



Timor Awakening 15 Program Report

Saturday 27th February to Sunday 7th March 2021

Prepared by Veterans Care Association, 31st March 2021

Holistic Care of Body Mind & Soul for Veterans, Families & Carers
Reg. Charity No: CH2629 | ABN: 97 213 464 172





Timor Awakening 15 - Program Report

Section 1: Timor Awakening 15 – Summary of Activity

Prepared by: Project Director, Michael Stone and Pastoral Care Coordinator, Gary Stone

Timor Awakening (TA) is an immersive, evidence based, peer to peer wellbeing program for veterans; composing holistic health education, group therapy, mentoring, physical activity, historical commemoration and community development. The program is typically centered around an 11-day immersion in Timor-Leste, creating a disruption from participant's routine to take pause, learn about themselves and seize responsibility for a positive direction forward in life. TA is available to Australian Veterans (and spouse, carer or dependent), from any state, with or without operational service. The aim of Timor Awakening is to prevent veteran suicide and improve the wellbeing of veterans and their families. TA has a comprehensive medical support team from all streams of the mental health community. Every TA participant conducts a range of data collection based on internationally accepted metrics for mental health contributing to detailed quantitative and qualitative reporting on each program. This report presents an overview of the TA15 program, quantitative analysis and reflections of participants.

Timor Awakening 15 (TA15) was conducted from 27th February to 7th March 2021 on the Gold Coast. This was the second time the program has been done domestically, taking place at St Georges Defence Holiday Suites in Rainbow Bay. This 8-day holistic health program emulates the Timor based program, providing an opportunity for renewal, ongoing training and therapy, aiming to support the growth and health of participants and reduce the instance of veteran suicide, domestic violence and detrimental effects of bad health on families. All eight nights were accommodated at the St Georges Hotel, with activities taking place both at the facility and around the greater Gold Coast area.

The program was led by veteran Michael Stone and had 12 new participants, four peer support mentors, four facilitation staff and six occasional contributors. The program was largely self-catered and administered with a team led by veteran Col Ahern.

TA15 provided a multitude of education and healing interactions and experiences at the individual, small group and large group levels, including professional education and guidance, peer2peer support, physical exercise, mindfulness, meditation, exposure therapy and unique interaction with local communities and veterans. The program has been designed to provide a safe, nurturing and inspiring environment where veterans and their spouses have the opportunity to re-evaluate their lives, envisage and plan where they want to go, and provide a range of tools to help them achieve a healthy and purposeful life. The wide range of components, activities and discussion topics covered on the program are listed on p9. Results and reflections of participants on TA15 are profound, reflected in part 2 of this report, p11-28.

"This is not a one week "Feel Good" program. It provides the education, tools and structure for participants to develop their own comprehensive health and well-being plan as well as the follow up support structure to ensure participants have assistance moving forward." TA15 Participant



Special elements of the TA15 program included:

- Peer Support Mentoring.
- Morning exercise and health activities run by an external exercise physiologist.
- Holistic Health Education and group discussion on a wide range of wellbeing topics.
- Yoga, breathwork and chanting sessions.
- Organic Farm Tour and education workshop on organic food and gardening.
- Nutrition workshops on food preparation and healthy smoothies.
- Team and confidence building activities such as axe throwing and surfing.
- Daily mindfulness and grounding practices.
- Naturopathy practiced by magnesium foot baths and incense.
- Nature Walks along the walkways at Coolangatta and Currumbin Valley.
- Daily themed discussion on self-mastery and awareness, mindset, body, relationships, sleep, taking ownership and transition.
- Goal Setting and Personal Wellbeing plans created.
- Recording of panel discussions and podcast episodes.

Welcome to St Georges Defence Suites. The VCA team and participants all arrived at the hotel in earnest, with an initial meet and greet soon taking place. A program overview was delivered by Michael Stone. Group sessions are always conducted in a circle to obtain full participation and make sure everybody feels like an equal.



Peer Support Mentoring. A significant feature of the program is the intentional peer support mentoring provided each participant. Once confirmed on the program, participants are allocated a peer support mentor who engages with them regularly in the weeks and months before and after the residential component, and on a daily basis during the residential phase. VCA has pool of 20 peer support mentors who completed the specific peer support mentor program delivered on TA13 in June 2020. Three participants and a peer support mentor form a team for various activities replicating the teamwork once shared in military. For this program, the Peer Support mentors were former Warrant officers Mick Lay and Scott McAndrew, Padre Gary Stone and our first veteran partner peer mentor Lavina Salter.

"I can forgive myself which frees up space in my mind to focus on other areas of my personal life (relationships) which have suffered as a result of my deep guilt and shame." TA15 Participant



Holistic Health Sessions. Holistic Health education sessions form the core learning component of the program and included prepared sessions, discussions and activities on the following topics: mental health, exercise, nutrition, mindfulness, goal setting, shame, vulnerability, forgiveness and reconciliation, resources for veterans in Australia, communication, growth mindset, PTSD, anxiety, addiction, relapse prevention, suicide prevention, relationships, communication, body language, sleep management and families.

A number of videos and books were utilised, with prepared presentations and lived experience, usually deepened through syndicate and one on one work before returning to group reflections. The Timor Awakening focus of holistic health is that healing is possible, there are many resources to achieve this, that we should live in the present with a growth mindset and plan for the future. A detailed list of program components, activities and discussion topics can be seen on page 9. Adult learning techniques are used in delivery involving multi-media presentations, large group input and small group discussion.

“TA has truly had a positive impact on my life and feel I am starting to find purpose again after being lost for 20 years.” TA15 Participant, 7 Mar 21



Yoga sessions and mindfulness. Some of the fundamental tenants of the holistic health program are grounding, mindfulness, breathing and relaxation. TA15 participants were fortunate enough to have two sessions facilitated by a highly experienced professional yoga instructor, Hugh Jack. This practice encourages veterans to slow down, become mindful of their thoughts, learn to breathe, open the spine and bring calm to everyday life, as well as improving the mind-body connection. The benefits of this practice carry over to all areas of life.



“Grateful for the opportunity to participate in a course run and lead by leaders that are so passionate, genuine and have obviously devoted so much thought and love into veterans care.” TA15 Participant



Organic Farm Tour – Freeman’s Farm

In the Currumbin valley is situated an organic farm, deeply seeded in family history. David Freeman, a veteran Army officer himself with an extensive military career, has created an organic farming practice. Here he teaches others the immense benefit of healthy living, sustainable practices and clean organic farming techniques that we can all use at home. David’s 95 y/o father, a fighter pilot in WWII, is still sharing his words of wisdom with visitors. 100% organic lunch and coffee was enjoyed by all.



“There is a great need for support as veterans can feel along in their struggle to get out of a hole. Getting to the low point of suicide can be a long road that could be avoided if someone was there to listen, communicate, walk beside you, teach strategies and give you tools to cope and mentoring like on the TA program.” TA15 Participant, 7 Mar 21

Morning Physical Fitness. Physical fitness is a fundamental element of the program. Fitness sessions are planned for the early morning on a daily basis, include walks/runs, stretching, breathwork, mindfulness, yoga, mountain hikes and gym. The daily program is active with walking and activities that involve movement, social interaction and stimulation. Establishing a routine of physical fitness at the start of each day establishes the importance and impact of physical fitness for healing, health and well-being. Sometimes this can be something as simple as a walk down the beach or a quick swim before the day’s activities commence. Exercise Physiologist Jana Beck coordinated a range of sessions for TA15 including introduction to boxing (in the rain), introduction to calisthenics, general circuits and a beach volleyball tournament. In addition, Jana lead a number of sessions on good nutrition and practical ways to embed physical activity and nutrition into your daily routines to improve wellness.

“Coming onto the program I was flat, tired and coming out of an episode of depression. At the end of the program, I feel energized, educated and motivated.” TA15 Participant, 7 Mar 21





"Everything was interesting and I got a lot out of each topic; Freeman's farm, nutrition, mindset, communication, forgiveness, addictions, finding purpose. Practical gardening, how to make smoothies, suicide." TA15 Participant, 7 Mar 21

Nature walks. Spending some valuable time in nature is always made a priority on TA programs, both in Timor and domestically. The veterans visited at the Currumbin Valley where they had an opportunity to reconnect with nature, practice mindfulness and just be. Some people find this the most rewarding an effective form of mindfulness or grounding. A stop at the Om café, also run by Hugh Jack, also offered an opportunity for a quick dip in a nearby waterhole, a bit too cold for many.



Confidence and Team Building Activities. A range of active skills development activities are designed to reinforce growth mindset, being active, to build confidence, teamwork and have the courage to try new things. One of the stand-out activities of the program was beach volleyball. We started with yoga and a session at Currumbin pools before heading to the beach volleyball courts at Coolangatta Beach. The entire group came together to play and support each other, there were laughs and face plants into the sand all round.



Participants were also guided through the basics of throwing metal (axes), culminating in a competition. Fun and engaging activities like these give veterans an opportunity to get out of the classroom environment, get interactive, gain confidence in their ability to learn new skills, enjoy themselves and get involved in some healthy competition.



All participants had the opportunity to participate in surfing lesson's at Rainbow Bay with Dave Davidson from Coolangatta Learn to Surf. Many of the group had never experienced this before and had a wonderful time stepping out of their comfort zones and giving it a go.





Active Listening Interview Scenario. One of the best ways to explain active listening and positive communication techniques, is to conduct demonstrations for the group. Padre Gary Stone and peer mentor Scott McAndrew conducted a playlet of a scenario-based interview presented with a veteran reaching out for help having a number of serious personal challenges including suicidal ideation. The emphasis of the playlet was to demonstrate the power of being present, listening actively and reassuring the veteran that they will be supported with creating an action plan and connected with the right specialists to deal with the issues being raised. The participants then dialogued in small groups on key points of dealing with suicidal ideation



“TA has helped me to be honest, share and be part of the journey now and future. I felt welcomed, cared and looked after by others.” TA15 Participant, 7 Mar 21

Goal Setting and Creating Personal Wellbeing Plans. The capstone of the whole program is preparing participants to return to their day-to-day lives at the conclusion of the program. After a goal setting lesson, participants were given a Personal Wellbeing Plan to fill in, commit to and obtain accountability for. This includes various areas of life, health, relationships, diet and exercise, mindset etc. Participants also commit to who they will reach out to for accountability and support, and which ESOs they will associate with to continue their wellbeing and personal growth. An example of a Timor Awakening health and well-being plan is attached to this report.



Panel Discussions and Podcast Interviews. Having such a unique, diverse and highly experienced group of veterans on the program at the same time presents another opportunity to share personal lessons, history and ideas that can help with veteran growth and wellbeing. A number of panel discussions and podcast interviews were conducted at the conclusion of the program, to capture important insights which can then be shared with the wider veteran community. The podcast interviews can be played at:

<https://open.spotify.com/show/4MfhJj0B2m7vp7GS8kaf49?si=ZlwwnWtJTwiwNj-uavVVw>

“Support from other veterans and mentors was good. The Mentors were knowledgeable and actively listened. From the first interview my Peer Mentor was very supportive and awesome to talk with.” TA15 Participant, 7 Mar 21



Veterans have noted in group sessions and program feedback that the program initiatives have inspired them to get more involved in their communities and given them an appreciation for the support we have in Australia, in a realisation of the importance of purpose and identity in life. A great opportunity exists for Australian veterans to mobilise in both domestic and regional communities and contribute as volunteers, restoring a sense of purpose and serving the community in practical ways.

Transition and Engaging in Support within the Community, Family and Self-Help. Gary Stone facilitated a final session on transition and follow up, exploring issues of reintegration with family, growth and relapse, as well as referring the range of other supports available to veterans including RSL QLD services, Mates4mates, Reboot, Trojans Trek, 4 Aussie Heroes and REDSIX. Future support and specific referrals relevant to each participant was noted in participant Health and Wellbeing plans and is to be followed up by Peer Support Mentors. Participants shared what had helped them in the past and what had not.

Participants were briefed on the range of services available from Open Arms and a number indicated that they would follow these up.

Finally, all participants contributed written input for the forthcoming National Symposium on preventing veteran suicide that Michael and Gary Stone had been invited to participate.



Conclusion. The feedback from participants of TA15 was positive and appreciative for the opportunity to experience profound growth and healing, as highlighted in participant reflections, p22-28. Through professional mentoring and guidance, together with the extensive peer to peer therapy, Timor Awakening 15 offered an experience uniquely different to other programs available for veterans. The multitude of activities created a bonded group that will remain connected through each other's journey of healing and growth. The overarching theme of hope and purpose was a feature throughout dozens of activities. Even with the realities of a troubled and traumatic past, the Timorese experience is testament to veterans that there is hope, and with purpose and support a positive future is possible.

"A program such as this should be a compulsory part of medical or normal transition from the military. We are not "reprogrammed" when we leave the military to deal with the complexities of mental health issues. Health and wellbeing are critical." TA15 Participant, 7 Mar 21



By attending the program veterans have elected to participate in their own rescue, taking responsibility for the life they want. The program is intensive and obliges participants to be active in a peer group, whilst facilitating reflection time and individual mentoring. A range of stimulating activities and environments provide fertile ground for healing, growth and development. Our veteran facilitators, who are active participants on each program, demonstrate the value of becoming a healer of others and are examples that post traumatic growth is possible. The end state of Timor Awakening is to have inspired and informed veterans empowered with tools for positive change and linked to the array of veteran resources available in Australia. The program continues to develop with higher efficacy which is passed through participants into the wider veteran community to create an impact on a larger scale.

Timor Awakening has been possible due to financial support of major sponsors Bolton Clarke and RSL QLD. Brisbane City Council, City of Gold Coast Community Underwriters and significant volunteer contributions of experienced veterans were also instrumental. VCAI has a clear strategic aim to utilise the data and successful interventions of Timor Awakening as a model for Department of Veterans Affairs to commit to funding wellness intervention to prevent veteran suicide, broken families and injured veterans. Wellness intervention will result in considerable government budget savings compared to funds spent on 'sickness' treatment, pensions and medication. As well as increase health and wellbeing of veterans and their families, save lives, and meaningfully re-engage some of the nation's most energetic and capable members of society. In the soul of the veteran is a need to serve, to be of value, to contribute and to belong.

www.timorawakening.com

Media

RSL QLD 3 Minute Video overview (2020) -

<https://www.facebook.com/RSLQueensland/videos/594230674463467/>

Timor Awakening 7 Program Video - provides a snapshot of the program (6 mins)

<https://www.youtube.com/watch?v=z5Xdjp5bcus>

Riak Veterans Retreat and Language School - short videos about this project which is our enduring project for all veterans in Timor-Leste:

<https://www.youtube.com/watch?v=N78XE6tpnRs&t=36s> . <https://www.youtube.com/watch?v=hQIU9rI6OvM>

<https://www.facebook.com/timorawakening/videos/2441330942583644/>

ABC News story on the Riak Retreat project 19 Sep 19:

<https://www.abc.net.au/news/2019-09-19/war-veterans-heal-in-east-timor-tour/11525170>

<https://www.abc.net.au/radio/programs/am/war-veterans-healing-through-community-work-in-east-timor/11526898>





Timor Awakening 15 program components (content structure)

Detailed preparation - involving individual admin/medical/mental prep, personal and group engagement.
Orientation - team bonding, individual mentor 1 on 1, briefing.
Self-Awareness. Improving capacity to relate to yourself and others.
Grounding (beliefs, techniques, mindfulness).
Taking ownership and responsibility of personal circumstances.
Nurturing your mind, body and soul.
Sleep Management.
Destigmatizing trauma and mental health.
Anxiety, depression and stress - understanding the causes, biology, recognising the signs and mitigating symptoms.
Tools to help relax, ground and manage feelings and physical symptoms of stress and anxiety.
Communication and positive living in communities.
Restoring a sense of Identity and Purpose.
Forgiveness.
Goal Setting.
Forging a new Identity (participants form identity as alumni of program, as Australian veterans, as Australians)
Strategies to help you go back to activities or places you may have avoided since the trauma.
Transitioning back to connection with communities, support and positive pathways.

Timor Awakening 15 Activities

Group discussions.
Self-awareness exercises.
Physical activation (group walks, stretching, breath work, personal exercise, volunteer work).
Volunteer work on organic farm
Breathing and breath work.
Mindfulness and grounding.
Yoga
Goal setting.
Communication skills.
Body Language – impact of posture, effects on communication.
Introduction to Neuro Linguistic Programming.
Confidence and Team building activities – Volleyball, Axe Throwing, Surfing Lessons.

Group discussion topics on Timor Awakening 15

Living with purpose and identity (and helping others).
Growth mindset / Living above the line.
Addiction and relapse prevention.
Stories of the ego, building confidence.
Establishing positive habits and removing negative habits.
Taking ownership and responsibility (of our past, present and future).
Nurturing the body – Nutrition, exercise, sleep.
Mental health – Anxiety, depression or post-traumatic stress (awareness, mitigation).
Safety plans – Addiction relapse, Triggered Anxiety/Stress/Depression, Suicidal Ideation.
Suicide prevention– helping others, getting help, safety plans, processing and managing bereavement.
Communication and relationships.
Relationships.
Moral Injury. Forgiveness / Letting Go.
Resources for veterans and families at home



Section 2: Timor Awakening 15 - Review of Participant Data

Prepared by Mrs. Candice Carroll, Client Support Officer and Mrs. Christina Hully, Psychologist.

Data was collected from 12 new participants on TA15 at two time points: Commencement of the program (27th February 2021) and the conclusion of the program (7th March 2021). TA15 was the 14th evaluated program which demonstrates the positive efficacy of the program. A high percentage of the participants showed significant improvements in their health and wellbeing in the areas of Mental Well-Being, Post-traumatic Stress, Depression, Stress and Anxiety, Moral Injury. We note that we have participants who were on this program and past programs who were not ex-serving but are partners or family members of participants who were veterans. These participants did not show a level of disability or post-traumatic stress at the commencement of the program, nevertheless demonstrating improvement in other health and well-being markers.

As part of this program, we are also monitoring changes in the Moral Injury symptoms of the veterans as a result of the Timor Awakening experience. This is an area that participants have not known about or addressed in earlier treatment programs in which they have been involved. Moral Injury was assessed with a pre- and post-program assessments which gave us a significant positive difference. A specific moral injury Forgiveness / Letting go activity is part of the program

The anecdotal comments at the end of report reflect a fascinating diversity of positive outcomes., The program evaluation overall shows a positive impact on the participants.

Demographics

Of the 12 new participants on the program data was collected from 10 Veterans (all ex-serving) and 2 spouses. This report includes all the data from the TA15 participants.

Demographic data collected on the 12 participants revealed the following. 8 participants identified as male and 4 as female. The average age of participants was 50 years (M = 50 years, SD = 7.47 years), 10 participants had a history of serving with the military services. Seven (7) participants had served in the Army, two (2) had served in the Navy and one had served in the RAAF, and two (2) were Civilian Spouses. Of those with military service 70% reported that they had been medically discharged. At the start of the program seven (58.3%) participants reported that they were retired, three (25%) reported that they were employed, six (16.6%) participants identified as unemployed.

Family Characteristics

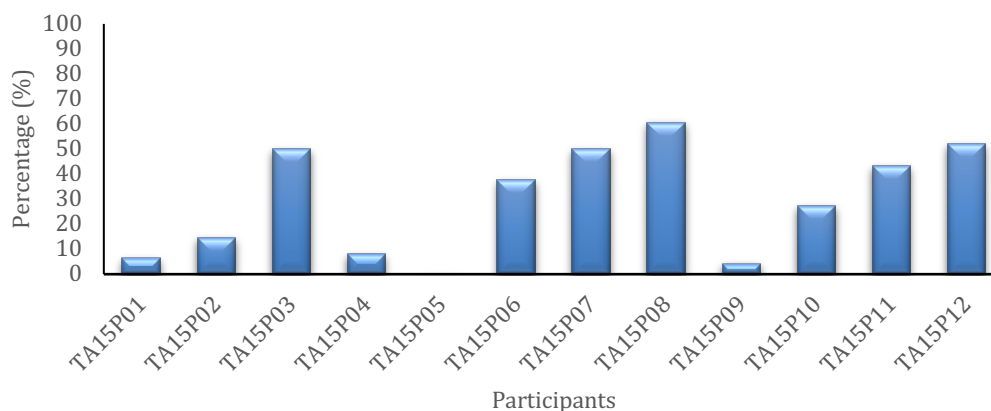
Eleven (91.6%) participants identified that they were in a long-term relationship (de facto or married), and one (8.3%) reported being single. Eleven (11) participants provided family demographic information which indicated that eleven (91.6%) have children. Of the twelve participants who have children, eight (66%) currently have dependent offspring.



Health Status

Physical Health: TA15 participants were administered the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) 12-item version to screen overall functioning and disability due to health conditions. The WHODAS 2.0 provides an overall summary score expressed as percentage of disability experienced in daily life over the past 30 days, with 85% representing full disability due to health condition. All participants completed the questionnaire and disability scores are graphed below.

WHODAS 2.0 Overall Disability Score TA15 (%)



As the graph above demonstrates, there was variability in the overall functioning level of participants who engaged in TA15.

The average summary score was 29% disability. Comparison with population data available from the World Health Organization (WHO) indicates that our participants' average score ranks below the level of functioning to be considered a disability when compared to the general population.

This result suggests that overall, this group of Timor Awakening participant's daily function was comparably greater than what has been reported for participants on the previous program (TA4 = 30.17; TA5 = 32.15; TA6 = 40.5; TA7=40.5; TA8=8.04; TA9=26, TA10=23; TA12=18; TA14=32.43; TA15=29.44) where the level of disability had been as high as 90-95% when compared with the general population. Further analysis may be required to identify if the higher average disability score is impacted by age range or health conditions reported by the participants in each individual program.

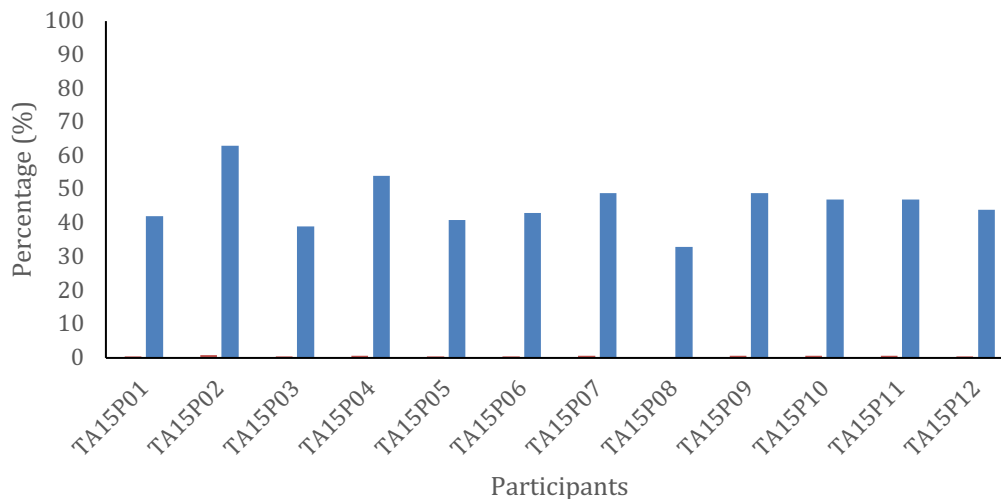
Mental Health

All TA15 participants provided information about their current and previous treatment for mental health conditions. At the commencement of the program, 8 (66.6%) participants were taking medication for a psychiatric condition and all these participants were under the care of a psychiatrist. Of these 8 participants all were also receiving psychological treatment. The psychiatric condition most reported by participants was again Post-Traumatic Stress Disorder (PTSD).



Secondary to this demographic information, 12 participants completed the Quality of Life and Enjoyment Scale, Short Form (QLES) to provide information on their pre-program levels of life satisfaction. The QLES provides a summary score expressed as percentage of life enjoyment over the past 14 days, with 100% representing full life satisfaction. All participants completed the pre-program screening measure, the following analysis is based on the responses of 12 participants. Participants overall life enjoyment scores are graphed below.

Life Satisfaction Score (%)



As the graph above demonstrates, there was some variability in the overall life enjoyment of participants who engaged in TA15. The average summary score was marginally above 57% life enjoyment, with the lowest score at 34% life enjoyment and the highest at 88% life enjoyment. In comparison to other Timor Awakenings, this was below the range of positive life experiences at the time of program (TA5 Average= 61%; Range= 40- 93%, TA6 Average= 40.24%; Range= 27-78%, TA7 Average= 55.42%; Range = 36-68%, TA8 Average= 65.93%; Range= 26%-100%, TA9 Average = 68.30%; Range=33.93%-100%, TA10 Average = 72%; Range = 36%-100%, TA12 Average = 71%; Range = 41%-100%, TA14 Average = 53%; Range = 21%-86%, TA15 Average =57%; Range=34%-88%), indicating that the presentation of participants varies from group to group.

Section 3: TA15 Program Efficacy

Outcomes

Participants completed standardized self-report assessments at Pre- and Post-program to aid an understanding of the symptoms of psychological distress and general health and wellbeing of the participants undertaking the program to Timor on TA15. These included the Depression, Anxiety and Stress Scale 21-Item Version (DASS21), the Post-Traumatic Checklist – Civilian Version (PCL-C), the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and Moral Injury Military Scale. De-identified Pre- and Post-program results on each assessment area are demonstrated below.

The final assessment of participants perceptions of personal change as a result of the TA15 experience is the Post Traumatic Growth Inventory (PTGI) which is a measure of positive change as it is the primary aim of the Timor Awakening experience is that participants are given



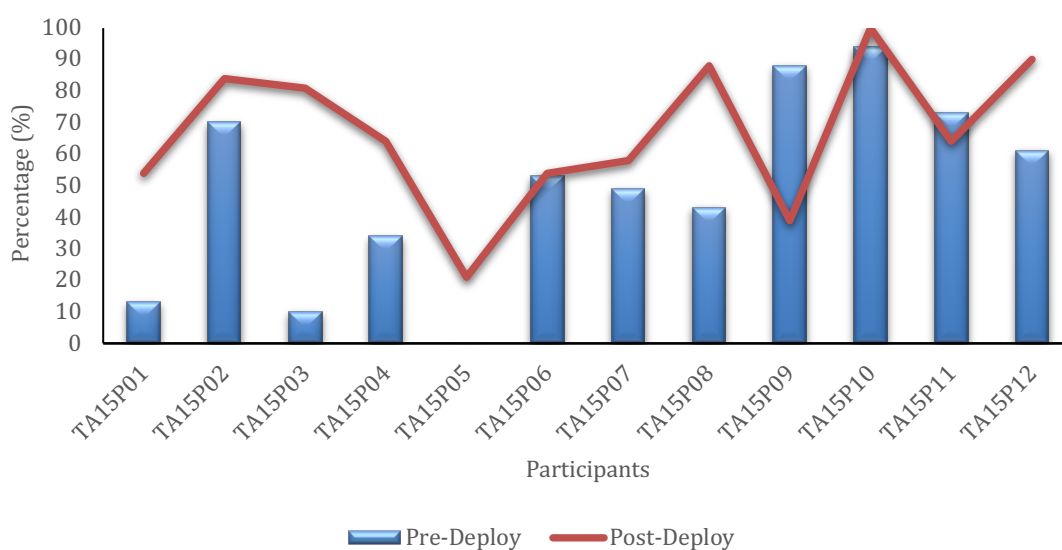
opportunities to make some positive changes to their mental health and wellbeing despite the impact of their time within military service in countries and situations that have had enormously negative impacts on their functioning, physically, mentally, emotionally and interpersonally. This is the first time that the Post Traumatic Growth Inventory was administered to participants both immediately prior to program and at the end of the TA experience. In previous assessments the PTGI assessment was only administered at the completion of the program, however it was deemed that this did not give accurate information about the impact of the TA experience and a comparative assessment would provide greater clarity on the outcomes of the program. As such it is the results of this final assessment which will be an initial focus of this report prior to reporting in detail any changes in mental health functioning of the participants.

Post Traumatic Growth

Posttraumatic growth (PTG) is positive psychological change experienced as a result of adversity and other challenges in order to rise to a higher level of functioning. Post traumatic growth occurs when individuals report a personal benefit from circumstances that represent significant challenges to the adaptive resources of the individual and pose significant challenges to their way of understanding the world and their place in it. Posttraumatic growth is not about returning to the same life as it was previously experienced before a period of traumatic suffering, but it is about undergoing significant 'life-changing' psychological shifts in thinking and relating to the world, that contribute to a personal process of change, that is deeply meaningful.

The Post Traumatic Growth Inventory (PTGI) enables quick assessment of an individual's perceived change in personal strength, world view and appreciation of life. Each participant's de-identified results on the PTGI that was completed Pre-Program and Post-Program of the TA15 experience is demonstrated below. This indicated that out of the 12 participants, 8 (66%) participants experienced personal growth from the Timor Awakening program and four participants (33%) did not experience a positive change from the program.

Post Traumatic Growth Inventory

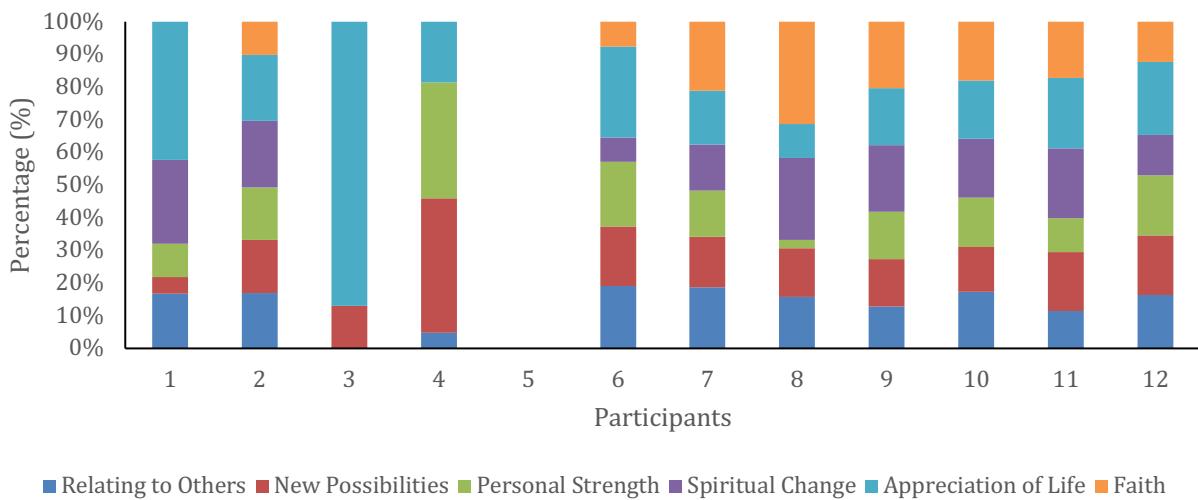


Following is a pre and post deploy graphical representation of the areas of change each participant experienced. The change indicates the percentage of the within participant change and not a

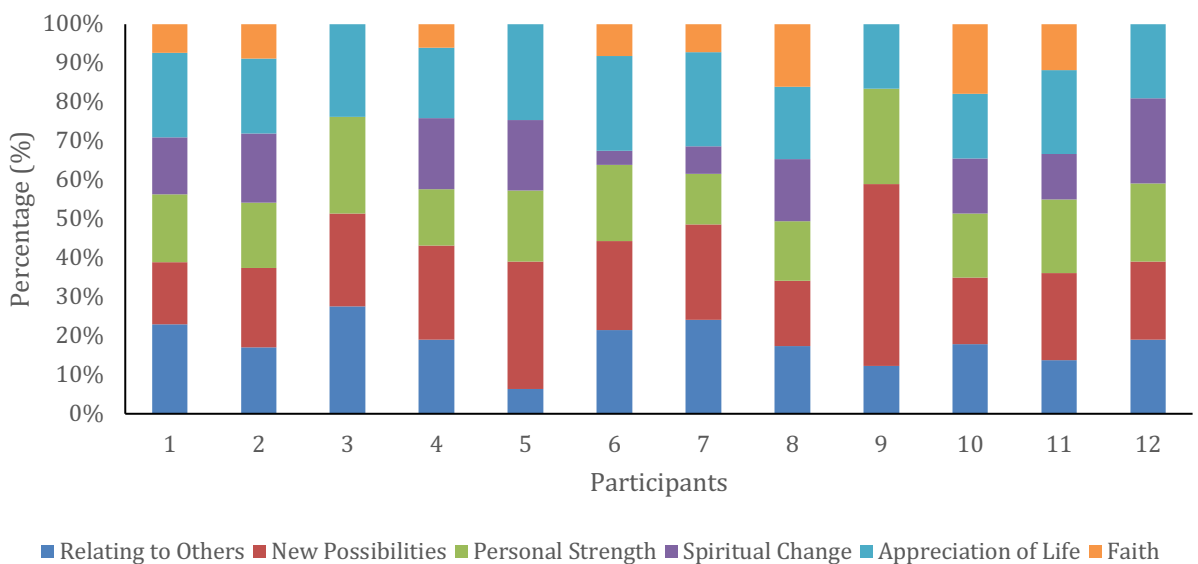


comparison of change between participants. However, to further understand the overall improvement of Post Traumatic Growth of the group as a whole statistical analysis was conducted to examine the differences between the group’s pre and post-program scores. Analysis was based on the 12 participants who provided data at both time points. Two tailed *t*-test demonstrated that on average, there was no significant increase in the group’s overall scores on the Post Traumatic Growth Inventory from Time 1 ($M = 49, SD = 30.45$) to Time 2 ($M = 66.42, SD = 23.11$), $t = -1.992, p = 0.072$.

Areas of Post Traumatic Growth in Each Participant Pre-Program



Area of Traumatic Growth in Each Participant Post-Program



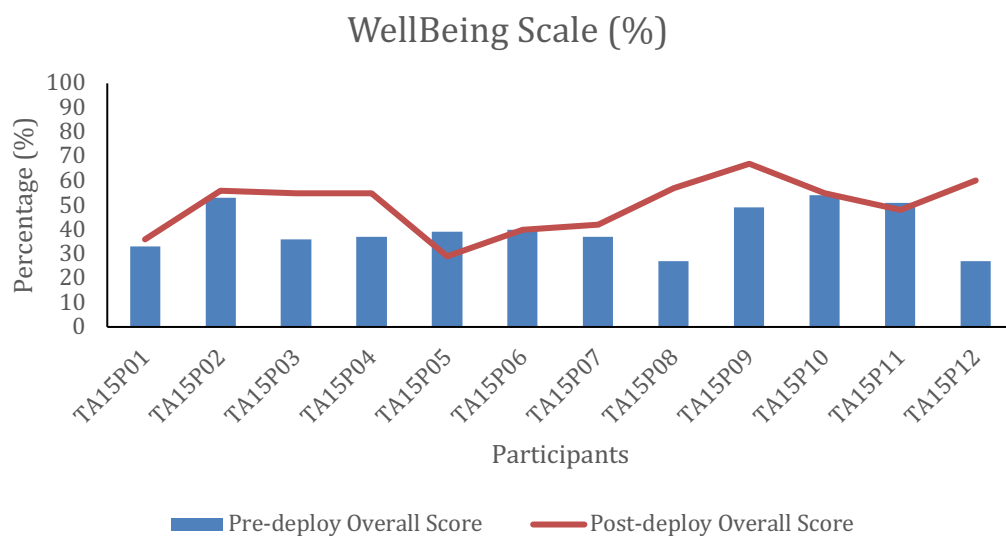
The comparison between pre and post program for each participant, shows improvement throughout each area for the entire group. Participant is a spouse of a veteran who only met the veteran post his service and did not feel able to complete the PTG inventory at Time 1.



Mental Wellbeing

To support the changes reported by participants in their perceived change in personal strength, world view and appreciation of life the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was completed at Pre and Post-program. The WEMWBS enables quick assessment of an individual's mental wellbeing across areas including but not limited to relaxation, energy levels, self-esteem, optimism and social connection.

Each participant's de-identified results on the WEMWBS at Time 1 and Time 2 is shown in the following graph:



A change in score of 3 points is considered to be meaningful.

In reviewing the responses on the wellbeing scale a change of 3 points or more in this scale is considered to be meaningful. 66% (8) of the participants involved in TA15 reported an improvement in the total score at the end of the program, 33% (4) of the participants involved in TA15 reported no significant change in the total score at the end of the program. Although at this time it cannot be considered a true indication of clinical significance for each respondent, as further statistical analysis of the assessment instrument is required. Therefore, a statistical comparison of the Pre- and Post-program scores for the entire group was conducted to determine if the difference between the mean scores of both Pre- and Post-program scores were of clinical significance.

This analysis reviewed the responses of all 12 participants. A one tailed *t*-test demonstrated that on average, there was a significant improvement in group's overall score on the WEBWBS from Time 1 ($M=40.25$, $SD=9.48$) to Time 2 ($M=50$, $SD=11.09$), $t=-2.498$, $p=.015$.



Mental Distress Assessment

Post-Traumatic Stress

Participants completed the Post-Traumatic Checklist – Civilian Version (PCL-C) at Pre- and Post-program. The PCL-C is a questionnaire that is designed to assess clinical symptoms associated with Post-Traumatic Stress Disorder according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM5). The DSM-5 categorizes PTSD symptoms into several different criteria related to behaviours of re-experiencing, avoidance and hypervigilance and these are assessed in the PCL-C.

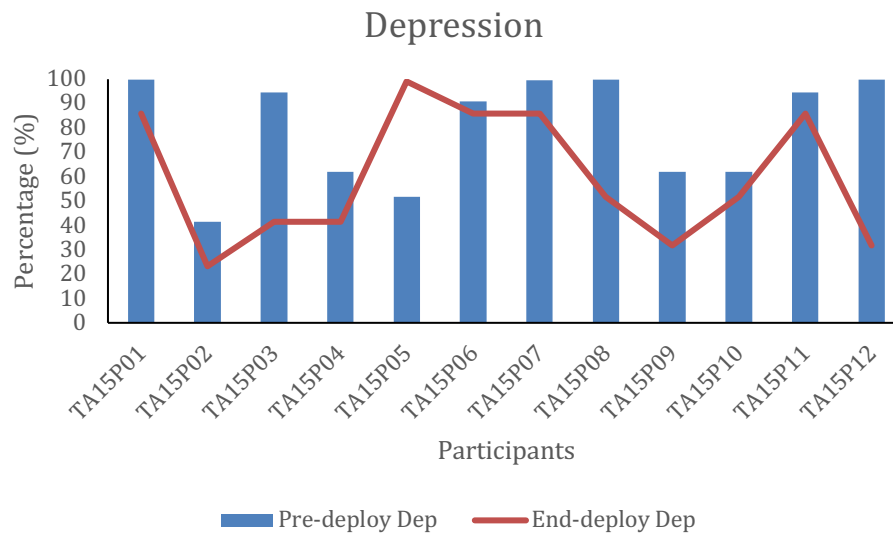
Each participant's de-identified results at Time 1 and Time 2 are demonstrated in the following graphs:

Graphic representation of participants' scores on the PCL-C shows that 50% of participants were reporting clinically significant symptoms of post-traumatic stress at the start of the program. At the end of the program the number of participants continuing to experience symptoms of post-traumatic stress had decreased to 8%.

However, to further understand the overall improvement of post-trauma symptoms of the group as a whole statistical analysis was conducted to examine the differences between the group's Pre- and Post-program scores. Analysis was based on the 12 participants who provided data at both time points. Two tailed *t*-test demonstrated that on average, there was a significant reduction in the group's overall scores on the PCL-C from Time 1 ($M = 40.42$, $SD = 20.11$) to Time 2 ($M = 21.58$, $SD = 13.82$), $t = 2.55$, $p = .026$. In comparison to other Timor Awakenings, TA15 shows a positive decrease in the clinically significant symptoms of Post-traumatic stress from pre- and post-program scores (TA15 Pre deploy = 50%, post deploy = 8%; TA14 Pre deploy = 67%, post deploy = 16%; TA12 Pre deploy = 41%, post deploy = 5%; TA10 Pre-deploy = 41%, post-deploy = 18%; TA9 Pre-deploy = 80%, Post-deploy = 55%; TA8 Pre-deploy = 64%, post-deploy = 36%; TA7 Pre-deploy = 53%, post-deploy = 26%; TA6 Pre-deploy = 75%, post-deploy = 26%). indicating that the presentation and impact of participants varies from group to group, however the trend of a reduction in PTSD symptomology continues.

Depression, Anxiety and Stress

Participants completed the Depression, Anxiety and Stress Scale 21-Item Version (DASS-21) at Pre- and Post-program - herein referred to as Time 1 and Time 2, respectively. The DASS-21 is used to screen for mental health symptoms associated with depression, anxiety and stress. It is used widely in clinical settings to guide mental health professionals and to evaluate interventions.



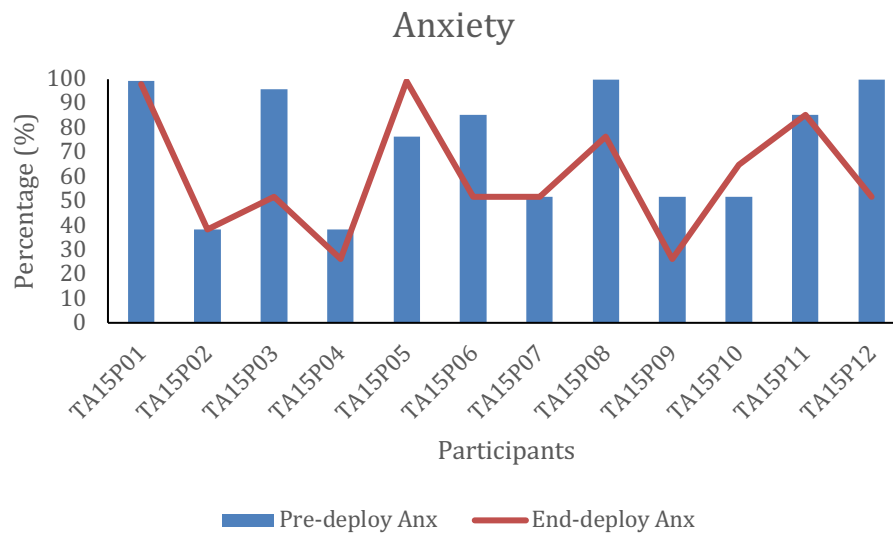
* Elevated Range > 78; Clinical Range > 95

Graphic representation shows that several the participants experienced elevated symptoms of depression, anxiety and stress at pre-program. It is also evident that the majority of participants reported a decrease in some or all of these symptoms at the conclusion of the tour, bringing most within the normal to mild range when compares with the general population.

Each participant's de-identified results on subscales at Time 1 and Time 2 are shown in the following graphs. Start of the program 33% of the 12 participants were experiencing symptoms of depression what are considered to be of clinical concern. Post-program results indicated that 8% of participants remained in this range, one participant experienced higher levels of Depression on the completion of TA15 than they were experiencing prior to departure.

Further statistical analysis of the scores on the Depression subscale of the DASS-21 was conducted to examine if the difference between Pre and Post-program scores for the group were of clinical significance. Analysis was based on the 12 participants who provided data at both time points. Two tailed *t*-test demonstrated that on average, there was a significant reduction in the group's overall scores on the Depression subscale of the DASS-21 from Time 1 ($M = 79.83, SD = 22.08$) to Time 2 ($M = 59.67, SD = 26.92$), $t = 2.39, p = .036$. Indicating that on this occasion there was a clinically significant improvement (reduction) in the symptoms of depression within the group.

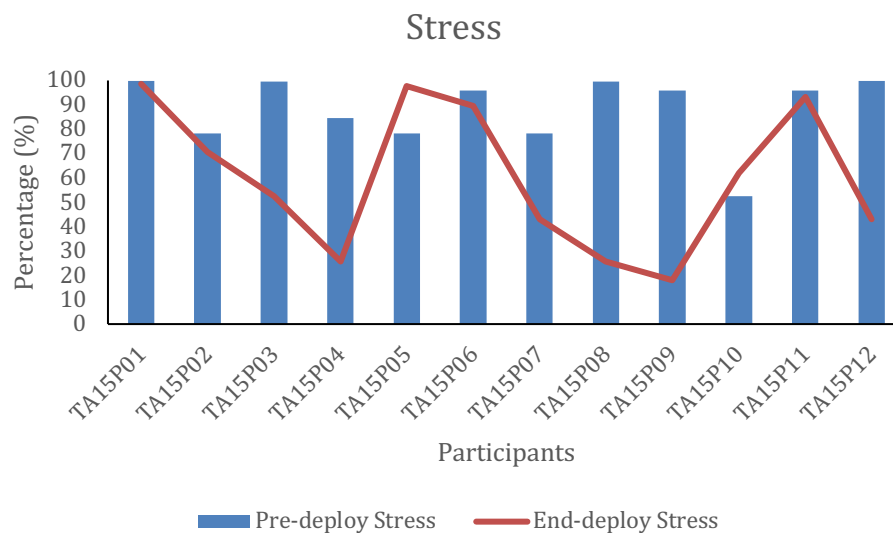




* Elevated Range > 78; Clinical Range > 95

On departure 33% of participants were experiencing symptoms of anxiety that are considered to be within the clinical range. Post-program results indicated that 16% of participants remained in this range. One participant – the partner of a veteran -experienced higher levels of anxiety on the completion of TA15 than they were experiencing prior to departure. This increase in the level of anxiety during TA15 was the result of relationship issues that emerged relating to the veterans previous non disclosure .of significant matters. Follow up support will be provided.

Further statistical analysis of the scores on the Anxiety subscale of the DASS-21 was conducted to examine if the difference between Pre- and Post-program scores were of clinical significance. Analysis was based on the 12 participants who provided data at both time points. Two tailed *t*-test demonstrated that on average, there was not a statistically significant reduction in participants’ overall scores on the Anxiety subscale of the DASS21 from Time 1 ($M = 72.81, SD = 24.80$) to Time 2 ($M = 60.10, SD = 25.17$), $t = 1.96, p = .075$, indicating that on this occasion there was a clinically significant improvement (reduction) in the symptoms of anxiety within the group.



* Elevated Range > 78; Clinical Range > 95

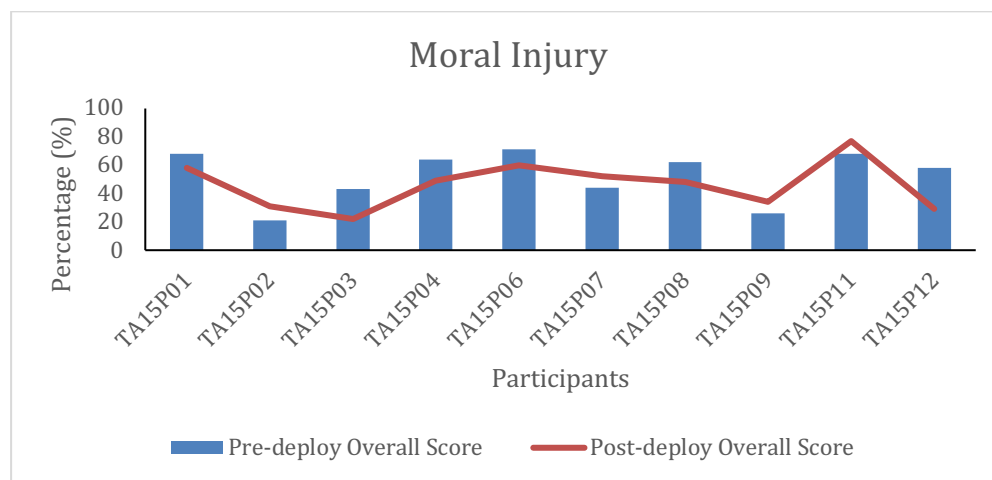


Graphic representation shows that 58% of the participants were experiencing elevated symptoms of stress at pre-program. Post-program results indicated that 16% of participants remained in this range.

Further statistical analysis of the scores on the Stress subscale of the DASS21 was conducted to examine if the difference between Pre and Post-program scores were of clinical significance. Analysis was based on the 12 participants who provided data at both time points. Two tailed *t*-test demonstrated that on average, there was a significant reduction in participants' overall scores on the Stress subscale of the DASS21 from Time 1 ($M = 88.16$ $SD = 14.41$) to Time 2 ($M = 59.98$, $SD = 29.73$), $t = 2.88$, $p = .015$.

Moral Injury

10 Participants who had previously served in the Defence force completed the Moral Injury symptom Scale – Military (MISS-M) version short form. The MISS-M is a 10-item measure of moral injury (MI) designed to use in Veterans and Active serving military participants, consists of 10 theoretically grounded subscales that assess the psychological and spiritual/religious symptoms of Moral Injury: guilt, shame, betrayal, moral concerns, loss of meaning/purpose, difficulty forgiving, loss of trust, self-condemnation, spiritual/religious struggles, and loss of religious faith/hope.



Considering the impact on Moral Injury on veterans is a developing area in the military psychology. According to Koenig (2017) there is opportunity for a negative psychological and spiritual impact on military personnel who in the course of work undertakes tasks that are a contravention of personal beliefs and values. In reviewing the pre-program and post-program responses of the participants of TA15 is noted that 1 participant (8%) has reported a high level (>70) of moral injury pre-deploy, and post-deploy responses. 6 participants (50%) showed reduction in the moral injury, and 4 participants showed an increase (33%). These results show that there is a clinical difference between pre and post after being on the Timor Awakening program. To date there is no definitive indicator of a score that demands clinical attention. Further guidance is being sought from the author of the scale, however, further follow up of the wellbeing of the individuals with high scores pre-program is recommended to help maintain low range.



However, to further understand the overall improvement of Moral Injury of the group as a whole statistical analysis was conducted to examine the differences between the group's Pre and Post-program scores. Analysis was based on 10 participants who are veterans and provided data at both time points. Two tailed *t*-test demonstrated that on average, there was no significant difference in the group's overall scores on the Moral Injury from Time 1 ($M = 52.5, SD = 18.05$) to Time 2 ($M = 46, SD = 16.94$), $t = 1.44, p = .181$

Section 4: Post Program Recommendations

Post Program Participant Contact

At the time of preparing this report, all participants have had a follow up phone call, 2 weeks post Timor Awakening 15. This was on average the youngest and least disabled group that has been taken on Timor Awakening program. The greatest improvement for this group was the reduction in the mental health symptoms – PTSD and Stress and a significant improvement in mental well-being. Out of the 12 participants, 3 participants were still reporting significantly high symptoms of mental health concerns following their return from TA15. They have been offered ongoing support and further follow-up will be undertaken to ensure that any improvements are maintained. Regardless of improvement throughout the program follow-up calls to all participants will be undertaken over the next 6 months to ensure that the improvements are maintained, and each participant is encouraged to seek further professional help and support for any ongoing areas of concern.

Reference

Koenig, H. G. (2018) *Religions* 2018, 9 (3), 86-100; doi:10.3390/rel9030086. Downloaded from www.mdpi.com/journal/religions/15-4-2019

TA 15 Participant Feedback Evaluation – 7 March 2021

How are you feeling today in comparison to how you were feeling before the program?

- Wow such a comparison, I feel energised and ready to enhance my next journey and the skills given to me.
- I've been challenged; I've been encouraged, and I've been informed and educated.
- Mentally tired and drained.
- Coming onto the program I was flat, tired and coming out of an episode of depression. At the end of the program, I feel energized, educated and motivated.
- I am feeling centred and calm. I feel I am starting to find some purpose again.
- I feel a lot more mentally clear. A lot of the anguish and suffering I have been burdened with has finished as a result of this program.
- Less anxious, fitter, healthier and with a more positive outlook.
- A great amount of improvement in mind, body and soul.
- Empowered with new knowledge, challenged to make changes for a better health, mind relationship. Peaceful as I had the chance to let go of stuff that was holding me back!



What discussion topic was the most interesting and impactful?

- Suicide prevention, nutrition (sugar intake), and organic farm.
- Habits, and their cause and effect in our lives.
- Food health.
- Too many to list as the content is well balanced and every aspect of the program was interesting and impactful. Learning about the 5 love languages was a concept I had not been exposed to before.
- The future plans of where this course is going and how many more veterans could benefit in the future.
- Forgiveness. In my case I used this as a tool for deep reflection and realised I can now forgive myself.
- Big talk – communication and active listening.
- Forgiveness discussion combined with mindset and making changes aided in the ability to accept issues that cause anxiety and depression.
- Everything was interesting and I got a lot out of each topic, freeman's farm, nutrition, mindset, communication, forgiveness, addictions, finding purpose. Practical garden, how to make smoothies, suicide.

What was the most effective part of the program, in terms of education or inspiring your intention to change, and why?

- Nutrition I wish to eat better and lose weight.
- A hard choice! The surfing experience was a great reminder that I need to continue building and maintaining my physicality to keep quality of life, but the freeman's farm also highlighted the need for sustainable farming practices so we can eat chemical free food, and who can forget "Rob's juice"!
- Freeman's farm, very helpful in information on organic farming
- I found the whole program was educational and inspiring as each topic was an equal importance in a holistic health and well-being plan. The pace and content of the course are well balanced with ample time for personal reflection.
- Mindset- showing how we can control our futures
- I can forgive myself which frees up space in my mind to focus on other areas of my personal life (relationships) which have suffered as a result of my deep guilt and shame.
- The personal health and wellbeing plan
- Nutrition – that a nutrition planned diet may in fact relieve pain.
- Mindset, a lot depends of how we allowed our mind to respond to situations for our health relationship, nutrition workshops change for a better health, life style and finding a purpose often hard times, cancer in my family and financial

How was your support on the program?

- Support from other veterans and mentors were good. Mentors knowledgeable and actively listened. Gary from the first interview was very supportive and awesome to talk with.
- From everyone on the programme, unconditional and fantastic.
- Very good, good mentors



- My peer mentor was Scott McAndrew who provided a depth of experience which value added to the program on the whole support was outstanding.
- Excellent – support came from all staff and mentors
- Excellent. Mick Lay has provided support to me in exactly the way I would deliver support to others. His experience and knowledge has helped me greatly.
- I felt very supported from the initial interactions through to the commencement of the course and all through the course.
- Support was prevalent if required, although our entire TA15 where a supportive group.
- Has helped me to be honest, share, and be part of the journey now and future, I felt welcomed, cared and looked after by others.

How does this program differ from other programs or treatment you have experienced?

- I was on TA1 (pilot course) and it was extremely busy and long. With Covid having TA 15 at St George's made it good to reflect after the units group activities easier.
- Great for giving practical experiences and lessons.
- More connection and personal connection
- This is not a one week "Feel Good" program. It provides the education, tools and structure for participants to develop their own comprehensive health and well-being plan as well as the follow up support structure to ensure participants have assistance moving forward.
- The staff provide a safe relaxed environment previous PTSD course in hospital had a cold feeling and too clinical.
- I have not attended any other programs
- It is hands on and holistic and puts the onus back on the participant to lead the change.
- TA15 is by far the most thought out, well-paced program that addresses a extremely broad range of content. Very effective and enjoyable
- It related to past work experience, military careers, related to Timor Dili past history and present.

What is the greatest challenge? In what area do you feel stuck?

- Acknowledging my trauma and not avoid talking about it. Acknowledging and continually working on my PTSD to be a better person
- Bringing my wife on a new adventure with equal passion. We all understand and perceive new dreams at different rates. Perhaps after a visit and interaction with the locals. My wife will see her potential.
- Personal development
- Dealing with anger and flat moods, dealing with suicide ideology
- Purpose in retirement
- For me it will be a personal challenge to implement all of the changes I have identified in my well-being plan. I am looking forward to the challenge
- Communication, tolerance, consistence in implementing changes.
- Chronic fatigue and pain, purpose, depression and anxiety
- Health issues personally supporting. My partners health issues, retirement is ahead of us financially and emotionally.



What is your advice for DVA and the ESO community to enhance results in reducing Veteran suicide, domestic violence and helping veterans onto the earliest possible path of wellbeing?

- More marketing to get help, to teach new members joining DVA to work this could be via health promotions and Veterans care, mates4mates alike to talk to DVA.
- Expand this programme Australia wide, under the guidance and mentorship of the founders.
- More education to veterans.
- A program Such as this should be a compulsory part of medical or normal transition from the military. We are not “reprogrammed” when we leave the military to deal with the complexities of mental health issues. Health and wellbeing are critical
- More support and education in the claims process.
- Regular checking up on the welfare of veterans through personal visits would assist. It is something I would like to be involved in. all advocates should be assessed on their abilities and should be accountable for their actions.
- Provision of holistic health and wellbeing programs in supportive environments. Appreciation of the separate challenges of veterans and carers
- Awareness and educational courses just like TA.
- There is a great need for support as veterans can feel along in their struggle to get out of a hole. Getting to the low point of suicide can be a long road that could be avoided if someone was there to listen, communicate, walk beside you. teach strategies and give you tools to cope and mentoring like on the TA program.

Who do you have to hold you to account for the changes you wish to make or have made?

- Psychologists and best friend.
- My own conscience and my wife and family, Former RAAF members and friends.
- My wife.
- My family, mentors, friends and peers.
- My partner.
- Myself only.
- My spouse, family and my mentors.
- Myself, family and God.
- My self, mentor, TA participants, RSL and open arms.

How do you intend to engage ongoing support for your personal growth?

- Mates4mates.
- Ongoing psych appointments.
- Medication.
- Exercise.
- My DVA support groups, local church and local veteran’s groups.
- Being connected to the veteran community.
- Sharing personal health and welling plan so they understand my intended goals.



- I wish to be involved in post course coaching.
- I will utilise the resources on the TA google drive, but mainly I will rely on my own faith in myself to continue along my personal growth journey.
- Regular contact with VCA, other TA15 participants and my mentors.
- Remain engaged with peer mentor and course members.
- Keep being involved with TA in some capacity to help support families of veterans. Keep active in caring on with my set goals and plans of self-improvement from what I have learnt, and implement my new knowledge of nutrition, hands on farming.

Additional comments or feedback.

- Awesome week very well arranged thank you Michael, Gary and group.
- Component to managing mental health issues. The other key aspect is financial uncertainty which causes undue stress on former ADF members. DVA and ESO's should be open to now traditional forms of rehabilitation rather than a pharmaceutical approach to treatment.
- TA has truly had a positive impact on my life and feel I am starting to find purpose again after being lost for 20 years.
- My mind, heart and soul. Would like to thank you all for your help.
- Thank you for the time, energy and care that you have put into this program. I would love to know how I can expand the influence of VCA into the ACT where I work.
- Grateful for the opportunity to participate in a course run and lead by leaders that are so passionate, genuine and have obviously devoted so much thought and love into veteran's care.



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Personal Health and Wellbeing Plan

I _____ have boundless potential, I am special, I have many talents and strengths. I am committed to improving my health & wellbeing to be the best version of myself for myself and my family.

The 5 most important things to me in life are:

My strengths and unique characteristics are:

I am the most passionate when I...:

My driving purpose to making change:

Body:

Mind:

Relationships:

A future vision of the best version of myself is:

My health and nutritional goals are:

My exercise and outdoor activity goals are:

Note: Goals should be SMART (*specific, measurable, achievable, realistic and timely*).



My financial and material goals are:

I intend to improve my mental fitness by:

I'm going to build better relationships through:

Areas I intend to develop spiritual growth include:

I plan to reach out to the following organisations in order to further my personal growth:

Establishing the following boundaries will help me achieve my goals:

In support of my goals I will implement the following activities into my routine:

These mentors are going to help me in times of doubt and support me to hold myself accountable:

I affirm that I am committed to improving my health and wellbeing. I am responsible and accountable for my health, personal growth and behaviour. I am committed to putting in the hard work to be the best version of myself. I will support others where I can in their journey with love, empathy and compassion.

Signature:

Date: