

# Veterans and the Outward Bound Experience: An Evaluation of Impact and Meaning

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## Abstract

*Adventure training has been used for nearly 40 years in North America to support combat veterans in addressing psychological impacts and transition challenges related to their military deployment experiences. A host of social, psychological, and treatment outcomes have been demonstrated utilizing wilderness-based adventure courses for veterans struggling with operational stress injuries and transition issues (Ewert et al., 2010; Hyer et al., 1996; Ragsdale et al., 1996). This paper reports on a mixed-methods evaluation of veterans' courses run by Outward Bound Canada, which assesses learning outcomes and articulates the subjective meaning of course experiences for participating veterans. Results from the Outward Bound Outcomes Instrument show significant increases from pre-course to 6 weeks post-course (N = 50) on nine psychosocial constructs. Additionally, themes emerging from semi-structured interviews with 12 participants from the sample brought voice to the impact, personal growth and change experienced, and the potential value of such wilderness adventure-based courses for veterans transitioning from combat to noncombat or civilian realities. Key Words: Outward Bound Canada—Adventure—Resiliency—Veterans—Operational stress injuries.*

## Introduction

There is a growing awareness of the psychosocial impact of military deployment experiences in the Canadian Forces (CF). This awareness is amplified by significant changes in the CF in recent years as it has decreased in overall number of personnel and operations have shifted from primarily peacekeeping to combat missions during the Afghan conflict (Ray &

Heaslip, 2011). Programs to assist veterans in transition from either combat to noncombat roles or CF to civilian realities are available, including outdoor adventure-based resiliency training offered by Outward Bound Canada (OBC). While Outward Bound USA has provided programming to veterans in North America since 1969, a paucity of literature still exists to clearly support specific or generalized educational and therapeutic benefits of these programs. The complexity of variables and dynamic nature of outdoor adventure programming leaves much to be discovered about the potential for veterans' social and emotional health as well as addressing the significant negative impact of operational stress injuries (OSIs). The current paper provides the outcomes and impact of the 2012 OBC Veterans Program.

## Canadian forces and operational stress injuries

Since 2001, approximately 40,000 CF personnel have been deployed to Afghanistan, and various studies have examined the psychological impacts on CF veterans. Richardson, Naifa, and Elhai (2007) found veterans to have reported posttraumatic stress disorder (PTSD) rates of 11% for one deployment and 15% for two deployments; clinical depression was found at a rate of 30% for one deployment and 33% for two deployments. While the authors caution that the data was gathered in 1999 and suggest that these rates may have been affected by sample biases, their findings are broadly supported by more robust studies. For example, Sareen et al. (2007) surveyed 8,441 CF personnel and found that during the previous year around 30% of personnel either (a) have a DSM IV mental health disorder diagnosis, (b) perceive the need for treatment for a mental health disorder, or (c) were receiving treatment for a mental health disorder. There was a strong correlation between combat exposure (in particular, witnessing atrocities) and increased likelihood of a wide range of mental health disorders. Similarly, a recent study of over 30,000 CF veterans serving in Afghanistan between 2001 and 2008 found that 13.5% subsequently developed a mental health disorder as a result of their deployment (Boulos & Zamorski, 2013). The authors

suggested their study sample likely excludes significant numbers of impacted veterans, and some experts caution that the challenges of accurately measuring rates of mental health disorders among veterans mean that the real numbers could easily be double those reported (Ottawa Citizen, 2013).

The underlying story is that transitions from combat to civilian or combat to noncombat CF roles are challenging, in part due to stress injuries, and may lead to depression, isolation, substance abuse, underemployment, and self-destructive behaviors. Fikretoglu, Brunet, Guay, and Pedlar (2007) found that 1 in 3 Canadian veterans with PTSD do not seek assistance from mental health professionals, and according to Heber, Grenier, Richardson, and Darte (2006), fear of stigma remains the primary barrier to seeking such assistance. Due to this stigma of reporting mental health issues within the CF, the use of the term “transition issues” has become more commonplace. Black and Papile (2010) found that 37.6% of veterans reported unsuccessful “transitions” from CF to civilian life, while Thompson et al. (2011), in a study of Regular Force Canadian personnel leaving the service between 1998 and 2007, found that 6% of those veterans reported having thoughts of suicide in the prior 12 months.

Black and Papile (2010) also acknowledged that while numerous programs exist for veterans in transition, and awareness of transition issues grows, the services and resources may not be effectively serving the need nor be well informed or supported by research. This is supported by Yarvis (2004), who found strong evidence to suggest the value of addressing trauma symptoms before clinical thresholds of full PTSD are reached, particularly when subthreshold trauma symptoms are concomitant with any increase in depressive symptoms or alcohol use. It is helpful to understand the experience of the veteran receiving treatment or a diagnosis (PTSD or other OSIs) relative to his or her sense of belonging within the CF. The CF extracts diagnosed personnel from their units to reduce further stress and assist in the treatment process; while ideal for treatment, this can create feelings of isolation from their sense of being a part of something significant such as their unit or assignment (LCol. Chris Linfood, personal communication, June 23, 2013).

#### *Wilderness adventure-based programs for veterans*

Wilderness-based adventure training has been used for more than four decades to support military veterans dealing with the impacts of their deployment experiences. Rheault (1987) described the early use of Outward Bound (OB) courses as an “adjunct” to trauma treatment with Vietnam veterans beginning in 1975. He suggested that such courses allow participants to reexperience their own strengths and positive sense of self, create significantly greater openness to treat-

ment, and act as a catalyst and expediter of the therapeutic process. Since the mid 70s, a host of positive social, psychological, and treatment outcomes have been demonstrated utilizing the OB experience for veterans struggling with stress injuries and transition issues (Catherall & Lane, 1992; Ewert et al., 2010; Hyer et al., 1996; Ragsdale et al., 1996).

In one of the first OB veterans studies, Hyer et al. (1996) found a 5-day OB course produced similar results as a standard clinical treatment for chronic combat-related PTSD Vietnam veterans ( $N=219$ ). Specifically, the OB course was shown to increase staff-veteran levels of trust and enabled veterans to be more in control of their behaviors and depressive symptoms while showing no greater outcomes on PTSD symptoms over the standard treatment.

More recently, Ewert et al. (2010) in a pre-post study of veterans ( $N=142$ ) on OB USA courses showed higher scores on the following personal constructs over nonveteran participants: confidence, physical safety, emotional safety, success, and knowledge gain. The authors also reported lower scores than nonveteran participants on leadership skills, compassion and respect for others, teamwork, and acceptance of responsibility (p. 315). As Ewert et al. (2010) suggested, OB veterans' courses can “scaffold military experiences with purposive and discrete tasks designed to create positive emotional and psychological outcomes” (p. 313). Further research is needed to identify the success of this increasing program sophistication and its effort to address significant transition and combat stress injuries.

#### *Outward Bound Canada's Veterans Program*

Outward Bound Canada was founded in 1969 and runs outdoor and experiential learning programs across the country. Drawing directly on the original OB educational framework—developed in 1941 to prepare sailors for the harsh realities of combat survival during the Second World War (Freeman, 2011)—OBC has run adventure-based resiliency training courses in wilderness settings for both serving and retired personnel of the CF since 2009. Priority is given to participants who are experiencing OSIs or self-reported transition challenges related to their overseas deployment service experiences. The program is not intended to replace existing therapeutic programs for veterans; it is designed to be adjunctive or complementary to existing veterans' services. Around 30% of participants are being treated for an OSI and may either self-select for the program or be referred directly to the program by an OSI clinic or Joint Personnel Support Unit.

Outward Bound Canada veterans' courses use a standardized format composed of a 7-day wilderness expedition with up to nine participants and three instructors. The courses utilize an intensive

group setting which enables peer mentoring and the sharing of deployment and postdeployment issues in a structured and physically and emotionally safe environment. While the courses are intentionally designed for and delivered to veterans, they remain guided by the same core educational framework as all OBC courses<sup>1</sup>. The courses are physically and emotionally committing, and participants are involved in all details of the program such as route planning, finding, and navigation; record keeping; cooking; group leadership; and equipment management. There is no rank on course. Course activities include hiking and backpacking, rock and ice climbing, ski-mountaineering, alpine climbing, and white-water canoeing, along with a broad range of experiential activities commonly used by OBC to support positive personal and group development outcomes. Courses are designed to purposely mirror and reframe selected military experiences and offer opportunities for participants to reflect on and discuss their deployment experiences and transition challenges and the impact these have on their lives.

Veterans' experiences on these courses are heavily influenced by the context of traveling in small interdependent groups while embedded in a wilderness environment, and conducting risk-related adventure activities. The physical and adventure components are designed to allow participants to experience a sense of competency and wellness while the wilderness landscape features allow for significant links to be made back to participants' own personal situations. For example, participants study buried reactive layers in the snowpack during the field component of avalanche training. Later on, instructors may draw on this specific aspect of the training to initiate structured reflection and discussion around participants' own buried experiences and emotions, personal "hot buttons" or situations that create inappropriate stress responses—along with strategies for addressing them. Similar discussions may take place around the links between anchor building and finding sources of personal support and connection during rock- and ice-climbing courses, or navigating rapids and getting through stressful and rough patches in life during white-water canoe courses.

Linking specific landscape features and the reality of participants' own situations or specific psychosocial change processes in this way is an intentional component of the program that draws on a strand within adventure therapy strongly influenced by ecopsychological

and Jungian models (Norris, 2009). The person-in-environment, action-oriented, and metaphoric approach to working with clients such as is delivered in the OBC Veterans Program has been recently articulated in this journal through the context of social work (Norton, 2009), adventure therapy (Taylor, Segal & Harper, 2010), and the relationship between "journeys," sense of self, and sense of place (Harper, Carpenter & Segal, 2012)<sup>2</sup>.

While the veterans program draws on a model that is rooted in resiliency theory, strength-based positive psychology, and adventure therapy, it is careful not to describe itself as being "therapy." It does not require instructors to be mental health professionals, and there is no formal treatment component to the program. Just as importantly, it endeavors to reduce barriers to participation among veterans who report continuing shame and stigma attached to seeking help for mental health and transition challenges. Participating veterans consistently report that there is no way they would have taken the program if it had been depicted as "therapy." The adventure and skills training components of an OBC course legitimize its value for some veteran participants who may subsequently disclose or become aware of the ongoing impact of their own deployment experiences. They may also realize that other veterans are experiencing the same challenges as them; course evaluations have underscored the value of having mixed courses where participants undergoing trauma treatment or receiving treatment for other OSIs are on course with other veterans. Courses have consistently been gateway experiences for participants who subsequently go on to seek out new wellness strategies—ranging from finding peer support to seeking mental health treatment.

## Methods

A longitudinal mixed-methods study of participants from six OBC veterans' courses was conducted to measure outcomes and articulate meaning relative to the OB educational framework. Research and program evaluation at OBC is overseen and reviewed by an independent research advisory committee. Consent was obtained during the application and screening stage with an invitation to participate and a signed letter. A 27-item questionnaire was administered pre-course, post-course, and 6 weeks post-course ( $N=50$ , response rate of 93%). The Outward Bound Outcomes Instrument (OBOI) is a customized instrument has been used extensively by OB programs in the United States and Canada to evaluate participant

<sup>1</sup>Outward Bound is a network of outdoor and experiential educational schools in more than 30 countries around the world. Founded as a wartime resiliency training program for young British sailors in 1941, schools have adapted adventure-based and expeditionary programming to address the needs of a wide variety of populations (see [www.outwardbound.net](http://www.outwardbound.net)).

<sup>2</sup>These authors draw on the literature of adventure therapy and wilderness therapy and have conceptually found ecopsychology to be closely aligned with the growing body of evidence and theory for these practices.

outcomes. While items of this scale have been drawn from standardized scales in the areas of leadership, character development, life effectiveness, and environmental awareness, it has not yet been validated. The OBOI allowed for specific measurement of nine psychosocial constructs: self-confidence, goal setting, resilience, empowerment, problem solving, effective communication, group collaboration, compassion, and environmental awareness. Further, post-course interviews with a sample ( $N=12$ ) of participants from across the six courses brought voice to reflections on course impact, personal growth/change, and the role of the OBC veterans' course related to their transition from combat to noncombat or civilian realities. Two individuals were selected from each of the six courses with the single criteria of being able to articulate their experiences and insights based on observations during the course. This purposive approach aimed to increase the in-depth understanding and "richness" of participant experiences. Semistructured interview questions were designed to elicit participant experience of the course in relationship to the participant's career and connection with the military, health and well-being, and the educational or therapeutic outcomes gained. A phenomenological approach utilizing a constant comparative analysis method was utilized (Patton, 2002). Emergent themes from interviews were identified through a data reduction strategy (e.g., coding and categorizing) and seeking patterns and relationships between codes and categories (Gray, 2004). Themes were then confirmed inductively across cases as new meaning was drawn from the interview data, researcher reflections, and insights from notes taken during interviews, adding further depth to the analysis (Gray, 2004).

**Findings**

*Quantitative*

Table 1 depicts basic participant demographics, deployment history, and disclosed indication of issues faced since returning home. The sample of 54 veterans was primarily male (87%), and age ranged from 20–77 although the majority were mid 20s to mid 40s. Eighty-five percent of participants had been deployed on international tours, 22% self-reported as having mental health issues, while 76% identified as having transition issues. By design, the application questions allowed for disclosure of issues without the need for participants to have been diagnosed or had previous treatment or even conscious awareness of diagnosis relative to presenting symptoms. Questions were designed to allow for better student distribution and placement based on individual needs across the courses (e.g., intensity or physicality of different activities and abilities).

Table 2 displays the results of course impact across the nine constructs of the OBOI following pair-wise *t*-test analysis. Family-wise

**Table 1. Gender, Age, Deployment, and Self-Identified Mental Health and Transition Issues**

	COUNT	%
<b>Gender</b>		
Male	47	87
Female	7	13
<b>Age</b>		
20–29	15	28
30–39	19	35
40–49	14	26
50–77	6	11
<b>Deployed</b>		
Yes	46	85.2
No	8	14.8
<b>Mental health issues</b>		
Yes	12	22.2
No	42	77.8
<b>Transition issues</b>		
Yes	41	75.9
No	13	24.1

Type I errors were controlled for with a Bonferroni correction. All constructs were found to be statistically significant ( $p < .001$ ) between pre-course and 6 weeks post-course. Differences between post-course scores and 6-week post-course scores (49 days after course start) were not statistically significant and depict a trend of maintenance of post-course scores. The OBOI showed good internal consistency with Cronbach's alpha values for the nine constructs: pre-course ( $\alpha = .66-.84$ ), post-course ( $\alpha = .59-.82$ ), and 6-week post-course ( $\alpha = .78-.90$ ).

Table 2 depicts all nine factors of the OBOI measured as being found statistically significant between pre-course and 6 weeks post-course ( $p < .001$ , except problem solving at  $p < .01$ ). Further, all factors produced medium to large effect sizes according to Cohen. The first subscale built into the OBOI is character development and is composed of the factors self-confidence, goal setting, resilience, and empowerment. These four factors showed Cohen's *d* effect sizes between .52 and .70. The character development subscale included

**Table 2. Pre-Course to Six-Week Post-Course Comparisons of Means as Assessed by the Outward Bound Outcomes Instrument**

	PRE-COURSE MEAN(SD)	6 WEEKS POST-COURSE MEAN(SD)	<i>t</i>	EFFECT SIZE COHEN'S <i>d</i>
Self-confidence	20.06(5.10)	23.60(3.28)	4.92*	0.70
Goal setting	21.16(5.86)	24.48(3.35)	4.04*	0.57
Resilience	21.50(6.03)	24.74(3.56)	4.40*	0.62
Empowerment	21.40(5.46)	24.56(3.86)	3.74*	0.52
Problem solving	21.68(4.97)	23.96(3.83)	3.24**	0.46
Effective communication	21.08(4.32)	24.00(3.46)	5.11*	0.72
Group collaboration	23.02(4.06)	25.78(2.84)	4.74*	0.67
Compassion	22.12(3.37)	24.86(2.82)	5.94*	0.84
Environmental awareness	20.02(5.57)	24.04(4.50)	5.18*	0.73

Notes. Significance at \* $p < .001$ , \*\* $p < .01$ .  $N = 50$ . Cohen's effect size: small .2, medium .5, and large .8.

questions related to feeling pride, being motivated to reach goals, being adaptable to change, and having a sense of purpose in life. The second subscale of the OBOI is leadership and is composed of the factors problem solving, effective communication, group collaboration, and compassion. These four factors showed effect sizes between .46 and .84. The leadership subscale included questions related to flexibility in thinking, listening skills, responsible behavior toward others, and being sensitive to the needs of others. The last subscale is environmental awareness and is composed of just three questions on thinking about and taking responsibility for the environment and having a connection to nature in their lives. It was found to have produced an effect size of .73.

*Qualitative*

Four major themes emerged from participant interviews: (1) same but different, (2) decompression/awareness raising, (3) healthy community, and (4) stigma free.

*Same but different.*

there was empathy and there was respect, and no judgment on taking peoples limitations into consideration...I don't know if you can really take how we were talking and that environment into our work [CF] setting

Participants described the training environment of OBC as parallel to CF training in many ways: skills training, camaraderie, field ex-

posure, physicality, group dynamics, and travel through landscapes. They also identified the realities of having these experiences in the context of increased physical and emotional safety. Adding the reality of being with fellow military "family members" increased this experience of familiarity, "kinship," and comfort, allowing for increased intensity of the social experience. A couple of interviewees described a "re-awakening" of their spirit that they had felt during the stress of combat missions.

I just got back from overseas a couple months ago...I go back to like civilian life so there's no one really, it's totally different right, there's no one you can talk to or understands, you know you're a totally different person on civvy [sic] side then you are around military people [on OB course], so it kind of felt like learning new stuff in a familiar and comfortable environment.

As the interviewees reflected on how day-to-day life had become mundane to them, the activities on their OBC courses provided a catalyst within themselves which they felt they needed to sustain in their daily lives. Some spoke of taking up more outdoor adventure activities as good medicine for their issues. Being outdoors, and in parallel terms to a military operation, veterans often expressed the link between the similarities between an OBC patrol and CF work, with the significant difference in the increased emotional safety to relate to each other their personal narratives. One veteran in the health sector expressed that while the CF is now more informed on OSIs, the CF environment may not yet be "safe to have those same

conversations.” Most interviewees expressed a desire to ensure other vets can experience this healthy social and emotional dynamic as an extension of their CF and post-CF experience: similar, but different.

### *Decompression/awareness raising.*

it will only work for people who are ready for [it]

Readiness for change, or even willingness to address issues, became apparent to most interviewees early in their respective courses. Discussions, both formal and informal, assisted those seeking further treatment interventions to openly engage with those actively engaged in these services. Whether precontemplative or in treatment, level of readiness becomes a factor in personal relevance of each OBC course. Most participants left their courses with an increased understanding of their common “soldier’s experience” and potential subsequent health issues. Further, finding meaning through intensive group dialogue or physical activity provided some participants with an ignition to work on issues arising for them. This was tempered with interviewees’ concerns to be able to sustain this “personal work” in their lives.

The evening discussion, the heart of the veteran’s program. I didn’t expect it, but definitely made the course “not just a climbing course!”

As a catalyst for meaning-making relative to their CF employment, a couple interviewees connected their OBC experience to the decompression courses taken post-deployment. Many CF personnel, for example, are provided short stays in Cyprus prior to returning home from deployments in Afghanistan. These planned decompressions include psycho-educational training and are designed to prepare the member for the transition home. One veteran described this experience as “death by PowerPoint” and a “big piss-up.” This interviewee and one other identified the potential benefits of the existing transition courses, but added that their effectiveness would be improved in a healthy social and emotional environment such as the OBC course. Both spoke to how soldiers would be more likely to self-identify and possibly begin to address their presenting issues, whereas the Cyprus experience was unlikely to achieve these ends. While we did not specifically measure the shift in participants’ readiness to change, the initial impression from interviewees suggests that the motivational impact of an OBC course may enhance its adjunctive value in a therapeutic context.

### *Healthy community.*

we’ve created more friendships and connections within the [CF] community...people we can express ourselves to

By design, courses are run outside of CF oversight; rank is not asked and is often discouraged from being disclosed. Participants mentioned expressions of equality, freedom from repercussions, and rank not being a barrier to communication led to increased depth of their OBC experience. Veterans acknowledged the value of the program feature whereby everyone is a “participant” and rank is not recognized. The end effect was reduced ego and increased cohesion, even though through the sharing of narratives one could surmise rank, divisions, length of service, and depth of experience in the CF and in combat situations. In essence, interviewees expressed the “normalization of experiences” regardless of the variables and the safety to express their feelings, concerns, and hopes.

On an emotional level, the challenge was huge. As a team we helped each other, listened and opened up. I challenged myself in ways I didn’t even know I needed to.

Not all interviewees felt secure enough to speak, however. A few active CF and CF Reserve personnel participated in the OBC courses. They, as active personnel, still felt somewhat reserved about disclosure of issues knowing that there may be higher-ranking or other active CF personnel present. This hesitancy was also found to be occasionally present in younger, and possibly more ego-protective, personnel. This was shared by two older interviewees who said they found themselves telling younger veterans to deal with their issues now so they do not end up experiencing the negative consequences they had for decades after. In a variety of ways, interviewees underscored the value of being a member of a supportive and understanding community.

### *Stigma free, almost.*

we had a chat around the fire about all our lives...I was in awe of a lot of the stories told, and troubles and demons people were fighting...that brought us together, we all wanted to talk about them, and did

Sharing of issues, mental health or otherwise, were made without concern for CF stigma of weakness. Those in treatment already provided mentorship openly. The OBC course was described as “normalizing the reality” of personal health issues related to trauma. While courses remained mostly stigma free, veterans expressed hope in being able to break the cultural stigma within the CF community related to combat trauma.

As one participant summed up his experience, “it’s a great introduction to another aspect, another way to think...and that other people are feeling the same thing.” There were, however, participants

who felt they were not ready to be open with their issues on the OBC course for a variety of reasons. While most agreed that the OBC course worked toward lessening the effects of stigma, they also recognized that significant hurdles remain. Interestingly, the physical environment itself was mentioned by one interviewee as being “accepting” of him and his patrol on course. As a metaphor for a caring environment, nature has obviously played a role in the experience of these veterans; however, related to stigma, the theme was very much a social and CF cultural concern. Whether stated directly or not, most veterans indicated they believe that the stigma of mental health issues in the CF is improving.

### Limitations

Several limitations exist in this study. First, no control or randomization of participants occurred, nor was the OBC sample large enough to allow for treatment-control group analyses with any statistical power. Second, the OBOI measure was developed for OB based on its educational framework and has not been validated psychometrically. Last, the OBC Veterans Program accepts both past and active serving CF personnel. The potential for bias and restraint in expressing thoughts and feelings was present and expressed in interviews by participants as a limiting factor in the potential of the program and hence may well have influenced the findings of this study. Generalizations to other wilderness adventure-based programs for veterans should be made cautiously.

### Discussion and Conclusions

The results of this study suggest OBC is meeting its intended educational outcomes in serving the veteran population. Positive change experienced on courses was found to be maintained 6 weeks post-course, indicating positive shifts in behaviors and beliefs among veteran participants. Of this participant group, 22% self-reported mental health issues (diagnosed or not), and 76% self-reported transition issues. Recent findings in the *Canadian Medical Association Journal* suggest CF personnel used mental health services at a rate close to 30% yet only received diagnoses from CF clinicians at a rate of 13.4% (Boulos & Zamorski, 2013). While hard to compare, the notion of “transition” issues is obviously of great significance within the CF community and deserves further investigation. Given the promising results of the program, consistent with previous research, it may be of value to use more formal diagnostic criteria within a randomized study design to assess the mental health outcomes of such courses.

Findings from participant interviews illustrate the value these courses hold for veterans: as decompression from stressful opera-

tional environments, as a catalyst to seek further treatment for stress-related injuries, as an adjunct to such treatment, and as a way to reconnect with their CF “family.” These findings reinforce the need for “transition” courses in relationship to the social and health-related issues faced by CF veterans and the lack of services addressing the needs of this population.

In light of the findings, we note the following:

- It appears that the OBC Veterans Program may be influencing broader systemic change beyond outcomes identified by the OBOI. Alumni reports include becoming peer mentors, leaders, and advocates for mental health in CF and veteran communities. Participants have gone on to take jobs or volunteer positions that focus on transition and mental health issues for veterans and are actively participating in wider dialogue about the need for alternative models of resiliency building and decompression training.
- Engagement with specific landscapes—both in structured and unstructured ways—clearly plays a significant role. Various aspects of the natural world—such as its similarity with specific combat zones<sup>3</sup>, its “safety” from military hazards, its metaphoric potential, its ability to evoke strong emotions, its “acceptance”—seem to have the capacity to greatly strengthen the affective quality of courses. Instructors’ ability to creatively facilitate this engagement appears to be an important variable here. The sophistication of program design and delivery should be taken into consideration. Links between “place,” contact with nature, and outdoor program design have begun to receive some direction and empirical support on this front as seen in the psychological and ecopsychological literature (see Berman et al., 2008, 2012; Harper et al., 2012).
- The experience of healthy and supportive community for participating veterans appears central to the success of the program. Remote wilderness settings for the courses, while potentially inherently “healing” (Miles, 1994) may also accelerate participants’ capacity to deepen and enhance the community experience. Andrews (1999), drawing on the work of ritual theorists like Victor Turner (1967), has argued that the transformational potential of a wilderness journey is directly related to the degree

<sup>3</sup>One participant described hiking at the front of a patrol during a hiking course in terrain that was remarkably similar to his combat experience in Afghanistan. He found himself holding his ski pole like a firearm and then having a profound re-framing experience in which he realized that he was truly safe, and the operation was over.

of “liminal inversion” that takes place; the journey becomes a threshold experience where everyday patterns of thought, action, and relationship are deconstructed and thereby become potentially mutable. The liminal experience of *communitas*—the term used by Turner (1969) to describe heightened states of community feeling that occur during times of pilgrimage or ritual transition—may allow for an extra-ordinary experience of community that has transformational potential and that is largely unavailable in other social settings. It may be that these small groups of veterans traveling together in the wilderness may be one of the few Canadian communities able to understand, receive, and welcome veterans home from difficult deployment experiences in a healthy way.

The positive outcomes found in this research are in alignment with previous studies of OB and outdoor adventure counseling programs for military veterans (See Ewert et al., 2010; Hyer et al., 1996; Ragsdale et al., 1996). While a dearth of literature remains, the themes from this growing body of research indicate that veterans are experiencing health benefits from these programs. Small peer groups sharing and normalizing lived experiences of service, in a safe and trusting environment provided by seasoned field staff and a veteran leader, are idealized in related literature as conditions and environment for social, emotional, and psychological change (Catherall & Lane, 1992; Hinojosa & Hinojosa, 2011; Westwood et al., 2002). Veterans advocated for increased use of the OBC Veterans Program as a safe, enjoyable, and relatively stigma-free approach to addressing stress-related injuries and transition issues and to building their positive peer support networks. Programs such as these have considerable potential to deepen or enhance existing transition support and mental health treatment programs for military veterans.

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