

IMPORTANCE PERFORMANCE ANALYSIS OF THERAPEUTIC AND COMMUNITY
BASED RECREATION PROGRAMS FOR MILITARY SERVICE MEMBERS
AND THEIR SUPPORTERS

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Jaimee Rizzotti

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DEDICATION

I would like to thank all of the selfless women and men who have served / are serving in our armed forces. Thank you for our freedom. I would also like to thank Emilyn Sheffield for her continuous support and motivation. I would not have done this without your pep talks!

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ABSTRACT

IMPORTANCE PERFORMANCE ANALYSIS OF THERAPEUTIC AND COMMUNITY BASED RECREATION PROGRAMS FOR MILITARY SERVICE MEMBERS AND THEIR SUPPORTERS

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With the War on Terror ongoing, service men and women continue to return home with physical and invisible wounds. As a nation protected, it is our job to care for the brave soldiers upon their return. Many programs offer reintegration services and support, with therapeutic and outdoor recreation programs providing a non-pharmaceutical approach to healing and reintegration. Recent studies of recreation programs for service members have found an increase in psychological wellbeing and a decrease in PTSD symptoms.

Research on the benefits of recreation programs for service members has been encouraging, but limited in identifying what factors of the program are cause for positive outcomes. This case study examines the importance of program factors in regards to facility/location, staff/volunteers, and program as a whole, while simultaneously obtaining performance feedback. Results suggest service members and their supporters deem all factors presented as important.

CHAPTER I

INTRODUCTION

Background

Wars have occurred throughout recorded history, some lasting minutes, some years. The most recent war; the Global War on Terror, including Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF) and Operation New Dawn (OND), has been underway for over a decade. Approximately 2.5 million soldiers have been deployed, some seeing combat, some coming home with wounds, some losing friends in the field and some taking their own lives (Leipold, 2013; Tan, 2009.) Many service men and women have endured two, three or four deployments, fighting for America's freedom (Zoroya, 2010.)

Combat requires one to be on constant guard, living in a state of perpetual readiness for battle. This lifestyle is not the "norm" for Americans accustomed to relatively low levels of violence and high amounts of individual freedom. Combat is not a normal part of many Americans' lifestyle, and thus, being in combat can change the way someone experiences life. Large numbers of combat veterans return from service with psychological conditions that do not receive adequate post-deployment attention, thereby making the reintegration back to civilian life more difficult and increasing the frequency of suicide and other self-harm behaviors.

With suicide rates reaching their highest levels among military personnel, multiple tours adding to the risk of suicide ideation, and service members being cautious about seeking mental health treatment (RAND Corporation, 2008), it is crucial to be educated and prepared to help. Raising awareness among service members and their supporters of post combat risk factors and non-medicinal treatment programs outside of military operations may serve those not willing to seek help from on base providers (Clifton, 2012; Crawford, 2012.) Psychological conditions, or

“invisible wounds”, and “warrior culture” and/or associated stigma limit the number of combat veterans seeking and receiving assistance (RAND, 2008.)

Community-based and therapeutic recreation programs may provide acceptable and effective strategies for combat veterans with certain psychological conditions such as Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and sexual trauma. Understanding specific program needs of veterans and their supporters can help guide program planning to fit their needs. While there are many veteran-focused programs, no prior studies identifying veteran-reported program importance factors were found in the literature. The Importance-Performance Analysis (IPA) (Martilla and James, 1977) provides a standardized approach for veterans and their supporters to identify the importance of various program attributes and the performance of those attributes.

Purpose Statement

The purpose of this study was to conduct an Importance-Performance Analysis to identify standards of practice, as defined by service members and their supporters, for community and therapeutic recreation programs offered by R4 Alliance member programs throughout the United States.

Research Questions

1. What are the characteristic factors of a therapeutic or community based recreation program that are important to Our Military Family (service members and their supporters) in regards to staff, facility, logistics, safety, program content and overall satisfaction?
2. How did R4 Alliance member organizations perform in regards to importance factors?

Definition of Terms

Deployment (also mentioned as tour or tour of duty) – “Deployment is the movement of an individual or entire military unit to an overseas location to accomplish a task or mission. The mission may be as routine as providing training or as dangerous as a war” (Public Schools of North Carolina, n.d.)

Discharged –

Discharge is simply defined as a military member being released from their obligation to continue service in the armed forces. A discharge relieves the veteran from any future military service obligations where as a retired reserve individual may be called back to active duty. A separation from the military can be voluntary or involuntary, and may leave additional unfulfilled military service obligation that will need to be carried out in the Individual Ready Reserve. It is important to note that there are several types of military discharges, and these can have a profound impact on a veteran’s ability to receive veteran’s benefits, serve in government employment, re-enlist in the military, and more (Guina, 2012.)

Dwell Time –

In the military, dwell time is the amount of time that service members spend in their home nation between deployments to war zones. Dwell time is designed to allow service members a mental and physical break from combat and to give them time with their families. It is an important component of long term military readiness (Wikipedia, The Free Encyclopedia, 2012.)

Global War on Terrorism –

The Global War on Terrorism (GWOT) is also frequently called the Global War on Terror, or simply the War on Terror. Many different terms and phrases describe the conflict, but whichever title is preferred, the GWOT is seen as an unprecedented campaign to defend against and prevent acts of terrorism worldwide. The term GWOT may have originated from the simple ‘war on terror’ language used to describe conflicts of the past, but its use was discussed in great detail by American government and military leaders. Since the phrase *Global War on Terrorism* apparently translates well in many other languages, it was considered the best option. George W. Bush, President of the United States at the time of the September 11 attacks and the beginning of the GWOT, made it clear that the fight against terrorism would have a global reach. In addition, he swore that the effort would not only work to incapacitate terrorists and their networks, but would also deal harshly with nation states that supported or harbored terrorist (Wisegeek, 2012.)

Operation Enduring Freedom (OEF) – “Operation Enduring Freedom includes ongoing operations in Afghanistan, operations against terrorists in other countries, and training assistance to foreign militaries which are conducting operations against terrorists” (Kapp, 2005.)

Operation Iraqi Freedom (OIF) –

Operation Iraqi Freedom, the U.S.-led coalition military operation in Iraq, was launched on March 20, 2003, with the immediate stated goal of removing Saddam Hussein’s regime and destroying its ability to use weapons of mass destruction or to make them available to terrorists. Over time, the focus of OIF shifted from regime removal to the more open-ended mission of helping the Government of Iraq (GoI) improve security, establish a system of governance, and foster economic development (Dale, 2009.)

Our Military Family – A term coined by R4 Alliance staff to encompass any military personnel (active duty, veteran, retired, etc.) and their supporters (friends, family, battle buddy, etc.)

Overseas – Outside of the continental United States.

Post-Traumatic Stress Disorder (PTSD) –

Post-traumatic stress disorder can occur after you have been through a traumatic event. A traumatic event is something terrible and scary that you see, hear about, or that happens to you, like: Combat exposure, Child sexual or physical abuse, Terrorist attack, Sexual or physical assault, Serious accidents, like a car wreck, Natural disasters, like a fire, tornado, hurricane, flood, or earthquake. During a traumatic event, you think that your life or others' lives are in danger. You may feel afraid or feel that you have no control over what is happening around you. Most people have some stress-related reactions after a traumatic event; but, not everyone gets PTSD. If your reactions do not go away over time and they disrupt your life, you may have PTSD (United States Department of Veterans Affairs, 2007.)

R4 Alliance – R4 Alliance is a membership of programs of excellence providing therapeutic and community based Recreation, and other vital services to Our Military Family. R4 is committed to achieving the highest quality services through collaborative efforts in Research, education, standards of excellence, economic viability, and continuum of care across the service community. R4 believes these services are essential to the holistic Rehabilitation and Reintegration of Our Military Family (Gillette, 2012.)

Service Member(s) or Military Personnel – are used interchangeably throughout the text and refer to anyone who is currently or has worked for the United States military.

Stateside – in the continental United States.

Suicide – “Death caused by self-directed injurious behavior with any intent to die as a result of the behavior” (Center for Disease Control and Prevention, 2012.)

Suicide Ideation – “Thinking about, considering, or planning for suicide” (Center for Disease Control and Prevention, 2012.)

Theater of War (in theater) – “the entire land, sea, and air area that may become or is directly involved in war operations” (Merriam-Webster; an Encyclopedia Britannica Company, n.d.)

Therapeutic Recreation – “Therapeutic recreation uses treatment, education and recreation services to help people with illnesses, disabilities and other conditions to develop and use their leisure in ways that enhance their health, functional abilities, independence and quality of life” (Therapeutic Recreation Directory, 2000.)

Tour/Tour of Duty – A period of time spent in combat, but can also include patrol duties in times of peace (Wikipedia, The Free Encyclopedia, 2014.)

Traumatic Brain Injury (TBI) – “A non-degenerative, non-congenital insult to the brain from an external mechanical force, possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions, with an associated diminished or altered state of consciousness” (Dawodu, 2013.)

Veteran – “a former member of the armed forces” (Merriam Webster; an Encyclopedia Britannica Company, n.d..)

Limitations of the Study

- Levels of response may vary due to researcher depending on recreation program staff to promote and implement survey.
- Levels of response may vary due to programs implementing other research studies that take

precedence over a program evaluation.

- Categorical questions covered in this study may be insufficient due to the relatively small number of participants in the primary focus groups in which the topics were derived.
- In an effort to obtain responses, this survey was significantly shortened. Minimal focus on certain topics may provide a foundation of information but not an inclusive view of the topic.
- For some participants with a TBI, taking a survey where the same question is posed twice, but with different responses sought, may be confusing.
- Though precautions were taken to protect the identity of participants, those fearing career related repercussions may be unwilling to participate in a study.

Significance to the Field

The purpose of this study is to conduct an Importance-Performance Analysis to identify standards of practice for community and therapeutic recreation programs, as defined by service members and their supporters. To the researcher's knowledge, this is the first study of its kind focusing on service member ranked importance factors in developing a therapeutic or community based recreation program. Often, grant funded programs are dictated by the grant requirements, and programs are molded to primarily fit the grant, instead of the participant. The goal of this study is to understand the service member's program needs and to have them be a contributing factor in program creation.

Using an Importance-Performance Analysis allows the researcher to understand the importance of certain factors, as well as obtain specific feedback on a programs performance. Since the study covered a variety of R4 Alliance member programs, results showcase programs that are working well, those that need improvement, and gaps among programs or negative

impacts of programs. This study provides direct feedback to program providers, and will also allow R4 Alliance to be stringent on only advertising programs of excellence.

One of the most important goals of this research is to raise awareness of the impacts experiencing combat can have. Consequently, the primary significance of this research is to increase awareness of opportunities, to provide outlets and comfort to those who may be experiencing the aftershock of combat, and to provide resources or guidance. Raising awareness and promoting alternatives to traditional mental health therapies may be of special significance to the population of combat soldiers who choose to not seek help for fear of job consequences, stigmas, or other repercussions. Raising awareness that there are other outlets available to help deal with any post combat symptoms that have no correlation with their work is critical for this non-treatment seeking population.

R4 Alliance aims to be an outlet where veterans can seek resources that are proven excellent. By requiring this program evaluation, R4 can monitor the programs they are promoting to ensure only the best programs are advertised to OMF. While resource consortiums are available, they do not necessary monitor the performance of the organization. R4 Alliance aims to be that go-to, veteran-vetted resource that service members can trust.

Ethical considerations

For the purpose of this research, online surveys were the primary form of obtaining information so participants could provide anonymous feedback, with the exception of some general demographic information. Paper applications were made available for those who did not have computer access. With the potential limitations of gaining information from a specific population that is cautious about the repercussions of potentially seeking mental health

treatment, surveys were conducted in as non-threatening of a manner as possible. Program providers who knew their participants personally were asked to implement the survey.

The researcher requested permission and received approval from the Institutional Review Board at California State University, Chico to complete this study. A copy of the evaluation and consent letter was provided as well as a statement confirming only program delivery features will be investigated, not program outcomes, as well as confirming there are no physical or psychological stressors associated with this research nor will personal information be collected except for minimal demographic questions.

Summary

Since the war is ongoing, deployments will continue and service men and women will continue to risk their lives to protect American freedom. With soldiers being willing to put an entire nation ahead of themselves, it is essential for this nation to take care of these selfless heroes upon their return from military service. Raising awareness of suicide rates among military personnel, educating soldiers on different coping methods and encouraging physical and mental therapy to help transition back to home life should be the fundamental groundwork for soldiers returning from a combat deployment.

CHAPTER II

LITERATURE REVIEW

Introduction

The Global War on Terror has been going on for over 15 years. As of October 2014, over 6,600 heroes have died fighting for our freedom with tens of thousands wounded (Institute of Medicine, 2013.) While some return from combat uninjured, many find reintegrating back into civilian life a huge challenge and often resort to harmful behaviors or suicide (Institute of Medicine, 2013; Nock et al., 2014.) Additionally, troops who have experienced multiple deployments have an increased risk of psychological problems and home life issues (Institute of Medicine, 2013.) As Americans, it is our job to care for and aid these heroes in the reintegration process, and provide positive outlets for successful reintegration.

This review of literature consists of three sections. The first section will look at current status of military deployments and its effect on military personnel. The second section will outline psychological conditions associated with service and reintegration to civilian life. Finally, the last section will review post deployment responses and resource interventions.

Current Status of Military Deployment

Results to a study released by Army STARRS (Army Study to Assess Risk and Resilience in Service-members) showed service members either currently deployed, or previously deployed, have an increased suicide risk (Nock et al., 2014.) Since the terrorist attacks on September 11, 2001, over 2.2 million troops have been deployed to Iraq and Afghanistan, (Institute of Medicine, 2013; Leipold, 2013) with nearly half of these soldiers completing more than one deployment (Martinez & Bingham, 2011.) Though the number seems staggering, the

soldiers deploying make up less than one percent of the United States' population (Martinez & Bingham, 2011.) Of those deployed, 54% of service members were in the Army, 17% in the Navy, 15% in the Air Force and 14% in the Marines (RAND Corporation, 2013.)

The Office of the U.S. Army Surgeon General reports mental health problems will significantly increase from one deployment to multiple deployments, and approximately 38% of all soldiers deployed to Iraq have deployed more than once (Kline et al., 2010; MHAT, 2008.) Average deployment length for Army personnel has been 12 months, but as of 2012 the priority was to drop deployment lengths to 9-month tours (Tan, 2011.) In 2011 the Army increased the time between deployments (known as dwell time) to be at least 24 months (Tan, 2011.) Research suggests longer dwell times may reduce risk of mental health disorders post-deployment (MacGregor, Han, Dougherty & Galarneau, 2012.)

The study previously mentioned by MacGregor et al. (2012) sought to understand the “association between dwell time and psychological morbidity, while accounting for combat exposure.” The Global War on Terror was not the first to introduce multiple deployments to combat zones, but research of the negative psychological effects of multiple deployments is relatively new (MacGregor et al., 2012.) The MacGregor et al. (2012) study aims to conduct further research to identify if longer dwell times do in fact seem to be protective of psychological morbidity, and if so, recommend a policy requiring minimum length dwell times.

The sample for MacGregor et al. (2012) study consisted of 3,512 U.S. Marine Corps male personnel who had: a) experienced (only) two deployments to Iraq, Afghanistan or Kuwait between January 2005 and December 2008, b) completed the Post-Deployment Health Assessment (PDHA) within two months of returning from their second deployment, c) were exposed to combat during their second deployment (based on responses from the PDHA), and d)

had no mental health diagnosis prior to the second deployment. To be included in the study all subjects had to have been referred for mental health services and screened positive for post-traumatic stress disorder and depression. The study analyzed existing medical and logistical data drawn from standard military records. Utilizing the Defense Manpower Data Center (DMDC) data, the researchers identified deployment dates, calculated deployment times, addressed variables in regards to days deployed, and ensured the sample had completed the PDHA. Descriptive and multivariate statistical analyses were used to describe the sample and identify relationships between the variables. Researchers found a significant relationship between dwell time and combat exposure with longer dwell times associated with less likelihood of “combat-related psychological outcomes” (MacGregor et al., 2012.) Although it was beyond the scope of the study to isolate specific aspects of dwell time that provided the psychological buffering for military personnel, the authors state “this is one of the first studies to examine the issue of multiple deployments and dwell time while accounting for combat exposure” (MacGregor et al., 2012.) Although this study focused on a different phase of a service member’s term of service it confirms the negative psychological consequences of multiple deployments and identifies longer dwell times and other potential mediating factors may limit the negative psychological consequences of multiple deployments.

While the MacGregor et al. (2012) study explores at the impacts longer dwell times have on combat-related psychological outcomes, Mitchell, Gallaway, Millikan & Bell (2012) looked at the association between combat exposure, unit cohesion, and suicide ideation. With suicide being a leading cause of death among service members (RAND Corporation, 2008), researchers are trying to identify ways to decrease suicide ideation, attempts, and completed suicides. In this

study Mitchell et al. (2012) aimed to explore the interaction between combat exposure and unit cohesion.

The sample for Mitchell et al., (2012) study was 1,663 soldiers, enlisted and officers, from two Brigade Combat Teams with only one previous deployment to the one they had experienced six months prior (2 deployments total.) Additionally, the soldiers must have “completed questionnaires as part of a larger public health field investigation” (Mitchell et al., 2012.) The anonymous survey conducted by the researchers assessed; suicide related ideation, combat exposure, unit cohesion, and demographic characteristics. It was administered six months post-deployment during the Soldier Readiness Process.

Descriptive and multivariate statistical analyses were used to describe the sample and identify relationships between the variables. Researchers found high levels of combat exposure paired with low unit cohesion led to higher risks of suicide ideation. Additionally, this study found married soldiers were less likely to report suicide ideation, suggesting social support, from a unit or spouse, is beneficial. The researchers suggest limitations to conclusions due to the cross-sectional nature of the study, lack of suicide ideation reporting, lack of time frames measuring unit cohesion, and generalizability due to the sample size.

While Mitchell et al., (2012) study primarily focused on the unit cohesion aspect, results indicated married soldiers had less suicide ideation. These results provide foundational evidence of the benefits of social support. While many of R4 Alliance’s member organizations provide opportunities for the service members and their supporters, this research identifies the importance of social support and the need to include supporters in the reintegration process.

The trauma of combat is something most Americans will never understand. Being in a foreign country, constantly on guard, fighting for your life, and taking lives, is inconceivable to

most. As this war is ongoing, it is crucial to identify ways to care for service men and women as they return home. The research conducted by MacGregor et al. (2012) highlighted an association with longer dwell times and a less likelihood of combat-related psychological outcomes. Mitchell et al. (2012) provided insight on the benefits of unit cohesion and social support systems for those who have experienced combat. Understanding positive tools, practices, and service member needs, is vital knowledge for program providers seeking to aid in a service member's reintegration.

Psychological Conditions Associated with Service and Return to Military Life

According to the 2012 Suicide Data Report prepared by the Department of Veterans Affairs (Kemp & Bossarte, 2012), 22 soldiers commit suicide a day. Litz and Schlenger (2009) of the National Center for PTSD suggest 10-18% of OIF/OEF veterans have probable PTSD. In 2010 the US Army reported that 47% of soldiers have deployed on two or more combat tours with 16% of them doing three or more combat deployments (Zoroya, 2010.) One deployment can introduce a service member to multiple traumatic experiences; multiple deployments can potentially cause an even greater number of traumatic experiences. Research indicates those completing more than one deployment are at a higher risk for reporting mental health problems (Kline et al., 2010.) Additionally, research shows those who have deployed to Iraq or Afghanistan have increased chances of developing PTSD (Shen et al., 2009.)

The training a service member goes through in order to prepare for a deployment does not just end when the deployment is over. The mentality of being combat ready is not a switch that can be turned on and off. Extensive training and a mental shift occur in order to be combat

ready. What one experiences in a combat zone only enhances said mental shift, and it is not something that can be shaken off once a soldier exits a combat zone. After a tour of duty, soldiers are granted leave to relax and rejuvenate, but generally they are given just a few weeks. Soldiers then complete post deployment requirements and return to work. Due to the duration of the war and required manpower, combat and non-combat soldiers are constantly preparing for their next deployment, and may not be getting the help they need (personal communication with K. Degeest, December 2012.)

Though the military requires deployed personnel to complete post-deployment health assessments, a study conducted by the RAND Corporation (2008) suggests that only about half of military personnel reporting Post Traumatic Stress Disorder (PTSD) symptoms get treatment. A report released from the Department of Veterans Affairs (June 2014), indicated of the 1,791,420 OEF/OIF/OND veterans, only 59% have obtained VA healthcare. Of those who sought treatment, 56.1% were for mental disorders, including but not limited to PTSD, depressive disorders, and drug/alcohol dependency (Department of Veterans Affairs, 2014.)

Some service members choose to not seek treatment for psychological illnesses because they are worried about negative impacts it may have on their careers. Relying on friends or family for help, and fear of medicinal side effects are also factors in service members avoiding treatment (RAND Corporation, 2008.) Roughly half of the service members deployed to a combat zone reported having friends killed or severely wounded; similar figures were reported for non-combatants. Reliving these horrendous experiences is a symptom of PTSD (RAND Corporation, 2008.) Currently, the Department of Veterans Affairs offers the following treatment options for PTSD: cognitive behavioral therapy, medication, and other forms of therapy (family, group, psychodynamic psychotherapy) (Department of Veterans Affairs, n.d.)

Of those receiving VA treatment, it is alleged the treatment is less than adequate (RAND Corporation, 2008.)

Eisen et al. (2012) conducted a study using self-reporting instruments (listed below), looking at veterans' mental and physical functioning, and symptoms of alcohol and drug use, within one year of returning from deployment. Information for the sample including demographic, branch, deployment operation, and service component information was obtained from the Defense Manpower Data Center (DMDC): a "central repository for personnel data" (Eisen et al., 2012.) The study was comprised of 596 service members, 50% of whom female, 50% of the 596 on active duty, all either serving in OIF or OEF. Surveys were mailed to 1833 service members, 1043 were received and 598 were completed and sent back, two of which were disqualified due to timing.

A modified Dillman method was used to increase responses, and a \$30 gift card was sent to those who completed the survey. A preliminary postcard with an opt-out option was first sent. For those that did not opt out, the survey, cover letter, information and informed consent, and pre-paid envelope was sent two weeks later. Reminder letters were sent after two weeks, and then multiple follow up phone calls and another reminder letter. Researchers worked with the IRS to obtain updated contact information for those they could not reach. The following were used to assess mental and physical health, drug and alcohol use: Veterans Rand-12 (VR-12), Behavior and Symptom Identification Scale (BASIS-24), PTSD Checklist Military Version (PCL-M), Alcohol Use Disorders Identification Test (AUDIT-C), and Drug Abuse Screening Test (DAST) (Eisen et al., 2012.) Since Eisen et al. (2012) received the demographic information from the DMDC and the survey was self-reported, descriptive data from the DMDC was used to help identify respondents and non-respondents.

Though all respondents in this study had deployed, because of the retrospective design of the study, it was not verified if their current well being was due to deployment or not. Additionally, due to the surveys being self-reporting, there may be some discrepancies in what people reported and what is actually occurring. Due to the survey being administered around three months post-deployment for some respondents, researchers suggest fear of reporting mental health issues may have been a concern.

Results of this survey (Eisen et al., 2012) show compared to the general population, the mental health of OIF/OEF veterans is worse in regards to probable: PTSD (13.90%), alcohol abuse (39%) and drug abuse (3%.) Results indicate OIF service members have higher rates of functioning problems, depression, and alcohol abuse than OEF service members reported, and Army and Marines service members fared worse than Air Force or Navy service members. Having the break down in deployment operations and branches of service is valuable information for therapeutic service providers. While many organizations gather demographic information on their program applications, knowing that there may be a difference in significance of injury could be helpful in program planning. As a researcher, simply understanding that not all those deployed come back with the same degree of injuries, is useful in program planning and assessment.

The RAND Corporation (2008) study mentioned above aimed to look at the “invisible wounds” of war, specifically PTSD, TBI and major depression, to fill in information gaps to support policy change on how we are caring for those wounded in war. The primary focus in regards to said injuries are the prevalence in troops that were deployed to Iraq and/or Afghanistan, care systems in place, and the cost in providing this care.

The sample size was comprised of a total of 1,965 recently returned service members, from any branch, that has been deployed in support of Operation Iraqi Freedom or Operation Enduring Freedom. Researchers conducted data collection and data analysis activities, via a telephone survey, to look at trauma exposures, rates of probable PTSD, depression, TBI, and barriers to care. RAND Corporation (2008) “developed a microsimulation model to estimate the individual and societal costs of these conditions in terms of expenditures for treatment and lost productivity.” Researchers looked at evidence supporting current care practices, quality of care, and gaps in access to services. Focus groups were held with service members, their supporters, providers and administrators, for supplemental information regarding these topics.

The results of this research indicate the prevalence of probable PTSD or depression (18.50%), probable deployment related TBI (19.50%), and probable mental health problem(s) (7%). Those with probable TBI make up an estimate of 300,000 Iraq/Afghanistan veterans with PTSD or major depression, and about 320,000 may have experienced TBI during deployment (RAND Corporation, 2008.) For those that may need care, there are various factors that could inhibit a service member from receiving it, including long wait times to get an appointment, and negative perceptions with receiving mental health care. RAND Corporation (2008) identified the top five barriers to service members seeking mental health care to be: side effects of medication, harmful to career, security clearance being denied, assumption that family or friends would be more helpful, and diminished confidence from co-workers.

Quality of care was determined by assessing the duration and type of care. RAND Corporation (2008) suggests that of those that sought care, half of them received minimally adequate treatment with less receiving high quality care. In looking at the cost of care for service members with PTSD, TBI and/or depression, RAND Corporation (2008) notes that cost is not

solely monetary, but also includes work productivity, relationships and personal behaviors. Fiscally, researchers estimate the cost for those with PTSD or major depression two years post deployment, ranges from \$4.0 – \$6.2 billion, with severe individual cases of TBI costing upwards of \$408,000. RAND Corporation (2008) estimates that approximately \$1.7 billion could be saved, in regards to productivity and reduction in suicide, if evidence-based care was given to 100% of those with PTSD and depression.

With RAND Corporation (2008) survey being conducted via telephone, respondents were limited to those with a landline; therefore the sample contains some unrepresented groups. RAND Corporation (2008) suggests the demonstrated costs in this study may be inaccurate due to a variety of factors such as prevalence rates and lack of prior research. Finally, VA eligibility was not examined and determined, and information was received publically compared to official data.

R4 Alliance staff and member organizations continually emphasize the significant need for increased, quality mental health services for military service members, and this research supports that concern. In light of recent negative press for the Veterans Administration being unable to meet the needs of our service members by providing timely appointments, it is vital that other organizations step up to provide quality care. The RAND Corporation (2008) study supports the current research project in evaluating programs to ensure they are maintaining excellent standards. With thousands of organizations serving veterans, a vetting process needs to be in place to ensure service members and their supporters are receiving the highest quality of care, as emphasized in the RAND Corporation (2008) study.

Due to assumed repercussions with seeking mental health treatment, as highlighted in the RAND Corporation (2008) study, amongst others, it is important for R4 member organizations to

have this knowledge and target their outreach accordingly. Finally, having a broad data set, configured of diverse service members and experiences, allows for program providers to understand the needs of service members and their supporters and identify specific and broad gaps in services offered. Since this survey was conducted via phone, the RAND Corporation (2008) researchers were able to have actual conversations with service members and obtain supporting information outside of the survey. This current research study is limited to collecting information solely through an online survey platform, so a personal connection was not made. Additionally, this research aimed to get feedback from service members and supporters, while the RAND Corporation (2008) study focused solely on service members.

Military experiences that result in the service member having PTSD, substance abuse issues or other life hardships can contribute to the military suicide rate. Based off of the 2012 Suicide Data Report, by Department of Veterans Affairs (Kemp & Bossarte, 2012), 22 veterans a day have committed suicide in 2009 and 2010. Research studies suggest soldiers with reported cases of PTSD are at-risk for suicide ideation, and soldiers with multiple diagnosis such as PTSD and depression, have an even greater risk (Rozanov & Carli, 2012.) Post deployment home life and social support can also influence a service member's suicide ideation. Research indicates service members with low social support and increased PTSD/depressive symptoms may have a greater risk of suicide ideation. (DeBeer, Kimbrel, Meyer, Gulliver, Morissette, 2014)

The DeBeer et al. (2014) study aimed to identify if perceived social support for OIF/OEF veterans with PTSD has a positive influence on reducing suicide ideation. According to Jakupcak et al. (as cited in DeBeer et.al, 2014) perceived social support, having a spouse, sense of purpose and sense of control, can reduce suicide ideation. DeBeer et al. (2014) study

“improves upon prior work in this area by utilizing clinical interviews and self-report measures that have strong psychometric properties.”

The sample for the DeBeer et al. (2014) study was 130 OIF/OEF veterans enrolled in the Central Texas Veteran Health Care system, who via the phone provided consent, completed the assessment, and had not experience the following: “(a) a diagnosis of bipolar or psychotic disorder; (b) recently begun (i.e., had not reached stabilization) psychiatric medications or psychotherapy; or (c) suicidal or homicidal ideation, intent or plan warranting crisis intervention.” Veterans were first vetted by phone, then in a clinical interview where the Mini International Neuropsychiatric Interview excluded those with bipolar disorder and schizophrenia. The sample was primarily men (84.60%), averaging 38 years old, dominantly Caucasian (63.40%), serving active duty (95.30%), and in the Army (82.30%).

The Clinician Administered PTSD Scale (CAPS) was used in conjunction with the PTSD Checklist-Military Version (PCL-M) to collect PTSD information. Major Depressive Disorder (MDD) was assessed using the Anxiety Disorders Interview-IV (ADIS-IV) and the Beck Depression Inventory-II (BDI-II), less the suicide ideation and intent questions to avoid overlap. Suicide ideation was assessed using the Beck Scale for Suicide Ideation (BSS), and finally Post-Deployment Social Support Scale (PDSS) “assesses perceived emotional and instrumental (i.e., tangible social support, such as providing resources) forms of social support from family, friends, employers and the community following deployment” (DeBeer et al., 2014.)

Results of this study (DeBeer et al., 2014) show veterans with low post-deployment perceived social support, and PTSD-depressive symptoms, may be at greater risk for suicide ideation. This study reconfirms the findings from the Mitchell et al. (2012) on the benefits of social support systems for those who have experienced combat during a deployment. The

primary limitation for this study is that the participants were already enrolled in VA healthcare, so those OEI/OIF veterans not seeking treatment are not including in these findings. With an estimation that only half of veterans are seeking care (RAND Corporation, 2008), obtaining feedback from those not seeking care would be valuable for this current research. Understanding the importance of social support is valuable information in program planning and implementation. The majority of R4 Alliance member organizations know the value of including supporters in programs and the overall reintegration process, and findings from the RAND study support the work they are doing.

The RAND Corporation (2008) research highlights the invisible wounds of war, and the significant need in providing quality services; suggesting less than adequate treatment is being provided for over half of those receiving treatment. Eisen et al. (2012) notes the difference in degree of physical and mental issues among different branches and deployment operations. DeBeer et al. (2014) highlights the benefits associated with social support for this service members with combat related PTSD. Understanding the concerns service members have with seeking mental health treatment is crucial knowledge for program planners in advertising and recruiting, and finding ways to serve the service members with minimal negative repercussions. Additionally, integrating the service member's family/caregivers/supporters in programs and the reintegration process can lead to a better outcome for all.

Post Deployment Responses, Resources and Interventions

As suicide numbers are rising, more intervention programs are being put in place. In 2007 the Department of Veterans Affairs (2016) launched their suicide hotline. Over 56,000 rescues were made and over two millions calls taken. The VA also introduced an online chat

service that allows people to discuss their concerns anonymously, and to date over 267,000 chats (United States Department of Veterans Affairs, 2016) have been received. Providing a service that allows for immediate intervention has proven, by their numbers, to be successful.

Unfortunately, it does mean the veteran or service member has already reached the point of suicide ideation. Fortunately, there are a variety of programs that work with service members, whether active duty or discharged, that focus on addressing issues in hopes of intervening before suicide ideation begins.

With the stigma attached to receiving mental health help, it is necessary to create opportunities for veterans to get the help they need, without making them feel completely vulnerable. In doing simple online searches, there are a variety of programs that provide veterans the opportunity to participate in therapeutic recreation and community recreation experiences. Research conducted on a group-based outdoor recreation program indicated notable increases in psychosocial well-being after participation (Vella, Milligan & Bennett, 2013.)

In an effort to fill the gap to meet the needs of service members, organizations serving veterans have surged. To date, there are over 41,500 non-profit organizations categorized as a “Military & Veteran Organization” (National Center for Charitable Statistics, n.d.) While it is encouraging to know there is a plethora of organizations eager to serve military personnel, one could imagine it may be a bit overwhelming for service members.

Some of the focus areas in this vast number of organizations include community and therapeutic recreation programs. Though there is minimal research on the efficacy of using recreation to treat combat related symptoms such as PTSD and Military Sexual Trauma (MST), there is a growing number of programs dedicated to serving those who have served, and aiding in the transition from soldier to civilian. One type of intervention program focuses on bringing

service members together, specifically those with PTSD, traumatic brain injuries (TBI) and Military Sexual Trauma (MST) by helping them restore their mental stability by working through the emotional hardships through a variety of recreation-based opportunities (Higher Ground, 2012.)

Higher Ground (HG) is an adaptive sports organization that provides five day therapeutic recreation programs for veterans with combat-related injuries, primarily PTSD, TBI or MST. HG staff and researchers conducted a study to look at how veterans with PTSD perceived their competence, PTSD symptoms, and post traumatic growth, after participating in a program. The sample for this study was 33 past participants of an HG program, approximately one third female and two thirds male. The average age was 36.7 years old and most had served in the Army (72.20%). Participants were dominantly Caucasian (57.60%) with the remaining being Hispanic (21.20%), and African-American (15.20%), and 85% were unemployed. The following combat related disabilities were self-reported: “PTSD (78.80%), TBI (63.60%), orthopedic impairments (36.40%), sleep and anxiety disorders (18.10%), cognitive setbacks and hearing impairments (18.20% each), and visual impairments (12.10%)” (Bennett, Townsend, Van Puymbroeck, Gillette, 2012.)

A pre and post survey was administered online over a ten-month period. The PCL-M was used to collect information on PTSD and the Posttraumatic Growth Inventory (PTGI) was used “to measure growth across dimensions including relating to others, experiencing new possibilities, personal strength, spiritual change, and appreciation of life” (Tedeschi & Calhoun, 1996.) The Perceived Competence Scale (PCS) was used to understand sport-related competence, and sociodemographic information was collected. “The percentage of change between pre and posttest scores on each instrument was calculated. Six paired sample t-tests

(PCL-M total, three PCL-M subscales, PTGI and PCS) were performed in order to examine significant differences between pre and posttest scores” (Bennett et al., 2012.)

Results from this study indicate a decrease in PTSD symptoms (21.02%); an increase in PTGI (7.20%) and an increased perceived competence (9.25%) (Bennett et al., 2012.) The primary limitation of this study is the relatively small sample may not be representative of the veteran population as whole. Additionally, measuring data over a longer period of time to understand long-term impacts would be beneficial. Albeit a small sample, this research provides preliminary findings on decreasing PTSD symptoms while increasing competence. Though the duration of the program is not analyzed in the Bennett et al. (2012) study, it would be interesting to see the growth over the five days, and if the longer program is cause for positive outcomes. Understanding there can be a positive association between decreasing PTSD symptoms through perceived confidence in (adaptive) sports can help guide the current research study in identifying importance factors in program creation.

Vella, Milligan, and Bennett (2013), sought to understand if participating in outdoor group fly fishing program increases attentiveness, psychological well-being and sleep quality, while reducing PTSD symptoms. This study (Vella et al., 2013) was conducted through 19 Rivers of Recovery (ROR) programs in northern Utah, during summer and fall of 2009 and 2010. The ROR program offers two days of fly fishing and three nights in a shared cabin for an average of four participants. A total of 74 veterans, dominantly male (n=69), dominantly Caucasian (81%), dominantly Army veterans (69%), with an average service of four years, completed the study. The following were the eligibility requirements: veteran that served in a foreign country diagnosed with PTSD, or had a comparative score on the PCL-M, had PTSD and TBI, or had PTSD and major depressive disorder.

Survey Monkey, an online survey platform, was used to collect psychosocial information including “mood, depression, anxiety and somatic symptoms of stress” (Vella et al., 2013.) This information was collected three times: Baseline data was collected two weeks prior to the start of the program, preliminary data was collected on the last day of the program, and a final survey was conducted six weeks after the program. Additionally, perceived stress, PTSD symptoms and sleep quality were assessed during the three collection periods. For psychosocial assessment, the following tools were used: PCL-M to assess PTSD, Brief Symptom Inventory-18 (BSI) “to measure the severity of anxiety, depression, and somatic symptoms of stress in the past week” (Vella et al., 2013), Positive Affect and Negative Affect Schedule (PANAS) measuring positive and negative affect with personality stats and traits in the past week, Perceived Stress Scale (PSS) to assess stress in the last month, and finally the Pittsburgh Sleep Quality Inventory (PSQI) to measure sleep quality in the last month.

The results of the study indicate participating in outdoor recreation can be cause for increased psychosocial well-being. Attentiveness and positivity increased, while a reduction was seen in negative moods, anxiety, symptoms of depression and somatic stress. Results founds that sleep quality was improved when PTSD symptoms were reduced. Though not analyzed in this study, Vella et al. (2013) suggest the social support during the program may influence the positive responses, and may play a role in decreasing mental illness symptoms as outlined in the Mitchell et al. (2012) and the DeBeer et al. (2014) studies.

The primary limitation in the Vella et al. (2013) study is the small sample size and lack of a control group. Recommendations include identifying what facet of the outdoor recreation program was cause for the positive psychosocial changes, and a deeper look at the impact of social support. As suggested, understanding what facets of the program influenced the positive

growth would be beneficial in program design. Additionally, seeing the repeat use of the assessment tools, such as the PCL-M, highlights the commonality between studies.

A third study conducted by Duvall and Kaplan (2014) aimed to also identify benefits associated with non-active duty service members participating in multi-day outdoor recreation programs. The sample for this study was veterans who participated in the Sierra Club's Military Families and Veterans initiative, in partnership with four other organizations. The programs provided were offered during spring-fall 2012, at limited or no cost to the veteran. The programs ranged in size from 5-10 veterans, lasted between 4-7 days, and were outdoor-based recreation programs with exercise and wilderness skills incorporated.

The study was comprised of a pretest (1 week prior to program), posttest (1 week after program) and a follow up survey (3-4 weeks after program.) The pretest was completed by 98 veterans, predominantly unemployed, male, between 30-49 years old, having their last assignment within five years. Around 54% of respondents said physical or mental issues affect their everyday life, as well as respondents reporting psychological issues such as depression, TBI, PTSD, alcohol/ substance abuse and anxiety. Many of the 98 respondents reported having never participated in an outdoor group experience, though only 73 of the pretest respondents participated in one of the programs. Of those that participated in a program, only 74% completed the posttest survey, with even less (42%) completing the follow-up survey, resulting in 31 responses for all three surveys.

Psychological well-being was assessed using the following modified tools: Perceived Stress Scale (PSS), Attentional Function Index, and the Positive and Negative Affect Schedule was modified to measure the affective experience on 22 positive and negative emotions. Social Functioning and Life Outlook were assessed by using the following modified tools: UCLA

Loneliness Scale, Social Connectedness Scale, and questions adapted from the State Hope Scale and the Seeking of Noetic Goals Test were used to understand how life was going right now, and future expectations (Duvall and Kaplan, 2014.) Finally, demographic information was collected in the pretest regarding military service, mental and physical health conditions, and experience with outdoor recreation group activities.

Results from this study (Duvall and Kaplan 2014) show those who reported everyday problems in the pre-test were more likely to show increased psychological well-being, life-outlook and social functioning on the posttest. Albeit with a slow decline, participants overall reported increased psychological well-being up to a month after. Social functioning and life outlook showed improvement a week after the program. One limitation of this study is the follow up occurred only up to one month post program, so it is unclear if the progress was maintained. Second, the sample size was small and nonrandom; possibly not representing the larger veteran population, especially considering the sample dwindled from 98 to 31 participants. Finally, because veterans participated in different, albeit similar, programs through different organizations, it is possible various outcomes were due to differing activities.

Overall, this study supports previous research highlighting the positive effects participating in outdoor recreation programs can have on veterans. It also highlights that the benefits may be heightened for those with deeper health issues. As noted in the limitations, taking into account different programs may provide a different outcome is important for this current research, since there were numerous organizations included in the Duvall and Kaplan (2014) study. Additionally, the results of Duvall and Kaplan (2014) study further prove the positive impacts associated with veterans participating in outdoor recreation programs. This

study also used assessment tools noted in other studies, but shed light on various other valid assessment tools.

While just a handful of research articles were reviewed for this current study, the benefits of participating in outdoor recreation programs are evident. The Bennett et al. (2012) showed that participation in a multi-day recreation program, where veterans learn new (adaptive) sports, can increase competence, while decreasing PTSD. Vella et al. (2013) proved participating in outdoor recreation can be a cause for increased psychosocial well-being, attentiveness and positivity, while reducing negative moods, anxiety, symptoms of depression and somatic stress. Additionally, Vella et al. (2013) found that sleep quality was improved when PTSD symptoms were reduced. Finally, Duvall and Kaplan's (2014) research showed those who reported everyday problems in the pre-test were more likely to show improvements in psychological well-being, life-outlook and social functioning. Having a deeper understanding of the logistics of the programs, specifically what aspect of the program offered the most success, contributes to the need of this current research in identifying the important program factors as rated by veterans and their supporters. While research shows participation in outdoor recreation programs has benefits, the lack of specificity on the logistical aspects of the programs helped guide the development of the importance factors seen in this current research.

Conclusion

The first part of this literature review looked at the current status of military deployment(s). MacGregor et al., (2012) confirmed there could be negative psychological consequences as a result of multiple deployments, and that longer dwell times may provide protection against said consequences. Mitchell et al. (2012) looked at social support and unit cohesion for soldiers with

combat exposure, and found they can be protective factors against suicide ideation. Next, studies relating to psychological conditions associated with service and return to military life were reviewed. Eisen et al. (2012) found the mental health of OIF/OEF veterans, compared to the general population is worse in regards to probable: PTSD, alcohol abuse, and drug abuse. Eisen et al. (2012) also discovered OIF service members have higher rates of functioning problems, depression, and alcohol abuse than OEF service members, and Army and Marines service members fared worse than Air Force or Navy service members. The RAND Corporation (2008) research highlights the invisible wounds of war, and the significant need in providing quality services; suggesting less than adequate treatment is being provided for over half of those receiving treatment. DeBeer et.al, (2014) highlights the benefits associated with social support for this service members with combat related PTSD. Finally, studies focusing on post deployment responses, resources and interventions were reviewed. Bennett et al. (2012) found after participation in a multi-day outdoor recreation/adaptive sports program, PTSD symptoms decreased, while perceived competence and posttraumatic growth increased. Vella et al. (2013) proved participating in outdoor recreation can be cause for increased psychosocial well-being, attentiveness and positivity, while reducing negative moods, anxiety, symptoms of depression and somatic stress. Additionally, Vella et al. (2013) found that sleep quality was improved when PTSD symptoms were reduced. Finally, Duvall and Kaplan's (2014) research shows those who reported everyday problems in the pre-test were more likely to show improvements in psychological well-being, life-outlook and social functioning.

While many of us will never know what it feels like to experience combat, it is important, as service providers, friends, family and a nation, to have an understanding of factors that can increase or decrease the severity of the invisible wounds service members' experience. Second,

having knowledge of the capacity to which our service members are inflicted, variance of severity due to different branches and deployment locations, and quality of services offered, can guide creation of specific intervention and reintegration programs. Finally, research shows traditional clinical practices may be hindrances for veterans seeking care, and offering services such as outdoor recreation programs can have positive, restorative impacts.

As suggested in the aforementioned studies, outdoor recreation programs are proving to provide benefits for service members, such as increased well-being (Duvall and Kaplan, 2014, and Vella et al., 2013) and decreased PTSD symptoms (Bennett et al., 2012.) However, it is unclear what aspect(s) of the program influenced the positive outcomes. In order to identify what aspect(s) of a program are causes for beneficial impacts, it was decided to take a step back, and first understand what service members and their supporters deem important in choosing to attend a therapeutic or community based recreation program. This current study aimed to identify preliminary importance factors in regards to logistical planning of a program. While the studies in this review look at the psychological impacts of a program, there is still a need to understand the important logistical factors program providers need to implement first.

CHAPTER III

METHODOLOGY

Serving those who have served is an honor and a privilege, and should be done to the highest degree. R4 is an Alliance of Programs of Excellence providing therapeutic and community based recreation opportunities for OMF, joining forces to overcome barriers to quality care provisions (personal communication with Bert Gillette on June 7, 2015.) R4 Alliance, a national 501©3 organization is comprised of over 65 member organizations striving to provide the highest quality of recreation services for OMF. Programs range from weeklong therapeutic camps, to day excursions, from snowboarding to swimming with sharks.

Being the first collaborative non-profit of its kind, it is vital to obtain participant feedback, ensuring member organizations maintain programs of excellence. Understanding the potential impacts of shared evaluations, member organizations agreed to implement this shared evaluation. The goal of implementing this evaluation is to lay the foundation for what OMF deems important factors in attending a therapeutic and/or community based recreation program. To date, this is the first known study of its kind. Results from this evaluation will give organizations a framework for creating new programs or revamping current programs. This evaluation assessed logistical factors of therapeutic and community based recreation programs: facility, equipment, staff/volunteers and program overall. Demographic information was collected to determine specific needs/trends.

The following research questions were addressed in this study:

3. What are the characteristic factors of a therapeutic or community based recreation program that are important to Our Military Family (OMF) in regards to staff, facility, logistics, safety, program content and overall satisfaction?

4. How did R4 Alliance member organizations perform in regards to importance factors?

Importance Performance Analysis was selected as the methodology best suited to investigate the research questions. By identifying the important program components and concurrently collecting information on a particular program's performance, an organization can determine how it is performing within the context of the most and least important program attributes.

Setting

This study took place with R4 Alliance's 65 member organizations providing therapeutic or community based recreation services to OMF. R4 Alliance member organizations offer programs at no cost specifically designed for OMF in all 50 states. Member organizations provide either community based recreation programs, therapeutic recreation programs or both, and can last from a few hours to a week. With R4 being an umbrella organization with no direct contact with program participants, a research liaison from each organization was appointed to help facilitate various research studies, including this one.

Research Design

The Importance-Performance Analysis (IPA), developed by John A. Martilla and John C. James (1977), allows the consumer to rank the importance of certain factors and subsequently rank said factors using a satisfaction scale. Through this analysis, consumers are ranking what factors are important, how important said factors are, and how each organization performed (Guadagnolo, 1985.) IPA is effective in comparing strengths and areas in need of improvement to the relative need of the consumer. In following the guidelines for conducting an IPA (Martilla

and James, 1977) the first step was to understand what factors to evaluate. It was important to obtain feedback from people similar to the target population. A focus group, comprised of service members and supporters, was conducted at an R4 Alliance planning meeting to get the necessary preliminary feedback. Once responses were analyzed, a 14-part tool was developed. Comprehensive program satisfaction and demographic questions concluded the survey.

The Importance-Performance Analysis is a popular research tool among a variety of industries, is easy to interpret and cost effective (Hudson, Hudson, & Miller, 2004; Martilla and James, 1977; Oh, 2001; Scholl, Glanz, & Davison, 2006.) In determining the validity of IPA, Oh (2001) raised some limitations; primarily that IPA does not provide a concise definition of importance. However, in a study conducted to assess methods of measuring customer satisfaction, the IPA was determined to be a sufficient tool (Hudson et al., 2004.) The researcher decided to use IPA due to its wide use in similar industries and its simplicity in implementation and analysis. The reliability of this instrument was tested by a variety of sample participants, feedback was provided and the survey was modified. Qualtrics, an online data collection platform, was used to ensure the same tool was used for all participants.

Instrument Development

In following the guidelines for conducting an Importance-Performance Analysis (Martilla and James, 1977) the first step was to understand what factors to evaluate. In the infancy stages of forming R4 Alliance, workshops were held with various members of the therapeutic and community based recreation community, service members and their supporters, researchers and clinicians. During one of these workshops, Dr. Jasmine Townsend of Clemson University, independently conducted a focus group with the present service members (six total) and their

supporters (4 total.) These ten members of OMF were active in the reintegration process for military families and stakeholders in the creation of R4 Alliance. Dr. Townsend facilitated a discussion based around the question: “What are the important factors (program characteristics) that influence your decision to attend veteran-focused recreation programs (therapeutic or not)?” Responses were analyzed, and a list of factors was developed.

While some of the factors focused on reintegration and the lasting impact of programs, the researcher wanted to take a step back and focus on some of the reoccurring logistical factors listed such as: serve whole family, physical challenge element, educated staff, and additional resources provided. Using the list of factors that influence one’s decision to attend a program, three categories naturally formed from the factors, and questions were derived. The categories are: facility/equipment, staff/volunteer(s), and general program factors. The goal of this study was to discover the foundational importance factors OMF considers when attending a therapeutic and/or community based recreation program.

Preparing for On-line Data Collection

The 14-part IPA with additional comprehensive program satisfaction and demographic questions were inputted into Qualtrics; an online survey software. The researcher has a familiarity and satisfaction with the functions of Qualtrics, thus, it was chosen as the best platform to perform this study. Qualtrics allows the researcher to administer questions in various forms, manage distribution of a survey, and create analysis reports. Skip logic, a function of Qualtrics that unfolds questions based off the respondents’ answers, was utilized so the same survey could be sent to both service members and non-service members, while only obtaining

respective information. A letter of consent preceded the survey, with an informative e-mail preceding the letter of consent.

Survey Population and Eligibility

In order to be eligible to participate in this study, respondents were either a service member/veteran or a supporter of a service member/veteran, and had participated in one of R4 Alliance's member organizations' programs in the last week. It was deemed important to not only obtain service member's input, but also their supporters, to get a full spectrum view of the importance factors for conducting a program for this population. Each R4 Alliance member organization assigned a research liaison to distribute the survey following a program. E-mails with information regarding the study, a consent letter, and a survey link were sent to all program participants via their respective research liaison.

Participants who chose to participate in the study were directed to Qualtrics, where they would create an identifying code and complete the survey. Should participants participate in multiple programs and complete the survey numerous times, by reentering their identifying code, Qualtrics presented participants with only the performance section of the survey. The researcher decided to offer this minimal survey to participants who attended multiple programs on the assumption that demographic and importance information would not change.

In an effort to increase responses, the researcher solicited feedback, promoted the survey, and reiterated the benefits of a shared evaluation. R4 Alliance member organizations chose to become part of the Alliance because they understood the benefits of a collective impact. Upon joining the Alliance, member organizations agreed to participate in the shared evaluation. Data

collection occurred over an eleven-month period and the number of responses was four times greater than expected.

CHAPTER IV

FINDINGS AND RESULTS

As the research highlights, the brave men and women fighting for our country are coming back with incredible physical and invisible wounds. As a nation protected, it is our responsibility to care for the service men/women upon their return. The wounds of this war are great, and the approaches and services to help with healing and reintegration are diverse. R4 Alliance, a national 501©3 is comprised of 65+ member organizations providing the highest quality of therapeutic and community based recreation opportunities for OMF, joining forces to overcome barriers to quality care provisions (personal communication with Bert Gillette on June 7, 2015.)

To date, R4 Alliance members have provided recreation services for over 170,000 military personnel and their supporters, in all 50 states, at no cost. Programs range from week-long therapeutic camps, to day excursions, from snowboarding to swimming with sharks. Being the first collaborative non-profit of its kind, it is vital to obtain participant feedback; ensuring member organizations maintain programs of excellence. Understanding the potential impacts of shared evaluations, member organizations agreed to implement this shared evaluation.

The goal of this evaluation is to lay the foundation for what OMF deems important factors in attending a therapeutic and/or community based recreation program. To date, this is the first known study of its kind. Results from this evaluation will give organizations a framework for creating new programs or revamping current programs. This evaluation assessed the following logistical factors of therapeutic and community based recreation programs: facility, equipment, staff/volunteers and program overall. Demographic information was collected to determine specific needs/trends.

At the time of this analysis, R4 had 65 member organizations, all of which signed an MOU agreeing to implement the program evaluation. Results from the evaluation, as seen in Table 1, indicate only 41.50% of member organizations had participants complete the evaluation. Of those organizations with responses, four contributed over 100 responses, six contributed between 10 and 99 responses, and 17 contributed between one and nine responses. There are many factors that could contribute to the number of participating organizations, such as: evaluation was sent but not completed by participants, organizations joined R4 during a time of low/no program offerings, use their own program evaluation, or part of another research study. The goal is to have all member organizations implementing the program evaluation.

Table 1

<i>Provider Category</i>	
Response Rates	Number of R4 Member Organizations
100 or more respondents from the provider	4
10 to 99 respondents from the provider	6
1 to 9 respondents from this provider	17
No respondents from this provider	38
Totals	65

Figure 1, created by the researcher, highlights the national impact of R4 Alliance’s member organization’s programs. During the collection period of a little over a year, all but a handful of the States (ND, SD, AZ, NE, IL, IN) served as a program location, as well as a handful of different countries (Canada, Mexico, Germany and Netherlands.) The various colors indicate the number of participants per location.

profile responses is to ensure a good mix of military service members and supporters. R4 Alliance believes the healing and reintegration process includes the service member’s supporter(s) and deemed their input in program creation invaluable. A breakdown of the participants can be seen in Table 2.

Table 2

Participant Profile (All respondents)

	Number	Percentage
First Time Participant		
Yes	461	59.64%
No	312	40.36%
Gender		
Male	644	83.31%
Female	129	16.69%
Check One		
I am a military service member or veteran	615	79.56%
I am a supporter	95	12.29%
I am a military service member or veteran attending as a supporter	63	08.15%

As outlined in Table 3, of the 12.29% identified as a supporter, 7.37% identified as a best friend, 21.05% as a spouse/partner, 3.16% as a battle buddy, 10.53% as a non-spousal family member, and the remaining 28.42% identified as other. Results from the “other” response indicate the general public (non-military service members or veterans, or their supporters) had taken this survey. The number of possible responses is 27 of 773, and the researcher determined to not remove these findings from the overall analysis, as the discrepancies are small. Additionally, this question was only offered to those indicating “I am a supporter” however “battle buddy” (listed as an option) implies someone who has served in combat, clarifying that

this question should have been asked to those that indicated “I am a military service or veteran attending as a supporter.”

Table 3

Supporter (Non-Service Member) Profile

	Number	Percentage
Describe your relationship to the military service member or veteran:		
Casual friend	28	29.47%
Best friend	7	07.37%
Spouse/partner	20	21.05%
Battle buddy	3	03.16%
Non-spousal family member (sibling, child, cousin, etc.)	10	10.53%
Other, please specify*	27	28.42%
Total	95	100%

*Results from this question indicate the general public (non-military service members or veterans, or their supporters) have taken this survey. The number of possible responses is 27 of 773. The researcher determined to not remove these findings from the overall analysis, as the variance is small. Answers are verbatim, grammatical errors were not corrected: Other responses: friends and community, no one specific, no veteran, Father, supporter, Supporter/Event Organizer, NONE, Spouse of a disabled athlete, mother, Supporter of World T.E.A.M., no relationship; survey appears to be flawed on this item, Volunteer and former Military medical discharge, VA Therapist, Army civilian staff, none, son and husband of veterans, volunteer, interested participant/ fundraiser, Rod building support, Provider, college classmate, mother, supporter, general participant, Volunteer.

Table 4 represents the Service Member profile. Of the 678 respondents identifying as some type of service member or veteran (supporter or not), 8.95% were still in active duty, 2.80% active duty reserves, 34.07% were separated, 29.06% medically retires, 0.44% were transitioning out of the service, and the remaining 24.78% were retired. Additionally, 414 of the 668 were in the army, 87 in the Navy, 86 in the Air Force, 82 in the Marines, and 9 in the Coast Guard. Of those service members, around 31% were deployed for less than a year, 32% deployed up to two years, and around 19% for up to three years, with close to 16% serving more

than three years deployed. The remaining 17 responses selected “other” and eight of the 17 wrote in their time spent deployed.

Table 4

Service Member Profile

	Number	Percentage
What is your current duty status?		
Active Duty	60	08.85%
Active Duty Reserves	19	02.80%
Separated	231	34.07%
Medically Retired	197	29.06%
In Transition	3	00.44%
Retired	168	24.78%
Total	678	100%
What branch of the military where you in?		
Air Force	86	12.68%
Army	414	61.06%
Coast Guard	9	01.33%
Marines	82	12.09%
Navy	87	12.83%
Please indicate the total months you spent deployed:		
I did not deploy	81	11.96%
Less than one month	4	00.59%
1-3 months	14	02.07%
3-6 months	26	03.84%
6-11 months	87	12.85%
1-1.5 years	139	20.53%
1.5-2 years	76	11.23%
2-2.5 years	74	10.93%
2.5-3 years	53	07.83%
More than 3 years	106	15.66%
Other, please specify*	17	02.51%

*Results from this question indicate all respondents could fall into one of the duration options, however, chose to select “other” and explain. Answers are verbatim, grammatical errors were not corrected: 4 yr, 10.5 years, during Vietnam in Philippines, 18 years active duty; 4 years South America; 4 years Central America; 1 year Caribbean; 2 years Middle East, nato Germany, 37 Years 14 Years/ 7+ years Deploy 23 years Civial Ser Ret, 9 years, 7 Mnths Vietnam, 4 years, back field

Of the 678 respondents identifying as some type of service member or veteran (supporter or not), the top three current duty statuses were Separated (34.07%), Medically Retired (29.06%), or

retired (24.78%.) Over 60% were in the Army, with around 12% in the Marines, Air force and Navy, and the remaining in the Coast Guard (1.33%.) Close to 12% of service members had not deployed, with 19.34% deploying for up to a year, 31.76% deploying up to 2 years, and 34.42% deploying up to or over 3 years. Some of the remaining 2.5% that selected “other” wrote in their deployment lengths, which would have fallen into one of the categories.

Tables 5 – 9 and correlating Figures 2 - 6 represent the Importance-Performance measures. The national baseline data (R4 Alliance) can best be used for individual performance data by comparing individual organization scores against the national scores. Research illustrates the utility of this by using four examples from the organizations’ participant responses. Consistent with the confidentiality protocols, organizations were labeled A, B, C or D, with a minimal overview of services offered. No additional identifiers were used. The overall mean for importance and performance will serve as the crosshair points in each figure, creating a four quadrant chart. The top right quadrant “keep up the good word” are factors deemed important, and also received high performance scores. The lower right quadrant “Concentrate Here” are factors that are important, but the performance marks are lower relative to the importance scores. The lower left quadrant “Low Priority” are factors that received relative low importance performance scores. The top left quadrant “Possible Overkill” represents high performance ratings and low importance ratings.

Tables 5 – 9 used the following Likert scale to measure Importance Performance.:

- (1) Not Important At All / Terrible Performance
- (2) Somewhat Unimportant / Below Average Performance
- (3) Neither Important nor Unimportant / Neutral Performance
- (4) Somewhat Important / Above Average Performance

(5) Extremely Important / Excellent Performance

Relative to the mean crosshairs (Importance = 4.42, Performance = 4.75), results from Table 5 / Figure 2 indicate R4 Alliance member organization's should "keep up the good work" in factors b, c, d, k, l, and m. Factors a and n fell into "possible overkill" with e, g, h and i represented in "low priority." The only factor that fell into "concentrate here" was f: "Program details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.)." Factor j: "The program's activities are appropriate for all participants ability levels" was almost bull's-eye on the crosshairs.

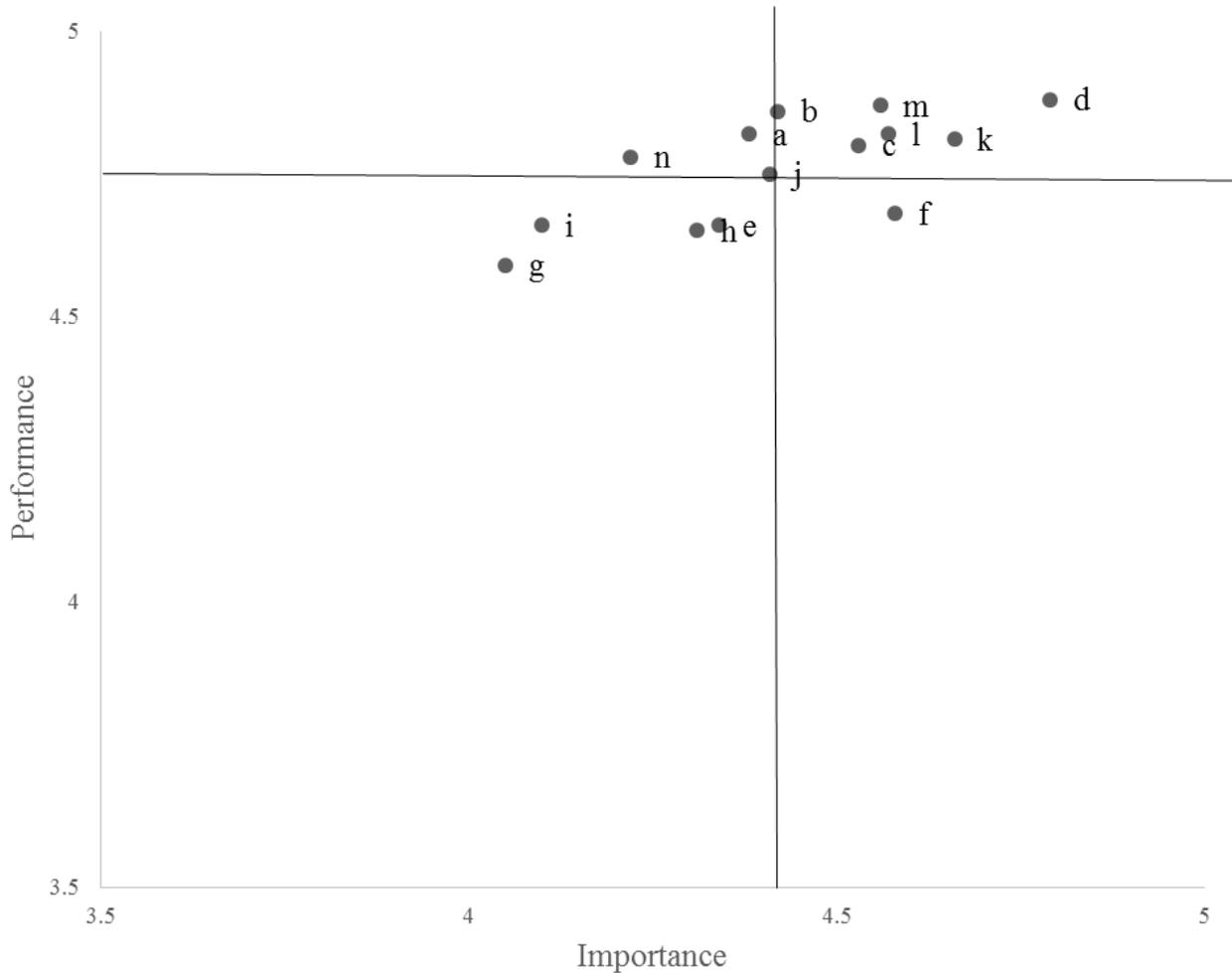
Table 5

R4 Alliance Importance Performance Results (N = 773)

Identifying Letter	Question	Mean Importance Rating	Mean Performance Rating
a	The facility/program area is accessible, and appropriate for program activities	4.38	4.82
b	Appropriate equipment is available to meet my needs	4.42	4.86
c	Staff/Volunteers are educated on specific needs of participants (i.e. injury, illness, special needs, etc.)	4.53	4.80
d	Staff/Volunteers are approachable and friendly	4.79	4.88
e	Program registration was easy to navigate and complete	4.34	4.66
f	Program details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.)	4.58	4.68
g	Family/supporter(s) are invited to participate in the program	4.05	4.59
h	The program provides me with resources/opportunities (websites, community contact, equipment, etc.) to continue activities independently or continually with the program	4.31	4.65
i	The program's activities have elements of challenge and risk	4.10	4.66
j	The program's activities are appropriate for all participants ability levels	4.41	4.75
k	The program avoids exploiting participants	4.66	4.81
l	The program provides opportunities for personal growth	4.57	4.82
m	The program provides opportunities to connect with peers	4.56	4.87
n	The program does not provide or encourage the use of potentially harmful substances (i.e. alcohol and other controlled substances)	4.22	4.78
Overall Mean		4.42	4.76

Figure 2

R4 Alliance Importance Performance Results



Results from Organization A (n = 116) represented in Table 6 / Figure 3 found relative to the mean crosshairs (Importance = 4.38, Performance = 4.67), results indicate programs should “keep up the good work” in factors c, d, k, l, and m. Factors a and b fell into “possible overkill” with g, h, i, j and n represented in “low priority.” The only factors that fell into “concentrate here” were e “Program registration was easy to navigate and complete” and f: “Program details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.)” To gain a more in-depth look at the performance scores, the write-in responses were analyzed. The most recurring feedback was the hotel (varying by event) did not seem prepared for their group,

information could have been provided in a more concise manner and that the equipment and maintenance could be improved. If the researcher were giving feedback to Organization A, it would be recommended to find a hotel that is very comfortable, familiar, and well versed with hosting groups of their magnitude, to ensure all equipment is individually fitted to each participant, with plenty of staff/volunteers to help with mechanical issues, and to provide participants with timely and concise program information.

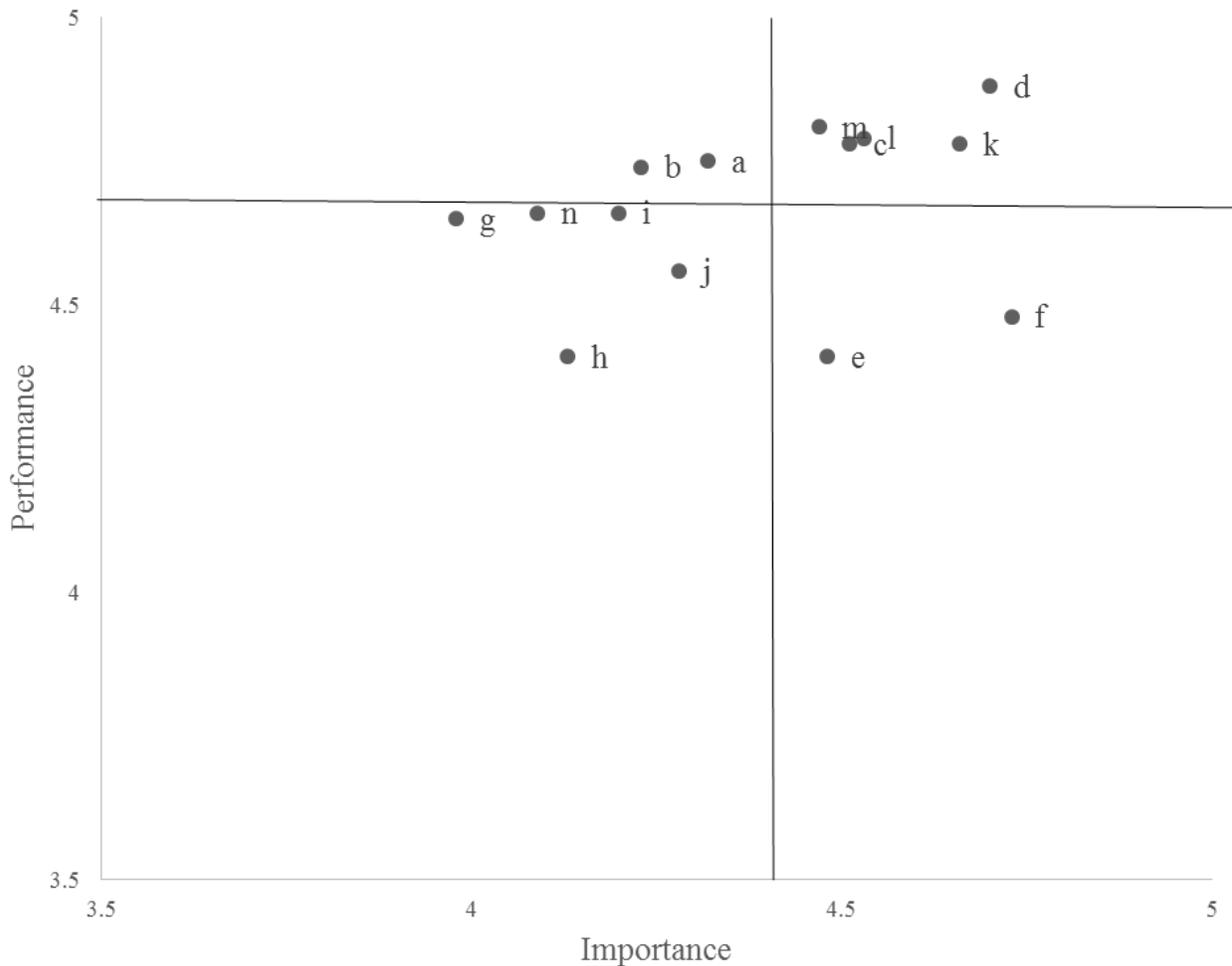
Table 6

Organization A Importance Performance Results (N = 116)

Identifying Letter	Question	Mean Importance Rating	Mean Performance Rating
a	The facility/program area is accessible, and appropriate for program activities	4.32	4.75
b	Appropriate equipment is available to meet my needs	4.23	4.74
c	Staff/Volunteers are educated on specific needs of participants (i.e. injury, illness, special needs, etc.)	4.51	4.78
d	Staff/Volunteers are approachable and friendly	4.70	4.88
e	Program registration was easy to navigate and complete	4.48	4.41
f	Program details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.)	4.73	4.48
g	Family/supporter(s) are invited to participate in the program	3.98	4.65
h	The program provides me with resources/opportunities (websites, community contact, equipment, etc.) to continue activities independently or continually with the program	4.13	4.41
i	The program's activities have elements of challenge and risk	4.20	4.66
j	The program's activities are appropriate for all participants ability levels	4.28	4.56
k	The program avoids exploiting participants	4.66	4.78
l	The program provides opportunities for personal growth	4.53	4.79
m	The program provides opportunities to connect with peers	4.47	4.81
n	The program does not provide or encourage the use of potentially harmful substances (i.e. alcohol and other controlled substances)	4.09	4.66
Overall Mean		4.38	4.67

Figure 3

Organization A Importance Performance Results



Results from Organization B (n = 37) represented in Table 7 / Figure 4 found relative to the mean crosshairs (Importance = 4.60, Performance = 4.88), results indicate programs should “keep up the good work” in factors c, d, g, h, k, and l. Factors a, b and m fell into “possible overkill” with e, i, j and n represented in “low priority.” The only factor that fell into “concentrate here” was f: “Program details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.)” Write in responses were overwhelmingly positive, with a

couple recommendations on the structure of some activities being properly tailored to participants. If the researcher were giving feedback to Organization B, it would be recommended to adjust program procedures to ensure participants are receiving adequate and timely program information.

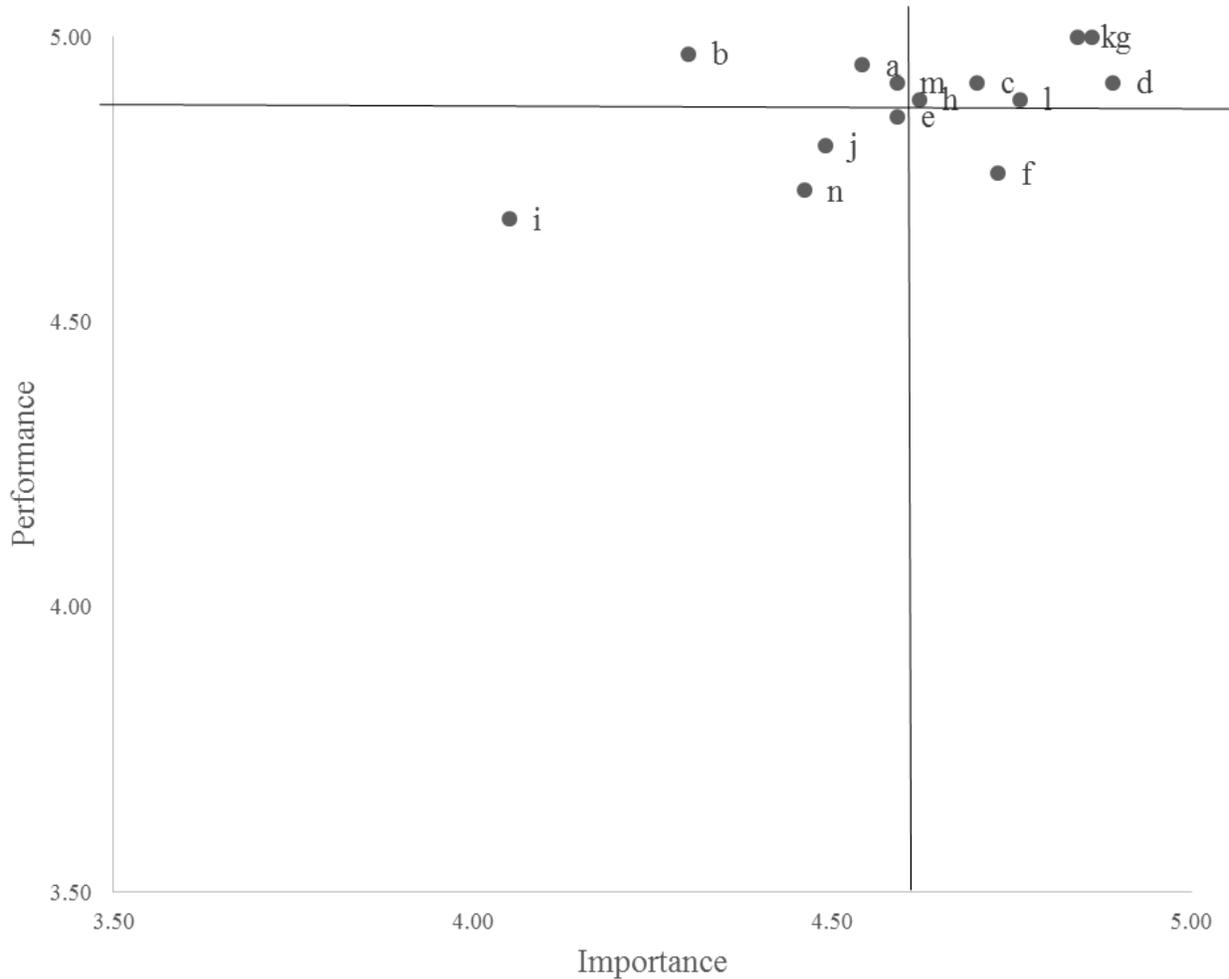
Table 7

Organization B Importance Performance Results (N = 37)

Identifying Letter	Question	Mean Importance Rating	Mean Performance Rating
a	The facility/program area is accessible, and appropriate for program activities	4.54	4.95
b	Appropriate equipment is available to meet my needs	4.30	4.97
c	Staff/Volunteers are educated on specific needs of participants (i.e. injury, illness, special needs, etc.)	4.70	4.92
d	Staff/Volunteers are approachable and friendly	4.89	4.92
e	Program registration was easy to navigate and complete	4.59	4.86
f	Program details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.)	4.73	4.76
g	Family/supporter(s) are invited to participate in the program	4.86	5.00
h	The program provides me with resources/opportunities (websites, community contact, equipment, etc.) to continue activities independently or continually with the program	4.62	4.89
i	The program's activities have elements of challenge and risk	4.05	4.68
j	The program's activities are appropriate for all participants ability levels	4.49	4.81
k	The program avoids exploiting participants	4.84	5.00
l	The program provides opportunities for personal growth	4.76	4.89
m	The program provides opportunities to connect with peers	4.59	4.92
n	The program does not provide or encourage the use of potentially harmful substances (i.e. alcohol and other controlled substances)	4.46	4.73
Overall Mean		4.60	4.88

Figure 4

Organization B Importance Performance Results



Results from Organization C (n = 9) represented in Table 8 / Figure 5 found relative to the mean crosshairs (Importance = 4.41, Performance = 4.67), programs should “keep up the good work” in factors a, d, e, k, l, m and n. Factors c and j barely fell into “possible overkill” with b, h and i represented in “low priority.” The only factors that fell into “concentrate here” were f: “Program details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.)” and g “Family/supporter(s) are invited to participate in the program.” Though the write in responses were extremely minimal, they were overwhelmingly positive, with only

one suggestion of moving the program location closer to a certain location. If the researcher were giving feedback to Organization C, it would be recommended to adjust program procedures to ensure participants are receiving adequate and timely program information, and to adapt programs to be inclusive of supporters.

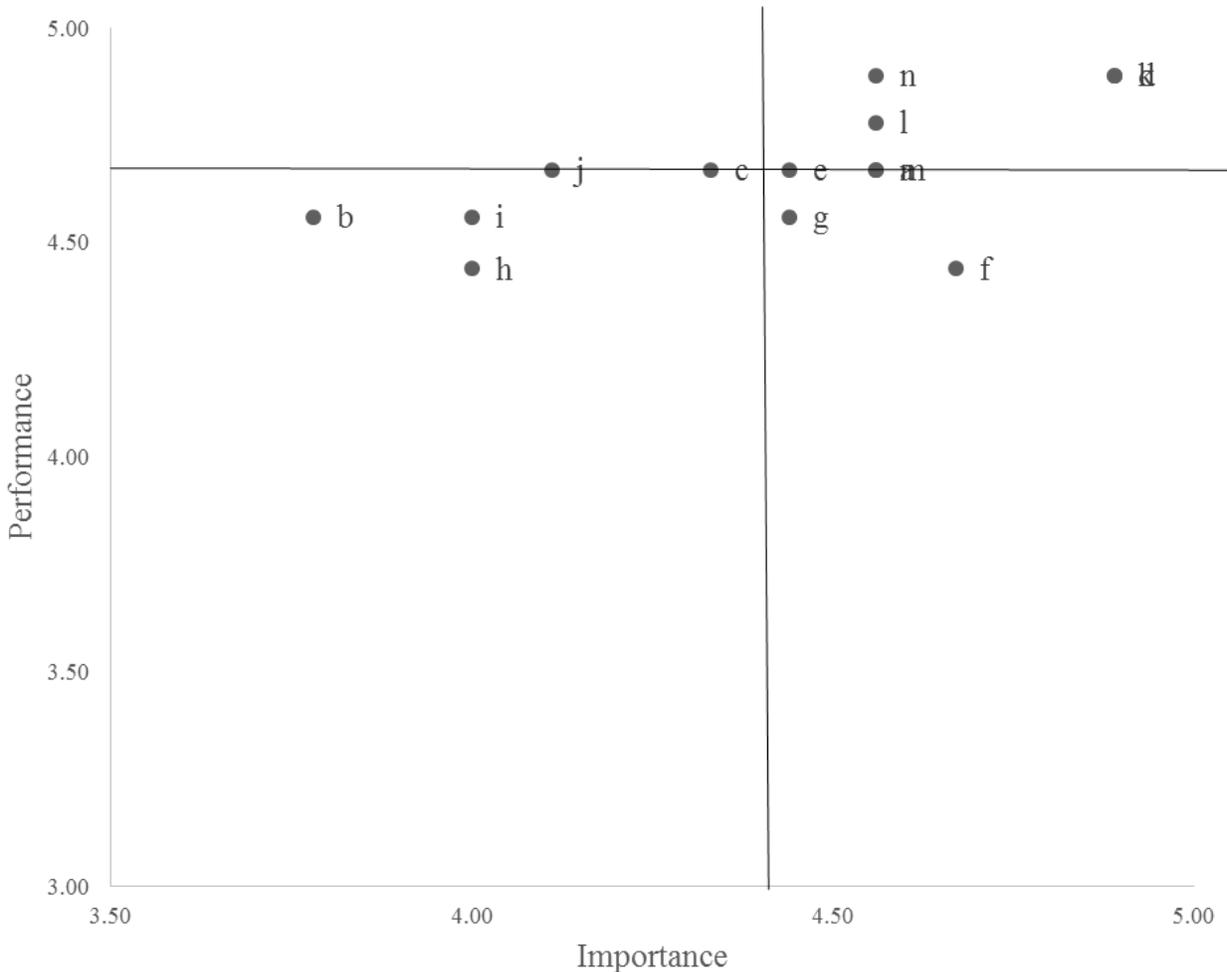
Table 8

Organization C Importance Performance Results (N = 9)

Identifying Letter	Question	Mean Importance Rating	Mean Performance Rating
a	The facility/program area is accessible, and appropriate for program activities	4.56	4.67
b	Appropriate equipment is available to meet my needs	3.78	4.56
c	Staff/Volunteers are educated on specific needs of participants (i.e. injury, illness, special needs, etc.)	4.33	4.67
d	Staff/Volunteers are approachable and friendly	4.89	4.89
e	Program registration was easy to navigate and complete	4.44	4.67
f	Program details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.)	4.67	4.44
g	Family/supporter(s) are invited to participate in the program	4.44	4.56
h	The program provides me with resources/opportunities (websites, community contact, equipment, etc.) to continue activities independently or continually with the program	4.00	4.44
i	The program's activities have elements of challenge and risk	4.00	4.56
j	The program's activities are appropriate for all participants ability levels	4.11	4.67
k	The program avoids exploiting participants	4.89	4.89
l	The program provides opportunities for personal growth	4.56	4.78
m	The program provides opportunities to connect with peers	4.56	4.67
n	The program does not provide or encourage the use of potentially harmful substances (i.e. alcohol and other controlled substances)	4.56	4.89
Overall Mean		4.41	4.67

Figure 5

Organization C Importance Performance Results



Results from Organization D (n = 7) represented in Table 9 / Figure 6 found relative to the mean crosshairs (Importance = 4.63, Performance = 4.86) programs should “keep up the good work” in factors d, j, k and l. Factors a, b, h and m fell into “possible overkill” with c, e, g, i and n represented in “low priority.” The only factors that fell into “concentrate here” was f: “Program details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.)” and g “Family/supporter(s) are invited to participate in the program.” All write in responses were statements of support. If the researcher were giving feedback to Organization

D, it would be recommended to adjust program procedures to ensure participants are receiving adequate and timely program information, and to adapt programs to be inclusive of supporters.

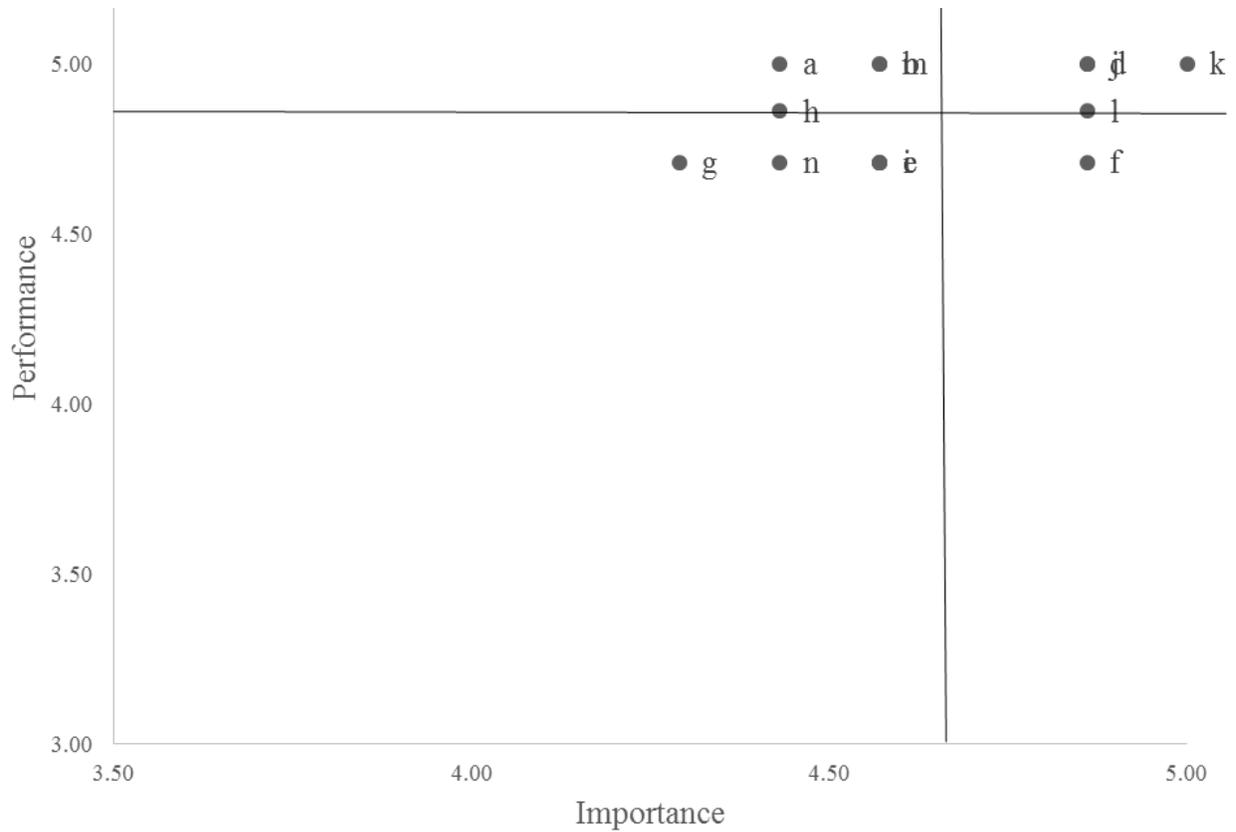
Table 9

Organization D Importance Performance Results (N = 7)

Identifying Letter	Question	Mean Importance Rating	Mean Performance Rating
a	The facility/program area is accessible, and appropriate for program activities	4.43	5.00
b	Appropriate equipment is available to meet my needs	4.57	5.00
c	Staff/Volunteers are educated on specific needs of participants (i.e. injury, illness, special needs, etc.)	4.57	4.71
d	Staff/Volunteers are approachable and friendly	4.86	5.00
e	Program registration was easy to navigate and complete	4.57	4.71
f	Program details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.)	4.86	4.71
g	Family/supporter(s) are invited to participate in the program	4.29	4.71
h	The program provides me with resources/opportunities (websites, community contact, equipment, etc.) to continue activities independently or continually with the program	4.43	4.86
i	The program's activities have elements of challenge and risk	4.57	4.71
j	The program's activities are appropriate for all participants ability levels	4.86	5.00
k	The program avoids exploiting participants	5.00	5.00
l	The program provides opportunities for personal growth	4.86	4.86
m	The program provides opportunities to connect with peers	4.57	5.00
n	The program does not provide or encourage the use of potentially harmful substances (i.e. alcohol and other controlled substances)	4.43	4.71
Overall Mean		4.63	4.86

Figure 6

Organization D Importance Performance Results



To get a broad impression of the overall performance of R4 Alliance member organizations, four general statements were ranked on a scale of strongly disagree to strongly agree. As seen in Table 10, overwhelmingly positive responses were received for R4 Alliance (98.41%) Organization A (98.28%) Organization B (100%) Organization C (100%) and Organization D (100%.)

Table 10

Overall Program Performance

	Strongly Disagree	Disagree	Agree	Strongly Agree
The organization delivered a good quality program				
R4 Alliance	00.10%	00.60%	14.80%	84.30%
Program A	0%	0%	18.97%	81.03%
Program B	0%	0%	08.11%	91.89%
Program C	0%	0%	22.22%	77.78%
Program D	0%	0%	0%	100%
I would recommend this program to my peers				
R4 Alliance	00.20%	00.20%	12.16%	87.32%
Program A	0%	0%	16.38%	83.62%
Program B	0%	0%	05.41%	94.59%
Program C	0%	0%	11.11%	88.89%
Program D	0%	0%	0%	100%
The program met or exceeded my expectations				
R4 Alliance	00.30%	01.29%	18.14%	81.11%
Program A	0%	01.72%	25.00%	73.28%
Program B	0%	0%	05.41%	94.59%
Program C	0%	0%	33.33%	66.67%
Program D	0%	0%	0%	100%
The program was safe				
R4 Alliance	00.20%	01.03%	17.33%	82.28%
Program A	0%	00.86%	28.45%	70.69%
Program B	0%	0%	05.41%	94.59%
Program C	0%	0%	22.22%	77.78%
Program D	0%	0%	0%	100%

The final part of the evaluation aimed to get an overall rating of the program in general in regards to quality, recommending to others, meeting expectations and safety. R4 Alliance member organizations as a whole, and individual organizations represented here, show overall positive (agreement) remarks, receiving at least 98% agreement. Though disagree and strongly disagree received extremely minimal responses, R4 Alliance will review each organization’s information, and will provide feedback and guidance.

Most of the write in responses (196 total, some containing numerous suggestions/praise) were general statements of support (approximately 83%.) On these questions the reoccurring

praises from the write in responses were: bonding opportunity, welcoming and professional staff, life changing, lifesaving, opportunity to experience something new, staff and participants felt like family, safe environment, supporters included, exceeded expectations, a time to disconnect, amazing experience, and veteran volunteers/staff was beneficial. Around 17% provided the following actionable information: additional safety precautions could be taken (six respondents), better timing of activities (six respondents), more food options (four respondents), staff not as passionate/professional (two respondents), alcohol at programs (two respondents), room accommodations (two respondents), massage therapist (two respondents), more opportunities to participate, updated program information, supporters included, did not feel welcome, transportation assistance, could be better organized, accessibility concerns, more local events, and survey questions provided verbally for those with TBI.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Review of Chapters I - IV

The Global War on Terror was initiated by the terrorist attacks on 11 September 2001. Most Americans remember the exact moment they heard the news, and the gut-wrenching feeling of being attacked on their home soil. While soldiers have withdrawn from some deployment locations, the war has not ceased. American soldiers are still getting deployed, still experiencing combat, and still coming home with physical and invisible wounds.

While many soldiers experience one deployment in a combat zone, others have endured numerous deployments (Zoroya, 2010.) What one experiences during combat is foreign to the majority of Americans, leaving a gap between civilian perceptions of war, and what a soldier actually experienced. As of March 2015, the Department of Veterans Affairs (2015) reported 685,540 OIF/OEF/OND veterans have a possible mental health disorder, 378,993 have PTSD, and 308,336 have a depressive disorder. Research suggests service members may not seek mental health care due to fear of career repercussions, stigma, and other inhibiting reasons (Department of Veterans Affairs, 2015; Eisen et al., 2012; Rand Corporation, 2008), suggesting the number of cases reported may be smaller than the actual numbers.

Based off of the 2012 Suicide Data Report by the Department of Veterans Affairs (Kemp & Bossarte, 2012), 22 veterans a day commit suicide. With service members returning from war and either not seeking mental health treatment, or not receiving quality treatment (RAND Corporation, 2008) there must be another outlet to assist in the reintegration process. While there are numerous organizations offering programs to aid in said process, there was no research found identifying the program factors OMF deems important.

For this current study, the researchers aimed to answer the following questions:

1. What factors of therapeutic or community based recreation programs are important to veterans and their supporters participating in R4 Alliance member organization programs?
2. How did R4 Alliance member organizations perform on the importance factors contained in the Importance-Performance Analysis?

Having an understanding of the factors that influence our OMF to join a program is vital in program creation and outreach. Often times, programs are created by grant requirements, or program provider's perceptions of the need, without first understanding the needs of the desired participants. This current research aims to shed light on the important factors program providers need to consider when planning a program to serve OMF. Simultaneously, this study aims to understand how current R4 Alliance member organizations are performing relative to the importance.

As previously mentioned, the majority of Americans will never understand what it means to experience combat. Conversely, having the backstory on the influences that have plagued some of America's heroes is important knowledge for program providers to have in order to provide effective programs. The first focus of understanding the backstory was look at the current status of military deployments and the effect they have on military personnel.

Service members deploying more than once is not uncommon (Zoroya, 2010), however it is important to understand possible protective factors of the mental wear and tear combat bequeaths. Unit cohesion for deployed personnel, and social support systems for those who have experienced combat may be protective factors for psychological well-being (Mitchell et al., 2012.) Additionally, MacGregor et al. (2012) found that longer dwell times could possibly decrease the likelihood of combat-related negative psychological outcomes. Research proving

protective actions can be used to support policy change for supporting service members to ensure they are taken care of properly.

Second, it is important program providers grasp the psychological conditions associated with combat and the magnitude of these conditions service members are experiencing. Litz and Schlenger (2009) of the National Center for PTSD suggest 10-18% of OIF/OEF veterans have probable PTSD. Those with probable TBI make up an estimate of 300,000 Iraq/Afghanistan veterans with PTSD or major depression, and about 320,000 may have experienced TBI during deployment (RAND Corporation, 2008.) RAND Corporation (2008) suggests of those receiving care for invisible wounds, half are receiving less than adequate services, and the need for quality, evidence-based care is vital. Eisen et al. (2012) found that OIF service members are at greater risks of functioning problems, depression, and alcohol abuse, than OEF service members, and those in the Army or Marines also fared worse in said categories. Similar to Mitchel et al. (2012), DeBeer et al. (2014) found benefits associated with social support for service members with combat related PTSD.

Gaining insight on programs and interventions already in place for service members can highlight what is working, what can be improved upon, and gaps in services offered. All studies reviewed were multi-day, outdoor based recreation programs. Bennett et al. (2012) found offering service members the opportunity to learn new (adaptive) sports can increase competence and posttraumatic growth, while decreasing PTSD. Vella et al. (2013) found an increase in attentiveness and positivity, and a reduction in negative moods, anxiety, symptoms of depression and somatic stress, after participation in a recreation program. Additionally, Vella et al. (2013) found sleep quality to be improved when PTSD symptoms were reduced. Lastly, Duvall and Kaplan (2014) found those reporting everyday tribulations were more likely to show

improvements in psychological well-being, life-outlook and social functioning after a recreation program.

While the previously mentioned studies focus on the benefits of participation in outdoor recreation programs, researchers did not investigate what specific aspect(s) of the programs is cause for the positive outcome(s.) The current study aimed to identify preliminary importance factors in regards to the logistics of a program. While the studies in the literature review look at the psychological impacts of a program, there is still a need to understand the important logistical factors program providers need to implement first.

R4 Alliance is a national non-profit organization comprised of over 65 member organizations providing minimal to no cost therapeutic and community based recreation programs for OMF. Programs range from day excursions to weeklong therapeutic camps, from snowboarding to swimming with sharks. Striving to ensure veterans can find programs of excellence in the sea of 41,500 non-profit organizations serving veterans (National Center for Charitable Statistics, n.d.), R4 Alliance requests member organizations participate in a program evaluation, to obtain individual as well as national performance results.

An Importance-Performance Analysis (IPA) was used in this study due to its longevity and wide use in similar programs. Per Martilla and James (1977), creators of the IPA, a focus group was held with OMF, the same population to be served, to find out important program factors that influence their decision to attend veteran-focused recreation programs. The factors fell into natural categories (facility/equipment, staff/volunteers, program overall), and a survey was created, vetted, and reduced to a 14-part IPA with additional comprehensive program satisfaction and demographic questions. The online survey software Qualtrics was used for data

collection, and research liaisons were identified at each member organization to distribute the surveys to participants.

The eligibility requirements to participate in this study were to be a service member or supporter of a service member who had participated in one of R4 Alliance's member organization's programs within a week of receiving this evaluation. A total of 773 responses were received. Of the total number of respondents, 59.64% were first time attendees, 83.13% males, 12.29% were non-service member supporters, with 8.15% military service member or veteran attending as a supporter, and the remaining 79.56% were service members or veterans. Of the 20.44% identified as some type of supporter, 7.37% identified as a best friend, 21.05% as a spouse/partner, 3.16% as a battle buddy, 10.53% as a non-spousal family member, and the remaining 28.42% identified as other. Results from the "other" response indicate the general public (non-military service members or veterans, or their supporters) had taken this survey. The number of non-military respondents was a maximum of 27 of 773. The researcher retained the survey participants in the overall analysis.

Of the 65 organizations eligible to participate in the study, only 41.5% had participants complete the survey. Ten program providers generated over 37% of the total sample. Analysis was conducted on R4 overall, and on four individual organizations. Consistent with our confidentiality protocols, the four organizations were identified as "program A, B, C and D", and no additional identifiers were included in this analysis. Overall results of the survey indicated, on a five point scale (1 not important at all, 5 extremely important), an importance level of at least 3.78, with the majority receiving a 4.44 and above. Performance results outweighed importance in all but two questions, and the variance was minimal. Albeit minimal, the importance outweighed the performance for organizations A, C and D for the question "Program

details are provided prior to participation (i.e. activities, what to bring, rules, regulations, etc.).” For each IPA category (facility/equipment, staff/volunteers, program overall), a write in option was provided. At least 74% of write in responses were general statements of support.

Key Findings

The key findings of this study indicate all factors represented are important to OMF. The importance score regarding the facility/program area being accessible, and appropriate for program activities, was 4.45, with performance being 4.84. Appropriate equipment to meet the needs of participants was ranked with an average importance of 4.3, and performance at 4.83. With the scores indicating performance congruent with importance, the researcher looked to the write in responses to understand the exceeding performance and any areas that need improvement. The primary key finding from this set of questions was the need to ensure all locations were accessible, all equipment was appropriate for all participants, and that some of the overnight accommodations were subpar. Albeit small, this information has been shared with specific organizations and improvements recommended.

Performance outweighed importance (avg. 4.78 to 4.53) on Staff/Volunteers being educated on specific needs of participants, and being friendly and approachable (avg. 4.91 to 4.83.) Around 95% of the write in responses were in support of the positive performance of these questions, further highlighting the important need of providing quality, educated and friendly staff/volunteers when working with this population. Reviewing the scores of the program overall, the glaring finding came from the write in responses. Numerous write in responses brought to light the violation of standards that harmful substances are prohibited at programs. R4 member organizations have agreed to prohibit the use of drugs or alcohol at

events, and this evaluation raised awareness of what is going on when program providers are not around, and the need for providers to continually reinforce the rules on drugs/alcohol.

Organizations receiving this kind of feedback were informed and have taken the precautionary steps to eradicate this behavior. Next, importance outweighed performance for some organizations in providing program details prior to the program, and the write in responses clarified the need for participants to have as much information up front as possible.

Results indicate that all the factors identified in this study are important for program providers to consider in planning a program, and so far, there has been good congruence between R4 member organizations performance on the factors OMF deem most important. Overall, the findings from this study indicate R4 Alliance member organizations are providing quality programs that OMF would recommend to other service members and supporters.

Limitations

The primary limitation in this study was that while results indicate R4 Alliance member organizations' performance measures routinely exceed their corresponding importance measures, an "other" option or "please explain" was not provided for people to explain further or identify factors that matter not included in the list. In an effort to obtain responses, this survey was significantly shortened. Minimal focus on certain topics may provide a foundation of information but not an inclusive view of the topic. The sample size for the focus group in which the factors were derived was very small, thus likely not a complete representation of the participants served in this study.

Another limitation is the researcher did not have direct contact with participants, thus having to depend on member organizations to send out the evaluation to participants after a

program. Although small, there were around 17 responses from non-service member; non-supporters in this study, indicating somehow other participants received the link and participated. Though precautions were taken to protect the identity of participants, those fearing career related repercussions may have been unwilling to participate in a study.

Recommendations for Future Research

For future research in understanding importance factors as determined by OMF, it is recommended to hold more focus groups with service members and supporters to get the broadest possible list of factors to evaluate. Second, many organizations provide services for populations other than OMF, and informal feedback was given from providers that they would be more inclined to implement a survey that could be used for all programs. Third, while this study had identified research liaisons at each organization, there is often turn over in staff, or organizations run by volunteers, so ensuring staff/volunteer buy in and support of the evaluation could increase the response rate. Equally, having a dedicated staff member maintaining and monitoring the survey and keeping in contact with liaisons could increase use.

While this study received 773 responses in around a year, fewer than 50% of member organizations were represented in this study. For this study, gender was limited to Male and Female, and it may be beneficial to provide more options or at least offer the option “decline to state.” If the researcher were having a consulting session with program A, C and D, they would be inclined to provide the following feedback and guidance: though the variances between importance and performance are slight, it does highlight the need for additional program information prior to the start of the program. Disaggregate the data to find any possible trends could shed light on tendencies not considered in this research. Finally, offering incentives to

participate in a study may increase staffs willingness to implement. As represented in a write in response, this type of online evaluation may be difficult or frustrating for service members with brain injuries, and other options should be in place to collect information, such as conducting the survey verbally.

Conclusions

This study provided the preliminary findings on how OMF ranked predetermined facility/equipment, staff/volunteers, and program overall, factors in regards to attending a community or therapeutic recreation program. Results indicated the high level of importance program providers need to take into account for said factors. Additionally, results found R4 Alliance member organizations are providing programs that elicit strong performance measures on factors that OMF deem important.

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Appendix A

HUMAN SUBJECTS IN REVIEW COMMITTEE

Amendment

Under Federal law relating to the protection of Human Subjects, this amendment is to be completed by the Principal Investigator if there are any changes to the original, approved application. Please return to HSRC Chair, c/o Marsha Osborne, HSRC Assistant (898-5413), Office of Graduate Studies, Student Services Center, Room 460, Zip 875.

Name: Jaimee Rizzotti Empl ID #: Student ID: 005855565

Phone(s) and Email: 925-381-0424 JaimeeRizzotti@yahoo.com

Faculty Advisor (If student): Dr. Emilyn Sheffield

Phone and Email Address: 530-570-9855 ESheffield@csuchico.edu

College/Department: Communication Education / Recreation, Hospitality and Parks Management

Title of Project: Program Evaluation for R4 Alliance Member Organizations

Changes to Original Approved Application: The following two questions have been added to the survey:

Please check one of the following:

I am military service member or veteran

I am a supporter

I am a military service member or veteran attending as a supporter.

(Following will only be asked if identified as a supporter)

Please describe your relationship to the military service member or veteran:

Casual friend

Best friend

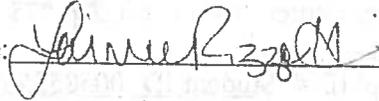
Spouse/partner

Battle Buddy

Non-spousal family member (sibling, child, cousin, etc...)

Other (please specify)

Your Signature:



Current Date: 19 August 2014

Approved By:


John Mahoney, Chair

Date: 8-26-14

HUMAN SUBJECTS IN REVIEW COMMITTEE
Post Data Collection Questionnaire

Under Federal law relating to the protection of Human Subjects, this report is to be completed by each Principal Investigator at the end of data collection.

Please return to: Marsha Osborne, HSRC Assistant
Office of Graduate Studies
Student Services Center (SSC), Room 460
CSU, Chico
Chico, CA 95929-0875

Or Fax to: Marsha Osborne, 530-898-3342

Name: Jaimee Rizzotti Chico State Portal ID# 5855565

Phone(s) 925-381-0424 Email: jaimeerizzotti@yahoo.com

Faculty Advisor name (if student): E. Sheffield Phone 530-570-9855

College/Department: DRHPM

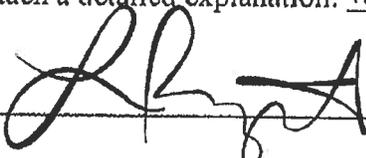
Title of Project: Program Evaluation for R4 Alliance Member Organizations

Date application was approved (mo/yr.): 07/14 Date collection complete (mo/yr.): 12/14

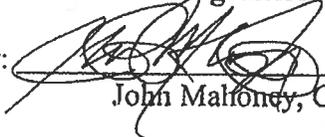
How many subjects were recruited? 0 How many subjects actually completed the project? 0

*HARM--Did subjects have severe reactions or extreme emotional response? No

If yes, please attach a detailed explanation: No data collected during this time - email. NW *See Attached*

Your signature:  Date: 8 Dec 2015

*Final clearance will not be granted without a complete answer to this question.

Approved By:  Date: 12/9/15
John Mahoney, Chair

VERY IMPORTANT: If you will or have used this research in your project or thesis you are required to provide a copy of this form (with John Mahoney's signature in place) to your graduate committee.

Do you want a photo copy of this form emailed to you? _____

If yes, provide email address: _____

California State University, Chico
Chico, California 95929-0875



Office of Graduate Studies
530-898-6880
Fax: 530-898-3342
www.csuchico.edu/graduatestudies

March 11, 2015

Jaimee Rizzotti
1420 Bel Air Drive #305
Concord, CA 94521



Dear Jaimee Rizzotti,

As the Chair of the Campus Institutional Review Board, I have determined that your research proposal entitled "PROGRAM EVALUATION FOR R4 ALLIANCE MEMBER ORGANIZATIONS" is exempt from full committee review. This clearance allows you to proceed with your study.

I do ask that you notify our office should there be any further modifications to, or complications arising from or within, the study. In addition, should this project continue longer than the authorized date, you will need to apply for an extension from our office. When your data collection is complete, you will need to turn in the attached Post Data Collection Report for final approval. Students should be aware that failure to comply with any HSRC requirements will delay graduation. If you should have any questions regarding this clearance, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "John Mahoney".

John Mahoney, Ph.D., Chair
Human Subjects in Research Committee

Attachment: Post Data Collection Report

cc: Emilyn A. Sheffield (560)

HUMAN SUBJECTS IN REVIEW COMMITTEE

Amendment

Under Federal law relating to the protection of Human Subjects, this amendment is to be completed by the Principal Investigator if there are any changes to the original, approved application. Please return to HSRC Chair, c/o Marsha Osborne, HSRC Assistant (898-5413), Office of Graduate Studies, Student Services Center, Room 460, Zip 875.

Name: Jaimee Rizzotti Empl ID #: 005855565

Phone(s) and Email: 925-381-0424 Jaimeerizzotti@yahoo.com

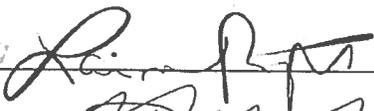
Faculty Advisor (If student): Emilyn Sheffield

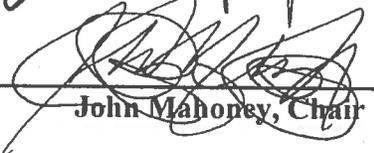
Phone and Email Address: 530-570-9855 esheffield@csuchico.edu

College/Department: DRHPM

Title of Project: Program Evaluation for R4 Alliance Member Organizations

Changes to Original Approved Application: Would like to include pre-existing data from January 1 - March 4, 2015. Currently the IRB in place is from March 5, 2015 - May 21, 2016.

Your Signature:  Current Date: 2/11/2016

Approved By:  Date: 2/17/16
John Mahoney, Chair

HUMAN SUBJECTS IN REVIEW COMMITTEE
Request of Extension of Data Collection

This report is to be completed by each Principal Investigator needing more time for research data collection from the Human Subjects in Review Committee than previously authorized. Please return to the HSRC Chair, c/o Marsha Osborne, HSRC Assistant (898-5413), Office of Graduate Studies, Student Services Center, Room 460, Zip 875.

- 6 months' extension
 1 year extension
 Other extension (specify):

Name: Jaimee Rizzotti

Empl ID#: 5855565

Address: 1420 Bel Air Dr #305 Concord CA 94521

Work phone: 510-451-8106 Home phone: 925-381-0424

Email Address: jaimeerizzotti@yahoo.com

College/Department: DRHPM

Title of project: Program Evaluation for R4 Alliance Member Organizations

Reason(s) extension requested: We would like to see changes in results after providing initial survey results to member organizations

Originally authorized ending date for project: 31 Dec 2015

Proposed new ending date of data collection: 31 May 2016

If applicable, discussed in Full Board HSRC meeting (date): _____



Signature, Chair, Human Subjects Chair

RECEIVED
Date of signature: 12/9/15

HUMAN SUBJECTS IN REVIEW COMMITTEE
Post Data Collection Questionnaire

Under Federal law relating to the protection of Human Subjects, this report is to be completed by each Principal Investigator at the end of data collection.

Please return to: Marsha Osborne, HSRC Assistant
Office of Graduate Studies
Student Services Center (SSC), Room 460
CSU, Chico
Chico, CA 95929-0875

Or Fax to: Marsha Osborne, 530-898-3342

Name: Jaimee Rizzotti Chico State Portal ID# 005855565

Phone(s) 925-381-0424 Email: jaimeerizzotti@yahoo.com

Faculty Advisor name (if student): E. Sheffield Phone 530-570-9855

College/Department: DRHPM

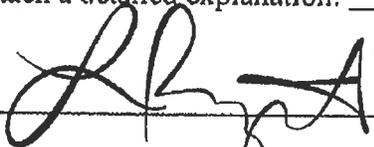
Title of Project: Importance-Performance Analysis On Therapeutic and Community Based Recreation Programs for Service Members and Their Supporters

Date application was approved (mo/yr.): 05/15 Date collection complete (mo/yr.): 04/16

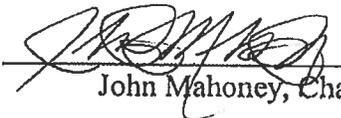
How many subjects were recruited? 1000 How many subjects actually completed the project? 773

*HARM--Did subjects have severe reactions or extreme emotional response? No

If yes, please attach a detailed explanation: _____

Your signature:  Date: 27 April 2016

*Final clearance will not be granted without a complete answer to this question.

Approved By:  Date: 4/27/16
John Mahoney, Chair

VERY IMPORTANT: If you will or have used this research in your project or thesis you are required to provide a copy of this form (with John Mahoney's signature in place) to your graduate committee.

Do you want a photo copy of this form emailed to you? _____

If yes, provide email address: _____

Appendix B



**“Maximizing the Healing Power of Nature and Recreation
for Our Military Family”**



R4 Alliance Program Evaluation

Thank you for becoming a member of R4 Alliance! As part of your membership, your organization has agreed to participate in evaluating the programs and outcomes of participation in military-focused recreation activities. These evaluations are vital to establishing a foundation of knowledge surrounding the important work we do with our military members and their families. Thank you for being involved! Please read below for valuable information about this project and your involvement.

Who is overseeing this program evaluation? R4 Alliance’s Programs and Logistics Coordinator, Jaimee Rizzotti is conducting this program evaluation. Jaimee is also a Recreation Management Masters student at Chico State University. You may contact her anytime if you have questions.

E-mail: jaimce@r4alliance.org, Cell: 925-381-0424

What exactly is the evaluation looking at? The purpose of this program evaluation is to gain a logistical understanding of the importance and performance of specific program aspects: staff, facility, equipment, program in general and demographics. The importance section will give a foundational baseline of what Our Military Family deems important (logistically) for community or therapeutic recreation to fulfill during a program. The performance section will provide correlating feedback on how your organization is doing in the said areas.

How are we collecting data, for how long, and from whom? The questionnaires are currently online and will be accessible to your participants via a link sent by your organization. The link should be sent out within a week of the program.

Where does the data go and how will I get to use it? The data from completed questionnaires will go directly to R4 staff member Jaimee Rizzotti. Results will be reported back to you from the data as a whole, and specific to your organization, to use as you like.

What we need from you: In order to gain a baseline understanding of how to best serve Our Military Family, we need your support in gathering data! Please identify one person in your organization who can serve as a research liaison to Jaimee Rizzotti. This person will be the individual who will send the link to all participants in your program. Once you have identified this person, please e-mail Jaimee with their contact information.

***Thank you for all you do for Our Military Family
and your support of R4 Alliance!***



PO Box 836, Vienna, VA 22183 (ph/fax) 1-855-474-2554 www.r4alliance.org

Appendix C



**“Maximizing the Healing Power of Nature and Recreation
for Our Military Family”**



Program Evaluation Consent Letter

Dear Service member and/or Supporter:

The purpose of this research study is to gain an understanding of the logistical effectiveness of programs serving military personnel and their supporters. You are being asked to participate in a research study that will establish a foundation for quality services. The benefit of this survey is to understand, from the participant’s standpoint, program attributes that best serve military personnel.

This anonymous, online survey will take approximately 5 minutes, and should be completed within 2 weeks of attending a program hosted by one of R4 Alliance’s member organizations. You must be at least 18 years old to participate in this research.

Participation in this research project is completely voluntary. You have the right to say no. You may change your mind at any time and withdraw. You may choose not to answer specific questions or to stop participating at any time. Whether you choose to participate or not will have no effect on your ability to participate in future programs.

If you have concerns or questions about this study, please contact Jaimee Rizzotti, California State University Chico, Recreation Management, 925-381-0424, Jaimee@r4alliance.org.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the California State University Chico’s Human Subjects Research Committee at 530-898-5413, Student Services Center (SSC), Room 460 or John Mahoney, Ph.D. Chair, HSRC & IACUC at jmahoney@csuchico.edu.

By clicking on the link in the e-mail, you indicate your voluntary agreement to participate in this online survey. Thank you, in advance, for participating in this research study. The results will be used to improve programs for military personnel.

Thank you!



PO Box 836, Vienna, VA 22183 (ph/fax) 1-855-474-2554 www.r4alliance.org

Appendix D

Introduction



“Maximizing the Healing Power of Nature and Recreation
for Our Military Family”



Thank you for participating in the R4 Alliance Program Evaluation. The purpose of this evaluation is to gain an understanding of the logistical effectiveness of programs serving military personnel and their supporters. You are being asked to participate in a research study that will establish a foundation for quality services. The benefit of this survey is to understand, from the participant standpoint, what is needed to best serve military personnel.

No personally identifying information will be collected or shares. Your privacy is our top priority.

This survey should take you approximately 3-5 minutes to complete.

You will be asked the same questions twice. The first set of questions is how **IMPORTANT** the factor is (in general), and the second set if how the organization (who's program you just attended) **PERFORMED** this factor.

Program Evaluation Consent Letter

Dear Service member and/or Supporter:

The purpose of this research study is to gain an understanding of the logistical effectiveness of programs serving military personnel and their supporters. You are being asked to participate in a research study that will establish a foundation for quality services. The benefit of this survey is to understand, from the participant's standpoint, program attributes that best serve military personnel.

This anonymous, online survey will take approximately 5 minutes, and should be completed within 2 weeks of attending a program hosted by one of R4 Alliance's member organizations. You must be at least 18 years old to participate in this research.

Participation in this research project is completely voluntary. You have the right to say no. You may change your mind at any time and withdraw. You may choose not to answer specific questions or to stop participating at any time. Whether you choose to participate or not will have no effect on your ability to participate in future programs.

If you have concerns or questions about this study, please contact Jaimee Rizzotti, California State University Chico, Recreation Management, 925-381-0424, Jaimee@r4alliance.org. If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the California State University Chico's Human Subjects Research Committee at 530-898-5413, Student Services Center (SSC), Room 460 or John Mahoney, Ph.D. Chair, HSRC & IACUC at jmahoney@csuchico.edu.

By continuing, you indicate your voluntary agreement to participate in this online survey. Thank you, in advance, for participating in this research study. The results will be used to improve programs for military personnel.

Thank you!

Program Information

Please select which organization you most recently participated in a program with:

This is my first time attending this program.

- Yes
 No

Where was the event location?

City

State

Authentication

If this is your first time taking the survey, we will need to gather some information. If you are asked to take this survey again at this or another R4 Alliance member program, the system will recognize your anonymous user ID, and you will only be asked to take a much shorter version.

Is this your first time taking the survey?

- Yes
 No

ID not recognized

We apologize, our system is not recognizing your ID.

Please continue by clicking arrows below.

Demographic Information

Enter your (CAPITALIZED) first and last initial and 2 digit day, 2 digit month and 2 digit year of birth.

(Example Jim Smith born July 21st, 1984 would be (JS072184))

What is your gender?

- Male
- Female

Please check one of the following:

- I am military service member or veteran
- I am a supporter
- I am a military service member or veteran attending as a supporter.

Please describe your relationship to the military service member or veteran:

- Casual Friend
- Best Friend
- Spouse/Partner
- Battle Buddy
- Non-spousal family member (sibling, child, cousin, etc...)
- Other, please specify:

What is your current duty status?

- Active Duty
- Active Duty Reserves
- In Transition
- Enlistment Complete
- Medically Retired
- Retired

What branch of the military are/were you in?

- Air Force
- Army
- Coast Guard
- Marines
- Navy

Please indicate the your combined total of time deployed

- I did not deploy
- less than one month
- 1-3 months
- 3-6months
- 6-11 months
- 1-1.5 years
- 1.5-2 years
- 2-2.5 years
- 2.5- 3 years
- more than 3 years
- Other, please specify:

End-date of last deployment (mm/yy or n/a):

Facility/Equipment Factors

WHAT FACTORS ARE IMPORTANT TO YOU?

Please rate how important the following factors are to you when choosing to participate in a program.

FACILITY/EQUIPMENT FACTORS

	Not Important At All (1)	Somewhat Unimportant (2)	Neither Important nor Unimportant (3)	Somewhat Important (4)	Extremely Important (5)
The facility/program area is accessible, and appropriate for program activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate equipment is available to meet my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Staff/Volunteer Factors

WHAT FACTORS ARE IMPORTANT TO YOU?

Please rate how important the following factors are to you when choosing to participate in a program.

STAFF/VOLUNTEER FACTORS

	Not Important At All (1)	Somewhat Unimportant (2)	Neither Important nor Unimportant (3)	Somewhat Important (4)	Extremely Important (5)
Staff/Volunteers are educated on specific needs of participants (i.e. injury, illness, special needs, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff/Volunteers are approachable and friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Program Factors

WHAT FACTORS ARE IMPORTANT TO YOU?

Please rate how important the following factors are to you when choosing to participate in a program.

PROGRAM FACTORS

	Not Important At All (1)	Somewhat Unimportant (2)	Neither Important nor Unimportant (3)	Somewhat Important (4)	Extremely Important (5)
Program registration was easy to navigate and complete.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Details are provided prior to participation. (i.e. activities, what to bring, rules, regulations, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/supporters(s) are invited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

to participate in the program.

<input type="radio"/>				
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The program provides me with resources/opportunities (websites, community contact, equipment, etc.) to continue activities independently or continually with the program.

<input type="radio"/>				
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The program's activities have elements of challenge and risk.

<input type="radio"/>				
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The program's activities are appropriate for all participants ability level

<input type="radio"/>				
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

The program avoids exploiting participants

<input type="radio"/>				
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

The program provides opportunities for personal growth

<input type="radio"/>				
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

The program provides opportunities to connect with peers

<input type="radio"/>				
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

The program does not provide or encourage the use of potentially harmful substances (i.e. alcohol and other controlled substances)

<input type="radio"/>				
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Facility/Equipment Factors 2

HOW DID THIS PROGRAM PERFORM?

Please rate how the program you attended PERFORMED in the following factors.

FACILITY/EQUIPMENT FACTORS

	Terrible Performance (1)	Below Average Performance (2)	Neutral Performance (3)	Above Average Performance (4)	Excellent Performance (5)	Not Applicable To This Program (N/A)
The facility/program area is accessible, and appropriate for program activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate equipment is available to meet my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please leave any comments or suggestions you may have related to facilities and equipment:

Staff/Volunteer Factors 2

HOW DID THIS PROGRAM PERFORM?

Please rate how the program you attended PERFORMED in the following factors.

STAFF/VOLUNTEER FACTORS

	Terrible Performance (1)	Below Average Performance (2)	Neutral Performance (3)	Above Average Performance (4)	Excellent Performance (5)	Not Applicable to this Program (N/A)
Staff/Volunteers are educated on specific needs of participants (i.e. injury, illness, special needs, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff/Volunteers are approachable and friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please leave any comments you may have about the quality of staff/volunteers here:

Program Factors 2

HOW DID THIS PROGRAM PERFORM?

Please rate how the program you attended PERFORMED in the following factors.

PROGRAM FACTORS

	Terrible Performance (1)	Below Average Performance (2)	Neutral Performance (3)	Above Average Performance (4)	Excellent Performance (5)	Not Applicable To This Program (N/A)
Program registration was easy to navigate and complete.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Details are provided prior to participation, (i.e. activities, what to bring, rules, regulations, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/supporters(s) are invited to participate in the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program provides me with resources/opportunities (websites, community contact, equipment, etc.) to continue activities independently or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

continually with the program.

The program's activities have elements of challenge and risk.

The program's activities are appropriate for all participants ability level

The program avoids exploiting participants

The program provides opportunities for personal growth

The program provides opportunities to connect with peers

The program does not provide or encourage the use of potentially harmful substances (i.e. alcohol and other controlled substances)

<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					

Please leave and comments or suggestions you may have related to program factors here:

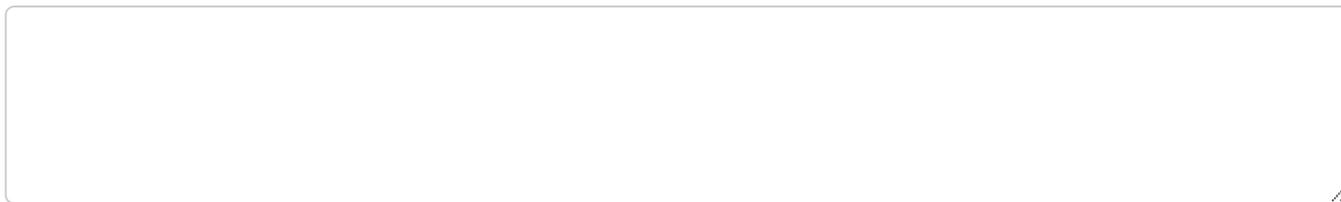
Comprehensive

HOW DID THIS PROGRAM PERFORM?

Please rate how the program you attended PERFORMED in the following factors OVERALL.

	Strongly Disagree	Disagree	Agree	Strongly Agree
The organization delivered a good quality program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this program to my peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program met or exceeded my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program was safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please leave any comment or suggestions you may have related to the program overall



Thank you for your participation in this program evaluation. Results from this study will provide program providers insight on the importance and performance of their services, and ensure quality programs for Our Military Family.