

# Evaluation of Trojan's Trek

Final Report February 2010

## **Acknowledgements**

ACPMH would like to thank the participants and organisers of the Trojan's Trek for their time and willingness to contribute to the evaluation process.

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## **Executive summary**

### **Background**

The Trojan's Trek was a 5-day bush experience for veterans which took place in the Flinders Ranges, South Australia from 21<sup>st</sup> to 25<sup>th</sup> September 2009. It was organized and run by the Royal Australian Regiment Association of South Australia. Funding was provided by the Department of Veterans Affairs and supported by other sources. The Veterans and Veterans' Families Counselling Service (VVCS) was involved in screening participants prior to the Trek, and contracted the Australian Centre for Posttraumatic Mental Health (ACPMH) to conduct an independent evaluation of the program.

### **Participants and Method**

All of the ten veterans who took part in the Trek participated in the evaluation. They completed a range of qualitative and quantitative assessments in the form of structured interviews and questionnaires before the Trek, 1 week after and 2 months after the Trek. Partners or a nominated family member were also contacted. The main indicators selected for the evaluation were: individual goal attainment; social relationships; self efficacy; and life satisfaction. An alcohol use scale (the AUDIT) and a depression, anxiety and stress screening tool (DASS-21) were also used through the screening process implemented by VVCS.

### **Results**

The evaluation found that Trek participants and their partners perceived positive outcomes and felt that their goals were achieved in some if not all domains of expected effects. However, the benefits perceived from this qualitative perspective, whilst not contradicted, were not strongly supported from a quantitative perspective by the results from the structured questionnaires and scales. Not all participants responded to the evaluation questions at 2 months, with the data indicating that those who did not respond were more unhappy with life, their relationships and had more severe symptoms in at the start. This pattern of results, has important implications for the conclusions that can be drawn from the data, undermining generalisability of findings. For some partners and participants the initial perceived benefits had diminished somewhat at 2 months. The longer term impact of participation cannot be determined from this evaluation.

### **Conclusion**

There are few reported instances in the literature of formal quantitative evaluations of programs such as Trojan's Trek and little or no evidence of large maintained changes across the whole range of concepts investigated. In the evaluation of Trojan's Trek the small sample and low (selective) participation in follow-up precludes statistically or clinically significant results upon which to base robust conclusions about the effectiveness of Trojan's Trek, as it was implemented in this instance. However, it is apparent that in common with reports of most outdoor therapy programs, the Trojan's Trek participants enjoyed the experience of the trek, and they and their partners generally reported self-perceived positive changes.

## **1 Introduction and background literature**

The Trojan's Trek was a 5 day bush experience for veterans which took place in the Flinders Ranges, South Australia from 21<sup>st</sup> to 25<sup>th</sup> September 2009. It was organized and run by the Royal Australian Regiment Association (RARA) of South Australia. Funding was provided by the Department of Veterans Affairs and supported by other sources. The Veterans and Veterans' Families Counselling Service (VVCS) was involved in screening participants prior to the Trek, and contracted the Australian Centre for Posttraumatic Mental Health (ACPMH) to conduct an independent evaluation of the program.

Ongoing program evaluation is an important activity, particularly for programs that are funded by government and which intend to have clinically positive effects for participants. It is important to understand that an evaluation of a single instance of a program with small numbers of participants does not have the power to provide a definitive conclusion about the effectiveness of the program in general and is limited in terms of the strength of the conclusions that may be drawn. The evaluation of Trojan's Trek undertaken by ACPMH for VVCS seeks to provide some initial evidence of any intended or unintended positive or negative effects of participation in the program.

This evaluation was guided by a review of the relevant literature and common program evaluation principles, and was developed in consultation with the Trojan's Trek program director to ensure that the evaluation questions were consistent with the intended effects of the Trek. A copy of the RARA Information sheet (attached in Appendix I) provided an outline of the Trojan's Trek activities for evaluation purposes but the details of the program were not subject to evaluation, and remain the property of the Royal Australian Regiment Association of South Australia and "Trojan's Trek". In this report the Trojan's Trek is framed in the context of background literature which informed development of the evaluation, along with common program evaluation principles. The evaluation method is described, followed by the results and conclusions of the evaluation.

## 1.1 Background literature on outdoor programs

*Outdoors-*, *wilderness-* or *adventure-therapy* are among the range of terms used to describe programs such as the Trojan's Trek. The Trek was based on a program first run for Vietnam veterans in the late 1990s aiming to assist reintegration to normal life. Our understanding is that the Trojan's Trek is not a replication of any other documented program, but contains many of the features of other 'outdoor' programs identified in the existing literature.

Trojan's Trek is described as being based on a cognitive behavioral approach. Programs like Trojan's Trek vary greatly in their theoretical approach. Some describe intended effects by experiential learning through challenges or survival activities, whereas other programs such as Trojan's Trek include some structured learning sessions which may be more or less explicit in their clinical or therapeutic intent. The details of the components of the program were not included as an element of this evaluation which focuses on the overall outcomes reported by participants and their families. This evaluation can make no comment on the manner in which any specific elements of the Trojan's Trek program may affect participants.

A very wide range of organizations, groups and individuals support the notion that structured outdoors activities can have beneficial effects. Most commonly, outdoors programs target behavior change and are employed as a way of intervening in the lives of young people with difficulties, but there are many other examples where specific populations such as veterans, corporate groups, or people with a particular health condition are taken as a group and guided in a set of activities in a new surrounding. The general principle proposed is that a change of environment with some element of challenge or learning opportunity leads to beneficial changes.

The main types of programs reported in the literature include residential outward bounds challenges, adventure-based counselling, wilderness therapy (see Davis-Berman & Berman, 1994), adjunct or wilderness enhanced programs (e.g. Hyer, Boyd, Schurfield, Smith & Burke, 1996), and a range of more or less specific therapeutic programs with a mentally and/or physically challenging orientation (e.g. Agate & Covey, 2007; Mc Clung, 1984). Given the diversity in purpose and structure, usually small numbers of participants and the inherent individual nature of outcomes, there are significant challenges involved with evaluation of such programs, and this is

noted in the background literature (e.g. Kelley, 1993; Davis-Berman, Berman & Capone, 1994). Much of the information available on the evaluation of outdoors programs remain at pre-publication stage, or is provided un-reviewed (e.g. Crisp & Hinch, 2004), or published only as dissertation abstracts (e.g. Mc Clung, 1984; Pfirman, 1988), thus some caution in interpretation is warranted.

Reports and published literature on outdoors programs vary greatly in detail and quality. Case study level reporting is becoming less common, and the literature indicates that the broad field of 'outdoor therapy' has made a substantial shift in the last decade towards a more empirical orientation (e.g. Crisp, 2004). Some key milestones in the field include an Annual International Adventure Therapy Conference (established 1997, Perth), a range of journals (e.g. Therapeutic Recreation Journal; Australian Journal of Outdoor Education) and development of best practice guidelines in wilderness and adventure based therapy (Crisp, 1997).

## **1.2 Established outdoor treatment programs**

More formal outdoors treatment models are emerging. A summary of outdoors programs in the US outlines the key features of programs under the banner of "Outdoor Behavioral Healthcare" (Russell & Hendee, 2000). They outline common practice in terms of treatment phases, the role and constitution of the treatment team (i.e. program staff) and the expected outcomes from different types of activities.

Wilderness Adventure Therapy is a specific form of clinical treatment, developed (and copyrighted) in Australia by Simon Crisp. The Wilderness Adventure Therapy model claims to be distinguished from other approaches by the use of dual-trained staff (clinicians with outdoors leadership training) and the combination of explicit clinical assessment with adventure and therapeutic interventions. It was developed based on best practice principles (Crisp, 1997). Accreditation has been available to individuals and teams in Australia since 2002. There are many conference presentations and a small number of publications relating to the use of Wilderness Adventure Therapy with adolescents (Crisp & Aunger, 1998), and developmental psychiatry (Crisp & O'Donnell, 1998), although we find no published reports of the outcomes for adult clients of this approach. Nevertheless it is a valid effort at providing professional regulation to the field in terms of staff competencies and program design and practices.

### **1.3 Common effects of outdoors programs on participants**

The type of benefits reported by outdoors programs varies depending on the population, the intent of the program and how intentionally any specific clinical or lifestyle changes were targeted. Following a large survey of outdoor programs in America, Russell & Hendee (2000) found that over 90% of the programs surveyed had reviewed and reported their own results without external evaluation. Some caution is therefore required in interpreting the existing outdoor program evaluation literature.

In general, positive results are most frequently reported on wellbeing indicators, such as self esteem and confidence ( e.g. Cason & Gillis,1994; Hattie, Marsh, Neil & Richards, 1997), increased self-efficacy (Propst & Koesler, 1998), more internal locus of control (Hans, 2000) and personal, emotional, and social growth of adolescent clients (Pawlowski, Gwili & Julian, 1993). Berman & Davies-Berman (2000) reviewed the range of benefits achieved over a range of program types including adventure therapy, personal growth and camping. They noted that a common theme irrespective of the aim of the program or the presence/absence of therapeutic intent in particular was “facilitation of emotional growth and wellbeing”. They also reported individual specific benefits citing incidental as well as intentional ‘growth’ as a common program outcome.

Two meta-analyses in the literature provide the most compelling evidence of generalisable beneficial results. Cason and Gillis (1994) conducted a meta-analysis of 43 programs. They concluded that participants became more internal in their locus of control, and had more positive self concept after completion. The second meta-analysis of adventure programs (Hattie at al, 1997) cite positive impact on self esteem, leadership, and interpersonal relationships, with self-esteem showing the most significant improvement in the immediate term. The longitudinal effects of programs (for adolescents) were reviewed in a large US survey which suggests that for youth, some results are maintained at 12 months (Russell, 2002). There is little generalisable evidence of sustained effect for adults after outdoors therapeutic courses.

Often outward bounds activities are combined with some degree of structured therapeutic input (Berman & Davies-Berman, 2000), and some sources suggest that more specific measurable outcomes such as reduction in anxiety or depression may be found when they are targeted (e.g. Chakravorty, Trunnell, & Ellis, 1995). There are also examples of specific mental health conditions being targeted in outdoor therapy programs such as schizophrenia (McClung, 1984) other psychiatric disorders (Pawlowski, Gwili, & Julian, 1993), adolescent sexual abuse victims (Agosta & Loring, 1988; Pfirmann, 1988) and adolescent sexual abuse offenders (Lambie, Seymour, Simmonds, Robson, & Houlahan, 2000). Outward bound programs are occasionally found to be effective for alcohol & drug dependent populations even where it is not specifically targeted, possibly due to targeting the causes of the dysfunctional behavior (e.g. Crisp, 1996; Googins, Colan & Schneider, 1988). Crisp, in his 1996 Churchill Fellowship Report compiles observations and recommendations from his study of 14 international wilderness or adventure interventions and reports that “outcomes were thought to be poorer for males with long established behavioral patterns... [and] Substance abusers were felt to be more difficult to motivate” (page 23). This suggests that there may be both challenges and benefits of outdoors therapy for a population with a high degree of substance use.

Even in the case of less significant quantitative shifts in outcome measures, the experiential or subjective feedback from participants in most cases is one of the strengths of outdoors therapy. Some rigorous studies or evaluations such as Hyer et al (1996) have failed to find expected results quantitatively but report encouraging qualitative findings. Most commonly, qualitative or anecdotal reports or testimonials are the main or only outcomes collected.

#### **1.4 What is known about the application of outdoors therapy to Veterans?**

There are a small number of sources relating to veterans and outdoors therapy. Hyer et al (1996) conducted a study comparing 219 veterans with chronic combat-related PTSD using a 5-day “outward bounds experience” as an adjunct to a structured therapy PTSD treatment program. Half received an outdoors bounds course in addition to regular therapy; the other half received the regular therapy only. The paper provides a good summary of high quality references related to programs

targeting adults up until 1996 to support the study. The main outcome measures related to PTSD, and additionally depression, locus of control, state and trait anxiety and self esteem were included as secondary measures. After the treatment and at the program conclusion assessment (at 11-14 weeks) the study found that overall the additional outward bounds component did not significantly enhance treatment outcomes compared with the inpatient PTSD program alone, although there were differences between the same program run at two different sites. Some participants benefited more than others; those with less severe PTSD seemed to benefit most. Subjective evaluations were positive but the program was not found to be effective on the objective measures. This study did not investigate the effect of the 5-day outward bounds component alone, which would be the most similar scenario to the Trojan's Trek.

More recently, an outward bound company in America has run courses for veterans returning from Afghanistan and Iraq. Their aims include reinvigorating and lifting of spirits through the adventures and challenges of the outdoors, and to assist readjustment through camaraderie. Although the program reports many anecdotal self-reported outcomes including increased trust, social support, emotion sharing, growth and fun, there is no documented independent or objective evaluation. There is a suggestion that for more recent veterans the program may affect readjustment to civilian life, whereas for older veterans it may have more impact around reinvigoration and social support. This is common to many outdoors experiential learning activities; favourable participant reports and positive feedback, but absence of objective evidence which would allow results to constitute sufficient evidence of therapeutic benefits. For details see:

[www.outwardbound.org/index.cfm/do/cp.veterans](http://www.outwardbound.org/index.cfm/do/cp.veterans) .

## **1.5 Literature on peer learning as a therapeutic mechanism**

Our understanding is that the Trojan's Trek utilizes peer learning and experienced ex-servicemen to contribute to the therapeutic component of the Trek. In the training and education literature, peer learning, peer support and collaborative efforts are known to be persuasive elements in changing behaviors. However, there is somewhat less literature surrounding peer learning in a therapeutic context. Catherall & Lane (1992) comment on the potentially beneficial effects of veterans treating veterans including potentially greater engagement, understanding and insight, in their

article entitled "warrior therapists". However, they urge caution in relation to the potential difficulties for 'warrior therapists' around re-traumatisation, potential for over-identification with clients and issues with maintenance of boundaries. The potential benefits for clients are endorsed with caution surrounding necessary characteristics of "warrior therapists" who are effective for clients and safe in themselves. It is not known what role ex-servicemen will undertake in the specific activities of the Trek, however it is plausible that participants who identify strongly with the leaders and each other will feel more comfortable during the Trek activities and that this may contribute to the perceived benefits of the Trek.

## **1.6 Trojan's Trek evaluation approach**

The Trojan's Trek program is described as seeking various kinds of outcomes including: a "positive change", achievement of "individual responses", and enhanced self esteem, as well as an increased understanding of how thoughts and feelings influence behaviour (see information sheet Appendix 1). Based on the background literature and established program evaluation principles, the evaluation investigated achievement of individual goals and a range of effects commonly found in the literature including self esteem/self efficacy, nature of relationships with friends, family members and partners, and life satisfaction. Partners or significant others nominated by the participants were contacted to comment on their own expectations and observed changes in the participants. A mix of qualitative (interview) and quantitative (questionnaire) data were used to inform the evaluation. Within the requirements for prompt reporting of this evaluation, the effects were measured before, immediately after and 2 months after the Trek. The scope of the evaluation does not include investigating the 'active ingredients' of the Trek program (the content of the daily activities or learning sessions) or investigating the reasons and mechanisms of any changes which may occur. It should also be noted that the Trojan's Trek had ten participants only, and that this places limits on the conclusions which can be drawn from the evaluation. Evidence of the effectiveness of programs such as Trojan's Trek must be built up over time with reference to replicated results and ongoing refinement of the methodology and articulation of the underlying hypotheses about cause and effect.

## **2 Evaluation method**

The Trojan's Trek evaluation was designed to maximise the information available on the effectiveness and impact of the Trek, without being overly demanding of participants and their families.

Trojan's Trek participants were contacted to participate in the evaluation at three time points: before the initial briefing, one week after the Trek, and again 2 months after. Family members (or nominated other) were also contacted to obtain their impressions of the effects before the Trek and 2 months after. All participants received full information about the evaluation and their participation at the first contact.

The methods utilised include a combination of structured interviews and questionnaires.

### **2.1 Interviews**

Interviews were conducted by phone. Participants and their nominated partner/family member were asked to identify their goals and expectations of participation in six domains:

1. Communicating with your partner and/or family
2. Effects on the way you get on with others
3. Managing daily tasks & activities
4. Managing day to day problems
5. Assisting in developing and achieving your life goals
6. Other anticipated changes

At the final interview participants' individual goals and expectations (set before the Trek) were rated on the extent to which they are achieved on a 5-point scale, where 1 is 'not achieved at all' and 5 is 'totally achieved'. This method is a form of goal attainment scaling and allows measurement of program goals and outcomes at an

individual level. A thematic analysis of the interview material also provides a description of the main issues of significance for the Trek participants and their partners.

At the 2<sup>nd</sup> interview 1 week after the Trek, participants also provided other qualitative feedback about the most and least helpful aspects of the Trek and any other relevant information.

## **2.2 Questionnaires**

A range of questionnaires were also completed. Participants and their partners usually accessed these on-line after the interviews, but options were given to complete them over the 'phone or by mail. One participant completed the 2-month survey by mail, and all participants did the "General Perceived Self-Efficacy Scale" by 'phone after the Trek, but otherwise the data was predominantly collected by following a link to an on-line survey.

Life Satisfaction Scale. The life satisfaction questions used in the Household and Income Labour Dynamics in Australia survey (HILDA) includes 13 domains of enquiry around quality of life and life satisfaction. It is used in the current DVA Goal Attainment Scaling (GAS) trial, the Stepping Out evaluation, and normative data for Australia is available from a range of studies based on the nationwide HILDA database (details see [www.melbourneinstitute.com/hilda](http://www.melbourneinstitute.com/hilda) ).

Positive and Negative Interactions. The literature suggests that interaction with others is one of the areas most sensitive to change from this sort of activity. Current research suggests that rather than the presence of positive social support being the dominant predictor of wellbeing/resilience, it is the presence of negative social interaction that predicts poor outcomes. This measure is used by ACPMH in the ADF Longitudinal Resilience study and other research. The scale has 14 questions about "your relationships with friends, family and partner" (Schuster, Kessler & Aseltine, 1990).

General Perceived Self-Efficacy scale Improvements in self efficacy and esteem are among the most commonly reported outcomes in the literature. The General Perceived Self-Efficacy scale is used in evaluation of the VVCS Program for newly discharged members of the ADF ('Stepping Out'). It produces a self efficacy score of between 10 and 40 with higher scores indicating a higher degree of self-efficacy (Schwarzer & Jerusalem, 1995).

AUDIT & DASS21 These questionnaires are common screening tools for alcohol use (AUDIT), and depression and anxiety (DASS21). VVCS administers these instruments to all clients who present for counselling. These measures were not specifically selected for evaluation purposes but were administered by VVCS before the Trek as part of the suitability check conducted. The scores from before the Trek were supplied to ACPMH with participants' consent, and they were included in the 2 month follow up for comparison.

## **2.3 Schedule of the Evaluation**

### *2.3.1 Pre Trek Assessment (6-16<sup>th</sup> September 2009)*

Participants were called by an ACPMH staff member who conducted a 'phone interview lasting approximately 30 minutes. This included questions on their goals and expectations of participation (described above). The participants also completed the questionnaires indicated above in their own time by following a link to an on-line survey.

Partners/family members were also contacted by an ACPMH staff member and undertook a 'phone interview of around 30 minutes including their goals and expectations of their partner's participation, the Life Satisfaction questions and Positive and Negative Interactions scale.

### *2.3.2 1-week Post Trek Assessment (28<sup>th</sup> September - 2<sup>nd</sup> October 2009)*

During the first week post activity (allowing 2 days for initial emotions to settle) the participants were re-contacted at a previously arranged follow-up time. The interviewer collected qualitative feedback including participants' opinions about the

most and least helpful parts of the Trek, and any other perceived benefits or suggested improvements.

The General Self Efficacy Scale was completed but other measures were not collected as they would not be valid at this time.

### *2.3.3 2-months Post Trek Assessment (25<sup>th</sup> November- 14<sup>th</sup> December 2009)*

At 2 months after the Trek the full set of interview questions and questionnaires were conducted, as per the initial time point. The 2- month time point allows the evaluation to comment on some of the medium-term effects of participation. Note that a slightly longer period between the end of the program and follow-up would usually be advised but on this occasion there were feasibility issues due to the proximity to the Christmas/New Year period and the timeline provided by VVCS for completing the evaluation. Therefore follow-up at 2 months was selected.

Participants were asked to rate to what extent their goals and expectations had been met using the 1-5 scale rating method described above. They also completed the questionnaires on-line relating to life satisfaction, social interaction, self efficacy, alcohol use, depression and anxiety.

Partners were asked about any observed changes at this point including those related to their previously identified goals and expectations (rated as above), life satisfaction questions and social interactions.

Note that although there was generally good compliance throughout, only just over half the participants (but all of the partners) completed the on-line questions at 2-months follow up.

### 3 Results

Data was collected by two methods: interviews and self-reported questionnaires at three time points. In this section the interview results for participants and partners are reported first, followed by the results of the questionnaires in the second section.

#### 3.1 Results Part 1 – Interviews and Qualitative Data

An interview was conducted 1-2 weeks before the Trek with all Trek participants and a significant other (partner/family member) to obtain details of their goals and expectations of participation.

##### 3.1.1 Pre-Trek – Participants Goals and Expectations

All (ten) of the participants were interviewed before the Trek. The participants' goals and expectations included: reducing anger and aggression, stress management, socialising, improving communication skills, dealing with depression and PTSD, and other general positive outcomes.

Of the 10 participants:

- 7 people stated that they hoped that the Trek would help with **stress management**; feeling less stressed, feeling more **relaxed**.
- 7 people stated that they were looking forward to **socialising with other veterans**. They stated that they were looking forward to being able to talk to other veterans and get tips on how to deal with **life as a civilian**.
- 5 people stated that they hoped that the Trek would help reduce **anger**, aggression or frustration and help with their short temper.
- 4 people stated that they hoped that the Trek would help them with their **communication skills**. This included help with communicating with friends and family and also reducing aggressive communication.
- 4 people mentioned that they hoped that the Trek would help them deal with **depression or PTSD**.
- 2 people were looking forward to **helping others** and having something to offer.

- Other goals/expectations included more general positive outcomes such as being **positive about themselves**, putting things in perspective, getting more direction in life and reducing drinking.

The most salient issue for each of the participants seemed to be:

- Reducing anger & stress, (3 people)
- Communication & stress management, (2 people)
- Civilian integration, (1 person)
- Having a positive social experience, (1 person)
- Overall stock take of life problems and direction, (1 person)
- Wanting to help others, (1 person)
- Escape from alcohol problems (1 person)

Overall the goals, expectations and issues faced by the participants were varied but broadly consistent with the aims and potential benefits of the Trek.

### *3.1.2 Pre-Trek – Partners/Family Members Goals and Expectations*

In total 9 of the 10 participants were able to provide the name of a person close to them for the partner/family member interview. Eight participants' partners and one family member (father) were interviewed.

The partner/family members' goals and expectations included improvements in participants' communication, stress reduction, getting along with others, dealing with problems, gaining meaning and purpose in life and a range of other positive outcomes.

Out of 9 partners/family members:

- 7 stated that they hoped that their partner's **communication skills** improved as a result of the Trek. This included increasing communication and learning how to communicate better with family and friends.

- 6 stated that they would like their partners to develop a proactive approach when **dealing with problems**, and find a way of showing or dealing with emotions.
- 6 stated that they hoped that the Trek could help their partner find a **purpose in life**, for example finding meaning, goals and work.
- 5 stated that they hoped that the Trek might help their partner **get along with others**. For example that it would be good if their partner was less isolated and learned how to open up to civilians.
- 4 stated that they hoped that participation in the Trek would **reduce their partner's stress** and help them to become more **relaxed**.
- Other goals/expectations included positive outcomes such as increasing positive thinking, self esteem and morale, reducing drinking, increased happiness, and trust.

The most salient issue for each of the partners seemed to be:

- Communication, motivation, problem solving and stress reduction (4 people)
- Communication & relationship (1 person)
- Communication & life direction (1 person)
- Stress management and trust (1 person)
- Increased happiness/general life satisfaction (1 person)
- Alcohol reduction (1 person)

(No partner/family member available to comment -1 person)

Overall the goals and expectations of the partners/family members were consistent with the goals and expectations of the participants, although they did put more emphasis on communication skills and dealing with problems and getting along with others, whereas the participants mentioned anger and stress management more often.

### *3.1.3 Immediately Post Trek Evaluation Interview (Participants only)*

One week after the Trek, participants were contacted to obtain:

- Initial impressions of the Trek
- Qualitative feedback relating to the most and least helpful aspects of participation
- Any other benefits or suggested improvements

Participants were also asked to complete the General Perceived Self Efficacy scale. No other questionnaires were used as they would not be valid at this time point. Partners/Family members were not contacted at this time. Nine of 10 participants responded.

**Challenges of the Trek:** At 1 week after the Trek, five participants stated that it had been mentally challenging. For example one participant commented that it was *“challenging in a good way, the things they brought up challenge you to change your ways”* and another valued the challenges provided in some of the lessons; *“Some of the lessons. I learnt a lot about myself. I had to say to myself ‘well this is me’. I woke up to myself”*. Only one participant stated that it was a physical challenge.

**Most helpful:** At 1 week after the Trek, four of the participants felt that talking with others had been a helpful aspect. Relating to others was also perceived as helpful for four participants.

**Least helpful:** At 1 week after the Trek two participants stated that they disliked the discussions about the history of the area. There were no other aspects of the Trek that participants thought should be reduced or left out.

**Suggestions for improvement:** At 1 week after the Trek four of the participants stated that they thought that there should have been more time away in the bush, but restrictive weather (dust storm) conditions were acknowledged. One participant stated that he thought that support should be offered to the partners of the participants on the Trek. One person also suggested that it would be good if there were *“more confidence building things like abseiling”*.

**Recommend to others:** At 1 week after the Trek all participants stated that they would recommend the program to their peers. One participant stated that he had already done so.

**Perceived Effects of the Trek:** At 1 week after the Trek all participants reported that they believed the Trek had affected them in a positive way. Positive changes described by participants included that they felt Trek had changed or provoked thinking, particularly more flexible thinking about self and the world, and some references to problem solving ability.

For example:

- Participants' responses indicated that some felt they had experienced a change in **thinking pattern** at 1 week after the Trek. Four of the nine participants interviewed described positive changes in the way they think. Comments included "*(the Trek) gave me ideas, other ways of thinking*", and "*made me look at things differently*". Some had been challenged to **think more flexibly**, commenting for example that "*the world can't change so you have to*".
- Another common effect perceived by participants was a change in **problem solving**. Some participants described a positive change in the way they "*deal with crappy situations*". For example, one participant stated that the Trek had helped him with "*realising what a hard bastard you are to the rest of the family*" and that he subsequently learnt "*how to trouble shoot some of those things*".
- One participant described the **positive change in direction** that they felt the Trek had provided; "*(It has) given me just a little jar off course. As time goes on I'll get further and further away from the track I was on which is a good thing*".

### **Influential aspects of the Trek**

Being among others and having fun whilst being challenged were reported as important components of the Trek for participants.

For example:

- Every participant (all 9 of those who were interviewed at the second time point) mentioned the perceived **impact of being among others**. Their comments included *"(it was) good to speak to someone who, at my age did the things I've done", "(I've got) a lot of new friends", "Talking with older blokes and other guys who are experiencing the same sort of thing. Just hearing the experiences of guys who have been through it – (there's a) light at the end of the tunnel"*. One participant stated that the Trek *"really assisted me to realise I'm not alone and other guys are all in the same boat"*.
- A number of participants also commented on the laughs they shared whilst on the Trek. **Laughter and fun** seemed to be another important aspect of the Trek for participants. One participant stated *"I haven't laughed that much ever"* and another stated that the Trek was the *"best time I've had in years"*.

#### 3.1.4 2 months Post Trek Evaluation Interview

At 2-months after the Trek, the main post-Trek evaluation was conducted. This involved re-contacting all participants and partners/family members to evaluate the impact of the Trek. Not all of the 10 Trek participants and their partners took part in the follow-up interviews:

- Eight participants completed the interview. Two participants declined to participate in the interview or were un-contactable.
- Eight partners completed the interview. Two partners declined to participate in the interview or were un-contactable.

The two partners who declined to participate were not the partners of the Trek participants who declined.

##### 3.1.4.1 Goal Attainment – quantitative results

For each of the 5 interview questions, veterans were asked to rate to what extent they believed their goals and expectations (articulated at the start) had been achieved through participation in the Trek on a scale of 1-5 (with 1 being 'Not at all', 2 'somewhat', 3 'moderately', 4 'mostly' and 5 'totally' achieved).

The question topics were:

- Communicating with your partner and/or family
- Effects on the way you get on with others
- Managing daily tasks and activities
- Managing day to day problems
- Assisting in developing and achieving your life goals

On average goals were rated as 'moderately' achieved (average 3.4 on 5-point scale) by participants and 'somewhat' to 'moderately' achieved (average 2.7 on 5-point scale) by the partners/family members.

Broken down by question the average scores were:

| Question                          | Average score for Participants | Average score for Partners |
|-----------------------------------|--------------------------------|----------------------------|
| Communication partner/family      | 3.2                            | 3.4                        |
| Getting along with others         | 3.2                            | 2.2                        |
| Daily tasks & activities          | 2.5                            | 2.0                        |
| Day to day problem management     | 3.8                            | 2.5                        |
| Assisting in achieving life goals | 4.0                            | 3.3                        |

The individual variation is illustrated in the frequency table below. Table 1 shows the extent to which individual participants for whom a particular goal was an expected or desired outcome of participation in the Trek perceived that goal to have been achieved. (Numbers in each cell indicate the number of participants. Those for whom the goal was indicated as an expectation prior to the Trek provided a rating of the extent to which it was achieved. Those who did not expect the goal are indicated in the 'not applicable (N/A)' column.)

| Topic                        | N/A* | 1<br>Not at all<br>Achieved | 2<br>Somewhat<br>Achieved | 3<br>Moderately<br>Achieved | 4<br>Mostly<br>Achieved | 5<br>Totally<br>Achieved |
|------------------------------|------|-----------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Communication partner/family | 3    | 0                           | 1                         | <b>2</b>                    | <b>2</b>                | 0                        |
| Getting along with others    | 3    | 0                           | 0                         | <b>4</b>                    | 1                       | 0                        |
| Daily tasks &                | 4    | <b>2</b>                    | 0                         | 0                           | <b>2</b>                | 0                        |

|                                   |   |   |   |   |          |          |
|-----------------------------------|---|---|---|---|----------|----------|
| activities                        |   |   |   |   |          |          |
| Day to day problem management     | 2 | 0 | 0 | 2 | <b>3</b> | 1        |
| Assisting in achieving life goals | 2 | 1 | 0 | 0 | <b>2</b> | <b>3</b> |

\* Goal not relevant to participant according to pre-Trek interview response

The goals most strongly achieved for participants were those relating to 'achieving life goals' and 'solving day to day problems'. Consistent but less strongly endorsed goals were those relating to 'communication with partner/family' and 'getting along with others'.

The partners responses were more varied with more instances of goals they felt were "not at all achieved". Table 2 below shows the individual partners' ratings. (Numbers indicate the number of partners providing each response and those for whom the goal was 'not applicable (N/A)').

| Table 2: <b>Partner/Family members rating</b> of goals achieved at 2 months after the Trek (n=8) |      |                             |                           |                             |                         |                          |
|--|------|-----------------------------|---------------------------|-----------------------------|-------------------------|--------------------------|
| Topic  | N/A* | 1<br>Not at all<br>Achieved | 2<br>Somewhat<br>Achieved | 3<br>Moderately<br>Achieved | 4<br>Mostly<br>Achieved | 5<br>Totally<br>Achieved |
| Communication partner/family   | 1    | 1                           | 0                         | <b>2</b>                    | <b>3</b>                | 1                        |
| Getting along with others  | 3    | <b>2</b>                    | 1                         | 1                           | 1                       | 0                        |
| Daily tasks & activities   | 5    | <b>2</b>                    | 0                         | 0                           | 1                       | 0                        |
| Day to day problem management  | 2    | 1                           | <b>2</b>                  | <b>2</b>                    | 1                       | 0                        |
| Assisting in achieving life goals  | 0    | <b>2</b>                    | 0                         | 1                           | <b>4</b>                | 1                        |

\* Goal not relevant to partner/family member according to pre-Trek interview response

The goals most strongly achieved from the partners' perspective were those relating to 'communication with partner or family' and 'achieving life goals'. Other goals were much less strongly endorsed, and only partially or 'somewhat achieved'.

#### 3.1.4.2 Goal Attainment – qualitative responses and examples

### **Q1. Effects on communication with partner or family**

All participants and partners rated that goals in this area were moderately to totally achieved; only one partner felt that goals were not at all achieved.

5 participants and 7 partners set a goal in this category

- All participants irrespective of whether they had set a specific goal reported positive examples of communication with their partners or family members for example *"we've actually sat down and had a chat about what ticks us off"* or *"if there's a problem we're getting it sorted out"*. Other examples relating to family communications included *"My relationships with my step children have improved immensely due to the way I talk to them"* or that *"With my family I think more about things before reacting or talking"*.
- The participants for whom this was not a goal at the start stated that they had *"learnt a lot. Old dogs still learn new tricks"* or that it had helped them to relate to their family for example *"talking to [Trojan's Trek facilitator] helped me to give him [family member] a break and I've accepted all his faults"*
- 4 partners reported that the participants were more open, or communicating their feelings better.
- 5 partners reported that the participants were *"listening a bit better"* or now *"thinks first before he speaks"*
- 1 partner reported an initial improvement in communication which was not maintained at 2 months *"now it's the same as before he went away"*

### **Q2. Getting along with others**

There were several examples where participants or partners felt that there had been a substantial change in getting along with other people.

5 participants and 5 partners set a goal in this category

- 4 participants (one of whom had not set this as a goal at the start) gave examples of improved communications at work or university, for example that people at work had noticed a difference or that they had been able to get along with colleagues when starting a new job.
- 2 participants reported improved engagement in social activities such as shopping or socialising, for example achieving a specific goal like “I actually pushed a shopping trolley around without bugging out”. Another did not set a specific goal in this domain but still felt there had been a social benefit for example “I popped in to a couple of pubs and had chats”.
- 5 partners (4 of whom set this as a goal) gave positive examples of the changes relating to getting along with others or a generally positive comment. For example one partner commented *“He came in during my lunch break at work. Normally he'd sneak in and sit quietly in the corner and wouldn't make eye contact or talk. Now he walks in and says hi to everyone and adds his two bits to the conversation”*
- 3 partners said there had been no changes in the way the participant got along with others or they hadn't noticed any. Two of these had not set goals in this area.

### **Q3. Managing daily tasks and activities**

Overall, in comparison with other areas, managing daily tasks and activities was not a strongly endorsed change after the Trek. There were some examples where benefit was reported, but several people reported no change in this domain.

4 participants and 5 partners set a goal in this category

- 2 participants who did not set specific goals around managing daily tasks and activities noted they were calmer or able control anger better on a day-to-day basis, for example *“when rage is coming on I'm more aware and I say ‘get your laugh back on again’”*
- 2 participants indicated improved daily functioning specifically relating to their goals including *“getting up and getting on with it”* or more persistence with difficult tasks.

- 3 partners said that the participant was calmer or more organised on a daily basis now.
- 3 partners and 3 participants had not seen a change but two of these participants reported that they managed reasonably well before and had not set this as a specific goal.
- 2 partners and 1 participant commented that changes were variable or were present initially but not maintained.

#### **Q4. Managing day to day problems**

For participants, the goals reported in this domain were strongly achieved on the rating scale, but this was less so for the partners. There were a number of good examples of change given in the participant and partner responses, but some partners perceived that the changes had been short-term only.

6 participants and 3 partners set a goal in this category.

- 6 participants (5 of whom set this as a goal) indicated that they were now better able to put problems in to perspective *“stand back from where I couldn't see problems clearly”* or had *“stepped back and took a look at the bigger picture”*.
- 2 participants said that they had avoided alcohol in solving problems *“I approach things more rationally and sensibly and without alcohol”*. This fulfilled a specific goal for one participant and for the other was coincidental with a goal of feeling less depressed.
- 2 participants reported better dealing with anger, road rage or frustrations at home.
- 2 participants felt motivated and proactive in dealing with day-to-day problems, and one used the slides from the Trek regularly to assist with this.
- 5 partners gave examples of calmer responses to problems encountered, reduced aggression or increased patience, though only 3 of them had set specific goals in this area.
- 2 partners who set goals in this area commented that initial changes had not been maintained or had *“gone down a bit”*.

- 2 participants had no goals in this area but one found benefit irrespective of this and reported that he felt less stressed after the Trek *"I'm able to put it down and walk away and then come back and sort it out later"*.

### **Q5 Assisting with developing and achieving life goals**

The life goals set by participants and partners at the start are summarised below. Both participants and partners reported that the goals were very strongly achieved (on the goal attainment scales) although the qualitative examples and explanations of how the goals had been achieved varied in how closely they appeared to be related to the goals set at the start.

When asked if they were expecting participation in the program to assist in developing and achieving life goals, 7 of 8 participants stated that this would be a goal of the program for them. Specifically the goals included:

- Finding direction, getting perspective or developing longer term goals (5 participants)
- Dealing with depression (1 participant)
- Reducing Alcohol (1 participant)
- Being less angry/stressed (2 participants)
- Feeling satisfied and helping others (1 participant)

(Some participants set more than one goal; usually 'finding direction' and one other)

All 8 partners set a goal in this category. Specifically the partners' goals for the participants included:

- Finding direction, getting perspective or developing longer term goals (5 partners)
- Renewing esteem and overcoming PTSD & Depression (1 partner)
- Forming friendships (1 partner)
- Finding work (1 partner)
- Finding meaning and helping others (1 partner)

All participants (bar the one who did not set this as a goal) gave an example of either a positive life event (not necessarily the goal articulated at the start) or reported more general coping and acceptance of life.

Partners gave more specific responses:

- 2 partners perceived a greater self acceptance or acceptance of life's challenges.
- 4 mentioned that their partner had increased self esteem or had "found meaning" in life.
- 3 partners stated that they had not yet seen goals actioned but life goals had been set or talked about.

### **Other effects of Participation**

Initially participants set a range of goals and these were reviewed at 2 months. Other effects not previously mentioned included increased sense of support from others (5 people), an impetus to "sort everything out" (1 person), improved sleep (1 person), and ability to use the Trojan's Trek coin to calm down and refocus (1 person).

### **Specific tools or skills learned**

In addition to the qualitative comments around the goals and perceived benefits of participation participants were asked if they could recall any specific tools or skills that now helped them to combat difficulties faced in daily life.

- 3 participants indicated that they are now more able to identify things they cannot affect and are able to choose to "let go".
- 3 participants used a proactive problem solving skill such as "*the victim to warrior idea*", or using "*the coin*".
- 1 participant said that he was now able to tackle difficult situations, not to "*walk away from it*". He illustrated with the example: "*I used to go to the shopping centre to have a cup of coffee and choose the quietest cafe with the quietest corner. Now I just go into the quietest corner not the quietest cafe. I haven't been shopping for a long time. Now I push the trolley.*"

- 1 participant referred to slides from the Trek for time management and motivation.
- 1 participant stated that they had learned some communication skills and reported *"I use it by just actually talking to my partner"*.

### **Understanding of thoughts and feelings**

All participants interviewed at 2 months after the Trek said that they felt they had a greater understanding now of how thoughts and feelings influence behaviour as a result of the Trek. Rated on a scale of 1 to 5, where 1 is 'not much more than before' and 5 is 'a much greater understanding', the average rating was 4 out of 5. The majority referred specifically to learning from others during the Trek, including talking and watching others' behaviour. One mentioned as helpful *"the lectures regarding identifying different forms of communication: the story about 'gung ho'"*.

### **Ongoing contact and support**

A strong element of perceived social support was apparent throughout the interviews. In terms of ongoing support, 6 of the 8 participants interviewed had met up with other Trek participants as a group since the Trek once or twice. One of the participants who lives interstate mentioned that the group keeps in touch through Facebook, the social networking internet site. Six of the 8 partners had also met up with other Trek participants and their partners as a group once or twice. All but one participant stated that it had been helpful meeting up with other participants and their partners after the Trek. The Trek organisers state that they are still in touch with the participants.

#### *3.1.5 Summary of Qualitative Results*

Overall, the qualitative responses indicate that the Trojan's Trek was perceived by participants and their partner/family member to have achieved goals or expectations to at least a moderate extent in key change areas for most people. The achievements from the participants' perspective were most strongly around managing day-to-day problems with some new skills or insights acquired. Acceptance and a sense of social support were also strong themes, along with examples of improved communication. Most partners and family members seemed to have observed a difference, particularly in ability to listen, think and communicate

calmly. Partners were more often concerned that the effects had not or would not be maintained, with several respondents reporting at 2-months that the immediate changes in behaviour observed after participation in the Trek had not been maintained. Future evaluations could target the question of the stability of perceived effects of Trojan's Trek, as this is a critical issue for any program seeking meaningful change for participants.

### **3.2 Results Part 2 - Questionnaires**

The response rates for questionnaires were as follows:

- At the first time point there were 10 participant and 9 partner responses.
- Immediately after the Trek there were 9 participant responses (partners were not contacted).
- 2 months after the Trek there were 7 participant and 8 partner responses.

The data for participants at the 2-month time point is from a very small sample - 7 of 10 participants on the Trek, only 6 of whom completed all questionnaires. All participants were called at least 3 times and e-mailed at least twice in relation to the 2-month questionnaire completion. It should be borne in mind that the participants who did complete these questions may be different to those who chose not to. Comparison of those who completed the follow-up questionnaires and those who did not was undertaken in order to support interpretation of the results.

#### *3.2.1 Profile of participants who completed the 2 month follow-up questionnaire compared to those who did not.*

Briefly:

- One participant completed the questionnaires but was not contactable for interview. This person's questionnaire responses were mostly in the mid-range, not at either extreme.
- Three participants completed the interview but did not submit questionnaires at the 2-month follow-up time point. Based on their interview responses, one of these individuals reported they had benefited greatly, one had benefited greatly and used Trek tools regularly (although there had been some slippage

*“back in to the same rut”*). The third individual had set few and vague goals and reported low satisfaction ratings on the goal attainment scales.

- One participant completed the baseline pre-Trek assessment but did not partake in any part of the 2-month follow-up data collection activities (neither interview or questionnaire). This person reported very low life satisfaction ratings at baseline, low social support from friends and family, and the lowest self efficacy score of any participant (12 on a scale of 10-40).

The overall impression from analysis of available data suggests that those who did not provide questionnaire data at the 2-month follow-up did not represent a particular response set; two of the individuals provided qualitative information at the more positive end of the spectrum, two at the more negative end and one in the mid-range. Given this, it may be considered appropriate to generalise results from the small sub-set who completed to the participants overall. This will be reviewed for each of the tools used in the quantitative evaluation.

### *3.2.2 Life Satisfaction Questionnaire (LSQ)*

The Life Satisfaction Questionnaire includes 13 domains of enquiry. It asks individuals to indicate how satisfied they are with a range of aspects of their life using an eleven-point scale ranging from 0 (totally dissatisfied) to 10 (totally satisfied).

#### 3.2.2.1 Before the Trek

- For participants overall the most satisfactory areas of their lives before the Trek were their **home and neighbourhood**, and their **relationship with their spouse** or partner (all mean scores of over 6 on the scale of 0 to 10). The least satisfactory areas were their **employment and financial situations** and their **sleep patterns**.
- Partners were most satisfied with their **home, employment** opportunities and their **relationship with their** children before the Trek.

Unfortunately, only 6 participants responded to this questionnaire after the Trek. Those who did not respond (4 participants) were substantially different in their pre-Trek answers from those who did respond.

The non-responders:

- Rated satisfaction (before the Trek) on the domains of **mental health**, **physical health** and **current sleep pattern** as the lowest of all domains with an average score of 1.3 per item on a scale of 0 to 11. This is **35% lower** than the people who did complete the evaluation after the Trek for whom average score for the mental health, physical health and sleep questions was 5.2 in comparison.
- Non-responders also rated satisfaction in their relationship with their partner as significantly **lower (36%)**, (on average 4 on a scale of 0-11) whereas responders on average rated satisfaction in their relationship with their partner as 8 out of 11.

Therefore **the results reported from the Life Satisfaction Questionnaire after the Trek pertain specifically to the more satisfied group who responded to the follow-up questions (n=6), and may not be generalisable to all participants.** In particular, the suggestion that non-responders may have experienced poorer mental and physical health prior to the Trek raises potential concerns about drawing conclusions about the effects of the program for those with more significant problems. The current evaluation cannot comment on effects of the program for a particular type of participant.

#### 3.2.2.2 After the Trek

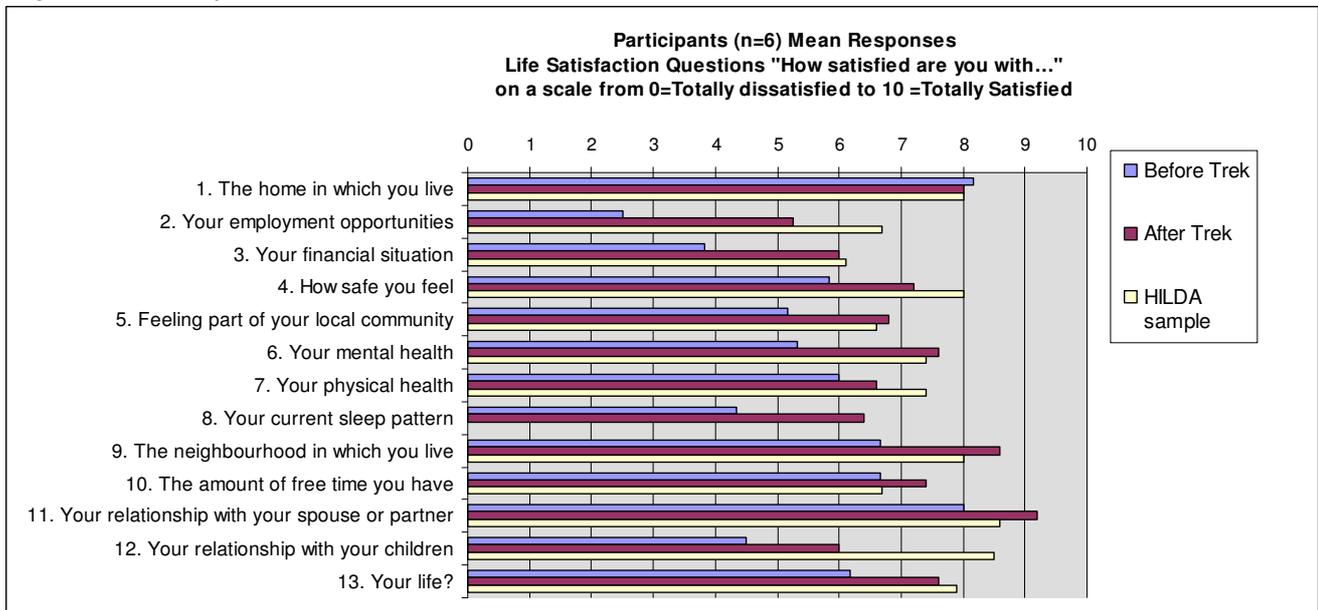
For both participants (n=6) and their partners (n=8) who responded at follow-up, satisfaction levels overall were greater at 2 months after the Trek than before the Trek.

For participants the satisfaction levels overall increased by about 13% (range -2% to 25%), but there was notable variation between items suggesting that domains of life were differentially affected by the Trek. The detailed results are given in table format in Appendix II or for an overview see Figure 1.

These results refer only to the group who completed both the pre-Trek and the follow-up assessment (n=6).

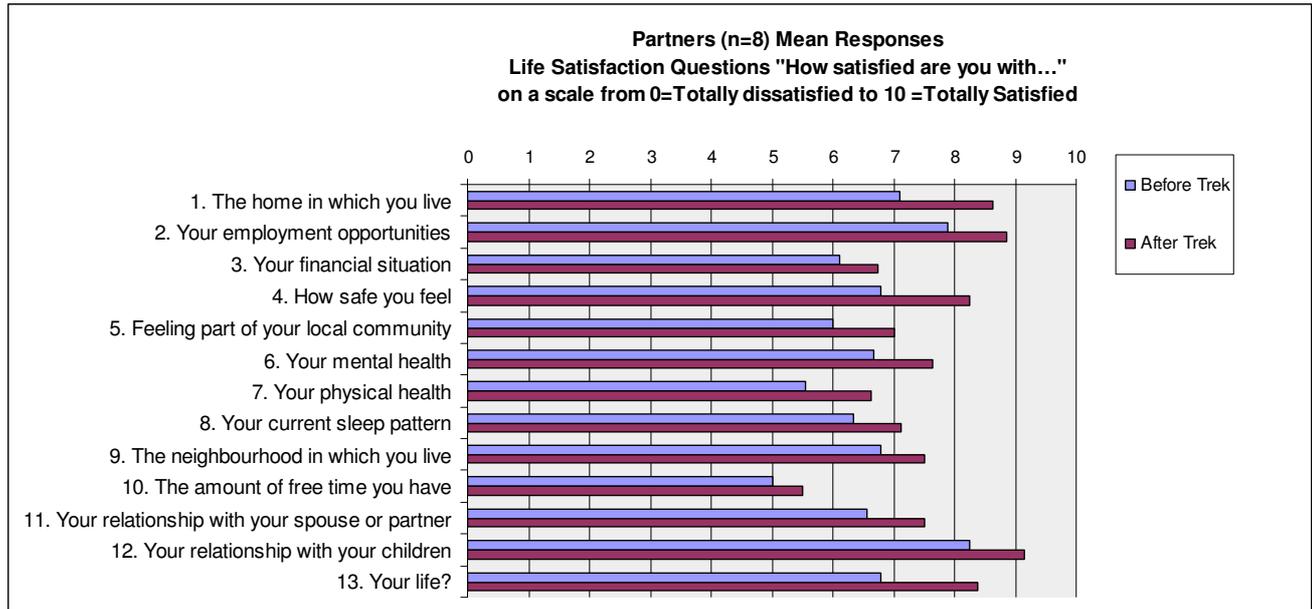
- After the Trek, satisfaction with their financial situation, employment, and relationships with their children received the lowest ratings, but financial situation and perceived employment opportunities were among the most improved items with reported 20% and 25% improvement respectively.
- Satisfaction with sleep improved by 19%, and satisfaction with mental health improved 21%, or 2.3 points on the scale of 0-10.
- At the end of the Trek, the area of highest life satisfaction for participants was their relationship with their partner. Partners continued to rate relationships with their children as the area of highest satisfaction for them.
- Satisfaction with amount of free time, their home and their physical health were the areas that improved least for participants. For partners, satisfaction with amount of free time, their neighbourhood and sleep patterns improved the least.
- Whilst there is insufficient data to undertake tests of statistical differences in comparison with the HILDA (Household and Income Labour Dynamics in Australia) community sample data, this data is shown alongside the Trek data in Figure 2 for visual comparison.

Figure 1: Participants Life Satisfaction Results



For partners (n=8) this change seemed to be fairly consistent across all 13 Life Satisfaction questions with increases of between 5-15% across items. See Figure 2 below.

Figure 2: Partners Life Satisfaction Results



### 3.2.2.3 Summary of Life Satisfaction Results

Overall the people who responded to the post-Trek follow-up report perceived increases in life satisfaction. Some increases may be related to the Trek experiences, and others such as increases in satisfaction with the home or neighbourhood in which they live, are more likely to be a result of generally higher ratings across the board at follow-up. The sample of 6 respondents is not sufficient to elaborate on the effects of the Trek on specific areas of Life Satisfaction. The differences between pre-Trek ratings of those who completed and did not complete the 2-month follow-up suggests caution in generalising positive effects to those who start with lower satisfaction with mental and physical health.

### 3.2.3 Positive and Negative Social Interactions

Improved interactions with others were reported qualitatively by both participants and partners. The positive and negative interaction scale is used by ACPMH in the ADF Longitudinal Resilience study and other research. It is derived from Schuster et al. (1990). The scale produces a score for positive and negative interactions with friends, family and partner. Current research suggests that rather than the presence of positive social support being a major predictor of wellbeing/resilience, it is the frequency of negative social interaction that predicts poor outcomes.

### 3.2.3.1 Before the Trek

The qualitative interviews with Trek participants found that both participants and partners had specific goals and expectations around interactions with other people. Partners were most interested in the effects of the Trek on the interactions with them and their family. Participants were most interested in improving communication more generally and with their peers.

Unfortunately, only 6 participants responded to this questionnaire after the Trek. Those who did not respond (4 participants) differed in their pre-Trek answers from those who did respond in the following ways:

- The main difference was in their reported interactions with partners.
- On average, the people who did not respond to the follow up survey rated that they experienced **higher frequency of negative partner interactions** and **lower frequency of positive partner interactions** than the 6 people for whom follow up data is available (see table below).

| Modal responses (pre-Trek survey)          | Participants who completed follow-up | Participants who did not complete follow-up |
|--|--------------------------------------|---|
| Frequency of negative partner interactions | Rarely                               | Sometimes                                   |
| Frequency of partner positive interactions | Often                                | Rarely                                      |

- Positive and negative interactions with friends and family were similar to those who did respond (averages were within 10% in either direction for all items).

Therefore although it may be possible to generalise results on friends and family interactions, it seems that those who did not respond at the follow-up perceived more negativity and less positive interaction in their relationship with their partner before the Trek. Overall the results reported below are specific to the group with more positive relations at the start who responded to the follow-up questions, and may not be generalisable to all participants.

### After the Trek - 2 month follow up results

Overall there did not appear to be a major shift in the reported amount of positive or negative interactions in people's lives as a result of the Trek. The numerical data illustrates that there were very few substantial changes. This does not negate meaningful changes reported anecdotally by participants, or preclude that for some people there may have been a substantial change. However, case study level reporting is not part of this evaluation, and on average there were just a few notable characteristics:

- In line with other samples, the participants and their partners reported higher levels of positive interactions than negative interactions both before and after the Trek.
- **For partners**, there were marginally more **positive** interaction from friends and family than from their partner (the participant) before the Trek. Partners reported marginally more **negative** interactions with friends after the Trek but unchanged levels of negative interactions with their partner (the participant) or the family.
- **For participants**, **positive** interactions with friends, family and partners seemed marginally more frequent after the Trek. Participants reported marginally less **negative** interactions with friends but more negative interactions with their families after the Trek. This does not concur with the participants' qualitative reports and may be a function of the small sample size at this time point, or more family communication on difficult issues.
- In comparison with 3658 men (all ages) from an **Australian community sample** (Parslow et al. 2004) shown as 'mean other sample' in Figures 3 and 4, the participants and their partners had overall lower rates of positive interactions and higher rates of negative interactions than the comparison sample at both time points.

Figure 3: Positive Interactions

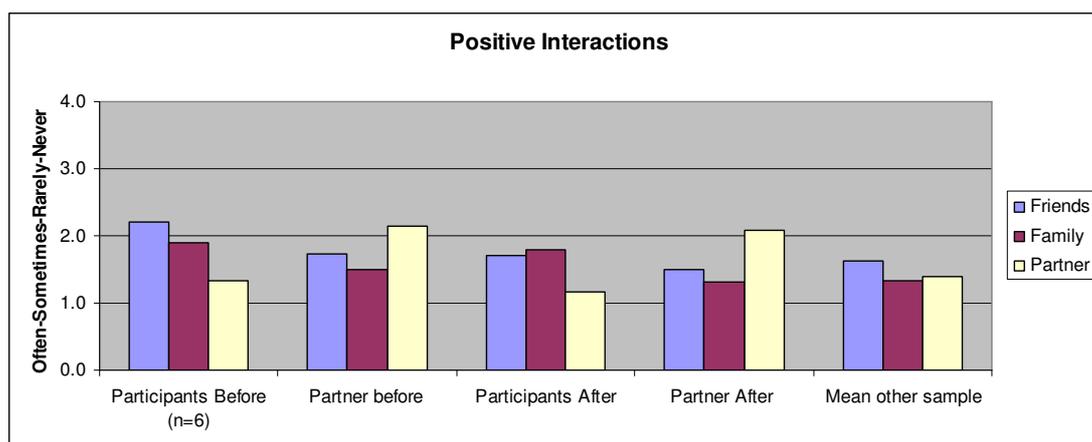
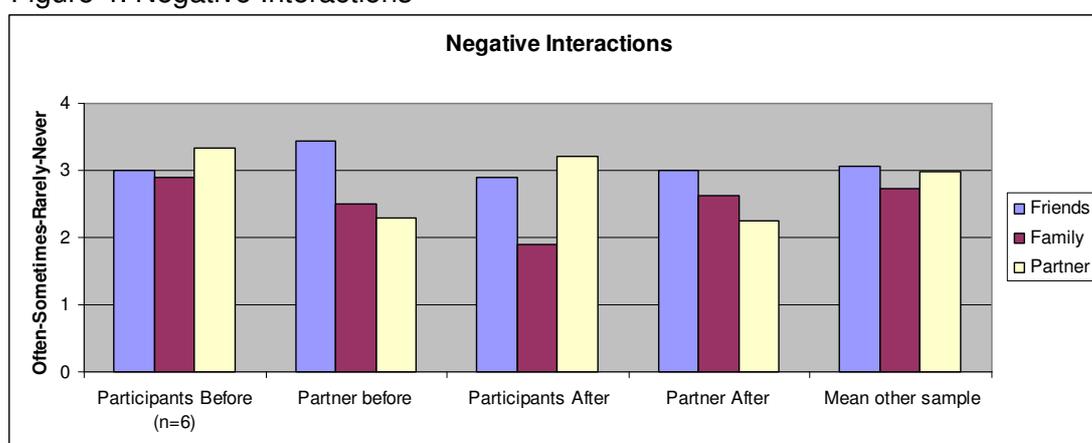


Figure 4: Negative Interactions



### 3.2.4 General Perceived Self Efficacy Results

The General Perceived Self Efficacy scale has a range of 10-40 with higher score indicating greater perceived self efficacy on items such as problem solving, resourcefulness and confidence in coping with unexpected events. This questionnaire was only asked of the participants (not partners).

There were 10 respondents before the Trek, 9 respondents 1 week after, and 6 respondents at 2 month follow up.

- The 4 people who did not respond at final follow-up reported slightly lower perceived Self Efficacy at the first two time points than those who completed all.
- Non responders at 2-month follow-up rated their self efficacy 6 points lower at the pre-Trek assessment (Average score of 24 out of 40, compared with 30 out of 40 for those who did respond).

- At the 1 week follow up the scores averaged at 29 for non-responders and 32 for responders.

Therefore, the data reported below should be generalised with caution given that people who did respond at 2 months reported generally higher perceived self efficacy from the start.

Of the 4 people who only responded at the first two time points, one reported substantial increase in self efficacy from 12 to 28 out of 40 but the others stayed about the same. Therefore there is no indication that overall the participants who did not complete the 2-month follow-up experienced increased self efficacy between the first two time points.

The data below relates to the 6 people who completed all three time points.

- For Trojan's Trek participants (who provided data at all three timepoints) the average self efficacy rating was 30 before the Trek, 32 immediately after the Trek and 31 at 2 months follow-up
- For US American Adults (reported in Schwarzer, 2009) the mean self efficacy score was 2.9 (per question; or total of 29 on a scale of 10-40)

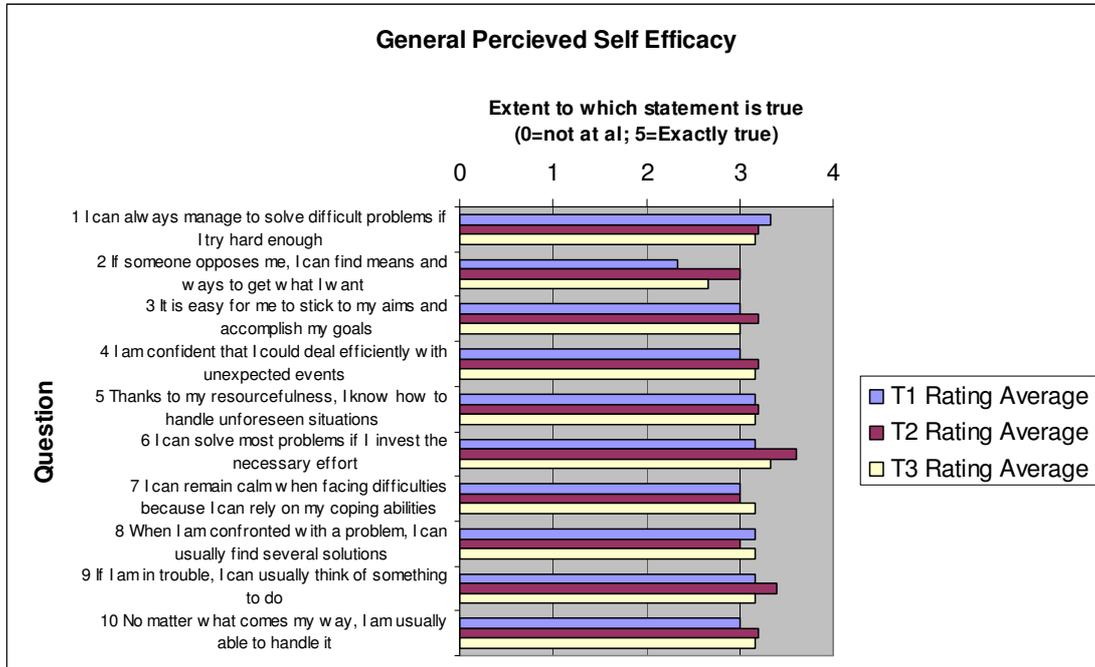
Table 3: Participant's General Perceived Self Efficacy Ratings

|                | Trojan's Trek Participants who completed follow-up |       | Trojan's Trek Participants who did not complete follow-up |       | Mean from sample of 1,594 US American adults |      |
|----------------|--|-------|---|-------|--|------|
|                | Mean   | Range | Mean  | Range | Mean   | SD   |
| Before         | 30.3   | 26-37 | 24.3  | 12-30 | 29.48  | 5.13 |
| 1 week after   | 32.0   | 27-40 | 29.0  | 25-32 |  |      |
| 2 months after | 31.2   | 28-37 | n/a   | n/a   |  |      |

Overall the Trek does not seem to have produced a shift in participants' reported self-efficacy. A more in-depth analysis at item level indicates that two items on the general perceived self efficacy scale showed marginally more of a shift in average rating when comparing responses before the Trek with 1 week after. These statements *"If someone opposes me, I can find means and ways to get what I want"* and *"I can solve most problems if I invest the necessary effort"* were rated as more true at 1 week after the Trek than before. However, these perceived changes were

not maintained and had decreased by the 2 month time point. These outcomes are illustrated in Figure 5.

Figure 5: General Perceived Self Efficacy at 3 time points



### 3.2.5 AUDIT & DASS21

The AUDIT and DASS21 measure Alcohol use and Depression Anxiety & Stress respectively. They were used by VVCS in screening participants before participation as part of the suitability/risk check conducted. Participants gave permission for ACPMH to obtain the initial scores from VVCS, and then completed the AUDIT and DASS21 on-line at 2 months after the Trek. These were not items specifically chosen for the evaluation as the AUDIT in particular is not designed to show changes over brief time periods.

#### 3.2.5.1 AUDIT Results

- The AUDIT scores before the Trek ranged from 3 to 21 with an average of 9. Of the 7 participants for whom pre-Trek AUDIT scores were available, 4 would be categorised as Low risk (according to 2005 scoring criterion), 1 in the Risky category, and 2 in the High risk category.
- The AUDIT scores after the Trek ranged from 2 to 21 with an average of 10. Of the 7 participants who completed the AUDIT after the Trek, 3 participants

would be categorised as Low risk, 2 in the Risky category, and 2 in the High risk category.

- Of the 5 people for whom pre- and post-Trek scores are available:
  - 1 had reduced AUDIT score from 19 (High risk) to 4 (Low risk)
  - 1 had increased form 6 (Low risk) to 11 (Risky)
  - 3 others stayed the same (within one point).

The AUDIT is a good screening tool but is not considered to be sensitive to change over short periods of time, particularly in relation to subsets of items about the impact of alcohol use. There are not enough responses, or a long enough time frame to draw significance conclusions about the effect of the Trek on alcohol use measured by the AUDIT.

### 3.2.5.2 Depression, Anxiety and Stress Scale (DASS 21) Results

- The **DASS21** scores before the Trek ranged from 6 to 90 with an average of 47.
- Two people completed the DASS21 before the Trek but abstained from follow up. One of these was the most depressed and stressed participant at the start (total score 90), the other had a moderate score (34). These people are included in table 4 for comparison.
- After the Trek, 6 people completed the DASS21 and only 5 of those were people who had done it before. The scores for all respondents after the Trek ranged from 3 to 29 with an average of 13.
- For the 5 people who had completed both time points, several showed large reductions in their DASS Scores as shown in Table 4 below.

Table 4: DASS21 scores

| Participant number | Depression | Anxiety | Gen Stress | Total Before | Depression | Anxiety | Gen Stress | Total After | Difference before-After |
|--------------------|------------|---------|------------|--------------|------------|---------|------------|-------------|-------------------------|
| 1                  | 4          | 6       | 26         | 36           | 0          | 0       | 3          | 3           | -33                     |
| 2                  | 24         | 6       | 20         | 50           | 0          | 3       | 1          | 4           | -46                     |
| 3                  | 12         | 18      | 24         | 54           | 9          | 9       | 11         | 29          | -25                     |
| 4                  | 0          | 2       | 4          | 6            | 2          | 0       | 2          | 4           | -2                      |
| 5                  | 20         | 16      | 26         | 62           | 9          | 9       | 7          | 25          | -37                     |

|          |    |    |    |    |                 |  |
|----------|----|----|----|----|-----------------|--|
| <b>6</b> | 42 | 16 | 32 | 90 | Did not respond |  |
| <b>7</b> | 14 | 0  | 20 | 34 | Did not respond |  |

The sample is too small to draw significance conclusions about the effect of the Trek on Depression Anxiety and Stress for participants overall; however the overall consistent pattern in DASS21 score reduction, particularly in relation to the Stress subscale, provides an indication of positive effects for those participants who responded to the questionnaire after the Trek. One participant who did not participate at follow up appeared to have the most severe depression, anxiety and stress problems at the start (and pre-trek scores are not known for a further three participants). Despite the reduction in scores for 5 participants, the evaluation cannot comment on the effect for participants more generally or those who may have had more serious problems at the start or declined to respond at follow up.

### *3.2.6 Summary of Conclusions from the Self-Report Measures*

Overall, it is difficult to draw firm general conclusions about the effectiveness of the Trojan's Trek from the participants' responses to the self-complete questionnaires because so few (6 out of 10) responded at the final time point. On the basis of the differences observed between the responses pre- and post-program of those who did and did not complete the survey questions at the 2-month follow-up, there are grounds for caution in generalising positive findings to all participants. In particular, it appears from this single instance of the program, that those with more severe problems (as indicated by lower life satisfaction measures for physical and mental health, and self-efficacy scores) were less likely to respond to the 2-month follow-up surveys. This clearly raises a need for caution in drawing conclusions about the effects of the Trojan's Trek program on participants, or whether it differentially affected participants with different problems and needs.

The data which are available suggests that there were general increases in perceived life satisfaction overall, with greater increases for some specific areas. Small and somewhat varied results were found for social interactions with friends, families and partners. A small increase was seen in some items contributing to general perceived self efficacy; however, while some change was achieved immediately after the Trek results were not maintained at 2 months after. The data supports the interview-based finding that the Trek seemed to have enabled one person to achieve a reduction in Alcohol use, although the results of the AUDIT

suggested one participant increased from the 'low' to 'risky' category for alcohol use. Results from the DASS-21 suggested that those participants who responded to the questionnaire felt less stressed following the Trek, and to a lesser extent less depressed and anxious.

## 4 Discussion

The Trojan's Trek aimed to bring about a variety of positive changes through a 5-day outdoor program with some structured activities. The effects of the Trek were measured qualitatively and quantitatively at three time points; once before and twice after the Trek. This included individual goal attainment measures and some standard questionnaires or scales in areas hypothesised to be affected by this type of activity.

Overall the most common participant goals related to anger and stress management. The main goals for partners were predominantly around improved communication, problem solving and stress reduction. These could be seen as interrelated issues. The paired goals for participants and partners were generally compatible, so if changes were to occur related to a participant's individual goals, then the results should also be relevant and positive for the partners.

At 1 week after the Trek, participants (8 of 10) reported unanimously that they had enjoyed the experience, had been affected in a positive way, and would recommend it to others. At the 1 week point the main examples of these reported changes appeared to relate to an energy or motivation for problem solving and thinking about things in a more constructive way, which participants attributed to experiences on the Trek. The helpful elements according to the participants were the peer support, peer learning and some structured sessions and handouts. It is plausible based on evidence in the existing literature that the Trojan's Trek could enhance motivation and encourage self-evaluation, and that this could enhance even a small instructional or educational element in the context of a supportive environment and a break from daily life stressors. However, the specific content of the Trojan's Trek program was not a focus of the evaluation so we are unable to comment on whether or how the specific aspects of the Trek (i.e. those that make the Trek different from a less formal peer gathering) might have caused the reported changes. The life satisfaction survey administered after the Trek found positive overall increases in ratings even on

aspects of life which were highly unlikely to have been effected (such as satisfaction with the home or neighbourhood in which they live), supporting the notion that the participants and partners gave generally increased positive responses after the Trojan's Trek.

In terms of the specific achievement of participants' personal goals, the Trek seems to have been most effective (as indicated by the goal achievement ratings) in the domains of managing day-to-day problems and assisting in achieving life goals. The effectiveness of the program in achieving individual goals was somewhat more varied and less strongly endorsed in observations by the participants' partners. Some partners gave effusive praise to the program for impact on their partners, citing the observed differences in goal areas such as more constructive domestic communication and examples such as improved anger management. Other partners seemed less happy and rated quantitatively that some goals were not at all achieved (particularly in 'getting along with others' and 'managing daily tasks and activities'). Perhaps it is not surprising that partners feel or report the effects less strongly than participants themselves. However, the partners' responses may serve to indicate that some caution is warranted in interpreting the unanimously positive qualitative reports of participants who were not unaware of the importance or readership of this evaluation.

The follow-up at 2 months provides indicators of the short to medium term effects of the Trek, but would ideally have been undertaken at around 3 months or longer. Two months was selected on this occasion to avoid data collection in the Christmas New-Year period and to provide feedback to VVCS as soon as feasible after the Trek. The literature is split on the issue of longer term effects for this sort of activity, with some arguing that effects are likely to be maintained and others suggesting that the effects of such programs is only short-term.

Based on the data for the six participants for whom follow-up data was available, the quantitative data at the 2-month follow-up suggested that some positive effects were maintained but others were not. The participants' self-efficacy improvements observed at 1 week (small but positive 4% change) were not maintained at 2 months (reduced by 2%). There were also some indications in the qualitative interviews that initial effects were not maintained in some areas of inquiry. Three partners and 1

participant (i.e. 37% of partners and 13% of the participants who responded) indicated that overall "it was good straight away for 3 to 4 weeks but then sank back to normal" or that the effects had "slipped back" or "gone down a bit". The participant had many positive outcomes, but noted that in terms of managing daily tasks and activities was "back in to the same old rut". Some of the qualitative examples may translate into potentially longer term changes or shifts in thought or behaviour patterns, but the longer term impact of the Trek would require a future evaluation and ideally a larger sample.

A critical issue for this and any future evaluation of programs such as Trojan's Trek is the drop-out rate for data collected to gather evidence of maintenance of effects. Two-months after the program, all participants were contacted by e-mail and 'phone at least three times and were given the opportunity to complete the 20-minute survey on-line, on hard copy or over the 'phone. After final reminders and an extension of the data collection period, seven participants (of the 10 who went on the Trek) provided some questionnaire data. One did not complete the questionnaire set, leaving six people for the follow-up analysis. Our analysis of the pre-Trek differences in quantitative measures between those who did and did not respond suggest that those who did not respond were overall less satisfied with several domains of their life, including physical and mental health, experienced less positive and more negative interactions with their partners, and had lower self-rated self-efficacy. Without follow-up data from participants who appear to represent an important clinical group, it is not possible to draw robust conclusions about the generalisability of positive effects on social interactions, self-efficacy and life satisfaction to all potential participants.

The evaluation tried to differentiate between the anticipated 'general positive' or enjoyment aspects of the Trek and more tangible changes which might occur, by asking for concrete examples to accompany ratings and comments. For example the interviewer asked *"Before the Trek you mentioned [XXXX] as one of your goals. To what extent was this achieved on a scale of 1-5 (1=not at all, 5=totally achieved)? And can you give me an example of that?"* The partners at follow-up reported meaningful examples of effects which were attributed to the Trek, many of which were around communication within the home or their observations that participants were better managing difficult or frustrating situations. Participants were also able to

offer pertinent examples across the range of interview questions where they had thought or behaved differently. The frequency of these changed behaviours and whether they were one-off instances or representative of a more consistent longer-term patterns of change were not measured in this evaluation.

Although it was not specifically an alcohol cessation program, the Trojan's Trek was a 'dry' activity. For some participants, particularly those for whom alcohol reduction was a goal, the 5 days in the bush may have assisted by way of the enforced absence of alcohol, and increasing motivation to manage alcohol use. Motivation is an important element in alcohol cessation therapy and structured alcohol interventions, and the general impression garnered through the interviews was that the Trek had a positive impact on motivation for most participants. Two participants reported at interview that they had succeeded in reducing their alcohol intake, and one of these completed the AUDIT and was found to have reduced their AUDIT score at the 2-month follow-up. However, except for this case, the evaluation did not find a general overall difference in alcohol use (the other participants increased or stayed the same). This finding may be partly due to the insensitivity of the AUDIT questionnaire to short term change (the questionnaire is intended for [and was in this case selected by VVCS] for risk screening at a set time point, not for measuring changes). The effects of the Trek on alcohol use are inconclusive.

For five participants with available data there was a reduction in self-reported stress, and to a lesser extent, depression and anxiety. In line with other results which indicate that the Trek was a generally positive experience for participants, it is perhaps not surprising that some participants report lower stress symptoms in particular. It is not known whether this outcome could be attributed to the experience generally or to specific structured input during the Trek, as the specific content of the Trek programme was not a focus of this evaluation. This may be a promising area for further or future investigation.

One strength this program shares with many other outdoor therapy methods is its ability to produce a self-report of perceived positive change in participants and their families in areas such as support, hope, insight in to their situation, and motivation for change. In the case of veterans, there are potential positive flow-on consequences of such a positive experience. For example, one participant on the Trek had not had

previous contact with VVCS or DVA. Activities which are perceived as acceptable, such as the Trek, may have the capacity to bring people closer to a point at which they are able or inclined to seek more structured interventions through the available services, or may complement treatment received at these services. No participants specifically articulated this.

Some studies of activities similar to the Trojan's Trek have found changes in some of the domains which were measured in this evaluation. It is rare for a program such as this to be formally evaluated or to find large maintained changes across the whole range of concepts investigated. In particular, there is a general trend in the outdoors therapy field to either collect minimal or no follow-up evaluation data. In the evaluation of Trojan's Trek, there was little capacity to find substantial changes due to the small sample, diversity of participants and an apparent systematic bias in the profile of participants who completed the 2-month follow-up quantitative measures. While these methodological issues preclude robust conclusions about statistically or clinically significant findings, they are a relevant first step in building an evidence base for the effectiveness of Trojan's Trek.

The data available suggests that most of the Trojan's Trek participants and their partners perceived positive outcomes through participation in the Trek and felt that goals were achieved in some if not all domains of inquiry, particularly immediately after the Trek. However, the benefits suggested from this qualitative perspective, whilst not contradicted by the questionnaire results, were not strongly supported in general from a quantitative perspective.

## **5 Conclusion**

Anecdotal reports indicate that the Trojan's Trek was perceived as beneficial by participants and their partners, but these changes were not evident on objective scales. This evaluation of a single episode of a program with small numbers of participants is limited in terms of the strength of the conclusions that may be drawn. It is recommended that robust evaluation methods such as those implemented in this instance continue to be applied in order to build evidence of the effectiveness of the program.

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## 7 Appendixes

### 7.1 Appendix I - Trojan's Trek Information Sheet

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**The Royal Australian Regiment Association SA Inc.**

Distribution : See list

#### **GENERAL INSTRUCTION : TROJAN'S TREK 2009**

##### Introduction

1. Trojan's Trek 2009 will be conducted in the North Flinders Ranges for 21 to 25 September 09. This project will be the first run since a number were successfully conducted in the late 1990's. It will cater for up to 12 participant ex-servicemen identified as individuals who will benefit from the experience. The course involves the use of cognitive behaviour therapy (CBT) with the inclusion of two new facets to enhance this approach to behaviour modification.

2. The trek will be based at Moolooloo Station which is 42 km east of Parachilna on the Glass Gorge Road. A significant part of the course will utilise the remote environment combined with team and individual analysis assisted by skilled leaders. Some nights will be spent in the bush in relatively rough conditions. However, at no time will any members be more than two hours from a fully equipped medical facility.

##### Aim

3. The aim of Trojan's Trek is to provide a setting and conditions under which participants will experience a lasting positive shift in personal values and interpersonal relationships.

##### Objectives

4. The objectives of the trek are to develop in the participants through joint and individual challenge:

- an understanding of how thoughts and feelings influence behaviour,
- exposure to various strategies which will bring about positive change,
- suggested individual responses which are effective in achieving the aim, and
- enhance self esteem

#### General

5. The course will involve one group of 12 veterans who will be taken on a journey, both literally and figuratively, to explore issues which affect their lives. Group dynamics will be utilised by competitive activities at team and individual levels. It is anticipated that the calming effect of the remote environment and the peace experienced by being part of this landscape will positively affect awareness and perception and in turn, outcomes.

6. The area in which the trek will be conducted is out of mobile phone range and even commercial radio signals are weak. The nearest large town is Leigh Creek, one hour thirty minutes away. Participants are to ensure that enough personal items, such as soap, tobacco etc are carried in sufficient quantity to last the period.

7. Staffing levels will be at minimum in order to:

- reduce expenditure, and
- reduce other distractions caused by the presence of non involved members

8. The course delivery will be the responsibility of Bob Kearney and a staff member. They will be the primary point of contact between the participants and staff. This aspect of the trek conduct is most important as previous experience has shown that the presence of others is detrimental to the desired outcomes.

#### Organisation

9. The RAR Association SA has appointed LTCOL Moose Dunlop OAM (Retd) as the person with overall responsibility for the conduct of the trek. The trek will be based at the shearers' quarters at Moolooloo but on occasions the participants and staff will be living in the field. Staffing will be as follows :

| Ser | Appointment           | Name                | Remarks   |
|-----|-----------------------|---------------------|---|
| 1   | Project Director      | Moose Dunlop<br>OAM | Qualified senior first aider                        |
| 2   | Chief Instructor      | Bob Kearney         | Qualified senior first aider                        |
| 3   | Assistant             | Chris Henschke      |   |
| 4   | Chef                  | Shane Bolton        |   |
| 5   | Course<br>Coordinator | Colin Cogswell MM   |   |
| 6   | Support staff         | Andrew Badenoch     | Psychological support will be available as required |
| 7   | General Hand          | John Kendall        |   |
| 8   | General Hand          | TBA                 |   |
| 9   | Participants 12       | TBA                 | Arranged by various agencies and the RAR Assoc      |

### Pre-Trek Selection

10. All participants must volunteer to attend. They are required to gain a medical clearance from their family Doctor, (refer Annex A) and meet requirements set jointly by VVCS and the RAR Association. The course is not designed to be physically demanding but a basic standard of fitness will be required. Participants will walk up to 6 km in 24 hours in carrying basic food and water, total weight approx 7 to 9 kg.

11. Attached at Annex A is the ***Personal and Medical Information*** form which is to be completed by participants and their respective Doctors. **This form is to be returned by 31 Aug.** Participants should note this form includes other relevant information apart from medical which is required during the trek. For example, it is vital that the details of next of kin and personal contact details are accurately recorded for both staff and participants. See also paragraph 20. Staff are also required to complete the Personal Details section of the form and include any relevant Medical Information.

### Deployment

12. Movement to Moolooloo will be as follows:

- *Advance Party.* 20 September. An advance party will depart Adelaide in five 4 WD vehicles, two with trailers on Sunday 20 September under the direction of the Project Director.
- *Remainder.* 21 September. The remaining members will depart RAR Club at 0830 hrs on 21 September 09 in a mini bus. This vehicle will move under the command of the bus driver and one staff member. The driving time from Adelaide to Moolooloo is approximately six hours.

13. Participants are requested to arrange their own transport to and from the RAR Club Rooms although flexibility is possible. All participants will return to the RAR Club on Friday 25 September arriving approximately 1600 hrs.

14. Vehicles are to carry complete tool kits. Drivers are to ensure that spare tyres, wheel brace and the like are present and serviceable before departure.

15. All roads in the trek area are unsealed. Due care is to be exercised by all drivers. Normal speed limits apply and particular care must be exercised when driving off roads. Further instructions concerned with driving standards will be issued after arrival.

### Dress and Equipment

16. All participants are to bring the following items packed in a duffle bag or similar :

- personal toilet items
- camera
- towel
- sleeping wear
- wide brimmed hat
- insect repellent
- comfortable sturdy boots suitable for walking

- good quality socks
- long sleeved shirt and long trousers for bush wear
- warm jacket or pullover for night wear
- compass, GPS, binoculars (if available)
- matches/ source of fire
- torch
- water bottles (2) and belt (if available)
- prescription medicines and pharmaceuticals
- other aids if required, eg ventolin etc
- swag (if available) and
- notebook, pen or pencil

17. Day temperatures are expected to be in the mid 20s with evening temperatures dropping to below 13 degrees. Rain is unlikely but some form of wet weather gear is advisable.

#### Stores and Equipment

18. Rations, stores and equipment will be carried to Moolooloo with the advance party. A complete list of requirements is to be compiled by the Chief Instructor and the General Hand/Cook and used as a load list for stores packing and return. This list is attached as Annex B.

#### Medical

19. A St John medical kit will be located at the shearer's quarters. This will be supplemented by the flying doctor kit held at Blinman. Although the nearest hospitals are located at Leigh Creek and Hawker, medical advice from a Doctor is available by phone 24 hours per day. Refer paragraph 28.

#### Selection Process

20. Candidates will be required to undergo a simple screening test to ensure the program is suitable for each. Details will be issued separately.

#### Rations and Quarters

21. Rations and quarters will be provided for the complete duration of the trek. Stops en-route to the area will allow the purchase of snacks. Participants will spend at least one night in the bush in a swag. Any special dietary requirements should be indicated at Annex A.

22. **No lifestyle drugs or alcohol** are to be taken to or consumed during the trek.

#### Evaluation

23. Each participant is required to complete a measuring instrument (document) before and after the trek. This information is confidential and will be used only to gauge the effectiveness of the project. Honesty is paramount in completing these documents. Further instructions regarding this aspect will be forthcoming.

#### Use of Private Property

24. The exercise will be conducted on private property. All participants are to be reminded of the common courtesies demanded in the bush. They are:

- a. gates are to left as they are found
- b. remove all litter
- c. do not cut vegetation
- d. respect flora, fauna and stock, and
- e. extinguish unattended fires

#### Fuel and Repairs

25. Fuel and repairs including repair of punctures is available from the Angorichina Village on a debit card held by the Project Director.

#### Funding and Acquittal

26. Trojan's Trek has been funded as a pilot activity by DVA. The funding will be credited to the RAR Association (SA) Inc account in the ANZ bank. The account is named Trojan's Trek. The Project Director is to issue instructions to ensure :

- all expenditure related to Trojan's Trek is captured and clearly identified, and
- within four weeks of the completion of the trek, the Association is in a position to acquit the grant.

#### Pre-Trek Briefing

27. A briefing of all staff, participants and partners will be conducted at the RAR Association Club at 13 Beatty St Linden Park 5065 at 1400 hrs on 3 September 2009. This meeting is most important as it will allow the participants to meet each other and also provide the opportunity for questions from participants and partners. This meeting will also introduce the staff and evaluation team.

#### Communications

28. Communication to and from Moolooloo shearer's quarters is by telephone. The number is listed below. This is to be used for incoming calls only in an emergency. Mobile phones do not operate in the trek area. Channel 3 CB through the local repeater station will be utilized for communications when in the bush.

#### Contact Numbers

29. The contact details are listed below:

- Moose Dunlop 08 088 886 8370 8214 [moose@olis.net.au](mailto:moose@olis.net.au)
- Shearer's Quarters 8648 4754 Phone A/c Number: 239 8113  
600

- Molooloo Homestead 86484861 This phone is not adjacent to the Shearer's Quarters
- RAR Clubrooms Beatty St (Fri pm) 83795771
- Leigh Creek Hospital 86786022
- Leigh Creek Police 86752004
- Hawker Hospital 84684007
- PO Blinman (RFDS Kit) 86484842
- Angorichina Village 86484842
- **RFDS Pt Augusta** 86422044 24 hour telephone advice from a Doctor

#### Media/Publicity

30. A media release will be issued prior to the commencement of the trek. Questions will be handled by the Project Director.

#### Public Liability

31. The trek is covered by the existing RAR Association public liability policy which has been extended to cover this activity.

#### Post-Trek Report

32. The Project Director is to submit a complete report on Trojan's Trek by 12 October 2009. If possible, the report should include an initial psychological measurement of the effectiveness of the project. Complete psychological assessments will be forthcoming when completed.

#### Conclusion

33. The future of Trojans' Trek and this adjunct to other forms of treatment may well rely on the conduct and effectiveness of the project. The experience gained in the late 90s with this form of psychological and life-style help for veterans will stand the association in good stead. Although the results can almost be guaranteed to be well received, it is important that the gains are measured using instruments which are universally accepted. This will be affected using accredited staff familiar with testing and gauging results.

34. This form of cognitive re-learning is not new but the application of these principles in remote localities is novel and further investigation into what appears to be outstanding past results is warranted. Furthermore, the program delivery to veterans by veterans does not fit the normal profile of this discipline or treatment delivery. Nonetheless, the Association is convinced that this program is a valuable adjunct to the standard treatment and may be adapted and applied to a number of other areas which are struggling to solve the matter of military and other related adjustment problems.



Moose Dunlop

Program Director  
Trojan's Trek 2009  
20 July 2009

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Distribution List :       DVA for Deputy Commissioner SA  
                              VVCS SA (2)  
                              David Morton  
                              Project Director  
                              Staff (6)  
                              Participants (12)  
                              Moolooloo HS  
                              File  
                              Spare (5)

For Information :  
  
                              Bruce Stocks  
                              Darren Renshaw  
                              Editor Infantryman  
                              Judith Fuller  
                              Ros Street

Annexes:                 A.   Personal and Medical Approval Information  
                              B.   Outline of Events (not to all)  
                              C.   Rations, Stores and Equipment List (not to all)  
                              D.   Vehicle allocation and drivers (not to all)

## 7.2 Appendix II - Table 5: Life Satisfaction Average Scores

Average scores for Participant's on Life Satisfaction Questionnaire on a scale of 0 (totally dissatisfied) to 10 (totally satisfied).

| Question "How satisfied are you with..." | Before Trek (n=6) | After Trek (n=6) | % Difference Before-After | HILDA sample |
|--|-------------------|------------------|---------------------------|--------------|
| 1. The home in which you live            | <i>8.17</i>       | <i>8.00</i>      | -1.52                     | 8            |
| 2. Your employment opportunities         | <b>2.50</b>       | <b>5.25</b>      | 25.00                     | 6.7          |
| 3. Your financial situation              | <b>3.83</b>       | <b>6.00</b>      | 19.70                     | 6.1          |
| 4. How safe you feel                     | 5.83              | 7.20             | 12.42                     | 8            |
| 5. Feeling part of local community       | 5.17              | 6.80             | 14.85                     | 6.6          |
| 6. Your mental health                    | 5.33              | 7.60             | 20.61                     | 7.4          |
| 7. Your physical health                  | 6.00              | 6.60             | 5.45                      | 7.4          |
| 8. Your current sleep pattern            | <b>4.33</b>       | 6.40             | 18.79                     | Not asked    |
| 9. Neighbourhood in which you live       | <i>6.67</i>       | <i>8.60</i>      | 17.58                     | 8            |
| 10. The amount of free time you have     | <i>6.67</i>       | 7.40             | 6.67                      | 6.7          |
| 11. Relationship with spouse/partner     | <i>8.00</i>       | <i>9.20</i>      | 10.91                     | 8.6          |
| 12. Relationship with your children      | 4.50              | <b>6.00</b>      | 13.64                     | 8.5          |
| 13. Your life                            | 6.17              | 7.60             | 13.03                     | 7.9          |

Italic= Higher numbers; most satisfaction  
 Bold = Lower numbers; least satisfaction