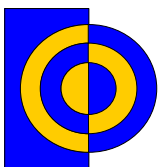


Independent Evaluation of Mayumarri Healing Centre September 2009



Central Coast Research and Evaluation

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Independent evaluation of Mayumarri Healing Centre September 3 2009

EXECUTIVE SUMMARY

Background

Mayumarri Public Trust is a not-for-profit organisation based at Quorrobolong NSW. It aims to provide safe, affordable places for survivors of adverse childhood experiences to come to heal from their long-held trauma. A Mayumarri Healing Week involves a residential five-day program run under the leadership of a highly trained Facilitator who has access to Mayumarri's two supervising psychologists and is supported during the Healing Week by 3 trained Carers. Each Mayumarri Team works within the non-hierarchical, peer support model of the program. In 2005 Central Coast Research and Evaluation was commissioned to undertake an impact evaluation of the Mayumarri Healing Program.

The Evaluation Strategy

This study uses a simple pre and 6 month post design to measure the effect of the Healing Week on a cohort of Mayumarri guests who attended Healing Week from July 2008 to December 2008. This study is designed to provide supporting evidence for the efficacy of the findings in a previous Mayumarri 4 year longitudinal study and uses a similar self report questionnaire as well as reliable validated objective measures that were chosen based on the long term effects of child abuse identified in the scientific literature and supported by the findings in the previous Mayumarri longitudinal study.

The Measures

- The level of guest satisfaction with their experience of the Mayumarri Healing Week
- The number of guests suffering from mental health problems as identified by self report and according to the Kessler Psychological Distress Scale - 10 (K10)
- The number of guests suffering from ill health according to the Short Form (36) Health Survey (SF36)
- The number of guests with drug alcohol and or gambling problems as identified by self report and according to the Alcohol Use Disorders Identification Test Screening Instrument (AUDIT)
- The number of guests in dysfunctional relationships according to the Abbreviated Dyadic Adjustment Scale
- The number of guests (who are parents) who report dysfunctional parenting behaviour according to The Parenting Scale¹

Response Rate

Of the 166 individual guests who completed the Healing Week, 139 agreed to be followed up and 98 were able to be contacted approximately 6 months later and returned completed follow up surveys. This provided a follow up response rate of 71% of those who agreed to take part and 59% of all guests who attended the Healing Week.

Findings

The Sample

The study sample consists of 75 females and 23 males between the ages of 19 and 67 with a mean age of 42. Eighty percent of the sample was born in Australia with four respondents being of aboriginal descent and all but one respondent speaking English at home. Sixty eight percent of respondents reported relying on government benefits as their main source of income and 28% were on a disability benefit. The study sample is not statistically different from the remainder of the guests that attended the Healing Week on any of the demographic parameters.

All but one respondent reported experiencing child abuse as a child. The most common forms of abuse reported were emotional and sexual abuse with 85% and 81% of respondents respectively experiencing these types of abuse, followed by 63% of respondents reporting physical abuse. More than three quarters of the sample reported experiencing three or more types of child abuse.

Eighty two percent of the sample reported being diagnosed with a psychiatric/ mental health disorder at some time in their lives with more than half of these reporting being treated for that disorder in the 6 months before attending the Mayumarri Healing Centre. Most of those being treated for a mental health disorder were taking prescribed medication to treat their mental health problem at the time of attending the centre. Twenty nine percent of all respondents had been hospitalised at some stage because of a mental health disorder and 11% had been hospitalised in the 6 months previous to attending Mayumarri.

Fifty seven percent of the sample reported having had a problem with illicit drugs, alcohol or gambling at some time in their lives. Forty four percent reported having an alcohol problem, thirty percent had an illicit drug problem and fifteen percent had a gambling problem. Twenty seven percent of the sample had more than one type of addiction problem. Of those who reported having had a problem 61% had sought treatment at some time but the majority of these (29% of all respondents) still had a problem before attending Mayumarri.

Ninety four percent of all respondents reported that they had sought professional assistance at some time prior to coming to Mayumarri to help deal with their problems. The most common types of help sought were from counsellors (70%) and psychologists (64%). About one third of respondents had not found the professional assistance they had received effective.

Guest Satisfaction

57% of Mayumarri guests found the Healing week to be a “life changing” experience, a further 33% said it was “very positive” and the remaining 10% found it to be a “positive” experience. There was no significant difference in guest satisfaction between those guests who took part in the evaluation and those who did not.

Changes in mental and physical health

Overall the percentage of respondents hospitalised for mental health problems decreased slightly although the reduction was not statistically significant. Twenty six percent of those respondents who had never sought treatment for the long term effects of their child abuse did seek treatment after their Healing Week.

The Mayumarri follow up evaluation showed highly statistically significant improvements in participants K10 scores 6 months after completing their healing. Mean psychological distress scores reduced from 32.4 to 25.7 with 79% of respondents reducing their psychological distress at follow up as measured by the K10. The percentage of respondents who were likely to have a severe mental health disorder reduced significantly from 63.8% to 35.1% after attending the Healing Week.

Mayumarri respondents improved their SF36 mean scores on every dimension, 6 months after completing the Healing Week. Respondents pain index, vitality, social functioning, emotional functioning, and mental health scores all showed statistically significant improvements.

Changes in addiction problems

At baseline 29% of respondents reported having an addiction problem during the 6 months before attending the Healing Week. At 6 months follow up there was a statistically significant reduction in the number of respondents who reported having an addiction problem in the 6 months post Healing Week with 16% of respondents saying they had an addiction problem ($\chi^2=4.22, df=1, p=.04$). According to the AUDIT 31.9% of respondents were drinking at dependent, hazardous or harmful level before completing the Healing Week. This percentage had reduced to 27.7% by 6 months post Healing Week but this reduction was not statistically significant.

Changes in relationship satisfaction and parenting skills

The mean ADAS score (a measure of relationship satisfaction) of the 37 Mayumarri guests who had the same partners pre and post was 19.8 at baseline and at 6 months follow up this had improved to 20.27. This increase was not statistically significant. Only 37 participants completed the Parenting scale pre and post. There was a statistically significant improvement in the mean parenting scores of participants after completing the Healing Week.

Discussion

The study shows clearly that the guests that take part in the Mayumarri Healing Week are at the extreme end of the spectrum in terms of physical, emotional and social problems. It also shows clearly that one week at Mayumarri can make a difference. Many of the respondents have gone so far as to say it has been "life changing" for them. Important quantitative findings in this study are that for every measure that we used the respondents improved on their baseline scores 6 months after completing the Healing Week. Many of these were statistically significant. The Mayumarri follow up evaluation showed highly statistically significant improvements in participants K10 scores 6 months after completing their healing week. Mayumarri respondents improved their SF36 mean scores on every dimension with the pain index, vitality, social functioning, emotional functioning, and mental health scores all showing statistically significant improvements. There was also a statistically significant improvement in the mean parenting scores of participants after completing the Healing Week.

Although simple pre- and post- test analyses is considered to be at the lowest level of evidence in the outcome evaluation hierarchy and the resultant data is usually insufficient to accurately determine causation or program impact, these findings when combined with the findings from the earlier longitudinal 4 year times series follow up study of Mayumarri guests provide compelling evidence that this program is effective in assisting people to recover from the effects of child abuse. One of the major strengths of the program is that 71% of those people that agreed to take part in the evaluation actually returned completed follow up evaluations by post. This is an unusually high response rate for any postal follow up evaluation.

This study is the second of series of studies, the first of which is the Mayumarri Longitudinal Study mentioned above. A third study will explore the efficacy of the program from the perspective of other stakeholders e.g services that refer to the program, board members, staff and carers. The findings so far provide compelling evidence that Mayumarri program is effective in assisting people to recover from the effects of child abuse.

BACKGROUND

Mayumarri Public Trust is a not-for-profit organisation based at Quorrobolong NSW. It aims to provide safe, affordable places for survivors of adverse childhood experiences to come to heal from their long-held trauma.

The unique Mayumarri healing program was developed in 2000. It endeavours to incorporate the experiential knowledge of survivors of child abuse and the latest neuroscience information on the effects of trauma on the brain. The program relies heavily on internationally researched trauma therapy that emphasises the many ways in which trauma can impact human development, behaviour and life patterns. It uses a holistic approach embracing the emotional, physical and spiritual. The healing principle is **by** survivors, **for** survivors.

Since its inception in 1999, more than 3500 guests have visited Mayumarri centres in NSW, Victoria, Queensland and W.A.

In the Hunter Valley NSW the Trust operates on land gifted in perpetuity to provide a healing sanctuary for survivors of childhood trauma. Land area owned by the Trust has expanded to 220 acres, and a total of 17 buildings and other structures have been added. The centre was opened in October 1999 by a former Governor-General, Sir William Deane.

A Mayumarri Healing Week involves a residential five-day program where a survivor of childhood trauma becomes a guest of Mayumarri and lives with other survivors, facilitators and carers within a community which has clear and agreed boundaries. The environment is designed to be physically, emotionally and culturally safe to promote healing. Respect for guests confidentiality helps to build the necessary trust which leads to engagement in the program and the healing process.

Healing weeks run under the leadership of a highly trained Facilitator who has completed Mayumarri's student modules and participated in Healing Weeks both as a participant and as a Carer. The Facilitator has access to Mayumarri's two supervising psychologists and is supported during the Healing Week by a minimum of 3 trained Carers. Each Mayumarri Team works within the non-hierarchical, peer support model of the program.

Objectives of Healing Weeks

By the end of each Healing Week survivors of child abuse will be able to:

- Be in touch with themselves and their emotions and recognise the importance of this relationship for their own healing.
- Recognise the importance of being safe.
- Find and establish a safe place, either in reality or in their imagination.
- Love, re-parent and re-empower themselves.
- Demonstrate by the way they speak and act that they are beginning to love themselves.
- Actively engage in, and take responsibility for their own journey of healing. Actively counteract feelings of shame or guilt by fully appreciating that childhood abuse was not their fault.
- Use knowledge of the effects of trauma on the brain to explain how the changes in their own developing brain affect their emotional and behavioural patterns.
- Use knowledge of their attachment style in childhood to understand and begin to change their current relationships with others.
- Demonstrate developing skills in the use of new tools that can help when in crisis or when entering a challenging situation.
- Demonstrate increasing self-responsibility in daily living which shows respect for the inter-connectedness between physical, emotional, spiritual and mental health.
- Apply the principles of Transactional Analysis, to improve relationship with self and to counteract negative parental messages learned in childhood.
- Continue to practice setting appropriate boundaries with self and others.
- Feel confident to apply what they have learned during the week to their situation when they get home (or day-to-day living when they get home).
- Laugh more often and find more joy in living.

IMPACT EVALUATION

The Strategy

In 2005 Central Coast Research and Evaluation was commissioned to undertake an impact evaluation of the Mayumarri Healing Program. The evaluation strategy included two major studies. The first evaluation study was completed in May 2009ⁱⁱ and comprised a 4 year time series longitudinal study based on two self report questionnaires that were administered to a cohort of Mayumarri guests in 2005 and again at one week, 6 months, 12 months and 4 years post Healing Week. The second evaluation study was completed in September 2009 and is the subject of this report. This study uses a simple pre and 6 month post design to measure the effect of the Healing Week on a cohort of Mayumarri guests who attended Healing Week from July 2008 to December 2008. This study is designed to provide supporting evidence for the efficacy of the findings in the previous longitudinal study and uses a similar self report questionnaire as well as reliable validated objective measures that were chosen based on the long term effects of child abuse identified in the scientific literature^{iii,iv,v,vi} and supported by the findings in the previous Mayumarri longitudinal study. In the previous study guests reported that, prior to attending a Healing Week, 77% of guests had been diagnosed with depression; 76% considered themselves to have poor health; 65% of those with children felt they had been abusive to their children; 74% considered their primary adult relationship to be abusive, 54.3% had a problem with illicit drugs, alcohol, or gambling; and 35% had spent time in a psychiatric hospital at some point in their lives.

The Measures

All evaluation measures are listed below. For a detailed description of each measure including reliability and validity statistics see Appendices 1-6.

- The level of guest satisfaction with their experience of the Mayumarri Healing Week
- The number of guests suffering from mental health problems as identified by self report and according to the Kessler Psychological Distress Scale - 10 (K10)
- The number of guests suffering from ill health according to the Short Form (36) Health Survey (SF36)
- The number of guests with drug alcohol and or gambling problems as identified by self report and according to the Alcohol Use Disorders Identification Test Screening Instrument (AUDIT)
- The number of guests in dysfunctional relationships according to the Abbreviated Dyadic Adjustment Scale
- The number of guests (who are parents) who report dysfunctional parenting behaviour according to The Parenting Scale^{vii}

The Methodology

Guests who were booked in to attend Mayumarri during the evaluation period were sent letters informing them about the evaluation and that participation in the evaluation was completely voluntary. This information was reiterated to guests when they arrived and they were also told that they could choose to opt out at any time during their week at Mayumarri or they could choose not to be followed up by post 6 months later. Guests were also informed that if they did consent they could choose not to answer any question that they were not comfortable with. Ethics approval for the study was received from Northern Sydney Central Coast Area Health Ethics Committee.

Baseline evaluation measures were collected from all consenting guests who completed the Mayumarri Healing Week from July 2008 to December 2008. The follow up evaluation surveys were posted to guests 6 months after they had completed the Healing Week and reminder letters were posted three weeks after the initial mailout.

Response rate

Of the 166 individual guests who completed the Healing Week in WA, Qld, Vic, NSW during this period, 149 guests completed a demographic questionnaire. Of these 139 (84%) agreed to take part in the follow up evaluation and completed the baseline surveys on day 1 of the program. Of the 139 who agreed to be followed up, 98 were able to be contacted approximately 6 months later and returned completed follow up surveys. This provided a follow up response rate of 71% of those who agreed to take part and 59% of all guests who completed the Healing Week. 157 guests also completed a satisfaction survey at the completion of the Healing Week. Nine guests did not complete the Healing Week. Two of these left because of ill health, two were asked to leave because of inappropriate behaviour and the remaining five felt the program was not meeting their needs.

RESULTS

Section 1: Satisfaction with Healing Week

Table 1 compares the satisfaction levels of those guests who completed the follow up evaluation with those that did not. There was no significant difference between the two groups with over half the guests in both groups saying the experience had been life changing. NB. Five of the 166 guests left before completing the program because they felt it was not meeting their needs. but did not complete satisfaction surveys so are not represented in the table below. Comments about their Mayumarri experience are listed in Appendix 7.

Table 1: Guests overall satisfaction with the Mayumarri experience

How guests rated the overall Mayumarri experience	non-respondents		follow up respondents		P values	Sig. difference?	all guests	
Life-changing	40	61.5%	49	53.3%	.3	No	89	56.7%
Very Positive	22	33.8%	30	32.6%	.87	No	52	33.1%
Positive	3	4.6%	13	14.1%	.052	No	16	10.2%
Poor	0	0.0%	0	0.0%			0	0.0%
Sorry I Came	0	0.0%	0	0.0%			0	0.0%
Total	65	100%	92	100.0%			157	100.0%

Table 2 shows satisfaction levels of all guests with the Mayumarri accommodation. The vast majority of respondents (91%) considered the accommodation to be good to excellent.

Table 2: Satisfaction with Mayumarri accommodation

Level of satisfaction	Number of respondents	
excellent	65	41.67%
very good	45	28.85%
good	32	20.51%
adequate	13	8.33%
poor	1	0.64%
very poor	0	0.00%
Total	156	100.00%

Table 3 shows satisfaction levels of all guests with the Mayumarri carers. Almost all respondents (97%) considered the carers very helpful.

Table 3: Satisfaction with help from carers

Level of satisfaction	Number of respondents	
Very helpful	153	97.45%
A little helpful	4	2.55%
Unhelpful	0	0.00%
Very unhelpful	0	0.00%
Total	157	100.00%

Section 2: Demographics of the sample

Gender

Table 4 describes the gender breakdown of all 166 guests that attended Mayumarri during the 6 months period of the study and compares the gender breakdown of those guests who completed the follow up evaluation with those that did not. Only twenty percent of guests were male. There were 75 female respondents in the follow up study and 23 males. There was no statistically significant difference in gender breakdown between follow up respondents and non-respondents ($\chi^2=1.7, df=1, p=.19$).

Table 4: Gender Breakdown of follow up respondents versus non-respondents

Gender	non-respondents	follow up respondents	all guests
female	56 (82.3%)	75 (76.5%)	131 (79.4%)
male	10 (14.7%)	23 (23.5%)	33 (20.0%)
transgender	1 (1.5%)	0 (0.0%)	1 (0.6%)
Total	68 (100.0%)	98 (100.0%)	166 (100.0%)

In the remainder of this report “all guests” refers to the 149 individual guests who completed the demographics questionnaire but may or may not have completed the baseline and follow up surveys. “Non-respondents” refers to those guests who completed the demographics questionnaire but did not complete the baseline or follow up surveys and “follow up respondents” or the “study sample” refers to those guests who completed the demographics questionnaire plus the baseline and follow up surveys. Sample size is included where some respondents chose not to answer particular questions.

Age

Table 5 describes the mean age and age range of guests that completed the Healing Week during the 6 months period of the study and compares the mean age of those guests who completed the follow up evaluation with those that did not. Follow up respondents ages ranged from 19 years to 67 years with a mean age of 42. There was no statistically significant difference in the mean age of follow up respondents compared to non-respondents ($t=1.66, df=147, p=.08$).

Table 5: Mean age of follow up respondents versus non-respondents

Age	non-respondents n=52	follow up respondents n=97	all guests n=149
Mean age	39.0	42.2	41.1
Minimum age	18	19	18
Maximum age	67	67	67
Standard deviation	11.3	10.5	10.9

Country of Birth

Table 6 describes the country Mayumarri guests reported as their country of birth. Eighty percent of all guests were born in Australia. Eighty three percent of evaluation follow up respondents were born in Australia. There was no statistically significant difference in percentage of guests born in Australia between follow up respondents and non-respondents ($\chi^2=0.14, df=1, p=.71$).

Table 6: Country of Origin of Mayumarri guests

Country	all guests n=148
Australia	118 (79.7%)
UK	9 (6.1%)
New Zealand	8 (5.4%)
USA	2 (1.4%)
Poland	2 (1.4%)
Germany	1 (0.7%)
Hong Kong	1 (0.7%)
Netherlands	1 (0.7%)
Penang	1 (0.7%)
Philippines	1 (0.7%)
Singapore	1 (0.7%)
Tonga	1 (0.7%)
Wales	1 (0.7%)
Yugoslavia	1 (0.7%)
Grand Total	148 (100.0%)

Language spoken at home

Table 7 describes the language spoken at home of Mayumarri guests. Ninety eight percent of all guests spoke English at home. Of the evaluation follow up respondents only one person spoke Chinese at home.

Table 7: Language spoken at home of Mayumarri guests

Language	all guests n=148	
English	145	(98.0%)
Chinese	1	(0.7%)
Dutch	1	(0.7%)
Welsh	1	(0.7%)
Total	148	(100.0%)

Aboriginality

Eight guests identified themselves as being of aboriginal descent. Of these, four completed the follow up evaluation.

Main source of Income at baseline

Table 8 describes the main source of income for Mayumarri guests before they attended the Healing Week. Sixty eight percent of guests relied on some kind of government allowance, pension or benefit, with 27% of guests main source of income being a disability pension. Sixty eight percent of those guests who completed the follow up evaluation also relied on some form of government benefit with 28% of follow up respondent's main source of income being a disability pension. There was no difference in the percentage of follow up respondents relying on benefits compared to non respondents ($\chi^2=0.01, df=1, p=.93$).

Table 8: Main source of income at baseline

Income	Non-respondents		follow up respondents		all guests	
Disability pension	13	25.0%	27	27.8%	40	26.8%
Other government pension, benefit or allowance	9	17.3%	12	12.4%	21	14.1%
Sole parent benefit	7	13.5%	10	10.3%	17	11.4%
Unemployment benefits	6	11.5%	14	14.4%	20	13.4%
Student allowance	0	0.0%	3	3.1%	3	2.0%
Full-time employment	9	17.3%	15	15.5%	24	16.1%
Part Time Employment	4	7.7%	7	7.2%	11	7.4%
Self employed	2	3.8%	3	3.1%	5	3.4%
Casual employment	1	1.9%	4	4.1%	5	3.4%
Self funded retiree	0	0.0%	2	2.1%	2	1.3%
Husband supports me	1	1.9%	0	0.0%	1	0.7%
Total	52	100.0%	97	100.0%	149	100.0%

Summary of demographics

The study sample consists of 75 females and 23 males ranging between the ages of 19 and 67 with a mean age of 42. Eighty percent of the sample was born in Australia with four respondents being of aboriginal descent and all but one respondent speaking English at home. Sixty eight percent of respondents reported relying on government benefits as their main source of income and 28% were on a disability benefit. The study sample represents 71% of the guests that agreed to take part in the evaluation and is not statistically different from the remainder of the guests that attended the Healing Week on any of the demographic parameters.

Section 3: History of childhood trauma and related problems

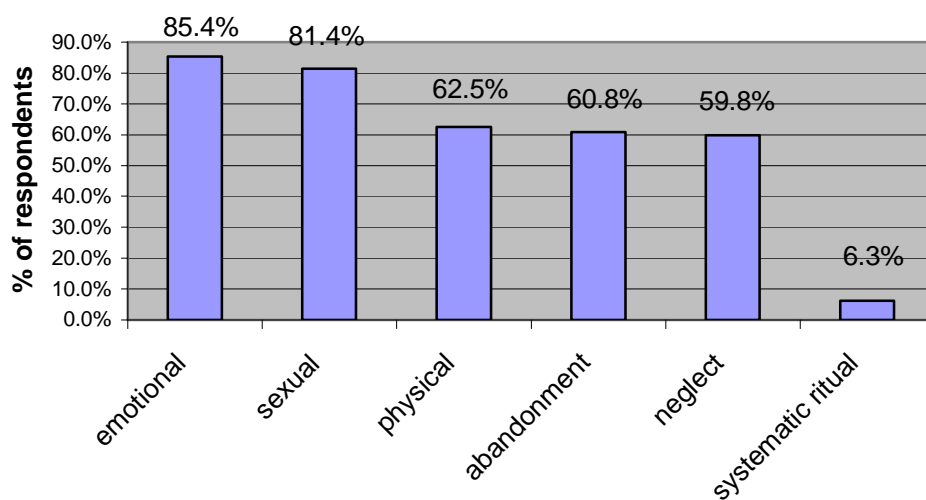
The remainder of this report refers to the 98 follow up respondents in the study sample unless otherwise stated.

All but one follow up respondent reported suffering childhood abuse. Figure1 shows the types of abuse respondents reported suffering as children. The most common forms of abuse reported by respondents were emotional and sexual abuse with 85% and 81% of respondents experiencing these types of abuse respectively, followed by 63% of respondents reporting physical abuse. More than three quarters of the sample reported experiencing three or more types of child abuse.

Figure1

Types of child abuse experienced by respondents

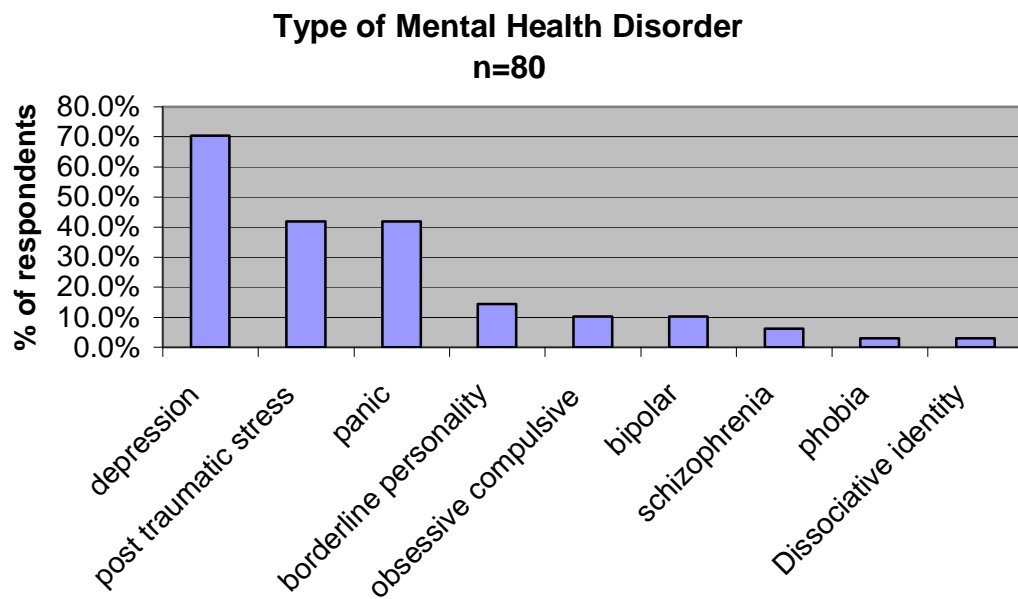
n=97



Psychiatric/mental health Problems

Eighty two percent of the follow up sample (80 respondents) reported being diagnosed with a psychiatric/ mental health disorder at some time in their lives. Figure2 describes the types of psychiatric disorders from which respondents suffered. Of those people who said they had been diagnosed with a psychiatric disorder more than half (52 respondents) reported being treated for that disorder in the 6 months before attending the Mayumarri Healing Centre and 46 were, at the time of attending the centre, on prescribed medication to treat their mental health problem. Twenty eight of these had been hospitalised at some stage because of their mental health disorder and 11 had been hospitalised in the 6 months previous to attending Mayumarri.

Figure 2



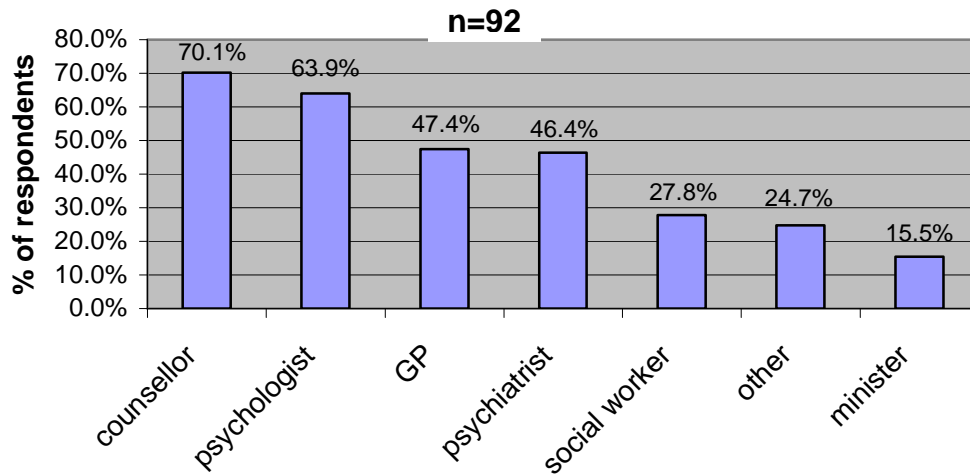
Addiction Problems

Fifty seven percent of the sample (56 respondents) reported having had a problem with illicit drugs, alcohol or gambling at some time in their lives. Forty four percent reported having an alcohol problem, thirty percent had an illicit drug problem and fifteen percent had a gambling problem. Twenty seven percent of the sample had more than one type of addiction problem. Of those who reported having had a problem 61% (34 respondents) had sought treatment at some time but 28 of these respondents reported still having an addiction problem during the 6 months before attending the Healing Week.

Professional assistance

Respondents were asked whether they had ever sought professional assistance to help deal with their past abuse or the problems resulting from it. Ninety four percent (92 respondents) reported that they had sought professional assistance at some time prior to coming to Mayumarri. Figure 3 describes the types of professional assistance guests had sought previous to coming to Mayumarri. More than half the sample had tried three or more different types of assistance.

Types of assistance respondents sought



Guests were asked to rate the overall effectiveness of the professional assistance they had received in the past, in helping them deal with their problems. Table 9 describes how they rated the assistance they had received. About one third had not found the professional assistance they had received effective. There was no statistical difference in the types of assistance respondents had sought and whether they thought their overall assistance had been effective.

Table 9: Effectiveness of professional assistance received in the past

Effectiveness	Number of respondents
Not effective at all	12 (13.0%)
Not very effective	18 (19.6%)
Somewhat effective	44 (47.8%)
Very effective	18 (19.6%)
Total	92 (100.0%)

Section 4: Changes in mental health status

Treatment status

At baseline 53% of respondents reported being treated for a mental health disorder in the 6 months before attending the Mayumarri Healing Centre. In the 6 month follow up evaluation there was still 53% of the sample who said they had been treated for a mental health disorder in the 6 months prior to completing the follow up evaluation, but they were not necessarily the same people who had reported being treated in the baseline survey. Before leaving the Mayumarri Healing Week guests who had not previously sought counselling were encouraged to do so when they got home. Those that had successful experiences with counsellors, psychologists etc before attending Mayumarri were encouraged to share the contact details of their counsellors with other guests if they felt comfortable in doing so. Table 11 separates the guests into four groups- those who were receiving mental health treatment before Mayumarri and are no longer receiving treatment, those who were not receiving treatment before Mayumarri and are now receiving treatment, those who were receiving treatment both pre and post Mayumarri and those who were not receiving any mental health treatment either pre or post Mayumarri Healing Week.

Table 11: Changes in mental health treatment 6 month pre and post Healing Week

Mental health status	Number of respondents	
No treatment pre or post	34	34.7%
In treatment pre and post	40	40.8%
No treatment pre and in treatment post	12	12.2%
In treatment pre and no treatment post	12	12.2%
Total	98	100.0%

Medication status

The number of people who were on prescribed medication for mental health problems reduced slightly from 46 to 44 but given that many respondents reported suffering from serious psychiatric disorders such as schizophrenia and obsessive compulsive disorder a six month follow up could not expect a reduction in use of prescribed medications. In fact, the Mayumarri program would actively discourage respondents with psychotic disorders from changing their medication regimes without consulting their health care professional. For this reason reduction in medication was not considered a helpful outcome indicator.

Hospitalisation for mental health problems

The number of people who were hospitalised for mental health problems in the 6 months prior to the Healing Week compared to the 6 month post Mayumarri reduced from 11 to 5. Unfortunately the sample size was too small to achieve statistical significance ($\chi^2=2.45, df=1, p=.12$).

The Kessler Psychological Distress Scale - 10

The Mayumarri follow up evaluation showed highly statistically significant improvements in participants K10 scores 6 months after completing their Healing Week ($t=32.25, df=93, p<.0001$). Mean psychological distress scores reduced from 32.4 to 25.7 with 79% of respondents reducing their psychological distress at follow up as measured by the K10. Table 12 shows respondents K10 scores pre and 6 months post Healing Week. The scores are categorised into the same groupings used by the 2001 Victorian Population Health Survey. The groupings are based on how practitioners use the K10 as a screening tool. The percentage of respondents who were likely to have a severe mental health disorder reduced significantly from 63.8% to 35.1% after attending the Healing Week ($\chi^2=15.51, df=1, p<.0001$).

Table 12: Respondents pre and post Healing Week K10 Scores

K10 score	Likelihood of having a mental disorder	Number of respondents pre Healing Week	Number of respondents 6 month post Healing Week
10 - 19	Likely to be well	6 6.5%	22 23.4%
20 - 24	Likely to have a mild disorder	9 9.6%	24 25.5%
25 - 29	Likely to have a moderate mental disorder	19 20.2%	15 16.0%
30 - 50	Likely to have a severe mental disorder	60 63.8%	33 35.1%
Total		94 100.0%	94 100.0%

National population results based on this scoring system (National Health Survey 2001) are shown in Table 13, indicating that 85.8% of Australian males and 79.6 % of Australian females have low levels of psychological distress or are likely to be well with respect to their mental health and only 2.7% of males and 4.4% of females are likely to have a severe disorder. Mayumarri guests are extremely overrepresented in the very high category with 68.1% of females and 50% of males scoring in this category before completing the Healing Week. After completing the Healing Week the percentage of females in the very high category reduced to 34.7% and the percentage of males reduced to 36.4%.

Table 13: National Health Survey 2001 - Level of Psychological Distress

Level of psychological distress (K10 score)	Males%*	Females%*
Low (10 -19)	85.8	79.6
Moderate (20 -24)	8.3	10.6
High (25 - 29)	3.1	5.5
Very High (30 - 50)	2.7	4.4
Total	100.0	100.0

* Age standardised percentages.

The Short Form Health Survey (SF36)

The SF- 36™ is a short form measure of generic health status in the general population. The SF-36 is comprised of 36 questions that are summarised into eight dimensions. Responses to the 36 questions are recoded, summed and transformed to provide the eight dimensions with scores between 0 and 100, with higher scores indicating better health. As well as the eight dimensions, two summary measures can be calculated: the Physical Component Summary (PCS) and Mental Component Summary (MCS). The eight dimensions plus the two summary measures are described in Table 14.

Table 14: The dimensions of the Short Form Health Survey (SF36)

PF	Physical Functioning Limitations in physical activities because of health problems
RP	Role Physical Limitations in usual role activities because of physical health problems
BP	Bodily Pain Intensity of bodily pain or discomfort
GH	General Health perceptions
VT	Vitality Energy and fatigue problems
SF	Social Functioning Limitations in social activities due to physical or emotional problems
RE	Role Emotional Limitations in usual role activities because of emotional problems
MH	Mental Health Psychological distress and well-being
PCS	Physical Component Summary
MCS	Mental Component Summary

Figure 4 describes the comparison between the Australian Population Norms^{viii} for the SF36 on each dimension and those for the Mayumarri respondents at baseline. Mayumarri guests scored lower on all eight dimensions than the Australian population with RE (the dimension representing emotional problems) representing the most extreme deviation from the Australian norms. The Mental Component Summary (MCS) mean score of Mayumarri respondents showed a much larger discrepancy from the Australian norms than did the Physical Component Summary mean score (PCS).

Figure 4:

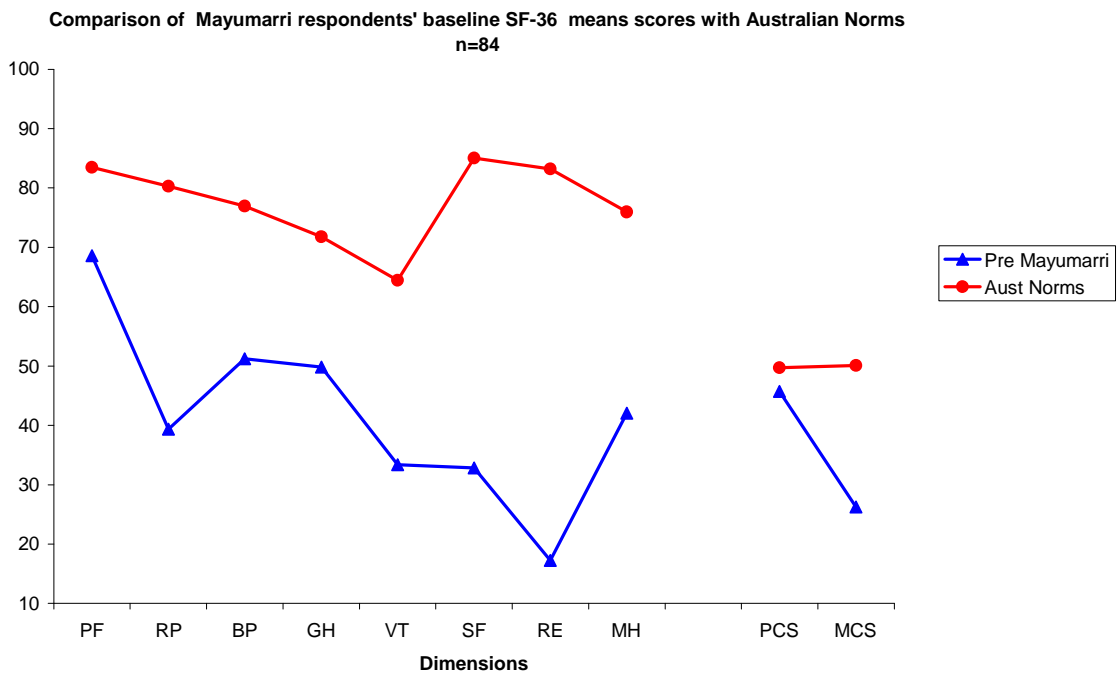


Figure 5 describes the comparison between the Australian Population Norms for the SF36 on each dimension and those for the Mayumbarri respondents at baseline and at 6 months follow up. Mayumbarri guests still show lower score than the Australian norms but have improved considerably on all domains from their pre Healing Week scores.

Figure 5:

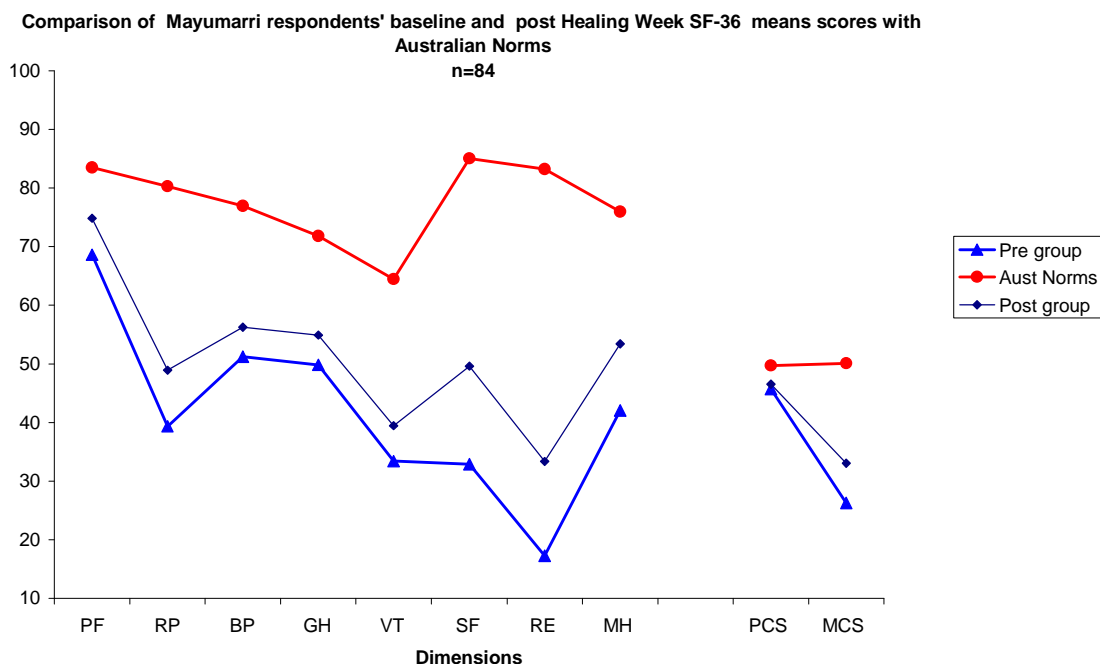


Table 15 shows the baseline and 6 month follow up mean scores for Mayumbarri guests for each sf36 dimension along the corresponding p values. Mayumbarri respondents improved their SF36 mean scores on every dimension 6 months after completing the Healing Week. Respondents pain index, vitality, social functioning, role-emotional, and mental health scores all showed statistically significant improvements. Of the summary scores only the Mental Component Summary Score showed a statistically significant improvement.

Table 15: Baseline and 6 month follow up SF-36 mean scores for Mayumbarri guests

SF-36 Dimension		Pre score	Post score	p	Sig. difference?
Physical Functioning (0-100)	PF	68.61	74.83	0.0649	no
Role-Physical (0-100)	RP	39.33	48.88	0.0809	no
Pain Index (0-100)	BP	51.20	56.25	0.0436	yes
General Health Perceptions (0-100)	GH	49.80	54.88	0.0707	no
Vitality (0-100)	VT	33.37	39.44	0.0273	yes
Social Functioning (0-100)	SF	32.87	49.58	<.0001	yes
Role-Emotional (0-100)	RE	17.23	33.33	0.001	yes
Mental Health Index (0-100)	MH	42.02	53.39	.0002	yes
Physical Component Summary (0-100)	PCS	45.73	46.54	0.3581	no
Mental Component Summary (0-100)	MCS	26.26	33.00	0.0001	yes

Summary of Section 4: Changes in mental and physical health

Overall the percentage of respondents hospitalised for mental health problems decreased slightly although the reduction was not statistically significant. Twenty six percent of those respondents who had never sought treatment for the long term effects of their child abuse did seek treatment after their Healing Week.

The Mayumarri follow up evaluation showed highly statistically significant improvements in participants K10 scores 6 months after completing their healing. Mean psychological distress scores reduced from 32.4 to 25.7 with 79% of respondents reducing their psychological distress at follow up as measured by the K10. The percentage of respondents who were likely to have a severe mental health disorder reduced significantly from 63.8% to 35.1% after attending the Healing Week.

Mayumarri respondents improved their SF36 mean scores on every dimension, 6 months after completing the Healing Week. Respondents pain index, vitality, social functioning , emotional functioning, and mental health scores all showed statistically significant improvements.

Section 5: Changes in addiction problems according to self report and the Alcohol Use Disorders Identification Test Screening Instrument (AUDIT)

At baseline 29% of respondents reported having an addiction problem during the 6 months before attending the Healing Week. At 6 months follow up there was a statistically significant reduction in the number of respondents who reported having an addiction problem in the 6 months post Healing Week with 16% of respondents saying they had an addiction problem ($\chi^2=4.22, df=1, p=.04$).

Forty four percent reported having an alcohol problem at some time in their lives and 26% of respondents reported having a problem with alcohol in the 6 months before attending the Mayumarri Healing Week. According to the AUDIT 31.9% of respondents were drinking at dependent, hazardous or harmful level before completing the Healing Week. This percentage had reduced to 27.7% by 6 months post Healing Week but this reduction was not statistically significant ($\chi^2=1.52, df=1, p=.22$). Table 16 shows respondents' baseline and 6 month follow up Audit scores by risk level. Non- drinkers were included as low risk.

The 2004-2005 National Health Survey^{ix} reported 55% of Australian males and 43% of Australian females drinking at a low risk level^x. When non drinkers were removed from the Mayumarri sample 60% of the sample were drinking at low risk levels prior to the Healing Week and 66% were drinking at low risk level spost Healing Week. (NB. National Health Survey and AUDIT defined "low risk" drinking slightly differently).

Table 16: Baseline and 6 month follow up AUDIT mean scores for Mayumarri guests

Risk level	Number of respondents at baseline		Number of respondents at follow up	
	Count	Percentage	Count	Percentage
dependent	10	10.64%	11	11.70%
harmful	5	5.32%	6	6.38%
hazardous	15	15.96%	9	9.57%
low risk	64	68.09%	68	72.34%
Total	94	100.00%	94	100.00%

Section 6: Changes in relationship satisfaction and parenting skills according to the Abbreviated Dyadic Adjustment Scale and The Parenting Scale

The Abbreviated Dyadic Adjustment Scale

The Abbreviated Dyadic Adjustment Scale is a seven-item scale with a maximum possible score of 36 and a minimum possible score of 0. Higher scores represent higher marital satisfaction. Of the 98 respondents who completed the follow up survey only 37 respondents were in the same primary relationship 6 months after completing their Healing Week. The mean ADAS score of these Mayumarri guests at baseline was 19.8 and at 6 months follow up this had increased to 20.27. This increase was not statistically significant ($t= 1.69, df=36, p=.66$). The final question on the ADAS asks respondents how happy they consider their relationship to be. Table 17 shows percentage of respondents' who considered themselves to be at each level of marital happiness at baseline and 6 month follow up.

Table 17: Baseline and 6 month follow up ADAS mean scores for Mayumarri guests degree of marital happiness

Degree of happiness	Number of respondents pre Healing Week		Number of respondents post Healing Week	
extremely unhappy	5	13.51%	7	18.92%
fairly unhappy	5	13.51%	4	10.81%
a little unhappy	7	18.92%	5	13.51%
happy	4	10.81%	5	13.51%
very happy	13	35.14%	7	18.92%
extremely happy	3	8.11%	8	21.62%
perfect	0	0.00%	1	2.70%
Total	37	100.00%	37	100.00%

The Parenting Scale

The Parenting Scale is a 30-item self-report scale which was originally designed to measure dysfunctional discipline styles in parents of young children. This scale is routinely used across the world to evaluate parenting programs and identify dysfunctional discipline styles of parents with children of all ages. The scale targets specific aspects of parental discipline practice rather than providing a global measure of such attitudes and beliefs. The measure contains three sub-scales: Laxness, Overreactivity and Verbosity. Responses are made using a 7-point scale anchored between two alternative responses to a situation, where a score of 7 represents the highest score in terms of ineffectiveness. Total scores are calculated by averaging the responses on all items.

Only 37 participants completed the Parenting scale pre and post. There was a statistically significant improvement in the mean parenting scores of participants after completing the Healing Week from a mean total score of 3.5 to a mean total score of 3.21 ($t=2.42, df=37, p=.02$). The Parenting Scale was validated using a sample of 168 mothers, 65 of which were attending a clinic because of extreme difficulties in handling their children. The mean Parenting score for these mothers was 3.1 compared to 2.6 for the non-clinical group. The mean parenting scores for Mayumarri respondents was considerably higher than this both pre and post Healing Week.

DISCUSSION

All but one respondent in the Mayumarri study sample reported experiencing some form of childhood abuse with most respondents reported suffering more than one form of abuse. This is not surprising given that the aim of the healing centre is to provide a safe place for survivors of childhood trauma to heal. What is surprising is that 94% of respondents had previously sought professional assistance to help deal with the effects of that abuse and yet the Mayumarri study sample's responses in terms of both self report and validated clinical measures show evidence of extremely severe physical, emotional and social problems. Eighty two percent had been diagnosed with a psychiatric/mental health disorder and the majority were still being treated for that disorder. Twenty nine percent had been hospitalised because of a mental health disorder. Mayumarri guests scored much worse on the clinical mental health measures than the Australian norms. Only 2.7% of Australian males and 4.4% of Australian females are likely to have a severe mental disorder according to the Kessler Psychological Distress scale. Mayumarri guests are extremely overrepresented in this category with 68.1% of females and 50% of males scoring in the severe mental disorder category at baseline. Mayumarri guests also scored significantly worse on both the physical and mental health dimensions of the SF-36. Sixty eight percent of the sample relied on some form of government benefit, pension or allowance as their main source of income with a quarter of the sample relied on disability benefits.

Fifty seven percent of the sample reported having some form of addiction problem at some time in their lives. About half of these admitted to having a recent problem. Given that one of the criteria for acceptance to the Healing Week was that guests were not currently suffering from drug or alcohol addiction, it is difficult to say how large the problem actually is in this cohort. The Alcohol Use Disorders Identification Test did not show alcohol dependence levels for Mayumarri guests that were higher than those reported in the 2004 National Health Survey but the Mayumarri sample was predominantly female and the definition of "low risk drinking" was slightly different for the National Health Survey and the AUDIT so a direct comparison was not possible.

Mayumarri guests also scored very poorly on The Parenting Scale with those respondents with children scoring considerably lower on the Parenting Scale than a group of mothers in a clinical setting who attended specifically because they were having extreme difficulties in handling their children. This finding is supported by the child abuse literature that cites the difficulties that survivors of child abuse face in knowing how to parent their children particularly when the abuser has been a parent^{xi,xii}.

The study shows clearly that the guests that take part in the Mayumarri Healing Week are at the extreme end of the spectrum in terms of physical, emotional and social problems. It also shows clearly that one week at Mayumarri can make a difference. Many of the respondents have gone so far as to say it has been "life changing" for them. There was a small space at the bottom of the feedback survey for respondents general comments and many guests chose to turn the survey over and write a full page describing how the healing week has changed their lives. I have included these comments in the appendix regardless of the fact that this report is primarily a quantitative evaluation because I believe the respondent's perceptions of their lives post Mayumarri are just as valid and probably more interesting to many readers than statistically significant p values will ever be.

Nevertheless, the important quantitative findings in this study are that for every measure that we used the respondents improved on their baseline scores 6 months after completing the Healing Week. Many of these were statistically significant. The Mayumarri follow up evaluation showed highly statistically significant improvements in participants K10 scores 6 months after completing their healing week. Mayumarri respondents improved their SF36 mean scores on every dimension with the pain index, vitality, social functioning, emotional functioning, and mental health scores all showing statistically significant improvements. There was also a statistically significant improvement in the mean parenting scores of participants after completing the Healing Week.

Although simple pre- and post- test analyses is considered to be at the lowest level of evidence in the outcome evaluation hierarchy and the resultant data is usually insufficient to accurately determine causation or program impact, these findings when combined with the findings from the earlier longitudinal 4 year times series follow up study of Mayumarri guests provide compelling evidence that this program is effective in assisting people to recover from the effects of child abuse. The earlier study followed up clients of Mayumarri who had participated in pre program, immediate post program, and six month and four year post program evaluation. The vast majority of respondents who attended the Mayumarri Healing Week continued to show significant decreases in their average depression scores 4 years after completing the program. Respondents also felt that the healing week continued to have a sustained positive effect on their lives and that the improvement in their physical health, some aspects of

their mental health, and their relationships with their partners and children had been sustained and in some cases continued to improve since completing the program. The earlier study relied almost entirely on respondents' perceptions whereas this more recent study used validated reliable testing tools. It is highly unlikely that respondents could have recalled how they scored the tests 6 months previously, so the improvements would appear to be valid even if we can't be certain that they are entirely due to the Mayumarri program. Sourcing a control group for this type of study is almost impossible and probably unethical as Mayumarri has a policy of not turning any survivors of child abuse away from the program and they do not keep waiting lists. The program itself is quite unique so trying to source a comparison program is also quite difficult especially given the large battery of tests that the participants were asked to complete.

One of the major strengths of the program is that 71% of those people that agreed to take part in the evaluation actually returned completed follow up evaluations by post. This is an unusually high response rate for any postal follow up evaluation. The fact that each participant had to complete up to six different surveys six months after they completed the program attests to the commitment of the participants to the Mayumarri program. No incentive was provided for completing of the evaluation. No selection bias was evident in who chose to complete the evaluation as there were no demographic differences between respondents and non respondents and no differences in how well respondents and non respondents liked the program.

The National Child Protection Clearinghouse^{xiii} in its overview on evaluating child abuse prevention program discussed the difficulties of conducting classic experimental studies in order to prove program impact:

“Another alternative to the adoption of a classic experimental approach (that is, the use of control or comparison groups) is the use of *multiple methods* or *triangulation* - in essence, the comparison of data from multiple perspectives. It is not 'a tool or a strategy of validation, but an alternative to validation . . . [it] is best understood, then, as a strategy that adds rigor, breadth, and depth to any investigation' As the name implies, in a multiple methods approach, the assumption is that confidence in findings is increased if diverse forms of data, gleaned from a variety of stakeholders and/or a number of different data collection methods, support the same conclusion The aim is for each analysis to inform the others as a means of developing a clearer, more valid perspective on program success.”

This study is the second of series of studies, the first of which is the Mayumarri Longitudinal Study mentioned above. A third study will explore the efficacy of the program from the perspective of other stakeholders e.g services that refer to the program, board members, staff and carers. The comparison of the data from the two studies so far provides compelling evidence that Mayumarri program is effective in assisting people to recover from the effects of child abuse.

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Appendix 1: Kessler Psychological Distress Scale - 10

Usage of the K10 in Australia

The focus of the K10 is to measure psychological distress and it does not include any questions to identify psychosis, as this is difficult using a brief questionnaire. The K10 instrument may be appropriate to estimate the needs of the population for community mental health services, as people with psychosis generally do get depressed (Andrews & Slade, 2001). For these reasons, the K10 scale has been chosen for ABS health surveys, routine public health telephone surveys in a number of Australian states, and for use on patients in contact with mental health services in NSW.

The usage of the K10 in Australia stemmed from its selection for use in the ABS 1997 National Survey of Mental Health and Wellbeing (SMHWB). The survey results enabled comparison of the K10 with other measures, including medical diagnosis (CIDI). A strong association was found between K10 scores and the diagnosis of anxiety and depression based on the CIDI.

The K10 has also been included in a number of State surveys including the New South Wales (NSW) Continuous Health Survey, the 2000 Health and Wellbeing Survey (conducted by the Health Department of Western Australia in collaboration with the South Australian and Northern Territory Health Departments and the then Commonwealth Department of Health and Aged Care), South Australian Health & Wellbeing Survey 2000 and the 2001 Victorian Population Health Survey. It was included in the 2001 National Health Survey (NHS) conducted by the ABS and administered to adults aged 18 years and over. The K10 was included in the 2001 NHS because it was found to be a better predictor of mental health and psychological distress compared with the other short general modules used in the 1997 SMHWB.

The scale consists of ten questions about non-specific psychological distress and seeks to measure the level of current anxiety and depressive symptoms a person may have experienced in the four weeks prior to interview. Other time periods can be used as a substitute for the last four weeks. For example, in the US the last month time period is used.

The K10 questionnaire yields a measure of psychological distress based on questions about negative emotional states experienced by respondents in the four weeks prior to interview. It contains low through to high threshold items. For each item there is a five-level response scale based on the amount of time the respondent reports experiencing the particular problem. The response options are:

- none of the time;
- a little of the time;
- some of the time;
- most of the time; and
- all of the time.

Generally, each item is scored from 1 for 'none of the time' to 5 for 'all of the time'. Scores for the ten items are then

summed, yielding a minimum possible score of 10 and a maximum possible score of 50, with low scores indicating low levels of psychological distress and high scores indicating high levels of psychological distress.

Appendix 2: Short Form 36 Health Survey (SF-36)

The SF-36V1^{xii}, released in 1988, is the world's ubiquitous health status measure; a simple search of PubMed (May 2005) identified 4,029 references. Of these, 115 were Australian studies, far more than for any other health status measure used in Australia. The implication is that the SF36 is also the ubiquitous health status measure used by Australian researchers. Further evidence regarding its popularity is that there have been several Australian validation studies including the publication of Australian population norms for the SF36^{xii} (124).

The SF- 36TM is a short form measure of generic health status in the general population. The SF-36TM is designed for self-administration. Alternatively, a trained interviewer can use a standardized script for face to face and telephone interview. The SFTM-36 takes 5 –10 minutes for respondent to complete. Can be administered to anyone over the age of 14. From the 36 items, eight health profiles are derived from summarised scores. All dimensions are independent of each other. The SF-36 was developed as a generic indicator of health status for use in population surveys and has been applied to assess the outcomes of various health conditions in the general population. The instrument has been tested for validity and reliability in Australia the US and the United Kingdom. A comprehensive manual and interpretation guide is available from the author (Ware, 1993).

Designed to be used in

- Clinical Practice – screening individual patients
- Research – differentiating health benefits produced by different treatments
- Health Policy Evaluations – comparing the burden of different diseases
- Monitoring specific and general populations

Appendix 3: Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT screening test^{xii} was developed by the World Health Organisation (WHO) as a simple method of screening for excessive drinking and to assist in the formulation of brief intervention. It can help in identifying excessive drinking as the cause of the presenting problem. It provides a framework for intervention with risky and high-risk drinkers to reduce or cease their alcohol consumption. It also helps to identify alcohol dependence and some specific consequences of risky drinking.

The AUDIT provides an accurate measure of risk across gender, age, and cultures. Its validity, brevity and flexibility make it the most widely used screening instrument around the world. The AUDIT is particularly designed for health-care practitioners and a range of health settings, but with suitable instructions it can be self-administered or used by lay groups.

The standard AUDIT has only ten questions to which there is a choice of up to five answers in tick-a-box format. The AUDIT may be administered either as a self-report questionnaire or as an interview version.

Appendix 4: The Abbreviated Dyadic Adjustment Scale (ADAS)

The Abbreviated Dyadic Adjustment Scale^{xii} is a seven-item scale derived from the 32-item Spanier Dyadic Adjustment Scale (Spanier, 1976). Scores range from 0 to 36 with higher scores representing higher marital satisfaction. The scale has good reliability and has been used in many research studies with a wide variety of couples (married, co-habiting, homosexual, divorced), indicating good validity.

Features

- Brief measure - quickly completed by clients.
- Wide variety of uses from couples counseling, effectiveness of therapy, at risk assessments, co-morbidity, etc.

The total score reliably distinguishes between distressed and non-distressed couples on relationship satisfaction drawing upon aspects of communication, intimacy, cohesion, and disagreement. Higher scores represent better relationship adjustment. Sharpley and Cross (1982) found that six of the items in the full scale correctly classify 92% of cases with high or low marital satisfaction (and one item, "happiness," correctly classified 65% of cases on its own). Alpha reliability for the ADAS is .76, an item-total correlation of .57 or greater, and a range in inter-item correlations from .34 to .71 (and hence no redundant items are apparent) and, by comparing with married, separated, and divorced couples, the scale appears to be able to "differentiate between persons who were dissatisfied with their marriages according to external criteria and those who remained together".

Appendix 5: The Parenting Scale

The Parenting Scale (Arnold, O'Leary, Wolff & Acker, 1993) is a 30-item self-report scale which was originally designed to measure dysfunctional discipline styles in parents of young children. Factor analysis identified three factor scales each representing a discipline style: Laxness (permissive discipline); Over-reactivity (authoritarian discipline – physical punishment, threats, and power assertion); and Verbosity (lengthy verbal responses). Higher scores indicate dysfunctional parenting. The authors reported good internal consistency and test-retest reliability and also reported that scores on the three factors show positive correlations with objective measures of poor child behaviour and dysfunctional discipline by parents.

Irvine AB; Biglan A; Smolkowski K; Ary DV (1999) examined the psychometric properties of the Parenting Scale for parents of older children and found the scale to be significantly correlated with measures of parents' behavior, with scales from the child Behavior Checklist and Parent Daily Reports, and with the Beck Depression Inventory. The Laxness factor was less robust than the Over reactivity factor.

This scale is routinely used across the world to evaluate parenting programs and identify dysfunctional discipline styles of parents with children of all ages

Appendix 6

Demographic Questions

Mayumarri's philosophy is that we do not discriminate against anyone no matter what their background. We try to reach all sections of the community and we hope we reach some of those people that other services cannot or will not help. The following questions are designed to evaluate whether we are reaching a wide cross section of the community with a variety of problems.

1. What is your gender? male female
2. How old are you? _____
3. In what country were you born? _____
4. What is the main language spoken in your home _____
5. Are you of Aboriginal or Torres Strait Islander Origin? No Yes
6. Currently what is your **main** source of income? (Tick **one box** only)
 Unemployment benefits Student allowance Disability pension
 Sole parent benefit Other government pension, benefit or allowance
 Self-funded retiree Full-time employment Part-time employment
 Casual employment Other _____
7. Have you ever been diagnosed with a psychiatric/mental health disorder? No Yes
8. If yes, which one/s? (*You can tick more than 1 box*)
 Post Traumatic Stress disorder Schizophrenia Depression
 Obsessive compulsive disorder Panic/Anxiety disorder Bipolar disorder
 Borderline Personality Disorder Phobia Other

9. Have you been treated for a psychiatric or mental health disorder in the past 6 months? No Yes
10. Have you ever spent time in a Psychiatric Hospital? No Yes
11. Have you spent time in a psychiatric hospital in the past 6 months? No Yes

12. Are you currently on any prescribed medication to treat a psychiatric or mental health disorder?

No Yes

13. Have you ever had a drug, alcohol or gambling problem?

No Yes

14. If yes, which one/s? (*You can tick more than 1 box*)

Alcohol Illicit drugs Gambling

15. Have you ever sought treatment for a drug, alcohol or gambling problem?

No Yes

16. Have you had a drug, alcohol or gambling problem in the past 6 months?

No Yes

17. Do you smoke?

No Yes

18. Were you abused as a child?

No Yes

19. If yes what form/s of abuse did you suffer? (*you can tick more than 1 box*).

Physical Emotional .Sexual SRA Neglect
Abandonment

20. Before you came to Mayumarri had you ever sought professional assistance to help you deal with your past abuse or the problems resulting from it?

Yes No

21. If yes, from whom did you seek assistance? (*you can tick more than 1 box*).

Psychiatrist Psychologist Counsellor Social Worker
 Minister of religion GP Other _____

22. Overall, how would you rate the effectiveness of the professional assistance you have received in the past in helping you to deal with your problems?

Very Effective Somewhat effective Not very effective Not effective at all

Thankyou very much for assisting us

Appendix 7:

Guests feedback Comments.

Each dot point represents a separate guests comments. All carers names have been replaced with random capital letters to protect their privacy.

Accommodation

- 5 Star
- Found the bedrooms dark cold and depressing. The bathroom cold and lacking facilities
- Makes you be in contact with other guests
- Fix the drainage problem in shower in cabin 2
- Was great that we had heaters in the room. Very warm and cosy
- Not enough hot water for showers
- Shabby. Not clean. Poor condition
- For the funding available it is fantastic. Very safe, comfortable surroundings
- Snoring, by others and myself was an issue. Suggest earplugs
- Beds a bit hard
- Great to be removed from the “real “world with no distractions
- Beds uncomfortable and bunks hit your head. Bedrooms and workshops away from main area would be far better so some could sleep while others talk or dance and guests could have time away when they need it Beautiful countryside and lovely kitchen and living area
- Perfect
- More space in cabin would be good. – less beds per cabin
- Good food
- Like being at camp – a wonderful experience
- Very well thought out to enhance the journey of accessing the inner child
- Beautifully designed buildings making fantastic use of aspect for the view
- Lots of snails and spiders – but there’s not much anyone can do about that
- Needs to be better dusted and vacuumed as have allergies to dust
- Felt part of a family
- Great. Brilliant. Thank you
- Would be good if you could get your own land for the retreats
- Beautiful setting
- Installation of movement sensors in rooms would cut down on electricity
- Quality accommodation with breathtaking views
- Comfortable
- Mayumarri is special. I could stay here in a tent and it would still be excellent
- Loved the kitchen, cushions and crochet blankets. Would love to live here
- Need own room. Would be neat. Make for a good nights sleep
- The showers need better drainage. They smell like a drop toilet. Exhaust fans would be good

-
- Awesome. Safe. Loving
 - Beautiful, beautiful place filled with love, peace and acceptance
 - Not enough hot water. Maybe a bigger water tank
 - Very cute cabins
 - Loved the outdoor areas, waterhole and beautiful bush flowers. Lounge area with fire was so cosy and the chapel so serene. More hot water for showers please

Morning Reflections

- Even when I didn't want to go I was glad I did
- Loved it all
- Great way to start the day
- I found the room often referred to as the "chapel" to be too religion centric, particularly Christian. This did not help me in my healing journey. I think guests should know about the Christian focus before they come
- Brought tears to my eyes. Would have loved to have more contribution from the guests
- Setting the scene for the day ahead
- A great way to start the day
- I don't like religion or god
- Fantastic. Sets up your mind for the day
- I looked forward to this every day
- Extremely moving
- Generally a choice of reflections and songs which set me off emotionally. That was good to help me work on issues and open up
- Maybe a list of the songs given out
- Gratitude and needs are wonderful to get in touch with and really assist healing
- Surprising
- Great way to focus and start the day
- I found my understanding of my spiritual being
- Some thought provoking lyrics and poems – uplifting too. Some good music especially by the younger carer
- Can we have copies of readings and names of songs and artists as it's helpful to keep the inspiration going
- Challenging
- Great way to start the morning , without being distracted by outside or other interests
- Fine
- Evening reflections was not helpful. Why? Because the emotions at times were overwhelming and carers afterwards were not available. To be safe I didn't attend
- Lots of choice, well presented and I would like to do reflections at home too
- Want sleep
- I can't thank this program enough
- Reflections set the positive energy for the day. What a lovely way to start a day. Energised, in peace and feeling lovable and loving
- I said enjoyable because I really, truly find the Christian reflections (during Christian healing week)really inspiring
- Simply awesome! Love it – being grateful and "I need"- great to recognise it and say it out loud

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- Less “ hymns” please. Songs that are upbeat but still have meaning are positive and a great way to start the day
 - Loved the format of music and readings. Would love an opportunity to get a lot of readings

Labour of Love

- Absolutely wonderful. Servitude heals the wounded soul.
- Gives a chance to do something that you like a lot
- As always a great way to give something back to the community
- Reconnects work with emotion
- An excellent idea. Learning to find positives in various work
- Feeling purposeful
- Helps with grounding ,feeling worthwhile and a part of the community
- The theme is a powerful learning experience. Everyone works together and contributes
- Each job was acknowledged with an understanding and greater sense of achievement
- A bit of a drag at times
- Sometimes I felt resistant but was glad I could contribute back to the community
- So good to do cleaning with love and brilliant for me as a workaholic to know its ok not to do to perfection
- Good idea. Got extremely triggered
- Like being able to choose it – good how people would be encouraged to do different activities
- Loved it
- Very satisfying
- Makes me want to find work when I return home
- Gives back to Mayumarri. Helps to develop rapport with carers and other participants
- Gardening was symbolic of clearing out crap and finding things that were hidden and putting it in the rubbish
- Except Friday. Only because I hate cleaning
- Enjoyable
- Its extraordinarily beneficial in the healing process – for self esteem, self discipline, sharing, consistency, etc
- Excellent. Feel I can contribute in whatever way
- A great way to feel a valued member of the group. I loved outdoors

Sharing at 5.00 PM

- Very confronting
- Needs to be more than five days
- A hard but powerful part of the day
- Difficult but understandable
- Hard to do
- Scary but I’m glad I put words to my feelings. It was very healing for me
- Helps connect progress from the day with real feelings
- A wonderful end of day release
- Very important. Powerful but extremely, extremely hard
- Extremely hard

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- Really wonderful to get in touch with feelings and say them out loud in a caring and understanding environment and to empathize with others
 - I found it extremely difficult and extremely liberating to speak my truth
 - I find sharing very difficult. I still appreciate the benefits of it. Just once would be enough
 - Still uncomfortable to find the feelings. Thankful for the sharing
 - Great to be able to speak our truth without fear of judgement and in the knowledge that others have experienced and felt the same
 - Liberating to finally speak it. Very empowering
 - Extremely painful
 - Got a lot out of this. A great soul searching experience throughout
 - Great. Outdoor is good
 - Very triggering at that time of day
 - Brought up a lot of emotions so was challenging
 - Much the same comments for morning reflection – It's good how the timing is flexible too
 - Very head spinning – 5 days is not enough. Needs at least 7-8 days. Great program otherwise
 - Doing the second round of sharing is a great idea
 - Enlightening
 - A relief to have my story validated with like- minded people. This is what “family” is all about
 - Difficult but necessary – very useful
 - Wouldn't change a thing – liberating, challenging and great to identify and not feel like the only one
 - Very beneficial but very confronting. Also loved the rhythm and movement beforehand to get us in to a feeling/body space

Carers

- They were around heaps and very understanding
- Very dedicated and caring and good role models
- Lovely, lovely, lovely, lovely people
- They are an inspiration to me in my spiritual healing
- Sometimes I found the carers a bit overbearing. I think you should be able to leave the room on your own sometimes
- Wonderful, amazing, generous, supportive
- I would like the rules enforced more for safety and harmony
- Wonderfully supportive and nurturing. Always there to assist and help me
- What a wonderful group of people
- Numbers a bit short due to high maintenance cases in the group
- Very patient and understanding. So willing to guide us to find answers to our own questions
- Harry. Words can't explain my gratitude and the love I feel
- An absolute inspiration. True angels in peoples clothes
- I can't fault the carers in any way. They were all simply superb
- Wonderful people
- Brilliant
- Fantastic
- On a personal note; not sure if X was fully ready to be a carer
- A good mix of age and style to suit the clients. I found a carer who I felt suited my personality. It may have been difficult for the solo man in the group though he seemed okay
- Z's honesty was awesome and grounding. T's style was so real and refreshing

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- The warmth and compassion I found here was overwhelming
 - Wonderful, inspirational, generous, kind, wise, insightful, absolute treasures
 - Y is awesome. The other carers great.
 - Words cannot express how great they are
 - Gifts to a wounded child
 - Extremely overwhelmingly loving
 - Extraordinary group of people
 - Extraordinary people
 - Inspirational, genuine. I am so grateful for the support and amazing wisdom of A, B, C and D for being there and supporting me in reclaiming my life
 - The carers are awesome. A bit of pressure on them though. I feel they are under appreciated
 - So, so grateful for the support and hand to hold on to
 - Harry – very open heart, beautiful soul. M – very gentle and kind man. Made me feel at ease – beautiful man with very wise words. Anne – very wise beautiful, kind, made me feel very comfortable
 - Amazing support and sharing
 - Wonderful
 - I find them friendly allowing own space and feelings to happen
 - The most beautiful people
 - Very caring and amazing women
 - Excellent. Loving, caring, beautiful
 - Thank God for them
 - Ok. Felt disempowered by some. But adult self saved my ass.
 - Quite astounding
 - Excellent. Very supportive
 - The carers were respectful but caring at the same time. Information on healing is great too
 - Excellent and very helpful
 - Very respectful and professional without intruding when not needed
 - Excellent
 - Very helpful especially G. P is very motherly and warm. F is caring and happy
 - Harry's general knowledge inspiring and course information great. Girls brilliant
 - I can honestly say they have helped me save lives and protect the community from me
 - This was the best thing
 - Caring, gentle people
 - Amazed at how strong they all were to help us through our stuff as well as their own. Thank you
 - Fabulous, fabulous people
 - Love them
 - Loved them all
 - H is great – mixes humour with knowledge and a lot of understanding
 - Thank you. Thank you. Thank you. P – you helped me find my voice. I can't thank you enough. P is a great facilitator and a great safe older male. Thank you
 - I found it difficult to trust the carers. I believe they are genuine, well meaning but amateurish.

Overall

- I will be back to continue
- Shame about the talking and interrupting. Well handled

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- It was fantastic thank you
 - Very tiring and confronting but worth every minute
 - Has helped me find my inner child and this is a huge part of my healing. I am so grateful. Coming here to Mayumarri has saved me from despair and has allowed me to piece together the broken pieces of my life. The missing piece of the puzzle has finally been put back together again and I can now walk in the world in my power and grace without being afraid of the nightmare I once didn't understand. Now I understand. Now I am free forever more. Thank you Mayumarri for allowing me to find my voice, claim back my power and give back to its rightful owners what is not mine. I am truly blessed to have come here. Thank you
 - It was very confronting and exhausting for all but for me it has been life changing
 - P is a good facilitator. Thank you so much
 - This is so important. So crucial. We have a right to be compensated. Please help us to heal
 - I'm so glad to have this experience .I believe this has finally given me the balls and courage to move forward in life. I would love if more young males could learn the values and tools that Mayumarri supports. Thank you for the best time of my life
 - The carers deserve the utmost recognition and respect. They handled all duties with love and care and support. My healing journey is now easier. I can move more quickly away from my self-destructive behaviour and resolve more pain. The skills I have learned have re-empowered me to become stronger, wiser, more stable and therefore contributing and cooperating more with society. I have enjoyed my time and see this place as a great ground for personal and social development and experimentation. I have more respect for me in understanding. I am now a more mature empowered woman. All the tasks were carried out well, secure and clearly. All was very organized and 99.8% safe. A definite breeding ground for empowering Australian citizens and developing guests to become greater role models for everyone they come into contact with
 - First two days exhausting. Fun day screwed up. Fourth day emotional. Last day enjoyable
 - The workshops gave me the tools to heal and begin my journey of recovery. Coming here set me up to continue my healing journey
 - Very beneficial and helpful. Presented in easy to understand formats. I feel like I have been reborn and am beginning a new life of happiness and inner strength
 - It was rushed but I suppose we can find more on the Internet. Hopefully life changing with me working on it
 - Maybe an optional activities structure for those who can't do visualisation. Thank you. Thank you
 - I was impressed by the subtle non interventionist approach (once I had worked up the gumption to talk to a carer who explained it to me) I will remain eternally grateful for the caring and compassionate approach of all carers but I found the gentle and warm approach of Anne to be an incredible revelation to me Thank you B.
 - I would like more on the safety and trauma of the inner child – more workshops to get in touch with the inner child feelings – more time. Really amazing program that enables real and tangible healing and strategies to continue healing. Therapists everywhere should adopt this program.. This allows real empowerment, healing and a future where other forms of therapy offer drugs and a half existence
 - It was awesome. The best part was that I felt safe. I didn't have to know every body's gory details if I didn't want to. I love it here. I feel I've had 2 years therapy in 5 days. Awesome
 - Thank you
 - Altogether a very wonderful, healing, freeing experience
 - This works. It changed my life. Something on Thursday arvo. Thank you
 - So challenging. So rewarding. Awesome. Awesome. Awesome. Would recommend to all and everyone
 - Have found myself at last

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- Introducing Mayumarri and letting us know roughly what Mayumarri is about, so learning about the right side of the brain and getting in touch with our emotions should be done on Sunday night before orientation. Needs to be more after week support
 - I'm so grateful. I think it has saved my life
 - We had no rhythm, didn't get nearly as much out of breathing because too distracted
 - Scary. I loved the carers with all my heart and soul
 - Well I came here, as it was my very last road I felt I could go on. I never really thought anything about it apart from I really needed help. Well it has changed my life, for the best. It has healed my heart, soul and spirit. I not only found my inner child but I found my voice and found myself. I do not know how I could ever thank Liz and all the carers. They have made me the strong, kind, loving and happy person I am. My son and family are going to be happy as I can truly give them all of me. And I have made life long friends. I just love all of the special angels that have helped me find my wings. I truly love each and everyone of you beautiful, beautiful strong women for all your love, support, laughs, talks, jokes, cries, hugs, smiles and most importantly, thanks for helping me find me. You make my heart smile
 - I will gladly write to let you know if its life changing for me. I can only tell once I return. I thank you all. The only slight problem I had was feeling I had to practice my yoga (my sanity, really thus far) away from someone I may or may not trigger. I was asked very nicely but I must say, I felt the whole time that my practice was wrong and that someone else was more important. I rationalized it all was okay – I couldn't tell you how to do it differently but that's what I felt. Friday – The above was written yesterday. I've worked it all out and feel absolutely fine about it. Again thank you. Thank you. Thank you
 - So good to finally have an extended family who are functional and not dysfunctional. I wish I had heard about this years ago but maybe I would not have been ready. The people I have met I may not have socialised with outside of here so I now know that we are all part of one another and we do belong. Thank you all
 - Quite good. Maybe more self - parenting hands on practice. Needed much more attention. Felt a bit stranded and alone. (victim mentality) Great idea. Thank you. Keep going. More personal practice of empowerment. e.g. – Role playing assertiveness or trauma
 - So worth the struggle to find Mayumarri. Very, very impressed. Excellent facilitation and carers
 - I would love it to be extended at least for 2 weeks. Mother and daughter, family? It joined the dots to bridge to my new me that I lost
 - I feel the week isn't long enough No sooner is the child out then it is bundled back in again. There is not enough time to really process stuff
 - Its good how the payment plan is flexible for people on low incomes – any more expensive and I probably couldn't afford it. Absolutely essential treatment at Mayumarri, especially as the mental health services are hopeless and make you worse. A retreat in Perth would be fantastic as the hardest thing for me was all my family and friends are in Perth and I have work in Perth so can only spend a few weeks here at any one time. The counselling would also take time and effort so support groups in most places nationwide would be crucial to healing people
 - Self – parenting is a gift, a chance to make amends and take charge of own self-worth. Uplifting, most important feeling
 - Mayumarri is excellent because it is not conducted by counsellors who are trained to paraphrase etc. Saying your abuse in a general manner is good enough to start your healing journey. Life changing skills from facilitators sort of helps relieve the confusion of feeling like a split personality
 - I felt that the 5 days is not long enough. The first 2 days to get into the program then the party and 2 days to wind down. The last 2 days is a mental head spin and totally screwed me as I was not able to open up in the first 2 days and was so overloaded by Wednesday then to wind down on Thursday was too much. Going home on Friday – it was just too short
 - They should teach this to school children and definitely to new parents

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- Fun day was very, very beneficial for my inner child
 - Not long enough. Need 2 more weeks. I felt at times word choice spoke above the audience level. Humour was great tool and fun. Sorry I came so late in life
 - Fantastically run. I feel I have attempted all healing centres for my problems and the Mayumarri centre is the one that worked for me. A centre in every suburb
 - The best thing I have done for myself in my life. Day 1 – eye opening experience. Day 2 – I thought day 1 was eye opening! This day blew me away. The first time I could connect my emotional state to what has happened and how it affects me
 - Tuesday workshop – very enlightening, very informative. Wednesday – all my child needs met. Thank you. Thursday – very emotional. Good work. Life changing the first time I came. This time just excellent. Renews my healing vows. Renews my love of self and life A wonderful program, awesome carers. A terrific program. Thank you H. You are an inspiration to me and my healing journey. J, R and L – came down to me on angel wings. Love and blessings to all at Mayumarri
 - Bring on more inner child. The life change will show in the continual use of the tools in my everyday life. Thank you for everything. I can't say enough praise
 - Friday workshop too long. Would have been good to write down the different groups on a board
 - Very grateful. Inspired me to keep on my path and life is beautiful every day and love is very powerful
 - I feel that it was a very busy, crowded week this time. Not having free time in the afternoon meant for me that I didn't have (on reflection) time to commune with my god, which I believe is essential to my healing journey. It also meant that there was less time to absorb what has been learnt. I felt there was far more "head stuff" (information, talks) this time. Could I also suggest a time of simply "group silence" when each person has the opportunity in a group to access "the god of their understanding" or simply to experience the calm and peace that being in a group can bring
 - Workshops easy to understand. Good to get knowledge and recement it over the week (tell them what you're going to tell them, tell them, then tell them again) Thank you so much for belonging, clarity, knowledge and love! Thanks to all
 - Thank you. See you again
 - Already been once. I will be back. Continues to change my life
 - Thank you for this life- changing event. I now have the tools to do the work at home
 - Dear A, B, C and D. Thank you very much all of you from the bottom of my heart, for your love, help, understanding, compassion etc. I could go on and on. I will never forget all your sharing and your help for my inner child and I will be forever grateful. Love to you all
 - Thank you L for setting up Mayumarri. It is a place of rebirth and a safe place for all of us. I think B, D, D and C were just amazing and the perfect people to help me along my journey. Reflections has allowed me to relook at my faith in a positive way and connect the power and music and words with the beauty and faith. The best experience and most magnificent time in my healing to date. Thank you
 - Thursday was long. Tuesday gave me the chance of self - discovery. I was ready to come so I was very open to the experience