ungar, 2008; Ungar & Liebenberg, 2009). Resiliency development, then, is not limited solely to the individual's capacity to weather, adapt, and learn from a given set of stressors; rather, resiliency development is maximized by the bi-directional interplay between the individual's capacities and the resources made available by the contextual relationships within which the individual experiences those stressors (Ungar & Lerner, 2008). The potentially positive effect on resilience from the interplay between individual and the community echoes the positive effects on mental health arising from community-based programming.

Based on these studies, and in particular the inclusion of ecological and cultural determinants of resiliency, Wong (2011, p. 75) describes resilience as being "a complex and multifaceted adaptation process with cognitive, behavioural, social, and cultural components." He continues by identifying the will to live as the key to resilience, and connecting this to Frankl's (1988) definition of the will to live as the will to meaning (Wong, 2011). He then expands on this will to live beyond meaning and purpose to also include "the capacity to transform negatives to positives" (Wong, 2011, p. 75). Resiliency and meaning, then, work

together in activating the will to live. Both the acknowledgement of life's struggles and the ability to adapt and grow in the face of them are central to second wave positive psychology (Wong, 2011, 2017). While recognizing that the darker side of life is inevitable and often undesirable, it is also acknowledged as providing opportunities to develop strengths and discover meaning, both of which contribute to becoming fully functioning human beings (Wong, 2017).

Meaning, Resiliency, Well-Being, and Homeless People

Research has found that meaning is a contributor to resilience, itself a contributing factor to mental health and well-being (Wong, 2011). As discussed, meaning can be discovered regardless of one's circumstances (Frankl, 2006). In particular, a pathway to meaning lies in choosing one's attitude when in difficulty or when experiencing suffering, and in this way meaning remains accessible (Frankl, 1988, 2000, 2006). Choice of attitude is also central to depth oriented brief therapy (also known as coherence therapy), characterized by its awareness, acknowledgement, and respect for the "construction of meaning" that an individual attributes to their relationship with a given set of circumstances (Ecker & Hulley, 1996). The individual remains free to determine and choose this construction regardless of the nature of the circumstances, and with this, to choose triumph over "a collapse of the spirit" in respect of an objective hardship (Ecker & Hulley, 1996). This recognition of an individual's capacity for freedom, choice and responsibility regardless of the circumstances, is central to logotherapy (Frankl, 1988, 2000, 2006), to rational emotive behaviour therapy (Ellis & Joffe-Ellis, 2019), and to meaning-centred therapy (Wong, 2017). Furthermore, the consideration for the freedom of choice and responsibility of homeless clients may address some of the ethical concerns that arise in respect of people experiencing homelessness as a marginalized population (Silva et al., 2011).

The individual's freedom of choice has also been identified as an important consideration in the successful treatment of addictions, particularly the recognition of, and support for, an addict's capacity to choose freedom in the face of a lifetime of damaging and painful experiences (Maté, 2018). The importance of meaning and resiliency to psychological well-being makes them relevant in considering their possible positive association with the well-being of homeless people, given the mental health and other challenges they face on a daily basis. In doing so, a dialectical approach using an unbiased appraisal, balance, and harmonization of the negative and positive experiences of homeless people could enhance their well-being (Lomas & Ivtzan, 2016).

Meaning, as measured by purpose in life, has been found to be a significant contributor to sustained sobriety (Oakes, 2008). Logotherapy has been used to treat addictions, including substance abuse, as this theoretical framework perceives addictions to be a means of filling a void in meaning that in a manner that ends up being harmful to the person (Armstrong, 2018a; Carreno & Pérez-Escobar, 2019; Somov, 2007; Song et al., 2018). Having a sense of meaning in life, beyond a religious belief, has also been found to be protective against suicidal ideation in the homeless population (Testoni et al., 2018). This finding is consistent with Frankl's proposition that religiosity is not a prerequisite for meaning discovery (Frankl, 2000). Similar to logotherapy, meaning-centred therapy (Wong, 2015, 2017) was found to be beneficial when used in place of a behaviourist model in a residential facility for addicted men (Thompson, 2012). Meaning-making may also promote post-traumatic growth, itself a path to well-being (Lomas & Ivtzan, 2016). Coherence therapy, with its focus on client choice in constructing meaning, has been found helpful in treating obsessive-compulsive behaviours, including compulsive drinking (Ecker et al., 2012; Ecker & Hulley, 1996).

Specifically in the context of assessing participants in Housing First programming in Toronto, resiliency was viewed as having the potential to help individuals cope successfully with stress, adjust positively, and have a lower likelihood of perceiving events as being stressful (Durbin et al., 2019). Those researchers determined that, while in the general population, social support and social functioning had been identified as both drivers of resiliency and buffers against stress, there was little research on these correlates for the homeless population (Durbin et al., 2019). This study found that, over the time spent in a Housing First program, for homeless participants experiencing mental health challenges, resilience increased and perceived stress decreased, and higher levels of social support and social functioning were associated with increased resilience and lower perceived stress scores (Durbin et al., 2019). While the study found that resilience was not correlated with greater days of housing stability, resilience contributed to lower perceived stress scores, and lower perceived stress cores was correlated with greater days of housing stability (Durbin et al., 2019).

Resiliency has been found to be a positive, defining characteristic of older homeless people and a contributor to buffering adversity and anchoring hope (Grenier et al., 2016). In a study of homeless youth, resilience, as a component of psychological capital, was found to be significantly corelated with positive life satisfaction (Rew et al., 2019). Resilience in homeless young adults has been found to help them cope positively with mental health challenges and to succeed in gaining formal employment (Ferguson et al., 2018). Resilience has been found to be a strength in homeless adolescents that contributes to them gaining control of their lives and being able to cope with the adversity in their lives (Samal, 2017). The positive effect of resilience among the homeless population has also been found to occur across different ethnoracial groups (Paul et al., 2018), a finding relevant to the ethno-diversity of the homeless population of

Ottawa. The further exploration of resiliency among people who use drugs, including homeless people, is recommended to explore additional strengths in such users and to promote safer drug use practices that could contribute to the well-being of such users (Rudzinski et al., 2017).

Despite the existence of some meaning and resilience-based approaches for programming for homeless people, their addictions, and their mental health, stakeholders, in particular those who are experiencing homelessness, have not been engaged in the development of such programs. Addressing this gap by involving stakeholders experiencing homelessness would be consistent with the principle that meaning is unique to, and discoverable by, the individual stakeholder.

Knowledge Translation Integration Approach to Program Development

Engaging key knowledge users (or stakeholders) is often called knowledge transfer or knowledge translation. In its broadest iteration, knowledge translation involves stakeholder interaction both to create knowledge and promote knowledge use, or action (Armstrong, 2017; Armstrong et al., 2018; Donnelly et al., 2014; Graham et al., 2006; Jull et al., 2017). Current approaches to knowledge translation are consistent with the guidelines and recommendations of the Canadian Institutes of Health Research (CIHR). The use of effective knowledge translation has also been recommended as a means to further enhance and expand the effectiveness of Housing First programming (Hasford et al., 2019).

Based on the fact that the creation of knowledge alone does not lead to it being used, knowledge translation has been deemed by CIHR as being an essential element of health research (Canadian Institutes of Health Research, 2012). The CIHR defines knowledge translation as:

> […] a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system. This is by no means a simple process and involves a range of interactions between researchers and knowledge users that may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user. (Canadian Institutes of Health Research, 2012, p. 1)

CIHR has identified two categories of knowledge translation, namely integrated knowledge translation and end-of-grant knowledge translation. With its focus on integrated knowledge translation, CIHR stresses the importance of applying knowledge translation throughout the research process and into the post-research application and dissemination phases to both participant stakeholders and other interested knowledge users (Canadian Institutes of Health Research, 2012). Central to a successful knowledge translation is the principle that involving stakeholders throughout the research process is more likely to generate results that are relevant to those stakeholders, and that such results will be used by those stakeholders (Canadian Institutes of Health Research, 2012).

As outlined by CIHR, integrated knowledge translation has the following key components: (i) *knowledge synthesis* involves contextualizing and integrating the research within the larger body of knowledge on the topic; (ii) *dissemination* involves the sharing of results in a manner that is tailored for the research's properly identified audience; (iii) *knowledge exchange interactions* create mutual learning between identified knowledge users and the researchers, and may lead to a "re-balancing of expertise (Kothari & Wathen, 2013); (iv) *ethically sound application of knowledge*, being the process by which knowledge is considered and then put into

practice or used to improve health or health systems, in accordance with all applicable ethical, social and legal norms and principles; and (v) *knowledge users* are defined as people who are likely to be able to use research results to make informed decisions about health policies, programs and/or practices, and whose level of engagement may vary depending on the research topic and methodology (Canadian Institutes of Health Research, 2012).

CIHR requires that the following factors be addressed in the proposed project as part of the integrated knowledge translation category: (i) a research question that clearly describes the knowledge to be translated, demonstrating its appropriateness to the targeted audiences and other potentially interested people; (ii) an appropriate methodology to address the research question, acknowledging that the methodology may change based on stakeholder interactions, and clearly demonstrating the application of knowledge translation principles; (iii) the feasibility of the research project as evidenced by the expertise of the knowledge users, as well as their commitment to the project; and (iv) a clear description of how the research project could have an impact on practice, programs, and/or policies which, in turn, could have a positive effect on health outcomes (Canadian Institutes of Health Research, 2012).

In the end-of-grant category, the focus shifts to potential interested knowledge users. The factors to be addressed in this category are: (i) the goals of raising awareness and promoting action; (ii) identifying and justifying, outside of the research participants, the individuals and/or groups who should know about the research; (iii) the strategies for reaching and delivering the research results to the target audiences; (iv) any specific expertise required to deliver the knowledge to the targeted audiences; and (v) the availability of resources required for a successful delivery to the targeted audiences (Canadian Institutes of Health Research, 2012).

Regardless of the category of knowledge translation, there is a recognition of the uniqueness of the stakeholder experience ("one size does not fit all"). This is a driver for ensuring that planning of projects are appropriately tailored to the specific and unique needs of the targeted stakeholders (Canadian Institutes of Health Research, 2012). Research continues in respect of ensuring best practices in the field of integrated knowledge translation. Currently, there is an ongoing planned 7-year study funded by CIHR seeking to validate the effectiveness of integrated knowledge translation, as well as to identify best practices in the field that can lead to maximizing improvements in health and health programing (Graham et al., 2018). Recently, research has also identified a set of knowledge translation integration standards (Armstrong, 2017; Armstrong et al., 2018), and recommended that knowledge translation principles be applied to program evaluation (Donnelly et al., 2014; Judd, 2001).

Significantly, CIHR is the Government of Canada's health research investment agency and a primary source of public health research funding in Canada. Accordingly, research conducted in accordance with its recommendations is more likely to attract funding from this valuable resource. Specifically, CIHR recommendations are the foundation for the merit review process it conducts for proposals received by it (Canadian Institutes of Health Research, 2012). CIHR merit review is based on both the scientific merit and the potential impact of the proposed research (Canadian Institutes of Health Research, 2012). These, then, remain important considerations for any entity seeking to have access to public funding for mental health related research.

Consistent with the CIHR recommendations, current research indicates that successful program development and implementation can also be maximized by using a community-based health promotion approach (Amsden & VanWynsberghe, 2005; Graham et al., 2006; Judd, 2001;

Jull et al., 2017). Community-based health promotion programming emphasizes "empowerment, participation, social and sustainable development, multidisciplinary collaboration, capacity building, and equity" (Judd, 2001, p. 367). In the context of health promotion, and of particular significance to the knowledge translation focus on stakeholders as equal and valuable research partners, the concepts of empowerment and capacity building are prominent. Empowerment references stakeholders' ability to understand and have an effect on the personal, social, economic, and political factors impacting them in order to effect positive change in their lives (Judd, 2001). Echoing the CIHR recommendations, capacity building is a direct recognition of the value and importance of stakeholder knowledge, accessing their problem solving abilities and incorporating it into program development and sustainability (Judd, 2001). Furthermore, such processes need to produce results that are meaningful to the stakeholders (Judd, 2001). In fact, failure to involve relevant stakeholders in a meaningful manner in the development and evaluation of programming has been found to lessen the effectiveness of such programming (Amsden & VanWynsberghe, 2005; Armstrong, 2017; Armstrong et al., 2018; Judd, 2001).

Consistent with the objectives of knowledge translation and community-based health promotion, community-based participatory research and participatory action research approaches have been proposed as methodological frameworks that can fill the need for meaningful and engaging approaches to community program planning (Amsden & VanWynsberghe, 2005; Israel et al., 2017; Jull et al., 2017). While participatory research and integrated knowledge translation have some points of divergence, such as participatory research being motivated by social justice and social change, and user capacity-building, while knowledge translation being motivated by user-generated knowledge, and knowledge application, they do have some important commonalities (Jull et al., 2017). Both are highly collaborative, seek agreement on the best

methods to achieve the projects goals, recognize the unique and specific circumstance of the participants, recognize and uphold the ethics in respect of engaging those not typically included in health research, and promote the co-creation and use of knowledge to achieve a common goal (Jull et al., 2017).

The following have been identified as key principles to community-based participatory research: recognize the community as having both communal and individual identity; identify and build on strengths and resources within the community; facilitate an equitable, collaborative partnership between researchers and the community, recognizing systemic social inequities; promote co-learning and capacity building; balance research and action for the benefit of all parties; emphasize local health concerns while taking an ecological approach to addressing these; the development of systems is cyclical and iterative; disseminate findings-based knowledge to all partners, who have been consulted as to the dissemination process; recognize that this is a long-term process committed to sustainability, focused on the development of trust between researchers and the community; and recognize cultural diversity, acknowledging that the researcher cannot fully master the culture of the community (Israel et al., 2017). Similar principles were derived from a community-based participatory longitudinal study of people with disabilities and their families and/or care-givers (Ottmann & Laragy, 2010). That research also highlighted the importance of the ability of stakeholders to make informed decisions, and the necessity for effective and efficient project management. When applied, these principles can result in participants gaining a better understanding of research and development processes, professional stakeholders gaining a better understanding of the value of including consumer participants, researchers gaining a better understanding of the dynamics between competing

stakeholders, and both researchers and participants gaining an appreciation for the necessity and resulting benefits of working with each other (Sixsmith et al., 2018).

Central to the effectiveness of participatory action research is the empowering of stakeholders by involving them in defining the research questions, directing the investigative aspect of the research process, and creating their own solutions for change (Amsden & VanWynsberghe, 2005). As highlighted in community-based health promotion, participatory action research promotes the building of skills and capacity within the community (Amsden & VanWynsberghe, 2005). Through this strengths-based resource building process, the community participates in decisions affecting their lives, and engages in interactions and relationship building, each of which promote social inclusion (Amsden & VanWynsberghe, 2005).

Participatory action research encourages the use of novel and innovative techniques to engage participants based on their unique circumstances. The use of mapping tools highlights a move away from individual, non-participatory information gathering tools, to ones that allow a community to represent itself while promoting dialogue and relationship building (Amsden & VanWynsberghe, 2005). In addition to community mapping, one study adapted the use of a photovoice tool (a participant takes and then selects photographs to be used in a presentation) into a “photo-tour” tool (the participant directed a researcher to take photographs while the participant narrated why these locations were important to them) to address the concerns of elderly participants in a project seeking to address the challenges to positive ageing (Sixsmith et al., 2018). In order to identify service gaps in existing Housing First services, participants in a Metro-Vancouver-based study were asked: “If you had a magic wand, what six Housing First services or resources would you add to your community that would meet clients’ needs?” (Canham et al., 2019, p. 37). This study then had participants read their responses to this unique

and creative question in a facilitated group session, promoting cross-pollination of ideas and relationship building. In one study involving Kenyan youth, a combination of community mapping, dot map focus groups, geocaching games, and satellite imagery-assisted activity logs were used to help identify local areas considered to be conducive to HIV risk related behaviours (Green et al., 2016).

Knowledge Translation-Integrated Approach

There is current research proposing a consolidation of current knowledge translation principles, while broadening its scope to include program evaluation. The "knowledge translation-integrated" (KTI) approach to programming (Armstrong, 2017) encapsulates various key knowledge translation principles into a set of comprehensive, clear and actionable standards. When developing programming for a targeted population, this research indicates that a KTI approach should address the following four specific standards: (i) the program must be *acceptable* (stakeholders are co-creators and evaluators of programming that is supportable by existing research, and it also addresses the needs stakeholders want addressed); (ii) *feasible* (the program is usable from a time and resources perspective); (iii) *sustainable* (maintainable long-term without external support); and (iv) *credible* (the program does what it states it will do or, in the design phase, it appears to have face validity that it will do what it states it is designed to do) (Armstrong, 2017; Armstrong et al., 2018). Simply stated from the perspective of the relevant stakeholders: is this a program that addresses what they want (is the program acceptable to the stakeholders); do they have the time and resources to be able to make use of the program (do the stakeholders believe that the program is feasible); can the program be run within their current organizational and financial structures (do the stakeholders believe that the program is sustainable); and will they see the results that they are expecting from the program (do the

stakeholders believe that this is a credible program). This is a clear and actionable application of the "one size does not fit all" principle, with the focus on tailored stakeholder participation fundamental to community-based mental health interventions, participatory action research, and knowledge translation. As importantly, these KTI standards, with their focus on meaningful and actionable stakeholder involvement applied through all phases of the research project, including evaluation, are consistent with, and additive to, the guidelines and recommendations of the Canadian Institutes of Health Research. Furthermore, these KTI standards provide a unique opportunity to address the recommendations of the Mental Health Commission of Canada to: (i) expand the leadership role of people with the lived experience of mental health challenges and homelessness; and (ii) use focus groups of mental health and homeless stakeholders in program development (Mental Health Commission of Canada, 2012).

Additionally, the participatory stakeholder focus of the KTI standards is especially relevant when considering that meaning exploration is determined by the individual (Ecker & Hulley, 1996; Frankl, 1988). The empowering of stakeholders that occurs as part of the KTI approach is also relevant as a contributor to the positive mental health of those stakeholders (Ecker & Hulley, 1996; Ivtzan et al., 2015; Rogers, 1965). Furthermore, empowerment is a key ethical consideration when conducting research with marginalized populations (Silva et al., 2011). To date, a KTI-based approach in respect of a meaning exploration program has yet to be developed and implemented with people who are homeless in Ottawa. Using a KTI model to develop meaning exploration programming for this population may result in programming that is perceived as relevant, useful, and effective by both program participants and the people who provide services to them.

The Ottawa Mission

Since 1906, The Ottawa Mission (The Mission) has been providing help to those unable, or not having the resources, to help themselves. The Mission receives roughly 48% of its funding from government sources, the majority of this from the City of Ottawa Social Services department, and 52% of the funds are from community donations. The Mission provides not only food, clothing, and shelter, but a wide variety of programs that help people regain their dignity and provide hope for a better future (The Ottawa Mission, n.d.). These programs include addiction treatment, education and job training, employment and housing services, medical and dental care, and hospice care.

Addiction Services Programs at The Ottawa Mission

Addiction & Trauma Services (ATS) at The Mission supports clients (those who identify as men) in their journey of recovery. Whether they want to stabilize their lives, attend residential treatment, or explore and/or maintain abstinence in the community, ATS provides clients with the support they need to meet their goals. The ATS programs are either staffed 24 hours or have The Mission's front-line staff available to assist clients in crisis. The ATS programs are comprised of the Day Program, Hope Program, Stabilization Program, LifeHouse residential program, and the Second Stage program, each described in detail below.

Day Program. The Day Program is a Monday to Friday drop-in support and harm reduction group program for clients with addictions and/or mental health challenges who are from the community, in The Mission's shelter system, in the Hope or Stabilization Programs, or upon completing any of the Hope, Stabilization, LifeHouse, or Second Stage programs. In addition to groups held on weekday mornings, clients may attend drop-in individual counselling with Day Program staff, attend evening programming facilitated by ATS staff, and attend other

non-ATS programming at The Mission. The Day Program provides education about addiction, mental health, and related issues, and helps participants develop new skills and strategies for changing behaviors. Monday is typically a check-in session, allowing clients to share how they coped over the weekend, how they are doing in the present moment, or sharing where they are in accomplishing their goals. Friday is similar, with clients being given an opportunity to share their planned coping strategies for the upcoming weekend. The remaining Day Program sessions are expansive in respect of the topics presented for discussion, covering everything from trauma informed self-care, attachment theories, and relapse prevention to public health initiatives. While the facilitator may introduce a topic, typically the discussion is guided by the clients. Complete abstinence is not required, but clients may not be under the influence during Day Program. Participation from clients during Day Program is encouraged but not required. ATS staff and clients work collaboratively to create a safe environment in which all clients take responsibility for their interventions, and are respected and celebrated, regardless of where they are in their own journey. As highlighted by one author popular with Day Program clients, "[p]eople who have overcome severe addictions deserve to be celebrated and they have much to teach, but their example cannot be used to condemn others who have not been able [to] follow in their footsteps" (Maté, 2018).

Hope Program. The Mission's Hope Program sleeping quarters are moderately secluded from the rest of the shelter, providing residents with a greater sense of security and community than the general shelter beds at The Mission. Similar to the Day Program, the Hope Program is harm reduction based. Complete abstinence is not required, but clients may not be under the influence while on Hope Program premises. This program is comprised of required attendance at

group meetings (including Day Program and evening program facilitated by Stabilization staff) and at least weekly individual counselling sessions.

Stabilization Program. The Stabilization Program is abstinence-based and is designed to assist clients in stabilizing their lives and their addictive behaviour prior to entering an addiction treatment program or safe housing. This program consists of individual counselling, case management including referrals for mental health assessments, group counselling (including Day program once per week), and volunteer activities.

LifeHouse residential program. LifeHouse is an intensive five-month, two phase, residential program that provides integrated treatment for clients with a history of trauma and addictions. The first three months of the program consists of weekly individual counselling sessions and structured therapeutic groups. In the last two months of the program, clients continue individual counselling and attending some aspects of the core program. The focus during this phase may shift to pursuit of employment, education, housing, and relationship renewal.

Second Stage residential program. Clients who have completed the LifeHouse program may access one of The Mission's Second Stage residences. These provide ongoing support to clients while in a supportive residential setting, through individual counselling and group treatment, while they repair relationships, gain life skills training, develop community supports, work or attend school. Typically, aftercare in the form of individual counselling is available upon leaving Second Stage for a one-year period.

Needs Assessment for a Meaning Exploration Session at The Ottawa Mission

The present study is a needs assessment for the development of a meaning exploration session for clients of The Mission's Day Program. A needs assessment elicits the experience and needs of a target population resulting in findings that are relevant and specific to that population (Waller et al., 2009). Given the decidedly personal nature of meaning and the focus on stakeholder consultation underpinning the KTI model, community-based mental health interventions, and participatory action research, this needs assessment was constructed and conducted with two groups of stakeholders at The Mission, namely clients of The Mission's Day Program, and staff from a number of departments at The Mission. The questions discussed with stakeholders are connected to, and classified under, the KTI standards of acceptability, feasibility, sustainability, and credibility. By using a stakeholder-informed KTI model, the present study sought to integrate learnings from research on mental health interventions with homeless people, community-based and participatory action principles, and the importance of meaning to well-being with the recommendations of the Mental Health Commission of Canada (2012).

Originality and Research Questions

Given the potential benefits of a meaning-based approach with people experiencing homelessness, it may be beneficial to integrate meaning exploration into programming for that population. As noted previously, very few programs incorporate meaning exploration into their approaches for homeless people. Those that do have not consulted with homeless people themselves in the development of meaning-based programming. As discussed, programs that do not include key knowledge users, defined as someone who uses research results to make informed decisions about programs (Canadian Institutes of Health Research, 2012), in the design

of services affecting them can fail to meet their needs (Amsden & VanWynsberghe, 2005, 2005; Armstrong, 2017; Armstrong et al., 2018; Judd, 2001).

Accordingly, for this needs assessment, and using the KTI standards, the following research question was explored with two groups of stakeholders at The Ottawa Mission, namely its clients and its staff:

What would make a meaning exploration session an acceptable, feasible, sustainable, and credible program? More specifically:

- *Acceptability*: How do stakeholders (clients and Mission staff) view meaning and its importance in the lives of Day Program clients? Do stakeholders believe programming can address these needs? What type of programming do stakeholders believe will adequately addresses these needs?
- *Feasibility*: Do stakeholders perceive that the program is feasible from a time and resource use perspective?
- *Sustainability*: Do stakeholders have concerns about, or recommendations to enhance, program sustainability?
- *Credibility*: Do stakeholders believe that the programming will assist Day Program clients in their exploration of meaning? Do stakeholders believe that the programming will be consistent with the values of The Mission?

Methodology

A needs assessment, as discussed being an elicitation of the experience and needs of a particular population, is by nature a qualitative study, and this needs assessment was conducted by way of consensual qualitative research (CQR). This ideologically constructivist approach has

several components: questions are open-ended to generate consistent and in-depth responses across a number of participants; several reviewers of the data are used to foster multiple perspectives; consensus is used to arrive at judgements about the meaning of data; an auditor is used to check the work of the primary reviewers, with a similar function performed by a review by participants; and, of particular significance, the mutual influencing between researchers and participants (Hill et al., 2005). Consensus and mutual-influencing are especially important given the emphasis on stakeholder participation and validation in community-based mental health interventions, participatory action research, and the KTI approach to program development previously discussed.

As a phenomenological approach, CQR strives to detail the participants' lived experience of the world while minimizing the researchers' inevitable bias (Hill et al., 2005). This focus on lived experience is also consistent with the community-based mental health interventions, participatory action research, and the KTI approach to program development previously discussed. The goal of this needs assessment was to analyse information obtained from The Mission's stakeholders (clients and staff) to determine what they view as being necessary and important components of a meaning exploration session for The Mission's Day Program. In keeping with CQR best practices, fulsome details on the methodology of this needs assessment are provided below (Hill et al., 2005; Shek & Lee, 2008).

Participants

All participants in this study were either clients of the Day Program or staff at The Mission. Clients attending the Day Program at The Mission were asked to participate in a focus group. To provide further data, these clients were also invited to participate in an individual interview and/or to complete a questionnaire. Staff from The Mission's Addiction and Trauma

Services (ATS), Front Line Services, and Client Services (including chaplaincy care, housing, employment, mental health, and education support) were asked to participate in a focus group. In order to foster fulsome participation from as many service groups as possible, separate focus groups were offered for ATS staff and other staff of The Mission. To provide further data, all staff also were invited to participate in an individual interview and/or to complete a questionnaire. Further information on the characteristics of the focus group, interview, and questionnaire participants is provided below.

Procedure

Staff of The Mission were invited to participate in the focus group, questionnaire, and/or individual interview via email, either directly from the primary researcher using his Mission email account, or from a manager of the Mission client-facing service. Clients were invited to participate in the focus group, questionnaire, and/or individual interview by the primary researcher at an oral presentation at a Day Program session. A copy of the text of the staff email invitation and the oral script for clients are attached (Appendix A).

Informed consent. Potential participants were provided with a form of informed consent particular to their participation (Appendix B). The informed consent was reviewed and commented on by staff of The Mission before being finalized. As detailed in the informed consent form, this needs assessment was approved by The Mission (Appendix C) and received approval from the Saint Paul University Research Ethics Board (Appendix D) prior to being conducted.

Consent was obtained in writing, verbally, or through actual participation and was not sought until fulsome program disclosure was made orally and in writing. This multi-choice approach to consent is supportable given the low risk nature of the study, the fulsomeness of the

disclosure contained in the consent, and the capacity of the participants to consent (Brod & Feinbloom, 1990; Dickert et al., 2018; Rew et al., 2000; Tindana et al., 2006). The importance of the fulsomeness of disclosure as to all aspects of the study is directly relevant to respecting the autonomy of the participants, and respecting the ethical principle of researcher veracity when seeking participant consent (Rew et al., 2000). Providing disclosure orally and in writing, as well as providing for various forms of consent, are consistent with recognizing the particular circumstances of participants (Amsden & VanWynsberghe, 2005; Tindana et al., 2006). The use of verbal consent was suggested as appropriate in a study involving geriatric patients (Brod & Feinbloom, 1990). That study indicated, while recognizing the importance of informed consent, that, for certain vulnerable populations, written consent could be a greater barrier to voluntary participation than would be the use of verbal consent. That study also indicated that the perceived trustworthiness by, and influence on, the participant of the person seeking the consent were relevant to the validity of the verbal consent.

Participation was completely voluntary, without any form of reprisal for not participating or terminating participation. Participants were advised that fellow focus group participants, focus group facilitators, and interviewers would be aware of their comments while participating. All participants were advised that the anonymity and confidentiality of the participants' data will be maintained by not using names in any of the focus group or interview transcripts, and by not having names on any of the questionnaires.

Researchers and auditor. The author is one of the three researchers. The author is a candidate in the Master of Arts, Counselling and Spirituality program at Saint Paul University in Ottawa, Ontario. The author is a student intern with ATS at The Mission. The author's complete education and work history were also provided. The author indicated to all participants that this

study is in furtherance of his Master degree program requirements and may be used in furtherance of his doctoral studies. The other two researchers are ATS staff members. One is the Day and Hope Programs coordinator and the other is an ATS Addictions Counsellor. Both have college degrees in Social Work from Algonquin College in Ottawa, Ontario. The auditor is the Assistant Manager of ATS and has a Master of Social Work from Carleton University in Ottawa, Ontario. Disclosure of the identities of the researchers and the auditor was made to all participants prior to their participation.

The ATS researchers and the auditor were provided with training in respect of CQR methodology and practices. To ensure consistency in the application of these, a Researcher and Auditor Data Analysis Guide (Appendix E) was created. This guide was provided to the researchers and the auditor for review and discussion prior to the initiation of data analysis. None of them were participants in the current research. Each of them has relevant experience with programs, processes, clients and staff of The Mission and provided input into the current research methodology relevant to the appropriate, ethical, and respectful treatment of all participants. The author, the other researchers, and the auditor discussed and assessed as low the risk of influence on participants based on their roles at The Mission. Identification and disclosure of the potential for researcher and auditor influence are consistent with CQR best practices (Creswell & Creswell, 2018; Hill et al., 2005; Shek & Lee, 2008).

Prior to the collection of data, each of the researchers identified the following expectations: clients would find meaning exploration useful; clients would have varied descriptors of what is meaningful, important, or of value to them; clients and staff would find a meaning exploration session worthwhile for clients; clients and staff would want The Mission to provide such a session; and clients would attend such a session. The author disclosed to all

participants his expectation that program development would ensue from this needs assessment given his stated intention to purse this topic as part of his doctoral studies. Identification and disclosure of these researcher expectations is consistent with CQR best practices (Creswell & Creswell, 2018; Hill et al., 2005; Shek & Lee, 2008).

Location and duration. All focus groups and interviews were conducted at The Mission and its facilities. Participants had a choice as to where and when to complete the questionnaire. The client focus groups were held during two of the Day Program sessions. The client focus group durations were approximately ninety minutes. The single staff focus group duration was approximately ninety minutes. Client and staff interviews were between thirty and sixty minutes. Data collection was completed on December 11, 2019.

Use of focus groups. The use of client focus groups for program assessment has been found to yield relevant, useful information (Conners & Franklin, 2000). Their use is directly responsive to the Mental Health Commission of Canada specific recommendation to use focus groups of mental health and homeless stakeholders in program development (Mental Health Commission of Canada, 2012). Specifically, focus groups can be used to obtain information about the opinions, perceptions, attitudes, beliefs, and insights of participants, to provide a means of obtaining participants' individual and unique understandings of experiences, and to evaluate and understand how participants regard a specific experience or event (Kress & Shoffner, 2007). Focus groups have also been used to develop and assess program effectiveness. For example, in one study wherein focus groups were used to develop a program, a community-based participatory research approach used focus groups as part of a needs assessment in respect of breast cancer and colorectal cancer among American Indians (Makosky Daley et al., 2010). In another study evaluating program effectiveness, adolescent teens participated in focus groups as

part of the substantive evaluation of an adolescent training and socialization program (Shek & Lee, 2008). A further study demonstrated the effectiveness and importance of the use of patient advisory councils, a purposive form of focus group, in the assessment of patient-centred medical services (Sharma et al., 2017). All of these research studies yielded findings that focus groups engaging stakeholders were effective and important in designing or evaluating programing affecting them, consistent with community-based mental health interventions, participatory action research, and the fundamentals of KTI.

Related in particular to the present research, in one study of substance abuse treatment, a client focus group was carried out to asses: (i) client expectations prior to entering treatment; (ii) client perception of treatment benefits; (iii) client attitudes about specific programming/service issues; (iv) client comments on the structure and policies of the drug treatment center; (e) client preferences related to program staff; and (v) client feelings about the inclusion of children in the residential treatment program (Conners & Franklin, 2000). Through this approach, clients were able to identify their experiences with treatment programs, how these programs helped them, and where they believed there were gaps in programming. This type of information is directly relevant and responsive to KTI principles.

The use of the focus group was also found to be valid because there was a free sharing of ideas by participants, the ideas shared corresponded to the design of the focus group questions, the information was useful in generating client satisfaction measurements, and the use of the focus group allowed for recognition of the clients as experts (Conners & Franklin, 2000). In addressing the problems of reliability and validity that may be present in the use of focus groups, Chioncel et. el. (2003) recognized that, taking into consideration the effect of group dynamics, the focus group is a relevant procedure to obtain people’s opinions, feelings and perceptions on a

given subject. The use of a focus group has also been identified as a powerful empowerment tool for participants (Chioncel et al., 2003). This is consistent with the objectives of KTI-based programming, especially as it relates to marginalized populations (Judd, 2001). As previously discussed, empowerment has been found to be a positive contributor to mental health (Ecker & Hulley, 1996; Ivtzan et al., 2015; Rogers, 1965), and a significant ethical consideration when dealing with marginalized populations (Silva et al., 2011). While data from interviews and questionnaires was also included in the present research, the use of focus groups was central to the current study. In the present research, these multiple methods were used to give stakeholders a choice in tools to express their needs in respect of a meaning exploration program.

Guides and questionnaires. The form of the staff and client focus group, and client interview guides is found in Appendix F, and the form of questionnaire is found in Appendix G. Each of these was reviewed and commented on by staff of The Mission. After each focus group and interview, and at the bottom of each questionnaire, participants were reminded of the anonymity of their participation and responses, the confidentiality of their responses, who to contact in case of emotional distress, and how their responses are planned on being used. All participants were thanked for having participated.

Compensation. As a thank you for being interviewed or completing a questionnaire, individual clients were presented with a $5 gift certificate. As a thank you for having participated in the client focus group, a $25 gift certificate was awarded by random draw held at the end of each of the client focus groups. As a thank you for having participated in the ATS staff focus group, a $15 gift certificate was awarded by random draw held at the end of the group session. In order to thank staff for their time in completing a questionnaire, a $10 gift certificate was awarded by random draw to each of: (i) ATS staff participants who provided an email address;

(ii) Client Services staff participants who provided an email address; and (iii) Front Line staff participants who provided an email address.

Data Collection

Data was collected through transcripts of audio recordings of the client focus groups. Data was also collected from transcripts of audio recordings of the interviews of two individual clients, both identifying as male and between the ages of 30 and 50. For one client interview, data was collected from notes of the interviewer as the audio recording failed. Finally, data was collected from questionnaires completed by clients and staff. All focus groups were facilitated by the author and all interviews were conducted by the author.

A total of 29 questionnaires were completed and returned. Of these, 15 were questionnaires completed by clients, 3 by ATS staff, and 11 by other staff at The Mission. Of the 11 questionnaires completed by non-ATS staff, 3 were competed by Client Services staff and 8 by Front Line Staff. As all clients completing a questionnaire are clients of the Day Program, they identify as male. No other demographic data on such clients, and no demographic data on staff completing questionnaires, are available as the questionnaires did not ask for such information.

Current research indicates that an optimal number of participants per focus group is between six and ten, with a smaller number within that range being more conducive to increased participation during the focus group session (Chioncel et al., 2003; Morgan, 1997). There were approximately between 25 and 35 people in attendance in each of the two initial client focus groups. All participants identified as male, and were between 20 and 72 years old. Data was collected from focus groups conducted over two sessions, necessitated by the high level of participation in the initial session, as well as the fact that different people attend The Mission's

programming each day. Given the intentional informality of the Day Program to encourage attendance and promote inclusion within the program's target audience, this was expected. The author shares The Mission's approach in this area and chose not to limit or otherwise restrict attendance or participation in the client focus groups. By doing so, this study avoided preventing any type of particular client from participating, a factor relevant to the validity of the data (Chioncel et al., 2003). Additionally, the larger client focus groups were appropriate given the function of Day Program, the conduct of Day Program, and the author's experience in moderating large size groups (Morgan, 1997). Based on transcriptions of the audio recordings of both sessions, there were at least 15 distinct participants providing comments in the first client focus group and at least 15 distinct participants providing comments in the second client focus group.

It needs be noted that there was a total of 3 client focus groups. As the audio recording from the second client focus group (dealing with client questions 11 through 14) was corrupted, clients of the Day Program were asked, and agreed, to participate in a third focus group. The transcription of the audio recording of this third focus group became the part of the client focus group data subjected to analysis. There were between 25 and 30 participants in this third focus group and, based on its transcription, at least 12 distinct participants provided comments. All participants in this client focus group identified as male, and were between 22 and 66 years old. As a thank you for having participated in this third focus group, an additional $25 gift certificate was awarded to a client participant by random draw held at the end of this third client focus group.

There were four participants in the ATS staff focus group. Three of these participants identified as female and one as male. Participants in this staff focus group were between the ages

of 28 and 52. While the number of participants in the ATS focus group was below the range suggested by Chioncel et al. (2003), other research has supported the validity and richness of content emerging from very small sized focus groups (Graneheim et al., 2014; Ringnér et al., 2011; Toner, 2009). The audio recording for this session was corrupted. The two researchers who took notes during the session compiled their notes, without any segmentation, into domains. These were then reviewed by the auditor, who was present for, but did not participate in, the session. This set of notes was circulated to the four participants for their review. As a thank you for this additional participation, an additional $15 gift certificate was awarded by random draw held after the ATS staff reviewed the session notes. This set of reviewed notes became the ATS staff focus group data subjected to analysis. Contributing to the validity of the data from this focus group is data obtained from the questionnaires provided by ATS staff and by other staff at The Mission (Graneheim et al., 2014).

All data from this study is being kept secure and confidential. Anonymity in respect of data use and analysis is being assured through the coding of all identifiers (e.g., P1 instead of someone's name) so that no individual participant will be identified by name or otherwise. This anonymous and unattributable data is being stored on a password protected storage device. Given that the data may be used in furtherance of the author’s doctoral studies, the data will be kept for 10 years, at which point the data will be securely erased. This 10-year period is necessary given that the data from the present study may be used in furtherance of the author’s doctoral studies.

Data Analysis

The data analysis follows the CQR multi-step approach outlined by C.E. Hill et. al. (1997, 2005). This multi-method approach to data analysis is central to validating the trustworthiness and accuracy of the data, and to reducing the potential effects of researcher bias

(Creswell & Creswell, 2018; Finfgeld-Connett, 2010; Hill et al., 2005; Shek & Lee, 2008). Validity of qualitative data may be enhanced by the use of multiple researchers, multiple collection measures, transparency in the reporting of findings, peer and participant review, and the use of an auditor (Creswell & Creswell, 2018; Finfgeld-Connett, 2010; Hill et al., 2005; Shek & Lee, 2008). The ability to generalize qualitative data has been linked directly to the data's validity (Creswell & Creswell, 2018; Finfgeld-Connett, 2010). Following these protocols, in this research there were multiple researchers, as noted previously, multiple collection methods (interviews, focus groups, questionnaires), transparency in reporting, peer and participant review, the use of an auditor, and the use of a stability check.

Domains, core ideas, and cross-analysis. Focus group, interview, and questionnaire data was segmented into domains, then abstracted into core ideas, and finally cross-analysed by the three researchers who had familiarized themselves with the data through review and re-review. Separate domain segmentation, core idea abstraction, and cross-analysis were done for each of the client data and the staff data, these being compiled into an overall domain segmentation, set of core ideas, and cross-analysis. The researchers and the auditor familiarized themselves with CQR data analysis principles through discussion of the Researcher and Auditor Data Analysis Guide found in Appendix E.

As this is a KTI-based study, the domains used were the KTI standards of acceptability, feasibility, sustainability, and credibility. Establishing domains prior to data analysis establishes groupings that are relevant based on a review of the literature (Hill et al., 1997). Notwithstanding the pre-assignment of questions to each standard (see below), researchers were instructed to assign data to domains based on their review and not based on the pre-assignments. Researchers had an option to assign data to a domain entitled "Other" if they believed it was not assignable to

one of the existing domains. All data was assigned, and single responses could be assigned to multiple domains.

Core ideas are constructed by summarizing the content assigned to each domain through a distillation or abstraction based on the actual responses (Hill et al., 1997). Researchers were instructed to avoid adding anything not contained in the actual responses or making any inferences based on the responses. Researchers were instructed to capture the essence of what was contained in the response as it pertains to the domain in fewer words and with more clarity, trying to remain as close to the content of the actual data as possible. This step also served as a check as to whether responses had been assigned to the appropriate domain and to resolve data assigned to the "Other" domain by assignment to an existing domain or by creating a new domain.

In the cross-analysis phase, the construction of categories (or major themes) was done by the researchers as a team, a method supported by existing research (Hill et al., 2005). The team looked at the core ideas from all the data to determine whether they cluster into identifiable categories (Hill et al., 1997). As was the case in the construction of core ideas, the categories were based on the actual data as represented by the core ideas rather than on any preconceptions, biases, or expectations of the researchers (Hill et al., 2005; Shek & Lee, 2008). Researchers were encouraged to be creative in the construction of categories, identifying similarities among core ideas and capturing those similarities in words (Hill et al., 1997). As was the case for the assignment of data to domains, core ideas were assignable to more than one category. Additionally, categories could represent core ideas from different domains.

The researchers were assisted in their review by transcripts of the recordings generated by transcription software and by analysis produced by NVivo12 software. Each step was then

reviewed via consensus among the three researchers for finalization for presentation to the auditor. This graduated step approach is consistent with the robust thematic analysis described by Braun and Clarke (2006).

Audit. In providing detailed feedback on the researcher-created domains, core ideas, and cross-analysis, the auditor looked for accurate and faithful representation of the raw data (Hill et al., 2005). The finalized consensus domains and core ideas were submitted to the ATS Assistant Manager for audit before proceeding with the cross-analysis. The finalized overall cross-analyses was submitted to the ATS Assistant Manager for audit. As necessary, the auditor provided the researchers with comments for their review. Any changes made by the researchers based on the auditor's comments were submitted to the auditor for further review.

Participant review. Consistent with the participatory imperatives of KTI, CQR principles, community-based research, and participatory action research, the audited cross-analysis was then submitted to clients and staff for their review and comment. The cross-analysis was presented to participants as a set of themes. Clients were presented the cross-analysis in a Day Program session by way of a slide presentation (Appendix H). Approximately 40 clients were in attendance at this session. As a thank you for having participated in this review session, an additional $25 gift certificate was awarded to a client participant by random draw held at the end of the review session. Staff participants from the focus group and those staff participants who had provided their email address in their completed questionnaire were provided with the cross-analysis by way of an email communication (Appendix I). The cross-analysis was then revised via consensus by the three researchers and submitted to the auditor for comment before it was stability-checked.

Stability check. A stability check provides an opportunity to determine of new data changes current results and is performed by withholding a number of cases from the initial data analysis (Hill et al., 1997). While a survey of CQR studies indicated that stability checks did not result in substantial changes to the cross-analysis, these checks can be used to provide evidence of the trustworthiness of the data analysis (Hill et al., 2005). In the current research, one client questionnaire and one staff questionnaire were withheld from the initial review of the raw data. Given the robust number of returned questionnaires, the withholding of the questionnaires provided an opportunity to determine whether there were any changes to, or gaps within, the domains, core values, and/or cross-analysis following a review by the researchers of these withheld questionnaires. As suggested by the existing research, this was done as an additional indicator of the trustworthiness of the cross-analysis (Hill et al., 1997, 2005).

Program logic model. The final cross-analysis, which was determined by consensus among the researchers, reviewed by participants, checked for stability, and audited, was consolidated into a program logic model (see Results and Appendix K). Simply stated, a logic model is a visual flowchart of "the needed resources, intended activities, expected outputs, and desired outcomes" of a program (Cooksy et al., 2001, p. 120). This visual representation is both an efficient method of presenting the data and highlights the connectivity of the research results (Hill et al., 2005). Logic models are not rigid and have been described as unique in their ability to communicate the relationship among objectives, activities, resources, and outcomes (Cooksy et al., 2001). Logic models have been found to be purposeful and encouraging of multi-stakeholder participation (Csiernik et al., 2015).

Importantly, program logic models serve to: graphically show stakeholders how the program functions by making explicit the theories underlying the program; link different

components of a program; integrate program develop and evaluation, specifically by showing the interrelation among program development, objectives, activities, outcomes, measurements, and indicators; and facilitate the demonstration of program accountability through the linking of objectives, activities, and measurements (Dwyer & Makin, 1997). This focus on program accountability is consistent with, and demonstrative of, the purpose underlying the KTI standards.

Program logic models have been shown to be effective in developing and evaluating community-based programming, in particular those dependent on external funding (Chen et al., 1999). In the present study, this is particularly relevant to The Mission given it is entirely dependent on public and private external funding. In the Chen et al. study, the logic model was found to be useful in the planning and development of a community health education and promotion project. The flexibility of the logic model was highlighted as an asset in the development and evaluation of a nurse-managed community health clinic (Dykeman et al., 2003). The use of a logic model has been used to develop a program to assist parents concerned with substance use in youth (Toumbourou & Bamberg, 2008). The Tourmbourou and Bamberg study evaluated the effectiveness of the model based on measurements of changes in the parent participants. A logic model has also been used to develop, implement, and evaluate a text message intervention with binge-drinking disadvantaged men (Irvine et al., 2018). Given the previous research support for the use of logic models, this was seen as appropriate for, and a potential positive contributor to, the present needs assessment.

As the current research is a KTI-based needs assessment, the program logic model has as its foundation the KTI standards of acceptability, feasibility, sustainability, and credibility. Appendix J maps which questions from each of the focus groups, interviews, and questionnaires

correspond to these KTI standards. This mapping, the program logic model upon which it is based (Appendix K), the client, staff, and overall finalized consensus and audited core ideas (Appendices L, M, and N, respectively), and the final cross-analysis (Appendix O) together form the basis for the presentation and discussion of the results of this needs assessment.

Results

To present the participant data generated through the CQR methodology in a manner that is accessible to the reader, the results should be logical, account for all of the data, and be reflective of the research questions (Hill et al., 1997, 2005). In this study, the results are presented with specific reference to the KTI standards, which underpin the questions addressed by participating stakeholders.

Domains and Core Ideas

All data was coded into one of the following KTI standards-based domains: acceptability, feasibility, sustainability, and credibility. Data not fitting into one of those domains was assigned to the "other" domain. Capturing all data, regardless of whether it "fit" into one of the KTI standards, is consistent with CQR principles and is highlighted by the following example. One of the questionnaire responses coded to the "Other" domain was: "I think the topic could be very stressful and triggering for some". This concern with the potential reactions of Day Program participant to a meaning exploration session was not contemplated by any of the questions posed to participants but was an important and relevant observation. The researchers incorporated this statement with other responses into the following core idea: "May be stressful or triggering to clients, requiring one-on-one sessions". Note that the participant's words "stressful and triggering" were retained in the core idea, also consistent with CQR protocol.

The assignment of the data to one or more domains resulted in 51 pages of consensus domain assigned data. While completing the data assignments, the researchers identified the source of the data so as to track its provenance. Sources of data were coded as follows: client focus group (CFG); client interview (CI); client questionnaire (CQ); Addiction and Trauma Services staff focus group (ATSFG); Addiction and Trauma Services staff questionnaire (ATSQ); Client Services and Chaplaincy staff questionnaire (CSCQ); and Front Line staff questionnaire (FLQ). These source codes were used throughout the data analysis, and identified in both the overall core analysis and final cross-analysis. The use of these codes is helpful in demonstrating not just the tracking of the sources, but also the robustness and coherence of the analysis. Table 1 contains a sample of compiled raw data from client participants in response to question 2 in the client questionnaire. A complete reproduction of all client responses and Front Line staff responses to this question can be found in Appendix P.

Table 1

Sample of compiled raw data

Q2: How do you feel when you feel your life has meaning? Is this helpful to you? Why/why not?
I feel I have a sense of purpose and goals. This can be helpful when life seems unmanageable at times. (CQ3)
I feel sad. Being sad is not helpful to me at all. (CQ4)
I feel like I'm on cloud 9. That is very important in order to live life to its full potential. (CQ14)
Meaningful. Accomplished. Fulfilled. Helpful. Happy. Content. Successful. Useful. Able to assist others find individualized meaning. (CQ15)

Table 1 demonstrates how the researchers compiled data without editing the participant response. It also demonstrates the use of the source code (with a numerical indicator to preserve anonymity of the data provided). Compiling all data with its source contributes to the validity and robustness of the data analysis.

The consensus domain assigned data was then summarized into consensus core ideas, using the language participants used when responding to questions. Separate core ideas were initially created for client participant data (Appendix L) and staff participant data (Appendix M). This was done so as to hopefully mitigate one data set from influencing the capturing of data into core ideas from the other data set. The separate core ideas were then combined into an overall set of 113 core ideas (Appendix N). Table 2 contains a sample of core ideas across the acceptability, feasibility, sustainability, credibility, and "other" domains.

Table 2

Sample of core ideas

ACCEPTABILITY	**FEASIBILITY**	**SUSTAINABILITY**	**CREDIBILITY**	**OTHER**
Understanding what is important to the clients from their perspective matters most (FLQ) (ATSFG) (ATSQ)	Yes, can be done in Day Program (FLQ) (CFG) (CI) (CQ) (CSCQ) (ATSFG) (ATSQ)	Mission staff can do this (FLQ) (CFG) (CSCQ) (ATSFG) (ATSQ)	Meaning exploration session in Day Program would be helpful (FLQ) (CFG) (CI) (CQ) (CSCQ) (ATSFG) (ATSQ)	Great idea (FLQ) (CFG) (CSCQ)

Table 2

Table 2 illustrates the relevance of the core idea to its specific domain, the multi-sourcing of data for core ideas, and the retention of the language used by participants. It also demonstrates that, as evidenced by the preservation of the "Other" domain, the creation of core ideas appeared not to

be influenced by having to relate it to one of the KTI standards-based domains. As was the case with the assignment of data to domains, this process also contributes to the validity and robustness of the data analysis.

Upon completion of the consensus overall core ideas, the auditor reviewed: the data at source; the consensus overall domain data assignments; and the overall core ideas. The auditor reported being satisfied that the data was accurately and faithfully represented in the domains and core ideas, that all important data had been assigned, and that the core ideas were concise and reflective of the data.

Cross-Analysis

For the purposes of this research, the term “general themes” was used in place of the term “categories” as it is was deemed more descriptive and more useful when presenting the results of the cross-analysis to stakeholders. The 113 overall core ideas were reviewed by the research team working together as a group. In clustering the core ideas into themes (categories), the researchers were creative in the identification of similarities among the core ideas. The researchers attempted to bring the core ideas to life by creating themes that weaved a story reflective of the core ideas and their underlying data. In doing so, preconceptions, biases, or expectations of the researchers were likely minimized. To ensure that each of the 113 core ideas were addressed by at least one general theme, the researchers used a physical list of the core ideas, crossing each core idea off that list as the researchers reached consensus that it was captured by one or more of the general themes. Though recommended as part of the CQR protocol, the author did not track the mapping of each core idea to a general theme, a potential oversight that does not affect the validity of the resulting general themes, but an activity that could be helpful in future research. The researchers, via consensus, created the 15 general themes

contained in Appendix O. Each general theme is associated with the domains from which it originates, identified as to how representative it is (see "Representativeness to the sample" below), and referenced to its raw data sources. A general theme is *typical* if it represents half or more of the core ideas, and *variant* if it represents two but less than half of the core ideas. Table 3 presents a sample of general themes.

Table 3

General themes (sample)

GENERAL THEMES (categories)	**DOMAINS**	**REPRESENTATIVENESS of CORE IDEAS**	**SOURCES**
Most, but not all of us (including clients) want and search for meaning, and meaning is important and relevant.	Acceptability, Feasibility, Credibility	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
Meaning exploration is helpful and motivating, and meaning exploration sessions in Day Program would be helpful and motivating.	Acceptability, Credibility	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
No unsupportable costs are anticipated, and any additional costs should be funded by The Mission.	Feasibility	Variant	ATSFG, ATSQ, CSCQ, FLQ
While Mission staff can and should conduct meaning exploration sessions in Day Program, using guest speakers would provide clients with variety and different perspectives. Regardless, the facilitator needs to be caring, authentic, genuine, avoid personal opinions, and be sensitive to potential triggering of clients.	Sustainability, Credibility	Variant	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ

These general themes enrich the core ideas from which they are created. Their validity and robustness are attributable to the number of core ideas upon which they are built, their origins in multiple domains and in multiple participant data sources, and their representativeness to the core ideas.

In addition, because of the variety and richness of the participant data, the researchers created sets of specific data to be considered when programming is being developed. These sets are (i) what is meaningful; (ii) sources of meaning; (iii) benefits of meaning; (iv) life without meaning; (v) topics for meaning exploration session; and (vi) presentation material for meaning exploration sessions. Table 4 presents one set of programming data.

Table 4 *Sample of programming data*
SOURCES of meaning: from oneself, connecting with others through conversation, research, experiences children, activities, community, work, family, friends, friendships, health, connections to self and others, learning and finding self, work/employment, music/art, morals, being honest, God, the Bible, Christian values

Table 4

The multiple entries for the sources of meaning identified by participants, and listed in Table 4, reflect the fact that more than 30 different clients participated either in a focus group, in an interview, or by submitting a questionnaire, and by the fact that, as reported in the literature and by the participants, the content of meaning and meaning discovery is unique to the individual.

Audit and participant review. The auditor reviewed the cross-analysis, referring to the data, consensus domain assignments, and consensus core ideas. The auditor reported being satisfied that the cross-analysis accurately and faithfully represented the core ideas. Client participant review of the general themes resulted in changes to one general theme and to the list

of suggested topics for meaning exploration sessions. The word “negative” was removed from the phrase “which has a variety of negative effects” in the following general theme: “Meaning exploration could trigger a stressful reaction in some clients, including the realization that one’s life may not have meaning, which has a variety of effects.”. Client participants stated that realizing that one’s life may not have meaning does not necessarily have a negative effect as some clients indicated that they experienced a positive feeling in the absence of meaning. Client participants requested that the topic of housing be added to the list of topics to be discussed in meaning exploration sessions. The researchers and the auditors confirmed their agreement with these additions. Three staff participants responded to the email with the general themes. They each indicated their belief that the general themes reflected the content they had originally provided.

Representativeness to the sample. CQR encourages some analysis of how representative and variant the categories are to the sampled data, as opposed to the sample population (Hill et al., 1997). Using Elliott’s conventions (as cited in Hill et al., 1997), a category is *general* if the category represents all core ideas, *typical* if the category represents half or more of the core ideas, and *variant* if the category represents two but less than half of the core ideas. If a category only represents one core idea, that core idea is reviewed to see if it can fit into another category. Typically, categories that represent only to one core idea are discarded. In this research, there were no general themes representing a single core idea. The representativeness of a general theme, as well as its data source, are indicated in the presentation of the final cross-analysis in Appendix O. Note that none of the general themes has been identified as being *general*, or representative of all core ideas. This is consistent with the author’s holistic and fluid approach to the application of the KTI standards throughout the research process. This approach

also resulted in ten of the fourteen general themes being identified as *typical*. Additionally, only four of the fifteen general themes were categorized as being *variant,* indicating a degree of homogeneity among participants (Hill et al., 2005).

Stability check. Following the revisions to the cross-analysis based on the feedback provided by the client and staff participants, and after being reviewed by the researchers and the auditor, the author performed the stability check. The review of the retained client questionnaire and staff questionnaire did not result in any changes needing to be made to the core ideas or to the cross-analysis. In fact, the data from those questionnaires was readily assignable to the KTI standards domains, to at least one of the existing core ideas, and was captured by at least one of the existing general themes.

Program Logic Model and Stakeholder Needs

As presented in Appendix K, the program logic model starts with the KTI standards which in turn anchor the collection of data generated by stakeholder participants. The data, anchored in KTI standards, is then analyzed using the CQR methodology that has consensus and stakeholder involvement as an integral component. This generates the general themes from which the stakeholders' needs are derived. As indicated in the last stage of the program logic model for this study, the fifteen general themes can be summarized into the following five stakeholder needs: (i) meaning is important and relevant, and each person has their own unique perspective on this; (ii) meaning exploration sessions in Day Program would be helpful and motivating, providing support for individual meaning exploration and an opportunity to connect with others; (iii) meaning exploration sessions in Day Program should cover a range of topics and use a mix of presentation methods; (iv) both Mission staff and outside people can and should facilitate, no unsupportable costs are anticipated, and these sessions would be consistent with the

Mission's values; and (v) meaning exploration sessions can be done and should be created in Day Program.

Computer-Assisted Analysis

Typically, CQR does not make use of computer assisted analysis. When it does, it has been used primarily for administrative purposes (Hill et al., 1997). Hill (1997, p. 556) states that, while the use of software tools is helpful, CQR researches should continue to favour "human analyses and interpretations." It is, however, a CQR recommendation to use some sort of visual representation of research results as these can enhance the richness of the findings (Hill et al., 2005). Designed for use in a number of research methodologies, NVivo 12 software (NVivo) has robust capabilities for the organization, coding, and analysis of non-numerical, unstructured qualitative data. In this study, NVivo was used both to assist the researchers with their consensual data analysis, and to create a series of visual word clouds.

Coding. All data was entered into NVivo and then coded as to domain (acceptability, feasibility, sustainability, credibility, or other). NVivo uses the term "node" for this initial level of coding. Sub-nodes were created for the acceptability and credibility domains based on the questions pertaining to those domains. The sub-nodes were useful in organizing the data, and in ensuring that all data was coded to the appropriate domain. To further assist in organizing the data, the NVivo coding also preserved the data source, identifying where a piece of data originated, such as from a client focus group or from a staff questionnaire. This use of NVivo allowed the author to become familiar with the raw data, and to ensure that all data from all data files were coded, and thus, included in at least one of the domains. In this instance, NVivo served as both an organizer of, and a check on, the assignment of data into domains performed by the researchers. Samples of NVivo coding into nodes or sub-nodes can be found in Appendix P. By

way of example, the following Table 5 is a coding excerpt from the sustainability domain, or node. The captured data is in response to staff question nine, “Could such a session continue to be conducted using only staff from The Mission or would someone from outside of The Mission need to facilitate the session? Why/why not?”.

Table 5

Sample of NVivo coding in the sustainability node

<Files\\Front Line Staff Questionnaires> - § 7 references coded [5.73% Coverage]
Reference 1 - 1.49% Coverage
Yes, I think the staff at the Mission would only have to do this because if they really wanted outside options, they could turn to different avenues like video clips. (FLQ1)

Table 5

The sample in Table 5 identifies the file from which the data came, how many references came from that file for this particular node, and the amount of that file covered (coverage) by the data coded from that file to the node. The actual data is included as part of the reference. Access to the actual data allowed the researchers to review and revisit the actual wording used by participants, which, in accordance with CQR protocol, is relevant to the compilation of domain data into core ideas.

Word clouds. A useful feature of NVivo is the creation of word clouds to visually represent the coded data. Word clouds are most effective when the reader allows themself to be guided by first impressions based on what they are seeing, rather than on preconceptions or expectations. The word clouds for the top 25 words occurring in the data coded to each of the domains representing the four KTI standards are found in Figure 1.

Figure 1: KTI standards word clouds generated with NVivo.

This visual representation of word frequency is an accessible method of portraying main themes. Generating the word clouds after the initial construction of the general themes also served as a validity check of those themes. The author's first impression of viewing the four word maps together resulted in the following summary: Meaning is relevant to life and clients (acceptability); a session exploring meaning would be helpful to clients (credibility); yes, this

can be done in Day Program (feasibility); and staff are capable of facilitating such a session (sustainability). This summary is reflective of the following general themes:

1. Most, but not all of us (including clients) want and search for meaning, and meaning is important and relevant.
2. Meaning exploration is helpful and motivating, and meaning exploration sessions in Day Program would be helpful and motivating.
3. Meaning exploration sessions can be done and should be created in Day Program as the program is adaptable, safe, open to all, clients would attend, and simply attending Day Program can be meaningful.
4. While Mission staff can and should conduct meaning exploration sessions in Day Program, using guest speakers would provide clients with variety and different perspectives. Regardless, the facilitator needs to be caring, authentic, genuine, avoid personal opinions, and be sensitive to potential triggering of clients.

Samples of additional word clouds are found in Appendix R. The author's initial impression of these taken as a whole results in the following words being retained: clients, life, yes, group, discussion, presentation, connection, help. These words are reflective of each of the KTI standards and representative of a number of the general themes.

Discussion

The use of KTI standards underpins this needs assessment. As discussed, these standards are: *acceptability*, in participating in the creation of a research-supported program, such a program addresses the expressed needs of stakeholders; *feasibility*, the program respects the stakeholders' available resources; *sustainability*, the program can be maintained by the

stakeholders; and *credibility*, stakeholders agree that the proposed program will do what it states it will do. By specifically including and actioning the participation of stakeholders, this needs assessment appears to promote meaningful inclusion of, and action by, the participants. This is reflective of "doing" and "connecting" as pathways to meaning (Frankl, 1988). The following general themes are illustrative:

1. Clients are looking for, and want to discuss, connection/family, which often results from the process of attending Day Program.
2. The sharing and exploration in the Day Program meaning exploration sessions of differences in perspectives on meaning would be helpful, providing an opportunity for self-reflection, an opportunity to benefit from other's perspectives, and an opportunity to experience community and connection.

Not surprisingly, these general themes are traceable back to data assigned to the acceptability and credibility KTI standards. Stakeholders not only want these opportunities to connect with, and learn from each other, they expect that a meaning exploration session will provide such an opportunity. It is noteworthy that some of the data captured in both of these general themes was also attributable to the feasibility standard. Not only do stakeholders want and expect an opportunity to connect, they believe that this can happen within the existing structure of the Day Program at The Mission. Additionally, these two general themes are both typical in their representativeness and are multi-sourced. Consistent with the KTI approach of actioning stakeholder engagement throughout the research process, client and staff participants confirmed that the researchers' interpretation of the data captured their responses.

The use of the project logic model in this needs assessment had a number of benefits. It graphically represented the interplay between the underpinning of the KTI standards with the

methodology prescribed by CQR. In this way, the KTI standards served more than an organizational function. Used as an underpinning rather than a mere categorization tool, they became a robust means by which stakeholder needs were systematically and holistically identified. Participant responses avoided becoming "siloed", encouraging a robust cross-analysis resulting in general themes that are informed and enhanced by the multiplicity, variety, and richness of those responses. As described in the results, the KTI standards generated a consistent flow through the model, unifying the collection of participant data, the collaboration and consultation central to the CQR methodology, the creation of the general themes, and their translation into participants' needs. This model is thusly logical, and becomes an important and persuasive resource in demonstrating to stakeholders how these needs were derived from their involvement and input in the assessment process. As a result, it is anticipated that stakeholders will be encouraged to continue their participation in the development of meaning exploration sessions for the Day Program. If this does occur, the action-oriented objectives of knowledge translation (Canadian Institutes of Health Research, 2012), community-based health programming (Judd, 2001), participatory action research (Jull et al., 2017), and knowledge translation-integration approach (Armstrong et al., 2018) will have been accomplished.

KTI Standards

The results of the data analysis can be examined with regard to each of the KTI standards of acceptability, feasibility, sustainability, and credibility. In doing so, an assessment can be made of the likelihood that the objectives of those standards will be met.

Acceptability. Consistent with the proposition that all people seek meaning (Frankl, 2006; Wong, 2017), participants expressed that meaning is relevant and helpful in their lives. Their responses also reflected that meaning is unique to the individual, that there are multiple

paths to discover meaning, and that connecting with others is significant, consistent with the literature (Frankl, 1988, 2006; Wong, 2017). Accordingly, meaning exploration programming would likely be *acceptable* to The Mission's stakeholders as it is supported by the research and reflects the stated needs of participants.

Feasibility. Given the not-for-profit reality of The Mission, proposed programming would need to be respectful of its existing resources. Having a meaning exploration program within the existing Day Program would reduce the administrative burden of creating a new venue and was viewed by participants as both possible and not creating any unsupportable costs. Thus, proposed programming is likely to be viewed as being *feasible* by The Mission's stakeholders.

Sustainability. While indicating that guest facilitators would be welcome, participants indicated that meaning exploration programming could be conducted by staff at The Mission. Based on this, it appears likely that such programming could be *sustained* at The Mission after completion of the current and proposed research.

Credibility. Participant responses indicated their belief that meaning exploration sessions in Day Program would be relevant, helpful, and consistent with the values of The Mission. As this is consistent with participants' stated belief that meaning is relevant and helpful in their lives, it is likely that such programming would be viewed as being *credible* by them. This is also supported by participants' stated intention to attend such programming.

Researcher Observations

The researchers, including the author, observed the following during the focus group and interview data collection with the client stakeholders: there was a noticeable increase in enthusiasm and positive affect with clients over the course of their participation; clients appeared

to engage from a position of personal responsibility as evidenced by the use of "I" statements; clients who had previously not spoken during Day Program sessions did speak during the focus groups; and clients who had a history of making many numerous interventions in a single Day Program session appeared to self-censor the number of their interventions, creating space and time for others to intervene. During the focus groups, Day Program clients were also observed to demonstrate more self-awareness, be more attuned to each other, behave with a sense of purpose, and demonstrate being valued as an individual, as well as valuing the group and its members. The researchers, including the author, have extensive experience facilitating the Day Program and it was their impression that these behaviours were more noticeable during the focus groups than in regular Day Program sessions. These phenomena, consistent with the general themes relating to community and connection discussed above, may be indicative of meaning being created for some participants both through doing something (participating in the focus groups) and through connecting with others (experiencing their fellow focus group participants) (Frankl, 1988).

Future Research

The author, as part of his doctoral studies, is planning to use the stakeholder-generated general themes to construct program recommendations for meaning exploration sessions for the Day Program at The Mission. The author intends to again use a consensual qualitative research methodology based on KTI standards consistent with community-based programming and participatory action research principles. Accordingly, these recommendations will be submitted to staff of The Mission and clients of the Day Program prior to implementation. Feedback will be solicited to determine whether the recommendations are consistent with stakeholder expectations as referenced to the KTI standards. The proposed sessions will then be revised based on received

feedback. These sessions are planned to be implemented and feedback on the sessions will be solicited from staff of The Mission and Day Program clients. Revisions to the session programs will be made based on the received feedback. Given the ongoing change of, and diversity within, the population accessing The Mission, ongoing program review and renewal will be recommended. Depending on its reception, these sessions could be adapted for the Stabilization, LifeHouse, and Second Stage programs at The Mission, and potentially to other homeless shelters providing client programming.

Programming interventions. In constructing meaning exploration sessions for The Mission's Day Program from the stakeholder generated general themes, the underpinnings of stakeholder involvement and stakeholder value, central to KTI, community-based, and participatory action approaches, suggest a client-centered approach as an appropriate and effective theoretical basis for programming interventions. This is also consistent with the focus on clients and their unique experiences and interpretations of meaning that surfaced in the stakeholder generated general themes. Carl Rogers (1989) stated that in recognizing a client as a separate person, and allowing that person to have their own experiences and emotions, they are also allowed to discover their own meaning. If in doing so, an environment of safety is created by seeing clients with unconditional positive regard, then "significant learning is likely to take place" (Rogers, 1989, p. 284). Especially relevant to the reality of Day Program, where clients often sit and observe without intervening, is the witnessing of clients in periods of quiet or silence. Rogers (1965) states that, in doing so, a client can feel liked and accepted, simply for the fact that they are present. Through this, a change towards positive self-worth may be precipitated, based on the therapist's attitude of acceptance of the client being turned inward and to others (Rogers, 1965). Also relevant to the theme of client-generated meaning, is the

constructivist approach of depth-oriented brief therapy (also called coherence therapy) wherein a client is recognized as the creator of their current reality and, as such, also is recognized as having the ability to change that construction (Ecker & Hulley, 1996). The importance and significance of these client-centered therapies echo the need for client-centered programming expressed by this study's participants.

Specific interventions, therefore, may be drawn from a variety of therapies that are consistent with an underlying client-centred approach that empower the client. As previously discussed, empowerment has been found to be a positive contributor to mental health (Ecker & Hulley, 1996; Ivtzan et al., 2015; Rogers, 1965), and a significant ethical consideration when dealing with marginalized populations (Silva et al., 2011). These client-centred interventions can include logotherapy (Frankl, 1988), meaning-centered therapy (Wong, 2015), rational emotive behaviour therapy (REBT) (Ellis & Joffe-Ellis, 2019), and rational emotive attachment logotherapy (R.E.A.L.) (Armstrong, 2016, 2018b).

Logotherapy and meaning-centered therapy have been described and discussed elsewhere in this paper. Intervention techniques specific to logotherapy include the use of dereflection, modification of attitudes, paradoxical intention, and Socratic dialogue (Frankl, 1988). Dereflection involves a self-distancing away from unhealthy or problematic internal and external conditions, especially those over which people have no control (Marshall & Marshall, 2012). Modification of attitudes is a process used to assist clients in realizing that, while certain situations are uncontrollable and undesirable, the client retains the ability to ascribe meaning to such situations (Marshall & Marshall, 2012). Paradoxical intention uses humour to allow the client to distance themselves from maladaptive symptoms (Marshall & Marshall, 2012). The Socratic dialogue is used to encourage self-discovery by the client, allowing the client to access

and mobilize their inner resources (Marshall & Marshall, 2012). The use of logotherapy techniques may have interesting results with those clients who indicated that that they experienced a positive feeling in the absence of meaning, in contrast with the existential vacuum observed by Frankl in those who fail to discover meaning in their daily lives (2006).

Meaning-centered therapy utilizes a number of other techniques in addition to those techniques utilized in logotherapy. Cultivation of self worth is used to demonstrate that every life has intrinsic value through the examination of a client's relationships, growth, spirituality, and the value of their own singularity (Wong, 2015). The double-vision technique is used to normalize a client's experience by encouraging awareness beyond their immediate experience to the bigger picture (Wong, 2015). Goal setting and goal striving is enabled through the application of the purpose, understanding, responsibility, and enjoyment (PURE) framework (Wong, 2015). The acceptance, belief, commitment, discovery, and evaluation (ABCDE) framework is used to help clients cope with existential angst and other negative aspects of their life (Wong, 2015). As discussed, meaning-centered therapy was found to be effective in a residential treatment program for addictions (Thompson, 2012).

Developed by Albert Ellis (2019), REBT, with its constructivist view, posits that people have the ability, and motivation, to change. There is an ongoing interplay between thoughts, feelings, and behaviours, and people have the ability to change their thoughts and behaviours so as to experience more positive feelings. In recognizing that they are thinking, feeling, or behaving in destructive ways, people gain the ability to think, feel, and behave in healthier ways. REBT distinguishes itself from traditional cognitive behaviour theories based on its existential and humanistic philosophical underpinnings, and its emphasis on unconditional acceptance of the self, others, and life. REBT focuses on people becoming self-sufficient, self-regulated, and

empowered to make choices leading to that unconditional acceptance and overall mental health. REBT makes use of numerous cognitive, emotive-evocative, and behavioural techniques to assist clients in meeting these objectives. The primary cognitive technique is ABCDE, wherein awareness is brought to the connection between an *activating* event and its *consequences* by identifying the client's relevant *beliefs* involved. Irrational beliefs are identified and a mechanism for changing these into rational beliefs occurs through *disputation* and the emergence of *effective* new beliefs (Ellis & Joffe-Ellis, 2019). Other REBT techniques include cost-benefit analysis, distraction, modeling, imagery, shame attacking, role playing, and the use of humour (Ellis & Joffe-Ellis, 2019).

R.E.A.L. uses a set of holistic tools that target feelings, thoughts, attachment, and meaning (Armstrong, 2016, 2018b). In doing so, and consistent with second wave positive psychology (Wong, 2011), there is a recognition of the benefits to overall well-being and growth of both the strengths and difficulties people experience (Armstrong, 2018b). In addition to using techniques from REBT and logotherapy, R.E.A.L. uses a number of techniques to promote the creation and maintenance of secure attachments through encouraging: (i) mutual attachment, the experience of being connected to another, of being seen and heard by another, and of seeing and hearing that person; (ii) empathy, the ability of a person to attune to the experience of another, even when that experience is different for that person; and (iii) responsiveness, the ability to understand and address the needs of another in a manner appropriate to the circumstances while considering the needs of the responder (Armstrong, 2018b). Such activities can include psychoeducation, practising attunement and gratitude through touch and observation, recognition of emotions as expressions of needs, promoting affection before correction, and the use of games, distractions, and relaxation exercises (Armstrong, 2018a).

Studies have highlighted the compatibility between logotherapy and REBT (Hutchinson & Chapman, 2005), between logotherapy and meaning-centered therapy (Thompson, 2012), and between all three orientations (Armstrong, 2016, 2018b; Armstrong et al., 2018). In particular, REBT augmented by logotherapy has been found to help clients gain hope, optimism, and reason (Hutchinson & Chapman, 2005). Meaning-centred therapy has been found to be a contributor to resilience, itself a contributor to well-being (Wong, 2017), a factor identified as assisting homeless youth in overcoming adversity (Cronley & Evans, 2017). The focus within R.E.A.L. on cultivating attachments with others (Armstrong, 2016, 2018b) may also be helpful when considering the positive impact that Day Program participants appear to have on each other. This is consistent with an ability to connect with others opening another pathway of meaning exploration (Frankl, 1988, 2006). The importance of attachment is also reflected in a number of the present study's general themes. Thus, intervention strategies drawn from these theoretical frameworks may be important components of meaning exploration programming for people experiencing homelessness.

Meaning exploration programming for homeless people should provide an opportunity for discovering both the why (meaning) and the how (purpose) in life for this under-serviced population. By creating this programming using KTI standards, it is anticipated that, through programming that is relevant and specific to them, and developed in consultation and collaboration with them, participants will have that opportunity, resulting in an experience of positive gains in their self-reported well-being, as measured by meaning and mental health. Further research could explore meaning as a predictor of mental health. Additionally, the interplay between meaning exploration and the resiliency of the homeless population could also

be examined, as the latter has also been found to be a contributor to well-being (Ivtzan et al., 2015; Wong, 2011).

Evaluation of program effectiveness. The use of KTI standards as the foundation for this study's consensual qualitative research methodology used in this needs assessment also is proposed to be used not only in the development and implementation of meaning exploration sessions for The Mission's Day Program, but also for the evaluation of such programming. Specifically, the author is interested in what stakeholders would expect to see as relevant measurements of program effectiveness, as well as how they would want to see those measures assessed. While existing measures of meaning such as the Adult Identity and Meaning Scale (Armstrong & Watt, 2020) and quality of life such as the Purpose in Life test (Crumbaugh & Maholick, 1964; Schulenberg et al., 2011) will be referenced, these will not be prescriptive, but rather they will be suggestive. The use of program logic models has also been found to be relevant in determining quality of life outcomes, an important indicator for accountability for publicly funded programming (Isaacs et al., 2009). That study also suggests the utility of using a logic model in determining the quality of life components relevant to a particular program. Thus, the current research to develop meaning exploration sessions for The Mission's Day Program will serve as a springboard to evaluation research of those sessions once implemented.

Limitations

This study was conducted at a specific facility, The Ottawa Mission, and in a specific program, the Day Program. Accordingly, the experiences of staff and clients at other facilities may differ. Similarly, the clients at The Mission participating in the study are from a specific population attending the Day Program. The clients are only men who identify as men, and vary as to mental health, substance use, sobriety, recovery, employment, education, and housing

stability. In addition, the clients attending the Day Program change over time. Clients who do attend the Day Program do so with varying consistency. Furthermore, the current facilitators of the Day Program have been working collaboratively and actively with Day Program clients to create a safe, respectful, and welcoming environment where participants are encouraged and supported in taking responsibility for their lives. This approach may not be shared in other programs or at other facilities, potentially limiting the generalizability of these findings.

Furthermore, while stakeholders clearly indicated that a meaning exploration session in Day Program would be consistent with the values of The Mission, this does not necessarily translate into consistency with the objectives of The Mission's funding foundation, a related and vital, but separate, organization. Accordingly, the stakeholder composition of future research based on this needs assessment could be expanded to include members of that foundation.

While, in accordance with the methodological protocols of CQR (Hill et al., 1997; Shek & Lee, 2008), the detailed documentation of these protocols in the present study may have laid the groundwork for the potential generalization of the current data, actual generalization will not be demonstrated until similar results are found in a different situation (Finfgeld-Connett, 2010). While the needs of this set of stakeholders in this context may not be translatable for stakeholders in a different context, the method by which needs were assessed may be translatable. While significant time and commitment is required for the proper implementation of this method, stakeholders may be swayed once meaning exploration sessions have been developed, implemented, and evaluated in the Day Program. Opportunities for successful translation could be within other programs at The Mission, or at other shelters that provide programming for their clients. Although the KTI approach used in this study required significant time and researcher and stakeholder commitment, resultant programming may be a better fit for

client and staff stakeholders, potentially promoting greater ongoing use of the program. This may be as a result of such stakeholders' continuing meaningful engagement in program creation, implementation, and evaluation, in contrast to a programming approach that does not use such methods. Further, and as discussed, when stakeholders are not engaged in developing programming affecting them, it can fail to meet their needs (Amsden & VanWynsberghe, 2005; Graham et al., 2006; Judd, 2001; Jull et al., 2017). Thus, programming developed with stakeholders to meet their stated needs would be less likely to result in programming that is a poor fit and potentially abandoned. Therefore, taking more time at the outset using a KTI approach may result in cost-savings to stakeholders, and viewed ultimately as a strength.

Conclusion

The use of KTI standards in this needs assessment served as a practical platform upon which to apply and implement community-based, participatory action, and consensual qualitative research principles. More than a set of organizational constructs, the KTI standards ensured that the needs assessment focused the research on the expressed needs of the stakeholders. They served as an effective check and balance on the expectations and biases of the author and the other researchers. From the creation of the questions, to the form of informed consent, to the data collection options, right through to consultation before finalizing the general themes, each phase of the research was conducted referring back to these "first principles" encapsulated by the KTI standards. As a result, there is high confidence that the general themes faithfully captured the needs of the stakeholders, especially given that stakeholders reviewed the generated themes and noted their fit with their responses. The program logic model developed for the present research appears to further support this. Applying this approach to the development, execution, and evaluation stages of programming hopefully will have similar results.

The uniformly positive outcomes of this needs assessment merit the continuation of stakeholder-directed research. This continuing process, regardless of outcomes, may provide clients attending The Mission's Day Program with an ongoing opportunity for meaning exploration and its resulting potential positive effects on well-being. In the words of The Mission's stakeholder participants as captured by one of the general themes: "Meaning exploration sessions can be done and should be created in Day Program as the program is adaptable, safe, open to all, clients would attend, and simply attending Day Program can be meaningful".

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Appendix A – Staff Email Solicitation and Client Oral Presentation

Staff email solicitation:

(via the author's Mission email account)

Hi – I am seeking your participation in a meaning exploration needs assessment for clients of The Ottawa Mission's Day Program. This assessment is being conducted by me as part of my Master's thesis requirements at Saint Paul University.

I am interested in finding out whether a meaning exploration session would be helpful for clients attending The Mission's Day Program. I am interested in finding out how Day Program clients define what is meaningful in their lives, whether they are interested in further developing meaning in their lives, and what form of meaning exploration session Day Program clients would find most helpful. The results of this assessment would be used to make recommendations for a meaning exploration session tailored to the expressed needs of Day Program clients.

You can participate by attending a focus group with other staff from The Mission and/or by filling in a questionnaire. As a thank you for having participated in the group assessment, a $15 gift certificate will be awarded by random draw to be held at the end of the group session. In order to thank you for your time completing a questionnaire, you will be given the opportunity to provide your email address to be entered in a random draw for a $10 gift certificate.

You are under no obligation to participate in this assessment. If you choose to participate, you can withdraw at any time and/or refuse to answer any questions, without suffering any negative consequences simply by letting me, Nevis, or Laura (both copied) know. If you choose to withdraw, any comments provided by you, whether verbally or in writing, will be deleted upon request.

Your fellow focus group participants (including the group facilitator) will be aware of your comments. An audio recording, without video, will be made of the focus group, and, at your choice, may be made of the interview. The comments you provide in person or in a questionnaire will be kept secure and confidential. Anonymity will be assured through the coding of all identifiers (e.g., P1 instead of someone's name) so that no individual will be identified by name or otherwise. This anonymous data will be stored on a password protected storage device. The data will be kept for 10 years at which point the data will be securely erased.

Robert received the permission of ATS management to conduct this assessment. This research has been approved by the Research Ethics Board of Saint Paul University (#1360.15/19). If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON, K1S 1C4, (613) 236-1393.

Please let me know if and how you would like to participate.

Thank you.

Oral presentation to clients:

Hi – I am interested in finding out whether a meaning exploration session would be helpful for clients attending The Mission's Day Program. I am interested in finding out how Day Program clients define what is meaningful in their lives, whether they are interested in further developing meaning in their lives, and what form of meaning exploration session Day Program clients would find most helpful. The results of this assessment would be used to make recommendations for a meaning exploration session tailored to the expressed needs of Day Program clients.

I am seeking your participation in a meaning exploration needs assessment for clients of The Ottawa Mission's Day Program. This assessment is being conducted by me as part of my Master's thesis requirements at Saint Paul University.

You can participate by attending a focus group with other Day Program clients to be held during an upcoming Day Program. staff from The Mission and/or by filling in a questionnaire. As a thank you for having participated in the focus group assessment, a $25 gift certificate will be awarded by random draw to be held at the end of the group session. You may also choose to participate by being interviewed or by completing a questionnaire. In order to thank you for being interviewed or for completing a questionnaire, you will receive a $5 Tim Horton's gift certificate.

You are under no obligation to participate in this assessment. If you choose to participate, you can withdraw at any time and/or refuse to answer any questions, without suffering any negative consequences simply by letting me, Nevis, or Laura (both copied) know. If you choose to withdraw, any comments provided by you, whether verbally or in writing, will be deleted upon request.

Your fellow focus group participants (including the group facilitator) will be aware of your comments. An audio recording, without video, will be made of the focus group, and, at your choice, may be made of the interview. The comments you provide in person or in a questionnaire will be kept secure and confidential. Anonymity will be assured through the coding of all identifiers (e.g., P1 instead of someone's name) so that no individual will be identified by name or otherwise. This anonymous data will be stored on a password protected storage device. The data will be kept for 10 years at which point the data will be securely erased.

Robert received the permission of ATS management to conduct this assessment. This research has been approved by the Research Ethics Board of Saint Paul University. If you have any questions regarding the ethical conduct of this study, I'll provide you with the Board's contact information.

If you're interested in the focus group all you need to do is show up. If you want to be interviewed or complete a questionnaire, just let me know.

THANK YOU!

Appendix B - Form of Informed Consent

Meaning Exploration - Informed Consent

Welcome! You are being asked to participate in a meaning exploration needs assessment for clients of The Ottawa Mission. This assessment is being conducted by Robert Fabes as part of his thesis requirements in the Master of Arts, Counselling and Spirituality program at Saint Paul University. Robert is a student intern with the Day Program and Hope Program at The Mission.

Robert's supervisor at The Ottawa Mission is Laura Robinson, the assistant manager for Addiction and Trauma Services (ATS). Nives Ilic, Day Program and Hope Program Coordinator, and Happiness Floyd, ATS Counsellor, have generously agreed to help Robert with this assessment. Robert's thesis supervisor at Saint Paul University is Dr. Laura Lynne Armstrong, C.Psych., Associate Professor.

Robert is available for any questions or comments at The Mission on Wednesdays. His email is rfabes@ottawamission.com.

Purpose of the assessment: What makes us human has often been identified as being our search for meaning. Regardless of our gender, race, creed, sexuality, marital status, ethnic background, or socio-economic status, we are all looking for meaning. Robert is interested in finding out whether a meaning exploration session would be helpful for clients attending The Mission's Day Program. Robert is interested in finding out how Day Program clients define what is meaningful in their lives, whether they are interested in further developing meaning in their lives, and what form of meaning exploration session Day Program clients would find most helpful. The results of this assessment will be used to make recommendations for a meaning exploration session tailored to the expressed needs of Day Program clients. In addition, the results of this assessment

may be used in a further study developing, implementing, and evaluating a meaning exploration session.

Risks and benefits to participating: The level of **risk** for participating in this study is minimal. You may experience uncomfortable or sad feelings when providing comments or completing the questionnaire, as you will be asked questions about what is meaningful to you and how you find meaning. If you experience any emotional distress following your participation, you can access ATS staff or the Ottawa Distress Centre (distress: 613-238-3311; crisis: 613-722-6914 or 1-866-996-0991; www.dcottawa.on.ca).

By participating in this assessment, you will be helping Robert to create a meaning exploration session that is relevant and helpful to Day Program clients. [As a client of The Mission, hopefully you will **benefit** from attending and participating in such a session – OR – As a staff member at The Mission, hopefully you will see clients of The Mission **benefit** from attending and participating in such a session.]

It is important that you consider carefully whether these risks are worth the benefits to you of participating.

Your participation is voluntary: You are under no obligation to participate in this assessment. If you choose to participate, you can withdraw at any time and/or refuse to answer any questions, without suffering any negative consequences simply by letting Robert or an ATS staff member know. If you choose to withdraw, any comments provided by you, whether verbally or in writing, will be deleted upon request.

Your participation will be kept anonymous and confidential: [FOR INTERVIEWS: The interviewer will be aware of your comments. If you choose, an audio recording, without video,

will be made of your recording.] [FOR FOCUS GROUPS: Your fellow focus group attendees (including the group facilitator) will be aware of your comments. An audio recording, without video, will be made of the focus group.] [FOR QUESTIONNAIRES: Your questionnaire responses will be stored separately from your email that you may have provided to contact you should you be the raffle prize winner (see below!).] The comments you provide in person or in a questionnaire will be kept secure and confidential. Anonymity in respect of data use and analysis will be assured through the coding of all identifiers (e.g., P1 instead of someone's name) so that no individual will be identified by name or otherwise. This anonymous and unattributable data will be stored on a password protected storage device. The data will be kept for 10 years at which point the data will be securely erased.

Compensation: [FOR CLIENT INETRVIEWS: As a thank you for being interviewed, you will receive a $5 Tim Horton's gift certificate. FOR CLIENT GROUP SESSION: As a thank you for having participated in the group assessment, a $25 gift certificate will be awarded by random draw to be held at the end of the group session. FOR MISSION STAFF: As a thank you for having participated in the group assessment, a $15 gift certificate will be awarded by random draw to be held at the end of the group session. In order to thank you for your time completing a questionnaire, you will be given the opportunity to provide your email address to be entered in a random draw for a $10 gift certificate.]

Approval: Robert received the permission of ATS management to conduct this assessment. This research has been approved by the Research Ethics Board of Saint Paul University (#1360.15/19). If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON, K1S 1C4, (613) 236-1393.

Visibility: Staff and clients of The Mission will be updated on the progress of the process on a continual basis. Robert's completed thesis will be made available to staff and clients of The Mission.

Your acceptance: You may indicate your agreement and consent to participating in this assessment in one or more of the following ways.

1. By signing this form.

2. By having your verbal agreement and consent recorded by the researcher.

3. [FOR INTERVIEWEES: In being interviewed, you are agreeing and consenting to participate in this assessment. FOR STAFF AND CLIENTS COMPLETING A QUESTIONNAIRE: In completing the attached questionnaire, you are agreeing and consenting to participate in the assessment. FOR ALL GROUP SESSION PARTICIPANTS: In participating in the group, you are agreeing and consenting to participate in this assessment.]

You will be given a copy of this Informed Consent.

I agree and consent to participate in this assessment.

Name of participant:

Participant's signature: Date:

Name of researcher:

Researcher's signature: Date:

Appendix C – The Ottawa Mission Approval

uOttawa

Robert Fabes [redacted]

Research Proposal for The Ottawa Mission

Laura Robinson <lrobinson@ottawamission.com> Thu, Sep 19, 2019 at 9:49 AM
To: Robert Fabes [redacted]
Cc: Nives Ilic <nilic@ottawamission.com>, Chantal Payette <cpayette@ottawamission.com>

Hi Robert,

All looks good on our end. Thanks for your patience as we had the chance to review everything.

Good luck with the next stages of your proposal!

Laura

Laura Robinson MSW, RSW

Assistant Manager of Addiction & Trauma Services / LifeHouse Counsellor

the ottawa mission more than a shelter LIFE CHANGING.

T 613.695.1161 x 221| F 613.695.1168 | lrobinson@ottawamission.com

478 Albert Street, Ottawa, ON, K1R 5B5

Website | Facebook | Twitter

From: Robert Fabes [redacted]
Sent: Thursday, September 12, 2019 8:18 AM
To: Laura Robinson
Cc: Nives Ilic
Subject: Research Proposal for The Ottawa Mission

Good morning Laura - Attached is my final proposal for the research for my Master's thesis. Would you kindly confirm that, once approved by the Saint Paul University Research Ethics Board, I have The Mission's approval to proceed.

Thank you in advance.

Robert

Robert Fabes

Appendix D – Saint Paul University Research Ethics Board Approval

UNIVERSITÉ SAINT-PAUL UNIVERSITY

15-10-2019
dd-mm-yyyy

Bureau de la recherche et de la déontologie
Office of Research and Ethics

Comité de la déontologie | Certificat d'éthique
Research Ethics Board | Ethics Certificate

REB File Number 1360.15/19

Last name	Name	Affiliation	Role
Fabes	**Robert**	**Faculty of Human Sciences**	**Student-Principal Investigator**
Armstrong	Laura	Faculty of Human Sciences	Thesis Supervisor

Type of project Master's Thesis

Title Meaning Exploration and the Homeless: Client and Staff Requirements for Single Session Programming

Approval date	Expiry Date	Decision
15-10-2019 (dd-mm-yyyy)	**14-10-2020** (dd-mm-yyyy)	**1 (Approved)**

Committee comments
The Research Ethics Board (REB) approved the project
The researcher is invited to use the number 1360.15/19 as the ethics reference.

1. In accordance with the Tri-Council Policy Statement, the Saint Paul University Research Ethics Board (REB) has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

2. The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.

3. The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety.
Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.

4. The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.

5. Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.

Louis Perron
Chair
Research Ethics Board

Appendix E – Researcher and Auditor Data Analysis Guide

Consensual Qualitative Research (CQR)

Meaning Exploration Needs Analysis

The Ottawa Mission

Researcher and Auditor Data Analysis Guide[1]

The CQR process involves three general steps:

1. Responses to open-ended questions from focus groups, questionnaires, and interviews for each individual case are divided into domains (i.e., topic areas). In this study we engaged both clients and staff at The Mission in all three formats.
2. Core ideas (i.e., abstracts or brief summaries) are constructed for all the material within each domain for each individual case.
3. A cross-analysis, which involves developing categories to describe consistencies in the core ideas within domains across cases, is conducted.

In this study, these three steps are being implemented as follows.

Format treatment:

Focus groups are being treated as single cases. The data from the two client focus groups will be analyzed by the researchers and the auditor as one case (CFG) and data from the ATS focus group will be analyzed as a separate case (ATSFG).

Questionnaires from clients (CQ#), ATS staff (ATSQ#), Front Line staff (FLQ#), Client Services staff (CSQ#), and Chaplaincy Services (CHQ) will be analyzed individually by the researchers and auditor. Each questionnaire is a single case.

Interviews with clients (CI#) and staff (SI#) will be analyzed individually by the researchers and the auditor. Each interview is a single case.

A transcription of responses from each case will be provided to each researcher and the auditor.

[1] Adapted from Hill, C. E., Thompson, B., & Williams, E. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, *25*(4), 517–572. https://doi.org/10.1177/0011000097254001.

Dividing the responses into domains:

The four domains for this study have been pre-determined based on the knowledge translation integration framework for the study. These are:

1. *Acceptability*: This domain captures any expression of a client or staff participant's expressed needs or wants in respect of a meaning exploration program. This will include desirability for, and benefit of, such a program, content for the program, and program format. Generally, this will be data obtained from responses to questions 1 to 8 in the client questions (Appendix 1) and questions 1 to 6 in the staff questions (Appendix 2).
2. *Feasibility*: This domain captures any response that relates to the program being done as part of the Day Program within its current structure, and from a time and resources (e.g., costs) perspective. Generally, this will be data obtained from responses to question 9 in the client questions and questions 7 and 8 in the staff questions.
3. *Sustainability*: This domain captures any response that relates to the program being maintainable long-term without external support. Generally, this will be data obtained from responses to question 10 in the client questions and question 9 in the staff questions.
4. *Credibility*: This domain captures any response that relates to the program doing what it states it will do. This will include program usefulness, attendance, and consistency with the values of The Mission. Generally, this will be data obtained from responses to questions 11 to 14 in the client questions and questions 10 to 13 in the staff questions.

Each researcher individually will assign all responses to one of the four domains in a Word table. Each entry will include a case identifier (e.g., CFG, ATSFG, CQ1, FLQ2, SI3, etc.). A response can be assigned to more than one domain. If you believe that a response does not fit in any of the four domains, please assign it to the Other domain.

The researchers will then create a consensus version of the data assignments to the domains before proceeding to the next step. It is during this process that the researchers have an opportunity to create additional domains based on any data assigned to the Other domain.

Constructing core ideas:

In constructing core ideas, you are summarizing the content assigned to each domain. In doing so, you are distilling or abstracting based on the actual responses. It is important not to add

anything not contained in the actual responses. It is also important to avoid making any inferences based on the responses. You are trying to capture the essence of what is contained in the response as it pertains to the domain in fewer words and with more clarity. In doing so, you are trying to remain as close to the content of the actual data as possible. This step will also serve as a check as to whether responses have been assigned to the appropriate domain.

Core ideas will be constructed individually by each researcher in a Word table based on the consensus domain assignments. The researchers will then agree on a consensus version of the core ideas. The core ideas under their domains will be submitted to the auditor for review before proceeding to the next step. The auditor looks for accurate and faithful representation of the raw data in the domain and core ideas. In doing so, the auditor will determine the appropriateness of any new domains, whether all important data has been abstracted, and that the core ideas are concise and reflective of the data. If necessary, the auditor will provide the researchers with comments for their review. Any changes made by the researchers based on the auditor's comments will be submitted to the auditor for further review.

Separate core ideas will be constructed for client and staff data. These will be compiled into an overall set of core ideas to be agreed upon by the researchers via consensus and subject to the same auditor review process described above.

Cross-analysis:

In this step, the researchers as a team look at the core ideas from all the data to determine whether they cluster into identifiable categories. As was the case in the construction of core ideas, the categories should be based on the actual data as represented by the core ideas rather than on any preconceptions, biases, or expectations of the researchers. Researchers are encouraged to be creative in the construction of categories, identifying similarities among core ideas and capturing those similarities in words. As was the case for the assignment of data to domains, core ideas may be assigned to more than one category. Additionally, the category may represent core ideas from different domains.

The initial cross-analysis process is by consensus among the researchers. The consensus cross-analysis is submitted to the auditor for review before it is finalized. As was done with the core ideas, the auditor looks for accurate and faithful representation of the core ideas in the categories.

In doing so, the auditor will determine the appropriateness of category names, and whether categories should be combined or expanded. If necessary, the auditor will provide the researchers with comments for their review. Any changes made by the researchers based on the auditor's comments will be submitted to the auditor for further review.

Separate cross-analyses will be conducted for client and staff data. These will be compiled into an overall cross-analysis to be agreed upon by the researchers via consensus and subject to the same auditor review process described above.

Participant review: The overall audited cross-analysis will be submitted to clients and staff for their review and comment. Using any comments, the cross-analysis will be revised via consensus by the three researchers and, if changes are made, submitted to the auditor for review. Any changes made by the researchers based on the auditor's comments will be submitted to the auditor for further review.

Stability check:

One client questionnaire and one staff questionnaire will not be analyzed until after the finalized overall cross-analysis is complete. Each researcher will be assigned one such questionnaire for analysis to determine whether any changes need be made to, or gaps addressed within, the domains, core values, and/or cross-analysis. Any revisions will be agreed to by consensus before being submitted to the auditor. Any changes made by the researchers based on the auditor's comments will be submitted to the auditor for further review.

Finalized analysis:

The finalized client, staff, and overall analyses will form the basis of the discussion of results in the primary researcher's Master's thesis will the finalized consensus, participant reviewed, stability checked, and audited overall cross-analysis.

Appendix 1

Client Questions

1. What is meaningful (or important or valuable) to you? Does this even matter to you? Why/why not?
2. How do you feel when you feel your life has meaning? Is this helpful to you? Why/why not?
3. How are you affected when you don't feel that your life has meaning?
4. Do you look for meaning in your life? Why/why not?
5. How do you look for meaning in your life?
6. How would a Day Program session on meaning exploration be helpful to you?
7. What do you think such a session should cover?
8. What would such a session look like (video (TED talk or other YouTube video, specially commissioned video), discussion, activity)?
9. Could such a session be done in the Day Program? Why/why not?
10. Could such a session continue to be conducted using only staff from The Mission or would someone from outside of The Mission need to facilitate the session? Why/why not?
11. Would such a session help you in your search for meaning? Why/why not?
12. Do you think we should create such a session? Why/why not?
13. Would you attend such a session? Why why/not?
14. Would such a session be consistent with the values of The Mission? Why/ why not?
15. Any questions or comments?

Appendix 2

Staff Questions

1. We are asking Day Program clients but not Mission staff as to what is meaningful. What is your reaction to this?
2. Do you think a life with meaning is important to Day Program clients? Why/why not?
3. Do you think a life with meaning is relevant to Day Program clients? Why/why not?
4. Would a Day Program session on meaning exploration be helpful to Day Program clients? Why/why not?
5. What do you think such a session should cover?
6. What would such a session look like (video (TED talk or other YouTube video, specially commissioned video), discussion, activity)?
7. Could such a session be done in the Day Program? Why/why not?
8. Do you think that there would be any unsupportable costs associated with such a session? If so, what would they be?
9. Could such a session continue to be conducted using only staff from The Mission or would someone from outside of The Mission need to facilitate the session? Why/why not?
10. Would such a session help Day Program clients in their search for meaning? Why/why not?
11. Do you think we should create such a session? Why/why not?
12. Do you think clients would attend such a session? Why/why not?
13. Would such a session be consistent with the values of The Mission? Why/why not?
14. Questions or comments:

Appendix F - Form of Focus Group and Interview Guides

[NOTE: Any focus group or interview will proceed after the Informed Consent is presented and discussed.]

TO BE READ AS THE INTRODUCTION TO THE FOCUS GROUP OR INTERVIEW: What makes us human has often been identified as being our search for meaning. Regardless of our gender, race, creed, sexuality, marital status, ethnic background, or socio-economic status, we are all looking for meaning. Sometimes, it is that very search for meaning that continues to make life bearable.[2] Of specific importance is the premise that meaning cannot be given, it can only be discovered, and meaning is discovered on an individual basis.

Robert is interested in finding out how Day Program clients define what is meaningful in their lives, whether they are interested in further developing meaning in their lives, and what form of meaning exploration session Day Program clients would find most helpful.

In conducting this research, Robert believes that the form and content of any session be created from input from Day Program clients, that any such session be acceptable to them, and that the session work in the Day Program structure at The Mission and with Mission clients. The following questions address this.

[QUESTIONS FOR THE CLIENT FOCUS GROUP and CLIENT INTERVIEWS:

1. What is meaningful (or important or valuable) to you? Does this even matter to you? Why/why not?

[2] This concept of meaning is based on the writings of Viktor E. Frankl, in particular *Man's Search for Meaning* and *The Will to Meaning*.

2. How do you feel when you feel your life has meaning? Is this helpful to you? Why/why not?
3. How are you affected when you don't feel that your life has meaning?
4. Do you look for meaning in your life? Why/why not?
5. How do you look for meaning in your life?
6. How would a Day Program session on meaning exploration be helpful to you?
7. What do you think such a session should cover?
8. What would such a session look like (video (TED talk or other YouTube video, specially commissioned video), discussion, activity)?
9. Could such a session be done in the Day Program? Why/why not?
10. Could such a session continue to be conducted using only staff from The Mission or would someone from outside of The Mission need to facilitate the session? Why/why not?
11. Would such a session help you in your search for meaning? Why/why not?
12. Do you think we should create such a session? Why/why not?
13. Would you attend such a session? Why why/not?
14. Would such a session be consistent with the values of The Mission? Why/ why not?
15. Do you have any questions or comments?]

[QUESTIONS FOR STAFF FOCUS GROUP:

1. We are asking Day Program clients but not Mission staff as to what is meaningful. What is your reaction to this?
2. Do you think a life with meaning is important to Day Program clients? Why/why not?
3. Do you think a life with meaning is relevant to Day Program clients? Why/why not?

4. Would a Day Program session on meaning exploration be helpful to Day Program clients? Why/why not?
5. What do you think such a session should cover?
6. What would such a session look like (video (TED talk or other YouTube video, specially commissioned video), discussion, activity)?
7. Could such a session be done in the Day Program? Why/why not?
8. Do you think that there would be any unsupportable costs associated with such a session? If so, what would they be?
9. Could such a session continue to be conducted using only staff from The Mission or would someone from the outside need to facilitate the session? Why/why not?
10. Would such a session help Day Program clients in their search for meaning? Why/why not?
11. Do you think we should create such a session? Why/why not?
12. Do you think clients would attend such a session? Why/why not?
13. Would such a session be consistent with the values of The Mission? Why/why not?
14. Do you have any questions or comments?]

Thank you so much for participating and providing us with this very valuable information. Your responses will be used to make recommendations for a meaning exploration session tailored to the expressed needs of Day Program clients. You will be given an opportunity to review Robert's initial compilation of this information before he uses it in his thesis.

Again, your participation will be kept anonymous and confidential and the comments you have provided will be kept secure and confidential. Anonymity will be assured through the coding of

all identifiers (e.g., P1 instead of someone's name) so that no individual will be identified by name or otherwise.

As a reminder, if you experience any emotional distress following your participation, you can access ATS staff or the Ottawa Distress Centre (distress: 613-238-3311; crisis: 613-722-6914 or 1-866-996-0991; www.dcottawa.on.ca).

FOR CLIENT INTERVIEWS: As a thank you for being interviewed, here is your $5 Tim Horton's gift certificate.

FOR CLIENT GROUP SESSION: As a thank you for having participated in this focus group, the winner of the $25 gift certificate Tim Horton's gift certificate is … .

FOR MISSION STAFF GROUP SESSIONS: As a thank you for having participated in this focus group, the winner of the $15 gift certificate Tim Horton's gift certificate is … .

Appendix G - Form of Questionnaires

PLEASE READ THE ATTACHED INFORMED CONSENT BEFORE DECIDING TO ANSWER THIS QUESTIONNAIRE. If you have any questions or concerns, please contact any of us in person or via email: Robert (rfabes@ottawamission.com), Nives (nilic@ottawamission.com), or Laura (lrobinson@ottawamission.com).

What makes us human has often been identified as being our search for meaning. Regardless of our gender, race, creed, sexuality, marital status, ethnic background, or socio-economic status, we are all looking for meaning. Sometimes, it is that very search for meaning that continues to make life bearable.[3] Of specific importance is the premise that meaning cannot be given, it can only be discovered, and meaning is discovered on an individual basis.

Robert is interested in finding out how Day Program clients define what is meaningful in their lives, whether they are interested in further developing meaning in their lives, and what form of meaning exploration session Day Program clients would find most helpful.

In conducting this research, Robert believes that the form and content of any session be created from input from Day Program clients, that any such session be acceptable to them, and that the session work in the Day Program structure at The Mission and with Mission clients. The following questions address this.

[3] This concept of meaning is based on the writings of Viktor E. Frankl, in particular *Man's Search for Meaning* and *The Will to Meaning*.

[QUESTIONS FOR CLIENTS:

1. What is meaningful (or important or valuable) to you? Does this even matter to you? Why/why not?
2. How do you feel when you feel your life has meaning? Is this helpful to you? Why/why not?
3. How are you affected when you don't feel that your life has meaning?
4. Do you look for meaning in your life? Why/why not?
5. How do you look for meaning in your life?
6. How would a Day Program session on meaning exploration be helpful to you?
7. What do you think such a session should cover?
8. What would such a session look like (video (TED talk or other YouTube video, specially commissioned video), discussion, activity)?
9. Could such a session be done in the Day Program? Why/why not?
10. Could such a session continue to be conducted using only staff from The Mission or would someone from outside of The Mission need to facilitate the session? Why/why not?
11. Would such a session help you in your search for meaning? Why/why not?
12. Do you think we should create such a session? Why/why not?
13. Would you attend such a session? Why why/not?
14. Would such a session be consistent with the values of The Mission? Why/ why not?
15. Do you have any questions or comments?]

[QUESTIONS FOR STAFF:

1. We are asking Day Program clients but not Mission staff as to what is meaningful. What is your reaction to this?
2. Do you think a life with meaning is important to Day Program clients? Why/why not?
3. Do you think a life with meaning is relevant to Day Program clients? Why/why not?
4. Would a Day Program session on meaning exploration be helpful to Day Program clients? Why/why not?
5. What do you think such a session should cover?
6. What would such a session look like (video (TED talk or other YouTube video, specially commissioned video), discussion, activity)?
7. Could such a session be done in the Day Program? Why/why not?
8. Do you think that there would be any unsupportable costs associated with such a session? If so, what would they be?
9. Could such a session continue to be conducted using only staff from The Mission or would someone from outside of The Mission need to facilitate the session? Why/why not?
10. Would such a session help Day Program clients in their search for meaning? Why/why not?
11. Do you think we should create such a session? Why/why not?
12. Do you think clients would attend such a session? Why/why not?
13. Would such a session be consistent with the values of The Mission? Why/why not?
14. Questions or comments:

Thank you so much for participating and providing us with this very valuable information. Your responses will be used to make recommendations for a meaning exploration session tailored to the expressed needs of Day Program clients. You will be given an opportunity to review Robert's initial compilation of this information before he uses it in his thesis.

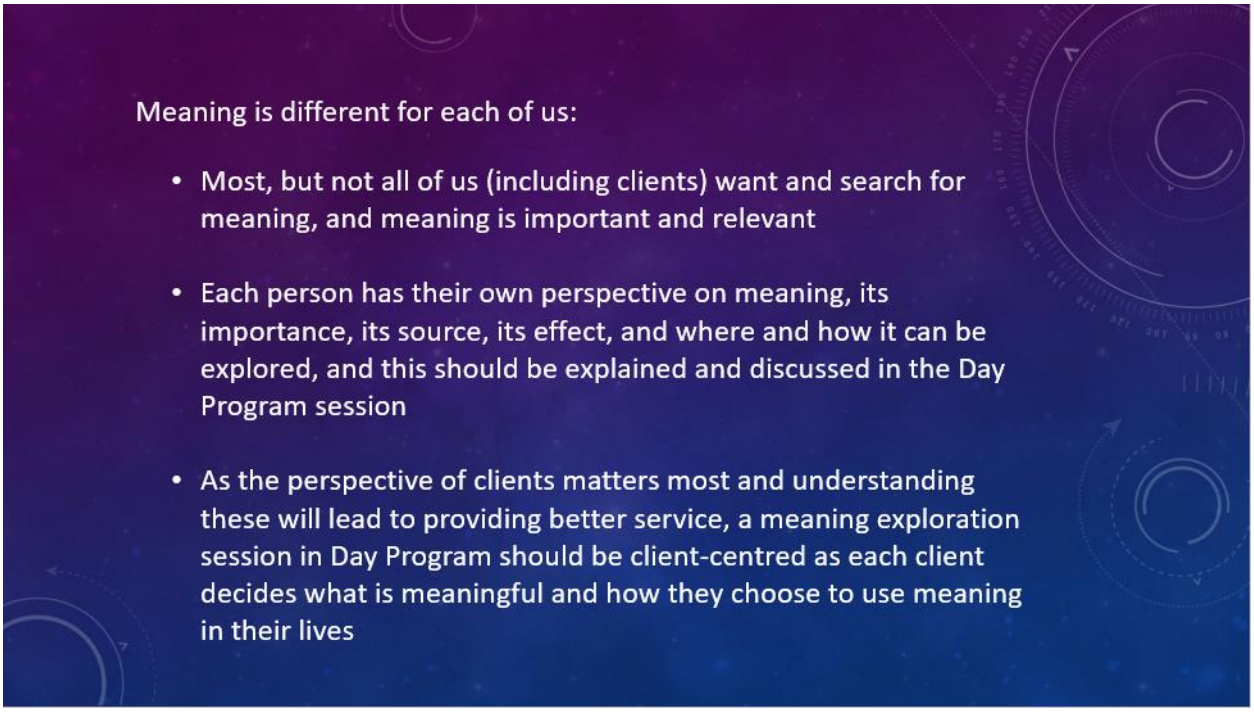
Your participation will be kept anonymous and confidential and the comments you provided in this questionnaire will be kept secure and confidential. Anonymity will be assured through the coding of all identifiers (e.g., P1 instead of someone's name) so that no individual will be identified by name or otherwise.

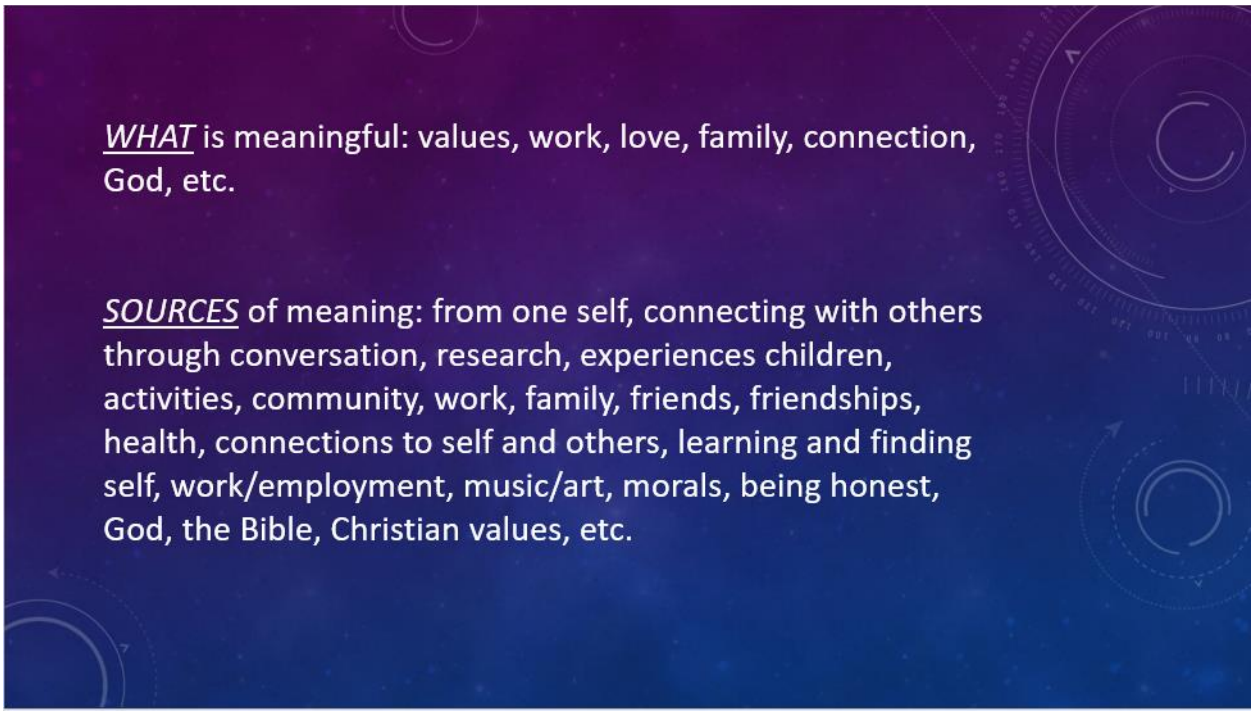
As a reminder, if you experience any emotional distress following your participation, you can access ATS staff or the Ottawa Distress Centre (distress: 613-238-3311; crisis: 613-722-6914 or 1-866-996-0991; www.dcottawa.on.ca).

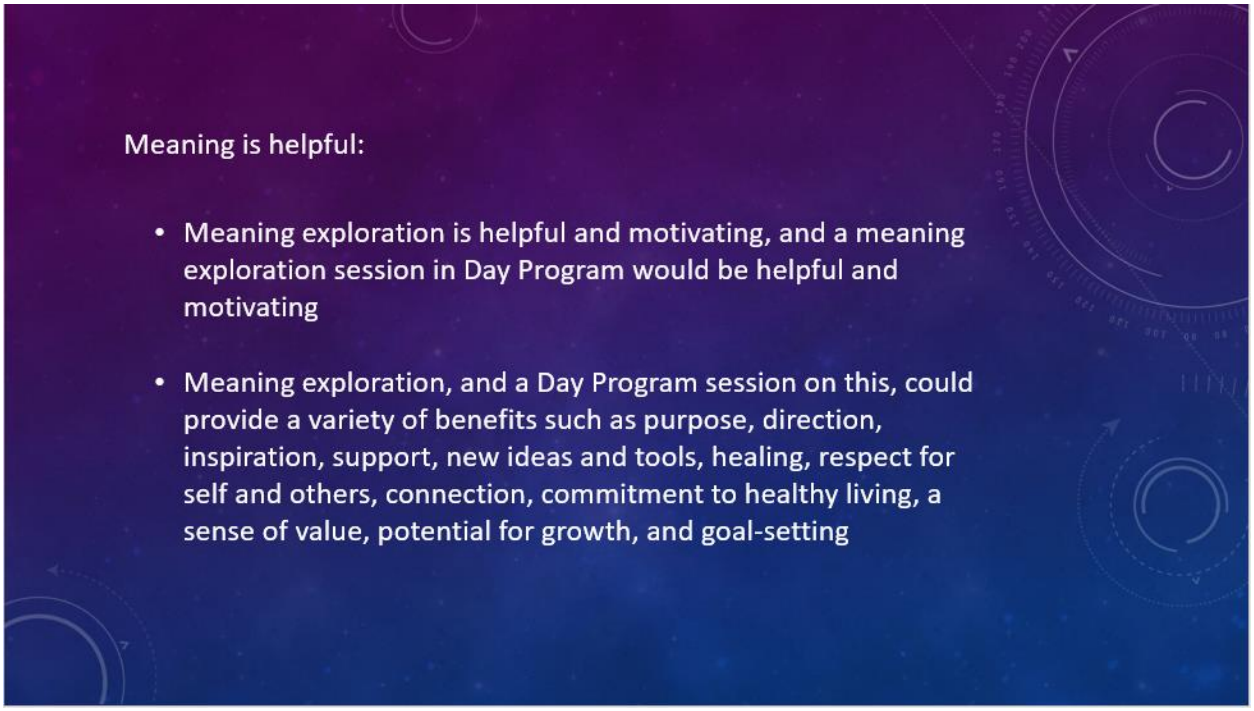
[FOR CLIENTS: In order to thank you for your time completing this questionnaire, we are giving you a $5 Tim Horton's gift certificate.]

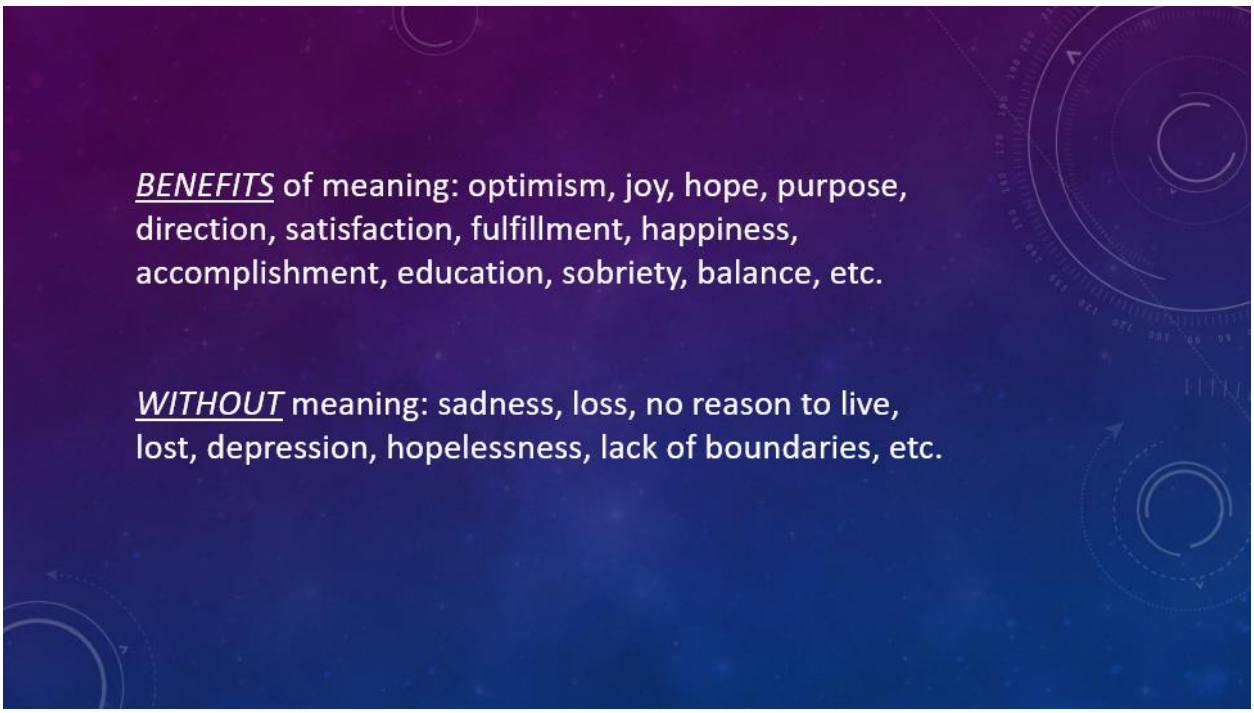
[FOR STAFF: In order to thank you for your time completing this questionnaire, we are giving you the opportunity to be entered in a random draw for a $10 Tim Horton's gift certificate. If you wish to be entered in the draw, please provide your email address:]

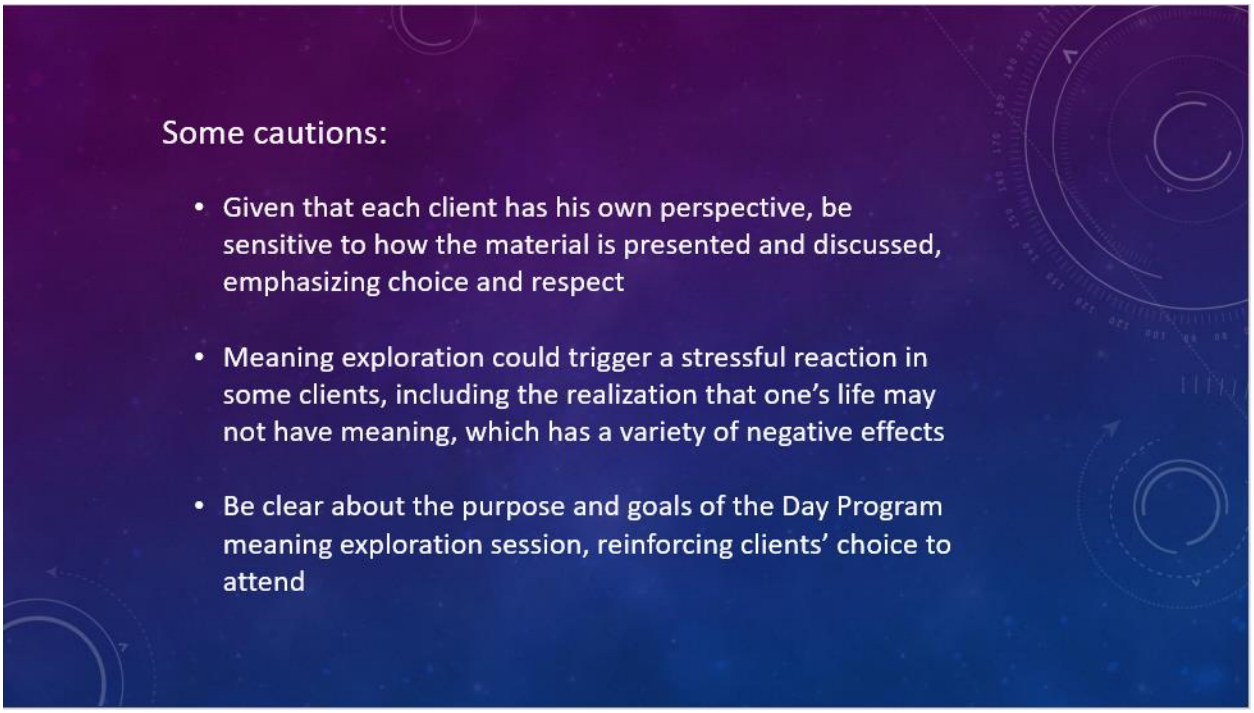
Appendix H – Client Cross-Analysis Presentation (presentation of general themes)


Meaning is different for each of us:
• Most, but not all of us (including clients) want and search for meaning, and meaning is important and relevant
• Each person has their own perspective on meaning, its importance, its source, its effect, and where and how it can be explored, and this should be explained and discussed in the Day Program session
• As the perspective of clients matters most and understanding these will lead to providing better service, a meaning exploration session in Day Program should be client-centred as each client decides what is meaningful and how they choose to use meaning in their lives

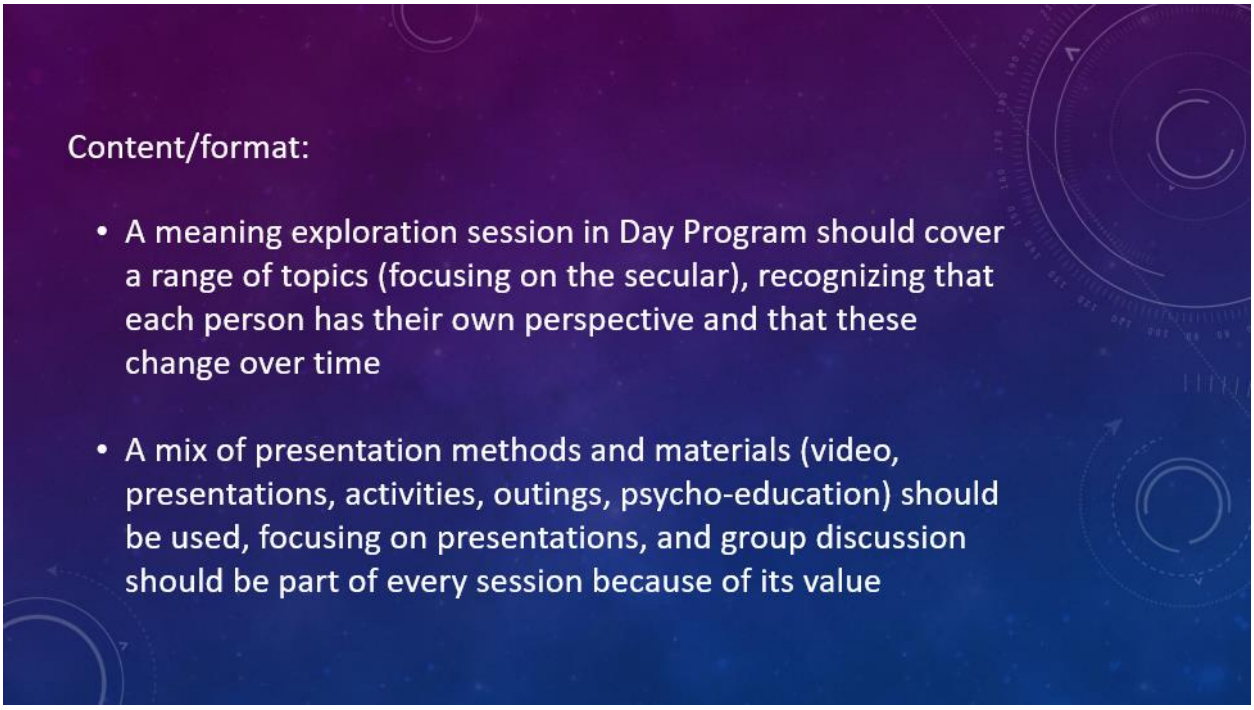

WHAT is meaningful: values, work, love, family, connection, God, etc.
SOURCES of meaning: from one self, connecting with others through conversation, research, experiences children, activities, community, work, family, friends, friendships, health, connections to self and others, learning and finding self, work/employment, music/art, morals, being honest, God, the Bible, Christian values, etc.

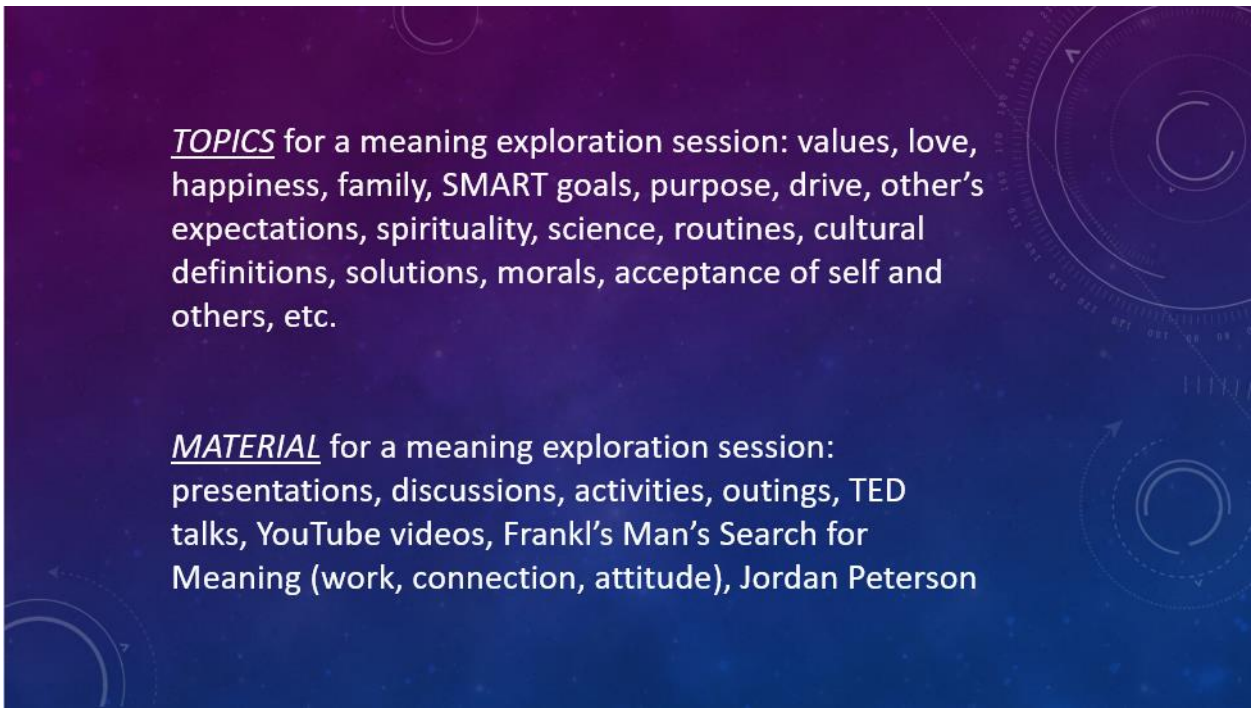

Meaning is helpful:
• Meaning exploration is helpful and motivating, and a meaning exploration session in Day Program would be helpful and motivating
• Meaning exploration, and a Day Program session on this, could provide a variety of benefits such as purpose, direction, inspiration, support, new ideas and tools, healing, respect for self and others, connection, commitment to healthy living, a sense of value, potential for growth, and goal-setting

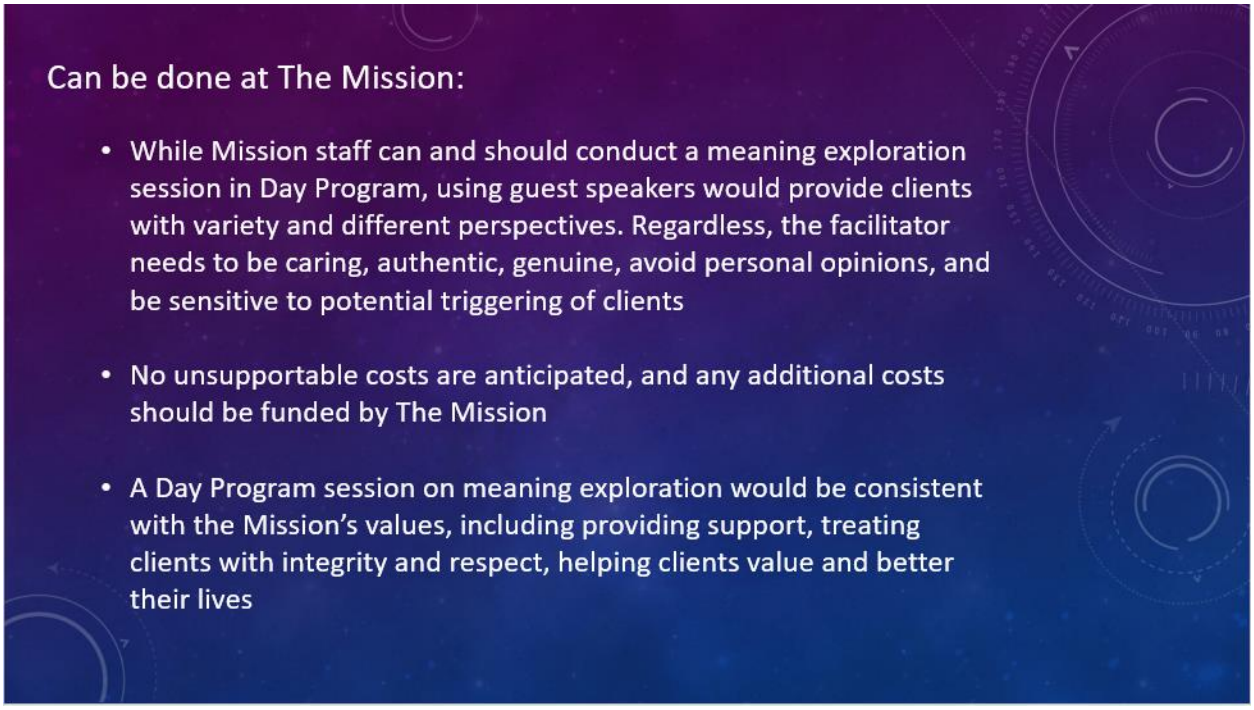

BENEFITS of meaning: optimism, joy, hope, purpose, direction, satisfaction, fulfillment, happiness, accomplishment, education, sobriety, balance, etc.
WITHOUT meaning: sadness, loss, no reason to live, lost, depression, hopelessness, lack of boundaries, etc.

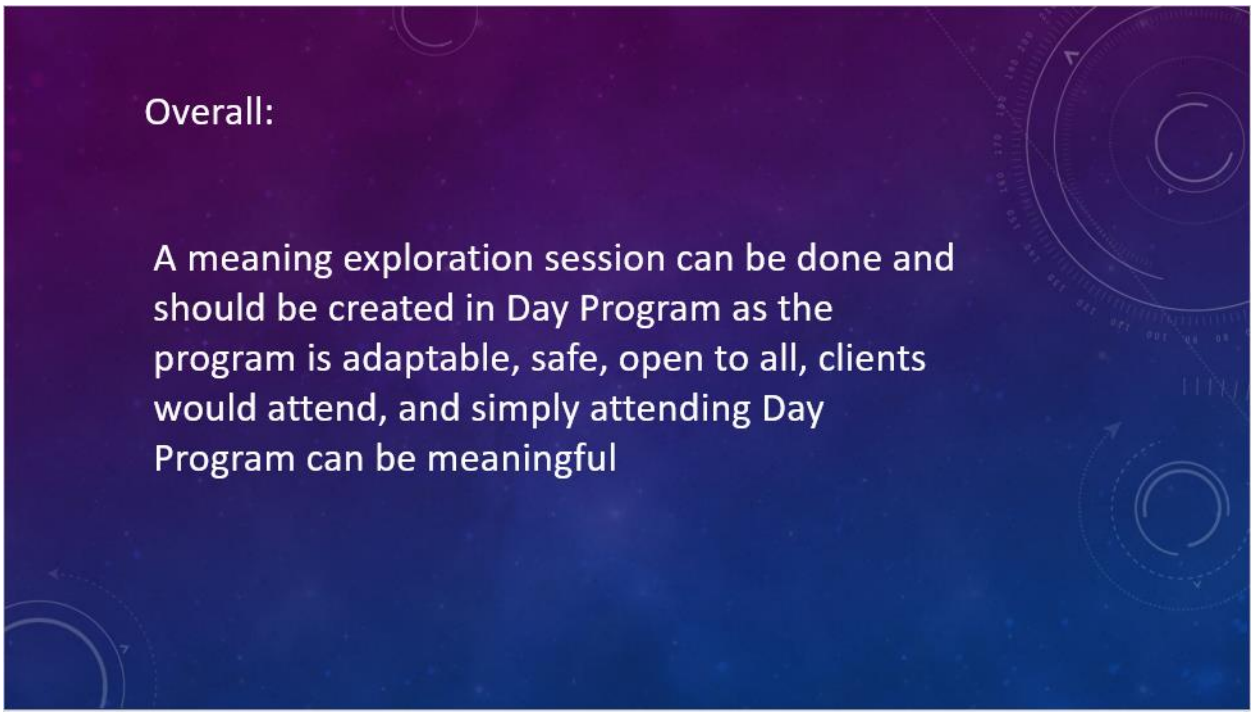

Some cautions:
• Given that each client has his own perspective, be sensitive to how the material is presented and discussed, emphasizing choice and respect
• Meaning exploration could trigger a stressful reaction in some clients, including the realization that one's life may not have meaning, which has a variety of negative effects
• Be clear about the purpose and goals of the Day Program meaning exploration session, reinforcing clients' choice to attend


Connection/community:
• Clients are looking for, and want to discuss, connection/family, which often results from the process of attending Day Program
• The sharing and exploration in the Day Program session of differences in perspectives on meaning would be helpful, providing an opportunity for self-reflection, an opportunity to benefit from other's perspectives, and an opportunity to experience community and connection


Content/format:
• A meaning exploration session in Day Program should cover a range of topics (focusing on the secular), recognizing that each person has their own perspective and that these change over time
• A mix of presentation methods and materials (video, presentations, activities, outings, psycho-education) should be used, focusing on presentations, and group discussion should be part of every session because of its value


TOPICS for a meaning exploration session: values, love, happiness, family, SMART goals, purpose, drive, other's expectations, spirituality, science, routines, cultural definitions, solutions, morals, acceptance of self and others, etc.
MATERIAL for a meaning exploration session: presentations, discussions, activities, outings, TED talks, YouTube videos, Frankl's Man's Search for Meaning (work, connection, attitude), Jordan Peterson

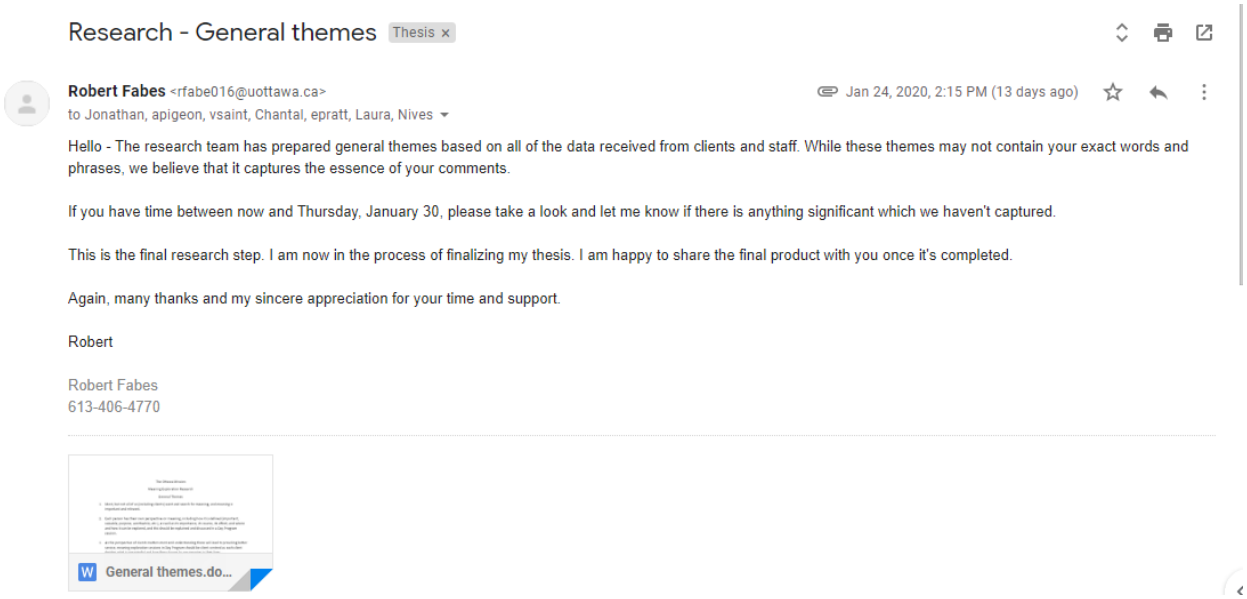

Can be done at The Mission:
• While Mission staff can and should conduct a meaning exploration session in Day Program, using guest speakers would provide clients with variety and different perspectives. Regardless, the facilitator needs to be caring, authentic, genuine, avoid personal opinions, and be sensitive to potential triggering of clients
• No unsupportable costs are anticipated, and any additional costs should be funded by The Mission
• A Day Program session on meaning exploration would be consistent with the Mission's values, including providing support, treating clients with integrity and respect, helping clients value and better their lives


Overall:
A meaning exploration session can be done and should be created in Day Program as the program is adaptable, safe, open to all, clients would attend, and simply attending Day Program can be meaningful


Next steps:
• get staff comments
• make any necessary changes, have them reviewed by Laura and finalize
• make the final analysis available to clients and staff
• finish thesis
• graduate
• get approval from The Mission and Saint Paul University to continue the project
• develop programming recommendations over the summer


THANK YOU!!!

Appendix I – Staff Email with General Themes



Research - General themes Thesis ×

Robert Fabes <rfabe016@uottawa.ca> Jan 24, 2020, 2:15 PM (13 days ago)
to Jonathan, apigeon, vsaint, Chantal, epratt, Laura, Nives

Hello - The research team has prepared general themes based on all of the data received from clients and staff. While these themes may not contain your exact words and phrases, we believe that it captures the essence of your comments.

If you have time between now and Thursday, January 30, please take a look and let me know if there is anything significant which we haven't captured.

This is the final research step. I am now in the process of finalizing my thesis. I am happy to share the final product with you once it's completed.

Again, many thanks and my sincere appreciation for your time and support.

Robert

Robert Fabes
613-406-4770

General themes.do...

The Ottawa Mission

Meaning Exploration Research

General Themes

1. Most, but not all of us (including clients) want and search for meaning, and meaning is important and relevant.
2. Each person has their own perspective on meaning, including how it is defined (important, valuable, purpose, worthwhile, etc.), as well as its importance, its source, its effect, and where and how it can be explored, and this should be explained and discussed in a Day Program session.

3. As the perspective of clients matters most and understanding these will lead to providing better service, meaning exploration sessions in Day Program should be client-centred as each client decides what is meaningful and how they choose to use meaning in their lives.
4. Meaning exploration is helpful and motivating, and meaning exploration sessions in Day Program would be helpful and motivating.
5. Meaning exploration, and Day Program sessions on this, could provide a variety of benefits such as purpose, direction, inspiration, support, new ideas and tools, healing, respect for self and others, connection, commitment to healthy living, a sense of value, potential for growth, and goal-setting.
6. Given that each client has his own perspective, be sensitive to how the material is presented and discussed, emphasizing choice and respect. Meaning exploration could trigger a stressful reaction in some clients, including the realization that one's life may not have meaning, which has a variety of effects.
7. Presenters should be clear about the purpose and goals of the Day Program meaning exploration sessions, including guidance on client conduct expectations and reinforcing clients' choice to attend.
8. Clients are looking for, and want to discuss, connection/family, which often results from the process of attending Day Program.
9. The sharing and exploration in the Day Program meaning exploration sessions of differences in perspectives on meaning would be helpful, providing an opportunity for self-reflection, an opportunity to benefit from other's perspectives, and an opportunity to experience community and connection.

10. Meaning exploration sessions in Day Program should cover a range of topics (focusing on the secular but not to the exclusion of the spiritual), recognizing that each person has their own perspective and that these change over time.
11. A mix of presentation methods and materials (video, presentations, activities, outings, psycho-education) should be used, focusing on presentations, and group discussion should be part of every session because of its value.
12. While Mission staff can and should conduct meaning exploration sessions in Day Program, using guest speakers would provide clients with variety and different perspectives. Regardless, the facilitator needs to be caring, authentic, genuine, avoid personal opinions, and be sensitive to potential triggering of clients.
13. No unsupportable costs are anticipated, and any additional costs should be funded by The Mission.
14. Day Program sessions on meaning exploration would be consistent with the Mission's values, including providing support, treating clients with integrity and respect, helping clients value and better their lives.
15. Meaning exploration sessions can be done and should be created in Day Program as the program is adaptable, safe, open to all, clients would attend, and simply attending Day Program can be meaningful.

Clients and staff have indicated that the following should be considered when developing programming:

WHAT is meaningful: values, work, love, family, connection, God, etc.

SOURCES of meaning: from one self, connecting with others through conversation, research, experiences children, activities, community, work, family, friends, friendships, health, connections to self and others, learning and finding self, work/employment, music/art, morals, being honest, God, the Bible, Christian values

BENEFITS of meaning: optimism, joy, hope, freedom, purpose, direction, satisfaction, fulfillment, happiness, accomplishment, education, sobriety, balance

WITHOUT meaning: sadness, loss, no reason to live, lost, depression, hopelessness, lack of boundaries

TOPICS for a meaning exploration session: values, love, happiness, family, SMART goals, purpose, drive, other's expectations, spirituality, science, routines, cultural definitions, solutions, morals, acceptance of self and others, housing

MATERIAL for a meaning exploration session: presentations, discussions, activities, outings, TED talks, YouTube videos, Frankl's Man's Search for Meaning (work, connection, attitude), Jordan Peterson

Appendix J – Mapping of Questions to KTI Standards

CLIENT QUESTIONS:

ACCEPTABILITY, questions 1 through 8:

1. What is meaningful (or important or valuable) to you? Does this even matter to you? Why/why not?

2. How do you feel when you feel your life has meaning? Is this helpful to you? Why/why not?

3. How are you affected when you don't feel that your life has meaning?

4. Do you look for meaning in your life? Why/why not?

5. How do you look for meaning in your life?

6. How would a Day Program session on meaning exploration be helpful to you?

7. What do you think such a session should cover?

8. What would such a session look like (video (TED talk or other YouTube video, specially commissioned video), discussion, activity)?

FEASIBILITY, question 9:

9. Could such a session be done in the Day Program? Why/why not?

SUSTAINABILITY, question 10:

10. Could such a session continue to be conducted using only staff from The Mission or would someone from outside of The Mission need to facilitate the session? Why/why not?

CREDIBILITY, questions 11 through 14:

11. Would such a session help you in your search for meaning? Why/why not?

12. Do you think we should create such a session? Why/why not?

13. Would you attend such a session? Why why/not?

14. Would such a session be consistent with the values of The Mission? Why/ why not?

15. Any questions or comments?

STAFF QUESTIONS:

ACCEPTABILITY, questions 1 through 6:

1. We are asking Day Program clients but not Mission staff as to what is meaningful. What is your reaction to this?

2. Do you think a life with meaning is important to Day Program clients? Why/why not?

3. Do you think a life with meaning is relevant to Day Program clients? Why/why not?

4. Would a Day Program session on meaning exploration be helpful to Day Program clients? Why/why not?

5. What do you think such a session should cover?

6. What would such a session look like (video (TED talk or other YouTube video, specially commissioned video), discussion, activity)?

FEASIBILITY, questions 7 and 8:

7. Could such a session be done in the Day Program? Why/why not?

8. Do you think that there would be any unsupportable costs associated with such a session? If so, what would they be?

SUSTAINABILITY, question 9:

9. Could such a session continue to be conducted using only staff from The Mission or would someone from outside of The Mission need to facilitate the session? Why/why not?

CREDIBILITY, questions 10 through 13:

10. Would such a session help Day Program clients in their search for meaning? Why/why not?

11. Do you think we should create such a session? Why/why not?

12. Do you think clients would attend such a session? Why/why not?

13. Would such a session be consistent with the values of The Mission? Why/why not?

Appendix K – KTI Standards-Based Program Logic Model of the Needs Assessment for Meaning Exploration Sessions at The Ottawa Mission's Day Program

KTI Standards ⇨	**Collection of Stakeholder-Generated Data** ⇨	**Consensual Qualitative Data Analysis Resulting in General Themes** ⇨	**Stakeholder Needs (based on general themes)**
➢ *Acceptability*: stakeholders are co-creators; do they want this ➢ *Feasibility*: do stakeholders have the time and resources to be able to make use of the program ➢ *Sustainability*: can the program be run within he Mission's current organizational and financial structures ➢ *Credibility*: will stakeholders see the results that they are expecting from the program	➢ Client focus groups ➢ Client interviews ➢ Client questionnaires ➢ Staff focus groups ➢ Staff questionnaires	➢ Consensus assignment of all data into one or more of four domains (acceptability, feasibility, sustainability, credibility) ➢ Consensus creation of core ideas based on the domain assignments ➢ Consensus creation of general themes based on core ideas ➢ Auditor review and verification of core ideas and general themes ➢ Client and staff review of general themes	➢ Meaning is important and relevant, and each person has their own unique perspective on this ➢ Meaning exploration sessions in Day Program would be helpful and motivating, providing support for individual meaning exploration and an opportunity to connect with others ➢ Meaning exploration sessions in Day Program should cover a range of topics and use a mix of presentation methods ➢ Both Mission staff and outside people can and should facilitate, no unsupportable costs are anticipated, and these sessions would be consistent with the Mission's values ➢ Meaning exploration sessions can be done and should be created in Day Program

Appendix L – Client Core Ideas

ACCEPTABILITY	FEASIBILITY	SUSTAINABILITY	CREDIBILITY	OTHER
Each person has their own and unique perspective on what is meaningful [love, family, connection, God, etc.] (CFG) (CI) (CQ)	Yes, can be done in Day Program (CFG) (CI) (CQ)	Mission staff can do this (FLQ) (CFG) (CSCQ) (ATSFG) (ATSQ)	Meaning exploration session in Day Program would be helpful (FLQ) (CFG) (CI) (CQ) (CSCQ) (ATSFG) (ATSQ)	Great idea (CFG)
Life with meaning is important to everyone (CQ)	Group setting of Day Program allows for a sharing of different ideas, struggles and experiences (CFG)	Clients trust ATS staff (FLQ)	A session could be a motivating factor (FLQ) (CFG) (ATSQ)	Clients may be scared by too much religion, spirituality, or theology (CFG) (CI) (CQ)
Meaning has a positive effect on sobriety (CQ)	Yes but make it optional or in an evening program (CI) (CQ)	Staff would need training and do research (FLQ) (CSCQ)	A session could provide and stimulate thinking and direction (FLQ) (CSCQ) (ATSFG)	May highlight that one's life doesn't have meaning (CQ)
Meaning exploration is relevant to all clients (CI) (CQ) (CFG)	Day Program is for everyone. (CFG) (CQ)	Guest speakers should come in (ATSQ), (CQ), (FLQ), (CHQ), (CI), (ATSFG)	A session could be a stepping stone, something might resonate or plant a seed (CFG) (ATSFG) (ATSQ)	Eventually all will be nothing; nothing has meaning (CI)
Meaning provides clients with a variety of benefits and positive emotions [optimism, joy, hope, purpose, direction, satisfaction, fulfillment, happiness, accomplishment, etc.] (CQ)		Non-staff presenter could bring new, different, or fresh perspectives and ideas (FLQ) (CFG) (CQ)	May have different effects on different people (FLQ) (CSCQ) (CI)	Meaning makes me sad (CI)
Life without meaning has a variety of effects on clients [sadness, loss, no reason to live, lost, depression,		Non-staff because of boundaries (FLQ)	A session could provide clients with a greater sense of being valued by staff (ATSQ)	Happiness and love cost (CI)

hopelessness, lack of boundaries, etc.] (CQ)				
Clients look for meaning for a variety of reasons [fulfillment, purpose, education, sobriety, etc.] (CQ)		Clients like to see other facilitators (ATSFG) (ATSQ)	Reflection is beneficial (FLQ)	Thrift (CI)
Clients look for meaning in a variety of ways [with others through conversation, research, experiences children, activities, community, work, family, friends, etc.] (CQ) (CFQ)		Non-staff could keep it trauma and theology free (CFG)	Helpful because it allows for the expression of different ideas (CFG) (CI) (CQ)	
Meaning exploration can be helpful to open eyes to different paths (CFG) (CQ)		Both staff and non-staff (CFG) (CQ) (CI)	Discussion is helpful (CFG) (CQ)	
There is a benefit from other's perspectives, including inspiration and support (CFG) (CQ)				
Meaning exploration provides an opportunity for self-reflection (CFG)			A meaning exploration session should be created (CFG) (CI) (CQ)	
I don't look or search for meaning (CI) (CQ)			Avoid theology (CFG) (CI) (CQ)	
Meaning finds us (CI)			Don't create because of potential for pontificating (CQ)	
Meaning/value/importance comes from a variety of sources [friendships, health, connections to self and others, learning and finding self, work/employment,			May not be seen as relevant to recovery by people new to the group (CFG)	

music/art, morals, being honest, God, the Bible, Christian values, etc.] (CFG) (CQ) (CI)				
Meaning affects the quality of relationships (CFG)			Being in the group brings one out of oneself (CFG)	
Meaning helps create balance in one's life (CFG)			Would be refreshing (CFG)	
Meaning exploration leads to accomplishment (CFG)			More tools in the box (CFG)	
Meaning reflects Christian values of living for others and not focusing on self (CFG)				
Meaning helps me fix myself (CFG)			Clients will attend a meaning exploration session (CFG) (CI) (CQ)	
Meaning will come from oneself (CFG)			Would attend because it would be helpful, beneficial, provide information (CQ)	
Life is a journey (CFG)				
There is power in community and connection (CFG) (CI) (CSCQ)			Meaning exploration is consistent/in-line with The Mission's values (CFG) (CI) (CQ)	
Meaning is fluid (CFG)			Consistent with providing service and support (CQ)	
			Consistent with helping clients better their lives and make changes (CFG) (CQ)	
Cover the fact that meaning and finding meaning is different for everyone, otherwise may not be helpful			Look for consistency between the policies and practices of The Mission (CFG)	

as meaning is different for each person (CQ)				
Cover the positives and the negatives about experiences and meaning, as meaning gives options for positive and negative ways of living (CFG)			Keeps people alive (CFG)	
A range of topics can be discussed, including love, happiness, family, SMART goals, purpose, drive, other's expectations, etc. (CFG) (CI) (CQ)			Can't speak for The Mission (CI) (CQ)	
Focus on values, not meaning (CI)			Not consistent with The Mission's values as those look at God and Jesus, and meaning exploration is focused on guilt and shame (CQ)	
Cover spirituality and science (CFG) (CI)				
Differences between meaning and purpose (CFG)				
Group should have a secular approach and avoid appeal to a higher power/purpose (CI)				
Discuss taking responsibility for self and not for others (CI)				
Session should cover routines, values, cultural definitions, solutions, morals (CQ) (CI)				
TED talks and other video material (CFG) (CI) (CQ)				

More presentation and discussion than TED talks (CFG)				
Group discussion and cross-talk (CFG) (CI) (CQ)				
Hands on activities, outings (CI) (CQ)				
Jordan Peterson material (CFG) (CQ)				
A mix, a variety of materials (CFG)				

Appendix M – Staff Core Ideas

ACCEPABILITY	FEASIBILITY	SUSTAINABILITY	CREDIBILITY	OTHER
Understanding what is important to the clients from their perspective matters most (FLQ) (ATSFG) (ATSQ)	Yes, can be done in Day Program (FLQ) (CSCQ) (ATSFG) (ATSQ)	Mission staff can do this (FLQ) (CSCQ) (ATSFG) (ATSQ)	Meaning exploration session in Day Program would be helpful (FLQ) (CSCQ) (ATSFG) (ATSQ)	Great idea (FLQ) (CSCQ)
Each person has their own and unique perspective on what is meaningful [love, family, connection, God, etc.] (FLQ) (CSCQ)	Day Program is adaptable to the needs of the clients (FLQ)	Clients trust ATS staff (FLQ)	A session could be a motivating factor (FLQ) (ATSQ)	Clients may be scared by too much religion, spirituality, or theology (FLQ)
Understanding clients' perspectives will allow us to provide better services (FLQ) (ATSQ)	Meaning exploration is relevant to Day Program (FLQ)	Staff would need training and do research (FLQ) (CSCQ)	A session could provide and stimulate thinking and direction (FLQ) (CSCQ) (ATSFG)	Looking forward to clients' responses (ATSFG) (ATSQ)
Life with meaning is important to everyone (FLQ) (CSCQ) (ATSQ) (ATSFG)	Day Program is safe, creates community, and fosters discussion (ATSQ)	Guest speakers should come in (ATSQ) (FLQ) (ATSFG)	A session could be a stepping stone, something might resonate or plant a seed (ATSFG) (ATSQ)	
Meaning is motivating (FLQ)		Non-staff presenter could bring new, different, or fresh perspectives and ideas (FLQ)	May have different effects on different people (FLQ) (CSCQ)	
Meaning has a positive effect on sobriety (FLQ) (CSCQ) (ATSQ)	No unsupportable costs (should be within the Day Program budget) (FLQ) (CSCQ) (ATSFG) (ATSQ)	Non-staff because of boundaries (FLQ)	A session could provide clients with a greater sense of being valued by staff (ATSQ)	
Meaning exploration is relevant to all clients (FLQ) (CSCQ) (ATSFG) (ATSQ)	Mission should support any costs (CSCQ) (ATSFG)	Clients like to see other facilitators (ATSFG) (ATSQ)	Reflection is beneficial (FLQ)	

Meaning provides clients with a variety of benefits and positive emotions [optimism, joy, hope, purpose, direction, satisfaction, fulfillment, happiness, accomplishment, etc.] (ATSQ)		Both staff and non-staff (FLQ) (CSCQ) (ATSFG) (ATSQ)	Discussion is helpful (ATSFG)	
Meaning exploration allows for goal-setting mindset (FLQ) (CSCQ)		Any facilitator needs to be caring, genuine, and authentic (ATSFG) (ATSQ)	Helpful in the moment and later (ATSFG)	
Meaning exploration leads to finding value (FLQ)				
Meaning exploration can be helpful to open eyes to different paths (FLQ)			A meaning exploration session should be created (FLQ) (CSCQ) (ATSQ) (ATSFG)	
Meaning exploration provides an opportunity for discussion (FLQ) (CSCQ)			Would provide new outlook and motivation (FLQ) (ATSFG)	
There is a benefit from other's perspectives, including inspiration and support (FLQ) (ATSQ)			Can bring clarity and act as a catalyst for further exploration (ATSQ)	
Meaning exploration provides an opportunity for self-reflection (FLQ)			Promotes enlightenment, direction, belonging, connection, purpose (ATSFG)	
May be stressful or triggering to clients, requiring one-on-one sessions (FLQ) (ATSQ)			Create and be clear about the session's goals and purpose (ATSQ)	
May be difficult because of various presenting issues or lack of insight (CSCQ)			Be clear about the session's goals and purpose (ATSQ)	
We all search for meaning (ATSFG) (ATSQ)				

There is power in community and connection (CSCQ)			Clients will attend a meaning exploration session (FLQ) (CSCQ) (ATSFG) (ATSQ)	
			Clients want meaning in their life (FLQ)	
Cover the fact that meaning and finding meaning is different for everyone, otherwise may not be helpful as meaning is different for each person (FLQ) (ATSFG)			Connecting with others is positive (FLQ) (ATSFG)	
A range of topics can be discussed, including love, happiness, family, SMART goals, purpose, drive, other's expectations, etc. (FLQ)			Allows clients to grow (FLQ)	
Group should have a secular approach and avoid appeal to a higher power/purpose (FLQ) Cover acceptance of self and others (CSCQ)			Attending Day Program creates meaning (CSCQ)	
TED talks and other video material (FLQ)			Meaning exploration is consistent/in-line with The Mission's values (FLQ) (CSCQ) (ATSFG) (ATSQ)	
More presentation and discussion than TED talks (CSCQ)			Consistent with providing service and support(FLQ) (ATSFG) (ATSQ)	
Group discussion and cross-talk (FLQ) (ATSFG)			Consistent with helping clients better their lives and make changes (FLQ) (CSCQ) (ATSQ)	
Hands on activities, outings (FLQ) (ATSFG)			Mission meets clients where they're at (ATSFG)	

Use psych-education, including Frankl's Man's Search for Meaning (ATSFG) (ATSQ)			Mission treats clients with integrity and respect (ATSFG)	
A mix, a variety of materials (CSCQ) (ATSFG) (ATSQ)				

Appendix N – Overall Core Ideas

ACCEPTABILITY	FEASIBILITY	SUSTAINABILITY	CREDIBILITY	OTHER
Understanding what is important to the clients from their perspective matters most (FLQ) (ATSFG) (ATSQ)	Yes, can be done in Day Program (FLQ) (CFG) (CI) (CQ) (CSCQ) (ATSFG) (ATSQ)	Mission staff can do this (FLQ) (CFG) (CSCQ) (ATSFG) (ATSQ)	Meaning exploration session in Day Program would be helpful (FLQ) (CFG) (CI) (CQ) (CSCQ) (ATSFG) (ATSQ)	Great idea (FLQ) (CFG) (CSCQ)
Each person has their own and unique perspective on what is meaningful [love, family, connection, God, etc.] (FLQ) (CFG) (CI) (CQ) (CSCQ)	Day Program is adaptable to the needs of the clients (FLQ)	Clients trust ATS staff (FLQ)	A session could be a motivating factor (FLQ) (CFG) (ATSQ)	Clients may be scared by too much religion, spirituality, or theology (FLQ) (CFG) (CI) (CQ)
Understanding clients' perspectives will allow us to provide better services (FLQ) (ATSQ)	Meaning exploration is relevant to Day Program (FLQ)	Staff would need training and do research (FLQ) (CSCQ)	A session could provide and stimulate thinking and direction (FLQ) (CSCQ) (ATSFG)	May highlight that one's life doesn't have meaning (CQ)
Life with meaning is important to everyone (FLQ) (CQ) (CSCQ) (ATSQ) (ATSFG)	Group setting of Day Program allows for a sharing of different ideas, struggles and experiences (CFG)	Guest speakers should come in (ATSQ) (CQ) (FLQ) (CQ) (CI) (ATSFG)	A session could be a stepping stone, something might resonate or plant a seed (CFG) (ATSFG) (ATSQ)	Eventually all will be nothing; nothing has meaning (CI)
Meaning is motivating (FLQ)	Day Program is safe, creates community, and fosters discussion (ATSQ)	Non-staff presenter could bring new, different, or fresh perspectives and ideas (FLQ) (CFG) (CQ)	May have different effects on different people (FLQ) (CSCQ) (CI)	Meaning makes me sad (CI)
Meaning has a positive effect on sobriety (FLQ) (CQ) (CSCQ) (ATSQ)	Yes but make it optional or in an evening program (CI) (CQ)	Non-staff because of boundaries (FLQ)	A session could provide clients with a greater sense of being valued by staff (ATSQ)	Happiness and love cost (CI)
Meaning exploration is relevant to all clients (FLQ) (CSCQ) (ATSFG) (ATSQ) (CI) (CQ) (CFG)	Day Program is for everyone. (CFG) (CQ)	Clients like to see other facilitators (ATSFG) (ATSQ)	Reflection is beneficial (FLQ)	Thrift (CI)

Meaning provides clients with a variety of benefits and positive emotions [optimism, joy, hope, purpose, direction, satisfaction, fulfillment, happiness, accomplishment, etc.] (CQ) (ATSQ)		Non-staff could keep it trauma and theology free (CFG)	Helpful because it allows for the expression of different ideas (CFG) (CI) (CQ)	Looking forward to clients' responses (ATSFG) (ATSQ)
Life without meaning has a variety of effects on clients [sadness, loss, no reason to live, lost, depression, hopelessness, lack of boundaries, etc.] (CQ)	No unsupportable costs (should be within the Day Program budget) (FLQ) (CSCQ) (ATSFG) (ATSQ)	Both staff and non-staff (FLQ) (CFG) (CQ) (CSCQ) (ATSFG) (ATSQ) (CI)	Discussion is helpful (CFG) (CQ) (ATSFG)	
Clients look for meaning for a variety of reasons [fulfillment, purpose, education, sobriety, etc.] (CQ)	Mission should support any costs (CSCQ) (ATSFG)	Any facilitator needs to be caring, genuine, and authentic (ATSFG) (ATSQ)	Helpful in the moment and later (ATSFG)	
Clients look for meaning in a variety of ways [with others through conversation, research, experiences children, activities, community, work, family, friends, etc.] (CQ) (CFQ)				
Meaning exploration allows for goal-setting mindset (FLQ) (CSCQ)			A meaning exploration session should be created (FLQ) (CFG) (CI) (CQ) (CSCQ) (ATSQ) (ATSFG)	
Meaning exploration leads to finding value (FLQ)			Would provide new outlook and motivation (FLQ) (ATSFG)	
Meaning exploration can be helpful to open eyes to			Avoid theology (CFG) (CI) (CQ)	

different paths (FLQ) (CFG) (CQ)				
Meaning exploration provides an opportunity for discussion (FLQ) (CSCQ)			Can bring clarity and act as a catalyst for further exploration (ATSQ)	
There is a benefit from other's perspectives, including inspiration and support (FLQ) (CFG) (CQ) (ATSQ)			Promotes enlightenment, direction, belonging, connection, purpose (ATSFG)	
Meaning exploration provides an opportunity for self-reflection (CFG) (FLQ)			Create and be clear about the session's goals and purpose (ATSQ)	
May be stressful or triggering to clients, requiring one-on-one sessions (FLQ) (ATSQ)			Don't create because of potential for pontificating (CQ)	
May be difficult because of various presenting issues or lack of insight (CSCQ)			May not be seen as relevant to recovery by people new to the group (CFG)	
We all search for meaning (ATSFG) (ATSQ)			Being in the group brings one out of oneself (CFG)	
I don't look or search for meaning (CI) (CQ)			Would be refreshing (CFG)	
Meaning finds us (CI)			More tools in the box (CFG)	
Meaning/value/importance comes from a variety of sources [friendships, health, connections to self and others, learning and finding self, work/employment, music/art, morals, being honest, God, the Bible,			Be clear about the session's goals and purpose (ATSQ)	

Christian values, etc.] (CFG) (CQ) (CI)				
Meaning affects the quality of relationships (CFG)			Clients will attend a meaning exploration session (FLQ) (CFG) (CI) (CQ) (CSCQ) (ATSFG) (ATSQ)	
Meaning helps create balance in one's life (CFG)			Clients want meaning in their life (FLQ)	
Meaning exploration leads to accomplishment (CFG)			Connecting with others is positive (FLQ) (ATSFG)	
Meaning reflects Christian values of living for others and not focusing on self (CFG)			Allows clients to grow (FLQ)	
Meaning helps me fix myself (CFG)			Would attend because it would be helpful, beneficial, provide information (CQ)	
Meaning will come from oneself (CFG)			Attending Day Program creates meaning (CSCQ)	
Life is a journey (CFG)				
There is power in community and connection (CFG) (CI) (CSCQ)			Meaning exploration is consistent/in-line with The Mission's values (FLQ) (CFG) (CI) (CQ) (CSCQ) (ATSFG) (ATSQ)	
Meaning is fluid (CFG)			Consistent with providing service and support(FLQ) (CQ) (ATSFG) (ATSQ)	
			Consistent with helping clients better their lives and make changes (FLQ) (CFG) (CQ) (CSCQ) (ATSQ)	
Cover the fact that meaning and finding meaning is			Look for consistency between the policies and	

different for everyone, otherwise may not be helpful as meaning is different for each person (FLQ) (CQ) (ATSFG)			practices of The Mission (CFG)	
Cover the positives and the negatives about experiences and meaning, as meaning gives options for positive and negative ways of living (CFG)			Keeps people alive (CFG)	
A range of topics can be discussed, including love, happiness, family, SMART goals, purpose, drive, other's expectations, etc. (FLQ) (CFG) (CI) (CQ)			Can't speak for The Mission (CI) (CQ)	
Focus on values, not meaning (CI)			Not consistent with The Mission's values as those look at God and Jesus, and meaning exploration is focused on guilt and shame (CQ)	
Cover spirituality and science (CFG) (CI)			Mission meets clients where they're at (ATSFG)	
Differences between meaning and purpose (CFG)			Mission treats clients with integrity and respect (ATSFG)	
Group should have a secular approach and avoid appeal to a higher power/purpose (CI) (FLQ)				
Discuss taking responsibility for self and not for others (CI)				
Session should cover routines, values, cultural				

definitions, solutions, morals (CQ) (CI)				
Cover acceptance of self and others (CSCQ)				
TED talks and other video material (FLQ) (CFG) (CI) (CQ)				
More presentation and discussion than TED talks (CFG) (CSCQ)				
Group discussion and cross-talk (FLQ) (CFG) (CI) (CQ) (ATSFG)				
Hands on activities, outings (FLQ) (CI) (CQ) (ATSFG)				
Use psych-education, including Frankl's Man's Search for Meaning (ATSFG) (ATSQ)				
Jordan Peterson material (CFG) (CQ)				
A mix, a variety of materials (CFG) (CSCQ) (ATSFG) (ATSQ)				

Appendix O – Final Cross-Analysis

GENERAL THEMES (categories)	DOMAINS	REPRESENTATIVENESS of CORE IDEAS	SOURCES
Most, but not all of us (including clients) want and search for meaning, and meaning is important and relevant.	Acceptability, Feasibility, Credibility	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
Each person has their own perspective on meaning, including how it is defined (important, valuable, purpose, worthwhile, etc.), as well as its importance, its source, its effect, and where and how it can be explored, and this should be explained and discussed in a Day Program session.	Acceptability, Feasibility, Credibility	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
As the perspective of clients matters most and understanding these will lead to providing better service, meaning exploration sessions in Day Program should be client-centred as each client decides what is meaningful and how they choose to use meaning in their lives.	Acceptability, Credibility, Other	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
Meaning exploration is helpful and motivating, and meaning exploration sessions in Day Program would be helpful and motivating.	Acceptability, Credibility	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
Meaning exploration, and Day Program sessions on this, could provide a variety of benefits such as purpose, direction, inspiration, support, new ideas and tools, healing, respect for self and others, connection, commitment to healthy living, a sense of value, potential for growth, and goal-setting.	Acceptability, Credibility	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
Given that each client has his own perspective, be sensitive to how the material is presented and discussed, emphasizing choice and respect. Meaning exploration could trigger a stressful reaction in some clients, including the realization that one's life may not have meaning, which has a variety of effects.	Acceptability, Feasibility, Sustainability, Credibility, Other	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
Presenters should be clear about the purpose and goals of the Day Program meaning exploration sessions, including guidance on client conduct expectations and reinforcing clients' choice to attend.	Feasibility, Credibility	Variant	CI, CQ, ATSQ

Clients are looking for, and want to discuss, connection/family, which often results from the process of attending Day Program.	Acceptability, Feasibility, Credibility	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
The sharing and exploration in the Day Program meaning exploration sessions of differences in perspectives on meaning would be helpful, providing an opportunity for self-reflection, an opportunity to benefit from other's perspectives, and an opportunity to experience community and connection.	Acceptability, Feasibility, Credibility	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
Meaning exploration sessions in Day Program should cover a range of topics (focusing on the secular but not to the exclusion of the spiritual), recognizing that each person has their own perspective and that these change over time.	Acceptability, Credibility, Other	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
A mix of presentation methods and materials (video, presentations, activities, outings, psycho-education) should be used, focusing on presentations, and group discussion should be part of every session because of its value.	Acceptability, Feasibility, Credibility	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
While Mission staff can and should conduct meaning exploration sessions in Day Program, using guest speakers would provide clients with variety and different perspectives. Regardless, the facilitator needs to be caring, authentic, genuine, avoid personal opinions, and be sensitive to potential triggering of clients.	Sustainability, Credibility	Variant	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
No unsupportable costs are anticipated, and any additional costs should be funded by The Mission.	Feasibility	Variant	ATSFG, ATSQ, CSCQ, FLQ
Day Program sessions on meaning exploration would be consistent with the Mission's values, including providing support, treating clients with integrity and respect, helping clients value and better their lives.	Credibility	Variant	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ
Meaning exploration sessions can be done and should be created in Day Program as the program is adaptable, safe, open to all, clients would attend, and simply attending Day Program can be meaningful.	Acceptability, Feasibility, Sustainability, Credibility, Other	Typical	ATSFG, ATSQ, CFG, CI, CQ, CSCQ, FLQ

Specifics from the data to be considered when developing programming:

WHAT is meaningful: values, work, love, family, connection, God

SOURCES of meaning: from one self, connecting with others through conversation, research, experiences children, activities, community, work, family, friends, friendships, health, connections to self and others, learning and finding self, work/employment, music/art, morals, being honest, God, the Bible, Christian values

BENEFITS of meaning: optimism, joy, hope, freedom, purpose, direction, satisfaction, fulfillment, happiness, accomplishment, education, sobriety, balance

WITHOUT meaning: sadness, loss, no reason to live, lost, depression, hopelessness, lack of boundaries

TOPICS for a meaning exploration session: values, love, happiness, family, SMART goals, purpose, drive, other's expectations, spirituality, science, routines, cultural definitions, solutions, morals, acceptance of self and others, housing

MATERIAL for a meaning exploration session: presentations, discussions, activities, outings, TED talks, YouTube videos, Frankl's Man's Search for Meaning (work, connection, attitude), Jordan Peterson

Appendix P – Sample of Raw Data

Sample of compilation of responses from client questionnaires:

Q2: How do you feel when you feel your life has meaning? Is this helpful to you? Why/why not?

When life has a meaning, it makes you look forward to life. (CQ1)

Have calm. (CQ2)

I feel I have a sense of purpose and goals. This can be helpful when life seems unmanageable at times. (CQ3)

I feel sad. Being sad is not helpful to me at all. (CQ4)

I do not search for meaning because I see it as a pointless search. Humans are the only species of animals that are not content with simply being human (with their nature, i.e., a bear is content with being a bear). Our self-awareness and our awareness of our own mortality are constant concerns to us and I believe this to be a weakness. (CQ5)

Satisfied. Fulfilled. Happy. Less stress, anxiety, etc. It is helpful to me as it provides a better quality of life. (CQ7)

I cannot answer this question for I don't know yet. (CQ8)

A good feeling inside. Smart. Responsible. Yes, keeps us moving in positive direction. (CQ9)

I feel more optimistic and is helpful because it is a motivating factor to keep going forward to the next day. (CQ10)

Great. Happy. Love myself. (CQ12)

When I put the water in the pot for the cannabis I feel helpful – Ha! Ha! My life has meaning and purpose. That is what is important for direction in my life. (CQ13)

I feel like I'm on cloud 9. That is very important in order to live life to its full potential. (CQ14)

Meaningful. Accomplished. Fulfilled. Helpful. Happy. Content. Successful. Useful. Able to assist others find individualized meaning. (CQ15)

Sample of compilation of responses from Front Line staff questionnaires:

Q2: Do you think a life with meaning is important to Day Program clients? Why/why not?

Yes, because it gives the clients something to strive towards in their process and it keeps them motivated on their journey to finding it. (FLQ1)

I feel like when we spiral as humans we tend to lose/forget what's meaningful to us. Having that reminder in classes/talks is so important in order to better our day to day life. (FLQ2)

Yes, I do believe that as clients are searching for their success story. They need to find meaning in order to have goals. (FLQ3)

Yes. Finding meaning may not be the primary focus at this time, but it remains important. Life without meaning makes it difficult to seek sobriety. (FLQ4)

Yes. It is a major motivator to continue on through hard times and can focus one's effort on what really matters. (FLQ5)

Having a meaning to life <u>is</u> important. By finding meaning they a find a reason to have positive life and, therefore, get clean/sober. (FLQ6)

Yes, as it gives motivation to complete the program successfully. (FLQ7)

Appendix Q – NVivo Coding Samples

Excerpts from coding for "sustainability. "Coverage" refers to the percentage of the source file covered by the coded text.

<Files\\ATS Focus Group Notes (2019-12-03)> - § 3 references coded [4.28% Coverage]

Reference 1 - 1.48% Coverage

For the most part staff could facilitate.
One time guest speakers down the line.

Reference 2 - 1.85% Coverage

Clients like to see other facilitators.
Staff could definitely facilitate and are more than capable.

Reference 3 - 0.95% Coverage

Whoever does facilitate has to care about the topic.

<Files\\Front Line Staff Questionnaires> - § 7 references coded [5.73% Coverage]

Reference 1 - 1.49% Coverage

Yes, I think the staff at the Mission would only have to do this because if they really wanted outside options, they could turn to different avenues like video clips. (FLQ1)

Reference 2 - 0.92% Coverage

I feel like someone from outside the Mission would need to conduct these sessions due to boundaries. (FLQ2)

Reference 3 - 0.52% Coverage

Maintaining familiar faces would benefit the clients. (FLQ3)

Reference 4 - 0.48% Coverage

I think training Mission staff would be adequate. (FLQ4)

Reference 5 - 1.03% Coverage

Staff from the Mission should be able to facilitate he session, provided they do proper research and preparation. (FLQ5)

Reference 6 - 0.66% Coverage

Mission staff would be best as the clients trust them and can be open. (FLQ6)

Reference 7 - 0.62% Coverage

Both, as a different face can help bring a different perspective. (FLQ7)

<Files\\Transciption - Client Interview (CI2)> - § 1 reference coded [2.20% Coverage]

Reference 1 - 2.20% Coverage

Get an outside speaker once a month. Someone from AA.

<Files\\Transcription - Client Focus Group 06112019 and 18122019 (complete and cleaned)> - § 3 references coded [1.64% Coverage]

Reference 1 - 1.36% Coverage

We already did that when you brought in somebody one day to do that, and I found that to actually give it another twist to what we're doing in this class. I enjoyed that because it was the personal thing, you know, rather than watching somebody on the TV, this person said something and we were able to get input and to put input into what was being said and done. And I found that just the dynamics was much more broad.

Reference 2 - 0.19% Coverage

no, not other... it's your show, but I would say have somebody pop in and also

Reference 3 - 0.09% Coverage

It makes for this group much more fresh.

Excerpts from coding for “acceptability”, sub-coded to “life without meaning”.

<Files\\Client Questionnaires> - § 12 references coded [3.20% Coverage]

Reference 1 - 0.35% Coverage

1. It makes me feel like you don’t have a reason to live. (CQ1)

Reference 2 - 0.06% Coverage

2. Sad. (CQ2)

Reference 3 - 0.23% Coverage

I feel lost, isolated, depressed. (CQ3)

Reference 4 - 0.38% Coverage

I am missing important meeting. I am not productive at all. (CQ4)

Reference 5 - 0.28% Coverage

I usually use drugs to not think about it. (CQ8)

Reference 6 - 0.12% Coverage

Depress. Lost. (CQ9)

Reference 7 - 0.53% Coverage

I find myself becoming lethargic and depressed when I feel that life has no meaning. (CQ10)

Reference 8 - 0.07% Coverage

Free. (CQ11)

Reference 9 - 0.12% Coverage

Sad. Hurtful. (CQ12)

Reference 10 - 0.14% Coverage

Sad and hopeless. (CQ13)

Reference 11 - 0.35% Coverage

I feel discouraged, sluggish, anxious, and depressed. (CQ14)

Reference 12 - 0.58% Coverage

Disappointed, resentful, nihilistic, depressed, without direction, no reason to move forward. (CQ15)

<Files\\Transciption - Client Interview (CI2)> - § 1 reference coded [3.10% Coverage]

Reference 1 - 3.10% Coverage

I've always had purpose/drive. Without meaning I push limits and boundaries.

Appendix R – Selection of NVivo Word Clouds

Overall raw data word cloud (top 25 words):

Overall NVivo nodes word cloud (top 25 words):

Overall domain word cloud (top 25 words):

Overall core ideas word cloud (top 25 words):

Final cross-analysis word cloud (top 25 words):

General themes word cloud (top 25 words):

Overall raw data word cloud (all words):