23RD VETERAN · RECON PROGRAM

Program Evaluation: Research & Methods Report

Quantitative outcomes (de-identified) and qualitative analysis

Program: Recon Program: Outdoor, challenge-based trauma recovery for veterans, first responders, and civilians

Cohorts: XVIII, XIX, and XX

Quantitative sample: 20 matched participants (completed pre- and post-program surveys)

Qualitative evaluation: Dr. Kate Burrows, independent evaluator: 20 interviews with 19 program graduates (Dec 2024 – Aug 2025)

Confidentiality: Internal research document. Participant names replaced with non-identifying IDs; qualitative quotes de-identified.

1. Overview & Purpose

This report documents the methods and results behind the 23rd Veteran Recon Program outcomes evaluation for Cohorts XVIII, XIX, and XX. It accompanies the donor-facing outcomes summary and is intended for evaluators, partners, and program staff who need the underlying detail: how participants were measured, the de-identified participant-level data, the descriptive statistics, and the full qualitative analysis conducted by the program's independent evaluator, Dr. Kate Burrows.

The Recon Program is an outdoor, challenge-based program that combines wilderness experiences with structured peer work and "fear-reassociation" activities, serving people recovering from trauma. The evaluation pairs a quantitative pre/post survey design with an independent qualitative interview study, so that measured change can be read alongside participants' own accounts of what changed and why.

2. Methods

2.1 Design

The evaluation uses a single-group, pre/post design. Participants completed the same battery of self-report instruments at intake (before the program) and after completing it. The quantitative analysis reported here is a within-person matched analysis: only participants with both a pre- and a post-program response are included, so each result reflects one individual's change over time. The qualitative component is an independent interview study conducted separately from program staff.

2.2 Instruments and scoring

Three validated self-report instruments were administered:

- PCL-5 (PTSD Checklist for DSM-5): 20 items rated 0–4 ("Not at all" to "Extremely"). The total score is the sum of all 20 items and ranges from 0 to 80; lower scores indicate fewer PTSD symptoms. A total of 33 or above is a commonly used screening indicator of probable PTSD.
- Subjective Happiness Scale (SHS): 4 items on a 1–7 scale. The score is the mean of the four items, with the fourth item reverse-scored. Higher scores indicate greater subjective happiness.
- Quality of Life Index: 16 life-domain items rated 1–7 ("Terrible" to "Delighted"). The score is the mean across answered domains. Higher scores indicate greater satisfaction with daily life.

Scoring was applied identically across all three cohorts. As a validation check, re-scoring Cohorts XVIII and XIX with this pipeline reproduced the figures in the program's previously published evaluation exactly (n = 14: PCL-5 32.7 → 15.9; SHS 4.16 → 5.27; Quality of Life 4.48 → 5.46), confirming consistency with prior reporting before Cohort XX was added.

2.3 Matching

Pre- and post-program responses were matched on participant name, with tolerance for nicknames, spelling variants, and spacing differences. Where a surname appeared in multiple forms matching used the final token of the surname so the same person was reconciled correctly. Across the three cohorts this produced 20 matched participants (5 in XVIII, 9 in XIX, and 6 in XX). Respondents who completed only one of the two surveys were excluded from the matched analysis.

2.4 De-identification

For this research file, every participant's name was replaced with a non-identifying ID of the form R[cohort]-[nn] (R18 = Cohort XVIII, R19 = XIX, R20 = XX). The IDs encode cohort membership only; no names, contact details, or other identifiers are retained in the de-identified dataset. Qualitative quotes are reproduced as de-identified by the independent evaluator. Individual mental-health scores are never attached to names in any shared or public-facing material.

2.5 Qualitative methods

The qualitative analysis was conducted by Dr. Kate Burrows, an independent evaluator working separately from program staff. It draws on 20 semi-structured interviews with Recon graduates, representing 19 distinct participants, conducted between December 2024 and August 2025. Interviews were analyzed thematically; the evaluator identified recurring themes in how participants described their symptoms, their relationships, and their re-engagement with previously avoided situations. Representative quotes below are presented as de-identified.

3. Quantitative Results

3.1 Sample

Twenty matched participants are included across the three cohorts (XVIII: 5; XIX: 9; XX: 6), comprising the program's veteran and first-responder population; one civilian participant who completed both surveys is excluded for consistency with the donor-facing outcomes report. At the group level (all respondents, matched or not; pre n = 31, post n = 29) the same direction of change was observed (PCL-5 36.6 → 18.2; SHS 4.04 → 5.09; Quality of Life 4.53 → 5.38), consistent with the matched results below.

3.2 Descriptive statistics (matched sample, n = 20)

Measure	Pre	Post	Change	Notes
PCL-5 (PTSD symptoms)	34.8	17.4	−17.4 (−50%)	Lower is better
Subjective Happiness Scale	4.00	5.17	+1.17 (+29%)	18 of 20 improved
Quality of Life Index	4.51	5.42	+0.91 (+20%)	Higher is better
Screening ≥ 33 (probable PTSD)	13 / 20 (65%)	2 / 20 (10%)	−55 pts	PCL-5 cutoff

3.3 Participant-level data (de-identified)

Each row is one matched participant. Δ is the change from pre to post; for PCL-5 a negative Δ indicates improvement, while for SHS and Quality of Life a positive Δ indicates improvement.

Participant ID	Cohort	PCL-5 (PTSD, 0–80)			Happiness SHS (1–7)			Quality of Life (1–7)		
		Pre	Post	Δ	Pre	Post	Δ	Pre	Post	Δ
R18-01	XVIII	38	10	**-28**	5.75	6.25	**+0.50**	4.81	5.88	**+1.07**
R18-02	XVIII	28	7	**-21**	4.25	6.25	**+2**	3.81	5.06	**+1.25**
R18-03	XVIII	41	22	**-19**	3	3.50	**+0.50**	4.19	4.44	**+0.25**
R18-04	XVIII	46	38	**-8**	3.75	4.75	**+1**	3.81	4.38	**+0.57**
R18-05	XVIII	44	13	**-31**	3.75	3.75	**0**	3.88	5.69	**+1.81**
R19-01	XIX	34	6	**-28**	2.50	5	**+2.50**	3.56	5.44	**+1.88**
R19-02	XIX	45	14	**-31**	2.75	4.75	**+2**	3.31	4.12	**+0.81**
R19-03	XIX	14	2	**-12**	4.25	6.50	**+2.25**	4.69	6.94	**+2.25**
R19-04	XIX	18	21	**+3**	4.75	5.25	**+0.50**	4.81	4.88	**+0.07**
R19-05	XIX	19	19	**0**	6	5	**-1**	5.62	5.38	**-0.24**
R19-06	XIX	41	17	**-24**	4.75	6	**+1.25**	4.75	5.94	**+1.19**
R19-07	XIX	23	16	**-7**	3.75	6	**+2.25**	5.19	6.06	**+0.87**
R19-08	XIX	39	35	**-4**	4.50	5.50	**+1**	5.50	5.94	**+0.44**
R19-09	XIX	28	3	**-25**	4.50	5.25	**+0.75**	4.75	6.38	**+1.63**
R20-01	XX	34	10	**-24**	5.50	6	**+0.50**	5.12	6	**+0.88**
R20-02	XX	53	28	**-25**	3.25	4.75	**+1.50**	3.75	5.06	**+1.31**
R20-03	XX	44	29	**-15**	3	4.50	**+1.50**	3.88	4.19	**+0.31**
R20-04	XX	40	28	**-12**	3.50	3.75	**+0.25**	5.38	5.50	**+0.12**
R20-05	XX	13	8	**-5**	4	5.75	**+1.75**	4.50	5.06	**+0.56**
R20-06	XX	53	21	**-32**	2.50	5	**+2.50**	4.94	6.12	**+1.18**

Participant ID	Cohort	PCL-5 (PTSD, 0–80)			Happiness SHS (1–7)			Quality of Life (1–7)		
		Pre	Post	Δ	Pre	Post	Δ	Pre	Post	Δ
Average	**n = 20**	**34.8**	**17.4**	**-17.4**	**4.00**	**5.17**	**+1.17**	**4.51**	**5.42**	**+0.91**

Across the matched sample, PCL-5 symptom scores decreased for 18 of 20 participants, were unchanged for 1, and increased for 1; SHS happiness scores improved for 18 of 20. The full item-level responses are available in the accompanying de-identified data workbook.

4. Qualitative Analysis

Independent evaluation by Dr. Kate Burrows

Across the interviews, participants' accounts clustered into four themes. A consistent throughline ran through all of them: participants did not describe trauma disappearing, but rather described learning to recognize, understand, and navigate it. Each theme below summarizes the evaluator's findings and includes representative de-identified quotes.

4.1 Theme 1 — Symptoms and self-understanding

Participants frequently entered the program assuming their distress was simply part of who they were, often feeling permanent, unexplained, and "normal" for them. A central shift was coming to recognize these experiences as trauma responses rather than fixed personality, and learning the "why" behind their reactions. That understanding turned frightening, seemingly random sensations into something they could observe and manage.

Findings reported under this theme:

- Reframing symptoms as understandable trauma responses rather than permanent traits.
- Improved sleep, often noted early and viscerally.
- Reduced reliance on alcohol or other substances to cope.
- Greater emotional regulation, the ability to step back and observe a reaction instead of being consumed by it.
- A renewed sense of purpose, motivation, and self-worth.

> *"Maybe that's not just a normal way of living."* ~ Recon graduate, on recognizing a recurring low mood as a symptom
>
> *"Now I understand these triggers. I can step back and observe it happening, rather than being consumed by it."* ~ Recon graduate
>
> *"I don't feel depressed anymore. I don't feel alone. I have a sense of community now. My motivation's back, and I feel like I have a spark, a pep in my step."* ~ Recon graduate

4.2 Theme 2 — How others described the change

A distinctive feature of this evaluation is that change was corroborated by the people around participants, not only self-reported. Two sub-themes emerged: descriptions from coworkers and descriptions from family.

2a. Coworkers

Many participants had become highly skilled at masking their struggle at work, presenting as competent and upbeat while privately suffering; colleagues often had no idea anything was wrong. Because those same coworkers had no stake in seeing improvement, their later, unprompted observations of genuine calm and openness are an especially credible signal that the change was real rather than performed.

> *"We've definitely seen a change in you — but in a very positive way."* — A coworker, as recounted by a participant

2b. Family

Family members had often described participants, before the program, as distant, withdrawn, and quick to anger. Afterward, the word loved ones reached for most was simply “happier.” Participants reported being more present and more able to name what they were feeling, and the time it took to recover after conflict shrank dramatically, from days to under an hour. Several were told by relatives that they were “not the same person” this time meaning it as a description of growth.

> *“They’re so much happier now. They don’t have to walk on eggshells around dad.”* ~ Recon graduate, on his family after the program
>
> *“Dad is different, more loving and caring.”* ~A participant’s child, as relayed to the evaluator
>
> *“Going from getting upset to calming down and apologizing is so much quicker, within an hour now, instead of a week.”* ~ Recon graduate, on recovering after conflict

4.3 Theme 3 — Relationship with civilians

Several veteran/public safety participants entered believing that civilians “couldn’t understand” them, and kept civilians at a distance. Through shared program experiences, including alongside civilian participants who had their own trauma histories, many discovered common ground and developed new compassion. This reduced a sense of isolation and, for some, extended outward into how they treated people in their work and communities.

> *“It messed us up inside the same way.”* ~ Recon graduate, on realizing a civilian participant shared the same kind of trauma

4.4 Theme 4 — Fear-reassociation and re-entering avoided situations

A core mechanism of the program is fear reassociation: deliberately and supportively re-approaching situations that trauma had taught participants to avoid. In interviews, participants described moving back into previously off-limits parts of life such as crowds, restaurants, concerts, sitting with their back to a door. Not by eliminating anxiety, but by learning to navigate it. Many returned to places and gatherings they had avoided for years.

> *“I can’t avoid these feelings, but I can navigate them.”* ~ Recon graduate
>
> *“I haven’t been to a concert stress-free in decades.”* ~ Recon graduate

4.5 The throughline

Across all four themes, the evaluator identified a single organizing idea: navigation, not elimination. Participants did not describe erasing their trauma; they described understanding it, carrying it differently, and re-entering life. Notably, participants were candid that challenges remained and certain situations were still hard, and not every change was complete. That candor strengthens, rather than weakens, the credibility of the gains they described.

4.6 Key takeaways

- Participants reframed long-standing distress as understandable, addressable trauma responses rather than permanent traits.
- Improvements were corroborated independently by coworkers and family, not only self-reported.
- Relationships at home improved markedly, with much faster recovery after conflict.
- Veteran/public safety–civilian distance narrowed into shared understanding and compassion.
- Participants re-entered previously avoided situations through navigation rather than avoidance.

- Gains were described honestly, including what still remained difficult.

4.7 Qualitative conclusion

The qualitative findings align closely with the quantitative results: where the surveys show reduced PTSD symptoms and improved happiness and quality of life. Participants’ own accounts and those of the people who know them describe the same trajectory in human terms. The consistency between independently measured scores and independently collected interviews is the central reason for confidence in the program’s effect.

5. Integrated Interpretation

Read together, the two strands of evidence reinforce one another. The matched survey data show a large average reduction in PTSD symptoms and consistent gains in happiness and quality of life, with the great majority of participants moving in the same direction. The qualitative analysis explains the mechanism behind those numbers — self-understanding, emotional regulation, repaired relationships, and re-engagement with avoided situations. And corroborates the change through coworkers and family who had no incentive to overstate it. Neither strand alone would be as persuasive; their convergence is what makes the overall picture credible.

6. Limitations

- Single-group, pre/post design without a control or comparison group; results are descriptive and should not be read as proof of cause and effect.
- All quantitative measures are self-reported, and the matched sample is modest in size (n = 20).
- Participants who completed only one survey were excluded from the matched analysis, which may introduce attrition bias.
- Qualitative interviews reflect graduates who chose to participate and may not represent every participant’s experience.

7. Data & References

- Quantitative source files: Recon Cohort XVIII, XIX, and XX pre/post questionnaire response exports (PCL-5, Subjective Happiness Scale, Quality of Life Index).
- De-identified participant-level data: accompanying workbook “23V_Recon_Deidentified_Data.xlsx.”
- Qualitative source: independent interview evaluation conducted by Dr. Kate Burrows (20 interviews; 19 participants; December 2024 – August 2025).