



REPORT TO RSLQLD – TIMOR AWAKENING PROGRAMS JAN to JUN 2022

TA19 participant comment: “This is by far the most impactful program I have done- no amount of medication or therapy could have delivered the same result”

(Veteran who has previously attempted suicide , spent hundreds of days in psychiatric hospitals and on multiple medications that have not delivered like this program has)

Section 1. Overview

Over the period Jan to Jun 2022 , four Programs have been delivered. Each had the objective of “Raising the health and wellbeing of veterans and their families” and involved the widest range of educational inputs, reflective experiences, individual peer mentoring and culminated in the development of a Health and Wellbeing plan.

COVID has continued to require us to adapt to the prevailing circumstances and restrictions, and there has been noticeable impact on the emotional state of applicants for the programs. Veterans continue to struggle to commit to applying for a program and then even when accepted, up to half of the applicants have withdrawn just prior to the programs due to them either catching COVID , being close contacts, or concerned about catching COVID. We have scrambled reserves to fill these vacancies, and have also had staff members become unavailable.



Each program had a unique group of participants who have bonded and formed a mini community that continues in contact .

A summary of the programs is as follows:

TA17. 15 – 23 Feb 22 in Timor Leste . This was our first program back in Timor since Feb20 and since COVID disrupted our lives. One facilitator , two peer mentors and two new participants completed the program. The program was kept intentionally small at a time when many COVID mandates were in place.

The program was successful for all involved, despite many risks being on the minds of all involved , but demonstrated that programs could be recommenced.

TA18 . 12-20 Mar 22 at Gold Coast. This program was our first to be able to include interstate participants and was very well recieved and successful in achieving our aims. While it involved engagement with over 25 potential and accepted new participants, due to Covid fears, and Covid cases , on Day one we had 12 new participants, four peer mentors and four facilitators. We covered our standard topics of Nurture in body , mind , soul , relationships and developing Purpose. DVA Dep SEC Gen Stuart Smith visited the Program and was delighted.

TA19. 15-23 May in Timor Leste. This was our first large group to go back to Timor and was extraordinary. We deployed 19 new participants, four peer mentors and two facilitators. We were welcomed on Day one By President Horta, Xanana Gusmao , AS Ambassador , AS Defence attaché and Defence staff. After Wellbeing education in Dili we travelled to Same and visited our Veterans Education project that has proceeded to develop with new buildings and 120 residential adult students. We assisted with construction projects and conducted a memorial service for the fallen. On return to Dili we visited various NGO assisting the poor and needy and distributed aid ourselves to widows and orphans living at the Dili garbage dump. We participated in PR Hortas inauguration, and 20th anniversary of TL Independence.

The program validated the efficacy of community engagement and charitable activity as a life giving therapy.

TA20 Gold Coast 16-22 Jun. This was a modified health and wellbeing program to validate the efficacy of addressing the key points of health and wellbeing as well as an introduction to peer mentoring . There were 13 new participants, four peer mentors and four staff involved at St Georges. Two other booked participants withdrew at the last moment due to COVID and a personal matter and were unable to be replaced on such short notice. Inspirational guest speakers involved RSL ambassador Pete Rudland , DVA Dep Sec Stuart Smith AM DSC and Vietnam war hero Capt John White DSC. The program was well received with all participants wanting to progress to the next stage of healing of helping out in the ESO community.

Referrals to RSL and other agencies

All participants were briefed on RSL services and brochures were made available. A specific session was dedicated on each program to the range of agencies available and shown various websites that indicate what ESO are in their postcode areas .

Images

A massive range of images are on our websites and Facebook pages



Photo Gallery



We are all Champions!



RSL Congress



Sunset Meditation



Small group discussion- our fruitful place



Sunday Morning Prayer
against impossible odds



Mindfulness beats pain



Quilts of valour for Michael and Michelle



We are faced with puzzles not problems



TA18 morning exercise



TA20 commences
aru rere kutiani



Wheelchair Ruby with the disabled - they won



Brisbane Team arrive home



Feeding the poor at Dili garbage dump



Our VETS education students and facility



We love you this much



TA19 welcomed in Dili



Anzac Dawn service at the Centotaph

Other matters of significance .

We have front loaded our year with much work and following TA21 13-24Aug in Timor in August, are planning a long break in Sep /Oct with our last program this year to be at GC 27Oct – 2 Nov .

Budgeting and paneling remains problematic for us due to increasing prices for everything , and people pulling out at the last minute, when it s impractical to scramble reserves .



Section 2: Qualitative and Quantitative data

Program Evaluation - Timor Awakening 18

12-20 March 2022

1. How are feeling today in comparison to how you were feeling before coming?

- Uplifted, happy, feels like home
- Feeling more inspired and happier
- A hell of a lot more confident in my ability to move forward
- Positive experience, feeling reenergized and increased positivity
- Calmer, more relaxed, less pessimistic
- Exhausted, personal revelations have put me on my backside and given me painful insights. However, insights are the signposts for healing, so I am grateful.
- A little more relaxed, have a plan moving forward.
- Before the program I was nervous and slightly annoyed at having to attend. Now coming towards the end, I am feeling happy and extremely grateful that I was able to participate.
- I am feeling calm, relaxed and in a clear headspace. I feel that I am now able to make some important life decisions.
- Much better, less stressed, more empowered, renewed determined for personal development.
- I was cautious and guarded upon arrival, by the end of the week I was engaged, switched on and feeling really great.

2. What discussion topic was the most interesting and impactful?

- Relationships attachment styles, love language, mindset and makings changes, circle time, shared experiences, all outdoor physical activities.
- Above and below the line
- Suicide, it enabled me to unpack what I was feeling about it, not just for myself but for my mates who have gone through it.
- Love language, attachment styles
- Relationships
- Relationships seminar and the discussion on suicide. Of my significant others I am the only one who has not attempted suicide.
- Timor Video
- All the topics had a profound impact on my mindset and way of thinking, but I found the health and nutrition parts impacted me the greatest.
- Big talk, putting myself out there and opening up.
- Relationships, attachment styles and love language.
- Just the realisation that I am in compassion burnout, and burnout in general but after a fire



the new growth starts.

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

- circle time and shared experiences impactful, sense of family, not alone. Peer mentors I feel provide a safe, realistic and relatable and achievable environment.
- john talks
- for me it was the ‘peace of mind’ sections. Once I addressed that it was easier to put things into perspective
- it’s always good to remind oneself of what’s important. Re-enforcing the messaged of the importance of being connected with positive people and friendship groups.
- Increased motivation to seek out volunteering opportunities. Reinforcing the need to forgive and understand the benefit of forgiveness.
- One on one interactions, and physical activities and trips.
- Giving me an overall, overarching framework to give structure to a healing journey ahead. All components were effective and impactful.
- Yoga and the deep breathing brought me back to feeling calm.
- Meeting other veterans and hearing their stories as well as the mentors’ stories.
- Mindset, changing how I think, approach, reacting to situations and reviewing who I am now as a person and how I want to change my life.
- Education suicide awareness especially the open arms online course. Intention to change lifestyle audit, it identified the areas for my focus for improvement.
- Already had my own answers and ideas the difference was VCA/TA reinforced and helped concrete those decisions into place.

4. How was your support on the program?

- amazing katies was always present, relatable and approachable.
- 10/10
- excellent not in your face, but there when you needed it
- very good.
- Adequate/good, logistic support is excellent
- Excellent compassionate and flexible, never failed me.
- Awesome
- Excellent
- The support program was more than what I had hoped for. It covered a lot of the issues that I have been dealing with and made me confront them.
- I felt safe and supported especially by my wife, I knew my mentor had my back and comforting knowing a clinical psychologist was on board.
- A few triggers here and there. One bad trigger but was able to speak with Gary

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

- enabled self-inquiring in a safe and secure environment. Creation of a new community that shares similar values and experiences.
- Better in every way
- Didn’t feel like a guinea pig
- Peer to peer focus



- I have not experienced similar programs/treatments.
- Having a syndicate and leader to focus on a small number of participants, very powerful and supportive
- Felt as though I was safe and allowed to feel my feelings without judgement.
- I haven't attended anything else before to compare
- I have not done any other programs, but I have got more out of this group than I have out of the numerous collections of psychologists I have seen over the past 20+ years.
- Duration of 7-8 days provides a much better environment for lasting change as opposed to a two-day program. Lots of practical activities, discussions and circle, remained together as a group for majority of the time.
- Treatment is compartmentalized, addresses one specific issues. TA addresses the whole person and how everything is interrelated.

6. What could be done to improve the Timor Awakening Program?

- keep watch of time, break (short) halfway through longer lessons to retain groups focus
- nothing
- less information and more time to rehash what we covered.
- Being in more subject matter experts, encourage more spouse participation.
- For myself the DVA discussion caused me to feel angry in a whole different way, which I found quite different
- Nothing to mention here. It is everything and more than I could have ever hoped for. I feel extremely lucky to have been able to attend.
- More subject matter expert (probably external persons from RSL, Open Arms) in place of some of the peer mentors presenting material where that are not subject matter experts.
- Moral Injury, I don't believe this was adequately addressed or explained thoroughly. The damage done to one's core truths when required or confronted by something 180 degrees of your true north.

7. What is your greatest challenge? In what area do you feel stuck?

- enjoyment in life, loneliness, and support
- health
- suicide, but with the help of my mentor I was able to unpack it
- The art of forgiveness
- Resolving schism with my children
- Physical morning activity due to my vision impairment. This was very challenging although I found this outcome was better than I expected. Nether less I have to accept I will never be the same as I was in this area.
- Recognising the areas, I still need to work on and through.
- Talking in front of the group still not completely comfortable with this.
- My greatest challenge will be how I implement this change after leaving the program.
- Challenge is turning the theory into practical once I leave TA, I am stuck with gratitude and turning on the positive can-do mindset.
- Scared of falling over or further damaging arms. This is real, but mentally over amplified "avoid contact sport" just a mental block to hurdle with some help



8. What is your advice for DVA and the ESO community to reduce Veteran suicide, domestic violence and helping veterans onto the earliest possible path of wellbeing?

- early intervention and education conducted at DFR candidate, and SNCO/OFF/JNCO level to educate and support in service soldiers adequately.
- Unlike wellbeing services same as civilians
- Early intervention
- Educate people to recognize the signs in people, eg. behavioral changes in those who may be demonstrating suicidal behaviours provide intervention tools and information on external resources.
- Peer engagement and positive activities.
- Early childhood trauma psychologists. Psychologists of an appropriate gender for the sufferers of domestic violence, maybe charge them up to gain new and gender specific insights.
- Start talking earlier and don't leave soldiers who have been discharged medically left to fend for themselves.
- To start taking a preventative approach to address issues before they arise
- A more supportive transition from military life to civilian life. Better communication about what is available earlier in the transition process and how to access it. Also advising that this help is available no matter how long you served and where you served.
- Need to change the DVA claims process which takes you down the negative rabbit hole and leaves you there. Need a pathway back after DVA claims are finished.
- DVA usually not interested until you are in hospital recovering from a suicide attempt. Then DVA appoint case manager and delegate.
- ESO some are just professional drifters, pushing their own agenda, while Vets come second. Glad that VCA/TA has restored some faith in my view of ESO's.

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

- Myself
- scotty and lucy
- myself
- A support group and I to keep me on track i.e., husband.
- Not sure, work in progress
- I have my life and suffering to hold me to account, I also have my veteran friends. I am unsure of the mentorships structure right now.
- My best friends and the mentors from the course
- My wife
- I hold myself accountable. I want to change, and I need to change, only I can do this. I need to reach down inside and find that discipline that I used to have.
- Myself and my wife.
- Myself, wife, mentor, psych/GP and peers.

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

- through connection, nature (beach and bus) and physical activity.
- follow health plan



- talk to any mentors
- fabulous venue
- engage with more groups and activities in home location. Hopefully participate/contribute to TA in the future
- yes, mental health and spiritual growth. I have well devised plans for that
- moving back to QLD and getting assistance from the VHA, VCA and RSL
- I will seek support from my family and friends
- I have found that my very close, small circle of friends that I have surrounded myself with over the past few years has significantly grown for the better after this week.
- Preserver with yoga and breathing, SMART goals, join VCA as a Peer mentor.
- Priority is lead sabbatical to refresh to grow again. possibly a couple's retreat. RFS not firefighter not chaplain logistics officer something different new skills.

11. Please provide feedback for St Georges Defence Suites as a venue. Please list recommendations to pass on to St George's Management.

- nothing to report, facilities and staff were supportive and helpful
- great
- awesome setup
- wonderful, clean/ well appointed, warm and welcoming staff.
- Excellent venue.
- Great venue, great location, very grateful and thank you.
- The accommodation is excellent possibly more advertisement (I had not heard of the program).
- The suites were amazing. I will definitely be coming back with my wife and maybe an escape on my own.
- Clean towels after 4 days.
- Nice suites, great location, awesome views.

12. Any additional comments or feedback.

- thank you for your kindness, self-belief and life changing experience.
- Ensure rooms are clean – under the beds.
- I just want to thank everyone for what has been given this week. I feel that I have made some new friends that I would never have met if it wasn't for this program.
- I liked that the program was flexible and not totally rigid. Good use of audio-visual aids. Circle time is great. The way VCA pretty much pays for everything is great. Being able to have my wife attend was wonderful.

Section 2: Timor Awakening 18 - Review of Participant Data

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

Data was collected from 11 participants and on TA18 at two time points: Commencement of the program (12th March 2022) and the conclusion of the program (20th March 2022). TA18



was the 15th 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 Personal Well-Being, Depression, Stress and Anxiety. We would like to 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. The anecdotal comments at the end of report reflect a fascinating diversity of positive outcomes, the program is seen to show a positive impact on the participants.

Demographics

Of the 12 participants on the program data was collected from 11 Veterans, one participant's data was not taken due to being a spouse and arriving later on the course. This report includes all the data from the TA18 participants.

Demographic data collected on the 11 participants revealed the following. 8 participants identified as male and 3 as female. The average age of participants was 50 years (M = 50 years, SD = 11), 10 participants had a history of serving with the military services and UN. Eight (9) participants had served in the Army, and one (1) had served in the UN. Of those with military service 44% reported that they had been medically discharged. At the start of the program two (36%) participants reported that they were retired, six (54%) reported that they were employed, three (9%) participants identified as unemployed.

Family Characteristics

Eight (72%) participants identified that they were in a long-term relationship (de facto or married), one participant is divorced (9%), one (9%) reported being single, one (9%) reported being separated. Ten (10) participants provided family demographic information which indicated that Nine (90%) have children. Of the ten participants who have children, five (50%) currently have dependent offspring.

Health Status

Mental Health

All TA18 participants provided information about their current and previous treatment for mental health conditions. At the commencement of the program, 8 (72%) 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.

Section 3: TA18 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 TA18. These included the Depression, Anxiety and Stress Scale 21-Item Version (DASS21), and the Personal Wellbeing Inventory (PWI). De-identified Pre- and Post-program results on each assessment area are demonstrated below.

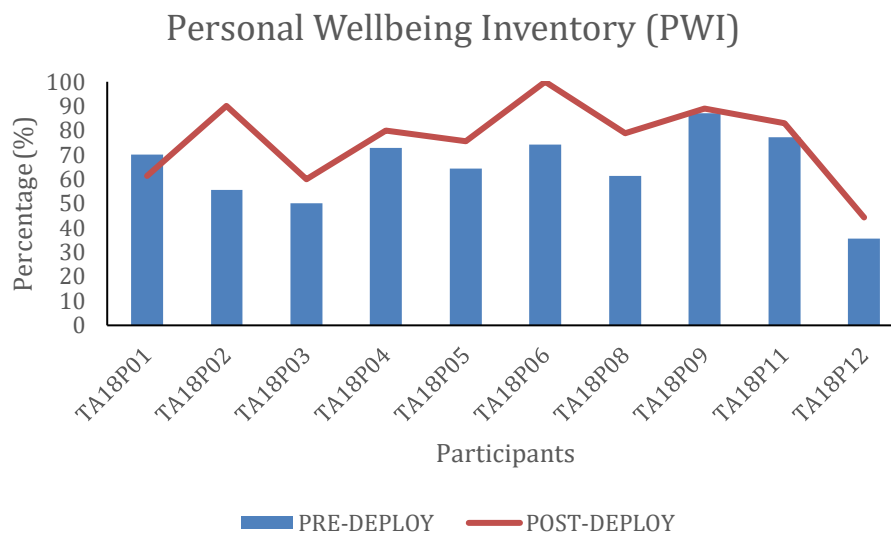
Personal Wellbeing Inventory (PWI)

Participants completed the Personal Wellbeing Inventory (PWI) at Pre and Post – program herein referred to as Time 1 and Time 2, respectively. The PWI is a 7-item self-repot



scale designed to assess global satisfaction with life across the key domains of standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security. Respondents rate how satisfied they are in each domain of life on a Likert scale from 0 (No satisfaction at all) to 10 (Completely satisfied). The scale includes optional items pertaining to satisfaction with spirituality or religion, and satisfaction with life as a whole. The scale has demonstrated sound psychometric properties and has been used cross-culturally (International Wellbeing Group, 2013; Lau et al, 2005; Misajon et al, 2016).

Scores on separate items can be interpreted as independent variable domains, or the seven items can be summed to yield an average score, with higher scores representing higher subjective wellbeing.

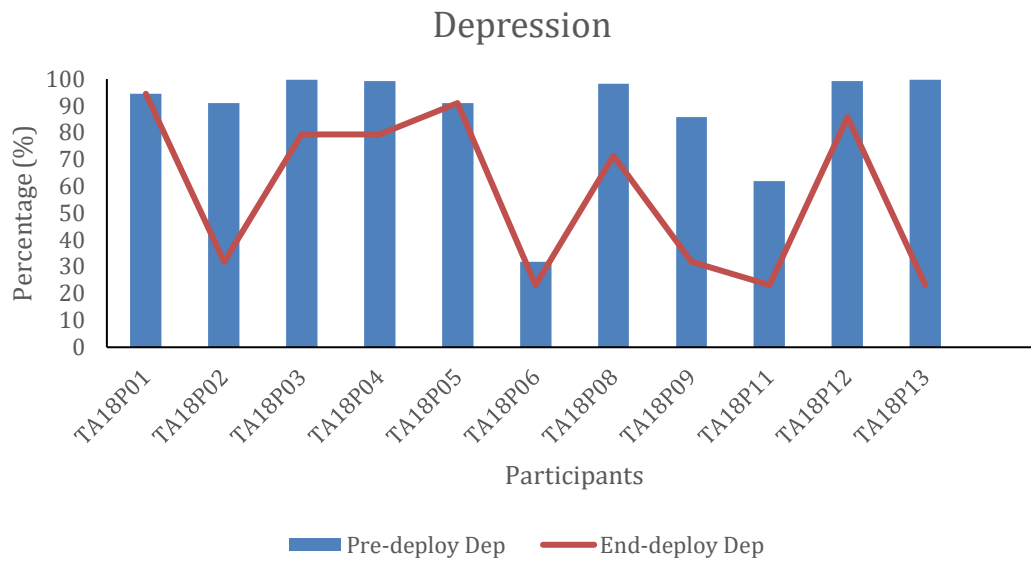


Each participant's de-identified results on subscales at Time 1 and Time 2 are shown in the following graphs. Start of the program the participants were experiencing lower scores on the Wellbeing Inventory. Post-program results indicated that participants experienced higher scores on the Wellbeing Inventory.

Further statistical analysis of the scores on the PWI 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 11 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 PWI from Time 1 ($M = 61.81, SD = 17.34$) to Time 2 ($M = 75.14, SD = 16.17$), $t = 3.35, p = .007$.

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.

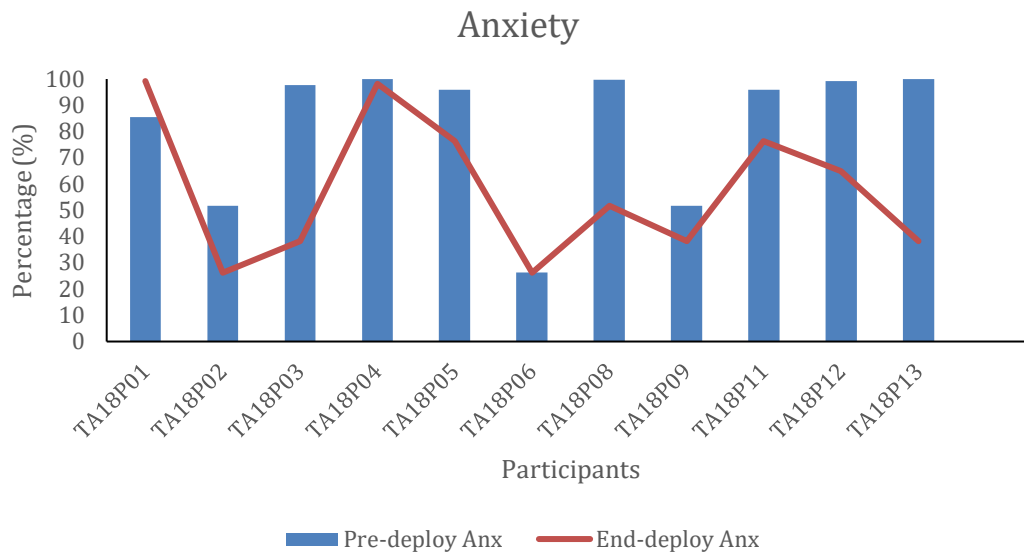


* Elevated Range > 78; Clinical Range > 95

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 45% of the 11 participants were experiencing symptoms of depression what are considered to be of clinical concern. Post-program results indicated that 0% of participants remained in this range, one participant experienced higher levels of Depression on the completion of TA18 than they were experiencing prior to departure.

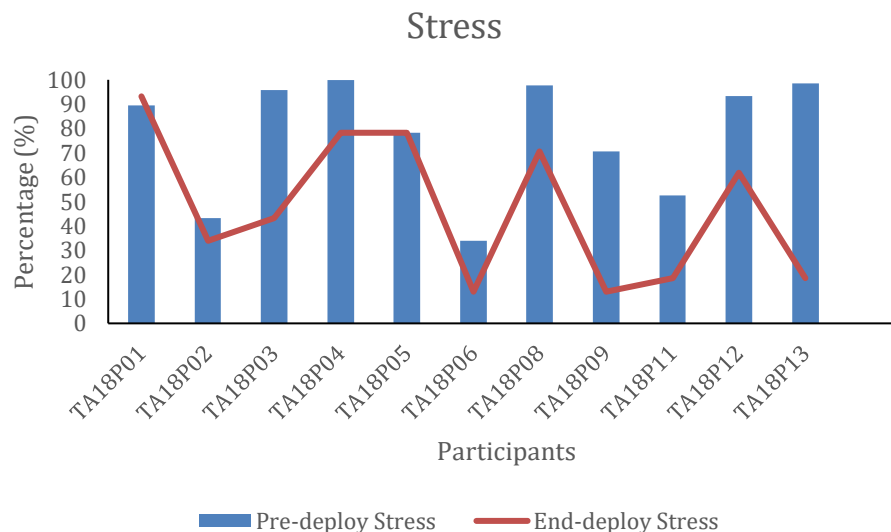
Further statistical analysis of the scores on the Depression subscale of the DASS-21 was conducted to examine if the difference between Pre and Post-program scores for the group were of clinical significance. Analysis was based on the 11 participants who provided data at both time points. Two tailed *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 ($M = 86.54, SD = 21.23$) to Time 2 ($M = 57.69, SD = 30.48$), $t = 3.78, p = .003$. 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 63% of participants were experiencing symptoms of anxiety that are considered to be within the clinical range. Post-program results indicated that 18% of participants remained in this range.

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 11 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 ($M = 82.09$, $SD = 26.18$) to Time 2 ($M = 57.61$, $SD = 26.93$), $t = 3.31$, $p = .007$, 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 36% of the participants were experiencing elevated symptoms of stress at pre-program. Post-program results indicated that 0% 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 11 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 ($M = 77.56, SD = 24.13$) to Time 2 ($M = 47.50, SD = 29.93$), $t = 3.93, p = .002$, indicating that on this occasion there was a clinically significant improvement (reduction) in the symptoms of anxiety within the group.

Section 4: Post Program Recommendations

Post Program Participant Contact

1. At the time of preparing this report, all participants have had a follow up phone call, 2 weeks post Timor Awakening 18. Overall, we are shown the positive changes in DASS-21 and the PWI. Out of the 11 participants, there were only two participants (P01 and P04) who were reporting significantly high symptoms of Anxiety concerns following the return of TA18, all participants have been offered ongoing support and a further follow-up will be undertaken to ensure that ongoing growth is maintained. Regardless of improvement throughout the program a follow-up call to all participants will be undertaken 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.



Program Evaluation - Timor Awakening 19

15-23 May 2022

13. How are feeling today in comparison to how you were feeling before coming?

- I feel like I achieved my aim of facing some confronting memories of Timor and replacing them with new positive memories. I feel a sense of closure and reinvigoration compared to how I was feeling prior to the trip
- Light and good
- Feeling positive about my future a lot still to process on return home, but through TA experiences, conversations and developed relationships (old and new), I have addressed some issues and refocused my relationship with Timor.
- More relaxed
- I am totally at peace
- Tired, but very positive about the opportunities that the week has shown me
- Grateful
- Very tired, a lot of traveling, and grateful for the ability to reconnect with the locals and grateful for my ability to continue to support them in practical actions.
- I feel more educated, inspired, and connected and aware.
- Better, however I was feeling good when the trip started.
- Energized, refocused and enthusiastic to continue advocating on the program of TA and the Timor-Leste persons

14. What discussion topic was the most interesting and impactful?

- The school visit in Same – to see the opportunities students have, the aid visit to help understand that there are still East Timorese living in abject poverty.
- Being of service and connecting with community
- Circle activities in AM/PM, it gave an opportunity to speak freely and honestly brought on by living in the moment during TA. Supported development of rapport amongst group.
- Visit to Education Institute of Same
- Just being part of the group. The fellowship that was formed by interaction, getting to hear people's stories is always amazing.
- Informal discussions with other TA members, learning more about the variety of ways they are helping and reaching out
- During the Indonesian occupation, they were waiting for the Malia (the foreigners) to come
- Status of health and hospitals
- Personally, for me the agriculture program in Same, also the people who live in the land fill.
- Reflecting on what the program had impacted on each of us. The circle on the last night together was moving and was very open.

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

- Being able to stand in the markets of Same in the exact position that 20 years ago a very traumatic event unfolded which contributed to my excessive behaviours, chronic anxiety and PTSD. To stand there with no anxiety or panic and calming take in the markets and feel a sense of closure.
- Circle time to reflect, and action time to interact and put in action



- Engaging with school in Same and with Sabah, having DCP and AOF participate in TA great to see ADF representative contributive with enthusiasm, security and professionalism wheelchair rugby -sitting in others shoes.
- The experience of being out into the communities interacting, listening, and learning about the needs of the levels. To try and be more at peace, filled with love and compassion like east Timorese people.
- Exposure to events of Timorese society such as Same hospital, Sabeh and T-bar local families
- People to people, and Mick Stone is a legend
- Visiting Same and the English school heading forward to seeing the ongoing progress there with a wonderful initiative.
- Understanding why and engaging with the Timorese people to see their souls.
- All the different people in our team and the positive energy and knowledge they brought to VCA/TA.
- Visiting the old UN hospital and see the improvement and the health facilities in Same, watching others volunteering who have nothing but still prepared to give to others. Seeing other women empowering other women.

16. How was your support on the program?

- Excellent, I always had people checking on me and I felt loved and supported the entire time.
- Good
- Excellent, everyone looking out for each other.
- Excellent
- Great, not overbearing, but I know there was always, further support if needed
- Very good
- Fine
- Fantastic- great people from different walks of life and experiences
- Support is always great
- Excellent, always felt I had the support of the team and the other participants.

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

- This is by far the most impactful program I have done no amount of medication or therapy could have delivered the same result.
- Interaction with veterans from another country.
- I have felt more at peace, accepted for who I am
- More interactive with local people in a meaningful way
- Very relational
- It's an immersive, out of Australia experience.
- Conversations, sharing, gratitude and connection at the forefront.
- There is no other program that comes close to TA, for closure and healing
- Time to reflect on self and others, full support and experiences that assist you in feeling grateful stimulates you to respect others and so many inspiring stories. You never feel judged

18. What could be done to improve the Timor Awakening Program?



- More funding from the RSL would ensure the program can continue to meet its aims
- Organized PT in mornings eg. Take bus to Christo Rai to watch sunrise, Timor Plaza pool activity. I know this TA was different to normal program, but not involving alcohol would be a positive step to ensure make most of experience with clear mind and energy.
- Nothing I can thank you
- No improvements, from my end.
- Circle time is excellent, maybe use more thinking routines see, think, wonder. Example I used to think.... But now I think...
- This TA19 program was good
- Tell more people about it, get the message out there.
- It would be good if the powers that be could take this program national and support Gary and the team more
- More support from the sponsors, more commitment from past participants to advocate on the benefits of the program

19. What is your greatest challenge? In what area do you feel stuck?

- Dealing with frustration and motivation to engage in activities.
- Shifting routines
- To find new/refined purpose in life after defence and Timor-Leste.
- Still suffer with lack of confidence
- To follow up on opportunities from this trip with meaningful action
- Self-doubt, being valued and appreciated by others
- Not stuck just impatient
- I would like to do more with TA, sometimes I don't know how and feel I am letting the team down.
- Comparing others, them not doing enough and not feeling worthy

20. What is your advice for DVA and the ESO community to reduce Veteran suicide, domestic violence and helping veterans onto the earliest possible path of wellbeing?

- I have participated in many DVA funded activities, but Timor Awakening is by far the most impactful. It is not just a feel-good activity; it achieves long lasting positive impacts on participants.
- Work on development of positive health and responding to critical health situations
- Adapt TA to include longer stays at Same connection with Timorese Veterans, practical work to do, cool climate, reduce travel & tempo. Close to lifeline with Australia at Betano, connection.
- Teach a path to wellness before vets get really stuck in the hole.
- More acknowledgement for individuals or learning service contact with people after they have left service to follow up on how they are coping after learning.
- Foster interaction, promotes physical wellbeing to bring mental health sequelae
- Veterans are not the only identity you define as. Early education in life post military without entitlement.
- Gratitude, seeing how the other side live without a sense of entitlement
- Start listening to the veterans not the politicians. More of these programs, issue every



soldier a Gold Card when they complete their service contract.

- Listening to them earlier and getting them help programs like TA should be claimable through DVA for veteran's health, should be enough data to support the benefits of doing the program.

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

- By becoming a peer mentor and helping other veterans on their journey of healing.
- Taking time in the morning to pray and reflect and establish a positive outlook for the day, taking the time to wind down before going to bed
- Keeping in contact with TA19 group support TA program where can, investigate opportunity with ADF school of health to support Sabeh
- Further involvement with VCA as a peer mentor.
- Meditation, time and reading information, podcast
- Follow through with projects to help Timorese people.
- Continue regular practice, breathwork and being more conscience and aware of emotions and how to love life and others and myself more.
- Men's groups, workshops, initial self-reflection
- Get more involved with Gary and the team
- Continue working with the veteran community at both VCA and the RSL

22. Any additional comments or feedback.

- Thank you for the life changing opportunity.
- Thanks for the invite to participate in TA19, came around at a time where I needed some help to refocus, energize, receive advise and spt. Great opportunity to experience with dad.
- Thank you
- I would like to thank the Stone family and the VCA team for letting me be part of this great initiative
- This was the best program I have attended, very supportive staff, always made to feel included and cared for. Special mention of Katie - excellent leader, extremely organized and fun to be with. Well done to all participants and staff on their conduct. Everyone joined together.



Section 2: Timor Awakening 19 - Review of Participant Data

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

There were 17 participants on the program. Full data was collected from 13 participants on TA19 at two time points: Commencement of the program (15th May 2022) and the conclusion of the program (23rd May 2022) (partial evaluations were received from the further four participants, due to them arriving late or departing early). TA19 was the 16th 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 Personal Well-Being, Moral Injury, Depression, Stress and Anxiety. We would like to 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. The anecdotal comments at the end of report reflect a fascinating diversity of positive outcomes, the program is seen to show a positive impact on the participants.

Demographics

Demographic data collected on 13 participants revealed the following. 10 participants identified as male and 3 as female. The average age of participants was 58 years (M = 58 years, SD = 11), 10 participants had a history of serving with the military services and UN. Ten (76%) participants had served in the Army. Of those with military service 38% reported that they had been medically discharged. At the start of the program seven (53%) participants reported that they were retired, six (46%) reported that they were employed.

Family Characteristics

Eleven (84%) participants identified that they were in a long-term relationship (de facto or married), two (15%) reported being single. Thirteen (13) participants provided family demographic information which indicated that Twelve (92%) have children. Of the twelve participants who have children, seven (53%) currently have dependent offspring.

Health Status

Mental Health

All TA19 participants provided information about their current and previous treatment for mental health conditions. At the commencement of the program, 7 (53%) participants were taking medication for a psychiatric condition and all these participants were under the care of a psychiatrist. Of these 6 participants all were also receiving psychological treatment.

Section 3: TA18 Program Efficacy

Outcomes

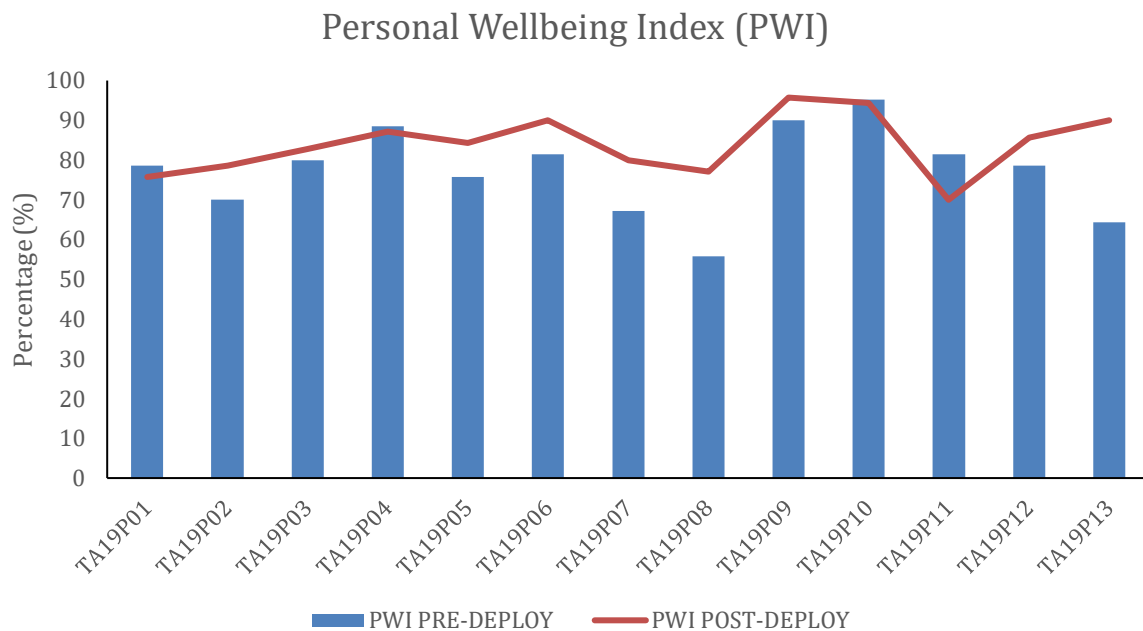
Participants completed standardized self-report assessments at Pre- and Post-program to aid an understanding of the symptoms of psychological distress and general health and wellbeing of the participants undertaking the program to Timor on TA19. These included the Depression, Anxiety and Stress Scale 21-Item Version (DASS21), and the Personal Wellbeing Inventory (PWI). De-identified Pre- and Post-program results on each assessment area are demonstrated below.



Personal Wellbeing Inventory (PWI)

Participants and staff completed the Personal Wellbeing Inventory (PWI) at Pre and Post – program herein referred to as Time 1 and Time 2, respectively. The PWI is a 7-item self-report scale designed to assess global satisfaction with life across the key domains of standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security. Respondents rate how satisfied they are in each domain of life on a Likert scale from 0 (No satisfaction at all) to 10 (Completely satisfied). The scale includes optional items pertaining to satisfaction with spirituality or religion, and satisfaction with life as a whole. The scale has demonstrated sound psychometric properties and has been used cross-culturally (International Wellbeing Group, 2013; Lau et al, 2005; Misajon et al, 2016).

Scores on separate items can be interpreted as independent variable domains, or the seven items can be summed to yield an average score, with higher scores representing higher subjective wellbeing.



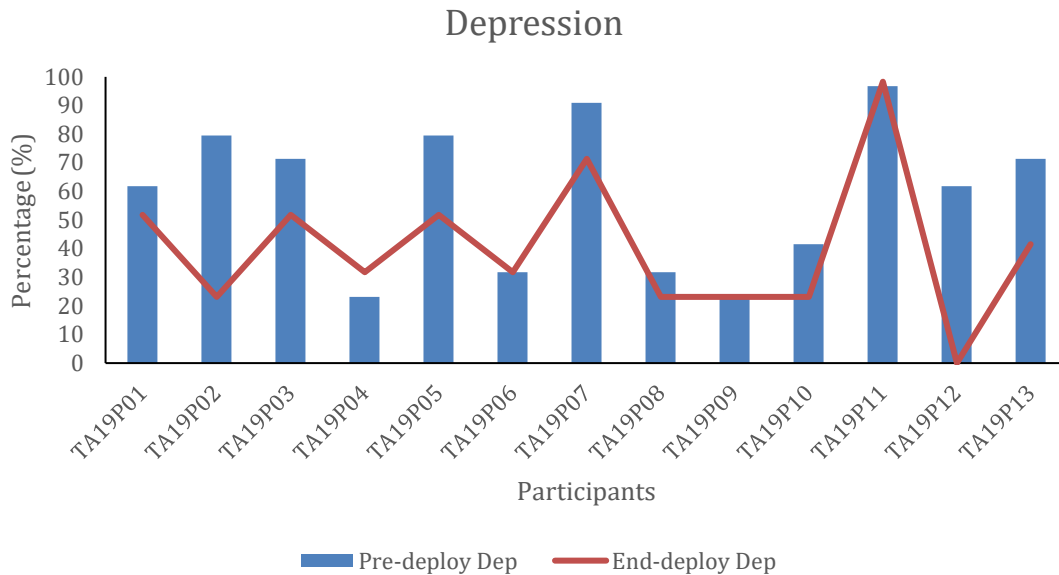
Each participant’s de-identified results on subscales at Time 1 and Time 2 are shown in the following graphs. Start of the program the participants were experiencing lower scores on the Wellbeing Inventory. Post-program results indicated that participants experienced higher scores on the Wellbeing Inventory.

Further statistical analysis of the scores on the PWI 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 13 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 PWI from Time 1 ($M = 77.43, SD = 10.97$) to Time 2 ($M = 83.95, SD = 7.56$), $t = -2.36, p = .035$. Indicating that on this occasion there was a significant improvement in Personal Wellbeing Inventory within the group.



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.

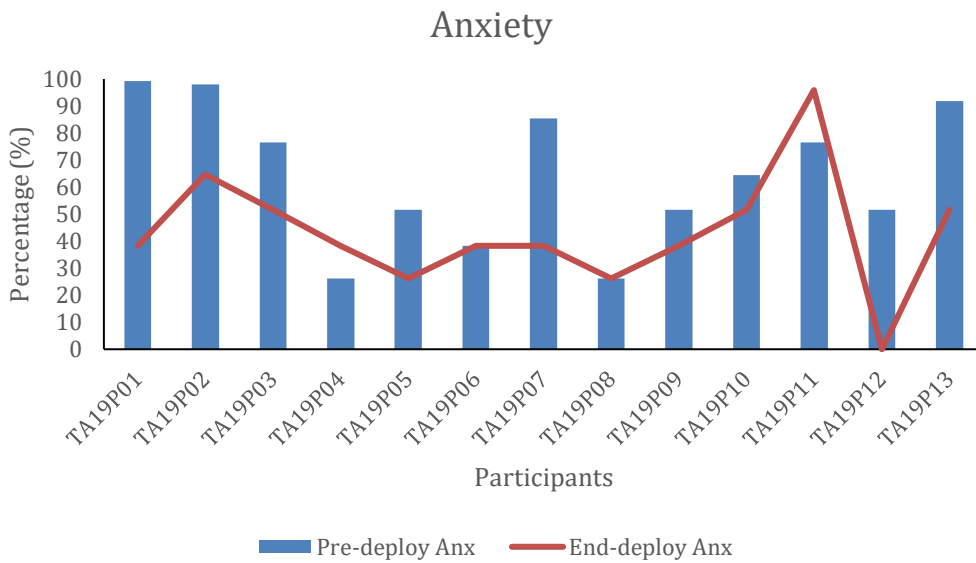


* Elevated Range > 78; Clinical Range > 95

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 7% of the 13 participants were experiencing symptoms of depression what are considered to be of clinical concern. Post-program results indicated that 7% of participants remained in this range, one participant experienced higher levels of Depression on the completion of TA19 than they were experiencing prior to departure (this related to a non-program issue, regrading a DVA entitlement that arose at the end of the program, triggering this behaviour).

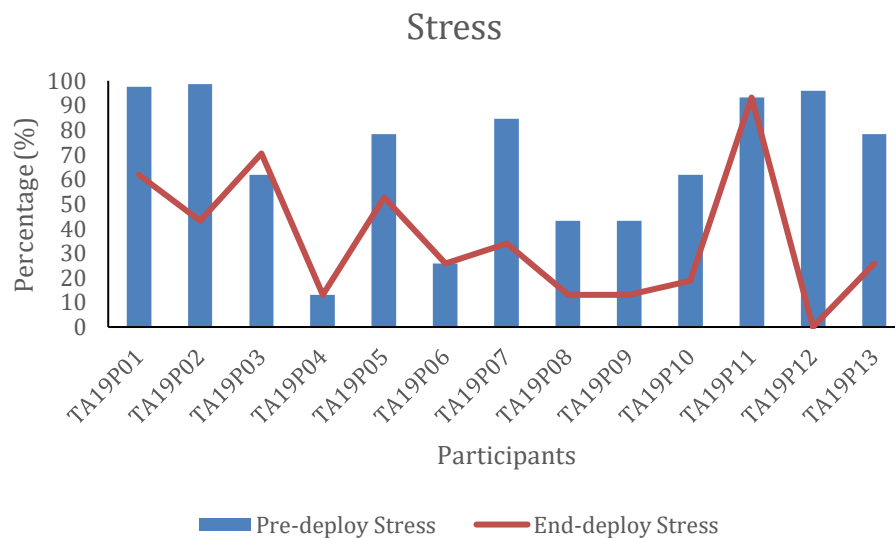
Further statistical analysis of the scores on the Depression subscale of the DASS-21 was conducted to examine if the difference between Pre and Post-program scores for the group were of clinical significance. Analysis was based on the 13 participants who provided data at both time points. Two tailed *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 ($M = 58.8, SD = 25.73$) to Time 2 ($M = 40.22, SD = 25.26$), $t = 3.12, p = .008$. 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 15% of participants were experiencing symptoms of anxiety that are considered to be within the clinical range. Post-program results indicated that 7% of participants remained in this range, one participant experienced higher levels of Anxiety on the completion of TA19 than they were experiencing prior to departure.

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 13 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 ($M = 64.42$, $SD = 26.44$) to Time 2 ($M = 43.03$, $SD = 23.24$), $t = 3.08$, $p = .009$, indicating that on this occasion there was a clinically significant improvement (reduction) in the symptoms of anxiety within the group. Post-program results indicated that 7% of participants remained in this range, one participant experienced higher levels of Anxiety on the completion of TA19 than they were experiencing prior to departure (this related to a non-program issue, regarding a DVA entitlement that arose at the end of the program, triggering this behaviour).





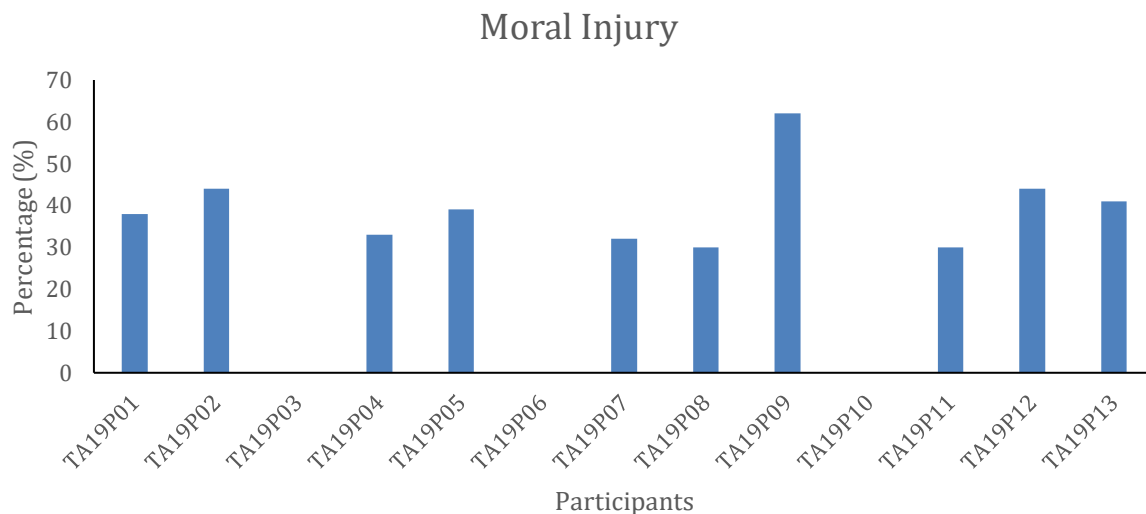
* Elevated Range > 78; Clinical Range > 95

Graphic representation shows that 23% of the participants were experiencing elevated symptoms of stress at pre-program. Post-program results indicated that 7% 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 13 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 ($M = 67.3, SD = 28.60$) to Time 2 ($M = 35.74, SD = 27.17$), $t = 3.88, p = .002$, indicating that on this occasion there was a clinically significant improvement (reduction) in the symptoms of anxiety within the group.

Moral Injury

10 Participants completed the Moral Injury symptom Scale – Military (MISS-M) version short form, 3 participants did not complete as they were Carers or partners. 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. As can be seen from the data all military members experienced between 35% and 60% degrees of Moral Injury. The current MISS-M does not cover all of the scope to evaluate pre and post responses as most of the questions are not comparative, whilst we attempt to remediate Moral Injury on the programs it is not possible to show this graphically at this stage.



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 19. Overall, we are shown the positive changes in DASS-21 and the PWI. Out of the 17 participants, there was only one participant (P11) who was reporting significantly high symptoms of Depression and Anxiety concerns following the return of TA19, all participants have been offered ongoing support and a further follow-up will be undertaken to ensure that ongoing growth is maintained. Regardless of improvement throughout the program a follow-up call to all participants will be undertaken 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.

Program Evaluation - Timor Awakening 20

16th-20th June 2022

“This is by far the most impactful program I have done no amount of medication or therapy could have delivered the same result”

(Veteran who has spent hundreds of days in hospitals and on multiple medications that have not delivered like this program has)

23. How are feeling today in comparison to how you were feeling before coming?

- I am feeling better than before. I was more anxious about the training.
- Much more confident of the prospect of mentoring exhausted, but spiritually revived, sense of purpose.
- Much better I feel more connected with people and more positive in general.
- Inspired and ready to be a peer mentor.
- Re-energized
- Glad to have been able to participate in the program
- I feel great and open and engaged
- Satisfied
- I have a new found drive
- Energized better educated on the role and expectations of a peer mentor
- More driven to self improve/develop and support others
- Re-purposed, more determined to address key issues
- I feel really inspired to seek out more tools and ESOs who can help me develop a program which I believe will benefit soldiers as individuals.

24. What discussion topic was the most interesting and impactful?

- Peter’s talk about ownership of your life and John White sharing his story.
- Compassion fatigue, RSL Ambassador.
- John and his deployment to Vietnam, very real and raw, with very heart felt lessons shared.
- Most of them, however the discussion with peter and John were outstanding.
- Peter Rudland’s presentation seeing a positive outcome from every(most) negative situation
- Practical mentor exercises.



- John's talk, peer engagement and transition from defence – Civilian
- The whole program focusing on mentoring
- Moral injury with John
- Relationships with Beth MacLauchlan personally for my role as a unit Chaplain.
- Peter Rudland closely followed by John White
- Peter Rudland and John White's presentations
- Cannot pick one topic as the whole course was interesting and impactful

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

- Watching the sunset was probably the most effective because it gave me time to practice being present
- Scenario training, speakers, access to support available and ESOs
- Role play, physical preparation and conduct of scenarios you may experience as a mentor.
- Being given the tools to help others and move forward.
- Building skills in communication
- It's not an element, I think it is the program as a whole. The daily sequence of grounding, discussion and circle time.
- Learning what other help agencies are available
- The principle of mentoring and the lack of it in the civilian sector.
- The components that specifically focused on peer mentor skills
- Big talk, active listening, and pastoral care practical scenarios.
- Peer support, mentor qualities, mentoring process and role playing.
- Mindfulness practice with Scotty Mac I can do infinitely more than I think I can, especially with peer support and I hope to take this back to my work place and use with my children.

26. How was your support on the program?

- I was glad Scott asked me how I was going everyone was supportive.
- At no time, I felt alone, confused, or unsupported. I felt guided, inspired and encouraged to improve and get the most out of the program.
- Excellent, my mentor communicated effectively and was very approachable and engaging.
- Excellent
- Very good
- 5 star, especially after ice bath.
- Great
- Excellent
- Excellent is what was primarily provided by the other mentees
- I felt covered for, listened to, encouraged and I loved spending time with fellow participants.
- Felt very well supported by Darryl and others
- At a high level I felt very supported
- Always felt supported



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

- This program focuses strongly on the positives and is able to be supportive in a way that shows respect for veterans.
- Not death by power-point! We were involved – no “us and them” – bonding through shared experiences engaging every day. Unique in focus on wellness.
- Acceptance of “who you are” without judgement.
- I have only done TA course, still serving.
- Very interactive and targeted content 5-7 day program (more effective than 1 day workshops)
- It comes out as a high quality program
- Great being with other like minded people and veterans still in service.
- No other volunteering done yet
- Actually giving tools that can be used rather than just a feel good experience
- More supported and more relevant content
- This is the first program I have attended with a “mentoring” focus.
- In every single way it shows the human aspect, it doesn’t just tick boxes, it stretches you, it teaches you in a safe, encouraging environment.

28. What could be done to improve the Timor Awakening Program?

- Hard to answer this question. For anything we want more of would mean less of something else. Potentially more scenarios and role-playing at the expense of circle time?
- Potentially finish the day 1 hr earlier. More scenario based training.
- Nothing at this stage
- More roleplay
- Just look at how to keep up the energy
- Maybe the day is 1 hr shorter, interviews first day and last.
- Expand domestic program
- Presentations are fine but I find role-playing is the most effective way to teach mentor/mentoring
- More practical scenarios
- The assist course should be part of the peer mentor course, for those who haven’t already completed it. I think a future lesson on post traumatic growth could be included in the program. More emphasis on participants presenting so staff can gauge suitability – getting them to run a syndicate discussion for same reason.
- Perhaps to have an aid memoire to take away, like. VUI TUI of contacts, ESOs numbers of programs like waves of wellness and Beth McLaughlin’s contact

29. What is your greatest challenge? In what area do you feel stuck?

- It has been hard to express positive feelings and feel present, I am working hard to address



this.

- Stability – hard to support others at the moment until stable.
- Knowing how to move forward in my life. Career, personal life, as a parent.
- Relationships
- Determining area to contribute to the community
- My own limitations, with injuries/medication
- Staying positive
- Achieving professional goals while dealing with anxiety
- I struggle to set boundaries for those seeking help at work from start of day, fitness and healthy eating, I get up at 5 am and it starts with uniforms and lunches to make before I leave for work at 6am and get home and do dinners and prep for next day, I make no time for me.
- Need to tighten up planning and routine
- Self-care
- I want to further improve my relationship with my wife

30. What is your advice for DVA and the ESO community to reduce Veteran suicide, domestic violence and helping veterans onto the earliest possible path of wellbeing?

- Try to listen without judgement, some injuries are quite personal, although I acknowledge this is extremely difficult.
- There is a lot that doesn't work, but this does. Invest and promote this program (both TA & mentoring) to expand reach and increase capability.
- Target segments inside of defence pre-discharge. Prevention verses cure.
- Peer to peer mentoring
- Early recognition of crisis and intervention and support initiatives.
- Just keep doing the program
- Needs to start Inservice Peer mentoring
- Early intervention
- More education on holistic health and wellbeing, more TA programs, training in mentoring as part of leadership training at all levels
- More access to mentors and more promotion of available support services
- Early education on those topics covered on a domestic TA
- Consider funding VCA more
-

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

- Continue mental health treatment and set personal growth goals.
- I have a case manager who I work closely with connect with other programs.
- Psychologist and peer engagement.
- Checking in with Scotty Mac, Gary stone on a regular bases
- Keep challenging myself set goals and measure outcomes, read/study
- Keep volunteering for this type of work
- Do more and offer support to VCA for veterans in my area of Harvey Bay.



- Action in progress
- See Beth Mclauchlan for personal development for personal growth and also seeking if my Coord department will have her run a workshop for all Department at 7BDE to learn skills to help those who seeking advice
- Continue being curious about topics and exploring them further by reading/experiences and continue volunteering
- Mentoring contact with fellow participants in the program, maintain contact with mentor personal support
- By being an active mentor for others (generates self-growth), sit with Dawn to determine our attachment styles.

32. Any additional comments or feedback.

- Big thanks to everybody for making this possible.
- Well done to all.
- Thank you for accepting my application to continue my learning, I look forward to applying for the retreat in October/November
- More time on scenarios mentors have had to deal with would be beneficial, particularly difficult scenarios. An explanation/ lesson on mentoring and program aims in East Timor may be beneficial, I.e. differences in roles course objectives. But overall a great course thoroughly enjoyed it.



Section 2: Timor Awakening 20 - Review of Participant Data

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

There were 13 participants on the program. Full data was collected from 13 participants on TA20 at two time points: Commencement of the program (16th June 2022) and the conclusion of the program (21st June 2022). TA20 was the 17th 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 Personal Well-Being, Moral Injury, Depression, Stress and Anxiety. We would like to 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. The anecdotal comments at the end of report reflect a fascinating diversity of positive outcomes, the program is seen to show a positive impact on the participants.

Demographics

Demographic data collected on 13 participants revealed the following. 10 participants identified as male and 3 as female. The average age of participants was 53 years (M = 53 years, SD = 12), 12 participants had a history of serving with the military services. Twelve (92%) participants had served in the Army. Of those with military service 25% reported that they had been medically discharged. At the start of the program five (38%) participants reported that they were retired, seven (53%) reported that they were employed.

Family Characteristics

Eleven (84%) participants identified that they were in a long-term relationship (de facto or married), two (15%) reported being single. Thirteen (13) participants provided family demographic information which indicated that Thirteen (100%) have children. Of the thirteen participants who have children, nine (69%) currently have dependent offspring.

Health Status

Mental Health

All TA20 participants provided information about their current and previous treatment for mental health conditions. At the commencement of the program, 7 (53%) participants were taking medication for a psychiatric condition and all these participants were under the care of a psychiatrist. Of these 7 participants all were also receiving psychological treatment.

Section 3: TA20 Program Efficacy

Outcomes

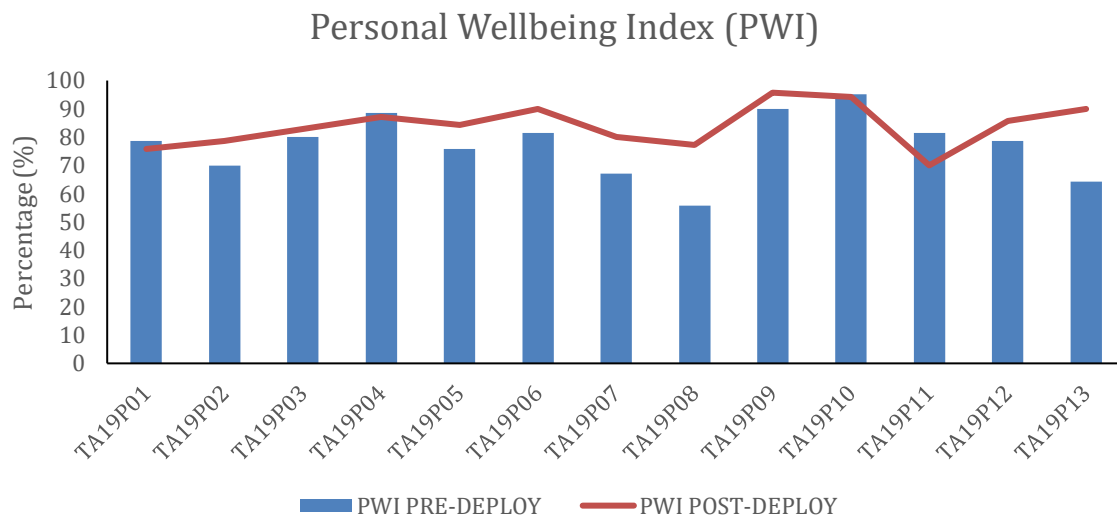
Participants completed standardized self-report assessments at Pre- and Post-program to aid an understanding of the symptoms of psychological distress and general health and wellbeing of the participants undertaking the program to Timor on TA20. These included the Depression, Anxiety and Stress Scale 21-Item Version (DASS21), and the Personal Wellbeing Inventory (PWI). De-identified Pre- and Post-program results on each assessment area are demonstrated below.



Personal Wellbeing Inventory (PWI)

Participants and staff completed the Personal Wellbeing Inventory (PWI) at Pre and Post – program herein referred to as Time 1 and Time 2, respectively. The PWI is a 7-item self-report scale designed to assess global satisfaction with life across the key domains of standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security. Respondents rate how satisfied they are in each domain of life on a Likert scale from 0 (No satisfaction at all) to 10 (Completely satisfied). The scale includes optional items pertaining to satisfaction with spirituality or religion, and satisfaction with life as a whole. The scale has demonstrated sound psychometric properties and has been used cross-culturally (International Wellbeing Group, 2013; Lau et al, 2005; Misajon et al, 2016).

Scores on separate items can be interpreted as independent variable domains, or the seven items can be summed to yield an average score, with higher scores representing higher subjective wellbeing.



Each participant’s de-identified results on subscales at Time 1 and Time 2 are shown in the following graphs. Start of the program the participants were experiencing lower scores on the Wellbeing Inventory. Post-program results indicated that participants experienced higher scores on the Wellbeing Inventory.

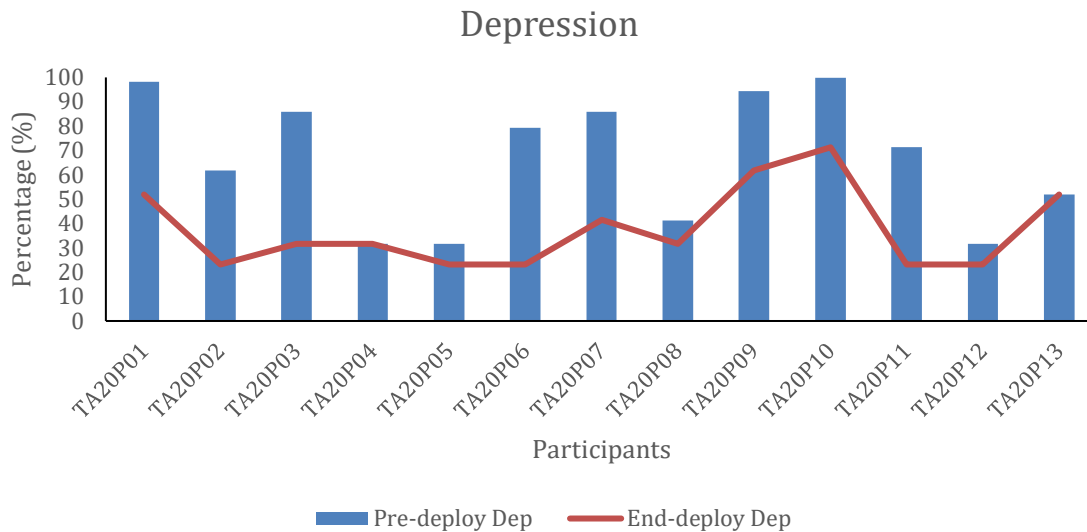
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Depression, Anxiety and Stress

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.



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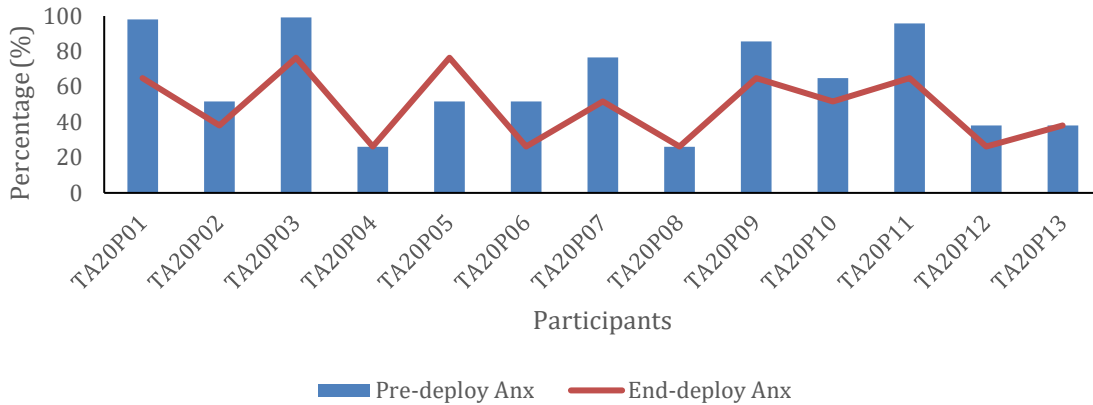
Graphic representation shows that several the participants experienced elevated symptoms of depression, anxiety and stress at pre-program. It is also evident that the majority of participants reported a decrease in some or all of these symptoms at the conclusion of the tour, bringing most within the 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 15% of the 13 participants were experiencing symptoms of depression what are considered to be of clinical concern. Post-program results indicated that none of the participants remained in this range.

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 13 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 ($M = 66.57, SD = 26.36$) to Time 2 ($M = 37.66, SD = 16.53$), $t = 4.96, p = .000$. Indicating that on this occasion there was a clinically significant improvement (reduction) in the symptoms of depression within the group.



Anxiety

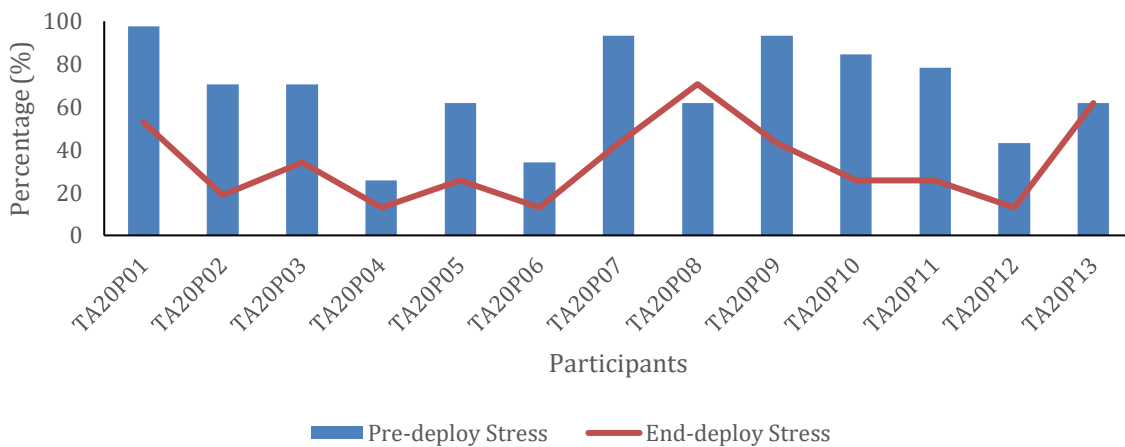


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On the start of the program 23% of participants were experiencing symptoms of anxiety that are considered to be within the clinical range. Post-program results indicated that none of the participants remained in this range.

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 13 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 ($M = 61.82, SD = 27.03$) to Time 2 ($M = 48.6, SD = 20.13$), $t = 2.95, p = .012$, indicating that on this occasion there was a clinically significant improvement (reduction) in the symptoms of anxiety within the group.

Stress



* Elevated Range > 78; Clinical Range > 95

Graphic representation shows that 7% of the participants were experiencing elevated symptoms of stress at pre-program. Post-program results indicated that none of the participants remained in this range.

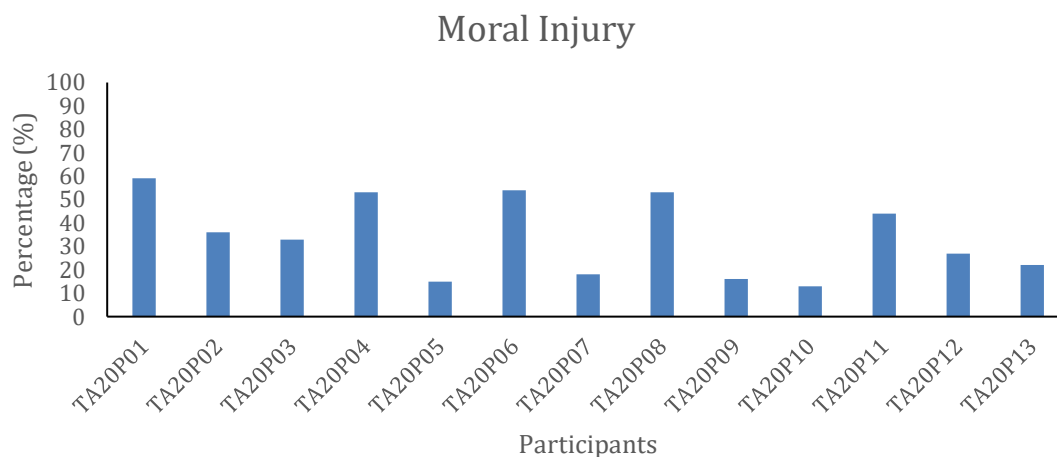
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significance. Analysis was based on the 13 participants who provided data at both time points. Two tailed *t*-test demonstrated that on average, there was a significant reduction in participants' overall scores on the Stress subscale of the DASS21 from Time 1 ($M = 67.42, SD = 22.73$) to Time 2 ($M = 33.87, SD = 19.12$), $t = 5.63, p = .000$, indicating that on this occasion there was a clinically significant improvement (reduction) in the symptoms of anxiety within the group.

Moral Injury

13 Participants 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.



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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 20. Overall, we are shown the positive changes in DASS-21 and the PWI. All 13 participants have been offered ongoing support and a further follow-up will be undertaken to ensure that ongoing growth is maintained. Regardless of improvement throughout the program a follow-up call to all participants will be undertaken 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.



End of report

Gary Stone OAM
President VCA

22Jul22