Meaning Exploration and Well-Being for People Experiencing Homelessness: Program Development and Evaluation Using a Knowledge Translation-Integrated Based Consensual Qualitative Research Approach

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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. A 2020 Nanos Research poll conducted for the Canadian Alliance to End Homelessness, 1 in 20 Canadians say they have experienced homelessness at one point in their life, 36% of Canadians have experienced homelessness themselves or know someone who has experienced homelessness, and over 1 in 5 Canadians report having a friend or acquaintance that has experienced homelessness. In addition to experiencing a range of physical ailments, between 23% and 74% of people experiencing homelessness report having some type of mental illness or problem. While community-based approaches to mental health interventions for people experiencing homelessness are effective, many neither address nor explore the concept of "meaning" and its relevance to their lives, including mental health, substance use intervention, and resilience, itself a contributor to positive mental health. Those programs that do address this topic have not engaged people experiencing homelessness in the development of such programs, which can be detrimental to program use and effectiveness. Using a stakeholder-informed knowledge translation-integrated (KTI) model, the present study integrates learnings on mental health interventions with people experiencing homelessness, Housing First principles, community-based and participatory action principles, and the importance of meaning to well-being with the recommendations of the Mental Health Commission of Canada on knowledge translation, and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans interrelated ethical principles of respect for persons, concern for welfare, and justice as applied to this vulnerable population. Using a KTI-based consensual qualitative research methodology, a client driven meaning exploration session and a client driven well-being measurement were developed, validated, and evaluated with and for

clients of The Ottawa Mission's Day Program. Based on the stakeholder-generated general themes that emerged from the research, client driven meaning exploration sessions and the validated client driven well-being measurements are likely to be helpful and motivating to clients, and clients stated that they would attend such sessions, use such measures, and participate in the further development of these. The program evaluability assessment indicated that further evaluation of the potential effect of client driven meaning exploration sessions on well-being is merited.

Keywords: homelessness, Housing First, meaning, resiliency, well-being, ethics, knowledge translation, KTI, consensual qualitative research, programming, measure development

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CHAPTER ONE: INTRODUCTION and LITERATURE REVIEW

Introduction

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), and possibly up to 300,000 individuals experiencing homelessness in Canada (The Homeless Hub, n.d.). 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). These numbers typically do not capture 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 (McDermott et al., 2019; Rech, 2019). These factors may contribute to the findings in a report from the Canadian Alliance to End Homelessness (CAEH) indicating that the numbers may be higher than reported. Based on a Nanos poll conducted in July 2020 for the CAEH, 1 in 20 Canadians say they have experienced homelessness at one point in their life, 36% of Canadians have been homeless themselves or know someone who has been homeless, and over one in five Canadians report having a friend or acquaintance that has experienced homelessness (Nanos Research, 2020). In a 2022 Nanos poll of Ottawa residents, 83% of those surveyed stated that ending homelessness is an urgent goal that needs to be worked on (Nanos Research, 2022).

Being homeless has significant effects on the overall health of the person. People experiencing homelessness 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 people experiencing homelessness 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). An international meta-analysis found that the mental health challenges faced by people experiencing homelessness 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). These findings highlight a number of challenging health outcomes experienced by people experiencing homelessness 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). As will be discussed, these measures, and their effectiveness, should be assessed and addressed in consultation and collaboration with people experiencing homelessness.

Significantly, and depending on the study, 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 people experiencing homelessness 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, 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 people experiencing homelessness experience alcohol dependency, 4.5% to 54.2% of people experiencing homelessness experience drug dependency, and between 2.8% and 42.3% of people experiencing homelessness 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 will be discussed, mental health challenges are key predictors of, contributors to, and ever-present in homelessness.

The importance of meaning and resiliency to psychological well-being (Frankl, 2006; Ivtzan et al., 2015; Wong, 2011) makes these concepts relevant in considering their possible positive association with the well-being of people experiencing homelessness, given the mental health and other challenges they face on a daily basis. *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 can be seen as an exploratory activity, or a journey, rather than a static point in

time destination, engaged by doing or creating, by experiencing or connecting, or by choosing one's attitude in the face of a set of circumstances (Frankl, 1988, 2006). *Resiliency* can be described as a fluid, situationally-based adaptive process wherein a person, in response to a range of stressors, has the strength to face and deal with the stressor, can return to a pre-stressor level of functioning, and, post-stressor, can grow and become stronger as a result of this experience (Ivtzan et al., 2015; Ungar, 2008; Wong, 2011).

Meaning-centered approaches to addiction therapy and dealing with *existential* issues, including hopelessness and lack of purpose, have also been proposed (Carreno & Pérez-Escobar, 2019). A lack of meaning was found to significantly correlate with drug use among adolescents (Kinnier & Metha, 1994). Meaning has been highlighted as an important element of an effective therapeutic alliance with clients experiencing homelessness (Walsh et al., 2010). Research has indicated that meaning and resiliency may be positive contributors to the overall well-being of people experiencing homelessness (Durbin et al., 2019; Ferguson et al., 2018; Grenier et al., 2016; Rew et al., 2019). As part of his Master's thesis (Fabes, 2020), the author conducted a qualitative needs analysis in respect of meaning exploration programming with staff and clients of The Ottawa Mission. 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, each to a higher degree than in regular Day Program sessions. These phenomena 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).

There is a need, therefore, for meaning-based mental health programming for people experiencing homelessness that is not only effective but will also be implemented and utilized. Additionally, given their potential positive effects, client-driven programming incorporating meaning-based and existential focused therapies as means of promoting resiliency to foster well-being among those experiencing homelessness should also be explored.

Might meaning exploration programming developed with and for people experiencing homelessness be predictive of their well-being? In what ways?

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. 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 precondition for discovering meaning, or even ultimate meaning, arguably another indicator of meaning's accessibility and discoverability. Religion, and religion viewed as part of spirituality, can be significant contributors to meaning exploration (Spännäri & Laceulle, 2021).

These pathways reflect an individual's interaction with the world, and within themselves. In a review of meaning making theories, particularly in relation to life stressors, Park (2010) identifies a number distinctions relevant to the concept of meaning. Global meaning refers to an individual's overall view of the world, themselves, and their place in the world. Descriptors such as values, schemas, and beliefs are used when exploring global meaning (Park, 2010). Contrast this with situational meaning, the focus of which is the occurrence of a stressful encounter, one's reaction to it, and the processing of that event with reference to the individual's global meaning (Park, 2010). The processes involved in changing views when the circumstances of a situation do not align with then current values is referred to as meaning making, the product of which is described as "meanings made". These can include having made sense of a situation, accepting or coming to terms with the situation, a reattributions or reappraisal of the meaning of a situation, a

sense of personal growth, a change or integration of one's identity, changes in global beliefs and values, and a changed sense of meaning in life (Park, 2010).

Meaning exploration 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 contribute positively 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 results in a British Columbia addictions treatment facility (Thompson, 2012). A sixteen session meaning-centered grief therapy was found to be positively associated with 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).

Existentialism

Meaning exploration and resiliency building may also be enhanced by incorporating existential based psychotherapy. Existentialism can be seen as a quest to make sense of the reality of living in the everyday world (van Deurzen, 2009). Therapy based on existentialism has both philosophical and psychodynamic roots. In one survey article, Correia et al. (2018) outline the different foundations for the primary schools of existential therapy. These include phenomenological and humanistic perspectives, varying degrees of psychoanalytic influences, and varying perspectives on dysfunction and growth (Correia et al., 2018). Frankl's logotherapy is considered a separate school, while Yalom is categorized as an existential-humanist (Correia et al., 2018). Of particular interest are the similarities between the schools: the personal experience of clients, the phenomenological method of enquiry, the clients' way of being-in-the-world, agreement on existential-philosophical assumptions, and striving for authenticity (Correia et al., 2018). Interestingly, in respect of the existential-humanistic, existential-phenomenological, and logotherapy schools of existential therapy, both Frankl and Yalom were the most referenced by participants as influential authors and having written the most influential texts (Correia et al., 2018).

The imposition of one's worldview upon another, be it religious, social, political, or psychological, is an ongoing phenomenon given that humans are typically self-centered (van Deurzen, 2009). This is particularly relevant to many experiencing homelessness; they often are subject to prejudice and stigma based solely on their status as "homeless", resulting in an "imposed existence". Existentialism has been viewed as a response to these impositions (van Deurzen, 2009). In particular, it can be viewed as a reclaiming of one's "independence of

thinking about life" (van Deurzen, 2009, p. 3). For many experiencing homelessness, the ability to think independently is often the only freedom they retain.

The concept of authenticity, central to effectiveness within psychotherapy (Rogers, 1989), was addressed by both Kierkegaard and Heidegger as a move away from a focus on the external distractions, that impulse to avoid an examination and discovery of one's own self (Sadigh, 2010). A failure to act authentically can result in becoming caught "in the grip of profound guilt, sorrow, anxiety, and the reality of death" (Sadigh, 2010, p. 81). In looking inward, however, both these philosophers remind us that we exist in a community, and that the needs of others are to be considered (Sadigh, 2010). In the whole, the existential quest is a human one, filled with both purpose and meaning (Wardle, 2016). In that quest, there is also a search for truth, one that acknowledges that logic is not impersonal, and that our subjective experience encompasses more than the personal (Tubbs, 2013).

Authenticity has been described as a primary objective of existential psychotherapy (Groth, 2008). By responding to clients with unconditional positive regard, we provide an opportunity for them to move from existential angst towards authenticity (Temple & Gall, 2018). In an extensive survey of meaning-based interventions, existential analysis is summarized as an intervention wherein "[c]lients are supported to develop an authentic and responsible attitude towards their lives" (Vos & Vitali, 2018, p. 623). Authenticity is a lived experience: "Existential psychotherapy does not seek to cure or explain, it merely seeks to explore, describe and clarify in order to try to understand the human predicament" (van Deurzen, 2009, p. 4). And authenticity in the face of death, freedom, and responsibility, of specific relevance to Yalom as discussed below, are all elements of that predicament.

Interestingly, a review of Yalom's own writings reveals important parallels to both the themes and techniques of Frankl's logotherapy. On a noögenic level, clients "fall into despair as a result of a confrontation with harsh facts of the human condition" (I. D. Yalom, 2017, p. xvi). For I. D. Yalom (2017) existential therapy "is a dynamic therapeutic approach that focuses on concerns rooted in existence" (p. xvi). This dynamism is rooted in Freud's view of human processing, the internal, and often unconscious, conflicting forces that affect and influence an individual's emotions, thoughts, and behaviours (I. D. Yalom, 2017). Conflict arises not only from "suppressed internal strivings or internalized significant adults or shards of forgotten traumatic memories, but also from our confrontation with the "givens' of existence. These givens are the four "ultimate concerns", namely, "death, isolation, meaning in life, and freedom" (I. D. Yalom, 2017, p. xvii). As psychotherapists, I. D. Yalom (2017) instructs us to supplement our existing training by increasing our "sensibility to existential issues" (p. xvii). Therapy, then, is focused on the content (the existential issues) and the process (the within session interpersonal relationship between the client and the therapist) (I. D. Yalom, 2017).

Process. The "here and now" is described by I. D. Yalom (2017) as "what is happening *here* (in this office, in this relationship, in the *in-betweenness* – the space between me and you) and now, in this immediate hour" (p. 46). Its focus on the here and now de-emphasizes, without negating, the client's past and history (I. D. Yalom, 2017). While this may appear to be a rejection of logotherapy's guided autobiography technique, of more interest is the focus on the here and now as a method of dereflection. For Yalom, the significance of the here and now stems from both "the importance of interpersonal relationships" and "the idea of therapy as a social microcosm" (I. D. Yalom, 2017, p. 47). From a logotherapy perspective, both can be linked

directly to our need for connection – what we do with or for, and how we are seen by, others matter.

While advocating for the intentional use of silence, Yalom acknowledges the importance of having available a number of therapeutic techniques, given the importance of adapting to each unique client (I. D. Yalom, 2017). Regardless, it is not the technique in and of itself that is important; rather, it is the information gathered from the technique that promotes awareness and learning (I. D. Yalom, 2017). I. D. Yalom (2017) uses home visits, role playing, epitaph composition, and the exploration of family pictures as part of his therapeutic interventions. Ultimately, what the client learns in session is to be applied in their external life (I. D. Yalom, 2017).

Yalom states that individual and group therapies differ not only in format, but in their respective "fundamental *frame of reference*" (I. D. Yalom, 2017, pp. xv–xvi). He states that in groups, it is the "inability to develop and sustain gratifying interpersonal relationships" that is the source of despair (I. D. Yalom, 2017, p. xvi). This is in contrast to individual existential therapy and its focus on the despair resulting from confrontation with the "givens" of existence. I. D. Yalom (2017) instructs that, in relation to the use of the here and now, "that human problems are largely relational and that an individual's interpersonal problems will ultimately be manifested in the here-and-now of the therapy encounter" (p. 48). As isolation is one of the "givens" of existence, the use of a group to explore an individual's existential despair seems logical and natural. Again, given our need for connection, or attachment (Armstrong, 2018c), it appears that the use of a group can provide a rich environment for resolution of existential angst. I. D. Yalom himself is a proponent and committed user of group therapy. In his work, without differentiating between existential therapy and group therapy, he describes the usefulness of group exercises

coupled with the debriefing within groups of those same exercises (see for example I. D. Yalom, 2017, pp. 179–180). Furthermore he advocates for the use of brief interactive group therapy, stressing the focus on process (the here and now) rather than substance (V. J. Yalom & Yalom, 1990). Frankl himself used logotherapy in group settings (Marshall & Marshall, 2012).

A number of studies have explored the potential benefits of existential group therapy. Meaning based group therapy was found to be likely effective with depression, hope, death anxiety, and medication compliance with a group of diabetic patients with depression (Bahar et al., 2021). Group therapy may be a factor in increasing the resiliency of homeless mothers (Knight, 2017). That study highlighted the significance of self-efficacy, a construct supported with a focus on freedom and responsibility. Meaning based group therapy was found potentially to have some positive effects on the death anxiety of patients with advanced cancer (Grossman et al., 2018). Finally, in a survey of existential therapies, meaning based group therapies appeared to have a more positive psychological effect than did participation in a social support group (Vos et al., 2015).

Content. The content of Yalom's existential therapy centres around addressing the ultimate concerns of death, isolation, meaning in life, and freedom. I. D. Yalom (2017) admonishes therapists to talk about *death* given that it is a construct central to our existence. In other words, we cannot live an authentic life ignoring the fact of death. He encourages expanding grief and bereavement work to include an exploration of the effect of the death of the other on our own mortality (I. D. Yalom, 2017). Within an existence that has no absolute meaning, and where we are ultimately alone and *isolated*, I. D. Yalom (2017) encourages therapists to talk with their clients about *life meaning*. In doing so the focus is on engaging in the discussion, rather than focusing on a solution (I. D. Yalom, 2017). *Freedom* generates an anxiety that speaks to its

dark side: If one is free, then one is also *responsible* (I. D. Yalom, 2017). In order for there to be real therapeutic change, clients are to be encouraged to understand and assume responsibility. Interestingly, while the onus is on the individual, the exercise of responsibility must be done with reference to others (I. D. Yalom, 2017). In other words, the onus is isolating while the exercise allows for connection.

Group therapy has been proposed as a means of combatting isolation and promoting connection amongst homeless women (Knight, 2017). The ability of people experiencing homelessness to confront lack of meaning, isolation, and the responsibility of choice has been studied and used to develop a humanistic-existential counselling model (Sumerlin, 1996; Sumerlin & Bundrick, 1997). Existential therapy, as a means of fostering meaning making, has been recommended to address both homelessness and substance use (Weinberg, 2013).

Spirituality

Spiritual experiences have been found to be a motivating factor likely contributing to decreased substance use (Gutierrez et al., 2021). Meaningful spiritual experiences were also found to appear to contribute to positive mental health outcomes in a group of women experiencing homelessness (Hodge et al., 2012). Religion and spirituality were found to possibly contribute positively to men in a faith-based recovery programming who also experienced homelessness (Lovett & Weisz, 2021). An increase in religiosity was found to be potentially predictive of the perceived well-being of a group of chronically homeless men (Tsai & Rosenheck, 2011).

The interplay and personal interpretation of the words “religion” and “spirituality” need be considered. Griffith (2010) argues that religion and spirituality cannot be looked at separately “as if they bore no kinship”. In understanding their interplay, the therapist gains an understanding

that spirituality, as a personal search for, and experience of, the transcendent, is, historically, a fundamental of every religion. It is in understanding that common foundation that we can come to an appreciation that the distinction between spirituality and religion can become unimportant. Ultimately, each fosters an experience of the transcendent or the sacred, founded in the experience of being human (Bregman, 2006).

Within that set of experiences, therapists listen for how the power of spirituality has affected their clients' lives. In doing so a psychological, rather theological approach, is used to access the healing power of spirituality, and, in doing so, foster an enlightened resilience within those clients. As instructed by Griffith (2010), challenges to the healing power of spirituality include: moral dilemmas, adherence that does not alleviate suffering, exposure to religious predators, group/peer pressure, and misinterpretation as a result of mental illness. These, however, present opportunities for the therapist to interact respectfully, compassionately, and responsibly with clients experiencing these challenges.

From a Jungian perspective, healthy individuation is comprised of the following elements: engagement with and sensitivity to the unconscious; acknowledging and integrating the shadow aspects of one's psyche; adopting a reflexive rather than a prescriptive approach to development; and engaging with the wider collective (or collective unconscious) (Jung et al., 1968; Ladkin et al., 2018). This is a holistic, authentic approach to psychological health and a means to "involve all aspects of the self, lest they leak out in unhelpful or even destructive ways" (Ladkin et al., 2018, p. 422).

Johnson (2013), in developing an integrative approach to spirituality in psychotherapy, discusses the importance of recognizing and integrating the shadow. Clients need to develop a "realistic and holistic understanding of all parts of their personality". Only in doing so can they

develop a sustainable wholeness and peace. If the belief is held that humans are part of the divine, and that the divine is also found within humans, there may be an opportunity to reflect on the divine having its own shadow. This becomes comprehensible when Jung's collective unconsciousness is viewed as a way to access and interact with the divine. And if there exists a capacity to know and learn from the shadow, then there should also exist the capacity to do the same with the shadow of the divine. Then, as Johnson (2013) posits a "sustainable moral vision needs to include all of who they are", this may apply to what might be considered the ultimate moral vision, that of the divine's.

Embracing the shadow is not a call to acting with impunity. Johnson (2013) instructs that choices in respect of the self can be made that "are congruent with [your] personal integrity". And a focused examination of spirituality helps in supporting a "value-driven life" that considers all of one's needs, those internally driven and those externally driven. In this regard, the spiritual significance of community as seen in the work of Henri Nouwen (Lazarus, 2021) may be instructive.

In speaking of the spirituality of community, Nouwen reflects on the process of "claiming, reclaiming, and proclaiming" one's humanity (Lazarus, 2021, p. 99). As part of this exercise, an individual gains insight into the greater importance of their similarities with others, rather than their differences. In doing so, the individual discovers the peace and joy found in the sharing of sameness, without focusing on having to make a difference. An expansive reading of Nouwen opens a door to acknowledging one's vulnerability by seeing it in others, and in doing so, gaining respect and acceptance for both oneself and others (Lazarus, 2021).

Imaginary

Parallels can be seen between this values-based integration of the shadow and Durand's Anthropological Structures of the Imaginary (ASI) as discussed by Bellehumeur and Carignan (2021). ASI acknowledges that opposites can co-exist, and the recognition and acceptance of this reality can lead to meaning making (Bellehumeur & Carignan, 2018). The ability to do so is informed by the existence throughout cultures of "reservoirs of images and symbols which continue to shape our way of thinking, living and dreaming" (Bellehumeur & Carignan, 2018, p. 75).

Durand expounds on the activity or processing occurring as these images, and their resulting emotions and symbols, become part of human rationality. He distinguishes between the opposing diurnal and nocturnal regimes of the imaginary, mediated by a crepuscular regime. For Durand, the diurnal regime is characterized as having an heroic structure characterized by a predisposition to "stand up against adversity, to distinguish or clarify between what is good and bad, to decide between what is true and what is false, and to elevate us from what is false" (Bellehumeur & Carignan, 2021, p. 81). It is described as being both reflexive and productive (Bellehumeur & Carignan, 2018, 2021). Taken to an extreme, results in the image of the white knight acting valorously to slay the dragon and save the innocent (though dying himself in the process).

The nocturnal regime is characterized as having a mystical structure, referring to an integration, fusion, or absorption within the individual of them and the world. While described as a place of peace and harmony, it can also be seen as a place of acknowledgement and acceptance of difficult circumstances and individual limitations (Bellehumeur & Carignan, 2021). While an internal process, it need not be accomplished in isolation (Bellehumeur & Carignan, 2021). The

extreme of this might be seen as the proverbial ostrich with its head in the sand, oblivious to any mortal danger up on the surface.

The crepuscular regime, with its access to the imaginary, creates a place of discovery where opposites can be synthesized, where the polarities of the diurnal and nocturnal regimes can reside harmoniously (Bellehumeur & Carignan, 2018, 2021). And it is a synthesis that is sought, in recognition of the value and necessity of the existence of these opposites. Rather, they are held "together in harmony without any will of exclusion", allowing for a resulting holistic health (Bellehumeur & Carignan, 2021, p. 83).

Jungian Considerations

The role of a present-focused unconscious (rather than the Freudian childhood-centered unconscious) in psychological functioning is critical for Jung (Papadopoulos, 2006; Sedgwick, 2003; Tacey, 2012). This importance of the ongoing operation of the unconscious in the present and its integration via the consciousness into the psyche is reflected in the following key concepts.

Consciousness and Unconsciousness. The role of the conscious, or the ego or self, while secondary to that of the unconscious, remains important as the mechanism by which the unconscious is integrated (Papadopoulos, 2006, 2006; Tacey, 2012). The ego is more than the sense of what we are and what we experience, it is also "an awareness of having experienced these things in time" (Sedgwick, 2003, p. 21). There are limits, though, to how much the conscious can process.

The unconscious is more than an overflow for what cannot be processed consciously as it also contains our reactions to and feelings about our experiences (Sedgwick, 2003). More importantly, the unconscious also contains a set of inherited, collective psychic structures

(Haule, 2010; Sedgwick, 2003). These archetypes, related to common human and psychological experiences, serve an organizing function for what we experience and feel, and drive the creation of new content for the psyche (Sedgwick, 2003).

Personality. A person's persona, for Jung, is the method through which they represent themself to, and interact with, society (Ladkin et al., 2018; Sedgwick, 2003). As described by Sedgwick (2003) the "persona is a necessary adaptation to society's regulations and its more subtle expectations, and also an expression of one's self" (p. 21).

The shadow is comprised of less desirable or inferior elements of the self, deemed so because of their incompatibility with a chosen conception of the ego. The shadow is a valid part of one's psyche and failure to recognize it as such has consequences. A repression of the shadow "will only amass more and more energy, building up to the point where it needs to be released in some way" (Ladkin et al., 2018, p. 421).

A complex is a structure upon which personality is based, the unifying one of which is self-consciousness, or ego. Personality is comprised of the central ego and these "part-selves", primarily unconscious, but which can supplant the ego temporarily (Sedgwick, 2003).

Individuation and Psychological Health. Individuation is the foundational and grounding psychic process through which a person develops over time while adapting to external demands and internal needs (Haule, 2010). Individuation allows the integration of the conscious and the unconscious, creating an opportunity for the emergence of a new means of operating. Consistent with this duality, individuation is a result of this ongoing tension between the conscious and the unconscious (Haule, 2010).

Individuation is not synonymous with isolation as it requires an engagement with others with an eye to what benefits the common good (Ladkin et al., 2018). The reasons for this are

twofold: firstly, it is impossible to have true knowledge of the self without reference to, and reflection back from, others; and, secondly, individuation occurs with, and for the benefit of, a community (Ladkin et al., 2018).

It is through individuation that a person achieves psychological health. Not some idealized balance, this is a dynamic ebb and flow between the conscious and the unconscious. Jung (1968) states that an "ability to control one's emotions that may be very desirable from one point of view would be a questionable accomplishment from another, for it would deprive social intercourse of variety, colour, and warmth" (p. 8).

Healthy individuation is comprised of the following elements: engagement with and sensitivity to the unconscious; acknowledging and integrating the shadow aspects of one's psyche; adopting a reflexive rather than a prescriptive approach to development; and engaging with the wider collective (Ladkin et al., 2018). This is a holistic, authentic approach to psychological health and a means to "involve all aspects of the self, lest they leak out in unhelpful or even destructive ways" (Ladkin et al., 2018, p. 423). Originally, Jung viewed complexes as a source of pathology. These unconscious organizing mechanisms were seen as the cause of a client's suffering (Papadopoulos, 2006; Tacey, 2012). Through revelation and analysis, they became integrated into the psyche and ceased to be pathological (Sedgwick, 2003).

Dysfunction can also result when one strives to be compliant with external demands to the detriment of one's inner true self (Sedgwick, 2003). Dysfunction can be seen also as a resistance to the ebb and flow of the dialogue between the conscious and the unconscious, preventing one from achieving authentic individuation. This results from a fear or unhealthy view of the unconscious, creating a schism which prevents the conscious self from benefiting from the unconscious' "subliminal psychic contents, all those things which have been forgotten

or overlooked, as well as the wisdom and experience of uncounted centuries which are laid down in its archetypal organs" (Jung, 2014, p. 116). In this sense the unconscious is not to be feared but is a potential source of nourishment and adaptation (DelMonte, 2012).

For Jung, dysfunction, being a part of life, also serves an unconscious purpose by providing an opportunity for healing and strengthening of the psyche. Jung concludes that a "man is ill, but the illness is nature's attempt to heal him, and what the neurotic flings away as absolutely worthless contains the true gold we should never have found elsewhere" (as cited in Sedgwick, 2003, p. 28).

Theory of Change. The Jungian approach advocates for change through the therapeutic process recognizing "the full extent to which a mutual involvement in the psychotherapeutic relationship is the key dimension in psychological healing" (Sedgwick, 2003). Therapy creates a sacred place where the client can feel safe in sharing their deepest feelings as together client and therapist journey through suffering towards healing. In group therapy, this is expanded to include fellow participants. Within that healing relationship, transference and countertransference are welcomed and explored within the journey through the four stages of Jungian psychotherapy.

Sedgwick (2003) describes the key elements of a healthy therapeutic relationship. This is a relationship based on an acknowledgement and embracing of two personalities, that of the client and that of the therapist, with a focus on the personal, not the technical. There is a focus on the unconscious, an acknowledgment that there is more that is unknown about each than is known. The application of this acknowledgement to the therapist helps to maintain another important element of the relationship, that of the level playing field, a meeting of equals. There is also a recognition that each personality will affect the other and that from this interaction is formed a potential basis for the healing of the client.

In the Jungian approach transference is acknowledged and welcomed but, different from its Freudian roots, is not judged. While there may be ties to past experience, a client's current difficulties may actually be grounded in their current experience. Even the traditional Jungian assumption that a current event is tied to an archetype is to be avoided. As stated by Sedgwick (2003), we "simply do not know until we get there what will fit with a patient's outlook" (p. 51). As Jung states, "The less the psychotherapist knows in advance, the better the chances for the treatment" (as cited in Sedgwick, 2003, p. 51).

The therapist must willingly experience appropriate countertransference. Doing so facilitates a corrective emotional experience that results when a "synthesis is reached not interpretively but through a healing participation in the therapeutic relationship" (Sedgwick, 2003, p. 64). Out of these propositions comes the familiar Jungian view of the therapist as the archetypal wounded healer. As described by Conchar & Repper (2014), the therapist both takes on his client's suffering and shares this back, and also uses his own hurt and pain to build the strength he needs to assist his client.

Confession, elucidation, education, and transformation, the four stages in Jungian therapy, are summarized by Haule (2010): confession requires the acknowledgement (by both the head and the heart) of what is kept secret not only from the client themself but from others, and is accomplished through transference; elucidation is the interpretation of the transference with the goal of reducing the client's fixation on a problematic worldview; education assists the client in finding new, healthy ways to function as an individual in society; transformation aims to help the client move beyond being healed towards satisfaction and fulfillment in areas not yet identified by the client.

An Integrative Approach

As previously discussed, Frankl's (1988, 2000, 2006) pathways to meaning (doing, connecting, choosing) reflect an individual's interaction with the world, and within themselves. This is echoed in Park's (2010) conceptualization of global meaning and situational meaning, and the meaning making that results as each affects the other. This process is also relevant as an individual navigates the pervasive existential concerns of freedom and responsibility, and the reality of death. Spirituality, and within it access to, and interaction with, the divine, can be meaningful resources on that journey. An appreciation of, and willingness to engage with, a community can both embolden the heroics within the diurnal regime, while deepening the comfort of the nocturnal regime.

There is also the potential for harnessing the mitigating and assimilating role that the crepuscular regime, and within it the operation of the imaginary, plays in respect of the diurnal and nocturnal regimes to facilitate Jungian intra-psychic processing and healing. Within the imaginary there is room for meaningful manifestations of both the divine and the collective unconscious. The crepuscular regime can be viewed as being at the centre of the meaning making process, promoting individuation and transformation as "meanings made".

Throughout, this iterative interplay, and the resulting ebb and flow from within the individual to beyond the individual and their interactions with others and the world, signals the potential for transcendent growth. Collectively, these have the potential for contributing positively to meaning discovery, resiliency building and, ultimately, well-being.

Resilience

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. It is also consistent with the significant role that community plays in the development of a healthy spirituality (Lazarus, 2021).

Based on these studies, and in particular the inclusion of ecological and cultural determinants of resiliency, Wong (2011) describes resilience as being "a complex and multifaceted adaptation process with cognitive, behavioural, social, and cultural components" (p. 75). 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). Interestingly, Cyrulnik (2003) identifies both meaning and bonding (or connecting) as key elements in the development of resilience.

Meaning Exploration and the Well-Being of People Experiencing Homelessness

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 clients experiencing homelessness may address some of the ethical concerns that arise in respect of people experiencing homelessness as a marginalized population (Silva et al., 2011).

Some researchers have taken the position that potentially the most effective of Frankl's pathways to meaning is through interacting or connecting with others to form secure attachments (Armstrong, 2018c). An authentic attachment with self and others has also been identified as an essential component of resolving substance and other addictions (Maté, 2018). The importance of attachment as a positive contributor to longevity was highlighted in ongoing findings from an extensive longitudinal study of longevity contributors (Vaillant, 2012). Building on this, rational emotive attachment logotherapy (R.E.A.L.) uses a set of holistic tools that target feelings, thoughts, attachment, and meaning (Armstrong, 2016, 2018c). 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,

2018c). Additionally, this is also consistent with promoting the striving for happiness/overcoming adversity meaning mindset initially described by Armstrong (2018d), explored by Wong (as cited in Rogerson et al., 2019), and further explored by Armstrong and Potter (2022).

In addition to using techniques from rational emotive behaviour therapy (Ellis & Joffe-Ellis, 2019) and logotherapy (Frankl, 1988), 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, 2018c). 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). R.E.A.L. has been used to prevent smartphone addiction (Armstrong, 2018b). R.E.A.L. exists under the umbrella of Meaning Mindset Theory (Armstrong & Potter, 2022). Meaning (Armstrong et al., 2018) involves agency over attitudes (thoughts) and behaviours, hope (even a seed of hope) for the future, a self-concept in which one views oneself as a person of value who is capable of reaching goals, and openness to experience and to feelings, allowing for the recognition of meaningful moments. Recently, the cultivation of Meaning Mindset has been proposed through the practice of the following activities, represented by the acronym C.H.A.N.G.E. (Armstrong & Potter, 2022):

1. **c**hallenging negative thinking;
2. engaging in **h**ealthy actions
3. **a**cknowledging one's circumstances
4. acknowledging and acting on our **n**eed for connection (which includes perspective taking and self-compassion);
5. practicing **g**ratitude; and
6. developing and expressing one's **e**motions.

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 people experiencing homelessness, 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 people experiencing homelessness could enhance their well-being (Lomas & Ivtzan, 2016). In addition, addressing both the negative and positive can promote both a healthy integration of the individual's spirituality (Johnson, 2013) and healthy individuation (Ladkin et al., 2018).

Promoting agency through the development of a comprehensive meaning mindset contextualized in the community of the person experiencing homelessness may further enhance resiliency (Ungar, 2008; Ungar & Lerner, 2008). And as this is consistent with Housing First principles, it may lead to a successful move away from homelessness (Gaetz, Scott, et al., 2013).

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 (described below) 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 scores were correlated with greater days of housing stability (Durbin et al., 2019).

Resiliency has been found to be a positive, defining characteristic of older people experiencing homelessness 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 correlated 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). A potential 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 people experiencing homelessness, 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). In a recent study, inner peace leading to hope, both in the context of spirituality, was found to be a likely contributor to the resilience of people experiencing homelessness (Lu et al., 2021).

Developed in the context of a psychotherapeutic intervention for chronic pain, Bellehumeur and Carignan (2021) propose an eight-point approach based on their analysis of the

interplay between resilience, spirituality, and the imaginary that acknowledges the negative experiences of the client while creating space for a way through and forward:

> "accompany this person in his fight against chronic pain and resignation
>
> by listening to him (or her) and supporting him (or her) in his (or her)
>
> treatment;
>
> maintain a reassuring emotional connection by allowing verbalizations
>
> of fears and doubts;
>
> encourage and stimulate physical and intellectual activities;
>
> help when it is necessary to let go, as living as before may not be possible
>
> anymore;
>
> lead the person to look to the future;
>
> encourage him (or her) to use his (or her) creativity;
>
> support him (or her) projects and dreams;
>
> offer him (or her) moments of happiness, such as trips or other festive
>
> activities, among many other things". (Bellehumeur & Carignan, 2021, p. 87)

With their focus on personal reflection, resource utilization, and the promotion of resiliency, all in the face of physical and psychological challenges, these are potentially adaptable to assist people struggling with the detrimental effects of homelessness on physical and mental well-being.

Despite the existence of some meaning and resilience-based approaches for programming for people experiencing homelessness, their addictions, and their mental health, stakeholders, in particular those who are experiencing homelessness, have not been engaged in the development of such programs. 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; Armstrong, 2017; Armstrong et al., 2018; Judd, 2001).

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.

Effectiveness of Client Developed Programming

Mental health interventions, including for people experiencing homelessness, 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 people experiencing homelessness 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 helpful in counteracting stigma while potentially 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 people experiencing homelessness (Schreiter et al., 2017).

Harm Reduction. Interventions and supports based on harm reduction, rather than on abstinence, have been found to be likely effective in counteracting stigma while contributing to housing stability and wellness (Gaetz & Dej, 2017; Pauly et al., 2013; Pottie et al., 2020). In another study, support programs based solely on abstinence were suggested as contributing to a higher rate of alcohol dependency among people experiencing homelessness (Schreiter et al.,

2017). Harm reduction in the treatment of substance use has been viewed as consistent with, and enabling of, the following principles from the Code of Ethics for Registered Nurses: safe, competent, and ethical care; health and well-being; dignity; choice; and justice (Iammarino & Pauly, 2021; Pauly et al., 2007). It has also been suggested that harm reduction moves beyond its focus on drug supply and drug use to address the historical, socio-cultural, and political influences affecting the mental health treatment and substance use (Smye et al., 2011).

In contrast to abstinence only programs, an assertive community treatment approach tailored to an individual's particular needs has been found to be helpful in treating mental health issues in the homeless population (Coldwell & Bender, 2007; G. Nelson et al., 2007). This approach used 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 address chronic mental health challenges faced by people experiencing homelessness (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 people experiencing homelessness 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 people experiencing homelessness in improving their housing retention, reducing their use of social services, and improving their mental health (Aubry et al., 2016; Gaetz, Scott, et al., 2013; Gaetz et al., 2016; 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 to 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 complement 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, 2019). 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, 2019). 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, 2019).

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 people experiencing homelessness, including Housing First, however, is that many neither address nor explore the concept of "meaning" and its relevance to the lives of these 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).

Is a Consensual Qualitative Research Methodology for Program Development and Evaluation Consistent with the Ethical Principles Applicable to Research with People Experiencing Homelessness?

A review of the predictors of homelessness help explain the underlying contributors to overall health concerns. An understanding of the following factors will serve as a foundation for determining and understanding the ethical considerations applicable when conducting research with people experiencing homelessness.

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).

Ethical Research with People Experiencing Homelessness

In Canada, the standard for the ethical research involving humans was established by the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC), and the Social Sciences and Humanities Research Council (SSHRC) , and is set out in its Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) (Canadian Institutes of Health Research et al., 2018). While compliance with the Policy is a condition for obtaining funding from one of the three named entities, a number of institutions (including Saint Paul University) require compliance with the Policy for both funded and unfunded research.

The TCPS has the following interrelated fundamental core principles: respect for persons, concern for welfare, and justice (Canadian Institutes of Health Research et al., 2018). It also addresses research with vulnerable participants, as well as qualitative research.

Respect for Persons. The TCPS describes *respect for persons* as recognizing "the intrinsic value of human beings and the respect and consideration that they are due" (Canadian Institutes of Health Research et al., 2018, p. 6). Focused on research participants, this principle focuses on respect for autonomy and the protection of those with diminished autonomy. Autonomy is concerned with deference to a person's judgement and to that person's ability to freely make choices without interference. The exercise of a person's autonomy is examined contextually, not in isolation. Accordingly, constraints possibly interfering in such exercise are not limited to the parameters and conditions of a particular study. They also include financial, environmental, cultural, cognitive, and health factors.

The TCPS describes mechanisms that can promote participant autonomy. These include fulsome, tailored informed and ongoing consent, timely information dissemination, and, as a rule

rather than an exception, involvement of participants in decision making (Canadian Institutes of Health Research et al., 2018, pp. 6–7). Each of these should be dynamic, reflecting changes not only to the study but also to changes in participants' circumstances.

Concern for Welfare. As described in the TCPS, the *welfare of a person* is the "quality of that person's experience of life in all its aspects" (Canadian Institutes of Health Research et al., 2018, p. 7). Accordingly, the concern is with the impact of the research on the overall health of the participant (physical, mental, and spiritual) as well as on their life circumstances (physical, economic, and social), as well as the impact of these on persons important to the participant. The TCPS outlines a number of factors affecting welfare, including housing, employment, security, and social resources. A person's right to privacy and control over their personal information are also contributors to a person's welfare.

In the TCPS, harm to the welfare of participants is an expansive concept, including any negative effects whether through inaction or action on the part of the researchers. Researchers are required to undertake a fulsome risk assessment of the potential risks and benefits to those asked to participate, as well as to those excluded from participation. While it is incumbent upon the researchers to arrive at an optimum balance of the risks and benefits, the decision as to its acceptability remains with the participant. While the welfare of the community is also considered, it is not to take precedence over the welfare of an individual participant. The TCPS suggests that, in keeping with the principle of respect for the person, participants and affected communities be involved in the research design process.

Justice. The TCPS describes *justice* as the "obligation to treat people fairly and equitably" (Canadian Institutes of Health Research et al., 2018, p. 8). Fair treatment involves respect and concern for all. Equitable treatment focuses on the distribution of the benefits and

risks of the research, including the denial of benefits, in such a way as to not unduly burden any particular segment of the subject population. The TCPS discusses how justice does not always mean similar treatment, accounting for the necessity of differential treatment to either promote equality or prevent inequality. The vulnerability of a person (discussed in more detail below) is highlighted as an important consideration when determining fair and equitable treatment. Recruitment procedures, inclusion criteria, and management of the inherent power differential between researchers and participants are each to be considered when assessing the fair and equitable conduct of the research.

Principlism. Interestingly, the Policy does not reference any specific authors. Similarities can be found, however, between its guiding principles and the four principles outlined by Beauchamp in The Theory, Method, and Practice of Principlism (2014). While developed in the context of biomedical ethics, these principles have wide application to any field of study involving human participants. More than a theoretical framework, Beauchamp strives for a practical application of his four "clusters of principles": respect for autonomy, nonmaleficence, beneficence, and justice (Beauchamp, 2014).

Autonomy refers to "self-rule free from conditions that control actions" (Beauchamp, 2014, p. 5). Focusing on liberty (free from controlling influence) and agency (person-initiated action), autonomy requires respect for the decision making ability of the participants, free from interference (Beauchamp, 2014). While similar to the TCPS principle of respect for persons, autonomy under principlism does not specifically address protection of a person's autonomy.

Nonmaleficence refers to the obligation to "abstain from causing harms to others" (Beauchamp, 2014, p. 7). *Beneficence* refers to "acting intentionally to benefit others", requiring positive action to both prevent harm, and "to do or promote good" (Beauchamp, 2014, p. 9).

Taken as a whole, nonmaleficence and beneficence capture the considerations addressed by the TCPS principle of concern for welfare.

Justice is the "fair and appropriate treatment in light of what is due or owed to individuals", and contains the concept of *distributive justice* being the "fair and appropriate distribution of benefits and burdens" (Beauchamp, 2014, p. 11). With its grounding in social justice, this conceptualization of justice is similar to the TCPS principle of justice.

Qualitative Research. The TCPS addresses some additional considerations when conducting qualitative research. These include the requirement for the researcher to engage in focused reflection, curiosity, and questioning. Researchers are to be dynamic and flexible in their approach, and adapting to changing circumstances of the participants and the research environment. Doing so, according to the TCPS, contributes "to the overall strength and rigour of data collection and analysis" (Canadian Institutes of Health Research et al., 2018, p. 134).

Vulnerable Participants. Article 4.7 (Participants' Vulnerability and Research) of the TCPS states: "Individuals or groups whose circumstances may make them vulnerable in the context of research should not be inappropriately included or automatically excluded from participation in research on the basis of their circumstances" (Canadian Institutes of Health Research et al., 2018, p. 54). The concern is with both not creating vulnerability, and with addressing an individual's ability to safeguard their own interests. This involves both an understanding of a participant and their community's particular circumstances, and of how these may be specifically affected by the subject research. Vulnerability is a dynamic concept that is assessed in a specific situation, and monitored as individual and contextual circumstances change (Canadian Institutes of Health Research et al., 2018).

Determined vulnerabilities can be addressed in a number of ways. As discussed above, these include having participants and communities participate in the research design process, inclusion criteria, informed and ongoing consent, benefit/burden allocation, and through information dissemination.

The importance of personal reflection when conducting research with vulnerable persons was highlighted by two social science researchers working with marginalized women who had breast cancer (J. Nelson & Gould, 2005). Exploring their own preconceptions, assumptions, and outcome hopes was seen to be helpful in attuning to, and addressing, the inherent power imbalance present in this work. The following questions were developed to promote reflexivity:

- How do our personal life experiences influence our project choices?
- What aspects of the work attract us? What aspects do we resist?
- Do our subject positions—situations in which we find ourselves with regard to systems of power, privilege, dominance and marginality—change over time? If so, how does this influence our research?
- As researchers working for social change and to improve the experiences of marginalized women, what are our reflections about the political nature of this work? (J. Nelson & Gould, 2005, pp. 328–329)

Based on her experiences working with the LBGTQ community, Levy, self-described as straight and cisgender, provides the following guidance when conducting research with marginalized persons (Levy, 2013):

- Develop knowledge about the population and reflect on your positionality, including your interest in the population, and any presuppositions you might have
- Involve the population under study in the planning of the research project
- To cultivate participant diversity, expand your network for recruiting participants
- Involve participants in data analysis
- Ensure that results are disseminated to the participants.

The process and findings from a collaborative study between academics and community members (including people struggling with substance use and people experiencing homelessness) of Vancouver's downtown eastside are instructive. Being a "heavily researched population", the goal of the project was to "to explore how we could work together to encourage more respectful, community-responsive research and discourage research that is exploitative, unhelpful, or disrespectful" (Neufeld et al., 2019, p. 2). The resulting co-authored Manifesto for Ethical Research in the Downtown Eastside states:

> **First**, when starting a research partnership we want to know some things about who researchers are to ensure this work can start off in a good way.
>
> **Second**, during the initial phases of planning the research we want to subject research projects to our own community-based ethical review, in addition to the university-based ethics review process most research requires.
>
> **Third**, we expect researchers to include us in all aspects of the research process, and have some expectations for how "peer" researchers can be included fairly and in ways that acknowledge the value of our unique expertise, including fair pay for our work.

> **Finally**, once the research is complete we expect that researchers won't just disappear, but will return to share their findings in a meaningful way with us and continue working together with us to turn research into action for positive change. (Neufeld et al., 2019, referenced addendum)

This Manifesto is a "real world" practical and actionable supplement to the ethical principles contained in the TCPS.

The challenges faced by adhering to traditional, trial-based research ethics were addressed in a study that examined ethical considerations when implementing a Housing First program in several Canadian cities (Silva et al., 2011). In discussing the challenges faced when working in real time with, in the case, people experiencing homelessness, the need for pre-study consultation with relevant stakeholders, for the study to be context-driven, and the need for researchers to be "nimble and dynamic" are highlighted (Silva et al., 2011, p. 10). These are reflective of some of the qualitative research guidance provided in the TCPS.

The ethics of conducting research with people experiencing homelessness were discussed in a report based on longitudinal cohort studies, and a study of homelessness and death (Runnels et al., 2009). Consistent with the TCPS ethical principles, this study highlighted the importance of informed consent, appropriate compensation, protection and safety of participants, addressing harm and distress, and follow-up interviews.

Given these ethical principles, and before examining a specific research methodology in detail, it is helpful to discuss frameworks for how research is conducted, used, and disseminated. Particularly, frameworks that engage vulnerable populations are instructive when considering the development of programming for people experiencing homelessness. Furthermore, doing so

honours the spirit of the leadership and inclusivity principles established by the Lived Experience Advisory Council (2016) entitled “Nothing about us without us”.9

Knowledge Translation

Engaging key knowledge users (stakeholders, including research participants) 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 is 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 programming (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).

Taken as a whole, the CIHR knowledge translation recommendations appear to be consistent with, and actionable for, the TCPS ethical principles. Table 1 presents key CIHR knowledge translation elements with the corresponding ethical principles of respect for persons, concern for welfare, and justice.

Table 1

CIHR Knowledge Translation/Methodological Correspondence

CIHR Knowledge Translation Element:	**Ethical Principle:**		
	Respect for persons (autonomy)	Concern for welfare (nonmaleficence and beneficence)	Justice
Appropriate research question		✓	
Fluid research methodology	✓	✓	
Feasibility of the study as determined by stakeholders	✓	✓	✓
Research project impact, including positive effects on health		✓	✓
Promoting action	✓	✓	✓
Dissemination beyond participants			✓
Communication strategies		✓	✓
Program delivery requirements addressed		✓	✓

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 project's 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). The substance and the language of these also reflects the ethical principles outlined in the TCPS.

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). Beyond being merely inclusionary, the effects of community representation can extend potentially to the resolution of existential angst (I. D. Yalom, 2017), and the furtherance of the healing aspects of spirituality (Lazarus, 2021).

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). Community based participatory research methodologies have been used to assess the needs of transgender and gender nonconforming youth (Katz-Wise et al., 2019), to assess barriers to stable housing (Shukla et al., 2021), and to support people experiencing both diabetes and homelessness (Campbell et al., 2021).

Knowledge Translation-Integrated Approach (KTI)

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, including participants, 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 (Judd, 2001; Silva et al., 2011).

KTI-Based Consensual Qualitative Research

Ethical principles need to be actioned. Beauchamp (2014) refers to the "specification" of the ethical principles. Simply put, this is, in a specific instance, the "why" and "how" of the compliance with the ethical principles.

As a phenomenological approach, consensual qualitative research (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, research ethics when working with vulnerable populations, and the KTI approach to program development previously discussed. It is also consistent with the "Nothing about us without us' principle of recognizing the lived experience of people experiencing homelessness as well as engaging them in the decisions made during the research process (Lived Experience Advisory Council, 2016).

CQR is an ideologically constructivist approach that is especially focused on mutual influencing and consensus building: 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, 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); consensus is used to arrive at judgements about the

meaning of data; data is coded into domains from which core ideas are developed for cross-analysis; the cross-analysis enriches the core ideas from which they are created, validated by 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; an auditor is used to check the work of the primary reviewers, with a similar function performed by a review by 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, research ethics when working with vulnerable populations, and the KTI approach to program development previously discussed.

In KTI-based CQR, all data is coded into one of the following KTI standards-based domains: acceptability, feasibility, sustainability, and credibility. Data not fitting into one of those domains is assigned to the "other" domain. Capturing all data, regardless of whether it "fits" into one of the KTI standards, is consistent with CQR principles, especially when researching marginalized or vulnerable populations (Brown et al., 2017; Houshmand & Spanierman, 2021). When the KTI standards are used to underpin CQR, consensus building and mutual influencing can be further enhanced (Fabes, 2020).

The author is unaware of other instances where KTI is specifically used to underpin a CQR methodology. A KTI model has been used to develop an interactive video-based mental health and well-being measurement for children (Armstrong et al., 2020b), a school-based mental health promotion program for children (Armstrong, 2017; Armstrong et al., 2018), a mental health measure (Armstrong et al., 2020b, 2020a), and a program for families on mental health waitlists (Watt, 2020). CQR has, however, been used with several different vulnerable or marginalized populations, including people experiencing homelessness:

- CQR was used to understand the experience of people seeking shelter who were on a shelter's waitlist (Brown et al., 2017). That study created themes and cross-analysis exclusively based on participant responses, with an expansive analysis of those responses.
- CQR was used to explore the meaning of homelessness, masculinity, and social class among men experiencing homelessness (Liu et al., 2009).
- The meaning of work was studied among people living with serious mental illness, including some experiencing homelessness, using CQR (Millner et al., 2020). That study included people with lived experience on the research team.
- CQR was used to understand the lived experience of persons recovering from crystal meth use (Coleman et al., 2021).
- Researchers have used CQR to develop a scale measuring resistance to racism (Suyemoto et al., 2021). This use of CQR is of particular interest to this author as a participant developed well-being measurement is part of this study .
- A CQR methodology has also been used to study the experiences of non-monogamous gay and bisexual men (Stewart et al., 2021), cisgender male drag queens (Knutson et al., 2020), low-income Chinese migrant workers (Tu et al., 2019), and Muslim Arab American Women (Alsaidi et al., 2021).

Not all of the studies consulted with participants in designing the research, or having themes and/or cross-analysis reviewed by participants. None of these referenced ethical considerations, other than review by a Research Ethics Board.

Table 2 presents the KTI-based CQR methodological elements with the corresponding ethical principles of respect for persons, concern for welfare, and justice.

Table 2

Ethical/Methodological Correspondence

Methodological Element:	**Ethical Principle:**		
	Respect for persons (autonomy)	Concern for welfare (nonmaleficence and beneficence)	Justice
Needs analysis as a precursor to project design	✓	✓	✓
Participant review of research design	✓	✓	✓
Participant review of informed consent	✓	✓	✓
Researcher reflection and disclosure	✓	✓	
Participant review of focus group questions	✓	✓	✓
Participant review of themes and cross-analysis	✓	✓	✓
Auditor review of themes and cross-analysis	✓	✓	✓
Acceptability of the program	✓	✓	
Feasibility of the program	✓	✓	
Sustainability of the program	✓	✓	
Credibility of the program (stakeholder/participant driven evaluation)	✓	✓	✓

The use of KTI standards to underpin CQR creates a practical platform upon which to apply and implement ethical research when working with people experiencing homelessness. More than a set of organizational constructs, this approach can ensure that the research focuses on the expressed needs and relevant circumstances of the stakeholders, especially those of the participants. They can serve as an effective check and balance on the expectations and biases of

the researchers. From the creation of the research questions to the informed consent, to the data collection options, right through to consultation before finalizing the general themes, each phase of the research can be conducted referring back to these "first principles" encapsulated by the KTI standards. As a result, there is high confidence that the applicable ethical guidelines will be respected. Applying this approach throughout the development, execution, and evaluation stages of meaning exploration programming for people experiencing homelessness hopefully will have a similar outcome.

Researcher Observations from Master's Thesis (Fabes, 2020)

The Masters thesis 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 The Ottawa Mission's 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). Furthermore, they may also reflect the desired outcomes of ethical research envisioned in both the TCPS and the Manifesto for Ethical Research in the Downtown Eastside.

Programming at 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 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. This suite of programming is consistent with Housing First principles (Gaetz, Scott, et al., 2013; Munn-Rivard, 2014).

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 Day and Hope Programs are harm reduction based, while the residential Stabilization Program, residential LifeHouse program, and the residential Second Stage program are abstinence based. The ATS team also provides individual counselling to community members.

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. Providing ongoing support to clients who are no longer at the shelter, or in one of ATS' residential programs, is consistent with Housing First principles (Gaetz, Scott, et al., 2013; Munn-Rivard, 2014).

The Day Program provides education about addiction, mental health, and related issues, and helps participants develop new skills and strategies for changing behaviors. 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. Currently, in response to restrictions imposed by Ottawa Public Health as a result of the COVID pandemic, Day Program is being held in person three times per week (previously seven times per week).

The Mission's *Hope Program* sleeping quarters are moderately secluded from the rest of the shelter, providing residents with a greater sense of security, safety, and community than the general shelter beds at The Mission. Similar to the Day Program, the Hope Program is harm reduction based, and operationalizes the Housing First principle of fostering client well-being through supporting recovery, including through the use of harm reduction (Gaetz, Scott, et al., 2013; Munn-Rivard, 2014). 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.

Originality and Research Questions

Given the potential benefits of a meaning-based approach to the well-being of people experiencing homelessness, it may be beneficial to integrate meaning exploration into programming for that population. As discussed, improving the well-being of people experiencing homelessness may also further the goals of Housing First. Specifically, it may be integral to the identification of, and support for, mental health considerations relevant to the prevention of homelessness (Gaetz, Scott, et al., 2013; Munn-Rivard, 2014). As noted previously, very few programs incorporate meaning exploration into their approaches for people experiencing homelessness. Programs that have incorporated meaning exploration have not consulted with such people in the development or evaluation of that programming. As discussed, programs that do not include program participants as well as other 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).

The author previously undertook a needs assessment (Fabes, 2020) with clients and staff of The Ottawa Mission using a KTI-based CQR methodology in respect of the following question: What would make a meaning exploration session an acceptable, feasible, sustainable, and credible program? Table 3 contains the final cross-analysis of that research.

Table 3

Cross-Analysis: Meaning Exploration Needs Analysis

GENERAL THEMES (categories)	**DOMAINS**
Most, but not all of us (including clients) want and search for meaning, and meaning is important and relevant.	Acceptability, Feasibility, Credibility
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
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
Meaning exploration is helpful and motivating, and meaning exploration sessions in Day Program would be helpful and motivating.	Acceptability, Credibility
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
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
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
Clients are looking for, and want to discuss, connection/family, which often results from the process of attending Day Program.	Acceptability, Feasibility, Credibility
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

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
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
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
No unsupportable costs are anticipated, and any additional costs should be funded by The Mission.	Feasibility
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
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

In addition, client data from that needs assessment provided the following specifics from the data to be considered when developing programming:

1. **What is meaningful**: values, work, love, family, connection, God
2. **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
3. **Benefits of meaning**: optimism, joy, hope, freedom, purpose, direction, satisfaction, fulfillment, happiness, accomplishment, education, sobriety, balance

4. **Without meaning**: sadness, loss, no reason to live, lost, depression, hopelessness, lack of boundaries
5. **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
6. **Format 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

For the current study, in which a meaning exploration session was developed as an extension of the author's Masters research, proposed programming was submitted to clients for their review and comment. Following this, a meaning exploration session was constructed based on this client data, consistent with the integrative theoretical framework previously discussed. Specifically, concerning the theoretical framework, meaning exploration programming promoting resiliency should address the following, adapted from the meaning mindset protocol proposed by Armstrong & Potter (2022):

1. *Agency over reactions and actions*: This reflects both the action-based pathways to meaning discovery and the freedom to act possessed by all human beings (Frankl, 1988, 2006; I. D. Yalom, 2017);
2. *Acknowledgement of the realities of existence*: This includes the range of stressors individuals encounter, the burden of responsibility, and the inevitability of death (Ivtzan et al., 2015; I. D. Yalom, 2017);
3. *Holistic self-concept*: Building on the acknowledgement of the realities of existence, this concept reflects the necessity to acknowledge an individual's range of behaviours, thoughts,

and emotions. It recognizes the reality of the diurnal and nocturnal regimes, of the individual's persona and shadow, and the value of each in promoting well-being (Bellehumeur & Carignan, 2021; Jung, 2014);

4. *Openness*: This concept addresses an openness to different experiences, including the possibility of change. These include spirituality as a resource, the transcendent experience of the divine, the healing potential of community, and the possibilities generated by the imaginary (Bellehumeur & Carignan, 2021; Griffith, 2010; Johnson, 2013; Lazarus, 2021).

Accordingly, the author, with the support of The Ottawa Mission (The Mission), explored the following research questions, using the results of the previously conducted needs assessment underpinned by the integrative theoretical framework previously discussed, using a KTI-based CQR methodology, with stakeholders at The Ottawa Mission:

1. Using a KTI-based CQR methodology, what would make a meaning exploration session an acceptable, feasible, sustainable, and credible program? More specifically:
    a. *Acceptability*: What type of programming do stakeholders believe will adequately address the needs expressed in the prior needs assessment on meaning exploration?
    b. *Feasibility*: Do stakeholders perceive that the program will be feasible from a time and resource use perspective?
    c. *Sustainability*: Do stakeholders have concerns about, or recommendations to enhance, program sustainability?
    d. *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?

2. To date, as noted, no brief measures of meaning mindset and well-being exist that would be appropriate for use with people experiencing homelessness. Only a brief broader purpose in life questionnaire exists. Thus, in order to measure potential effectiveness of the meaning exploration session, new measures had to be developed. Using a KTI-based CQR methodology, therefore, it is important to determine what would make client driven well-being measurements acceptable, feasible, sustainable, and credible indicators of well-being. More specifically:
    a. *Acceptability*: Do all items capture stakeholders' expressed views on well being? Are the resulting items consistent with other well being measures validated by the existing literature? Are all items understood and answered correctly by client stakeholders? Are there any items that stakeholders perceive would adversely affect survey cooperation?
    b. *Feasibility*: What is the response rate, how long does it take to complete the measures, and what is the proportion of unanswered items? Are the measures designed in a way that would enhance their completion? Are staff stakeholders willing and able to administer the measures?
    c. *Sustainability*: Are stakeholders satisfied with the measures? Do stakeholders suggest changing anything in the measures? Do stakeholders believe that the measures will be of use over time?
    d. *Credibility*: Are the measures perceived by stakeholders to address well being? Do the measures exhibit content and face validity? In other words, do the measures demonstrate internal consistency reliability and convergent validity when compared to previously validated measures?

3. Using quantitative statistical analysis to conduct a program evaluability assessment, is there any relationship between a client driven meaning exploration session and the perceived well-being of those clients?

CHAPTER TWO: METHODOLOGY

Pre-Execution

In keeping with the spirit of conducting ethical research with vulnerable populations (Neufeld et al., 2019), and prior to executing on it, this methodology was reviewed and commented on by clients of the Hope and Day Programs of The Mission. This also included a review by the clients of the Informed Consent.

A total of four clients from the Hope Program agreed to be interviewed about this study's methodology and the Informed Consent. In addition, ten clients participated in a focus group during Day Program where this study's methodology and the Informed Consent were presented and discussed. All 14 participating clients identified as male. They ranged in age from 26 to 63 (M = 42.64, SD = 10.36). All clients identified as experiencing or having experienced homelessness. The questions asked of the clients during the Pre-Execution Phase are contained in Appendix A.

Introduction to the Research Phases

The primary study was a four-phase, mixed methods study. Phase I was program development, Phase II was measure development, Phase III was measure validation, and Phase IV was the program evaluability assessment.

Phase I (program development), responding to the qualitative components of research question 1, used the results of the previously referenced needs analysis (Fabes, 2020) to develop

and implement client driven meaning exploration programming using a knowledge translation-integrated (KTI) based consensual qualitative research (CQR, and together, KTI-based CQR) methodology.

Phase II (measure development), responding to the qualitative components of research question 2, developed a client driven well-being measurement (CDWBS) using an exploratory sequential mixed methods design (Creswell & Creswell, 2018) using the following process:

1) CQR was used to explore how clients describe and assess their well-being (Stage 1 of Phase II); and

2) A client driven well-being measurement, in the form of a survey (CDWBS), based on the results from the CQR analysis, was constructed and then commented on by clients and staff using KTI-based CQR addressing the qualitative components of the KTI principles (being a subset of the questions comprising research question 2) as follows (Stage 2 of Phase II):

    i) *Acceptability*: Do all items capture stakeholders' expressed views on well-being? Are all items understood by client stakeholders? Are there any items that stakeholders perceive would adversely affect survey cooperation?

    ii) *Feasibility*: Is the measure designed in a way that would enhance measure completion? Are staff stakeholders willing and able to administer the measure?

    iii) *Sustainability*: Are stakeholders satisfied with the measure? Do stakeholders suggest changing anything in the measure? Do stakeholders believe that the measure will be of use over time?

    iv) *Credibility*: Is the measure perceived by stakeholders to address well-being?

In ***Phase III*** (measure validation), the CDWBS was embedded in a multi-question survey (MQS) that also contained demographic questions, the short form Purpose in Life (PIL-SF) scale (Schulenberg et al., 2011) and the short form of the Adult Identity and Meaning Scale (AIMS-SF). The MQS (without reference to the demographic questions) itself, and combinations of the CDWBS, AIMS-SF, and PIL-SF as "subscales" of the MQS were also validated. The rationale for this is described in the Phase III – Measure Validation section in the Methodology chapter, below. Prior to Phase I of the present study, the AIMS-SF was specifically created for this present study as this measure is sensitive to change with a brief intervention, since it measures meaning in *daily* life: agency, hope, self-concept, and hope (Armstrong, unpublished data as cited in and further validated by Watt [2020]). The full rationale for the AIMS-SF is discussed below. Development and validation of the AIMS-SF are described in the Phase II and Phase III sections of the Methodology and Results chapters, below.

Based on the previously validated short form of the Child Identity and Purpose Questionnaire – Interactive (Armstrong et al., 2020a), the Adult Identity and Meaning Scale (AIMS) was constructed for a better application to adults (Armstrong, unpublished data, as cited in [Watt, 2020]). AIMS, a text-based self-report, was originally validated by Armstrong (unpublished data) and further validated by Watt (2020). The AIMS is contained in Appendix B. AIMS assesses meaning in daily life for adults focusing on the following four broad categories: agency, positive self-concept, hope for the future and openness to experience (Armstrong, unpublished data, as cited in [Watt, 2020]). Agency, positive self-concept, hope for the future and openness to experience comprise the concept of *meaning mindset* (Armstrong & Potter, 2022). This theoretical underpinning is consistent with the item development phase of the phased, multi-step approach to the development and validation of scales for behavioural research

(Boateng et al., 2018). Table 4 sets out the alignment between the AIMS categories and the meaning mindset protocol.

Table 4

AIMS and the Meaning Mindset Protocol

AIMS Categories	Meaning Mindset Protocol
Agency	Agency over reactions and actions
Positive self-concept	Holistic self-concept
Hope for the future	Acknowledgement of the realities of existence
Openness to experience	Openness

The use of shorter forms of validated psychometric tests was discussed in the context of the construction of a short form of the Purpose in Life (PIL-SF) test (Schulenberg et al., 2011). The PIL-SF is contained in Appendix C. Firstly, the development of a shorter form test should be grounded in the same theoretical framework as that used for the original test. Secondly, there should also be good reasons for the development of a shorter form. These include construct clarification, time, effort, and other utility considerations (Schulenberg et al., 2011). Finally, in developing the shorter form, attention must be given to elements of the original test that were validated as against other test models (Schulenberg et al., 2011). While not discussed in the context of the PIL-SF, consideration may also be given to the underlying knowledge translation-integrated (KTI) stakeholder-focused principles of acceptability, feasibility, sustainability, and credibility (Armstrong, 2017). A KTI approach has been used to create an interactive video-based measurement assessing meaning in life in children (Armstrong et al., 2020a) and an interactive video-based measure of mental health and well-being (Armstrong et al., 2020b).

Applying these considerations to the AIMS as validated by both Armstrong (unpublished data) and Watt (2020)), a short form of AIMS (AIMS-SF) should contain questions from each of the four previously mentioned categories, being agency, positive self-concept, hope for the future and openness to experience. In order to encourage participation and completion, the proposed AIMS-SF contains one question from each of these categories. The PIL-SF, containing four questions from the original twenty, was validated using a similar approach (Schulenberg et al., 2011). In that study, and based on the analysis of comparative scales, and grounded in the work of Frankl on meaning in life, the PIL-SF was comprised of four items reflective of the original PIL broad categories of clear life goals, life being meaningful, life goal completion, and presence of goals/life purpose.

For ***Phase III***, results from the administration of the MQS were used in the following ways. Responding to the quantitative components of research question 2 (the remaining questions addressing measure validation), the quantitative components of the KTI principles were addressed as follows:

i) *Acceptability*: Are the resulting items consistent with other well-being measures validated by the existing literature? Are all items understood and answered correctly by client stakeholders?

ii) *Feasibility*: What is the response rate, how long does it take to complete the measure, and what is the proportion of unanswered items?

iii) *Credibility*: Does the measure exhibit content and face validity? In other words, does the measure demonstrate internal consistency reliability using Cronbach's alpha and convergent validity through correlations with the short form Purpose in Life (PIL-SF)

scale (Schulenberg et al., 2011) and the short form of the Adult Identity and Meaning Scale (AIMS-SF), as comparatives.

Phase IV (program evaluability assessment) responded to research question 3 by addressing the relationship, if any, between a client driven meaning exploration session and the perceived well-being of those clients. The administration of the MQS before and after the client driven meaning exploration session was used to analyze this. These results were used as a quantitative evaluation of the credibility of the client driven meaning exploration programming. Paired sample *t*-tests were used for this analysis.

Analyses

All statistical analyses required for Phase III and Phase IV were conducted with IBM SPSS Statistics (v.29). Specifically, scale validity, reliability, and paired sample *t*-tests were conducted. Results are considered significant at $p < .05$.

The creation of the CDWBS in Phase II and its validation in Phase III resulted in a process consistent with a phased, multi-step approach to the development and validation of scales for behavioural research (Boateng et al., 2018). In the present study, the first step, *item development*, and the second step, *scale development*, were conducted through KTI-based CQR. A KTI approach has been used to create an interactive video-based measurement assessing meaning in life in children (Armstrong et al., 2020a) and an interactive video-based measure of mental health and well-being (Armstrong et al., 2020b).

The last step, *scale evaluation*, was completed by testing the internal reliability using Cronbach's alpha and the convergent validity of the CDWBS as against two validated meaning-based scales, namely the PIL-SF and the AIMS-SF. Note that, as described below, the AIMS-SF

was evaluated prior to Phase I of the present study by testing its internal reliability using Cronbach's alpha and its convergent validity as against two existing validated meaning-based scales, namely the PIL-SF and the original AIMS.

Informed Consent

Potential participants were provided with the informed consent as found in Appendix D. An informed consent document was previously reviewed and commented on by staff of The Mission. Before being finalized, it was presented to a number of Hope and Day Program clients for their review and comment. Consultation in respect of the informed consent is consistent with principles underpinning ethical research with vulnerable populations. As detailed in the informed consent, this study was approved by The Mission and the Saint Paul University Research Ethics Board prior to being conducted.

Consent was obtained in writing, verbally, or through actual participation and was not sought until fulsome program disclosure in respect of the subject participation 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. The Brod & Feinbloom (1990) 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.

In the present study, the author facilitated all focus groups, was the sole interviewer, and the point of contact for the questionnaires. As the author is a counsellor in the Hope and Day programs at The Mission, both client and staff participants have ongoing interactions with the author. While this may have facilitated trust with the participants, the author was aware of the potential adverse effects on participating clients resulting from the author's decision-making responsibilities. Accordingly, the author chose to have at least one other facilitator present during all focus groups. The facilitators met after each focus group to review the interactions between the client participants and the author. Importantly, anonymous questionnaires were used as a means for clients to participate without the author being able to attribute comments to them.

Participation was completely voluntary throughout all phases of the study, without any form of reprisal for not participating or terminating participation. Participants were advised that fellow focus group participants, focus group facilitators, and the interviewer 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 or surveys. Consent was sought and obtained for each instance of participation.

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). 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).

Focus groups have 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 programming

affecting them, consistent with community-based mental health interventions, participatory action research, and the fundamentals of KTI.

Related in particular to the present study, 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 (Judd, 2001; Silva et al., 2011).

In the current study, the use of focus groups was supplemented by the use of interviews and questionnaires. These multiple methods were used to give stakeholders a choice in tools to express their opinions in respect of a meaning exploration program and the creation of a wellbeing survey. Clients commenting on this methodology indicated their appreciation for having these multiple methods. In particular, different clients indicated being more comfortable with one method over another.

Participants, Recruitment, and Compensation

All participants in this study (other than participants in the initial creation of the AIMS-SF) were either clients of the Hope and Day Programs at The Mission or staff at The Mission. All focus groups and interviews were conducted, and all Phase III surveys were administered and completed, at The Mission. The specific number of participants, and their related demographics, are described for each research phase, below.

Clients were asked to participate in focus groups. To provide further data, clients and staff were also invited to participate in an individual interview and/or to complete an anonymous questionnaire. Invitations were made by the primary researcher to clients either in person or during a Day Program session, and to staff either in person or by email.

As a thank you for having participated in a focus group, being interviewed, or having completed a questionnaire or Phase III survey, participants were presented with a $5 gift certificate. Participants received a gift certificate for each instance of participation, including for attending the presentation of final results. Gift certificates were given regardless of whether a

participant stayed for the entire focus group, commented during a focus group, completed an interview, or fully completed a questionnaire or survey.

Researchers and Auditor

The author is one of the three researchers. The author is a doctoral candidate in the PhD., Counselling, Psychotherapy, and Spirituality program at Saint Paul University in Ottawa, Ontario. The author is a practicing psychotherapist registered with the College of Registered Psychotherapists of Ontario, and an addictions and trauma counsellor with Addictions and Trauma Services (ATS) at The Mission. The author's complete education and work history was provided to participants. The author indicated to all participants that this study is in furtherance of his doctoral degree program requirements and may be used in published research. The other two researchers are ATS staff members, and did not otherwise participate in the study. One is the Day and Hope Programs coordinator and the other is the Stabilization Program coordinator. Both have college degrees in Social Work from Algonquin College in Ottawa, Ontario. The auditor is the Senior Addictions Counsellor of ATS, has a Master of Education, and is registered as a psychotherapist with the College of Registered Psychotherapists of Ontario. The auditor did not otherwise participate in the study. 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 KTI-based CQR methodology and practices. To ensure consistency in the application of these, a Researcher and Auditor Data Analysis Guide was created (Appendix E). This guide was provided to the researchers and the auditor for review and discussion prior to the initiation of data analysis. 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 have previously 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 was asked to identify their expectations regarding this study. Identification, disclosure, and discussions of these researcher expectations prior to conducting the research is consistent with CQR best practices (Creswell & Creswell, 2018; Hill et al., 2005; Shek & Lee, 2008). Generally, the researchers were excited to engage clients in all phases of the research, and had no preconceived ideas as to how clients would respond throughout the research. The researchers also indicated that having the research begin and end with the clients was important and meaningful to them. The author disclosed that he was hopeful that the client driven well-being survey would be statistically valid, and that there would be statistical significance to before and after well-being measurements. The author also disclosed that, regardless of the outcome of the statistical analysis, he was most interested in the clients' experience of being consulted throughout all stages of the research, of having participated in the research, and of being creators of programming and measurements.

Data Collection

Data from the focus groups was collected through transcripts of audio recordings of the focus groups, and from notes taken by the focus group facilitators. Data was also collected from notes taken by the author during any interviews with clients or staff. In addition, data was

collected from anonymous questionnaires completed by participants. Finally, any data for Phase III was collected from paper surveys completed manually and anonymously by participants.

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 is 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 research publications by the author, the data will be kept for five years, at which point the data will be securely erased.

Phase I and Phase II KTI-Based CQR Qualitative Data Analysis – General Overview

The KTI-based CQR methodology was used for Phase I (program development) and Phase II (measure development). Particulars as to the execution of this methodology and the participants and data sources for each Phase are described below.

The consensual, collaborative focus of this phenomenological constructivist approach is consistent with meaning-based theories of well-being. Specifically, KTI-based CQR provides opportunities for connection among participants, and among participants and researchers, and for creating or doing, all consistent with logotherapy (Frankl, 1988, 2006) and the meaning-based approach to research and therapy central to second wave positive psychology (Wong, 2017). As importantly, by focusing on the lived experience of stakeholders, the objectives of community-based mental health interventions, harm reduction, research ethics with vulnerable populations, and the KTI approach to program development are all promoted.

The qualitative data analysis followed 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, and as previously noted, in the present study there were three researchers, multiple collection methods (focus groups, interviews, and questionnaires), transparency in reporting, participant review, and the use of an auditor.

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. The researchers and the auditor familiarized themselves with CQR data analysis principles through discussion of the Researcher and Auditor Data Analysis Guide.

The researchers were assisted in their review by transcripts of the recordings, transcriptions of notes taken during focus groups and interviews, and compilations of questionnaire responses. 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).

Domains

When creating **domains**, the three researchers, at this initial stage, looked to develop topics that form a conceptual framework for the categorization of the raw data (Hill et al., 1997). Initial

domains can be modified, added to, or deleted, as the researchers work with the data. Raw data can be assigned to more than one domain, allowing for the parsing of different themes contained in a single participant response (Hill et al., 1997). These procedures are reflective of the collaborative, iterative nature of participant-driven CQR.

In KTI-based CQR, the domains are typically the KTI standards of *acceptability*, *feasibility*, *sustainability*, and *credibility* (Fabes, 2020). Establishing domains prior to data analysis establishes groupings that are relevant based on a review of the literature (Hill et al., 1997). Notwithstanding the proposed pre-assignment of questions to each standard, researchers were instructed to assign data to domains based on their review and not based on the pre-assignments. Researchers also 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 were assigned to multiple domains.

Core Ideas

Core ideas were constructed by summarizing the content assigned to each domain through a distillation or abstraction based on the actual responses (Hill et al., 1997). While at this stage researchers need not reproduce language exactly as it appears in the raw data, 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.

Cross-Analysis

In the **cross-analysis** phase, the construction of categories (or general themes) was done by the three researchers as a team, a method supported by existing research (Hill et al., 2005). For the purposes of this research study, the term "general themes" was used in place of the term "categories" as it was deemed more descriptive and more useful when presenting the results of the cross-analysis to stakeholders. The team was tasked to look 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 pre-assignment, 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 is the case for the assignment of data to domains, core ideas are assignable to more than one category. Additionally, categories may represent core ideas from different domains.

Audit

In providing detailed feedback on the consensus researcher-created domains, core ideas, and cross-analysis, the auditor was tasked to look for accurate and faithful representations of the raw data (Hill et al., 2005). 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 ethical research with vulnerable populations, KTI, CQR principles, community-based research, and participatory action research, the audited

cross-analysis was submitted to participants for their review and comment. Based on this review, the cross-analysis was then further revised via consensus by the researchers and submitted to the auditor for comment before being finalized.

Stability Check

A stability check provides an opportunity to determine if 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, however, because of the low number of completed interviews and questionnaires, it was decided not to withhold any of these from the initial review of the raw data. This decision was based on retaining all data from multiple sources to promote a robust primary analysis.

Computer-Assisted Qualitative 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 et al. (1997) state that, while the use of software tools is helpful, CQR researchers should continue to favour "human analyses and interpretations" (p. 556). 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).

In this study, free online text analysis (https://www.online-utility.org/) and word cloud (https://www.wordclouds.com/) software were used both to assist the researchers with their consensual data analysis, and to create a series of visual word clouds. The use of text analysis software allowed the researchers an additional opportunity to become familiar with the raw data.

The detection of phrases and word counts assists the researchers in identifying participant-driven themes and commonalities, an effective counter-balance to any researcher bias. Text analysis of the core ideas and cross-analysis enhanced this by allowing for a comparison of their themes and commonalities as against those of the raw participant data. Generating the word clouds after the finalization of the general themes also served as a validity check of those themes. 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. This visual representation of word frequency is an accessible method of portraying main themes, relevant to the meaningful sharing of research results with participants and stakeholders.

Logic Models

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, logic models for programming 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 (Dykeman et al., 2003). This focus on program

accountability is consistent with, and demonstrative of, the purpose underlying the KTI standards, and consistent with ethical standards applicable to research with vulnerable populations.

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. (1999) study, the program logic model was found to be useful in the planning and development of a community health education and promotion project. The flexibility of the program 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). That 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 is seen as appropriate for, and a potential positive contributor to, the present study.

The particulars of the logic models used throughout the present study are described for each research phase, below.

Phase I – Program Development

In Phase 1, a meaning exploration session drafted based on the results of the previously described needs analysis (Fabes, 2020) was submitted to participants for their review and comment. This draft session can be found in Appendix F.

Participants and Data Collection

Participants in Phase I were clients of the Hope Program, the Day Program, and Mission staff. A total of 17 clients participated in the two focus groups that were held during Day Program. Four Hope Program clients completed questionnaires, and two Hope Program clients asked to be interviewed. Clients of both programs must identify as male to attend those programs. One Mission staff member completed a questionnaire, and one Mission staff member asked to be interviewed. No other demographic data was obtained from the Phase I participants. Participant questions for Phase I can be found in Appendix G.

KTI-Based CQR Data Analysis

All response data was coded by the three researchers working independently 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 "fits" into one of the KTI standards, is consistent with CQR principles.

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); staff interview (SI); and staff questionnaire (SQ). 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.

The consensus domain assigned data was then summarized by the three researchers into consensus **core ideas**, using the language that avoided adding anything not contained in the actual responses or making any inferences based on the responses participants used when responding to questions. Core ideas were created after reviewing client and staff responses as a whole.

For the **cross-analysis**, the core ideas were then reviewed by the three researchers working together as a group. In clustering the core ideas into general themes, 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 core ideas was 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.

Based on the cross-analysis, and other programming specific client data, the draft meaning exploration session was revised.

The **auditor** reviewed the participant data, the consensus domain assignments, the consensus core ideas, the cross-analysis, and the revised meaning exploration session. As recommended as part of the CQR protocol, and suggested by this author to further enhance the validity of the resulting general themes (Fabes, 2020), the mapping of each domain assignment to one or more core ideas, and then the mapping of each core idea to one or more general themes

was tracked as part of the audit. The three researchers then made revisions based on these comments. The revised domains, core ideas, and cross-analysis were then submitted to the auditor, and finalized.

The finalized cross-analysis and the revised meaning exploration session were then presented in person to 12 client participants attending a Day Program session, and to the two staff participants in writing. The meaning exploration session was then conducted during a Day Program, attended by eleven clients. All clients identified as male. No other demographic information was obtained on either client or staff participants. The questions asked of the client participants are found in Appendix H.

Computer-Assisted Qualitative Analysis

Online text analysis (https://www.online-utility.org/) and word cloud (https://www.wordclouds.com/) software was applied to the raw data from participants obtained from the focus groups, client interviews and questionnaires, and staff interviews and questionnaires during this Phase I Program Development.

Program Logic Model

A program logic model for this Phase I Program Development was created using the KTI standards of *acceptability*, *feasibility*, *sustainability*, and *credibility* as its foundation. The process leading to the formulation of the general themes was then mapped in that model.

Phase II – Measure Development

AIMS-SF

Prior to the development of the client-driven well-being survey (CDWBS), the AIMS-SF was studied and analyzed in three separate instances. The AIMS-SF was assessed for internal consistency reliability using Cronbach's alpha and for convergent validity through correlations with the original AIMS, the PIL-SF, the CDWBS, and combinations of them as comparatives. The rationale for the use of these combinations is described in the Phase III – Measure Validation section in the Methodology chapter, below. All statistical analyses required were conducted with IBM SPSS Statistics (v.29). Specifically, scale validity and reliability were conducted. Results are considered significant at $p < .05$.

Stand-Alone Trial. The AIMS-SF was administered to participants on a stand-alone basis (Stand-Alone Trial). There were 34 participants in the Stand-Alone Trial. They were all students in the Masters of Psychotherapy, Counselling, and Spirituality program at Saint Paul University. There were 4 questionnaires that were not fully completed, and as a result, for the Stand-Alone Trial, $N = 30$. No specific demographic data was asked of these participants.

The four questions for the AIMS-SF Stand-Alone Trial, with their corresponding AIMS number and category, are contained in Table 5. Given that the AIMS-SF was going to be used in the present study with clients of The Mission, the author was mindful of the responses provided by Mission clients as part of his Master's research into meaning exploration when selecting questions for the AIMS-SF. Table 5 also contains some of that referenced data.

Table 5

AIMS-SF Stand-Alone Trial Questions

Question	AIMS number, category	Client data
When I experience difficult feelings like sadness, fear, or anger: 1 I am not able to change my attitude toward the situation […] 10 I am able to change my attitude toward the situation so I feel a little better	1, agency	"Exploring how creating meaning may influence my emotions"
I think that I am: 1 Not valued by other people […] 10 Valued by other people	6, positive self-concept	"I measure how I treat others as well as the way I'm treated back"
I believe that: 1 my life is hopeless […] 10 my life is meaningful	9, hope for the future	"I always look for a meaning to live"
I like to: 1 stick with things I know […] 10 like to try new things and learn new things	12, openness to experience	"I would say through experiences, you learn what's important to you"

Because these were completed using "pen and paper", the original AIMS questions were adapted by removing the "please move the slider" reference and adopting a scale. Participants were asked to indicate where their experience of two related statements falls on a ten-point scale linking both statements. This ten-point scale replicates the scale values of the original "slider" mechanism used in the original AIMS. The AIMS-SF Stand-Alone Trial is attached as Appendix I.

Embedded Trial. Responses to the four AIMS-SF questions embedded within the original AIMS administered to participants in the unpublished Armstrong study were also

analyzed (Embedded Trial). Participants (N = 42) in that study were students in the Master of Counselling, Psychotherapy, and Spirituality program at Saint Paul University.

The Stand-Alone Trial was conducted with a different group of participants than was the original AIMS. This was a departure from the methodology used in the validation of the PIL-SF, where the embedded PIL-SF and stand alone PIL-SF were completed by the same participant group. Accordingly, in the Embedded Trial additional analyses were done using the original AIMS data on each different combination of four embedded questions, one each from the theory-based categories of the AIMS, being agency, positive self-concept, hope for the future and openness to experience.

AIMS-SF Phase III Trial. A 4-question AIMS-SF was embedded within the multi-question survey (MQS) used with participants as part of Phase III of the present study (AIMS-SF Phase III Trial). Participants (N = 36) were the clients of The Mission's Day Program. Demographic information about these participants is as described below in the Phase III - Measure Validation section, below.

Stage 1 – Exploration of Client Well-Being

In this first stage, clients of The Mission's Day Program were asked a number of questions about how they describe well-being, the role it plays in their lives, and how they assess their well-being, which questions can be found in Appendix J.

Participants and Data Collection. A total of 18 clients participated in the two focus groups that were held during Day Program. Three clients completed questionnaires. One client asked to be interviewed. All clients identified as male. No other demographic information on these clients was obtained.

CQR Data Analysis. For the exploration of how clients describe and assess their well-being, **domains** were created based on a review of client responses. CQR, rather than KTI-based CQR, was used at this stage given the stage's exploratory nature, and the fact that there was no programming being created or assessment tool being evaluated. Furthermore, this allowed for this Phase II to be built entirely upon client responses. Doing so promotes the autonomy of these clients and respects the following statement from the Manifesto for Ethical Research in the Downtown Eastside:

> [W]e expect researchers to include us in all aspects of the research process, and have some expectations for how "peer" researchers can be included fairly and in ways that acknowledge the value of our unique expertise. (Neufeld et al., 2019, referenced addendum)

The three researchers spent time familiarizing themselves with the raw participant data. Based on their review, and with reference to the questions asked, the following domains were created: *components of well-being*, *importance of well-being*, *what affects well-being* (positives, negatives, neutral), *how well-being manifests* (positives and negatives), and *improving well-being*. Consistent with CQR protocol, the *other* category was also used.

While only clients participated in this stage, researchers did identify the source of the data so as to track its provenance as follows: client focus group (CFG); client interview (CI); and client questionnaire (CQ). These source codes were used throughout the data analysis, and identified in both the overall core analysis and final cross-analysis.

The consensus domain assigned data was then summarized by the three researchers into consensus **core ideas**, reviewing client responses as a whole.

During the **cross-analysis**, the core ideas were reviewed by the three researchers working together as a group. To ensure that each of the core ideas was 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.

In addition, and based on the cross-analysis and the process creating it, the researchers constructed a draft client driven well-being survey (CDWBS) comprised of seven questions, two for each of Frankl's pathways to meaning (doing, connecting, attitude) and one on the connection between well-being and meaning. This draft well-being survey is contained in Appendix K.

The **auditor** reviewed the participant data, the consensus domain assignments, the consensus core ideas, the cross-analysis, and the draft CDWBS. As previously discussed, the mapping of each domain assignment to one or more core ideas, and then the mapping of each core idea to one or more general themes was tracked as part of the audit. The auditor's comments were submitted to the researchers, who made revisions based on these.

The revised domains, core ideas, and cross-analysis, together with the draft survey, were then submitted to the auditor., and then to participants for final review.

The draft CDWBS created by the researchers was not submitted to clients or stakeholders at this stage. It was subject to the KTI-based CQR analysis described in Stage 2, below.

Computer-Assisted Qualitative Analysis. Online text analysis (https://www.online-utility.org/) and word cloud (https://www.wordclouds.com/) software was applied to the raw data from participants obtained from the focus groups, client interviews and questionnaires during this Stage 1 of Phase II Measure Development.

Logic Model. The logic model for the client well-being exploration starts with the collection of stakeholder (in this case, client) participant data. That data was then analyzed using the CQR methodology that has consensus and stakeholder involvement as an integral component. This generated the general themes from which the stakeholders' observations on well-being are derived. The logic model ends with a summary of these themes.

Stage 2 - Client Driven Well-Being Survey (CDWBS)

In this stage, the draft CDWBS was assessed by clients and staff of The Mission using KTI-based CQR. The questions asked of participants in respect of the CDWBS can be found in Appendix L.

Participants and Data Collection. Participants in this Stage 2 were both clients of the Day Program and staff members of The Mission. A total of 16 clients participated in the two focus groups that were held during Day Program. Clients of both programs must identify as male to attend those programs. No other demographic data was obtained from these client participants.

Two Mission staff members completed questionnaires. One of the staff participants is a PhD., Clinical Psychology, and is a practicing researcher and statistician. This staff member was specifically solicited because of her expertise. In the pioneering applications of KTI to the development of assessment tools, the group of consulted knowledge users were experts in the subject field who interpreted data obtained from potential end-users (Armstrong et al., 2020b, 2020a). The present study was predicated on the development of the well-being assessment survey by the clients who would be using it, without interpretation of their data by a group of experts. The author solicited this staff member knowing that their responses would enhance the quantitative acceptability and credibility of any resulting assessment tool. No other demographic data was obtained from the Phase II staff participants.

KTI-Based CQR Data Analysis. For this stage of the KTI-based CQR assessment of the CDWBS, and in order to address the qualitative questions previously noted, all response data was coded by the three researchers into one of the KTI standards-based **domains**, namely *acceptability*, *feasibility*, *sustainability*, and *credibility*. Data not fitting into one of those domains was assigned to the *other* domain. 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); and staff questionnaire (SQ). These source codes were used throughout the data analysis, and identified in both the overall core analysis and final cross-analysis.

The consensus domain assigned data was then summarized into consensus **core ideas**, created reviewing client responses as a whole. The **cross-analysis** of the core ideas resulted in the creation of general themes each associated with the domains from which it originates, and referenced to its raw data sources. In addition, and based on the cross-analysis and the process creating it, the researchers revised the CDWBS.

The **auditor** reviewed and tracked the participant data, the consensus domain assignments, the consensus core ideas, the cross-analysis, and the revised survey. The auditor's comments were submitted to the researchers, who made revisions based on these. The revised domains, core ideas, and cross-analysis, together with the revised survey, were then submitted to the auditor.

The cross-analysis and the revised CDWBS were then presented to 12 Day Program clients and two staff participants for their review.

Computer-Assisted Qualitative Analysis. Online text analysis (https://www.online-utility.org/) and word cloud (https://www.wordclouds.com/) software were applied to the raw

data from participants obtained from the client focus groups and staff questionnaires during this Stage 2 of Phase II Measure Development.

Logic Model. A program logic model for the CDWBS was created using the KTI standards of *acceptability*, *feasibility*, *sustainability*, and *credibility* as its foundation. In this instance, these were split between qualitative and quantitative questions. These in turn guided data collection and statistical analyses. That data was then analyzed using a KTI-based CQR mixed methodology that has consensus stakeholder involvement and statistical rigor as integral components. This generated the qualitative and quantitative general themes found in the CDWBS review logic model representing the results from Phase II (Measure Development) and Phase III (Measure Validation).

Phase III – Measure Validation

For Phase III, an 22-item multi-question survey (MQS) was constructed and administered to Hope Program clients and community clients attending Day Program. The MQS consisted of four demographic questions (age, experience with homelessness, mental health, and substance use), the 10-question client driven well-being survey (CDWBS) measuring perceived well-being, the four items of the PIL-SF, and the four items of the AIMS-SF. Each item was measured on a 5-point scale. This consistent item measurement allowed for a total well-being scale, the MQS, to be developed for use with people experiencing homelessness, including the three subscales (PIL-SF measuring purpose in life, AIMS-SF measuring meaning mindset, and CDWBS measuring perceived well-being) and combinations of those subscales. The rationale for the use of the MQS as a measurement of total well-being and of the use of the combinations is discussed below.

The MQS was administered immediately before and immediately after a Day Program featuring the client driven meaning exploration session. All MQSs were administered in person, and on paper. In order to maintain anonymity, each pair of MQSs was identified using the P1, P2, etc. convention. Samples of the pre-session and post-session MQS can be found in Appendix M.

A total of 38 participants were provided with the MQS. Of these, 36 participants (94.74%) completed both surveys. None of the survey questions (demographic, CDWBS, AIMS-SF, and PIL-SF) were unanswered or answered incorrectly. While larger sample sizes may provide more accurate inferences, the sample size should be relevant to the population being studied (Creswell & Creswell, 2018). Given that the Day Program, with its harm reduction approach, is unique to The Mission, and given that Day Program attendance at the time the study was conducted averaged between eight and twenty clients, surveying 38 clients appears to be significant.

To attend Day Program, clients must identify as being male. The ages of the participants ranged from 29 to 64 years (M = 48.19, SD = 9.79). 34 participants (94.44%) indicated that they are experiencing or have experienced homelessness. 34 participants (94.44%) indicated that they are experiencing or have experienced mental health challenges. The participants' description of their current use of substances is shown in Table 6.

Table 6

Participants' Description of Substance Use

Descriptor	Number	Percentage
I do not use substances	10	27.78%
I abstain from using substances	15	41.67%
I use substances whenever I want	1	2.78%
I moderate my use of substances	10	27.78%

$N = 36$

The MQS was used to assess the quantitative components of research question 2 (measure validation), by addressing the previously discussed quantitative components of the KTI principles as follows:

1) *Acceptability*: Are each of the MQS and CDWBS consistent with the AIMS-SF and the PIL-SF, each being scales validated by the existing literature? Are all items understood and answered correctly by client stakeholders?
2) *Feasibility*: What is the response rate, how long does it take to complete the measure, and what is the proportion of unanswered items?
3) *Credibility*: Does the measure exhibit content and face validity? In other words, do each of the MQS, CDWBS , and combinations, described below, of the CDWBS, AIMS-SF, and PIL-SF demonstrate internal consistency reliability using Cronbach's alpha and convergent validity through correlations with the AIMS-SF and PIL-SF as comparatives. Using IBM SPSS Statistics (v.29), scale validity and reliability tests were conducted. Results are considered significant at $p < .05$.

In the present study, convergent validity of each of the MQS and CDWBS was also assessed in comparison with the combined scores of the embedded AIMS-SF and PIL-SF (the Meaning Mindset and Purpose scale) . In addition, the MQS was assessed in comparison with the combined scores of the embedded CDWBS and AIMS-SF (the Perceived Well-Being and Meaning Mindset scale), and the combined scores of the embedded CDWBS and PIL-SF (the Perceived Well-Being and Purpose scale). As previously noted, the convergent validity of the AIMS-SF was also assessed in comparison with the combined scores of the embedded Perceived Well-Being and Purpose scale.

The interplay between meaning, resilience, and well-being (Wong, 2011) and their overall contribution towards a "meaning mindset" (Armstrong et al., 2018; Wong as cited in Rogerson et al., 2019) appears to support both the use of the MQS as a measure of total well-being, and of these measure combinations. Furthermore, both the MQS and these combinations are reflective of the cultivation of a meaning mindset through the targeted activities of the C.H.A.N.G.E. model (Armstrong & Potter, 2022) These overall and combined approaches are consistent with the theoretical integrative approach to meaning discovery, resiliency building, and well-being previously discussed in this paper. Structurally, the language used in each of the CDWBS, the PIL-SF, and the AIMS-SF is similar, and, as used in the MQS, each uses a 5-point scale.

Of additional importance, and addressing the face validity of the CDWBS, and further supporting the use of the MQS and the subscale combinations, the CDWBS addresses contributors to resiliency in people experiencing homelessness. As previously discussed, meaning exploration is a contributor to resiliency, itself having been found to be a contributor to well-being among people experiencing homelessness. Table 7 illustrates items from the CDWBS that align with research findings in respect of meaning exploration, resiliency, and well-being in

people experiencing homelessness. Note that these items also reflect and promote autonomy, and as previously discussed, an ethical principle applicable to working with marginalized populations.

Table 7

CDWBS Items and Foundations in Literature

CDWBS Items (#)	Research Literature Support
doing something (1), working on something (2), being with others (3), helping others (4), choosing to be with others (5), changing my perspective (6), doing something that matters to me (7)	Logotherapy has been helpful in the treatment of addictions, including in homeless populations (Carreno & Pérez-Escobar, 2019; Oakes, 2008; Somov, 2007) Meaning based therapy has been found to protect against suicidal ideation amongst the homeless (Testoni et al., 2018)
being with others (3), helping others (4), choosing to be with others (5)	Social supports and interactions are integral to Housing First, a contributor to well-being amongst the homeless (Gaetz, Scott, et al., 2013)
being with others (3), helping others (4), choosing to be with others (5)	Social supports and interactions promote resiliency amongst the homeless (Durbin et al., 2019)
choosing to be with others (5), changing my perspective (6), doing something that matters to me (7)	Freedom of choice contributes to resiliency and well-being amongst the homeless (Maté, 2018; Silva et al., 2011)

Table 8 illustrates the research literature justification for the use of the subscales in combinations and of the MQS as separate scales.

Table 8

Combination Scales: Foundations in Literature

Combination Scales (MQS and subscales) [measure (scale)]	**Research literature justification for combination**
Overall Meaning (Meaning Mindset [AIMS-SF] and Purpose [PIL-SF])	Frankl presents two types of meaning: Meaning found in everyday life and an ultimate meaning or purpose (Frankl, 1988, 2006). Both of these together comprise "meaning" (Frankl, 1988, 2006). Thus, together, the PIL-SF (purpose) and AIMS-SF (daily meaning) reflect an overall meaning score.
Purpose-Driven Well-Being (Perceived Well-Being [CDWBS] and Purpose [PIL-SF])	Perceived meaning and life purpose are key facets of well-being (Frankl, 1988, 2006; Schulenberg et al., 2011), as are freedom of choice and social supports for the homeless (Maté, 2018; Silva et al., 2011). The latter are facets of purpose described by Frankl. Thus, together, these issues reflected in the PIL-SF

	and CDWBS subscales would comprise a purpose-driven well-being score.
Current Meaning (Perceived Well-Being [CDWBS] and Meaning Mindset [AIMS-SF])	Meaning Mindset, or meaning in daily life, is related to present well-being (Frankl, 1988, 2006; Watt, 2020). Frankl suggests that meaning in daily life comes from freedom to choose our attitudes, connecting with others, and giving to the world through helping others (Frankl, 1988, 2006). These issues are all considered in the AIMS-SF and the CDWBS. Thus, together, the items reflect current meaning.
Total Well-Being (MQS)	Each of the PIL-SF, AIMS-SF, and CDWBS are founded in Frankl's meaning exploration activities of doing, connecting, and choosing one's attitude, all of which are significant factors of well-being (Frankl, 1988, 2006). Thus, together, they comprise a total well-being score.

Phase IV - Program Evaluability Assessment

Responding to research question 3, the administration of the MQS was also used to analyze what relationship, if any, there is between attending a client driven meaning-based

program on clients' perceived well-being. This analysis was used as a quantitative evaluation of the credibility standard in respect of the client driven meaning exploration programming, as well as to determine whether further evaluation of the client driven meaning exploration session is warranted. Using IBM SPSS Statistics (v.29), paired sample *t*-tests were used for this analysis. Results are considered significant at $p < .05$.

CHAPTER THREE: RESULTS

To present the participant data generated through the knowledge translation-integrated consensual qualitative research methodology (KTI-based CQR) in a manner that is accessible to the reader, the results should be transparent, 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 by study phase with specific reference to the CQR data analysis methodology, and, where applicable, underpinned by the KTI standards of *acceptability*, *feasibility*, *sustainability*, and *credibility*. The author made an informed decision to provide an extensive detailing of the results.

While appearing repetitive, providing a fulsome description of the participants' responses accomplishes the following. Consistent with KTI-based CQR, it evidences a complete and logical accounting of those responses (Hill et al., 1997, 2005). In doing so, it puts a premium on the contribution and experience of these participants, consistent with the principle of recognizing the expertise of people with lived experience (Lived Experience Advisory Council, 2016). This in turn promotes alignment between this study's results and the actual experience of the participants (Padwa et al., 2023). Based on this, the author believes that this repetition supports the integrity and ethics of the KTI-based CQR methodology.

Pre-Execution: Client Review of Methodology and Informed Consent

Clients did not express any concerns with, or suggest changes to, the research methodology. Clients had the following specific comments. In respect of consulting clients and being the foundational source of information, the following comment was made: “Gives me a sense that I’m being a part of this and that’s awesome”. In respect of the clients’ experience of well-being, the following comment was made: “Totally agree that our facets of well-being should be looked at. If not, research is lop-side”. In respect of the multiple methods of data collection, one client stated, “I’m more comfortable writing answers alone than speaking in front of others”.

Clients stated that the informed consent was comprehensive and readily understandable. There was a question as to the potential for participants wanting to give only positive feedback because of receiving a gift card. This was acknowledged by the focus group facilitator while indicating that the importance of providing tangible evidence that participants’ time and contributions are valued outweighed any such risk.

Clients asked if they received one gift card for their participation. Clarification was made to the effect that a gift card would be provided for each instance of participation, and this clarification was added to the informed consent. One client indicated that he would like to have the opportunity to review the informed consent on his own before agreeing to participate. This was agreed to, and the informed consent was revised accordingly. Both of these comments are reflected in the changes marked in the informed consent contained in Appendix N.

AIMS-SF

Stand-Alone Trial

In the Stand-Alone Trial, the 4-item AIMS-SF demonstrated good consistency reliability, with a Cronbach's alpha of .79. It also demonstrated convergent validity as average scores of the AIMS-SF were significantly associated with average scores from the AIMS measure ($r = .94$, $p < .01$).

Embedded Trial

Six of the 4-question combinations assessed in the Embedded Trial demonstrated very good consistency reliability, with a Cronbach's alpha equal to or greater than .80. These six combinations also demonstrated convergent validity as each of their average scores were significantly associated with average scores from the AIMS measure ($r \geq .92$, $p < .01$). There was no one combination that demonstrated both the highest consistency reliability and the most significant convergent validity. The combination that demonstrated the most significant convergent validity ($r = .94$, $p < .01$), had very good consistency reliability, with a Cronbach's alpha equal to .816. Accordingly, it was this combination that was used in the complete survey administered to participants in Phase III of the present study.

The four questions from this combination for the form of the AIMS-SF used in the MQS, with their corresponding AIMS number and category, are contained in Table 9. There was one question that was replaced from the AIMS-SF Stand Alone Trial, and that question is underlined in Table 9. The new question was from the same agency category as was the replaced question. Note that the scale values changed from 1 - 10 to 1 - 5 reflecting the Phase II (Measure Development) results creating the CDWBS.

Table 9

AIMS-SF Phase III Trial Questions

Question	AIMS number, category
When I have a difficult feeling like sadness, fear, or anger, I often: 1 choose not to do much of anything […] 5 choose to relax, have fun, or create something to feel better	3, agency
I think that I am: 1 Valued by other people […] 5 Not valued by other people	5, positive self-concept
I believe that: 1 my life is hopeless […] 5 my life is meaningful	8, hope for the future
I like to: 1 stick with things I know […] 5 like to try new things and learn new things	11, openness to experience

AIMS-SF Phase III Trial

In the AIMS-SF Phase III Trial, the revised 4-item AIMS-SF demonstrated good consistency reliability, with a Cronbach's alpha of .92. The AIMS-SF demonstrated convergent validity as average scores of the AIMS-SF were significantly associated with average scores of each of the CDWBS, the PIL-SF, and the Perceived Well-Being and Purpose scale. The results of these are found in Table 10.

Table 10

AIMS-SF Phase III Trial Convergent Validity

Comparative Scale (Measure)	*N*	Pearson's *r*	*p*
CDWBS (Perceived Well-Being)	36	.66	< .01

PIL-SF (Purpose)	36	.88	< .01
Perceived Well-Being and Purpose Scale (Purpose-Driven Well-Being)	36	.88	< .01

Phase I – Program Development

KTI-Based CQR Analysis Results

Table 11 contains a sample of compiled raw data from client and staff participants in response to question 1 in the draft meaning exploration session participant questionnaires. A complete reproduction of all client responses and staff responses to the draft session questions can be found in Appendix O.

Table 11

Draft Meaning Exploration Session Sample of Compiled Raw Data

[NOTE: CFG- Client focus group; CQ – Client questionnaire; CI – Client interview; SQ – Staff questionnaire; SI – Staff interview] Q1: 1. What do you think about this [draft meaning exploration session]? CFG: great idea; group support; helps to have guidance; compassion; sharing; builds connection; connections; gets you out of your headspace; I feel gratitude; like Ted Talks; meditation is helpful; mirrors some good parts of AA and NA; explanations are good; people wondering about stuff is good CQ1: I think it's cool because I like helping people. And I don't mind filling out these questionnaires. Also this is interesting because it shows the staff plan. CQ2: great idea; mirrors NA/AA meetings; you get the connection; gives you the hope, drive; takes good parts out of NA/AA CQ3: I believe that the main messages can be used and help anyone that is open to them. CQ4: No thoughts. CI1: I think it's good. CI2: I think it's excellent. SQ1: I think it is important to discuss meaning with our clients. Many haven't had opportunity to explore what this may mean to them or ways to achieve it. SI1: a really good perspective; it demonstrates resilience; shows different mindsets, different perspectives; regardless, what we experience isn't what others do; resilience allows us to overcome hardship; if you're determined to change, you'll put in the energy; you can give yourself a chance; attitude and perspective are so important and help to create meaning

Table 12 shows a sample of **domain** assignments made by the three researchers. The assignment of all response data to one or more domains is found in Appendix P.

Table 12

Draft Meaning Exploration Session Sample of Domain Assignments

ACCEPTABILITY	FEASIBILITY	SUSTAINABILITY	CREDIBILITY	OTHER
CFG: great idea; group support; compassion; sharing; builds connection; connections; gets you out of your headspace; I feel gratitude; like Ted Talks; meditation is helpful; mirrors some good parts of AA and NA; **CQ**: I think it's cool because I like helping people; great idea;	**CFG**: one or two sessions; not every Day Program; some people will take something from it and some people won't **CQ**: Not at all. Just concerning the comfort of the staff team and the people attending programming; no concerns	**CFG**: I'm more comfortable with ATS staff; consistency and continuity with ATS staff; ATS staff are responsive to our needs; if you think we can handle it [guest speaker] and they're not too crazy **CQ**: Yes, also at times maybe include community speakers; video would be "outside person"; preference for staff facilitation – consistency	**CFG**: Yes [multiple responders]; I'd attend because I'm curious; helps to have guidance; meditation is helpful I trust your judgment; it seems consistent with my experience of Day Program; staff provides the subject and we provide the content	**CFG:** no other comments [multiple responders] **CQ**: no other comments [multiple responders]; consistent with Day Program

Table 12 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). Table 12 demonstrates the continued use of source codes in the domain assignments. Compiling all data with its source contributes to the validity and robustness of the data analysis.

The consensus domain assigned data was then summarized by the three researchers into consensus **core ideas**. This resulted in the creation of 44 core ideas (Appendix Q). Table 13 contains a sample of core ideas across the *acceptability*, *feasibility, sustainability*, *credibility,* and *other* domains.

Table 13

Draft Meaning Exploration Session Sample of Core Ideas

ACCEPTABILITY	**FEASIBILITY**	**SUSTAINABILITY**	**CREDIBILITY**	**OTHER**
This program on meaning exploration is a very good and important idea. (C,S)	Generally, no concerns in respect of time and resources. (C,S)	There is greater comfort with ATS staff. I	Yes, I would attend. I	Tweak Hope [program] to ask what the client needs. (S)
The message should not be heavy-handed, or a pontification. I	Not for every Day program session. I	There is more consistency with ATS staff. I	Yes, clients would attend. (S)	

Table 13 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. It also shows the continuing use of source codes. As was the case with the assignment of data to domains, this process also contributes to the validity and robustness of the data analysis.

During the **cross-analysis**, the 44 core ideas were clustered by the three researchers into the 8 general themes contained in Appendix R. Each general theme is associated with the

domains from which it originates, and referenced to its raw data sources. Table 14 presents a sample of general themes.

Table 14

Draft Meaning Exploration Session Sample of Cross-Analysis

GENERAL THEMES (categories)	**DOMAINS**	**SOURCES**
Presenting different perspectives and asking for opinions are important as people learn differently, including about recovery.	Acceptability, Credibility	C, S
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	C

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 of the core ideas. It also shows the continuing use of source codes. As was the case with the assignment of data to domains, and the creation of core ideas from the domains, this process further enhances the validity and robustness of the data analysis.

Based on these general themes, the client driven meaning exploration session was revised. The revised session, marked to show changes from the draft, is contained in Appendix S. Of particular interest are the notes to the session, as set out in Table 15.

Table 15

Revised Meaning Exploration Session Notes

Notes:
• Be prepared to answer questions about Frankl's life. • Clients may be interested in hearing Frankl's own description of surviving the concentration camps: YouTube video "Viktor Frankl on his time in Auschwitz, Kaufering, Nazi-concentration camps" (9m38s). • Be careful not to preach or moralize. Clients have expressed a concern that a discussion about meaning will become a discussion about morality and religion.

These notes capture clients' expressed interest in further details about Frankl's experience, their concern with being lectured, and their sensitivity to morality and religion.

The **auditor** had a number of helpful observations, both in terms of accuracy of data placement, and in respect of faithfully capturing the essence of participants' comments. The auditor had no comments on the revised meaning exploration session. The three researchers made revisions based on the auditor's comments. Appendix T contains the revised domain assignments, marked to show changes, Appendix U contains the revised core ideas, marked to show changes, and Appendix V contains the revised cross-analysis, marked to show changes.

The auditor reported being satisfied that the revised cross-analysis accurately and faithfully represented the revised core ideas and revised domain assignments, and that each of these faithfully and accurately captured the essence of the participant data. The final domain assignments are contained in Appendix W and the final core ideas are contained in Appendix X.

Participant review of the general themes in the cross-analysis and of the revised meaning exploration session resulted in no further changes. Client participants expressed their appreciation for being consulted, as well as their interest in contributing to the creation of additional meaning-focused sessions. The final version of the cross-analysis is contained in Appendix Y and the final revised meaning exploration session is contained in Appendix Z.

Computer-Assisted Qualitative Analysis

The online text analysis of the meaning exploration program assessment participant data and resulting core ideas and general themes did not surface any anomalies or discrepancies. This may be as a result of the robust CQR process adhered to when analyzing the raw data.

Figure 1 contains the word cloud generated from the raw participant data. In addition to serving as an additional tool to validate the general themes, the graphic representation of the raw data is a means of rendering the data more accessible. It is also a direct response to a client comment on the overall research methodology: “I’m a visual learner”. Furthermore, representation of unedited participant data can be seen as another method of highlighting their expertise, consistent with the principle of recognizing the expertise of people with lived experience (Lived Experience Advisory Council, 2016).

Figure 1

Session Assessment Participant Data Word Cloud

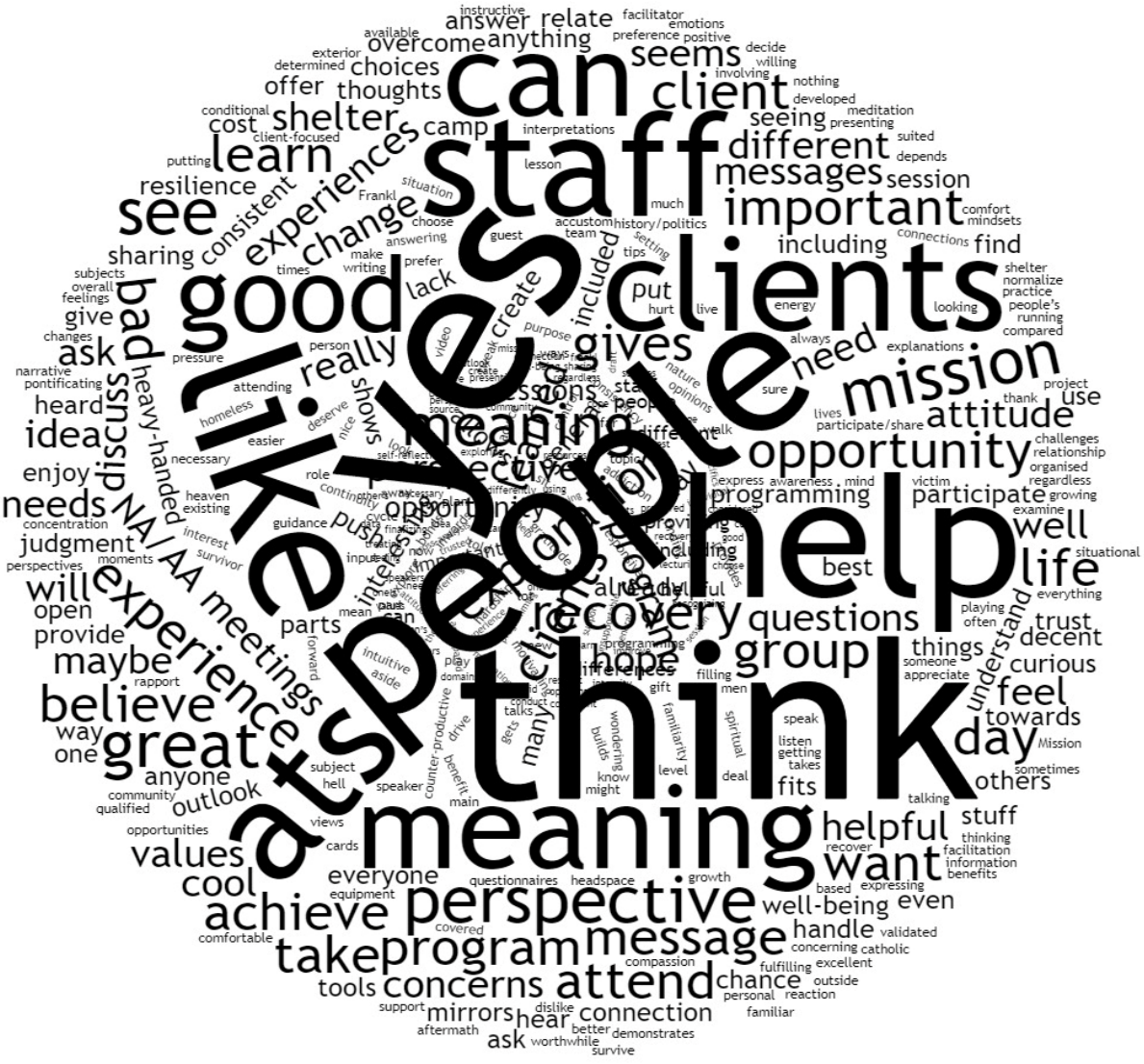

Table 16 contains the author's first impression of viewing this word map and corresponding KTI-based general themes from the meaning exploration program assessment.

Table 16

Draft Meaning Exploration Session Word Map and General Themes

IMPRESSION	GENERAL THEME
It's good that people think about meaning (acceptability)	Meaning exploration program is a very good and important idea, and would be helpful to clients
Yes, ATS staff can do this (feasibility and sustainability)	Mission staff and outside people can and should facilitate, no unsupportable costs are anticipated
Thinking about different perspectives on meaning can help people (credibility)	Day Program sessions on meaning exploration would be consistent with The Mission's values, including helping clients improve their well-being

Program Logic Model

As presented in Appendix AA, the program logic model for the meaning exploration session starts with the KTI standards which in turn anchor the collection of data generated by stakeholder participants. The data, anchored in KTI standards, was then analyzed using the CQR methodology that has consensus and stakeholder involvement as an integral component. This generated the general themes from which the stakeholders' assessment of the program is derived. As indicated in the last stage of the program logic model for the meaning exploration program, the eight general themes can be summarized into the following five stakeholder assessments:

1. meaning exploration program is a very good and important idea, and would be helpful to clients;
2. meaning exploration sessions in Day Program would be helpful and motivating, providing support for individual meaning exploration and an opportunity to connect with others ;

3. presenting different perspectives and asking for opinions are important as people learn differently, including about recovery;
4. both Mission staff and outside people can and should facilitate, no unsupportable costs are anticipated; facilitators must avoid lecturing the clients, or preferring one perspective; and
5. Day Program sessions on meaning exploration would be consistent with The Mission's values, including helping clients improve their well-being.

Client Driven Meaning Exploration Program Qualitative Feedback

The revised client driven meaning exploration program was presented as a single Day Program session. Client feedback on the session was uniformly positive. Clients also had a number of suggestions for additions to the meaning exploration programming, centring around additional examples and perspectives. Appendix BB contains a complete reproduction of all client feedback on the client driven meaning exploration program. Table 17 contains some of that client feedback.

Table 17

Client Feedback on Meaning Exploration Session

Overall Feedback	Suggested Additions
good length simple and easy way to look at the topic	helpful to hear how others made it through their own difficult situations
simple and easy way to look at the topic	I would like to see more examples and scenarios of how we can change our mindset
my outlook changed after seeing the video	more stories and more examples create helpful perspectives, and helps me find something that works for me
I found it self-motivating	

The request for additional perspectives is consistent with the following general theme from the Phase I meaning exploration program assessment: “Presenting different perspectives and asking for opinions are important as people learn differently, including about recovery”.

Phase II – Measure Development

Stage 1 – Client Well-Being Exploration

CQR Analysis Results. Table 18 contains a sample of compiled raw data from client participants in response to question 1 in the client well-being questionnaire. A complete reproduction of all client responses to the well-being exploration questions can be found in Appendix CC.

Table 18

Well-Being Exploration Sample of Compiled Raw Data

1. What do you think of when you hear the phrase “well-being”? **CFG**: happiness and comfort; health (physical and mental); feeling content; marriage; emotional state; quality of life (housing, financial, employment); being part of society; entertainment; perspectives (focusing on positive perspective and mindset); staying clean; being part of a program; perspective because I can be aggravated and have well-being by being perceptive. **CI1**: I feel healthy and satisfied and happy on different levels – physically, socially, mentally, spiritually, financially. Social is family and a spouse. It’s a general feeling. **CQ1**: A person’s emotional state, physical comfort, personal care, consciousness and perception, care for others, reasoning and happiness, marital status, consistency, and clarity. **CQ2**: Well being for me is keeping good care of my mind, body, and soul. **CQ3**: health (emotional and physical); good income; house; family. [CFG: client focus group; CI: client interview; CQ: client questionnaire]

Table 19 shows a sample of **domain** assignments made by the three researchers. The assignment of all response data to one or more domains is found in Appendix DD.

Table 19

Well-Being Exploration Sample of Domain Assignments

COMPONENTS of WELL-BEING	**IMPORTANCE of WELL-BEING**	**WHAT AFFECTS WELL-BEING [positives, negatives, neutral]**	**HOW WELL-BEING MANIFESTS [positives, negatives]**	**IMPROVING WELL-BEING**	**OTHER**
CFG: happiness and comfort; health (physical and mental); feeling content; marriage	**CFG**: yes, by putting ourselves first (like using an oxygen mask on a plane – first us, then our child)	**CFG**: [positives] stability; staying clean; [negatives] frustration towards ourselves and others	**CFG**: [positives] feeling better about ourselves; clears my mind; [negatives] can lead to mental destabilization; causes relapses	**CFG**: balance is so important; finding a good group of friends to be around helps me through the day to day grind	
CQ: A person's emotional state, physical comfort, personal care, consciousness and perception	**CQ**: Of course it does because it makes me think; the way that question was asked opened room for tears because of exterior meaning	**CQ**: [positives] Kindness and understanding; [negatives] bullying, rumours and false judgment; [neutral] also based in the assumed well-being of others	**CQ**: [positives] strong, attractive, silly, a bounce in my step; [negatives] totally insane; rather not talk to people and lean to being alone	**CQ**: running; meditation; groups and getting my life back; hunt for good jobs; look for a partner; try to pray and exercise	
CI: I feel healthy and satisfied and happy on different levels – physically, socially, mentally, spiritually, financially	**CI**: Yes, we're conditioned at a young age to pursue well-being and happiness	**CI**: [positives] good food; good rest; pleasant people to be around [negatives] my finances and debt can be a burden;	**CI**: [positives] I'm friendlier; I smile more; I laugh more. I'm more outgoing; [negatives] I cry more; I possess self-	**CI**: balance; exercises because they keep me focused and help me concentrate; reading; movies; talking to	

		[neutral] I get affected by people's attitude towards me	hatred; I'm non-confident	someone positive helps and rubs off on me	

The summarizing of consensus domain assigned data by the three researchers into consensus **core ideas** resulted in the creation of 65 core ideas. Table 20 contains a sample of core ideas across the *components of well-being*, *importance of well-being*, *what affects well-being*, *how well-being manifests*, *improving well-being*, and *other* domains. The complete consensus well-being exploration core ideas are found in Appendix EE.

Table 20

Well-Being Exploration Sample of Core Ideas

COMPONENTS of WELL-BEING	**IMPORTANCE of WELL-BEING**	**WHAT AFFECTS WELL-BEING**	**HOW WELL-BEING MANIFESTS**	**IMPROVING WELL-BEING**	**OTHER**
Physical, emotional, and mental health. (CFG, CQ, CI)	Putting ourselves first. (CFG)	Feeling better or positive about ourselves affects our well-being. (CFG)	Clarity and centring. (CFG)	Balance. (CFG, CQ, CI)	
Physical activity/exercise. (CFG, CQ)	Taking care of ourselves allows us to care for others. (CFG)	Staying clean/abstinent affects well-being. (CFG)	Calm, control, stability, confidence, reliability. (CFG)	Self-care. (CFG, CQ, CI)	
Being part of society, or a community. (CFG)	Helps us grow, focus, and avoid bad habits. (CFG)	Self-sufficiency, and trusting and being truthful with ourself affects	Emotional release. (CFG)	Being and talking with others; relationships. (CFG, CQ, CI)	

		well-being. (CFG)			

In this stage's **cross-analysis**, the 65 overall core ideas were reviewed by the research team working together as a group, creating eight general themes. Each general theme is associated with the domains from which it originates, and referenced to its raw data sources. Table 21 presents a sample of general themes. The complete consensus well-being exploration cross-analysis is found in Appendix FF.

Table 21

Well-Being Exploration Sample of Cross-Analysis

GENERAL THEMES (categories)	**DOMAINS**	**SOURCES**
Well-being is the cornerstone of a satisfied and fulfilled life.	Importance of well-being, how well-being manifests	CFG, CQ, CI
Many factors contribute positively and negatively to well-being; these factors vary from individual to individual.	Components of well-being, what affects well-being, how well-being manifests, improving well-being	CFG, CQ, CI
A sense of connection to others and to the world is important to well-being.	Components of well-being, what affects well-being, how well-being manifests, improving well-being	CFG, CQ, CI

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 of the core ideas. It also shows the continuing use of source codes. As was the case with the assignment of data to domains, and the creation of core ideas from the domains, this process further enhances the validity and robustness of the data analysis.

The **auditor** had a number of helpful observations, primarily in respect of faithfully capturing the essence of participants' comments. The auditor did not have any comments on the draft survey. The three researchers made changes based on the auditor's comments. Appendix GG contains the revised domain assignments, marked to show changes, Appendix HH contains the revised core ideas, marked to show changes, and Appendix II contains the revised cross-analysis, marked to show changes.

The auditor reported being satisfied that the revised cross-analysis accurately and faithfully represented the revised core ideas and revised domain assignments, and that each of these faithfully and accurately captured the essence of the participant data. The auditor stated that the draft survey was consistent with these. The final domain assignments are contained in Appendix JJ and the final core ideas are contained in Appendix KK.

Participant review of the general themes in the cross-analysis resulted in no further changes. Client participants again expressed their appreciation for being consulted. They also indicated their interest in reviewing any survey that resulted from this well-being exploration. The final version of the cross-analysis is contained in Appendix LL.

Computer-Assisted Qualitative Analysis. The online text analysis of the meaning exploration program assessment participant data and resulting core ideas and general themes did not surface any anomalies or discrepancies. As in Phase I, this may be as a result of the robust CQR process adhered to when analyzing the raw data.

Figure 2 contains the word cloud generated from the raw participant data.

Figure 2

Client Well-Being Exploration Data Word Cloud

Table 22 contains the author's first impression of viewing this word map and corresponding CQR-based general themes from the client well-being exploration.

Table 22

Client Well-Being Exploration Word Map and General Themes

IMPRESSION	GENERAL THEME
There are many aspects to well-being.	Many factors contribute positively and negatively to well-being. These factors vary from individual to individual.
Well-being can be affected both positively and negatively.	Well-being has an important effect on our physical, emotional, and spiritual health. It also plays an important role in how we manage our substance use.
Well-being is living.	Well-being is the cornerstone of a satisfied and fulfilled life.

Logic Model. The logic model for the client well-being exploration is presented in Appendix MM. As indicated in the last stage of the logic model for the client well-being exploration, the eight general themes can be summarized into the following five stakeholder observations on well-being:

1. well-being is the cornerstone of a satisfied and fulfilled life;
2. many factors, especially self-care, and differing for each person, contribute to well-being;
3. self-care, contributing, and connecting are important components of well-being;
4. well-being is a reflective exercise that affects how we see ourselves, others, and the world; and
5. well-being affects us physically, emotionally, and spiritually, as well as our substance use.

Stage 2 – Client Driven Well-Being Survey (CDWBS)

KTI-Based CQR Analysis Results. Table 23 contains a sample of compiled raw data from client participants in response to question 1 in the focus group and staff questionnaire about the CDWBS. A complete reproduction of all participant responses to the CDWBS assessment questions can be found in Appendix NN.

Table 23

CDWBS Review Sample of Compiled Participant Raw Data

1. What do you think about this survey? What do you like and don't like about it? **CFG:** I like that it's 1-10, it's a better range; questions are good and don't repeat; like that it's short; too long can be frustrating and lead me to be less honest; answers depend on the day; pandemic (no meetings) affected this; not being with people can be helpful; community is important; like the format; like how it's broken down, it's easy to look at; it sets out the attributes of self-care, breaks down self-care, helps me understand self-care **SQ1:** I like that it asks about many aspects of life and well-being. **SQ2:** It feels like you are trying to measure several things from the same questionnaire and aren't quite capturing one construct. Are you looking to measure if clients think these items are important for their wellbeing? (you ask this in Q4, Q7) Or are you trying to measure their emotional responses to specific activities? (Q1, 2, 6) Or are you measuring their behaviour in response to an emotion (Q5)? The assessment need some cohesiveness in what you intend to measure about wellbeing. Also, how do you plan on scoring this measure? Think about what your scores would mean and how they reflect what you are trying to measure. Currently, I don't see a way to score this other than looking at each individual questions separately because the scale is not comparable. If you use the same scale across all questions, you will be able to get a total score and actually calculate and compare clients along their wellbeing and have a chance to look at change over time.

Table 24 shows a sample of domain assignments made by the three researchers. The assignment of all response data to one or more domains is found in Appendix OO.

Table 24

CDWBS Review Sample of Domain Assignments

ACCEPTABILITY [consistent with views on well-being; adversely affect participation]	**FEASIBILITY [length of survey]**	**SUSTAINABILITY [changes?]**	**CREDIBILITY [measures well-being]**	**OTHER**
CFG: answers depend on the day; pandemic (no meetings) affected this; too long can be frustrating and lead me to be less honest	**CFG**: I like that it's 1-10, it's a better range; questions are good and don't repeat; like that it's short; too long can be frustrating and lead me to be less honest; like the format	**CFG**: not being with people can be helpful; community is important; education hasn't been included; have to be around others for my mental health; I like guidance questions; a sense of belonging is important to me	**CFG**: answers depend on the day; pandemic (no meetings) affected this; it sets out the attributes of self-care, breaks down self-care, helps me understand self-care	**CFG:** You did a very good job.
SQ1: I like that it asks about many aspects of life and well-being		**SQ1:** I think the term "exercise" could be changed to "move your body". Not everyone exercises, especially our clients, but many have the capacity to move their body like going for a walk	**SQ1**: I like that it asks about many aspects of life and well-being	
SQ2: I think you've identified several important elements of wellbeing here, and likely pulled them from your research already		**SQ2**: The assessment need some cohesiveness in what you intend to measure about wellbeing; If you use the same scale across all questions, you will be able to get a	**SQ2**: Be aware of biases and assumptions in the interpretation of these questions. Many of the scales included make assumptions on what is considered	**SQ2**: How will this assessment be used in Day program? What psychometrics will you be using to test

		total score and actually calculate and compare	opposites. For eg. Q2 has having stability on one end and usually anxious on the other end. These can both be true simultaneously	out this measure?

Summarizing the domain data by the three researchers resulted in the creation of 27 core ideas. Table 25 contains a sample of core ideas across the *acceptability*, *feasibility*, *sustainability*, *credibility*, and *other* domains. The complete CDBWS core ideas is found in Appendix PP.

Table 25

CDWBS Review Sample of Core Ideas

ACCEPTABILITY [consistent with views on well-being; adversely affect participation]	**FEASIBILITY [length of survey]**	**SUSTAINABILITY [changes?]**	**CREDIBILITY [measures well-being]**	**OTHER**
The survey addresses many important aspects and elements of well-being and self-care. (C, S)	The —10 scale reflects a better range. (C)	Change the term ”exercise” to something with a broader reach, such as “physical activity”, “routine”, or “movement”. (C, S)	The survey addresses many important aspects and elements of well-being and self-care. (C, S)	Consider how to use this survey in Day Program. (S)
If the survey is too long, it can be frustrating and lead to less honest responses. (C)	The format Is good and easy to read. (C)	Include education. (C)	Check the assumptions and biases on what is used to define the opposites on the various questions. (S)	You did a very good job. (C)

The cross-analysis of the 27 overall core ideas resulted in the creation by the three researchers of 10 general themes. Table 26 presents a sample of general themes. The complete CDBWS cross-analysis is found in Appendix QQ.

Table 26

CDWBS Review Sample of Cross-Analysis

GENERAL THEMES (categories)	**DOMAINS**	**SOURCES**
The survey addresses many important aspects and elements of well-being and self-care.	Acceptability, Credibility	C, S
An overall well-being rating would be helpful.	Sustainability	C
Scales that are clear, consistent, and have the same endpoints may lead to a more effective and useful survey.	Sustainability, Credibility	S

These general themes were developed by the researchers using a robust, creative, and inclusive process that enriches the core ideas from which they are created. It also shows the continuing use of source codes, further enhancing the validity of the data analysis.

Three new questions were added to the CDWBS to address specific additions requested by clients: a question on changing perspective (consistent with Frankl's attitude pathway to discovering meaning), expectations on the effect of Day Program, and an overall well-being rating. Other changes to existing questions were made based on comments from clients and staff: changing "exercise" to the broader concept of "something physical", changing the "working" to the broader concept of "working on a goal", and revising "being with people" to "being with people who accept me". Finally, based on the staff expert's comments, the rating scale for each

question was made uniform: a 10-point scale with “I disagree” and “I agree” as the endpoints. This revised survey is contained in Appendix RR.

The **auditor** had a number of helpful observations in respect of faithfully capturing the essence of participants’ comments across core ideas and general themes. The auditor did not have any comments on the revised survey. The researcher’s revisions, based on the auditor’s comments, are contained in Appendix SS (revised domain assignments, marked to show changes), Appendix TT (revised core ideas, marked to show changes), and Appendix UU (revised cross-analysis, marked to show changes). The auditor reported being satisfied that each of these faithfully and accurately captured the essence of the participant data. The auditor stated that the revised survey was consistent with these. The auditor stated that the revised survey scales demonstrated more consistency, and were simpler to follow. The final domain assignments are contained in Appendix VV and the final core ideas are contained in Appendix WW.

Participant review of the general themes in the cross-analysis resulted in no further changes. Client participants again expressed their appreciation for being consulted. The final cross-analysis is contained in Appendix XX. Client participants also indicated their interest in continuing to participate in the research by completing a CDWBS.

The revised CDWBS was submitted to the participants for their further review and comment. Neither of the staff participants had any further suggested changes. Client participants asked that the question on Day Program attendance expectations be asked prospectively at the beginning of Day Program and then as a reflection after Day Program. This change was made, resulting in pre- and post-session surveys. The remainder of the discussion with the clients about the revised survey concerned the rating scale. There was a healthy debate as to the points on the

scale (10 versus 7 versus 5), and whether to use words instead of numbers. The clients, citing ease of understanding, consistency, and willingness to complete, arrived at a consensus agreement to use the following 5-point word scale:

"disagree somewhat disagree neither agree nor disagree somewhat agree agree"

The researchers further revised the survey accordingly, with clients expressing their agreement with, and appreciation of, the changes. The final forms of the CDWBS are found in Appendix YY.

The final forms of the CDWBS were presented individually to five ATS staff members. Each of them stated that they would be comfortable administering the survey, that the survey could be used in ATS programs other than the Hope Program, and that they believe the survey would be an ongoing helpful tool for their clients.

Computer-Assisted Qualitative Analysis. The online text analysis of the CDWBS assessment participant data and resulting core ideas and general themes did not surface any anomalies or discrepancies. As in Phase I and Stage 1 of Phase II, this may be as a result of the robust CQR process adhered to when analyzing the raw data.

Figure 3 contains the word cloud generated from the raw participant data.

Figure 3

CDWBS Review Participant Data Word Cloud

Table 27 contains the author's first impression of viewing this word map and corresponding KTI-based CQR general themes from the CDWBS review participant data.

Table 27

CDWBS Review Word Map and General Themes

IMPRESSION	GENERAL THEME
The questions measure well-being.	Multiple items reflect how to manage well-being ("you can't just have one horse").
The questions look at many elements of well-being.	The survey addresses many important aspects and elements of well-being and self-care.
The scoring and the scale is important.	Scales that are clear, consistent, and have the same endpoints may lead to a more effective and useful survey.

Logic Model. The logic model for the CDWBS review is presented in Appendix ZZ. The ten qualitative general themes can be summarized into the following four stakeholder observations on the CDWBS review:

1. The survey contains multiple elements that address important and varied aspects of well-being and self-care;
2. The number of questions, format, and scales are acceptable and easy to read;
3. The survey contemplates different perspectives; and
4. Scales that are clear, consistent, and have the same endpoints may lead to a more effective and useful survey.

The quantitative general themes are outlined in Table 26 in section Phase III – Measure Validation, below.

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. Typically, categories that represent only one core idea are discarded.

In the present study, there were no general themes representing a single core idea. None of the qualitative general themes were identified as being *general*, or representative of all core ideas. Also, none of the qualitative general themes were identified as being *typical*. Accordingly, all of the qualitative general themes were identified as being *variant*. This is consistent with the author's holistic and fluid approach to the application of the KTI-based CQR methodology throughout the research process. While having general themes identified as *typical* may indicate a degree of homogeneity among participants (Hill et al., 2005), this author was most interested in soliciting and encouraging a variety of perspectives, in-line with the observations on meaning and well-being made by the participants.

Phase III – Measure Validation

Table 28 sets out the questions and results for the Phase III KTI-based evaluation and validation of the CDWBS.

Table 28

KTI Quantitative Evaluation and Validation of the CDWBS

KTI Standard	Quantitative Question	Answer
Acceptability	Are the resulting items consistent with other well-being scales validated by the existing literature?	The CDWBS was constructed based on validated scales: • Short form of the Purpose in Life test (Schulenberg et al., 2011) • the Adult Identity and Meaning Scale

		(Armstrong, unpublished data, as cited in [Watt, 2020]) • the short form of the Adult Identity and Meaning Scale (validated in the present study)
	Are all items understood and answered correctly by client stakeholders?	There were no incorrectly answered items.
Feasibility	What is the response rate?	The response rate was 94.59% (35 out of 37 surveys were returned).
	What is the proportion of unanswered items?	There were no unanswered items in any of the returned surveys.
	How long does it take to complete the scale?	The MQS, including the 10 CDWBS questions, took between 5 and 15 minutes to complete.
Credibility	Does the scale exhibit content validity?	The 10-item CDWBS demonstrated very good consistency reliability, with a Cronbach's alpha of .90.
	Does the scale exhibit face validity?	The 10-item CDWBS demonstrated convergent validity as average scores of the CDWBS were significantly associated with average scores from the other scales used (see Table 30).

Each of the CDWBS, the AIMS-SF, the PIL-SF, the Perceived Well-Being and Meaning Mindset scale, the Perceived Well-Being and Purpose scale, the Meaning Mindset and Purpose scale, and the MQS demonstrated very good consistency reliability, with a Cronbach's alpha of .90 or above. Cronbach's alpha for each of these is set out in Table 29.

Table 29

Consistency Reliability

Scale	Cronbach's alpha
CDWBS (Perceived Well-Being)	.90
AIMS-SF (Meaning Mindset)	.92
PIL-SF (Purpose in Life)	.98*
Current Well-Being (Perceived Well-Being and Meaning Mindset)	.93
General Well-Being (Perceived Well-Being and Purpose)	.95
Overall Meaning (Meaning Mindset and Purpose)	.98
MQS	.96

*Compare this to .86 in the originating study (Schulenberg et al., 2011)

Each of the CDWBS, the AIMS-SF, the PIL-SF, the Perceived Well-Being and Meaning Mindset scale, the Perceived Well-Being and Purpose scale, the Meaning Mindset and Purpose scale, and the MQS demonstrated convergent validity as each of their average scores were significantly associated with the average scores of their comparatives. The results of these are shaded in Table 30.

Table 30

Convergent Validity (Pearson's r)

$N = 36$; $p < 0.01$(for all correlations in the table)

Scale/ Comparative	CDWBS	AIMS-SF	PIL-SF	Perceived Well-Being and Meaning Mindset	Perceived Well-Being and Purpose	Meaning Mindset and Purpose	MQS
CDWBS	-	.66	.67	.93	.93	.68	.88
AIMS-SF	.66	-	.88	.89	.89	.94	.92
PIL-SF	.67	.88	-	.83	.83	.99	.93
Perceived Well-Being and Meaning Mindset	.93	.89	.83	-	.87	.87	.98
Perceived Well-Being and Purpose	.93	.88	.83	.87	-	.87	.98
Meaning Mindset and Purpose	.68	.94	.99	.87	.87	-	.95
MQS	.88	.92	.93	.98	.98	.95	-

Phase IV - Program Evaluability Assessment

Paired samples *t*-tests and effect size tests were conducted to assess the relationship, if any, between a client-driven Day Program meaning exploration session (the independent variable) and participants' perceived well-being (the dependent variable) as measured by the CDWBS, the PIL-SF, the AIMS-SF, and any combination of those three measures. The results of these are contained in Table 31.

Table 31

Paired Samples (Repeated Measures)t-Tests for the Overall Measure of Well-Being & its Subscales

Measure	N	M1*	SD1*	M2**	SD2**	*t* (df)	*p* (2-tailed)	Mean difference and CI	Cohen's *d*
client defined perceived well-being	36	4.22	0.51	4.2	0.60	0.57 (35)	.575	.02; -0.057 to 0.102	.421
purpose in life	36	3.56	1.24	3.59	1.26	-0.487 (35)	.629	-.03; -0.144 to 0.088	.247
meaning mindset	36	3.53	1.05	3.49	1.17	0.813 (35)	.422	.04; -0.062 to 0.146	.463
purpose-driven well-being (client perceived well-being and sense of purpose)	36	4.72	0.92	4.00	0.70	10.52*** (35)	<.001	.72; 0.578 to 0.855	2.272
current meaning (client perceived well-being and meaning mindset)	36	4.03	0.60	4.00	0.70	0.759 (35)	.453	.03; -0.046 to 0.102	.454
overall meaning (meaning mindset and sense of purpose)	36	3.55	1.12	4.74	1.60	-12.306*** (35)	<.001	-1.19; -1.392 to -0.998	1.467
total well-being	36	3.92	0.717	3.91	0.791	0.450 (35)	.655	0.015; -0.054 to 0.085	.402

*1 denotes the measure before the intervention

**2 denotes the measure after the intervention

***statistically significant ($p < .001$, 2-tailed)

The first shaded row of Table 31 indicates that there was a statistically significant increase ($p < .001$) in participants' perceived well-being for the combined CDWBS and PIL-SF subscale of the MQS. The Cohen's *d* value for that pairing was 2.272, indicating a strong magnitude of effect. The second shaded row of Table 31 indicates that there was also a

statistically significant decrease ($p < .001$) in participants' perceived well-being for the combined PIL-SF and AIM-SF. The Cohen's *d* value for that pairing was 1.467, indicating a strong magnitude of effect. All other subscales and total well-being did not change from pre-test to post-test ($p > .05$).

CHAPTER FOUR: DISCUSSION

Ethical Knowledge Translation-Integrated Consensual Qualitative Research

This present study used ethical principles to enhance the stakeholder-focused objectives of knowledge translation-integrated consensual qualitative research (KTI-based CQR). In fact, KTI-based CQR appears to embody the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) fundamental core principles of respect for persons (autonomy), concern for welfare, and justice (Canadian Institutes of Health Research et al., 2018). The intentional review of these principles in the context of conducting this study with its specific population, people experiencing homelessness, allowed for a deepened commitment to those principles.

It was as a result of a review of the relevant literature on ethical research with vulnerable populations, and in particular the Manifesto for Ethical Research in the Downtown Eastside (Manifesto) (Neufeld et al., 2019), that the present study included a pre-evaluation phase. In that phase, the proposed methodology for the present study and the Informed Consent were explained and discussed with clients of The Mission. Clients were told that this was being done specifically to have their input before any research was to be conducted. In doing so, the participation of clients is extended to an additional stage of the research process. This is a specific response to the third directive of the Manifesto that clients be included in all aspects of the research process (Neufeld et al., 2019).

There is no suggestion that there is an ethical gap in KTI-based CQR. Ethics are dynamic and responsive, requiring situational refinement and enhancement (Beauchamp, 2014; Canadian Institutes of Health Research et al., 2018). The same can be said of KTI-based CQR, given its adaptability and overt focus on project-specific stakeholder consultation. In fact, using logic models to present KTI-based CQR results gives the researchers visibility into their adherence to ethical principles throughout the research process. Researchers can, therefore, execute on the research process while ensuring that stakeholders, and clients specifically, remain the central focus and driving motivation through all stages of the research process.

By specifically actioning the participation of stakeholders, the KTI-based CQR methodology used in the present study appears to promote meaningful inclusion of, and action by, the participants throughout the research process. This is reflective of "doing" and "connecting" as pathways to meaning (Frankl, 1988). The following are illustrative:

1. During the pre-evaluation phase, clients expressed that they felt part of something and that this was "awesome".
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.
3. Our well-being affects how we experience ourselves, how we experience others, and how we experience the world.
4. The survey addresses many important aspects and elements of well-being and self-care.

The use of logic models in the present study had a number of benefits. They graphically represented the interplay between the underpinning by the KTI standards of 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 input was systematically and holistically identified. Even when not used to establish domains (as in stage 1 of Phase II, measure development), the KTI standards provided a framework that allowed purposeful data analysis focusing on the expressed needs of stakeholders. The resulting cross-analysis contained general themes that are informed and enhanced by the multiplicity, variety, and richness of stakeholder responses. As described in the results, the use of, and reflection on, KTI standards generated a consistent flow through the models, 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 an actual program and an actual measurement.

The logic models, therefore, become important and persuasive resources in demonstrating to stakeholders how these outputs were derived from their involvement and input in the research 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, as well as additional measurements of their well-being. 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.

Client Driven Meaning Exploration Program Development and Evaluability Assessment (Phases I and IV)

As previously discussed, in the context of programming the KTI standards are addressed as follows: *acceptability*, the 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. The program development and evaluability assessment results (Phase I and Phase IV) of the data analysis can be examined with regard to each of the KTI standards. In doing so, an assessment can be made of the objectives of those standards being met and the likelihood that programming will be effective.

Acceptability. Consistent with the proposition that all people seek meaning (Frankl, 2006; Wong, 2017), participants expressed that a meaning exploration session would be helpful. The request for different perspectives and stories on meaning 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 views 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 should 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. Participants 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.

From a quantitative perspective (Phase IV, program evaluability assessment), and as previously presented, there was a statistically significant increase ($p < .001$) only in participants' combined perceived well-being and sense of purpose before and after the client driven meaning exploration session. This result, indicating that attending programming may have a positive effect on clients' perceived well-being, supports the proposition that this meaning exploration session is viewed by the participating clients as being *credible*.

There was also a statistically significant decrease ($p < .001$) in participants' combined perceived meaning mindset and sense of purpose (but not in perceived well-being, meaning mindset or purpose in life individually) before and after the client driven meaning exploration session. Rather than negating the credibility of the client driven meaning exploration programming, this result may reflect the challenges for clients when reflecting on meaning in their lives. As indicated in the Informed Consent, "You may experience uncomfortable or sad feelings when providing comments or completing the questionnaire, as you will be asked questions about exploring meaning, and your experience of well-being". This supports the *holistic self-concept* element of the meaning mindset (Armstrong & Potter, 2022). In validating clients' negative experience and their range of behaviours, thoughts, and emotions, the reality of the diurnal and nocturnal regimes, of the individual's persona and shadow, and the value of each in promoting well-being are acknowledged (Bellehumeur & Carignan, 2021; Jung, 2014). Thus,

in the present study, client self-reported well-being increased when they acknowledged the concept of meaning and what they recognized may be lacking. Such an exploration may have given them a sense of meaning-related goals to achieve, given they may not have previously acknowledged the concept of meaning until the meaning exploration session.

In addition, the meaning mindset and sense of purpose scales (AIMS-SF and PIL-SF, respectively) were developed with populations quite distinct from this study's participants. The effect of this may be magnified when these scales are combined in the absence of the CDWBS. It may be that this combination may not capture the participants' actual experience.

As a whole, these pilot evaluability assessment results indicate that further evaluation of the effects of client driven meaning exploration programming on their well-being is merited. While this program was developed by clients experiencing homelessness, these results, involving measures driven by them as well as measures developed with other populations, indicate that use of this program with other populations may be of interest.

Client Driven Well-Being Survey (Phases II and III)

In stage 1 of Phase II (measure development), the data obtained from the clients' exploration of the concept of well-being was analyzed using CQR guided by, but without specific reference to, the KTI standards. The resulting domains (importance of well-being, components of well-being, what affects well-being, how well-being manifests, and improving well-being) were constructed with specific reference to the clients' perspectives and stated experiences.

The resulting general themes are reflective of Frankl's views on meaning and meaning discovery (Frankl, 1988, 2006). Clients identified well-being as having multiple components that

vary from individual to individual, similar to meaning discovery being an individualized pursuit. Clients indicated that honest self-reflection, connection to others, and having a sense of accomplishment, or having contributed, are all relevant to their well-being. These are reflective of the meaning discovery pathways of doing, connecting, and choosing one's attitude.

These general themes were used to construct a draft well-being survey that was then subject to a KTI-based CQR assessment by Mission stakeholders. As previously discussed, in the context of measurement development and evaluation the KTI standards are addressed as follows: *acceptability*, the items capture stakeholders' expressed views on well being, are consistent with other well being scales validated by the existing literature, are understood and answered correctly by client stakeholders, and are not perceived as adversely affecting survey cooperation; *feasibility*, there is a good response rate, does not take long to complete, has few unanswered items, enhances scale completion, and will be administered; *sustainability,* stakeholders are satisfied with the scale, have had their suggested changes addressed, and believe that the scale will be of use over time; and *credibility*, stakeholders perceive the scale to measure well being, and exhibits content and face validity by demonstrating internal consistency reliability and convergent validity. The qualitative and quantitative measure development and validation results (stage 2 of Phase II, and Phase III) of the data analysis can be examined with regard to each of these KTI standards. In doing so, an assessment can be made of the objectives of those standards being met and the likelihood that the resulting measure, the client driven well-being survey (CDWBS), will be effective.

Acceptability. The survey contains multiple elements that address important and varied aspects of well-being and self-care. The CDWBS was constructed based on the following validated scales: short form of the Purpose in Life test (PIL-SF) (Schulenberg et al., 2011), the

Adult Identity and Meaning Scale (Armstrong, unpublished data, as cited in [Watt, 2020]), and the short form of the Adult Identity and Meaning Scale (AIMS-SF) (validated as part of the present study).

Feasibility. The number of questions, format, and scales in the CDWBS are acceptable and easy to read. The CDWBS response rate was 94.74%, with no incorrectly answered or unanswered items.

Sustainability. The CDWBS contemplates different perspectives. The multiple question survey containing the ten CDWBS questions, took between 5 and 15 minutes to complete.

Credibility. The CDWBS has scales that are clear, consistent, and have the same endpoints which may lead to a more effective and useful survey. The CDWBS demonstrated good consistency reliability, with a Cronbach's alpha of .90. The CDWBS demonstrated convergent validity as average scores of the CDWBS were significantly associated with average scores from each of the AIMS-SF, the PIL-SF, the Perceived Well-Being and Meaning Mindset scale, the Perceived Well-Being and Purpose scale, the Meaning Mindset and Purpose scale, and the MQS.

Having respected the objective of the KTI-standards as applied to measure development and validation, there is a strong likelihood that this measurement will be both used by, and useful for, clients attending the Day Program at The Mission.

AIMS-SF

Neither of the Adult Identity and Meaning Scale (AIMS) or the short form of the AIMS validated in the present study (AIMS-SF) were developed using KTI-based CQR. The AIMS, however, was developed in response to client needs assessed in a prior KTI-based study

(Armstrong, unpublished data as cited in and further validated by Watt [2020]). Of particular interest from the present study is that there are a number of four-question combinations from the AIMS (one from each AIMS category) that can be used for a short-form that are statistically valid and reliable. This indicates that a short form of AIMS could be tailored, as was the case in the present study for the validated AIMS-SF, for use with a specific population. KTI-based CQR could be used with a target population to determine the relevant choice of AIMS questions to be used. Such an exercise could also be undertaken in developing tailored short forms of the Purpose in Life test (Crumbaugh & Maholick, 1964).

MQS

The Multi-Question Survey (MQS), consisting of the CDWBS, AIMS-SF, and PIL-SF, and the combinations of those subscales, was found to demonstrate content and face validity, as were each of the subscales. As importantly, each is reflective of the theoretical underpinnings of meaning exploration (Frankl, 2006), meaning mindset (Armstrong, 2018d; Armstrong & Potter, 2022), and resiliency (Lomas & Ivtzan, 2016), and their contributions to well-being (Wong, 2011). In particular, the MQS and its subscale combinations, including the CDWBS, address contributors to resiliency in people experiencing homelessness. As previously discussed, meaning exploration is a contributor to resiliency, itself having been found to be a contributor to well-being among people experiencing homelessness (item details are contained in Table 7).

Future Directions

The author intends to continue using KTI-based CQR to develop both client driven meaning exploration programs and well-being measures. Prior to any such action, clients and other Mission stakeholders will be consulted to determine in what other areas they may have needs. Development projects will continue to be consultative and collaborative, with all results

being subject to stakeholder review and comment prior to finalization. In particular, feedback will be solicited to determine whether the recommendations are consistent with stakeholder expectations as referenced to the KTI standards. Given the ongoing change of, and diversity within, the population accessing The Mission, ongoing program and measure review and renewal is recommended. Depending on how they are received by stakeholders, sessions and measurements could be adapted for the Stabilization, LifeHouse, and Second Stage programs at The Mission, and potentially to other emergency shelters providing client programming and support.

Programming

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. 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). This is also a practical application of the ethical principle of respect for the person (Canadian Institutes of Health Research et al., 2018).

Especially relevant to the reality of Day Program, where clients often sit and observe without intervening, is the witnessing of other 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). Processing one's experience in a group is also a driving force of change within existential therapy (V. J. Yalom & Yalom, 1990).

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, 2018c). Being client-centred, these therapies lend themselves to the discussion and exploration of spirituality when this topic is highlighted by clients as being relevant to them. Spirituality was identified by Day Program clients during the initial needs analysis as a topic relevant to their exploration of meaning (Fabes, 2020).

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 guided autobiography technique encourages clients to make meaning out of their life span through an examination of past and future developmental stages (Marshall & Marshall, 2012). The use of logotherapy techniques may have interesting results with those clients who indicated that they experienced a positive feeling in the absence of meaning, in contrast with the existential vacuum observed by Frankl (2006) in those who fail to discover meaning in their daily lives.

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, adapted from REBT discussed below, 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 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 REBT 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). REBT techniques are especially relevant in respect of Day Program at The Mission. The Friday afternoon Day Program is a SMART Recovery style group session. SMART Recovery (www.smartrecovery.org) is a self-empowerment based addictions recovery program. It uses a

number of techniques, including REBT techniques, to promote positive self-regard and a willingness to change.

As previously discussed, R.E.A.L. uses a set of holistic tools that target feelings, thoughts, attachment, and meaning (Armstrong, 2016, 2018c). Its promotion of connection through secure attachment is especially relevant in the context of the Day Program at The Ottawa Mission. Clients are encouraged to reflect on their internal processes while they are in group, and to cultivate the group as a well-being resource. This reflects the importance placed on interpersonal relations by both I. D. Yalom (2017) and Jung (Sedgwick, 2003). This is also 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.

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, 2018c; 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).

Meaning exploration programming for people experiencing homelessness 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 throughout the process, participants will have that opportunity, resulting in an experience of positive gains in their self-reported well-being, as measured by their meaning mindset, purpose in life, engagement in resiliency focused activities, and perceived mental health. Further research could explore meaning as a predictor of mental health.

Additionally, the interplay between meaning exploration and the resiliency of people experiencing homelessness could also be examined, as resiliency has also been found to be a contributor to well-being (Ivtzan et al., 2015; Wong, 2011). The eight-point approach to fostering resiliency developed in the context of a psychotherapeutic intervention for chronic pain (Bellehumeur & Carignan, 2021), may be helpful in this regard. Grounded in that study's analysis of the interplay between resilience, spirituality, and the imaginary, the approach has elements that promote meaning exploration: fostering emotional connections, encouraging physical and intellectual activities, encouraging creativity, and looking to the future.

The variety of these psychotherapeutic interventions can be used within the specific context of cultivating a resiliency-driven meaning mindset. As previously discussed, meaning exploration programming promoting resiliency should address the following, adapted from the meaning mindset protocol proposed by Armstrong & Potter (2022). Encouraging both the action-based pathways to meaning discovery (Frankl, 1988, 2006) and the freedom to act possessed by all human beings (I. D. Yalom, 2017) promotes *agency over reactions and actions*. Exploring the range of stressors individuals encounter, the burden of responsibility, and the inevitability of death (Ivtzan et al., 2015; I. D. Yalom, 2017) promotes an *acknowledgement of the realities of existence*. Acknowledging and exploring each individual's range of behaviours, thoughts, and emotions recognizes the reality of the diurnal and nocturnal regimes, of the individual's persona

and shadow, and the value of each in promoting well-being (Bellehumeur & Carignan, 2021; Jung, 2014). Doing so promotes a *holistic self-concept*. Fostering an *openness* to different experiences, including the possibility of change encourages access to spirituality as a resource, the transcendent experience of the divine, the healing potential of community, and the possibilities generated by the imaginary (Bellehumeur & Carignan, 2021; Griffith, 2010; Johnson, 2013; Lazarus, 2021).

Fostering resilience through client-driven meaning exploration programming as a pathway to improving the well-being of people experiencing homelessness may also further the goals of Housing First. Specifically, it may be integral to the identification of, and support for, mental health considerations relevant to the prevention of homelessness. In particular, such programming can be viewed as being tailored to the unique needs of the client, harm reduction focused, and geared towards meaningful social support, being some of the Housing First guiding principles (Gaetz, Scott, et al., 2013; Munn-Rivard, 2014). This author would argue that this programming can be effective even while clients navigate homelessness and an exit from the use of emergency shelters.

Measure Creation

The author was impressed by the degree of participation from clients in the development and implementation of the client driven well-being survey (CDWBS). Clients understood the development process and, in spite of it occurring over a number of Day Program sessions, were focused and consistent with their feedback. Clients expressed their interest in continuing to use the current version of the CDWBS, as well as making changes to it to respond to some of their other well-being associated needs.

Given that the MQS, as well as the CDWBS, the AIMS-SF, and PIL-SF as stand alone measures or as subscales, and the combinations of those subscales demonstrated statistical validity and reliability, continuing to use a KTI-based approach to enhancing these measures appears to be appropriate. The variety of those measures (perceived well-being, meaning mindset, purpose in life, and their combinations) provides opportunities to focus measure creation on issues that may be of current importance to a particular client group, and particularly those experiencing homelessness. In the present study that approach, as developed by Armstrong et al. (2021a, 2021b), was effected through a modified CQR methodology. In essence, the present study developed a client driven measure using a KTI-based consensual *quantitative* research methodology with specific reference to ethical principles.

While by its nature quantitative research requires statistical analysis, the present study demonstrated the benefits of giving client end-users the final say in respect of measure content and scale format. The involvement of experts is, however, an important element of establishing the acceptability and credibility criteria of KTI-based measure. Adapted for KTI-based *quantitative* research, expert opinion would be instructive and directive rather than determinative. Clients would be presented with expert opinion, have the opportunity to discuss it, and then decide on what of it to use. This methodology is responsive to the ethical principle of autonomy (Beauchamp, 2014; Canadian Institutes of Health Research et al., 2018) and to the principle of acknowledging the unique expertise of the clients (Lived Experience Advisory Council, 2016; Neufeld et al., 2019). It also contributes to enhancing a meaning mindset by providing participants with opportunities to experience *agency over reactions and actions*, and a *holistic self-concept* (Armstrong & Potter, 2022). Given the limited opportunities people experiencing homelessness may perceive they have to exercise their autonomy and agency,

involving them in a reflective measure creation exercise provides them with that opportunity. And as noted below in Researcher Observations and Reflections, clients may experience meaning discovery.

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, or in other programs, 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 people who identify as men, and vary as to experience with homelessness, 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 (Foundation), a related and vital, but separate, organization. Accordingly, the stakeholder composition of future research could be expanded to include members of the Foundation. The author is aware that Foundation board members have become more interested in the addiction and trauma support

programming provided at The Mission. Future research in this area, then, should contemplate engaging with this group of stakeholders.

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. In order to promote and encourage the use of KTI-based CQR, the author has provided fulsome disclosure on methodology, the raw data, the data analysis process, and the results.

While significant time and commitment is required for the proper implementation of the KTI-based CQR methodology, stakeholders may be swayed with the ongoing development of client driven and client driven well-being measurements. 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-based CQR approach used in the present study required significant time and researcher and stakeholder commitment, resultant programming may be a better fit for client and staff stakeholders, potentially promoting their greater ongoing use. This may be as a result of such stakeholders' continuing meaningful engagement in program and measurement 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 research affecting them, it can fail to meet their needs (Amsden & VanWynsberghe, 2005; Graham et al., 2006; Judd, 2001; Jull et al., 2017). Thus, research conducted with stakeholders to

meet their stated needs would be less likely to have results that would be a poor fit and potentially abandoned. Therefore, taking more time at the outset using a KTI-based CQR approach may result in overall cost-savings to stakeholders, and viewed ultimately as a strength. Also participants in both the present study and the prior needs assessment expressed no concerns as to this methodology creating any burden on resources currently available at The Mission.

This was not a longitudinal study. The paired sample *t*-tests used to assess the relationship, if any, between client driven meaning exploration sessions and clients' perceived well-being were applied to the before and after scores from a single session. Conducting this analysis after a series of client driven meaning exploration sessions over a period of months, and using randomized controlled trials, could provide greater insight into that potential relationship, and further enhance the value of the CDWBS.

Finally, both the short form Purpose in Life test (PIL-SF) and the short form Adult Identity and Meaning Scale (AIMS-SF) were developed using data obtained from university students studying in psychology, or a related field. Further research could be conducted to determine how these measurements are perceived by clients experiencing homelessness. As stated by one client during the pre-evaluation phase, "Totally agree that our facets of well-being should be looked at. If not, research is lop-sided".

Researcher Observations and Reflections

The researchers, including the author, observed the following during the focus group and interview data collection with the client stakeholders, which were also observed during the earlier needs assessment (Fabes, 2020). There was a noticeable increase in enthusiasm and positive affect with clients over the course of their participation. Clients who had previously not spoken during Day Program sessions did speak during the focus groups. A number of clients

approached the author outside of group or individual sessions to share their opinions on the research in more detail. Clients who had a history of making 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).

Furthermore, these behaviours appeared to have intensified over the course of the research phases. Multiple phases resulted in greater opportunities for consultation over a prolonged period of time (approximately four months). Contrast this with the focus groups for the needs assessment which took place over the course of a couple of weeks. In particular, the finalization of the client driven well-being survey elicited spirited debate about the elements of well-being to include in the survey, the form of the measurement scale, and the purpose for which they would want to continue using the survey. Clients were passionate about their views, often challenging the author and other researchers to justify their position on a particular issue. This was a notable instance of clients and researchers connecting as peer collaborators, rather than traditionally as clients/facilitators or participants/researchers. This is a real-world manifestation of the ethical

principle of respect for the person resulting in promoting the clients' agency and autonomy. It is also consistent with the principle of recognizing the expertise of people with lived experience (Lived Experience Advisory Council, 2016). And by engaging with their a*gency over reactions and actions*, an element of meaning mindset (Armstrong & Potter, 2022), clients may be enhancing their overall well-being. Furthermore, the promotion of client agency and autonomy is a key ethical principle when working with vulnerable populations (Canadian Institutes of Health Research et al., 2018).

The author noted his own resistance during the discussion with the clients about the scale parameters for the client driven well-being survey. The author quickly realized that, in that moment, he was more concerned with the scale being consistent with other validated measures, than he was with the experience of the client participants. After quickly processing this, the author was able to refocus on ensuring that the scale parameters were an accurate and faithful reflection of what the clients wanted. Interestingly, while the CDWBS items were client-generated, they are consistent with the literature that indicates cultivating a variety of contributors to resiliency, including meaning exploration, is beneficial in the promotion of the well-being of people experiencing homelessness (Durbin et al., 2019; Gaetz, Scott, et al., 2013; Maté, 2018; Testoni et al., 2018). And given that these items were consistent with the literature, they could all be included in the CDWBS.

The other experience of note was an anticipation felt by the author for statistically significant results in Phase IV assessing the relationship, if any, between client driven meaning exploration programming and clients' perceived well-being. Even before conducting the statistical analysis, the author noticed some anxiety around what the results would be. The author noted that he wanted there to be some statistically significant result. In reflecting on this, the author became

aware that he was focusing on his own experience of academic success as influenced by objective, quantitative measures, as well as his lack of experience with quantitative methods. The author processed this by re-focusing on what about the present study is meaningful to him, specifically respecting and promoting the autonomy of the clients at The Mission. In doing so, the author returned to his appreciation for the power, and meaning discovery opportunities, of the focused consultative and collaborative KTI-based CQR process independent of any statistically significant quantitative results.

In both instances the author shared his processing of these with Day Program clients. In doing so, the author believes that he honoured the first directive of the Manifesto, sharing information about himself with the participants (Neufeld et al., 2019). This sharing of the processing with clients is consistent with existential therapy's focus on the importance of interpersonal relationships, especially in the "here and now" context of a group therapy session (I. D. Yalom, 2017). It is also an appropriate use of countertransference, potentially enhancing the therapeutic relationship between the author as group facilitator and the Day Program clients (Sedgwick, 2003). As importantly, this sharing of his processing fostered his congruence in a manner that was communicated to the participants, an integral component of learning through the therapeutic relationship (Rogers, 1989).

Final Thoughts

The use of KTI-based CQR in the present study served as a practical and ethical platform upon which to apply and implement community-based, participatory action, and consensual research principles. More than a set of organizational constructs, the KTI standards applied in the context of CQR ensured that all material aspects of the research process were client driven and stakeholder-focused, all in accordance with ethical principles. They served as an effective check

and balance on the expectations and biases of the author and the other researchers. From the research proposal to the informed consent, to the data collection options, right through to consultation before finalizing the general themes, the meaning exploration program, and the client driven well-being survey, each phase of the research was conducted referring back to these knowledge translation "first principles" encapsulated by the KTI standards. As a result, there is high confidence that the general themes, the meaning exploration program, and the client driven well-being survey faithful and accurate reflections of what stakeholders expressed throughout the process. The logic models developed for the present study appear to further support this. Applying this approach to the ongoing development, execution, and evaluation stages of programming, and the creation of client driven measurements relevant to their well-being, hopefully will have similar results.

As importantly, this intensely consultative and collaborative methodology has significant potential to create a meaningful process for the research participants. The benefits from "doing" and connecting" throughout the process are opportunities for meaning discovery (Frankl, 1988, 2006). It also supports a meaning mindset by providing participants with multiple opportunities to experience *agency over reactions and actions*, a *holistic self-concept*, an *acknowledgement of the realities of existence*, and an *openness* to experience (Armstrong & Potter, 2022). Meaning discovery and a meaning mindset likely contribute to developing resiliency, in turn promoting well-being. This also supports using the integrative approach previously discussed (based in existentialism, spirituality, the use of the imaginary, and Jungian theory) that acknowledges individual differences contextualized within the community and the world at large, and the power of transcendence, recognizes existential realities, and promotes and supports authentic autonomy.

The uniformly positive qualitative outcomes, as well as the interesting quantitative results, of the present study merit the continuation of focused 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. And in doing so, this may assist clients in moving away from homelessness, consistent with the Housing First principles, In the words of one of The Mission's client participants: "Well-being is the cornerstone of a satisfied and fulfilled life".

In keeping with the intentional focus on client empowerment through meaningful consultation and collaboration, this paper ends with a word cloud (Figure 4) representing all participant data from all phases of the present study, including the pre-evaluation phase. The author encourages the reader to allow themself to be guided by first impressions based on what they are seeing, rather than on preconceptions of the academics of research, client participation in the research process, or of people experiencing homelessness.

Figure 4

Complete Participant Data Word Cloud

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APPENDIX A – Pre-Execution Phase Client Questions

Pre-Execution Phase Client Questions

Research Format

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. I'm interested in finding out whether a meaning exploration session, developed with you, would be helpful for clients attending The Mission's Day Program. I'm also interested in finding out how you define well-being, how you assess your well-being, and whether the meaning exploration sessions you help develop has any impact on your well-being. I'm also very interested in the ethics in doing research with you. I want to make sure that I respect your autonomy and life experience. So I'd like to hear what you think about how I propose to do this research. I'm going to give you a brief outline of the research process, and ask you a few questions as we go along. Participation in any part of the research is always voluntary and anonymous.

The first part of the research is to create a meaning exploration session for one of the Day Program groups. Using the feedback clients gave me when I did my Master's research, I prepared a draft of that session. I'm going to show that session to clients, have them comment on it, and then conduct the session. I'm then going to ask clients how satisfied they were, and what changes they would like to see. All the feedback will be reviewed by me, Nives, and Emma. Jonathan at LifeHouse will check our work, and then will share the results with Hope program

clients for your further feedback. Do you have questions about this part? What do you like? What don't you like? What would you like to see differently?

The second part of the research is to create a meaning and well-being survey based on clients' experience of well-being. I'm going to ask clients what well-being means to them, what affects their well-being, and what part meaning plays in their well-being. All the feedback will be reviewed by me, Nives, and Emma. Jonathan at LifeHouse will check our work, and then will share the results with Hope program clients for your further feedback. I'll use the feedback to create a survey which will then be reviewed by clients and staff. Changes will be made to the survey based on that feedback. Do you have questions about this part? What do you like? What don't you like? What would you like to see differently?

The last part of the research is to see if there is a connection between attending a meaning exploration session and well-being. Before the session, clients will be asked to complete a questionnaire that includes the survey we developed in part two, as well as some other meaning and well-being questions. Clients will be asked to complete the same questionnaire after the session. Do you have questions about this part? What do you like? What don't you like? What would you like to see differently?

Informed Consent

Participants in any research are always provided with information about the research, what their participation looks like, and how the research might affect them. They are then asked whether they want to become a participant. This is referred to as obtaining the participant's informed consent. The form of this is usually determined by an organization's research ethics board.

Again, from an ethical perspective, I'm interested in what you think about the form. So I'm going to go through the form with you and then ask you the following questions.

[REVIEW ATTACHMENT A]

What do you think about this? What do you like? What don't you like? What might be missing? What changes would you like to see?

ATTACHMENT A

Meaning Exploration - Informed Consent

Welcome! You are being asked to participate in a meaning exploration session development, implementation, and evaluation study for clients of The Ottawa Mission. This study is being conducted by Robert Fabes as part of his thesis requirements in the PhD, Psychotherapy, Counselling and Spirituality program at Saint Paul University. Robert is an addictions counsellor with Addictions and Trauma Services at The Mission.

Robert's thesis supervisor at Saint Paul University is Dr. Laura Lynne Armstrong.

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

Purpose of the study: 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, developed with them, would be helpful for clients attending The Mission's Day Program. Robert is also interested in finding out how Day Program clients define well-being, how they assess their well-being, and whether the meaning exploration sessions they helped develop has any impact on their well-being.

What is being asked of you: [As part of a group – OR - During your interview – OR – In completing your questionnaire or well-being survey] you will be asked to share your views on a number of questions addressing meaning programming and assessing well-being, all in the context of The Mission's Day Program. This will take place at The Mission.

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 and well-being assessment 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, or questionnaires/surveys completed by you, will be deleted upon request.

Treatment of your comments: [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, may be made of the focus

group.] 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 5 years at which point the data will be securely erased.

Compensation: As a thank you for having participated in a focus group, being interviewed, or having completed a questionnaire or well-being survey, you will be presented with a $5 gift certificate. You will receive a gift certificate for each instance of participation.

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 (#XXX). 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, as well as an executive summary of it, will be made available to staff and clients of The Mission either electronically or in paper format.

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/SURVEY: In completing the attached questionnaire/survey, 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 B – Adult Identity and Meaning Scale (AIMS)

The Adult Identity and Meaning (AIM) Questionnaire
(Armstrong, unpublished data, as cited in [Watt, 2020])

1. Please enter your name:

2. Please move the slider to indicate your level of agreement:

When I experience difficult feelings like sadness, fear, or anger, I am able to change my attitude toward the situation so I feel a bit better	When I experience difficult feelings like sadness, fear, or anger, I am not able to change my attitude toward the situation

3. Please move the slider:

When I have a difficult feeling like sadness, fear, or anger, I have a meaningful person in my life who I like to talk to	When I have a difficult feeling like sadness, fear, or anger, I don't tend to talk to anyone

4. Please move the slider:

When I have a difficult feeling like sadness, fear, or anger, I often choose to relax, have fun or create something to feel a bit better	When I have a difficult feeling like sadness, fear, or anger, I often choose not to do much of anything

5. Please move the slider:

I am happy to be me	I wish that I was a different person

6. Please move the slider:

I think that I am valued by other people	I don't think that I am valued by other people

7. Please move the slider:

I think that I do many things to be proud of	I don't think that I do many things to be proud of

8. Please move the slider:

I know that good things will happen in my life	I do not expect good things to happen in my life

9. Please move the slider:

I believe my life is meaningful	I believe my life is hopeless

10. Please move the slider:

I know that I can find ways to get something that is important to me	I don't know if I can find ways to get things that are important to me

11. Please move the slider:

I am interested in noticing my own feelings as well as other people's feelings	I am more interested in what I can see, feel, hear, taste, and touch, rather than noticing feelings

12. Please move the slider:

I like to try new things and learn new things	I prefer to stick with things that I know

13. Please move the slider:

I participate in regular, meaningful leisure activities	I don't participate in, regular, meaningful leisure activities

APPENDIX C – Short Form of the Purpose in Life (PIL-SF)Test

Purpose in Life Test (short form)
(Schulenberg et al., 2011)

Instructions: Write the number (1 to 5) next to each statement that is most true for you right now.

1. In life, I have:

1	2	3	4	5
no goals or aims				clear goals and aims

2. My personal existence is:

1	2	3	4	5
utterly meaningless, without purpose				purposeful and meaningful

3. In achieving life goals, I've:

1	2	3	4	5
made no progress whatever				progressed to complete fulfillment

4. I have discovered:

1	2	3	4	5
no mission or purpose in life				a satisfying life purpose

APPENDIX D - Informed Consent

Meaning Exploration Study - Informed Consent

Meaning Exploration - Informed Consent

Welcome! You are being asked to participate in a meaning exploration session development, implementation, and evaluation study for clients of The Ottawa Mission. This study is being conducted by Robert Fabes as part of his thesis requirements in the PhD, Psychotherapy, Counselling and Spirituality program at Saint Paul University. Robert is an addictions counsellor with Addictions and Trauma Services at The Mission.

You will be given a copy of this Informed Consent. You will be able to review this Informed Consent on your own before deciding whether you want to participate in this research.

Robert's thesis supervisor at Saint Paul University is Dr. Laura Lynne Armstrong.

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

Purpose of the study: 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, developed with them, would be helpful for clients attending The Mission's Day Program. Robert is also interested in finding out how Day Program clients define well-being, how they assess their well-being, and whether the meaning exploration sessions they helped develop has any impact on their well-being.

What is being asked of you: Participation in this study is by way of focus group, and/or interview, and/or completion of a questionnaire and/or survey. You will be asked to share your views on a number of questions addressing meaning programming and assessing well-being, all in the context of The Mission's Day Program. This will take place at The Mission.

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 and well-being assessment that is relevant and helpful to Day Program clients. If you are a client of The Mission, hopefully you will **benefit** from attending and participating in such a session. If you are 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, or questionnaires/surveys completed by you, will be deleted upon request.

Treatment of your comments: If you are being interviewed, the interviewer will be aware of your comments. If you choose, an audio recording, without video, will be made of your recording. If you attend a focus group, your fellow focus group attendees (including the group facilitator) will be aware of your comments. An audio recording, without video, may be made of the focus group. 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 5 years at which point the data will be securely erased.

Compensation: As a thank you for having participated in a focus group, being interviewed, or having completed a questionnaire or well-being survey, you will be presented with a $5 gift certificate. You will receive a gift certificate for each time and way you participate.

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 (REB Protocol 1360.8/22). 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, as well as an executive summary of it, will be made available to staff and clients of The Mission either electronically or in paper format.

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. If you are being interviewed, by doing so you are agreeing and consenting to participate in this assessment. If you complete a questionnaire or survey, by doing so you are agreeing and consenting to participate in the assessment. If you participate in a focus group, by doing so you are agreeing and consenting to participate in this assessment.

I agree and consent to participate in this assessment.

Name of participant:

Participant's signature: Date:

Name of researcher:

Researcher's signature: Date:

APPENDIX E - Researcher and Auditor Data Analysis Guide

Knowledge Translation Integrated (KTI) Based Consensual Qualitative Research (KTI-based CQR)

Meaning Exploration Program Development, Implementation, and Evaluation

The Ottawa Mission

Researcher and Auditor Data Analysis Guide[1]

KTI-based CQR is a qualitative research methodology that uses the four stakeholder-focused KTI principles of acceptability, feasibility, sustainability, and credibility to underpin the CQR process. That 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 will engage both clients and staff at The Mission in some or all of the three formats. Where applicable, the four pre-determined domains will be the KTI principles of acceptability, feasibility, sustainability, and credibility.
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.

[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.

Prior to exploring any of the research questions discussed below, clients will have been invited, via in person interviews and a focus group, to share their views on the research plan and the informed consent. This is being done as the primary researcher is exploring the research ethics underlining research involving vulnerable and disenfranchised participants. This early stage consultation is recommended in some of the relevant research. Client responses will be analysed by two of the researchers using a consensus-based approach. The questions for these interviews are contained in Appendix 1. If necessary, changes based on the client responses will have been made to the research plan and informed consent.

The following research questions will then be explored. These build on the results of the previously conducted meaning-focused needs assessment that was part of the primary researcher's Master's thesis:

4. Using a KTI-based CQR methodology, what would make a meaning exploration session an acceptable, feasible, sustainable, and credible program? More specifically:
    a. *Acceptability*: What type of programming do stakeholders believe will adequately addresses the needs expressed in the prior needs assessment on meaning exploration?
    b. *Feasibility*: Do stakeholders perceive that the program will be feasible from a time and resource use perspective?
    c. *Sustainability*: Do stakeholders have concerns about, or recommendations to enhance, program sustainability?
    d. *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?

Clients and staff will be shown a draft meaning exploration session (which was drafted based on the results of the needs analysis) and asked (by way of focus group, interview, or questionnaire) the questions contained in Appendix 2. Changes to the draft session will be made, if necessary, based on the received feedback. The session will then be conducted during a Day Program and then clients will be asked the questions contained in Appendix 3. Further changes to the session will be made, if necessary, based on the received feedback.

5. Using a KTI-based CQR methodology, what would make a client informed measurement of well-being an acceptable, feasible, sustainable, and credible indicator of well-being? More specifically:
    a. Acceptability: Do all items capture stakeholders' expressed views on well-being? Are the resulting items consistent with other well-being scales validated by the existing literature? Are all items understood and answered correctly by client stakeholders? Are there any items that stakeholders perceive would adversely affect survey cooperation?
    b. Feasibility: What is the response rate, how long does it take to complete the scale, and what is the proportion of unanswered items? Is the scale designed in a way that it would enhance scale completion? Are staff stakeholders willing and able to administer the scale?
    c. Sustainability: Are stakeholders satisfied with the scale? Do stakeholders suggest changing anything in the scale? Do stakeholders believe that the scale will be of use over time?

a. Credibility: Is the scale perceived by stakeholders to measure well-being? Does the scale exhibit content and face validity? In other words, does the scale demonstrate internal consistency reliability and convergent validity?

Clients will be asked (by way of focus group, interview, or questionnaire) a series of questions (contained in Appendix 4) about how they define well-being, what role it plays in their life, and what factors affect their well-being. A draft well-being survey will be created based on these responses. Clients and staff will be shown the draft survey and be asked (by way of focus group, interview, or questionnaire) the questions contained in Appendix 5. Changes to the draft survey will be made, if necessary, based on the received feedback. The survey will then be administered either during a Day Program and/or individually and then clients will be asked the questions contained in Appendix 6. Further changes to the survey will be made, if necessary, based on the received feedback.

6. Using quantitative statistical analysis, is there any relationship between a client informed meaning exploration session and the perceived well-being of those clients?

This question will be addressed by administering a well-being and meaning survey to clients attending Day Program before and after a meaning exploration session. The survey will consist of four demographic questions (age, two related to substance use, and amount of time in Day Program), the four questions from the survey developed by Mission clients, and eight questions from two other meaning-related measurement scales. This third question will not be addressed by this KTI-based CQR methodology as all survey results will be analyzed using statistical software.

In this study, all participant responses obtained for research questions one and two will be analysed as follows.

Format treatment:

Focus groups are being treated as single cases. The data from client and staff focus groups will be analyzed by the researchers and the auditor as one case per group (CFG#, SFG#).

Questionnaires from clients (CQ#) and staff (SQ#) 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.

Dividing the responses into domains:

The four domains for this study have been pre-determined based on the KTI principles discussed above. These are:

A. **Meaning exploration programming**:

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 Appendix 2 client and staff questions 1, 2, 3, and 9, and Appendix 3 client questions 1, 2, 3, 4, and 9.
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 Appendix 2 client and staff questions 1, 2, 4, 5, 6, and 9, and Appendix 3 client questions 1, 2, 4, 5, 6, and 9.

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 Appendix 2 client and staff questions 1, 2, 4, 5, 6, and 9, and Appendix 3 client questions 1, 2, 4, 5, 6, and 9.
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 Appendix 2 client and staff questions 1, 2, 3, 7, 8, and 9, and Appendix 3 client questions 1, 2, 3, 4, 7, 8, and 9.

B. **Well-being survey**:

1. *Acceptability*: This domain captures any expression of a client or staff participant's expressed needs or wants in respect of a well-being survey. This will include desirability for, and utility of, such a survey, as well as the survey format. Generally, this will be data obtained from responses to Appendix 5 client and staff questions 1, 2, 3, 4, 7, 8, and 9, and Appendix 6 client questions 1, 2, 3, 4, 7, and 8.
2. *Feasibility*: This domain captures any response that relates to the survey being completed, as well as to ease of administering. Generally, this will be data obtained from responses to Appendix 5 client and staff questions 1, 2, 4, 5, 8, and 9, and Appendix 6 client questions 1, 2, 4, 5, and 8.

3. *Sustainability*: This domain captures any response that relates to stakeholder satisfaction with the survey, survey changes, and survey usefulness. Generally, this will be data obtained from responses to Appendix 5 client and staff questions 1, 2, 3, 4, 7, 8, and 9, and Appendix 6 client questions 1, 2, 3, 4, 7, and 8.
4. *Credibility*: This domain captures any response that relates to the survey actually measuring well-being. Generally, this will be data obtained from responses to Appendix 5 client and staff questions 1, 2, 4, 6, 7, 8, and 9, and Appendix 6 client questions 1, 2, 4, 6, 7, and 8.

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#, SFG#, CQ#, SQ#, CI#, SI#). 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. The auditor will review the assignment of data to domains during the next step.

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 even though you do not necessarily use the exact language of 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 both the domains 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:

If possible, one client questionnaire or interview and/or one staff questionnaire or interview 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 consensus, participant reviewed, stability checked, and audited overall cross-analysis will form the basis of the discussion of results in the primary researcher's doctoral thesis.

Appendix 1

Pre-Execution Phase Client Questions

Research Format

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. I'm interested in finding out whether a meaning exploration session, developed with you, would be helpful for clients attending The Mission's Day Program. I'm also interested in finding out how you define well-being, how you assess your well-being, and whether the meaning exploration sessions you help develop has any impact on your well-being. I'm also very interested in the ethics in doing research with you. I want to make sure that I respect your autonomy and life experience. So I'd like to hear what you think about how I propose to do this research. I'm going to give you a brief outline of the research process, and ask you a few questions as we go along. Participation in any part of the research is always voluntary and anonymous.

The first part of the research is to create a meaning exploration session for one of the Day Program groups. Using the feedback clients gave me when I did my Master's research, I prepared a draft of that session. I'm going to show that session to clients, have them comment on it, and then conduct the session. I'm then going to ask clients how satisfied they were, and what changes they would like to see. All the feedback will be reviewed by me, Nives, and Emma. Jonathan at LifeHouse will check our work, and then will share the results with Hope program clients for your further feedback. Do you have questions about this part? What do you like? What don't you like? What would you like to see differently?

The second part of the research is to create a meaning and well-being survey based on clients' experience of well-being. I'm going to ask clients what well-being means to them, what affects their well-being, and what part meaning plays in their well-being. All the feedback will be reviewed by me, Nives, and Emma. Jonathan at LifeHouse will check our work, and then will share the results with Hope program clients for your further feedback. I'll use the feedback to create a survey which will then be reviewed by clients and staff. Changes will be made to the survey based on that feedback. Do you have questions about this part? What do you like? What don't you like? What would you like to see differently?

The last part of the research is to see if there is a connection between attending a meaning exploration session and well-being. Before the session, clients will be asked to complete a questionnaire that includes the survey we developed in part two, as well as some other meaning and well-being questions. Clients will be asked to complete the same questionnaire after the session. Do you have questions about this part? What do you like? What don't you like? What would you like to see differently?

Informed Consent

Participants in any research are always provided with information about the research, what their participation looks like, and how the research might affect them. They are then asked whether they want to become a participant. This is referred to as obtaining the participant's informed consent. The form of this is usually determined by an organization's research ethics board. Again, from an ethical perspective, I'm interested in what you think about the form. So I'm going to go through the form with you and then ask you the following questions.

[REVIEW ATTACHMENT A]

What do you think about this? What do you like? What don't you like? What might be missing? What changes would you like to see?

ATTACHMENT A

Meaning Exploration - Informed Consent

Welcome! You are being asked to participate in a meaning exploration session development, implementation, and evaluation study for clients of The Ottawa Mission. This study is being conducted by Robert Fabes as part of his thesis requirements in the PhD, Psychotherapy, Counselling and Spirituality program at Saint Paul University. Robert is an addictions counsellor with Addictions and Trauma Services at The Mission.

Robert's thesis supervisor at Saint Paul University is Dr. Laura Lynne Armstrong.

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

Purpose of the study: 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, developed with them, would be helpful for clients attending The Mission's Day Program. Robert is also interested in finding out how Day Program clients define well-being, how they assess their well-being, and whether the meaning exploration sessions they helped develop has any impact on their well-being.

What is being asked of you: [As part of a group – OR - During your interview – OR – In completing your questionnaire or well-being survey] you will be asked to share your views on a number of questions addressing meaning programming and assessing well-being, all in the context of The Mission's Day Program. This will take place at The Mission.

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 and well-being assessment 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, or questionnaires/surveys completed by you, will be deleted upon request.

Treatment of your comments: [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, may be made of the focus

group.] 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 5 years at which point the data will be securely erased.

Compensation: As a thank you for having participated in a focus group, being interviewed, or having completed a questionnaire or well-being survey, you will be presented with a $5 gift certificate. You will receive a gift certificate for each instance of participation.

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 (#XXX). 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, as well as an executive summary of it, will be made available to staff and clients of The Mission either electronically or in paper format.

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

4. By signing this form.
5. By having your verbal agreement and consent recorded by the researcher.

6. [FOR INTERVIEWEES: In being interviewed, you are agreeing and consenting to participate in this assessment. FOR STAFF AND CLIENTS COMPLETING A QUESTIONNAIRE/SURVEY: In completing the attached questionnaire/survey, 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 2

Draft Session Questions

Questions for the CLIENT focus groups, questionnaires, and interviews:

> Robert prepared a draft meaning exploration session based on the input received from clients and staff during his Master's research. Here's what that draft looks like [READ ATTACHMENT A].

1. What do you think about this?
2. What do you like and don't like about it?
3. Would such a session help you in your search for meaning? Why/why not?
4. Do you think we should create such a session? Why/why not?
5. Do you have any concerns about what it would cost to run such a session?
6. Could this session be facilitated by ATS staff? Should it be facilitated by someone else?
7. Would you attend such a session? Why/why not?
8. Would such a session be consistent with the values of The Mission? Why/why not?
9. Do you have any questions or comments?

Questions for the STAFF focus groups, questionnaires, and interviews:

> Robert prepared a draft meaning exploration session based on the input received from clients and staff during his Master's research. Here's what that draft looks like [READ ATTACHMENT A].

1. What do you think about this?
2. What do you like and don't like about it?
3. Would such a session help clients in their search for meaning? Why/why not?
4. Do you think we should create such a session? Why/why not?
5. Do you have any concerns about what it would cost to run such a session?
6. Could this session be facilitated by ATS staff? Should it be facilitated by someone else?
7. Do you think clients would attend such a session? Why/why not?
8. Would such a session be consistent with the values of The Mission? Why/why not?
9. Do you have any questions or comments?

ATTACHMENT A

DRAFT MEANING EXPLORATION SESSION

Session –Meaning Exploration Pathways

1. Welcome participants
2. Have participants focus on the space they are in, and who they are sharing the space with
3. Invite participants to focus on their breathing, and, if comfortable, to deepen their breath
4. Invite participants to join in the Serenity prayer, or recite the Indigenous prayer of thanks
5. Review Day Program rights and responsibilities
6. Review Day Program procedures and announcements, inviting participants to share any announcements, milestones, or concerns
7. Daily reading
8. Introduce the topic of meaning exploration using the following:
    a. We've spoken about how meaning seems to be important in all of our lives.
    b. How do we decide what is meaningful to us? Do we create meaning? Do we discover meaning?
    c. What do you think about this? Do you agree? Disagree? What's it like to think about this?
    d. How does thinking about this help your recovery?
9. Facilitate group discussion, validating personal experiences and differences, identifying patterns, and noting key comments on a whiteboard.
10. Coffee and snack break
11. Introduce and then play the YouTube video "Man's Search for Meaning by Viktor Frankl" (6m32s). [As part of the continuing program development process, both

alternative YouTube videos and original content videos will be added to the session documentation.] Have participants explore the following questions:

   a. How do you explore and discover meaning?
   b. What can you do, how can you connect, when can you choose your attitude?
   c. How is this helpful to your recovery?

12. Facilitate group discussion, validating personal experiences and differences, identifying patterns, and noting key comments on a whiteboard.
13. Invite participants to close their eyes or focus on the floor. Invite clients to focus on their breathing. Invite clients to think of an animal that represents them. Invite clients to share this thing.
14. Thank participants for having shared the space.

Appendix 3

Post-Session Questions

Questions for the CLIENT focus groups, questionnaires, and interviews following the meaning exploration session:

1. What do you think about this session? On point? Helpful?
2. What did you like and didn't like about it?
3. Did the session help you in your search for meaning? Why/why not?
4. What do you think we should change in the session?
5. Do you have any questions or comments?

Appendix 4

Pre-Survey Questions

Well-being survey development questions for the CLIENT focus groups, questionnaires, and interviews:

2. What do think of when you hear the phrase “well-being”?
3. Does this even matter to you? Why/why not?
4. What elements or things are part of your well-being?
5. What things affect your well-being in good ways?
6. What things affect your well-being in bad ways?
7. What does it look like when you feel positive about your well-being?
8. What does it look like when you feel negative about your well-being?
9. What do you do to improve your well-being?
10. Do you have any questions or comments?

Appendix 5

Draft Survey Questions

Draft well-being survey review questions for the CLIENT focus groups, questionnaires, and interviews:

Based on what you told us about well-being and its place in your lives, Robert created a draft well-being survey [READ ATTACHMENT A].

1. What do you think about this survey?
2. What do you like and don't like about it?
3. Does the survey address elements of well-being that are relevant to you? Why/why not?
4. What do you think needs to be changed or added to the survey?
5. Is the survey too long? Too short?
6. Is the survey useful to you? Why/why not?
7. Would the survey be useful for other Mission clients? Why/why not?
8. Do you have any questions or comments?

Draft well-being survey review questions for the STAFF focus groups, questionnaires, and interviews:

Based on client input on well-being questions, Robert created a draft well-being survey [READ ATTACHMENT A].

1. What do you think about this survey?
2. What do you like and don't like about it?

3. Does the survey address elements of well-being that you think are relevant to clients? Why/why not?
4. What do you think needs to be changed or added to the survey?
5. Is the survey too long? Too short?
6. Is the survey useful to clients attending Day Program? Why/why not?
7. Would the survey be useful for other Mission clients? Why/why not?
8. Would you be comfortable administering the survey? Why/why not?
9. Do you have any questions or comments?

ATTACHMENT A

DRAFT WELL-BEING SURVEY

[NOTE: These are illustrative only. The actual survey items will be based on participant input.}

1. I believe that: 1- meaning has no place in my life, to 5 – meaning plays an important part in my life;
2. Connecting with another person: 1- does not matter to me, to 5 – is very important to me;
3. When I'm feeling down and do something that matters to me: 1- I still feel down, to 5 – I feel better; and
4. Helping others: 1 – is not important to me, to 5 – helps me feel better about myself.

Appendix 6

Post-Survey Questions

Questions for the CLIENT focus groups, questionnaires, and interviews following the administration of the well-being survey:

1. What do you think about this survey? Useful? On topic?
2. What do you like and don't like about it? Length? Format?
3. What do you think needs to be changed or added to the survey?
4. Do you have any questions or comments?

APPENDIX F - Draft Client Driven Meaning Exploration Session

Session –Meaning Exploration Pathways

1. Welcome participants
2. Have participants focus on the space they are in, and who they are sharing the space with
3. Invite participants to focus on their breathing, and, if comfortable, to deepen their breath
4. Invite participants to join in the Serenity prayer, or recite the Indigenous prayer of thanks
5. Review Day Program rights and responsibilities
6. Review Day Program procedures and announcements, inviting participants to share any announcements, milestones, or concerns
7. Daily reading
8. Introduce the topic of meaning exploration using the following:
    a. We've spoken about how meaning seems to be important in all of our lives.
    b. How do we decide what is meaningful to us? Do we create meaning? Do we discover meaning?
    c. What do you think about this? Do you agree? Disagree? What's it like to think about this?
    d. How does thinking about this help your recovery?
9. Facilitate group discussion, validating personal experiences and differences, identifying patterns, and noting key comments on a whiteboard.
10. Coffee and snack break
11. Introduce and then play the YouTube video "Man's Search for Meaning by Viktor Frankl" (6m32s). [As part of the continuing program development process, both

alternative YouTube videos and original content videos will be added to the session documentation.] Have participants explore the following questions:

   a. How do you explore and discover meaning?
   b. What can you do, how can you connect, when can you choose your attitude?
   c. How is this helpful to your recovery?

12. Facilitate group discussion, validating personal experiences and differences, identifying patterns, and noting key comments on a whiteboard.
13. Invite participants to close their eyes or focus on the floor. Invite clients to focus on their breathing. Invite clients to think of an animal that represents them. Invite clients to share this thing.

Thank participants for having shared the space.

APPENDIX G – Phase I Participant Questions

Questions for the CLIENT focus groups, questionnaires, and interviews:

> Robert prepared a draft meaning exploration session based on the input received from clients and staff during his Master's research. Here's what that draft looks like [READ THE DRAFT SESSION].

1. What do you think about this?
2. What do you like and don't like about it?
3. Would such a session help you in your search for meaning? Why/why not?
4. Do you think we should create such a session? Why/why not?
5. Do you have any concerns about what it would cost to run such a session?
6. Could this session be facilitated by ATS staff? Should it be facilitated by someone else?
7. Would you attend such a session? Why/why not?
8. Would such a session be consistent with the values of The Mission? Why/why not?
9. Do you have any questions or comments?

Questions for the STAFF focus groups, questionnaires, and interviews:

> Robert prepared a draft meaning exploration session based on the input received from clients and staff during his Master's research. Here's what that draft looks like [READ THE DRAFT SESSION].

1. What do you think about this?
2. What do you like and don't like about it?
3. Would such a session help clients in their search for meaning? Why/why not?

4. Do you think we should create such a session? Why/why not?
5. Do you have any concerns about what it would cost to run such a session?
6. Could this session be facilitated by ATS staff? Should it be facilitated by someone else?
7. Do you think clients would attend such a session? Why/why not?
8. Would such a session be consistent with the values of The Mission? Why/why not?
9. Do you have any questions or comments?

APPENDIX H – Post-Session Client Questions

Questions for the CLIENT focus groups, questionnaires, and interviews following the meaning exploration session:

1. What do you think about this session? On point? Helpful?
2. What did you like and didn't like about it?
3. Did the session help you in your search for meaning? Why/why not?
4. What do you think we should change in the session?

Do you have any questions or comments?

APPENDIX I – AIMS-SF Stand-Alone Trial

The Adult and Identity and Meaning Questionnaire (short form)

Hello – For each question, please circle the number between 1 and 10 that indicates your current level of agreement:

1. When I experience difficult feelings like sadness, fear, or anger:

I am not able to change my attitude toward the situation									I am able to change my attitude toward the situation so I feel a little better
1	2	3	4	5	6	7	8	9	10

2. I think that I am:

Not valued by other people									Valued by other people
1	2	3	4	5	6	7	8	9	10

3. I believe that:

my life is hopeless									my life is meaningful
1	2	3	4	5	6	7	8	9	10

4. I like to:

stick with things I know									try new things and learn new things
1	2	3	4	5	6	7	8	9	10

APPENDIX J - Stage1, Phase II Well-Being Exploration Client Questions

Well-being survey development questions for the CLIENT focus groups, questionnaires, and interviews:

1. What do think of when you hear the phrase “well-being”?
2. Does this even matter to you? Why/why not?
3. What elements or things are part of your well-being?
4. What things affect your well-being in good ways?
5. What things affect your well-being in bad ways?
6. What does it look like when you feel positive about your well-being?
7. What does it look like when you feel negative about your well-being?
8. What do you do to improve your well-being?
9. Do you have any questions or comments?

APPENDIX K - Draft Client Driven Well-Being Survey (CDWBS)

Hello – For each question, please circle the number between 1 and 10 that indicates your current level of agreement with each statement:

1. When I exercise:

I feel down and tired									I feel better about myself
1	2	3	4	5	6	7	8	9	10

2. When I'm working:

I'm usually anxious									I feel I have stability in my life
1	2	3	4	5	6	7	8	9	10

3. Being with people:

Is not important to me									Is very important to me
1	2	3	4	5	6	7	8	9	10

4. Helping others:

Has no effect on my well-being									Is important to my well-being
1	2	3	4	5	6	7	8	9	10

5. When I'm feeling depressed:

I choose to be alone									I seek the company of others
1	2	3	4	5	6	7	8	9	10

6. When I feel stressed or anxious and do something that matters to me:

I still feel stressed or anxious									I feel calmer
1	2	3	4	5	6	7	8	9	10

7. Well-being is the cornerstone of a meaningful life:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

APPENDIX L – Draft Client Driven Well-Being Survey Participant Questions

1. What do you think about this survey?
2. What do you like and don't like about it?
3. Does the survey address elements of well-being that are relevant to [you/clients]? Why/why not?
4. What do you think needs to be changed or added to the survey?
5. Is the survey too long? Too short?
6. Is the survey useful to you? Why/why not?
7. Would the survey be useful for other Mission clients? Why/why not?
8. Do you have any questions or comments

APPENDIX M - Pre-Session and Post-Session MQS

WELL-BEING SURVEY (start of Day Program)

For each question, please circle the response or number that indicates your current level of agreement with each statement:

1. **When I attend Day Program, I expect to feel better about myself**:

   disagree somewhat disagree neither agree nor disagree somewhat agree agree

2. **When I do something physical (such as exercise, walking, moving my body) I feel better about myself**:

   disagree somewhat disagree neither agree nor disagree somewhat agree agree

3. **I**:

prefer to stick with things I know				like to try new things and learn new things
1	2	3	4	5

4. **When I'm working on a goal (such as a job, education) I feel better about myself**:

   disagree somewhat disagree neither agree nor disagree somewhat agree agree

5. **In life, I have**:

no goals or aims				clear goals and aims
1	2	3	4	5

6. **Being with people who accept me is important to me**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

7. **When I help others, I feel better about myself**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

8. **In achieving life goals, I've**:

made no progress whatsoever				progressed to complete fulfillment
1	2	3	4	5

9. **Choosing to be with others helps me feel less depressed**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

10. **I**:

think that I am valued by other people				don't think I am valued by other people
1	2	3	4	5

11. **Changing my perspective in a difficult situation helps me feel less stressed or anxious**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

12. **Doing something that matters to me helps me feel less stressed or anxious**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree	I disagree

13. **When I have a difficult feeling like sadness, fear, or anger, I often**:

choose not to do much of anything				choose to relax, have fun, or create something to feel better
1	2	3	4	5

14. **I believe my life**:

is hopeless				is meaningful
1	2	3	4	5

15. **I have discovered**:

no mission or purpose in life				a satisfying life purpose
1	2	3	4	5

16. **Well-being is the cornerstone of a meaningful life**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

17. **My personal existence is**:

utterly meaningless, without purpose				purposeful and meaningful
1	2	3	4	5

18. **Currently I am satisfied with my well-being**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

WELL-BEING SURVEY (end of Day Program)

For each question, please circle the response or number that indicates your current level of agreement with each statement:

1. **When I do something physical (such as exercise, walking, moving my body) I feel better about myself**:

disagree somewhat disagree neither agree nor disagree somewhat agree agree

2. **I**:

prefer to stick with things I know				like to try new things and learn new things
1	2	3	4	5

3. **When I'm working on a goal (such as a job, education) I feel better about myself**:

disagree somewhat disagree neither agree nor disagree somewhat agree agree

4. **In life, I have**:

no goals or aims				clear goals and aims
1	2	3	4	5

5. **Being with people who accept me is important to me**:

disagree somewhat disagree neither agree nor disagree somewhat agree agree

6. **When I help others, I feel better about myself**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

7. **In achieving life goals, I've**:

made no progress whatsoever				progressed to complete fulfillment
1	2	3	4	5

8. **Choosing to be with others helps me feel less depressed**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

9. **I**:

think that I am valued by other people				don't think I am valued by other people
1	2	3	4	5

10. **Changing my perspective in a difficult situation helps me feel less stressed or anxious**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

11. **Doing something that matters to me helps me feel less stressed or anxious**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree	I disagree

12. **When I have a difficult feeling like sadness, fear, or anger, I often**:

choose not to do much of anything				choose to relax, have fun, or create something to feel better
1	2	3	4	5

13. **I believe my life**:

is hopeless				is meaningful
1	2	3	4	5

14. **I have discovered**:

no mission or purpose in life				a satisfying life purpose
1	2	3	4	5

15. **Well-being is the cornerstone of a meaningful life**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

16. **My personal existence is**:

utterly meaningless, without purpose				purposeful and meaningful
1	2	3	4	5

17. **Currently I am satisfied with my well-being**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

18. **I attended Day Program, and I expect to feel better about myself**:

disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree

APPENDIX N – Informed Consent Marked to Show Changes

Meaning Exploration - Informed Consent

Welcome! You are being asked to participate in a meaning exploration session development, implementation, and evaluation study for clients of The Ottawa Mission. This study is being conducted by Robert Fabes as part of his thesis requirements in the PhD, Psychotherapy, Counselling and Spirituality program at Saint Paul University. Robert is an addictions counsellor with Addictions and Trauma Services at The Mission.

You will be given a copy of this Informed Consent. You will be able to review this Informed Consent on your own before deciding whether you want to participate in this research.

Robert's thesis supervisor at Saint Paul University is Dr. Laura Lynne Armstrong.

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

Purpose of the study: 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, developed with them, would be helpful for clients attending The Mission's Day Program. Robert is also interested in finding out how Day Program clients define well-being, how they assess their well-being, and whether the meaning exploration sessions they helped develop has any impact on their well-being.

What is being asked of you: Participation in this study is by way of focus group, and/or interview, and/or completion of a questionnaire and/or survey. You will be asked to share your views on a number of questions addressing meaning programming and assessing well-being, all in the context of The Mission's Day Program. This will take place at The Mission.

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 and well-being assessment that is relevant and helpful to Day Program clients. If you are a client of The Mission, hopefully you will **benefit** from attending and participating in such a session. If you are 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, or questionnaires/surveys completed by you, will be deleted upon request.

Treatment of your comments: If you are being interviewed, the interviewer will be aware of your comments. If you choose, an audio recording, without video, will be made of your recording. If you attend a focus group, your fellow focus group attendees (including the group facilitator) will be aware of your comments. An audio recording, without video, may be made of the focus group. 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 5 years at which point the data will be securely erased.

Compensation: As a thank you for having participated in a focus group, being interviewed, or having completed a questionnaire or well-being survey, you will be presented with a $5 gift certificate. **You will receive a gift certificate for each time and way you participate.**

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 (REB Protocol 1360.8/22). 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, as well as an executive summary of it, will be made available to staff and clients of The Mission either electronically or in paper format.

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

4. By signing this form.
5. By having your verbal agreement and consent recorded by the researcher.
6. If you are being interviewed, by doing so you are agreeing and consenting to participate in this assessment. If you complete a questionnaire or survey, by doing so you are agreeing and consenting to participate in the assessment. If you participate in a focus group, by doing so you are agreeing and consenting to participate in this assessment.

I agree and consent to participate in this assessment.

Name of participant:

Participant's signature: Date:

Name of researcher:

Researcher's signature: Date:

APPENDIX O – Participant Responses to Draft Meaning Exploration Session Questionnaire

[CFG: client focus group; CQ: client questionnaire; CI: client interview; SQ: staff questionnaire; SI: staff interview]

1. What do you think about this?

   CFG: great idea; group support; helps to have guidance; compassion; sharing; builds connection; connections; gets you out of your headspace; I feel gratitude; like Ted Talks; meditation is helpful; mirrors some good parts of AA and NA; explanations are good; people wondering about stuff is good

   CQ1: I think it's cool because I like helping people. And I don't mind filling out these questionnaires. Also this is interesting because it shows the staff plan.

   CQ2: great idea; mirrors NA/AA meetings; you get the connection; gives you the hope, drive; takes good parts out of NA/AA

   CQ3: I believe that the main messages can be used and help anyone that is open to them.

   CQ4: No thoughts.

   CI1: I think it's good.

   CI2: I think it's excellent.

   SQ1: I think it is important to discuss meaning with our clients. Many haven't had opportunity to explore what this may mean to them or ways to achieve it.

   SI1: a really good perspective; it demonstrates resilience; shows different mindsets, different perspectives; regardless, what we experience isn't what others do; resilience allows us to overcome hardship; if you're determined to change, you'll put in the energy; you can give

yourself a chance; attitude and perspective are so important and help to create meaning

2. What do you like and don't like about it?

   CFG: the message should not be heavy-handed.

   CQ1: I like this because I enjoy writing and putting input on subjects is decent. I also appreciate getting gift cards for answering the questions. I like this because it's instructive.

   CQ2: concerns with going too far into history/politics; can get a message of recovery; sometimes you can't relate to experience but you can relate to emotions; interest in seeing how people get through experiences

   CQ3: I really like the messages and advice it gives.

   CQ4: I think it's well organised. I like involving people in group discussions.

   CI1: I like that you're asking people's opinions.

   CI2: Yes, I think it would help.

   SQ1: I like that there is no pressure to participate/share thoughts.

   SI1: cool topic; I didn't dislike anything

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

   CFG: it's good; like to hear about his concentration camp experiences; looking forward to finding meaning in a bad situation; how to overcome challenges; no pontificating; learned for myself that you can get a recovery message out of anything; message about meaning in general; I like seeing how people handle the aftermath of a bad experience; interesting to see how they get through it; recovery for me is playing the survivor, not the victim; motivating and cool to see how someone got through something horrendous

CQ1: Sort of because often or not I find myself thinking about the exterior and normalize views between heaven hell and my personal role I play including the good and bad that I've done. Maybe about including other interpretations.

CQ3: I believe I have my meaning now but it may give me a new outlook towards it and how I push to always have moments to achieve it.

CQ4: Yes because meaning should be existing in our lives. Discussion about the nature of meaning would help find meaning.

CI1: It wouldn't hurt. I need to actually sit through one to see and decide.

CI2: The more you examine, the more you look inwards, the more it benefits you. It also depends on who you're talking to.

SQ1: I think it would. Even if 1 client learns from this session, it is worthwhile.

SI1: it's easier for clients to answer questions than to ask them; if it's not what the client needs, it might be counter-productive; being client-focused is so important; if the client doesn't feel heard they won't participate; clients know what they need; tweak Hope [program] to ask what the client needs

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

CFG: yes; great way to put things in perspective; don't be heavy-handed; nothing was in his control other than his attitude;

CQ1: Yes because it seems more intuitive compared to other Hope programming. It is also important as a facilitator that you enjoy presenting the programming yourself.

CQ2: yes, great perspective lesson; some people will take stuff from it but not others

CQ3: Yes because in this setting anyone that is willing to listen and understand it will walk away with a great push for life and what it can be.

CQ4: Yes. Expressing feelings and sharing experiences with a group may create bonds.

CI1: Yes, you should do this with a group of people.

CI2: Yes, it would help. It gives us tools to use.

SQ1: Yes. I think we need to provide as many opportunities to our clients to offer growth. Everyone has a different way of learning and growing.

SI1: Yes. It gives clients a chance they deserve. It changes the narrative and cycle of being told what to do.

5. Do you have any concerns about what it would cost to run such a session?

   CFG: one or two sessions; not every Day Program; some people will take something from it and some people won't

   CQ1: Not at all. Just concerning the comfort of the staff team and the people attending programming.

   CQ2: no concerns

   CQ3: No.

   CQ4: No.

   CI1: No.

   CI2: I have no cost concerns.

   SQ1; I don't think it would cost anything. We already have all the necessary equipment.

   SI1: I don't think so.

6. Could this session be facilitated by ATS staff? Should it be facilitated by someone else?

   CFG: I'm more comfortable with ATS staff; consistency and continuity with ATS staff; ATS staff are responsive to our needs; if you think we can handle it [guest speaker] and they're not too crazy

CQ1: Yes, also at times maybe include community speakers.

CQ2: video would be “outside person”; preference for staff facilitation - consistency

CQ3: ATS staff I believe would be best as they are accustom to the people and better suited to answer most questions that would be asked.

CI1: it should be ATS staff. It’s your project so you should be running it.

CI2: I prefer ATS staff. I have more familiarity with them and I’ve developed a relationship with them.

SQ1: I think ATS are the most qualified.

SI1: ATS staff is already here.

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

CFG: Yes [multiple responders]; I’d attend because I’m curious

CQ1: As I recover from addiction this seems like something I’d like to take part in aside from a conditional sentence.

CQ2: yes; curious to see video

CQ3: Yes as I would want to see if it would change my outlook to what my meaning for life is and how I achieve it. Could also help me with tips towards my situational awareness and reaction.

CQ4: Yes. I learn from it.

CI1: Yes I would attend.

CI2: Yes, I’d attend. It offers tools to help if they want the help. It’s nice to have this available.

SQ1: I think ATS [clients] would for sure. Maybe some general shelter clients would attend. ATS has the best rapport with ATS clients. Not all shelter clients are familiar with ATS or what is included.

SI1: I think so. An opportunity to be heard and validated and understood would make them want to participate. They want an opportunity to change.

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

CFG: Yes, I think so; I feel I would learn, but can't speak for everyone; there's be some things I could take from it; fits in really well with The mission; when I have a bad day The Mission gives me perspective even in a lack of choices; it can help me deal with the lack of choices; you think it's a decent idea and I trust your judgment; it seems consistent with my experience of Day Program; staff provides the subject and we provide the content

CQ1: Well the Mission is a homeless shelter for men and we all can benefit from positive inquiries.

CQ2: I think so; I could learn something from it; fits into being here/ life at the shelter

CQ3: Yes I believe it would because the Mission's purpose is to help people and if the people are open to the messages and information it would help a lot.

CQ4: Yes because it's about recovery and well-being.

CI1: Well, yes.

CI2: Very much so.

SQ1: Yes. Our values are to help clients live a fulfilling life. This is an opportunity to do so and learn how to achieve it.

SI1: Yes. Mission is Catholic based but on a spiritual level we all have needs and values. Mission allows us to express these and practice our values. Good for overall well-being.

9. Do you have any questions or comments?

   CQ1: Not right now.

   CQ2: I trust your judgment; consistent with Day Program

   CQ3: No.

   CQ4: Thank you Rob for your help!

   CI2: What did Frankl do in the camp to choose his attitude? I'd like to hear more about what these people did to survive.

   SQ1: No concerns!

SI1: We covered everything.

APPENDIX P - Draft Meaning Exploration Session Domain Assignments

DRAFT SESSION - CLIENT and STAFF RESPONSES - DOMAINS (consensus)

[CFG: client focus group; CQ: client questionnaire; CI: client interview; SQ: staff questionnaire; SI: staff interview]

ACCEPTABILITY	FEASIBILITY	SUSTAINABILITY	CREDIBILITY	OTHER
[programming that addresses clients' needs]	**[time and resources]**	**[run by ATS staff]**	**[attend, helpful; Mission values]**	
CFG: great idea; group support; compassion; sharing; builds connection; connections; gets you out of your headspace; I feel gratitude; like Ted Talks; meditation is helpful; mirrors some good parts of AA and NA; explanations are good; people wondering about stuff is good; the message should not be heavy-handed; it's good; like to hear about his concentration camp experiences; looking forward to finding meaning in a bad situation; how to overcome challenges; no pontificating; learned for myself that you can get a recovery message out of anything; message about	**CFG**: one or two sessions; not every Day Program; some people will take something from it and some people won't	**CFG**: I'm more comfortable with ATS staff; consistency and continuity with ATS staff; ATS staff are responsive to our needs; if you think we can handle it [guest speaker] and they're not too crazy	**CFG**: [attend, helpful] Yes [multiple responders]; I'd attend because I'm curious; helps to have guidance; meditation is helpful [Mission values] Yes, I think so; I feel I would learn, but can't speak for everyone; there's be some things I could take from it; fits in really well with The mission; when I have a bad day The Mission gives me perspective even in a lack of choices; it can help me deal with the lack of choices; you think it's a decent idea and I trust your judgment; it seems consistent with my experience of Day Program; staff provides	**CFG:** no other comments [multiple responders]

meaning in general; I like seeing how people handle the aftermath of a bad experience; interesting to see how they get through it; recovery for me is playing the survivor, not the victim; motivating and cool to see how someone got through something horrendous; yes; great way to put things in perspective; don't be heavy-handed; nothing was in his control other than his attitude;			the subject and we provide the content	
CQ: I think it's cool because I like helping people; great idea; mirrors NA/AA meetings; you get the connection; gives you the hope, drive; takes good parts out of NA/AA; No thoughts; I like this because I enjoy writing and putting input on subjects is decent; I like this because it's instructive; concerns with going too far into history/politics; can get a message of recovery; sometimes you can't relate to experience but	**CQ**: Not at all. Just concerning the comfort of the staff team and the people attending programming; no concerns; no	**CQ**: Yes, also at times maybe include community speakers; video would be "outside person"; preference for staff facilitation – consistency; ATS staff I believe would be best as they are accustom to the people and better suited to answer most questions that would be asked; Also this is interesting because it shows the staff plan; It is also important as a facilitator that you enjoy presenting the	**CQ**: [attend, helpful] As I recover from addiction this seems like something I'd like to take part in aside from a conditional sentence; yes; curious to see video; Yes as I would want to see if it would change my outlook to what my meaning for life is and how I achieve it; Could also help me with tips towards my situational awareness and reaction; Yes. I learn from it; I believe that the main messages can be used and	**CQ**: no other comments [multiple responders]; consistent with Day Program; Thank you Rob for your help!; And I don't mind filling out these questionnaires; I also appreciate getting gift cards for answering the questions

you can relate to emotions; interest in seeing how people get through experiences; I really like the messages and advice it gives; I think it's well organised; I like involving people in group discussions; Sort of because often or not I find myself thinking about the exterior and normalize views between heaven hell and my personal role I play including the good and bad that I've done; Maybe about including other interpretations; I believe I have my meaning now but it may give me a new outlook towards it and how I push to always have moments to achieve it; Yes because meaning should be existing in our lives; Discussion about the nature of meaning would help find meaning; Yes because it seems more intuitive compared to other Hope programming; yes, great perspective lesson; some people will		programming yourself]; I trust your judgment	help anyone that is open to them. [Mission values] Well the Mission is a homeless shelter for men and we all can benefit from positive inquiries; I think so; I could learn something from it; fits into being here/ life at the shelter; Yes I believe it would because the Mission's purpose is to help people and if the people are open to the messages and information it would help a lot; Yes because it's about recovery and well-being.	

take stuff from it but not others; Yes because in this setting anyone that is willing to listen and understand it will walk away with a great push for life and what it can be; Yes. Expressing feelings and sharing experiences with a group may create bonds.				
CI: I think it's good; I think it's excellent; I like that you're asking people's opinions; It wouldn't hurt; I need to actually sit through one to see and decide; The more you examine, the more you look inwards, the more it benefits you; It also depends on who you're talking to; Yes, you should do this with a group of people; It gives us tools to use; What did Frankl do in the camp to choose his attitude? I'd like to hear more about what these people did to survive.	**CI**: No; I have no cost concerns.	**CI**: it should be ATS staff - It's your project so you should be running it; I prefer ATS staff - I have more familiarity with them and I've developed a relationship with them.	**CI**: [attend, helpful] Yes I would attend; Yes, I'd attend; It offers tools to help if they want the help; It's nice to have this available; Yes, I think it would help; Yes, it would help. [Mission values] Well, yes; Very much so.	**CI**:
SQ: I think it is important to discuss meaning with our clients; Many haven't had opportunity to	**SQ**: I don't think it would cost anything; We already have all the necessary equipment.	**SQ**: I think ATS are the most qualified.	**SQ**: [attend, helpful] I think ATS [clients] would for sure. Maybe some	**SQ**: No concerns!

explore what this may mean to them or ways to achieve it; I like that there is no pressure to participate/share thoughts; Even if 1 client learns from this session, it is worthwhile; Yes. I think we need to provide as many opportunities to our clients to offer growth; Everyone has a different way of learning and growing.			general shelter clients would attend. ATS has the best rapport with ATS clients. Not all shelter clients are familiar with ATS or what is included. They want an opportunity to change; I think it would [help]. [Mission values] Yes. Our values are to help clients live a fulfilling life. This is an opportunity to do so and learn how to achieve it.	
SI: a really good perspective; it demonstrates resilience; shows different mindsets, different perspectives; regardless, what we experience isn't what others do; resilience allows us to overcome hardship; if you're determined to change, you'll put in the energy; you can give yourself a chance; attitude and perspective are so important and help to create meaning; cool	**SI**: I don't think so.	**SI**: ATS staff is already here.	**SI**: [attend, helpful] I think so. An opportunity to be heard and validated and understood would make them want to participate. [Mission values] Yes. Mission is Catholic based but on a spiritual level we all have needs and values. Mission allows us to express these and practice our values. Good for overall well-being.	**SI**: We covered everything; tweak Hope [program] to ask what the client needs.

topic; I didn't dislike anything; it's easier for clients to answer questions than to ask them; if it's not what the client needs, it might be counter-productive; being client-focused is so important; if the client doesn't feel heard they won't participate; clients know what they need; Yes. It gives clients a chance they deserve; It changes the narrative and cycle of being told what to do.				

APPENDIX Q - Draft Meaning Exploration Session Core Ideas

CORE IDEAS – DRAFT SESSION

[C – clients; S- staff]

ACCEPTABILITY	FEASIBILITY	SUSTAINABILITY	CREDIBILITY	OTHER
[programming that addresses clients' needs]	**[time and resources]**	**[run by ATS staff]**	**[attend, helpful; Mission values]**	
This program on meaning exploration is a very good and important idea. (C,S)	Generally, no concerns in respect of time and resources. (C,S)	There is greater comfort with ATS staff. (C)	Yes, I would attend. (C)	Tweak Hope [program] to ask what the client needs. (S)
The message should not be heavy-handed, or a pontification. (C)	Not for every Day program session. (C)	There is more consistency with ATS staff. (C)	Yes, clients would attend. (S)	
May not be helpful for all clients. (S)	Staff and clients should be comfortable. (C)	There is greater familiarity with ATS staff. (C)	It would be helpful to clients. (C, S)	
You can learn about recovery from anything. (C)	We have the necessary equipment. (S)	ATS staff are the most qualified. (C)	Main messages can be used and help anyone that is open to them. (C)	
People learn differently. (C, S)		Guest speakers at times. (C)	Provides a number of tools. (C)	
Builds connection and compassion. (C)		Consistent with Day Program. (C)	Could help anyone who is open to it. (C, S)	
Expressing feelings and sharing experiences with a group may create bonds. (C)		ATS staff are trusted. (C)	Yes, I'm curious. (C)	
Like seeing the aftermath of how someone handles a bad situation. (C)			Creates and changes awareness. (C, S)	

Gets people out of their headspace. (C)			Mission is here to help people and providing this information is helpful. (C, S)	
Motivating seeing how others get through difficult situations. (C)			This is about recovery and well-being. (C, S)	
Motivating and hopeful. (C)			Consistent with the Mission's values. (C, S)	
Can relate to emotions even if not to the experience. (C, S)			We can all benefit from positive inquiries. (C)	
Gives me a new outlook. (C)			Creates an opportunity to be heard and understood. (S)	
Asking people's opinions is good. (C, S)			Mission allows clients to express their own values. (S)	
Talking about meaning is important. (C, S)				
Meaning in general and explanations are good. (C, S)				
Attitude and perspective help create meaning. (C, S)				
Changes the narrative. (S)				
What did Frankl do in the camp to choose his attitude? I'd like to hear more about what these people did to survive. (C)				

APPENDIX R - Draft Meaning Exploration Session Cross-Analysis

CROSS-ANALYSIS – DRAFT SESSION

[C – clients; S- staff]

CROSS-ANALYSIS	DOMAINS	SOURCES
This program on meaning exploration is a very good and important idea, and would be helpful to clients.	Acceptability, Credibility	C, S
Seeing how others cope with adversity can help change one's own awareness as a source of motivation.	Acceptability	C
Presenting different perspectives and asking for opinions are important as people learn differently, including about recovery.	Acceptability, Credibility	C, S
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	C
Exploring different attitudes and perspectives can create meaning.	Acceptability	C, S
While ATS staff would be trusted and preferred to conduct meaning exploration sessions in Day Program, using guest speakers would be acceptable. Regardless, the facilitator needs to avoid lecturing the clients, or preferring one perspective.	Sustainability	C, S
No unsupportable costs are anticipated as the Mission has all necessary resources.	Feasibility	C, S
Day Program sessions on meaning exploration would be consistent with the Mission's values, including providing support, treating clients with integrity and respect, recognizing individual differences, and helping clients improve their well-being.	Credibility	C, S

Specifics from the data to be considered when finalizing programming:

- What did Frankl do in the camp to choose his attitude
- What did these people do to survive

APPENDIX S - Revised Meaning Exploration Session (marked)

Meaning Exploration Pathways (revised)

1. Welcome participants.
2. Have participants focus on the space they are in, their breath, and who they are sharing the space with.
3. Invite participants to focus on their breathing, and, if comfortable, to deepen their breath.
4. Invite participants to join in the Serenity prayer, or recite the Indigenous prayer of thanks or other similar reflection.
5. Review Day Program rights and responsibilities.
6. Review Day Program procedures and announcements, inviting participants to share any announcements, milestones, or concerns.
7. Daily reading.
8. Introduce the topic of meaning exploration using the following:
    a. We've spoken about how meaning seems to be important in all of our lives. Viktor Frankl, a psychiatrist and holocaust survivor, developed a significant theory of meaning and its place in human life.
    ~~b. How do we decide what is meaningful to us? Do we create meaning? Do we discover meaning?~~
    ~~c. What do you think about this? Do you agree? Disagree? What's it like to think about this?~~
    ~~d. How does thinking about this help your recovery?~~
~~9. Facilitate group discussion, validating personal experiences and differences, identifying patterns, and noting key comments on a whiteboard.~~
~~10. Coffee and snack break.~~
    ~~a.~~b. Introduce and then play the YouTube video "Man's Search for Meaning by Viktor Frankl" (6m32s). This video discusses the importance of meaning and discusses 3 pathways to discovering meaning: by doing, by connecting, and by choosing one's attitude. Have participants explore the following questions:
        i. How do you define meaning?
        ~~i.~~ii. How do you explore and discover meaning?
        ~~ii.~~iii. What can you do, how can you connect, when can you choose your attitude?
        ~~iii.~~iv. How is this helpful to your recovery?
    ~~11.~~9. Facilitate group discussion, validating personal experiences and differences, identifying patterns, and noting key comments on a whiteboard.
    ~~12.~~10. Invite participants to close their eyes or focus on the floor. Invite clients to focus on their breathing. Invite clients to think of ~~an animal that represents them.~~a recent meaningful encounter. Invite clients to share this ~~thing~~experience.
    ~~13.~~11. Thank participants for having shared the space.

Notes:

- Be prepared to answer questions about Frankl's life.
- Clients may be interested in hearing Frankl's own description of surviving the concentration camps: YouTube video "Viktor Frankl on his time in Auschwitz, Kaufering, Nazi-concentration camps" (9m38s).
- Be careful not to preach or moralize. Clients have expressed a concern that a discussion about meaning will become a discussion about morality and religion.

APPENDIX T - Draft Meaning Exploration Session Domain Assignments (marked)

DRAFT SESSION - CLIENT and STAFF RESPONSES - DOMAINS (consensus_audited_marked)

[CFG: client focus group; CQ: client questionnaire; CI: client interview; SQ: staff questionnaire; SI: staff interview]

ACCEPTABILITY	FEASIBILITY	SUSTAINABILITY	CREDIBILITY	OTHER
[programming that addresses clients' needs]	**[time and resources]**	**[run by ATS staff]**	**[attend, helpful; Mission values]**	
CFG: great idea; group support; compassion; sharing; builds connection; connections; gets you out of your headspace; I feel gratitude; like Ted Talks; meditation is helpful; mirrors some good parts of AA and NA; explanations are good; helps to have guidance; people wondering about stuff is good; the message should not be heavy-handed; it's good; like to hear about his concentration camp experiences; looking forward to finding meaning in a bad situation; how to overcome challenges; no pontificating; learned for	**CFG**: one or two sessions; not every Day Program; some people will take something from it and some people won't	**CFG**: I'm more comfortable with ATS staff; consistency and continuity with ATS staff; ATS staff are responsive to our needs; if you think we can handle it [guest speaker] and they're not too crazy	**CFG**: [attend, helpful] Yes [multiple responders]; I'd attend because I'm curious; helps to have guidance; meditation is helpful [Mission values] Yes, I think so; I feel I would learn, but can't speak for everyone; there's be some things I could take from it; fits in really well with The mission; when I have a bad day The Mission gives me perspective even in a lack of choices; it can help me deal with the lack of choices; you think it's a decent idea and I trust your judgment; it seems consistent with my	**CFG:** no other comments [multiple responders]

myself that you can get a recovery message out of anything; message about meaning in general; I like seeing how people handle the aftermath of a bad experience; interesting to see how they get through it; recovery for me is playing the survivor, not the victim; motivating and cool to see how someone got through something horrendous; yes; great way to put things in perspective; don't be heavy-handed; nothing was in his control other than his attitude;			experience of Day Program; staff provides the subject and we provide the content	
CQ: I think it's cool because I like helping people; great idea; mirrors NA/AA meetings; you get the connection; gives you the hope, drive; takes good parts out of NA/AA; No thoughts; I like this because I enjoy writing and putting input on subjects is decent; I like this because it's instructive; concerns with going too far into history/politics; can get a	**CQ**: Not at all. Just concerning the comfort of the staff team and the people attending programming; no concerns; no	**CQ**: Yes, also at times maybe include community speakers; video would be "outside person"; preference for staff facilitation – consistency; ATS staff I believe would be best as they are accustom to the people and better suited to answer most questions that would be asked; Also this is interesting because it shows the staff plan; It is also important as a	**CQ**: [attend, helpful] As I recover from addiction this seems like something I'd like to take part in aside from a conditional sentence; yes; curious to see video; Yes as I would want to see if it would change my outlook to what my meaning for life is and how I achieve it; Could also help me with tips towards my situational awareness and	**CQ**: no other comments [multiple responders]; consistent with Day Program; Thank you Rob for your help!; And I don't mind filling out these questionnaires; I also appreciate getting gift cards for answering the questions

message of recovery; sometimes you can't relate to experience but you can relate to emotions; interest in seeing how people get through experiences; I really like the messages and advice it gives; I think it's well organised; I like involving people in group discussions; Sort of because often or not I find myself thinking about the exterior and normalize views between heaven hell and my personal role I play including the good and bad that I've done; Maybe about including other interpretations; I believe I have my meaning now but it may give me a new outlook towards it and how I push to always have moments to achieve it; Yes because meaning should be existing in our lives; Discussion about the nature of meaning would help find meaning; Yes because it seems more intuitive compared to		facilitator that you enjoy presenting the programming yourself]; I trust your judgment	reaction; Yes. I learn from it; I believe that the main messages can be used and help anyone that is open to them; Discussion about the nature of meaning would help find meaning. [Mission values] Well the Mission is a homeless shelter for men and we all can benefit from positive inquiries; I think so; I could learn something from it; fits into being here/ life at the shelter; Yes I believe it would because the Mission's purpose is to help people and if the people are open to the messages and information it would help a lot; Yes because it's about recovery and well-being.	

other Hope programming; yes, great perspective lesson; some people will take stuff from it but not others; Yes because in this setting anyone that is willing to listen and understand it will walk away with a great push for life and what it can be; Yes. Expressing feelings and sharing experiences with a group may create bonds.				
CI: I think it's good; I think it's excellent; I like that you're asking people's opinions; It wouldn't hurt; I need to actually sit through one to see and decide; The more you examine, the more you look inwards, the more it benefits you; It also depends on who you're talking to; Yes, you should do this with a group of people; It gives us tools to use; What did Frankl do in the camp to choose his attitude? I'd like to hear more about what these people did to survive.	**CI**: No; I have no cost concerns.	**CI**: it should be ATS staff - It's your project so you should be running it; I prefer ATS staff - I have more familiarity with them and I've developed a relationship with them.	**CI**: [attend, helpful] Yes I would attend; Yes, I'd attend; It offers tools to help if they want the help; It's nice to have this available; Yes, I think it would help; Yes, it would help. [Mission values] Well, yes; Very much so.	**CI**:

SQ: I think it is important to discuss meaning with our clients; Many haven't had opportunity to explore what this may mean to them or ways to achieve it; I like that there is no pressure to participate/share thoughts; Even if 1 client learns from this session, it is worthwhile; Yes. I think we need to provide as many opportunities to our clients to offer growth; Everyone has a different way of learning and growing.	**SQ**: I don't think it would cost anything; We already have all the necessary equipment.	**SQ**: I think ATS are the most qualified.	**SQ**: [attend, helpful] I think ATS [clients] would for sure. Maybe some general shelter clients would attend. ATS has the best rapport with ATS clients. Not all shelter clients are familiar with ATS or what is included. ~~They want an opportunity to change;~~ I think it would [help]. [Mission values] Yes. Our values are to help clients live a fulfilling life. This is an opportunity to do so and learn how to achieve it.	**SQ**: No concerns!
SI: a really good perspective; it demonstrates resilience; shows different mindsets, different perspectives; regardless, what we experience isn't what others do; resilience allows us to overcome hardship; if you're determined to change, you'll put in the energy; you can give yourself a	**SI**: I don't think so.	**SI**: ATS staff is already here.	**SI**: [attend, helpful] I think so. An opportunity to be heard and validated and understood would make them want to participate. They want an opportunity to change. [Mission values] Yes. Mission is Catholic based but on a spiritual level we all have needs	**SI**: We covered everything; tweak Hope [program] to ask what the client needs.

chance; attitude and perspective are so important and help to create meaning; cool topic; I didn't dislike anything; it's easier for clients to answer questions than to ask them; if it's not what the client needs, it might be counter-productive; being client-focused is so important; if the client doesn't feel heard they won't participate; clients know what they need; Yes. It gives clients a chance they deserve; It changes the narrative and cycle of being told what to do.			and values. Mission allows us to express these and practice our values. Good for overall well-being.	

APPENDIX U - Draft Meaning Exploration Session Core Ideas (marked)

CORE IDEAS – DRAFT SESSION (consensus_audited_marked)

[C – clients; S- staff]

ACCEPTABILITY	FEASIBILITY	SUSTAINABILITY	CREDIBILITY	OTHER
[programming that addresses clients' needs]	**[time and resources]**	**[run by ATS staff]**	**[attend, helpful; Mission values]**	
This program on meaning exploration is a very good and important idea. (C,S)	Generally, no concerns in respect of time and resources. (C,S)	There is greater comfort with ATS staff. (C)	Yes, I would attend. (C)	Tweak Hope [program] to ask what the client needs. (S)
The message should not be heavy-handed, or a pontification. (C)	Not for every Day program session. (C)	There is more consistency with ATS staff. (C)	Yes, clients would attend. (S)	
~~May not be helpful for all clients. (S)~~	Staff and clients should be comfortable. (C)	There is greater familiarity with ATS staff. (C)	It would be helpful to clients. (C, S)	
		ATS staff are familiar with the clients and better to suited to answer questions. (C)	May not be helpful for all clients. (C, S)	
You can learn about recovery from anything. (C)	We have the necessary equipment. (S)	ATS staff are the most qualified. (~~C~~S)	~~Main messages can be used and help anyone that is open to them. (C)~~	
People learn differently. (C, S)		Guest speakers at times. (C)	Provides ~~a number of~~ tools. (C, S)	
Builds connection and compassion. (C)		Consistent with Day Program. (C)	Could help anyone who is open to it. (C, S)	
Expressing feelings and sharing experiences with a group may create bonds. (C)		ATS staff are trusted. (C)	Yes, I'm curious. (C)	

~~Like seeing the aftermath of how someone handles a bad situation. (C)~~			Creates and changes awareness. (C~~, S~~)	
Gets people out of their headspace. (C)			Mission is here to help people and providing this information is helpful. (C, S)	
Motivating seeing how others get through difficult situations. (C)			This is about recovery (C) and well-being~~.~~ (C, S~~)~~).	
Motivating and hopeful. (C)			Consistent with the Mission's values. (C, S)	
Can relate to emotions even if not to the experience. (C~~, S~~)			We can all benefit from positive inquiries. (C)	
Gives me a new outlook. (C)			Creates an opportunity to be heard and understood. (S)	
Asking people's opinions is good. (C, S)			Mission allows clients to express their own values. (S)	
Talking about meaning is important. (C, S)				
Meaning in general and explanations are good. (C, S)				
Attitude and perspective help create meaning. (C, S)				
Changes the narrative. (S)				
What did Frankl do in the camp to choose his attitude? I'd like to hear more about what these people did to survive. (C)				

APPENDIX V - Draft Meaning Exploration Session Cross-Analysis (marked)

CROSS-ANALYSIS – DRAFT SESSION

[C – clients; S- staff]

GENERAL THEMES	DOMAINS	SOURCES
This program on meaning exploration is a very good and important idea, and would be helpful to clients.	Acceptability, Credibility	C, S
Seeing how others cope with adversity can help change one's own ~~awareness~~outlook as a source of motivation.	Acceptability	C
Presenting different perspectives and asking for opinions are important as people learn differently, including about recovery.	Acceptability, Credibility	C, S
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	C
Exploring different attitudes and perspectives can create meaning.	Acceptability	C, S
While ATS staff would be trusted and preferred to conduct meaning exploration sessions in Day Program, using guest speakers would be acceptable. Regardless, the facilitator needs to avoid lecturing the clients, or preferring one perspective.	Sustainability	C, S
No unsupportable costs are anticipated as the Mission has all necessary resources.	Feasibility	C, S
Day Program sessions on meaning exploration would be consistent with the Mission's values, including providing support, treating clients with integrity and respect, recognizing individual differences, and helping clients improve their well-being.	Acceptability, Credibility	C, S

Specifics from the data to be considered when finalizing programming:

- What did Frankl do in the camp to choose his attitude
- What did these people do to survive

APPENDIX W - Draft Meaning Exploration Session Final Domain Assignments

DRAFT SESSION - CLIENT and STAFF RESPONSES - DOMAINS (final)

[CFG: client focus group; CQ: client questionnaire; CI: client interview; SQ: staff questionnaire; SI: staff interview]

ACCEPTABILITY	FEASIBILITY	SUSTAINABILITY	CREDIBILITY	OTHER
[programming that addresses clients' needs]	**[time and resources]**	**[run by ATS staff]**	**[attend, helpful; Mission values]**	
CFG: great idea; group support; compassion; sharing; builds connection; connections; gets you out of your headspace; I feel gratitude; like Ted Talks; meditation is helpful; mirrors some good parts of AA and NA; explanations are good; helps to have guidance; people wondering about stuff is good; the message should not be heavy-handed; it's good; like to hear about his concentration camp experiences; looking forward to finding meaning in a bad situation; how to overcome challenges; no pontificating; learned for myself that you can get a recovery message out of	**CFG**: one or two sessions; not every Day Program; some people will take something from it and some people won't	**CFG**: I'm more comfortable with ATS staff; consistency and continuity with ATS staff; ATS staff are responsive to our needs; if you think we can handle it [guest speaker] and they're not too crazy	**CFG**: [attend, helpful] Yes [multiple responders]; I'd attend because I'm curious; helps to have guidance; meditation is helpful [Mission values] Yes, I think so; I feel I would learn, but can't speak for everyone; there's be some things I could take from it; fits in really well with The mission; when I have a bad day The Mission gives me perspective even in a lack of choices; it can help me deal with the lack of choices; you think it's a decent idea and I trust your judgment; it seems consistent with my experience of Day Program; staff provides	**CFG:** no other comments [multiple responders]

anything; message about meaning in general; I like seeing how people handle the aftermath of a bad experience; interesting to see how they get through it; recovery for me is playing the survivor, not the victim; motivating and cool to see how someone got through something horrendous; yes; great way to put things in perspective; don't be heavy-handed; nothing was in his control other than his attitude;			the subject and we provide the content	
CQ: I think it's cool because I like helping people; great idea; mirrors NA/AA meetings; you get the connection; gives you the hope, drive; takes good parts out of NA/AA; No thoughts; I like this because I enjoy writing and putting input on subjects is decent; I like this because it's instructive; concerns with going too far into history/politics; can get a message of recovery; sometimes you can't	**CQ**: Not at all. Just concerning the comfort of the staff team and the people attending programming; no concerns; no	**CQ**: Yes, also at times maybe include community speakers; video would be "outside person"; preference for staff facilitation – consistency; ATS staff I believe would be best as they are accustom to the people and better suited to answer most questions that would be asked; Also this is interesting because it shows the staff plan; It is also important as a facilitator that you enjoy presenting the	**CQ**: [attend, helpful] As I recover from addiction this seems like something I'd like to take part in aside from a conditional sentence; yes; curious to see video; Yes as I would want to see if it would change my outlook to what my meaning for life is and how I achieve it; Could also help me with tips towards my situational awareness and reaction; Yes. I learn from it; I believe that the main	**CQ**: no other comments [multiple responders]; consistent with Day Program; Thank you Rob for your help!; And I don't mind filling out these questionnaires; I also appreciate getting gift cards for answering the questions

relate to experience but you can relate to emotions; interest in seeing how people get through experiences; I really like the messages and advice it gives; I think it's well organised; I like involving people in group discussions; Sort of because often or not I find myself thinking about the exterior and normalize views between heaven hell and my personal role I play including the good and bad that I've done; Maybe about including other interpretations; I believe I have my meaning now but it may give me a new outlook towards it and how I push to always have moments to achieve it; Yes because meaning should be existing in our lives; Discussion about the nature of meaning would help find meaning; Yes because it seems more intuitive compared to other Hope programming; yes, great perspective		programming yourself]; I trust your judgment	messages can be used and help anyone that is open to them; Discussion about the nature of meaning would help find meaning. [Mission values] Well the Mission is a homeless shelter for men and we all can benefit from positive inquiries; I think so; I could learn something from it; fits into being here/ life at the shelter; Yes I believe it would because the Mission's purpose is to help people and if the people are open to the messages and information it would help a lot; Yes because it's about recovery and well-being.	

lesson; some people will take stuff from it but not others; Yes because in this setting anyone that is willing to listen and understand it will walk away with a great push for life and what it can be; Yes. Expressing feelings and sharing experiences with a group may create bonds.				
CI: I think it's good; I think it's excellent; I like that you're asking people's opinions; It wouldn't hurt; I need to actually sit through one to see and decide; The more you examine, the more you look inwards, the more it benefits you; It also depends on who you're talking to; Yes, you should do this with a group of people; It gives us tools to use; What did Frankl do in the camp to choose his attitude? I'd like to hear more about what these people did to survive.	**CI**: No; I have no cost concerns.	**CI**: it should be ATS staff - It's your project so you should be running it; I prefer ATS staff - I have more familiarity with them and I've developed a relationship with them.	**CI**: [attend, helpful] Yes I would attend; Yes, I'd attend; It offers tools to help if they want the help; It's nice to have this available; Yes, I think it would help; Yes, it would help. [Mission values] Well, yes; Very much so.	**CI**:
SQ: I think it is important to discuss meaning with our clients; Many haven't	**SQ**: I don't think it would cost anything; We already	**SQ**: I think ATS are the most qualified.	**SQ**: [attend, helpful]	**SQ**: No concerns!

had opportunity to explore what this may mean to them or ways to achieve it; I like that there is no pressure to participate/share thoughts; Even if 1 client learns from this session, it is worthwhile; Yes. I think we need to provide as many opportunities to our clients to offer growth; Everyone has a different way of learning and growing.	have all the necessary equipment.		I think ATS [clients] would for sure. Maybe some general shelter clients would attend. ATS has the best rapport with ATS clients. Not all shelter clients are familiar with ATS or what is included. I think it would [help]. [Mission values] Yes. Our values are to help clients live a fulfilling life. This is an opportunity to do so and learn how to achieve it.	
SI: a really good perspective; it demonstrates resilience; shows different mindsets, different perspectives; regardless, what we experience isn't what others do; resilience allows us to overcome hardship; if you're determined to change, you'll put in the energy; you can give yourself a chance; attitude and perspective are so important and help to create meaning; cool	**SI**: I don't think so.	**SI**: ATS staff is already here.	**SI**: [attend, helpful] I think so. An opportunity to be heard and validated and understood would make them want to participate. They want an opportunity to change. [Mission values] Yes. Mission is Catholic based but on a spiritual level we all have needs and values. Mission allows us to express these and practice our values. Good for overall well-being.	**SI**: We covered everything; tweak Hope [program] to ask what the client needs.

topic; I didn't dislike anything; it's easier for clients to answer questions than to ask them; if it's not what the client needs, it might be counter-productive; being client-focused is so important; if the client doesn't feel heard they won't participate; clients know what they need; Yes. It gives clients a chance they deserve; It changes the narrative and cycle of being told what to do.				

APPENDIX X - Draft Meaning Exploration Session Final Core Ideas

CORE IDEAS – DRAFT SESSION (final)

[C – clients; S- staff]

ACCEPTABILITY	FEASIBILITY	SUSTAINABILITY	CREDIBILITY	OTHER
[programming that addresses clients' needs]	**[time and resources]**	**[run by ATS staff]**	**[attend, helpful; Mission values]**	
This program on meaning exploration is a very good and important idea. (C,S)	Generally, no concerns in respect of time and resources. (C,S)	There is greater comfort with ATS staff. (C)	Yes, I would attend. (C)	Tweak Hope [program] to ask what the client needs. (S)
The message should not be heavy-handed, or a pontification. (C)	Not for every Day program session. (C)	There is more consistency with ATS staff. (C)	Yes, clients would attend. (S)	
	Staff and clients should be comfortable. (C)	There is greater familiarity with ATS staff. (C)	It would be helpful to clients. (C, S)	
		ATS staff are familiar with the clients and better to suited to answer questions. (C)	May not be helpful for all clients. (C, S)	
You can learn about recovery from anything. (C)	We have the necessary equipment. (S)	ATS staff are the most qualified. (S)		
People learn differently. (C, S)		Guest speakers at times. (C)	Provides tools. (C, S)	
Builds connection and compassion. (C)		Consistent with Day Program. (C)	Could help anyone who is open to it. (C, S)	
Expressing feelings and sharing experiences with a group may create bonds. (C)		ATS staff are trusted. (C)	Yes, I'm curious. (C)	
			Creates and changes awareness. (C)	

Gets people out of their headspace. (C)			Mission is here to help people and providing this information is helpful. (C, S)	
Motivating seeing how others get through difficult situations. (C)			This is about recovery (C) and well-being (C, S).	
Motivating and hopeful. (C)			Consistent with the Mission's values. (C, S)	
Can relate to emotions even if not to the experience. (C)			We can all benefit from positive inquiries. (C)	
Gives me a new outlook. (C)			Creates an opportunity to be heard and understood. (S)	
Asking people's opinions is good. (C, S)			Mission allows clients to express their own values. (S)	
Talking about meaning is important. (C, S)				
Meaning in general and explanations are good. (C, S)				
Attitude and perspective help create meaning. (C, S)				
Changes the narrative. (S)				
What did Frankl do in the camp to choose his attitude? I'd like to hear more about what these people did to survive. (C)				

APPENDIX Y - Draft Meaning Exploration Session Final Cross-Analysis

CROSS-ANALYSIS – DRAFT SESSION (final)

[C – clients; S- staff]

GENERAL THEMES	DOMAINS	SOURCES
This program on meaning exploration is a very good and important idea, and would be helpful to clients.	Acceptability, Credibility	C, S
Seeing how others cope with adversity can help change one's own outlook as a source of motivation.	Acceptability	C
Presenting different perspectives and asking for opinions are important as people learn differently, including about recovery.	Acceptability, Credibility	C, S
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	C
Exploring different attitudes and perspectives can create meaning.	Acceptability	C, S
While ATS staff would be trusted and preferred to conduct meaning exploration sessions in Day Program, using guest speakers would be acceptable. Regardless, the facilitator needs to avoid lecturing the clients, or preferring one perspective.	Sustainability	C, S
No unsupportable costs are anticipated as the Mission has all necessary resources.	Feasibility	C, S
Day Program sessions on meaning exploration would be consistent with the Mission's values, including providing support, treating clients with integrity and respect, recognizing individual differences, and helping clients improve their well-being.	Acceptability, Credibility	C, S

Specifics from the data to be considered when finalizing programming:

- What did Frankl do in the camp to choose his attitude
- What did these people do to survive

APPENDIX Z - Meaning Exploration Session Final Version

Meaning Exploration Pathways (final)

1. Welcome participants.
2. Have participants focus on the space they are in, their breath, and who they are sharing the space with.
3. Invite participants to focus on their breathing, and, if comfortable, to deepen their breath.
4. Invite participants to join in the Serenity prayer, or recite the Indigenous prayer of thanks or other similar reflection.
5. Review Day Program rights and responsibilities.
6. Review Day Program procedures and announcements, inviting participants to share any announcements, milestones, or concerns.
7. Daily reading.
8. Introduce the topic of meaning exploration using the following:
    a. We've spoken about how meaning seems to be important in all of our lives. Viktor Frankl, a psychiatrist and holocaust survivor, developed a significant theory of meaning and its place in human life.
    b. Introduce and then play the YouTube video "Man's Search for Meaning by Viktor Frankl" (6m32s). This video discusses the importance of meaning and discusses 3 pathways to discovering meaning: by doing, by connecting, and by choosing one's attitude. Have participants explore the following questions:
        i. How do you define meaning?
        ii. How do you explore and discover meaning?
        iii. What can you do, how can you connect, when can you choose your attitude?
        iv. How is this helpful to your recovery?
9. Facilitate group discussion, validating personal experiences and differences, identifying patterns, and noting key comments on a whiteboard.
10. Invite participants to close their eyes or focus on the floor. Invite clients to focus on their breathing. Invite clients to think of a recent meaningful encounter. Invite clients to share this experience.
11. Thank participants for having shared the space.

Notes:

- Be prepared to answer questions about Frankl's life.
- Clients may be interested in hearing Frankl's own description of surviving the concentration camps: YouTube video "Viktor Frankl on his time in Auschwitz, Kaufering, Nazi-concentration camps" (9m38s).
- Be careful not to preach or moralize. Clients have expressed a concern that a discussion about meaning will become a discussion about morality and religion.

APPENDIX AA – KTI Standards-Based Program Logic Model – Client Driven Meaning Exploration Day Program Session at The Ottawa Mission

KTI Standards ⇨	Collection of Stakeholder-Generated Data ⇨	Consensual Qualitative Data Analysis Resulting in General Themes ⇨	Stakeholder Program Assessment (based on general themes)
➢ *Acceptability*: stakeholders are co-creators; is this programming that addresses their previously expressed needs ➢ *Feasibility*: do stakeholders have the time and resources to be able to make use of the program ➢ *Sustainability*: can the program be run within The Mission's current organizational and financial structures ➢ *Credibility*: will stakeholders see the results that they are expecting from the program, consistent with The Mission's values	➢ Client focus groups ➢ Client interviews ➢ Client questionnaires ➢ 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 domain assignments, core ideas, general themes, and revised session ➢ Client and staff review of general themes and revised session	➢ Meaning exploration program is a very good and important idea, and would be helpful to clients ➢ Meaning exploration sessions in Day Program would be helpful and motivating, providing support for individual meaning exploration and an opportunity to connect with others ➢ Presenting different perspectives and asking for opinions are important as people learn differently, including about recovery ➢ Both Mission staff and outside people can and should facilitate, no unsupportable costs are anticipated; facilitators must avoid lecturing the clients, or preferring one perspective ➢ Day Program sessions on meaning exploration would be consistent with the Mission's values, including helping clients improve their well-being

APPENDIX BB - Client Feedback on the Client Driven Meaning Exploration Program

Post-Session Client Responses

1. What do you think about this? Like/ Didn't like?

   I think it's an important topic; great example from the video; applies to program and the lifestyle I'm trying to make changes towards; pretty good topic; very to the point; gets his views across quickly; straight forward; I like his [Frankl's] perspective in general; a different outlook when things get stuck; good points made; good length; simple and easy way to look at the topic; audio was not good; his [Frankl's] perspective is good, and well thought out; I'm receptive; an important message; a purposeful message; gives people different outlooks on life; applies to substance users; applies to people struggling with mental health; I like the video because it was not too long and got straight to the point; I liked the example of putting things in a 2nd perspective [the widower invited by Frankl to look at him being the one to grieve, rather than his wife surviving him]; I like having time to discuss [after the video]; helps me see that things could be worse; my outlook changed after seeing the video; I found it self-motivating

2. What do you think we should change?

   I'd like more stories and examples; I like the examples and hearing how other people handle difficulties; helpful to hear how others made it through their own difficult situations; I would like to see more examples and scenarios of how we can change our mindset; bring and talk about the book [Man's Search for Meaning]; more stories and more examples create helpful perspectives, and helps me find something that works for me

APPENDIX CC - Client Responses to the Well-Being Exploration Questions

Pre-Survey Client Responses

[CFG: client focus group; CI: client interview; CQ: client questionnaire]

1. What do think of when you hear the phrase "well-being"?

   CFG: happiness and comfort; health (physical and mental); feeling content; marriage; emotional state; quality of life (housing, financial, employment); being part of society; entertainment; perspectives (focusing on positive perspective and mindset); staying clean; being part of a program; perspective because I can be aggravated and have well-being by being perceptive.

   CI1: I feel healthy and satisfied and happy on different levels – physically, socially, mentally, spiritually, financially. Social is family and a spouse. It's a general feeling.

   CQ1: A person's emotional state, physical comfort, personal care, consciousness and perception, care for others, reasoning and happiness, marital status, consistency, and clarity.

   CQ2: Well being for me is keeping good care of my mind, body, and soul.

   CQ3: health (emotional and physical); good income; house; family.

2. Does this even matter to you? Why/why not?

   CFG: yes, by putting ourselves first (like using an oxygen mask on a plane – first us, then our child); can help us care and focus on ourselves; helps us grow; helps us not fall back to old habits; yes, if I don't feel good then I don't feel good; I spent most of my life not caring – now it's very important to me to take care of myself; me first; yes, if I don't, I lapse into anger; if I'm going to change I need a "carrot", a life worth being abstinent for.

CI1: Yes. We're conditioned at a young age to pursue well-being and happiness. It's advertised, taught, we see it in different generations, it's a belief system. Lots has changed today that affects well-being.

CQ1: Of course it does because it makes me think. The way that question was asked opened room for tears because of exterior meaning.

CQ2: Yes because without the care I will not be the person I want to be.

CQ3: It matters because well-being is the cornerstone of a satisfied and fulfilled life.

3. What elements or things are part of your well-being?

CFG: my personal life (health, family, peers, financial, and other things); a consistent routine; physical activity (helps me mentally and physically); being in touch with nature (hiking, walking, sitting by water); listening to music (helps me express emotions when I can't find the words); therapy; maintaining good nutrition; deciding to be part of a community; focusing on self-care and self-development; hygiene; rest; roof; safety; job; health; sense of accomplishment; routine keeps me in balance; medication as prescribed; exercise; connection and community; relationship; self-doubt and challenging myself; self-development; willingness to learn; embracing failure not as a bad thing.

CI1: my own home; someone to come home to; a job; doing volunteer work; somewhere to go; something that brings me a sense of accomplishment – this feels good, I feel something in my brain.

CQ1: Relationships and a society with no adultery or rancid sex stuff. A place where private parts are private and a world where sex is adult and sacred more so as a way to express love to one and other.

CQ2: running/working out; friendships; meditation; groups; alone time; cooking; adrenaline sports.

CQ3: health; wealth; friendship and family.

4. What things affect your well-being in good ways?

   CFG: feeling better about ourselves; clears my mind; re-centres me; helps me to calm down; helps me to release positive and negative emotions; I feel in control and stable; I get a sense of accomplishment and efficiency; clarity; release of stress; sense of control through routine; having a positive mental state; stability; staying clean; trusting myself; being self-sufficient.

   CI1: good food; good rest; pleasant people to be around; certain comforts like my favourite clothes and jewellery; I like to go shopping.

   CQ1: Kindness and understanding.

   CQ2: walks/runs; talks; group meetings; time with friends; work.

   CQ3: exercise; good diet; independence; romance and intimacy.

5. What things affect your well-being in bad ways?

   CFG: can lead to mental destabilization; causes relapses; decline in mental health; decline in confidence; increases my depression; can have long-term consequences such as homelessness, prison, trouble with the police; frustration towards ourselves and others; isolation that could lead to mental and emotional breakdowns; bad hygiene; destabilization; relapse; my self-confidence goes down; loss of control; “ orange jumpsuits”; “straight jackets”; police involvement; homelessness; low energy; frustration; lashing out; misplaced

anger; depression; not feeling good about myself; when I can't clear my mind; when I over-think; when I'm agitated; isolation.

CI1: I get affected by people's attitude towards me. My finances and debt can be a burden.

CQ1: Bullying, rumours and false judgment.

CQ2: drinking/using; uncontrolled anger; depression

CQ3: lack of housing; lack of good paying jobs; lack of a good wife; lack of good health.

6. What does it look like when you feel positive about your well-being?

   CFG: I'm more motivated to participate in life (appointments, work, and other things); builds my confidence; makes me feel good; makes me feel happy and excited; I have a smile on my face; you see me around; I show up for appointments; I have a mischievous glint in my eye; I feel more confident: one step forward lets me build; I'm less vulnerable; actual excitement to do things.

   CI1: I'm friendlier. I smile more. I laugh more. I'm more outgoing. I talk more. I share and am more generous. I stop and listen longer to people. I'm more compassionate and empathetic.

   CQ1: strong, attractive, silly, a bounce in my step, social attentiveness.

   CQ2: Talkative and easy to get along with.

   CQ3: More energy, more confident, and more peaceful.

7. What does it look like when you feel negative about your well-being?

   CFG: I'm disappointed in myself; I fall back into old habits or bad habits; I carry a weight, or a burden; I feel just "goo"; I have negative self-talk, negative thinking, and an overall

negative mindset; I lose faith; I isolate; I become the worst version of myself; isolation, not wanting to talk, avoiding contact and eye contact; bad hygiene; disorganization; fatigue, mentally and physically; no faith in people or spirituality; I'm messed up and don't want to do anything or be with anyone; weird faces; negative muttering and self-talk; the "fuck its"; I withdraw and shut down; I feel suicidal; I don't want contact with anyone; I become a tile counter- I look down all the time and don't want to raise my face.

CI1: I cry more. I possess self-hatred. I'm non-confident. Fear is a huge part of what I feel.

CQ1: Totally insane. Also based in the assumed well-being of others.

CQ2: Rather not talk to people and lean to being alone. Easily pushed to physical conflict.

CQ3: dragged down; depressed.

8. What do you do to improve your well-being?

CFG: finding a good group of friends to be around helps me through the day to day grind; forcing myself out of my comfort zone by going out and trying to be social; focus on my actions and behaviours; self-care; I try and focus; accomplishing tasks; I prioritize my alone time; I do simple and easy things so I feel I've accomplished something (like shaving, showering, eating, stuff like that); getting good sleep; doing things that make me feel good; I get out to not isolate; I jump on my bike; I go to the park; sometimes I need to be alone; I try to focus on every aspect like getting out, being around people, just being ok, and keeping anger to a minimum; taking time for myself; doing a routine as a restart; keeping things simple like shaving, showering and cleaning my space; if I get one small thing done then the next one won't be so difficult; eating properly; good sleep; doing something different and treating myself; there's value in being with a group of people who allow me to be honest

about my inner dialogue – like abstinence and childhood trauma without judgment; being verbal gives me something to work with so that I don't stew in my own juices and feel like "goo"; having curiosity about life, not just information, creates new fuel.

CI1: stretching and exercise; balance exercises because they keep me focused and help me concentrate; reading; movies; talking to someone positive helps and rubs off on me.

CQ1: That takes time and space away from what I feel is the problem.

CQ2: running; meditation; groups and getting my life back.

CQ3: hunt for good jobs; look for a partner; try to pray and exercise.

9. Do you have any questions or comments?

CFG: I'm learning about balance by talking about this; I like reflecting on this; I'm learning to be truthful to myself; lying to myself isn't helpful; balance is so important.

CQ1: No, not at this time.

CQ2: No.

CQ3: No. Thanks.

APPENDIX DD - Well-Being Exploration Domain Assignments

WELL-BEING EXPLORATION CLIENT RESPONSES - DOMAINS (consensus)

[CFG: client focus group; CQ: client questionnaire; CI: client interview]

COMPONENTS of WELL-BEING	IMPORTANCE of WELL-BEING	WHAT AFFECTS WELL-BEING [positives, negatives, neutral]	HOW WELL-BEING MANIFESTS [positives, negatives]	IMPROVING WELL-BEING	OTHER
CFG: happiness and comfort; health (physical and mental); feeling content; marriage; emotional state; quality of life (housing, financial, employment); being part of society; entertainment; perspectives (focusing on positive perspective and mindset); staying clean; being part of a program; perspective because I can be aggravated and have well-being by being perceptive; my personal life (health, family, peers, financial, and other things); a consistent routine; physical activity (helps me mentally and physically); being in touch with nature (hiking, walking, sitting by water); listening to music (helps me express emotions when I can't find the words); therapy;	**CFG**: yes, by putting ourselves first (like using an oxygen mask on a plane – first us, then our child); can help us care and focus on ourselves; helps us grow; helps us not fall back to old habits; yes, if I don't feel good then I don't feel good; I spent most of my life not caring – now it's very important to me to take care of myself; me first; yes, if I don't, I lapse into anger; if I'm going to change I need a "carrot", a life worth being abstinent for; I like reflecting on this	**CFG**: [positives] having a positive mental state; stability; staying clean; trusting myself; being self-sufficient; learning to be truthful to myself; [negatives] frustration towards ourselves and others; isolation that could lead to mental and emotional breakdowns; bad hygiene; destabilization; relapse; my self-confidence goes down; loss of control; " orange jumpsuits"; "straight jackets"; police involvement; homelessness; low energy; frustration; lashing out; misplaced anger; depression; not feeling good about myself; when I can't clear my mind; when I over-think; when I'm	**CFG**: [positives] feeling better about ourselves; clears my mind; re-centres me; helps me to calm down; helps me to release positive and negative emotions; I feel in control and stable; I get a sense of accomplishment and efficiency; clarity; release of stress; sense of control through routine; I'm more motivated to participate in life (appointments, work, and other things); builds my confidence; makes me feel good; makes me feel happy and excited; I have a smile on my face; you see me around; I show up for appointments; I have a mischievous glint in my eye; I feel more confident: one step forward lets me build; I'm less vulnerable; actual excitement to do things; [negatives] can lead to mental	**CFG**: balance is so important; finding a good group of friends to be around helps me through the day to day grind; forcing myself out of my comfort zone by going out and trying to be social; focus on my actions and behaviours; self-care; I try and focus; accomplishing tasks; I prioritize my alone time; I do simple and easy things so I feel I've accomplished something (like shaving, showering, eating, stuff like that); getting good sleep; doing things that make me feel good; I get out to not isolate; I jump on my bike; I go to the park; sometimes I need to be alone; I try to focus on	

maintaining good nutrition; deciding to be part of a community; focusing on self-care and self-development; hygiene; rest; roof; safety; job; health; sense of accomplishment; routine keeps me in balance; medication as prescribed; exercise; connection and community; relationship; self-doubt and challenging myself; self-development; willingness to learn; embracing failure not as a bad thing.		agitated; isolation; lying to myself isn't helpful.	destabilization; causes relapses; decline in mental health; decline in confidence; increases my depression; can have long-term consequences such as homelessness, prison, trouble with the police; I'm disappointed in myself; I fall back into old habits or bad habits; I carry a weight, or a burden; I feel just "goo"; I have negative self-talk, negative thinking, and an overall negative mindset; I lose faith; I isolate; I become the worst version of myself; isolation, not wanting to talk, avoiding contact and eye contact; bad hygiene; disorganization; fatigue, mentally and physically; no faith in people or spirituality; I'm messed up and don't want to do anything or be with anyone; weird faces; negative muttering and self-talk; the "fuck its"; I withdraw and shut down; I feel suicidal; I don't want contact with anyone; I become a tile counter- I look down all the time and don't want to raise my face.	every aspect like getting out, being around people, just being ok, and keeping anger to a minimum; taking time for myself; doing a routine as a restart; keeping things simple like shaving, showering and cleaning my space; if I get one small thing done then the next one won't be so difficult; eating properly; good sleep; doing something different and treating myself; there's value in being with a group of people who allow me to be honest about my inner dialogue – like abstinence and childhood trauma without judgment; being verbal gives me something to work with so that I don't stew in my own juices and feel like "goo"; having curiosity about life, not just information, creates new fuel; I'm learning about balance by talking about this; I like reflecting on	

				this; learning to be truthful to myself.	
CQ: A person's emotional state, physical comfort, personal care, consciousness and perception, care for others, reasoning and happiness, marital status, consistency, and clarity; Well-being for me is keeping good care of my mind, body, and soul; health (emotional and physical); good income; house; family; Relationships and a society with no adultery or rancid sex stuff; A place where private parts are private and a world where sex is adult and sacred more so as a way to express love to one and other; running/working out; friendships; meditation; groups; alone time; cooking; adrenaline sports; health; wealth; friendship and family.	**CQ**: Of course it does because it makes me think; the way that question was asked opened room for tears because of exterior meaning; yes, because without the care I will not be the person I want to be; it matters because well-being is the cornerstone of a satisfied and fulfilled life.	**CQ**: [positives] Kindness and understanding; walks/runs; talks; group meetings; time with friends; work; exercise; good diet; independence; romance and intimacy; [negatives] Bullying, rumours and false judgment; drinking/using; uncontrolled anger; depression; lack of housing; lack of good paying jobs; lack of a good wife; lack of good health; [neutral] also based in the assumed well-being of others.	**CQ**: [positives] strong, attractive, silly, a bounce in my step, social attentiveness.; talkative and easy to get along with; more energy, more confident, and more peaceful; [negatives] totally insane; rather not talk to people and lean to being alone; easily pushed to physical conflict; dragged down; depressed.	**CQ**: That takes time and space away from what I feel is the problem; running; meditation; groups and getting my life back; hunt for good jobs; look for a partner; try to pray and exercise.	**CQ**: no othe comments [multiple responders

CI: I feel healthy and satisfied and happy on different levels – physically, socially, mentally, spiritually, financially; social is family and a spouse; it's a general feeling; my own home; someone to come home to; a job; doing volunteer work; somewhere to go; something that brings me a sense of accomplishment – this feels good, I feel something in my brain.	**CI**: Yes, we're conditioned at a young age to pursue well-being and happiness; it's advertised, taught, we see it in different generations, it's a belief system; lots has changed today that affects well-being.	**CI**: [positives] good food; good rest; pleasant people to be around; certain comforts like my favourite clothes and jewellery; I like to go shopping; [negatives] my finances and debt can be a burden; [neutral] I get affected by people's attitude towards me.	**CI**: [positives] I'm friendlier; I smile more; I laugh more. I'm more outgoing; I talk more; I share and am more generous; I stop and listen longer to people; I'm more compassionate and empathetic; [negatives] I cry more; I possess self-hatred; I'm non-confident; fear is a huge part of what I feel; I feel healthy and satisfied and happy on different levels – physically, socially, mentally, spiritually, financially; something that brings me a sense of accomplishment – this feels good, I feel something in my brain.	**CI**: stretching and exercise; balance; exercises because they keep me focused and help me concentrate; reading; movies; talking to someone positive helps and rubs off on me	

APPENDIX EE - Well-Being Exploration Core Ideas

CORE IDEAS – PRE-SURVEY SESSION (consensus)

[all are Client responses]

COMPONENTS of WELL-BEING	IMPORTANCE of WELL-BEING	WHAT AFFECTS WELL-BEING	HOW WELL-BEING MANIFESTS	IMPROVING WELL-BEING	OTHER
Physical and mental health.	Putting ourselves first.	Feeling better or positive about ourselves affects our well-being.	Clarity and centring.	Balance.	
Physical activity/exercise.	Taking care of ourselves allows us to care for others.	Abstinence affects well-being.	Calm, control, stability, confidence, reliability.	Self-care.	
Being part of society, or a community.	Helps us grow, focus, and avoid bad habits.	Self-sufficiency, and trusting and being truthful with ourself affects well-being.	Emotional release.	Being and talking with others; relationships.	
Being part of a program, staying clean.	If I don't feel good, then I don't feel good.	Kindness and understanding.	Sense of accomplishment.	Exercise.	
Routine.	It helps me live a life worth being abstinent for.	Taking care of ourself.	Allows for growth.	Prayer.	
Self-care in all of its forms.	I like reflecting on this.	Groups, friends, romance, and intimacy.	Internal and external happiness, excitement.	Accomplishing things, even small things; work.	
Financial stability.	It makes me think.	Comfort and having things that comfort us.	Strength, attractiveness.	Routine.	
A home.	An emotional connection ("tears") to external meaning.	Going shopping.	Outgoing, generous, talkative, compassionate, empathetic.	Learning new things.	
Being in nature.	Well-being is the cornerstone of a satisfied and fulfilled life.	Lacking in certain things can harm well-being (finances, housing,	Destabilization, lack of confidence, relapse, mental health challenges .	Being truthful with myself.	

		health, work, relationship).			
Connection, sex as a way to express love, and relationships.	We are conditioned, taught, and it is advertised, to pursue well-being and happiness.	Frustration generally, and with ourself, over-thinking, loss of control.	Negative life consequences (finances, housing, legal, relationships).	Avoiding self-judgement.	
Alone time.		Isolation.	Isolation, withdrawal, avoidance of others, physical altercations, depression, suicide.		
Therapy and medication.		Self-confidence.	Mental and physical fatigue and declines.		
Perception and perspective.		Mental and physical health.	Loss of faith in others and in spirituality.		
A sense of accomplishment, a place to go, and volunteering.		Substance use.	Negative self-talk, giving up, fear, self-hatred.		
		How I view others, and others' attitude towards me (including bullying, rumours, and false judgement).			

APPENDIX FF - Well-Being Exploration Cross-Analysis

CROSS-ANALYSIS – PRE-SURVEY (consensus)

[clients only]

CROSS-ANALYSIS
Well-being is the cornerstone of a satisfied and fulfilled life.
Many factors contribute positively and negatively to well-being; these factors vary from individual to individual.
Well-being requires honest self-reflection.
Self-care is a fundamental contributor to well-being.
Our well-being affects how we experience ourselves, how we experience others, and how we experience the world.
A sense of connection to others and to the world is important to well-being.
Having a sense of accomplishment, or of contributing, is important to well-being.
Well-being has an important effect on our physical, emotional, and spiritual health. It also plays an important role in how we manage our substance use.

The proposed survey (attached as Appendix 1) is based on this cross-analysis and will be comprised of 7 questions, 2 for each of Frankl's pathways to meaning (doing, connecting, attitude) and 1 on the connection between well-being and meaning.

APPENDIX 1 - PROPOSED SURVEY

Hello – For each question, please circle the number between 1 and 10 that indicates your current level of agreement with each statement:

1. When I exercise:[2]

I feel down and tired									I feel better about myself
1	2	3	4	5	6	7	8	9	10

2. When I'm working:[1]

I'm usually anxious									I feel I have stability in my life
1	2	3	4	5	6	7	8	9	10

3. Being with people:[3]

Is not important to me									Is very important to me
1	2	3	4	5	6	7	8	9	10

4. Helping others:[2]

Has no effect on my well-being									Is important to my well-being
1	2	3	4	5	6	7	8	9	10

5. When I'm feeling depressed:[4]

I choose to be alone									I seek the company of others
1	2	3	4	5	6	7	8	9	10

6. When I feel stressed or anxious and do something that matters to me:[3]

I still feel stressed or anxious									I feel calmer
1	2	3	4	5	6	7	8	9	10

7. Well-being is the cornerstone of a meaningful life:[5]

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

[2] Doing.
[3] Connecting.
[4] Attitude.
[5] Potential correlation between meaning and well-being.

APPENDIX GG - Well-Being Exploration Domain Assignments (marked)

PRE-SURVEY CLIENT RESPONSES - DOMAINS (consensus_audited_marked)

[CFG: client focus group; CQ: client questionnaire; CI: client interview]

COMPONENTS of WELL-BEING	IMPORTANCE of WELL-BEING	WHAT AFFECTS WELL-BEING [positives, negatives, neutral]	HOW WELL-BEING MANIFESTS [positives, negatives]	IMPROVING WELL-BEING	OTHER
CFG: happiness and comfort; health (physical and mental); feeling content; marriage; emotional state; quality of life (housing, financial, employment); being part of society; entertainment; perspectives (focusing on positive perspective and mindset); staying clean; being part of a program; perspective because I can be aggravated and have well-being by being perceptive; my personal life (health, family, peers, financial, and other things); a consistent routine; physical activity (helps me mentally and physically); being in touch with nature (hiking, walking, sitting by water); listening to music (helps me express emotions when I can't find the words); therapy; maintaining good nutrition; deciding to be part of a community; focusing on self-	**CFG**: yes, by putting ourselves first (like using an oxygen mask on a plane – first us, then our child); can help us care and focus on ourselves; helps us grow; helps us not fall back to old habits; yes, if I don't feel good then I don't feel good; I spent most of my life not caring – now it's very important to me to take care of myself; me first; yes, if I don't, I lapse into anger; if I'm going to change I need a "carrot", a life worth being abstinent for; I like reflecting on this	**CFG**: [positives] feeling better about ourselves; having a positive mental state; stability; staying clean; trusting myself; being self-sufficient; learning to be truthful to myself; [negatives] frustration towards ourselves and others; isolation that could lead to mental and emotional breakdowns; bad hygiene; destabilization; relapse; my self-confidence goes down; loss of control; " orange jumpsuits"; "straight jackets"; police involvement; homelessness; low energy; frustration; lashing out; misplaced anger; depression; not feeling good about myself; when I can't clear my mind; when I over-think; when I'm	**CFG**: [positives] feeling better about ourselves; clears my mind; re-centres me; helps me to calm down; helps me to release positive and negative emotions; I feel in control and stable; I get a sense of accomplishment and efficiency; clarity; release of stress; sense of control through routine; I'm more motivated to participate in life (appointments, work, and other things); builds my confidence; makes me feel good; makes me feel happy and excited; I have a smile on my face; you see me around; I show up for appointments; I have a mischievous glint in my eye; I feel more confident: one step forward lets me build; I'm less vulnerable; actual excitement to do things; [negatives] can lead to mental destabilization; causes relapses; decline in mental health; decline in confidence;	**CFG**: balance is so important; finding a good group of friends to be around helps me through the day to day grind; forcing myself out of my comfort zone by going out and trying to be social; focus on my actions and behaviours; self-care; I try and focus; accomplishing tasks; I prioritize my alone time; I do simple and easy things so I feel I've accomplished something (like shaving, showering, eating, stuff like that); getting good sleep; doing things that make me feel good; I get out to not isolate; I jump on my bike; I go to the park; sometimes I need to be alone; I try to focus on every aspect like getting out, being around people, just being ok,	

care and self-development; hygiene; rest; roof; safety; job; health; sense of accomplishment; routine keeps me in balance; medication as prescribed; exercise; connection and community; relationship; self-doubt and challenging myself; self-development; willingness to learn; embracing failure not as a bad thing.		agitated; isolation; lying to myself isn't helpful.	increases my depression; can have long-term consequences such as homelessness, prison, trouble with the police; I'm disappointed in myself; I fall back into old habits or bad habits; I carry a weight, or a burden; I feel just "goo"; I have negative self-talk, negative thinking, and an overall negative mindset; I lose faith; I isolate; I become the worst version of myself; isolation, not wanting to talk, avoiding contact and eye contact; bad hygiene; disorganization; fatigue, mentally and physically; no faith in people or spirituality; I'm messed up and don't want to do anything or be with anyone; weird faces; negative muttering and self-talk; the "fuck its"; I withdraw and shut down; I feel suicidal; I don't want contact with anyone; I become a tile counter- I look down all the time and don't want to raise my face.	and keeping anger to a minimum; taking time for myself; doing a routine as a restart; keeping things simple like shaving, showering and cleaning my space; if I get one small thing done then the next one won't be so difficult; eating properly; good sleep; doing something different and treating myself; there's value in being with a group of people who allow me to be honest about my inner dialogue – like abstinence and childhood trauma without judgment; being verbal gives me something to work with so that I don't stew in my own juices and feel like "goo"; having curiosity about life, not just information, creates new fuel; I'm learning about balance by talking about this; I like reflecting on this; learning to be truthful to myself.	
CQ: A person's emotional state, physical comfort, personal care, consciousness and perception, care for	~~**CQ**:~~**CQ**: That takes time and space away from what I feel is the problem; Of course it	**CQ**: [positives] Kindness and understanding; walks/runs; talks; group meetings; time with	**CQ**: [positives] strong, attractive, silly, a bounce in my step, social attentiveness.; talkative and easy to get along	~~**CQ**: That takes time and space away from what I feel is the problem;~~**CQ**: running; meditation;	**CQ**: no other comments [multiple responders]

others, reasoning and happiness, marital status, consistency, and clarity; Well-being for me is keeping good care of my mind, body, and soul; health (emotional and physical); good income; house; family; Relationships and a society with no adultery or rancid sex stuff; A place where private parts are private and a world where sex is adult and sacred more so as a way to express love to one and other; running/working out; friendships; meditation; groups; alone time; cooking; adrenaline sports; health; wealth; friendship and family.	does because it makes me think; the way that question was asked opened room for tears because of exterior meaning; yes, because without the care I will not be the person I want to be; it matters because well-being is the cornerstone of a satisfied and fulfilled life.	friends; work; exercise; good diet; independence; romance and intimacy; [negatives] Bullying, rumours and false judgment; drinking/using; uncontrolled anger; depression; lack of housing; lack of good paying jobs; lack of a good wife; lack of good health; [neutral] also based in the assumed well-being of others.	with; more energy, more confident, and more peaceful; [negatives] totally insane; rather not talk to people and lean to being alone; easily pushed to physical conflict; dragged down; depressed.	groups and getting my life back; hunt for good jobs; look for a partner; try to pray and exercise.	
CI: I feel healthy and satisfied and happy on different levels – physically, socially, mentally, spiritually, financially; social is family and a spouse; it's a general feeling; my own home; someone to come home to; a job; doing volunteer work; somewhere to go; something that brings me a sense of accomplishment – this feels good, I feel something in my brain.	**CI**: Yes, we're conditioned at a young age to pursue well-being and happiness; it's advertised, taught, we see it in different generations, it's a belief system; lots has changed today that affects well-being.	**CI**: [positives] good food; good rest; pleasant people to be around; certain comforts like my favourite clothes and jewellery; I like to go shopping; [negatives] my finances and debt can be a burden; [neutral] I get affected by people's attitude towards me.	**CI**: [positives] I'm friendlier; I smile more; I laugh more. I'm more outgoing; I talk more; I share and am more generous; I stop and listen longer to people; I'm more compassionate and empathetic; I feel healthy and satisfied and happy on different levels – physically, socially, mentally, spiritually, financially; [negatives] ~~I feel healthy and satisfied and happy on different levels – physically, socially, mentally, spiritually, financially;~~ I cry more; I possess self-hatred;	**CI**: stretching and exercise; balance; exercises because they keep me focused and help me concentrate; reading; movies; talking to someone positive helps and rubs off on me	

			I'm non-confident; fear is a huge part of what I feel; something that brings me a sense of accomplishment – this feels good, I feel something in my brain.		

APPENDIX HH - Well-Being Exploration Core Ideas (marked)

CORE IDEAS – DRAFT SESSION (consensus_audited_marked)

[all are Client responses]

COMPONENTS of WELL-BEING	IMPORTANCE of WELL-BEING	WHAT AFFECTS WELL-BEING	HOW WELL-BEING MANIFESTS	IMPROVING WELL-BEING	OTHER
Physical, emotional, and mental health.	Putting ourselves first.	Feeling better or positive about ourselves affects our well-being.	Clarity and centring.	Balance.	
Physical activity/exercise.	Taking care of ourselves allows us to care for others.	~~Abstinence~~Staying clean/abstinence affects well-being.	Calm, control, stability, confidence, reliability.	Self-care in all of its forms.	
Being part of society, or a community.	Helps us grow, focus, and avoid bad habits.	Self-sufficiency, and trusting and being truthful with ourself affects well-being.	Emotional release.	Being and talking with others; relationships.	
Being part of a program, staying clean/abstinence.	If I don't feel good, then I don't feel good.	Kindness and understanding.	Sense of accomplishment.	Exercise.	
Routine.	It helps me live a life worth being abstinent for.	Taking care of ourself.	Allows for growth.	Prayer.	
Self-care in all of its forms.	I like reflecting on this.	~~Groups~~Group meetings, friends, romance, and intimacy.	Internal and external happiness, excitement.	Accomplishing things, even small things; work.	
Financial stability.	It makes me think.	~~Comfort~~Comforts and having things that comfort us.	Strength, attractiveness.	Routine.	
A home.	An emotional connection ("tears") to external meaning.	Going shopping.	Outgoing, generous, talkative, compassionate, empathetic.	Learning new things.	
Being in nature.	Well-being is the cornerstone of a satisfied and fulfilled life.	Lacking in certain things can harm well-being (finances, housing, health, work, relationship).	~~Destabilization, lack~~Lack of confidence, relapse, mental health destabilization and challenges .	Being truthful/honest with myself.	

Connection, sex as a way to express love, and relationships.	We are conditioned, taught, and it is advertised, to pursue well-being and happiness.	Frustration generally, and with ourself, over-thinking, loss of control.	Negative life consequences (finances, housing, legal, relationships).	Avoiding self-judgement.	
Alone time.		Isolation.	Isolation, withdrawal, avoidance of others, physical altercations, depression, suicide.		
Therapy and medication.		Self-confidence.	Mental and physical fatigue and declines.		
Perception and perspective.		Mental and physical health.	Loss of faith in others and in spirituality.		
A sense of accomplishment, a place to go, and volunteering.		Substance use.	Negative self-talk, giving up, fear, self-hatred.		
Housing.		How I view others, and others' attitude towards me (including bullying, rumours, and false judgement).			
Happiness.					

APPENDIX II - Well-Being Exploration Cross-Analysis (marked)

CROSS-ANALYSIS – PRE-SURVEY (marked)

[only clients participated]

CROSS-ANALYSIS
Well-being is the cornerstone of a satisfied and fulfilled life.
Many factors contribute positively and negatively to well-being. These factors vary from individual to individual.
Well-being requires honest self-reflection.
Self-care in all of its forms is a fundamental contributor to well-being.
Our well-being affects how we experience ourselves, how we experience others, and how we experience the world.
A sense of connection to others and to the world is important to well-being.
Having a sense of accomplishment, or of contributing, is important to well-being.
Well-being has an important effect on our physical, emotional, and spiritual health. It also plays an important role in how we manage our substance use.

The proposed survey (attached as Appendix 1) is based on this cross-analysis and will be comprised of 7 questions, 2 for each of Frankl's pathways to meaning (doing, connecting, attitude) and 1 on the connection between well-being and meaning.

APPENDIX JJ - Well-Being Exploration Final Domain Assignments

PRE-SURVEY CLIENT RESPONSES - DOMAINS (audited)

[CFG: client focus group; CQ: client questionnaire; CI: client interview]

COMPONENTS of WELL-BEING	IMPORTANCE of WELL-BEING	WHAT AFFECTS WELL-BEING [positives, negatives, neutral]	HOW WELL-BEING MANIFESTS [positives, negatives]	IMPROVING WELL-BEING	OTHER
CFG: happiness and comfort; health (physical and mental); feeling content; marriage; emotional state; quality of life (housing, financial, employment); being part of society; entertainment; perspectives (focusing on positive perspective and mindset); staying clean; being part of a program; perspective because I can be aggravated and have well-being by being perceptive; my personal life (health, family, peers, financial, and other things); a consistent routine; physical activity (helps me mentally and physically); being in touch with nature (hiking, walking, sitting by water); listening to music (helps me express emotions when I can't find the words); therapy; maintaining good nutrition; deciding to be part of a community; focusing on self-	**CFG**: yes, by putting ourselves first (like using an oxygen mask on a plane – first us, then our child); can help us care and focus on ourselves; helps us grow; helps us not fall back to old habits; yes, if I don't feel good then I don't feel good; I spent most of my life not caring – now it's very important to me to take care of myself; me first; yes, if I don't, I lapse into anger; if I'm going to change I need a "carrot", a life worth being abstinent for; I like reflecting on this	**CFG**: [positives] feeling better about ourselves; having a positive mental state; stability; staying clean; trusting myself; being self-sufficient; learning to be truthful to myself; [negatives] frustration towards ourselves and others; isolation that could lead to mental and emotional breakdowns; bad hygiene; destabilization; relapse; my self-confidence goes down; loss of control; " orange jumpsuits"; "straight jackets"; police involvement; homelessness; low energy; frustration; lashing out; misplaced anger; depression; not feeling good about myself; when I can't clear my mind; when I over-think; when I'm	**CFG**: [positives] feeling better about ourselves; clears my mind; re-centres me; helps me to calm down; helps me to release positive and negative emotions; I feel in control and stable; I get a sense of accomplishment and efficiency; clarity; release of stress; sense of control through routine; I'm more motivated to participate in life (appointments, work, and other things); builds my confidence; makes me feel good; makes me feel happy and excited; I have a smile on my face; you see me around; I show up for appointments; I have a mischievous glint in my eye; I feel more confident: one step forward lets me build; I'm less vulnerable; actual excitement to do things; [negatives] can lead to mental destabilization; causes relapses; decline in mental health; decline in confidence;	**CFG**: balance is so important; finding a good group of friends to be around helps me through the day to day grind; forcing myself out of my comfort zone by going out and trying to be social; focus on my actions and behaviours; self-care; I try and focus; accomplishing tasks; I prioritize my alone time; I do simple and easy things so I feel I've accomplished something (like shaving, showering, eating, stuff like that); getting good sleep; doing things that make me feel good; I get out to not isolate; I jump on my bike; I go to the park; sometimes I need to be alone; I try to focus on every aspect like getting out, being around people, just being ok,	

care and self-development; hygiene; rest; roof; safety; job; health; sense of accomplishment; routine keeps me in balance; medication as prescribed; exercise; connection and community; relationship; self-doubt and challenging myself; self-development; willingness to learn; embracing failure not as a bad thing.		agitated; isolation; lying to myself isn't helpful.	increases my depression; can have long-term consequences such as homelessness, prison, trouble with the police; I'm disappointed in myself; I fall back into old habits or bad habits; I carry a weight, or a burden; I feel just "goo"; I have negative self-talk, negative thinking, and an overall negative mindset; I lose faith; I isolate; I become the worst version of myself; isolation, not wanting to talk, avoiding contact and eye contact; bad hygiene; disorganization; fatigue, mentally and physically; no faith in people or spirituality; I'm messed up and don't want to do anything or be with anyone; weird faces; negative muttering and self-talk; the "fuck its"; I withdraw and shut down; I feel suicidal; I don't want contact with anyone; I become a tile counter- I look down all the time and don't want to raise my face.	and keeping anger to a minimum; taking time for myself; doing a routine as a restart; keeping things simple like shaving, showering and cleaning my space; if I get one small thing done then the next one won't be so difficult; eating properly; good sleep; doing something different and treating myself; there's value in being with a group of people who allow me to be honest about my inner dialogue – like abstinence and childhood trauma without judgment; being verbal gives me something to work with so that I don't stew in my own juices and feel like "goo"; having curiosity about life, not just information, creates new fuel; I'm learning about balance by talking about this; I like reflecting on this; learning to be truthful to myself.	
CQ: A person's emotional state, physical comfort, personal care, consciousness and perception, care for	**CQ**: That takes time and space away from what I feel is the problem; Of course it does because it	**CQ**: [positives] Kindness and understanding; walks/runs; talks; group meetings; time with	**CQ**: [positives] strong, attractive, silly, a bounce in my step, social attentiveness.; talkative and easy to get along	**CQ**: running; meditation; groups and getting my life back; hunt for good	**CQ**: no other comments [multiple responders]

others, reasoning and happiness, marital status, consistency, and clarity; Well-being for me is keeping good care of my mind, body, and soul; health (emotional and physical); good income; house; family; Relationships and a society with no adultery or rancid sex stuff; A place where private parts are private and a world where sex is adult and sacred more so as a way to express love to one and other; running/working out; friendships; meditation; groups; alone time; cooking; adrenaline sports; health; wealth; friendship and family.	makes me think; the way that question was asked opened room for tears because of exterior meaning; yes, because without the care I will not be the person I want to be; it matters because well-being is the cornerstone of a satisfied and fulfilled life.	friends; work; exercise; good diet; independence; romance and intimacy; [negatives] Bullying, rumours and false judgment; drinking/using; uncontrolled anger; depression; lack of housing; lack of good paying jobs; lack of a good wife; lack of good health; [neutral] also based in the assumed well-being of others.	with; more energy, more confident, and more peaceful; [negatives] totally insane; rather not talk to people and lean to being alone; easily pushed to physical conflict; dragged down; depressed.	jobs; look for a partner; try to pray and exercise.	
CI: I feel healthy and satisfied and happy on different levels – physically, socially, mentally, spiritually, financially; social is family and a spouse; it's a general feeling; my own home; someone to come home to; a job; doing volunteer work; somewhere to go; something that brings me a sense of accomplishment – this feels good, I feel something in my brain.	**CI**: Yes, we're conditioned at a young age to pursue well-being and happiness; it's advertised, taught, we see it in different generations, it's a belief system; lots has changed today that affects well-being.	**CI**: [positives] good food; good rest; pleasant people to be around; certain comforts like my favourite clothes and jewellery; I like to go shopping; [negatives] my finances and debt can be a burden; [neutral] I get affected by people's attitude towards me.	**CI**: [positives] I'm friendlier; I smile more; I laugh more. I'm more outgoing; I talk more; I share and am more generous; I stop and listen longer to people; I'm more compassionate and empathetic; I feel healthy and satisfied and happy on different levels – physically, socially, mentally, spiritually, financially; [negatives] I cry more; I possess self-hatred; I'm non-confident; fear is a huge part of what I feel; something that brings me a sense of accomplishment –	**CI**: stretching and exercise; balance; exercises because they keep me focused and help me concentrate; reading; movies; talking to someone positive helps and rubs off on me	

			this feels good, I feel something in my brain.		

APPENDIX KK - Well-Being Exploration Final Core Ideas

CORE IDEAS – PRE-SURVEY SESSION (final)

[all are Client responses]

COMPONENTS of WELL-BEING	IMPORTANCE of WELL-BEING	WHAT AFFECTS WELL-BEING	HOW WELL-BEING MANIFESTS	IMPROVING WELL-BEING	OTHER
Physical, emotional, and mental health. (CFG, CQ, CI)	Putting ourselves first. (CFG)	Feeling better or positive about ourselves affects our well-being. (CFG)	Clarity and centring. (CFG)	Balance. (CFG, CQ, CI)	
Physical activity/exercise. (CFG, CQ)	Taking care of ourselves allows us to care for others. (CFG)	Staying clean/abstinence affects well-being. (CFG)	Calm, control, stability, confidence, reliability. (CFG)	Self-care in all of its forms. (CFG, CQ, CI)	
Being part of society, or a community. (CFG)	Helps us grow, focus, and avoid bad habits. (CFG)	Self-sufficiency, and trusting and being truthful with ourself affects well-being. (CFG)	Emotional release. (CFG)	Being and talking with others; relationships. (CFG, CQ, CI)	
Being part of a program, staying clean/abstinence. (CFG)	If I don't feel good, then I don't feel good. (CFG)	Kindness and understanding. (CFG)	Sense of accomplishment. (CFG)	Exercise. (CFG, CQ, CI)	
Routine. (CFG)	It helps me live a life worth being abstinent for. (CFG)	Taking care of ourself. (CFG, CQ, CI)	Allows for growth. (CFG)	Prayer. (CFG)	
Self-care in all of its forms. (CFG, CQ, CI)	I like reflecting on this. (CFG)	Group meetings, friends, romance, and intimacy. (CFG, CI)	Internal and external happiness, excitement. (CFG)	Accomplishing things, even small things; work. (CFG, CQ)	
Financial stability. (CFG)	It makes me think. (CQ)	Comforts and having things that comfort us. (CFG)	Strength, attractiveness. (CFG)	Routine. (CFG)	
A home. (CFG)	An emotional connection ("tears") to external meaning. (CFG, CQ)	Going shopping. (CFG)	Outgoing, generous, talkative, compassionate, empathetic. (CFG)	Learning new things. (CFG)	

Being in nature. (CFG)	Well-being is the cornerstone of a satisfied and fulfilled life. (CI)	Lacking in certain things can harm well-being (finances, housing, health, work, relationship). (CFG, CQ, CI)	Lack of confidence, relapse, mental health destabilization and challenges. (CFG)	Being truthful/honest with myself. (CFG)	
Connection, sex as a way to express love, and relationships. (CFG, CQ)	We are conditioned, taught, and it is advertised, to pursue well-being and happiness. (CI)	Frustration generally, and with ourself, over-thinking, loss of control. (CFG)	Negative life consequences (finances, housing, legal, relationships). (CFG, CQ, CI)	Avoiding self-judgement. (CFG)	
Alone time. (CFG)		Isolation. (CFG, CQ, CI)	Isolation, withdrawal, avoidance of others, physical altercations, depression, suicide. (CFG, CQ, CI)		
Therapy and medication. (CFG)		Self-confidence. (CFG)	Mental and physical fatigue and declines. (CFG, CQ, CI)		
Perception and perspective. (CFG)		Mental and physical health. (CFG)	Loss of faith in others and in spirituality.		
A sense of accomplishment, a place to go, and volunteering. (CFG)		Substance use. (CFG)	Negative self-talk, giving up, fear, self-hatred. (CFG, CQ, CI)		
Housing. (CFG)		How I view others, and others' attitude towards me (including bullying, rumours, and false judgement). (CQ)			
Happiness. (CFG)					

APPENDIX LL - Well-Being Exploration Final Cross-Analysis

CROSS-ANALYSIS – PRE-SURVEY (final)

[only clients participated]

CROSS-ANALYSIS	DOMAINS	SOURCES
Well-being is the cornerstone of a satisfied and fulfilled life.	importance of well-being, how well-being manifests	CFG, CQ, CI
Many factors contribute positively and negatively to well-being. These factors vary from individual to individual.	components of well-being, what affects well-being, how well-being manifests, improving well-being	CFG, CQ, CI
Well-being requires honest self-reflection.	components of well-being, how well-being manifests, improving well-being	CFG, CQ, CI
Self-care in all of its forms is a fundamental contributor to well-being.	components of well-being, what affects well-being, how well-being manifests, improving well-being	CFG, CQ, CI
Our well-being affects how we experience ourselves, how we experience others, and how we experience the world.	importance of well-being, how well-being manifests, improving well-being	CFG, CQ, CI
A sense of connection to others and to the world is important to well-being.	components of well-being, what affects well-being, how well-being manifests, improving well-being	CFG, CQ, CI
Having a sense of accomplishment, or of contributing, is important to well-being.	components of well-being, how well-being manifests, improving well-being	CFG, CQ, CI
Well-being has an important effect on our physical, emotional, and spiritual health. It also plays an important role in how we manage our substance use.	importance of well-being, what affects well-being, how well-being manifests	CFG, CQ, CI

The proposed survey (attached as Appendix 1) is based on this cross-analysis and will be comprised of 7 questions, 2 for each of Frankl's pathways to meaning (doing, connecting, attitude) and 1 on the connection between well-being and meaning.

APPENDIX MM – Client Well-Being Exploration Logic Model

Collection of Stakeholder-Generated Data ⇨	**Consensual Qualitative Data Analysis Resulting in General Themes** ⇨	**Stakeholder Well-Being Assessment (based on general themes)** ⇨
➢ Client focus groups ➢ Client questionnaires ➢ Client interviews	➢ Consensus assignment of all data into one or more of five domains (components of well-being, importance of well-being, what affects well-being, how well-being manifests, and improving well-being) ➢ Consensus creation of core ideas based on the domain assignments ➢ Consensus creation of general themes based on core ideas ➢ Auditor review and verification of domain assignments, core ideas, general themes, and revised survey ➢ Client review of general themes	➢ Well-being is the cornerstone of a satisfied and fulfilled life ➢ Many factors, especially self-care, and differing for each person, contribute to well-being ➢ Self-care, contributing, and connecting are important components of well-being ➢ Well-being is a reflective exercise that affects how we see ourselves, others, and the world ➢ Well-being affects us physically, emotionally, and spiritually, as well as our substance use

APPENDIX NN – Participant Responses to the CDWBS Assessment Questions

Survey Assessment Responses (clients and staff)

NOTE TO REVIEWERS/AUDITOR: S2 is a Psychology PhD whose current work is in surveying and statistics. I have replied to them, explaining that the proposed survey format has been validated by current research, including surveys based off of the work of Viktor Frankl, and, as importantly, research that my doctoral advisor has done. They are now comfortable with my proposed approach. Accordingly, not all of their comments will be reflected in the domains, core ideas, and cross-analysis. Their comments have been very helpful to me as I review my methodology.

1. What do you think about this survey? What do you like and don't like about it?

CFG: I like that it's 1-10, it's a better range; questions are good and don't repeat; like that it's short; too long can be frustrating and lead me to be less honest; answers depend on the day; pandemic (no meetings) affected this; not being with people can be helpful; community is important; like the format; like how it's broken down, it's easy to look at; it sets out the attributes of self-care, breaks down self-care, helps me understand self-care

SQ1: I like that it asks about many aspects of life and well-being.

SQ2: It feels like you are trying to measure several things from the same questionnaire and aren't quite capturing one construct. Are you looking to measure if clients think these items are important for their wellbeing? (you ask this in Q4, Q7) Or are you trying to measure their emotional responses to specific activities? (Q1, 2, 6) Or are you measuring their behaviour in response to an emotion (Q5)? The assessment need some cohesiveness in what you intend to measure about wellbeing.

Also, how do you plan on scoring this measure? Think about what your scores would mean and how they reflect what you are trying to measure. Currently, I don't see a way to score this other than looking at each individual questions separately because the scale is not comparable. If you use the same scale across all questions, you will be able to get a total score and actually calculate and compare clients along their wellbeing and have a chance to look at change over time.

2. Does the survey address elements of well-being that you think are relevant to you/clients? Why/why not?

CFG: education hasn't been included; you can't just have one horse, you need to have others, and it's the same for how many people you have in your life; have to be around others for my mental health; I like guidance questions; a sense of belonging is important to me; I like to know I fit in; home, relationships, family, and children are important to me

SQ1: Yes and no. Being with people is important to me. Yes, but are you doing something good for yourself or are you using substances with these people?

SQ2: I think you've identified several important elements of wellbeing here, and likely pulled them from your research already. Where I am unclear is how these elements relate to better or worse wellbeing, which is what an assessment would need to determine. If you want to measure where the client fits on a range of wellbeing, you need a sense of what good vs not good wellbeing would be and how the numeric responses map onto that. How would you define when a client has better wellbeing compared to another client? What are the indicators of better and worse wellbeing? I think that is what you are trying to assess in your survey (but I could be wrong). Use that to determine how to ask your questions and what your scale should be.

3. What do you think needs to be changed or added to the survey?

CFG: more physical elements; how others view me/how I view myself; do I feel judged?; pursuing a goal instead of working; questions about goals and how we are sure we are realizing them; ask about routine instead of physical activity or exercise; how about rating our well-being?; what motivates us and drives us to stop or keep using; guidance questions; 1st question – how easy was it for you to come to group; final question – how do you feel after group or did you get a sense of purpose or meaning?; what are you looking to get out of group?

SQ1: I think the term "exercise" could be changed to "move your body". Not everyone exercises, especially our clients, but many have the capacity to move their body like going for a walk.

SQ2: A. Clarity in what you are looking to measure – behaviours, emotional responses, or components of wellbeing? Asking all of these in one will muddy the waters. B. The scale – think about how you are going to score these items and what the numbers you are getting out of it actually mean. If you want to get a total wellbeing score, you'll need to have the same scale for all of the questions. Also consider that you want to be able to compare scores between clients, so think about what a higher vs lower score would mean and what it tells you about the clients who complete it. C. What does your research show about what is considered better vs worse wellbeing? Use this to determine the values you assign to the responses in your scale. D. Be aware of biases and assumptions in the interpretation of these questions. Many of the scales included make assumptions on what is considered opposites. For eg. Q2 has having stability on one end and usually anxious on the other end. These can both be true simultaneously. This suggests to me that they aren't opposite experiences on a continuum and are in fact two separate experiences. Does your research suggest they are opposites? Please review Q 1, 2, 5 for these assumptions and adjust accordingly.

4. Do you have any questions or comments?

CFG: you did a very good job;

SQ1: N/A

SQ2: How will this assessment be used in Day program? What psychometrics will you be using to test out this measure?

APPENDIX OO – CDWBS Assessment Domain Assignments

SURVEY ASSESSMENT RESPONSES - DOMAINS (consensus)

[CFG: client focus group; SQ: staff questionnaire]

ACCEPTABILITY [consistent with views on well-being; adversely affect participation]	FEASIBILITY [length of survey]	SUSTAINABILITY [changes?]	CREDIBILITY [measures well-being]	OTHER
CFG: answers depend on the day; pandemic (no meetings) affected this; too long can be frustrating and lead me to be less honest; it sets out the attributes of self-care, breaks down self-care, helps me understand self-care.	**CFG**: I like that it's 1-10, it's a better range; questions are good and don't repeat; like that it's short; too long can be frustrating and lead me to be less honest; like the format; like how it's broken down, it's easy to look at; you can't just have one horse, you need to have others, and it's the same for how many people you have in your life.	**CFG**: not being with people can be helpful; community is important; education hasn't been included; have to be around others for my mental health; I like guidance questions; a sense of belonging is important to me; I like to know I fit in; home, relationships, family, and children are important to me; more physical elements; how others view me/how I view myself; do I feel judged?; pursuing a goal instead of working; questions about goals and how we are sure we are realizing them; ask about routine instead of physical activity or exercise; how about rating our well-being?; what motivates us and drives us to stop or keep using; 1st question – how easy was it for you to come to group; final question – how do you feel after group or did you get a sense of purpose or meaning?; what are you looking to get out of group?	**CFG**: answers depend on the day; pandemic (no meetings) affected this; it sets out the attributes of self-care, breaks down self-care, helps me understand self-care.	**CFG:** You did a very good job.

SQ1: I like that it asks about many aspects of life and well-being.		**SQ1**: I think the term "exercise" could be changed to "move your body". Not everyone exercises, especially our clients, but many have the capacity to move their body like going for a walk. Being with people is important to me. Yes, but are you doing something good for yourself or are you using substances with these people?	**CQ**: I like that it asks about many aspects of life and well-being.	
SQ2: I think you've identified several important elements of wellbeing here, and likely pulled them from your research already.			**SQ2:** I think you've identified several important elements of wellbeing here, and likely pulled them from your research already. If you use the same scale across all questions, you will be able to get a total score and actually calculate and compare clients along their wellbeing and have a chance to look at change over time. Be aware of biases and assumptions in the interpretation of these questions. Many of the scales included make assumptions on what is considered opposites. For eg. Q2	**SQ2:** How will this assessment be used in Day program? What psychometrics will you be using to test out this measure?

			has having stability on one end and usually anxious on the other end. These can both be true simultaneously. This suggests to me that they aren't opposite experiences on a continuum and are in fact two separate experiences.	

APPENDIX PP – CDWBS Assessment Core Ideas

CORE IDEAS – SURVEY ASSESSMENT (consensus)

[C: clients; S: staff]

ACCEPTABILITY [survey is consistent with views on well-being and/or adversely affect participation]	FEASIBILITY [length of survey]	SUSTAINABILITY [changes to survey?]	CREDIBILITY [survey measures well-being]	OTHER
The survey addresses many important aspects and elements of well-being and self-care. (C, S)	The 1-10 scale reflects a better range. (C)	Change the term ”exercise” to something with a broader reach, such as “physical activity”, “routine”, or “movement”. (C, S)	The survey addresses many important aspects and elements of well-being and self-care. (C, S)	Consider how to use this survey in Day Program. (S)
If the survey is too long, it can be frustrating and lead to less honest responses. (C)	The format is good and easy to read. (C)	Include education. (C)	Check the assumptions and biases on what is used to define the opposites on the various questions. (S)	You did a very good job. (C)
Client responses may vary depending on the day. (C)	A shorter survey is good. If the survey is too long, it can be frustrating and lead to less honest responses. (C)	Look at pursuing goals, not just work, and how we realize these. (C)	Client responses may vary depending on the day. (C)	
The pandemic may have affected views on well-being. (C)	You can’t just have one horse; you need to have others. (C)	What you are doing when you’re with others may affect well-being. (S)	The pandemic may have affected views on well-being. (C)	
		Community, relationships, and being alone are all important to well-being and mental health. (C, S)	Using similar scales across all questions allows for comparisons over time. (S)	
		How am I viewed/judged, and how I judge myself are important. (C)		
		Rate overall well-being. (C)		
		Explore what motivates us and drives us to stop or keep using substances. (C)		
		Explore coming to group, group expectations, and how one feels after group. (C)		
		Fitting in/belonging is important. (C)		
		Provide guidance. (C)		

APPENDIX QQ – CDWBS Assessment Cross-Analysis

CROSS-ANALYSIS – SURVEY ASSESSMENT (consensus)

CROSS-ANALYSIS	DOMAINS	SOURCES
The survey addresses many important aspects and elements of well-being and self-care.	Acceptability, Credibility	C, S
Quality of participation may be affected by the length of the survey.	Acceptability	C
Well-being can vary depending on the day, and the circumstances of that day.	Acceptability, Credibility	C
The format and scales are good and easy to read.	Feasibility	C
A shorter survey is preferred to a longer survey.	Feasibility	C
Multiple items reflect how to manage well-being (“you can’t just have one horse”).	Feasibility	C
Connections, choosing to connect, and what we do when connected, are relevant to well-being.	Sustainability	C, S
Use more inclusive categories.	Sustainability	C, S
Fitting in and being judged by others or myself are relevant to well-being.	Sustainability	C
An overall well-being rating would be helpful.	Sustainability	C
Having similar scales that have neutral defined endpoints may lead to a more useful and valid survey.	Credibility	S

NOTES:

- The revised survey (attached as Appendix 1) is based on this cross-analysis and to consider Frankl’s pathways to meaning (doing, connecting, attitude).
- The core ideas on drivers for substance use, and requesting guidance, are the subject matter of Day Program. These can be addressed in a client-driven survey on Day Program topics.
- Consider how to use this survey in Day Program (and other ATS programming) on an on-going basis.

APPENDIX RR – Revised CDWBS

WELL-BEING SURVEY

Hello – For each question, please circle the number between 1 and 10 that indicates your current level of agreement with each statement:

1. When I do something physical (such as exercise, walking, moving my body) I feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

2. When I'm working on a goal (such as a job, education) I feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

3. Being with people who accept me is important to me:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

4. When I help others, I feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

5. Choosing to be with others helps me feel less depressed:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

6. Changing my perspective in a difficult situation helps me feel less stressed or anxious:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

7. Doing something that matters to me helps me feel less stressed or anxious:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

8. Well-being is the cornerstone of a meaningful life:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

9. When I attend Day Program, I expect to feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

10. Currently I am satisfied with my well-being:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

APPENDIX SS – CDWBS Assessment Domain Assignments (marked)

SURVEY ASSESSMENT RESPONSES - DOMAINS (consensus_audited_marked)

[CFG: client focus group; SQ: staff questionnaire]

ACCEPTABILITY [consistent with views on well-being; adversely affect participation]	FEASIBILITY [length of survey]	SUSTAINABILITY [changes?]	CREDIBILITY [measures well-being]	OTHER
CFG: answers depend on the day; pandemic (no meetings) affected this; too long can be frustrating and lead me to be less honest; it sets out the attributes of self-care, breaks down self-care, helps me understand self-care.	**CFG**: I like that it's 1-10, it's a better range; questions are good and don't repeat; like that it's short; too long can be frustrating and lead me to be less honest; like the format; like how it's broken down, it's easy to look at; you can't just have one horse, you need to have others, and it's the same for how many people you have in your life; I like guidance questions.	**CFG**: not being with people can be helpful; community is important; education hasn't been included; have to be around others for my mental health; I like guidance questions; a sense of belonging is important to me; I like to know I fit in; home, relationships, family, and children are important to me; more physical elements; how others view me/how I view myself; do I feel judged?; pursuing a goal instead of working; questions about goals and how we are sure we are realizing them; ask about routine instead of physical activity or exercise; how about rating our well-being?; what motivates us and drives us to stop or keep using; 1st question – how easy was it for you to come to group; final question – how do you feel after group or did you get a sense of purpose or meaning?; what are you looking to get out of group?	**CFG**: answers depend on the day; pandemic (no meetings) affected this; it sets out the attributes of self-care, breaks down self-care, helps me understand self-care.	**CFG:** You did a very good job.
SQ1: I like that it asks about many aspects of life and well-being.		**SQ1**: I think the term "exercise" could be changed to "move your body". Not everyone exercises, especially our clients, but many	**CQ**: I like that it asks about many aspects of life and well-being.	

		have the capacity to move their body like going for a walk. Being with people is important to me. Yes, but are you doing something good for yourself or are you using substances with these people?		
SQ2: I think you've identified several important elements of wellbeing here, and likely pulled them from your research already.		**SQ2:** The assessment need some cohesiveness in what you intend to measure about wellbeing; If you use the same scale across all questions, you will be able to get a total score and actually calculate and compare clients along their wellbeing and have a chance to look at change over time; Clarity in what you are looking to measure – behaviours, emotional responses, or components of wellbeing? Asking all of these in one will muddy the waters; What does your research show about what is considered better vs worse wellbeing? Use this to determine the values you assign to the responses in your scale.	**SQ2:** I think you've identified several important elements of wellbeing here, and likely pulled them from your research already. If you use the same scale across all questions, you will be able to get a total score and actually calculate and compare clients along their wellbeing and have a chance to look at change over time. Be aware of biases and assumptions in the interpretation of these questions. Many of the scales included make assumptions on what is considered opposites. For eg. Q2 has having stability on one end and usually anxious on the other end. These can both be true simultaneously. This suggests to me that they aren't opposite experiences on a continuum and are in fact two separate experiences.	**SQ2:** How will this assessment be used in Day program? What psychometrics will you be using to test out this measure?

APPENDIX TT – CDWBS Assessment Core Ideas (marked)

CORE IDEAS – SURVEY ASSESSMENT (consensus_audited_marked) [C: clients; S: staff]

ACCEPTABILITY [survey is consistent with views on well-being and/or adversely affect participation]	FEASIBILITY [length of survey]	SUSTAINABILITY [changes to survey?]	CREDIBILITY [survey measures well-being]	OTHER
The survey addresses many important aspects and elements of well-being and self-care. (C, S)	The 1-10 scale reflects a better range. (C)	Change the term ”exercise” to something with a broader reach, such as “physical activity”, “routine”, or “movement”. (C, S)	The survey addresses many important aspects and elements of well-being and self-care. (C, S)	Consider how to use this survey in Day Program. (S)
If the survey is too long, it can be frustrating and lead to less honest responses. (C)	The format is good and easy to read. (C)	Include education. (C)	Check the assumptions and biases on what is used to define the opposites on the various questions. (S)	You did a very good job. (C)
Client responses may vary depending on the day. (C)	A shorter survey is good. If the survey is too long, it can be frustrating and lead to less honest responses. (C)	Look at pursuing goals, not just work, and how we realize these. (C)	Client responses may vary depending on the day. (C)	
The pandemic may have affected views on well-being. (C)	You can’t just have one horse; you need to have others. (C)	What you are doing when you’re with others may affect well-being. (S)	The pandemic may have affected views on well-being. (C)	
		Community, relationships, and being alone are all important to well-being and mental health. (C, S)	Using similar scales across all questions allows for comparisons over time. (S)	
		How am I viewed/judged, and how I judge myself are important. (C)		
		Rate overall well-being. (C)		
		Explore what motivates us and drives us to stop or keep using substances. (C)		
		Explore coming to group, group expectations, and how one feels after group. (C)		
		Fitting in/belonging is important. (C)		
		Provide guidance. (C)		
		Consistency and clarity will improve the scale’s effectiveness and usefulness. (S)		

APPENDIX UU – CDWBS Assessment Cross-Analysis (marked)

CROSS-ANALYSIS – SURVEY ASSESSMENT (consensus_audited_marked)

CROSS-ANALYSIS	DOMAINS	SOURCES
The survey addresses many important aspects and elements of well-being and self-care.	Acceptability, Credibility	C, S
~~Quality of participation may be affected by the length of the survey.~~	~~Acceptability~~	~~C~~
Well-being can vary depending on the day, and the circumstances of that day.	Acceptability, Credibility	C
The format and scales are good and easy to read.	Feasibility	C
A shorter survey is preferred as the quality of participation may be affected by the length of the survey ~~to a longer survey~~.	Feasibility	C
Multiple items reflect how to manage well-being ("you can't just have one horse").	Feasibility	C
Connections, choosing to connect, and what we do when connected, are relevant to well-being.	Sustainability	C, S
Use more inclusive categories.	Sustainability	C, S
Fitting in and being judged by others or myself are relevant to well-being.	Sustainability	C
An overall well-being rating would be helpful.	Sustainability	C
~~Having similar~~ Scales that are clear, consistent, and have ~~neutral defined~~ the same endpoints may lead to a more effective and useful ~~and valid~~ survey.	Sustainability, Credibility	S

NOTES:

- The revised survey (attached as Appendix 1) is based on this cross-analysis and ~~to consider~~ reflects Frankl's pathways to meaning (doing, connecting, attitude).
- The core ideas on drivers for substance use, and requesting guidance, are the subject matter of Day Program. These can be addressed in a client-driven survey on Day Program topics.

Consider how to use this survey in Day Program (and other ATS programming) on an on-going basis.

APPENDIX VV – CDWBS Assessment Final Domain Assignments

SURVEY ASSESSMENT RESPONSES - DOMAINS (final)

[CFG: client focus group; SQ: staff questionnaire]

ACCEPTABILITY [consistent with views on well-being; adversely affect participation]	FEASIBILITY [length of survey]	SUSTAINABILITY [changes?]	CREDIBILITY [measures well-being]	OTHER
CFG: answers depend on the day; pandemic (no meetings) affected this; too long can be frustrating and lead me to be less honest; it sets out the attributes of self-care, breaks down self-care, helps me understand self-care.	**CFG**: I like that it's 1-10, it's a better range; questions are good and don't repeat; like that it's short; too long can be frustrating and lead me to be less honest; like the format; like how it's broken down, it's easy to look at; you can't just have one horse, you need to have others, and it's the same for how many people you have in your life; I like guidance questions.	**CFG**: not being with people can be helpful; community is important; education hasn't been included; have to be around others for my mental health; I like guidance questions; a sense of belonging is important to me; I like to know I fit in; home, relationships, family, and children are important to me; more physical elements; how others view me/how I view myself; do I feel judged?; pursuing a goal instead of working; questions about goals and how we are sure we are realizing them; ask about routine instead of physical activity or exercise; how about rating our well-being?; what motivates us and drives us to stop or keep using; 1st question – how easy was it for you to come to group; final question – how do you feel after group or did you get a sense of purpose or meaning?; what are you looking to get out of group?	**CFG**: answers depend on the day; pandemic (no meetings) affected this; it sets out the attributes of self-care, breaks down self-care, helps me understand self-care.	**CFG:** You did a very good job.
SQ1: I like that it asks about many aspects of life and well-being.		**SQ1**: I think the term "exercise" could be changed to "move your body". Not everyone exercises, especially our clients, but many	**SQ1**: I like that it asks about many aspects of life and well-being.	

		have the capacity to move their body like going for a walk. Being with people is important to me. Yes, but are you doing something good for yourself or are you using substances with these people?		
SQ2: I think you've identified several important elements of wellbeing here, and likely pulled them from your research already.		**SQ2:** The assessment need some cohesiveness in what you intend to measure about wellbeing; If you use the same scale across all questions, you will be able to get a total score and actually calculate and compare clients along their wellbeing and have a chance to look at change over time; Clarity in what you are looking to measure – behaviours, emotional responses, or components of wellbeing? Asking all of these in one will muddy the waters; What does your research show about what is considered better vs worse wellbeing? Use this to determine the values you assign to the responses in your scale.	**SQ2:** I think you've identified several important elements of wellbeing here, and likely pulled them from your research already. If you use the same scale across all questions, you will be able to get a total score and actually calculate and compare clients along their wellbeing and have a chance to look at change over time. Be aware of biases and assumptions in the interpretation of these questions. Many of the scales included make assumptions on what is considered opposites. For eg. Q2 has having stability on one end and usually anxious on the other end. These can both be true simultaneously. This suggests to me that they aren't opposite experiences on a continuum and are in fact two separate experiences.	**SQ2:** How will this assessment be used in Day program? What psychometrics will you be using to test out this measure?

APPENDIX WW – CDWBS Assessment Final Core Ideas

CORE IDEAS – SURVEY ASSESSMENT (consensus_audited) [C: clients; S: staff]

ACCEPTABILITY [survey is consistent with views on well-being and/or adversely affect participation]	FEASIBILITY [length of survey]	SUSTAINABILITY [changes to survey?]	CREDIBILITY [survey measures well-being]	OTHER
The survey addresses many important aspects and elements of well-being and self-care. (C, S)	The 1-10 scale reflects a better range. (C)	Change the term ”exercise” to something with a broader reach, such as “physical activity”, “routine”, or “movement”. (C, S)	The survey addresses many important aspects and elements of well-being and self-care. (C, S)	Consider how to use this survey in Day Program. (S)
If the survey is too long, it can be frustrating and lead to less honest responses. (C)	The format is good and easy to read. (C)	Include education. (C)	Check the assumptions and biases on what is used to define the opposites on the various questions. (S)	You did a very good job. (C)
Client responses may vary depending on the day. (C)	A shorter survey is good. If the survey is too long, it can be frustrating and lead to less honest responses. (C)	Look at pursuing goals, not just work, and how we realize these. (C)	Client responses may vary depending on the day. (C)	
The pandemic may have affected views on well-being. (C)	You can’t just have one horse; you need to have others. (C)	What you are doing when you’re with others may affect well-being. (S)	The pandemic may have affected views on well-being. (C)	
		Community, relationships, and being alone are all important to well-being and mental health. (C, S)	Using similar scales across all questions allows for comparisons over time. (S)	
		How am I viewed/judged, and how I judge myself are important. (C)		
		Rate overall well-being. (C)		
		Explore what motivates us and drives us to stop or keep using substances. (C)		
		Explore coming to group, group expectations, and how one feels after group. (C)		
		Fitting in/belonging is important. (C)		
		Provide guidance. (C)		
		Consistency and clarity will improve the scale’s effectiveness and usefulness. (S)		

APPENDIX XX – CDWBS Assessment Final Cross-Analysis

CROSS-ANALYSIS – SURVEY ASSESSMENT (consensus_audited)

CROSS-ANALYSIS	DOMAINS	SOURCES
The survey addresses many important aspects and elements of well-being and self-care.	Acceptability, Credibility	C, S
Well-being can vary depending on the day, and the circumstances of that day.	Acceptability, Credibility	C
The format and scales are good and easy to read.	Feasibility	C
A shorter survey is preferred as the quality of participation may be affected by the length of the survey.	Feasibility	C
Multiple items reflect how to manage well-being ("you can't just have one horse").	Feasibility	C
Connections, choosing to connect, and what we do when connected, are relevant to well-being.	Sustainability	C, S
Use more inclusive categories.	Sustainability	C, S
Fitting in and being judged by others or myself are relevant to well-being.	Sustainability	C
An overall well-being rating would be helpful.	Sustainability	C
Scales that are clear, consistent, and have the same endpoints may lead to a more effective and useful survey.	Feasibility, Sustainability, Credibility	C, S

NOTES:

- The revised survey (attached as Appendix 1) is based on this cross-analysis and reflects Frankl's pathways to meaning (doing, connecting, attitude).
- The core ideas on drivers for substance use, and requesting guidance, are the subject matter of Day Program. These can be addressed in a client-driven survey on Day Program topics.
- Consider how to use this survey in Day Program (and other ATS programming) on an on-going basis.

APPENDIX YY – CDWBS Final Forms

WELL-BEING SURVEY (start of Day Program)

Hello – For each question, please circle the number between 1 and 10 that indicates your current level of agreement with each statement:

1. When I attend Day Program, I expect to feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

2. When I do something physical (such as exercise, walking, moving my body) I feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

3. When I'm working on a goal (such as a job, education) I feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

4. Being with people who accept me is important to me:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

5. When I help others, I feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

6. Choosing to be with others helps me feel less depressed:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

7. Changing my perspective in a difficult situation helps me feel less stressed or anxious:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

8. Doing something that matters to me helps me feel less stressed or anxious:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

9. Well-being is the cornerstone of a meaningful life:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

10. Currently I am satisfied with my well-being:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

WELL-BEING SURVEY (end of Day Program)

Hello – For each question, please circle the number between 1 and 10 that indicates your current level of agreement with each statement:

1. When I do something physical (such as exercise, walking, moving my body) I feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

2. When I'm working on a goal (such as a job, education) I feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

3. Being with people who accept me is important to me:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

4. When I help others, I feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

5. Choosing to be with others helps me feel less depressed:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

6. Changing my perspective in a difficult situation helps me feel less stressed or anxious:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

7. Doing something that matters to me helps me feel less stressed or anxious:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

8. Well-being is the cornerstone of a meaningful life:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

9. Currently I am satisfied with my well-being:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

10. I attended Day Program, and I expect to feel better about myself:

I disagree									I agree
1	2	3	4	5	6	7	8	9	10

APPENDIX ZZ – Client Driven Well-Being Survey (CDWBS) Logic Model

KTI Qualitative Standards	Collection of Stakeholder-Generated Data	KTI-Based Consensual Qualitative Data Analysis Resulting in General Themes	CDWBS Qualitative Assessment	KTI Quantitative Standards	CDWBS Quantitative Assessment
➢ *Acceptability*: Do all items capture stakeholders' expressed views on well being? Are there any items that stakeholders perceive would adversely affect survey cooperation? ➢ *Feasibility*: Is the measure designed in a way that it would enhance scale completion? Are staff stakeholders willing and able to administer the measure? ➢ *Sustainability*: Are stakeholders satisfied with the measure? Do stakeholders suggest changing anything in the measure? Do stakeholders believe that the measure will be of use over time?	➢ Client 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 domain assignments, core ideas, general	➢ The survey contains multiple elements that address important and varied aspects of well-being and self-care ➢ The number of questions, format, and scales are acceptable and easy to read ➢ The survey contemplates different perspectives ➢ Scales that are clear, consistent, and have the same endpoints may lead to a more effective and useful survey	➢ *Acceptability*: Are the resulting items consistent with other well being scales validated by the existing literature? Are all items understood and answered correctly by client stakeholders? ➢ *Feasibility*: What is the response rate, how long does it take to complete the measure, and what is the proportion of unanswered items? ➢ *Credibility*: Does the measure	➢ The CDWBS was constructed based on the following validated scales: - Short form of the Purpose in Life test (Schulenberg et al., 2011) - the Adult Identity and Meaning Scale (Armstrong, unpublished data, as cited in [Watt, 2020]) - the short form of the Adult Identity and Meaning Scale (validated in the present study) • The response rate was 94.74%, with no incorrectly or unanswered items • The MQS, including the 10 CDWBS questions, took between 5 and 15 minutes to complete • The 10-item CDWBS demonstrated good consistency reliability, with a Cronbach's alpha of .84

➢ *Credibility*: Is the measure perceived by stakeholders to measure well being?		themes, and revised survey ➢ Client and staff review of general themes and survey revisions		exhibit content and face validity? In other words, does the measure demonstrate internal consistency reliability and convergent validity?	• The 10-item CDWBS demonstrated convergent validity as average scores of the CDWBS were significantly associated with average scores from the PIL-SF and AIMS-SF measures, and the combined average scores from those two measures ($r = .66$, $p < .01$ with the PIL-SF, $r = .67$, $p < .01$ with the AIMS-SF, and $r = .68$, $p < .01$ with the combined PIL-SF and AIMS-SF)