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TITLE: Assessment of Eating Disorder and Comorbidity Risk and Resilience in a Nationally Representative Sample of Recent Military Enlistees

PRINCIPAL INVESTIGATOR: Kelsie Forbush, Ph.D.

CONTRACTING ORGANIZATION: University of Kansas Center for Research, Inc.

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13. SUPPLEMENTARY NOTES

14. ABSTRACT Eating disorders (EDs) are serious psychiatric disorders that remain understudied, underestimated, and under-treated in active-duty members, despite the increased incidence of EDs in the military in recent years. In 2019, U.S. Congress requested the Government Accountability Office (GAO)investigate the scope and impact of EDs in the military. The GAO's report found that the military's standard ED screening is insufficient for identifying servicemembers with an ED. The GOA noted that the DoD did not have ongoing efforts aimed at preventing EDs among active-duty servicemembers due, in part, to (incorrect)assumptions that the prevalence of EDs was low relative to other medical conditions. The GAO report indicated that no existing screening tools for EDs were developed or tested in military-relevant populations but mentioned that, if successful, our team's 2018 Investigator Initiated Award (#W81XWH-19-1-0207) could fill a critical need for DoD ED screening. The proposed research is, therefore, highly significant because our team successfully developed the first ED screening for use in veterans and we are poised to take the next step toward implementation within the DoD and VA through additional testing in active-duty servicemembers. Our primary objectives are 1) Test the ability of the BASE to identify military service members who may have an eating, mood, or anxiety disorder (including trauma) compared to existing screeners; 2) Identify military-specific factors that predict (or protect from) the development of ED symptoms; and 3) Elucidate temporal relationships among ED symptoms and internalizing and externalizing psychopathology. Objectives will be achieved through two studies with a nested-case control design that will recruit a nationally representative sample of service members that have entered the military in the last year. The project is IRB approved and recruitment began in April 2024.

15. SUBJECT TERMS Eating disorders; assessment; screening tools; depression; anxiety; posttraumatic stress disorder; active-duty; reserve; national guard					
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1. **INTRODUCTION:** *Narrative that briefly (one paragraph) describes the subject, purpose, and scope of the research.*

Eating disorders (EDs) affect people of all ethnicities and socio-economic levels and occur across the lifespan. EDs are more common than previously believed and affect 13.1-15% of young women and 3% of young men. EDs are one of the deadliest mental disorders, with standardized mortality ratios that are two times higher than mortality due to heavy smoking. In 2019, the Government Accountability Office (GAO) investigated the scope and impact of EDs in the military. The GAO's report stated that the military's ED screening does not accurately identify servicemembers with an ED. The DoD did not have ongoing efforts aimed at preventing EDs among active-duty servicemembers due, in part, to (incorrect) assumptions that the prevalence of EDs was low relative to other medical conditions. The GAO indicated that no existing screening tools for EDs were developed or tested in military-relevant populations but mentioned that, if successful, our team's 2018 Investigator Initiated Award (#W81XWH-19-1-0207) could fill a **critical need** for DoD ED screening. Since publication of the GAO report, it has become exceedingly clear that EDs are a significant source of medical and psychiatric impairment among servicemembers. The proposed research is, therefore, highly significant and impactful because our team successfully developed the first ED screening for use in veterans and we are poised to take the next step toward implementation of our screen within the DoD and VA through additional testing in active-duty servicemembers. Through our FY18 PRMRP award, we created the Brief Assessment of Stress and Eating (BASE) for detecting EDs and related mental-health disorders. However, because some active-duty military service members have unique considerations that veterans do not (e.g., the need to maintain a high level of physical fitness), additional testing of the BASE in military servicemembers is needed. Thus, we propose to tailor the BASE for use in active servicemembers which is an important next step before implementation through the following **specific aims**: 1) test the ability of the BASE to identify military service members who may have an eating, mood, anxiety, or trauma-related disorder compared to existing screener, 2) identify factors that predict (or protect from) the development of an ED in military service members in their first three years of service, and 3) assess longitudinal course and patterns of comorbidity between EDs and internalizing and externalizing psychopathology in military members with EDs in their first three years of service. We will also these **secondary aims:** 1) conduct qualitative interviews with 50 military service members who screened positive for an ED about perceived military cultural factors that lead to the development of an ED and body dissatisfaction and 2) test lifetime prevalence and point prevalence of EDs, which will provide the first data on the prevalence of the full range of ED presentations in the military.

2. KEYWORDS: *Provide a brief list of keywords (limit to 20 words).*

Eating disorders; assessment; screening tools; depression; anxiety; post-traumatic stress disorder; active-duty; reserve; national guard

3. ACCOMPLISHMENTS: *The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency Grants Officer whenever there are significant changes in the project or its direction.*

What were the major goals of the project?

Primary Objectives: 1) Test the ability of the BASE to identify military service members who may have an eating, mood, or anxiety disorder (including trauma) compared to existing screeners; 2) Identify military-specific factors that predict (or protect from) the development of ED symptoms; and 3) Elucidate temporal relationships among eating disorder (ED) symptoms and internalizing and externalizing psychopathology.

Secondary Objectives: 1) Obtain qualitative data on military-relevant cultural factors that promote or protect from the development of EDs during military service; and 2) Assess the scope of EDs in the military by investigating the prevalence of EDs in the first three years of military service.

As stated in our approved SOW, we had the following major goals with target dates within the timeframe of this progress report.

1. **Major Task 1: Prepare Research Protocol**

Milestone Achieved: All sites IRB approval (100% achieved)

a. Finalize human subjects' protocol and secure IRB approval. *Target Date*: Pre-award to 3 Months. *Completion Date*: 8/3/23
b. Coordinate with sites for IRB protocol submission. *Target Date*: Pre-award to 3 Months. *Completion Date:* 10/13/23
c. Coordinate among sites for annual IRB continuing reviews. *Target Date*: As needed.
d. Receive DoD HRPO approval. *Target Date*: Pre-award to 6 Months. *Completion Date*: 11/1/23

2. **Major Task 2: Hiring and Training**

Milestone Achieved: Research staff trained (100% achieved)

a. Advertise and interview for project-related staff. *Target Date*: Pre-award to 3 months. *Completion Date*: 06/16/23
b. Hire and train staff. *Target Date*: 1-6 Months. *Completion Date*: 08/01/23

3. **Major Task 3: Participant Recruitment and Testing (100% achieved)**

a. Extract data from VADIR to obtain list of potential participants to recruit. *Target Date*: 6 Months. *Completion Date*: 02/01/24
b. Initiate subject recruitment and survey mailing (N=26,667). *Target Date:* 8 months. *Completion Date:* 04/30/24

Milestone Achieved: All baseline surveys complete (5% achieved)

c. All baseline surveys are completed. *Target Date:* 12 months
d. Conduct clinical interviews with 200 survey completers. *Target Date:* 12-14 months.
e. Enter, clean, and format interview data. *Target Date:* 12-20 months.

Milestone Achieved: Interview data collection complete (0% achieved)

f. Initiate follow-up survey mailings (Time 2). *Target Date:* 20 months.

g. All Time 2 follow-up surveys are completed. *Target Date:* 24 months.
h. Initiate follow-up survey mailings (Time 3). *Target Date:* 32 months.
i. All Time 3 follow-up survey mailings are completed. *Target Date:* 36 months.

Milestone Achieved: Survey data collection complete (0% achieved)
Milestone Achieved: Survey database will be cleaned and finalized (0% achieved)

Specific Aim 1: Test the ability of the BASE to identify military service members who may have an eating, mood, anxiety, or trauma-related disorder compared to existing screeners.

4. Major Task 4: Data Analysis for Aim 1

a. Data cleaning and analysis for Aim 1. *Target Date:* 19-26 months.

Milestone Achieved: Aim 1 analysis complete (0% achieved)

b. Collaborate as a team to disseminate findings (presentations, publications, VA). *Target Date:* 26-31 months.

Milestone Achieved: Report results from Aim 1 analyses (0% achieved)

Exploratory Aim 2: Test lifetime prevalence and point prevalence of eating disorders.

5. Major Task 5: Calculate lifetime and point prevalence of EDs.

a. Data cleaning and analysis for Exploratory Aim 2. *Target Date:* 19-26 months.

Milestone Achieved: Exploratory Aim 2 analyses completed (0% achieved)

b. Collaborate as a team to disseminate findings (presentations, publications, DoD). *Target Date:* 26-31 months.

Milestone Achieved: Report results from Exploratory Aim 2 analyses (0% achieved)

Specific Aim 2: Identify factors that predict (or protect from) the development of an eating disorders in military service members in their first three years of service.

6. Major Task 6: Data Analysis for Aim 2

a. Data cleaning & analyses for Aim 2. *Target Date:* 40-45 months.

Milestone Achieved: Aim 2 analyses completed (0% achieved)

b. Collaborate as a team to disseminate findings (presentations, publications, DoD). *Target Date:* 45-48 months.

Milestone Achieved: Report results from Aim 2 analyses (0% achieved)

Specific Aim 3: Assess longitudinal course and patterns of comorbidity between EDs and internalizing and externalizing psychopathology in military members with EDs in their first three years of service.

7. Major Task 7: Data Analysis for Aim 3

a. Data analyses for Aim 3. *Target Date:* 40-45 months.

Milestone Achieved: Aim 3 analyses completed (0% achieved)

b. Collaborate as a team to disseminate findings (presentations, publications, DoD). *Target Date:* 45-48 months.

Milestone Achieved: Report results from Aim 3 analyses (0% achieved)

Exploratory Aim 1: Conduct qualitative interviews with 50 military service members who screened positive for an ED about perceived military cultural factors that lead to the development of an ED and body dissatisfaction.

8. Major Task 8: Qualitative interview development, testing, and analysis

a. Train interviewers to conduct qualitative interviews. *Target Date:* 10-12 months.

b. Conduct first qualitative interview with military member. *Target Date:* 13 months.

Milestone Achieved: Qualitative semi-structured interview developed and interviewers trained (80% achieved)

c. Qualitative interview coding and analysis. *Target Date:* 19-26 months.

Milestone Achieved: Qualitative analyses are completed (0% achieved)

d. Collaborate as a team to disseminate findings (presentations, publications, DoD). *Target Date:* 26-31 months.

Milestone Achieved: Report results from Exploratory Aim 1 analyses (0% achieved)

What was accomplished under these goals?

<u>Major Activities:</u> Major activities included **1)** Preparing Research Protocol, **2)** Hiring and Training, and **3)** Participant Recruitment and Testing.

Our objectives were to prepare the human subjects' protocol, prepare IRB submissions, train staff and initiate recruitment. We received approval from University of Kansas IRB, VA of Eastern Kansas IRB, and Department of Defense HRPO approval.

We completed hiring and training professional staff related to the project. This includes a full-time Assistant Research Professor (Dr. Angeline Bottera), full-time Project Coordinator (Ms. Samiya Rasheed), and four part-time research aides (Mr. Saif-Ur-Rehman Malik, Ms. Emma Adams, Ms. Maddie Merchant, and Ms. Macyn Ward). Staff have received group and one-on-one trainings to prepare for recruitment launch and data collection. We are also nearly complete in training new and existing staff in clinical interviewing for this study, as detailed below (see Clinical Interview Training).

We have initiated the process of baseline recruitment. Firstly, we worked with Drs. Wendler and Oehlert at VA of Eastern Kansas to extract a random, nationally representative sample of 26,667 recently entered service members. After several rounds of troubleshooting, we were able to stratify data pulled from the VA/ DoD Information Repository (VADIR) on 2/1/2024. Although there are some service members with unknown demographic characteristics, the remainder of the sample closely matches the populations of the United States Military as a

whole from past demographic reports (see Figures 1 & 2); minor deviations are related to the higher proportion of racial minority groups such as Black or African Americans entering military service since past reports have been published (Department of Defense, 2023). After transferring this sample to a secure University of Kansas (KU) research drive, the information was also sorted into the study management platform, REDCap. This platform hosts the systems for surveys, reminders, and internal records keeping for the project, which were all created and tested during this reporting period.

Figure 1

Racial identity demographics of VADIR recruitment sample

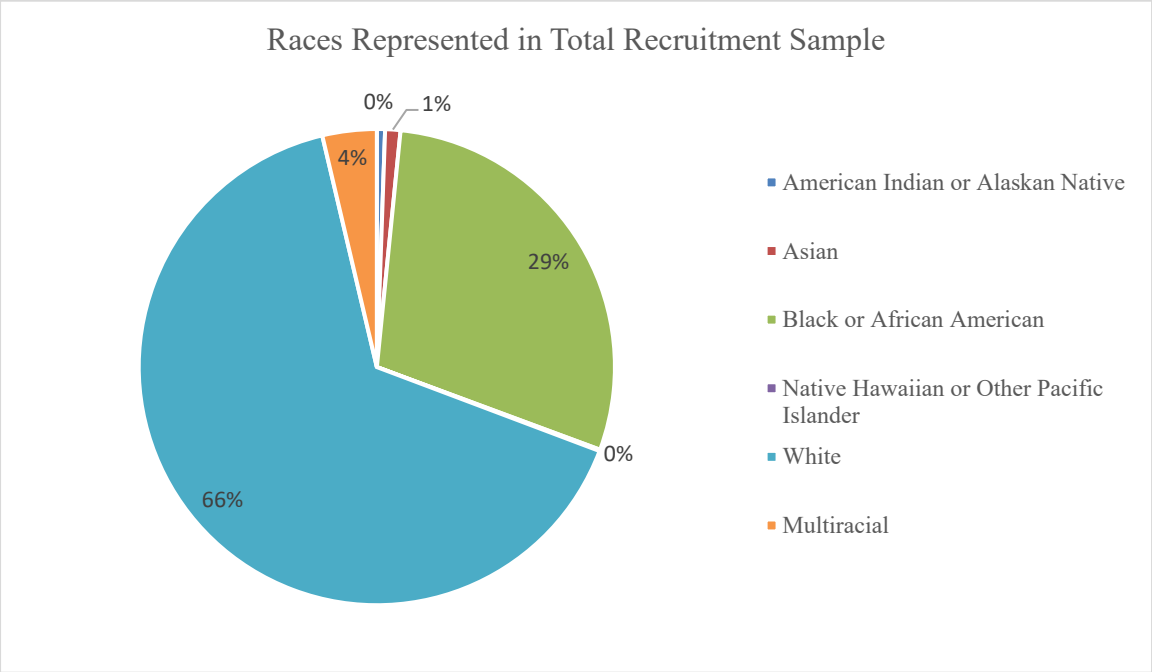

Figure 1 excludes those with Unknown Race.
The Army does not report multiracial individuals in VADIR.

Figure 2

Military branch demographics from VADIR recruitment sample

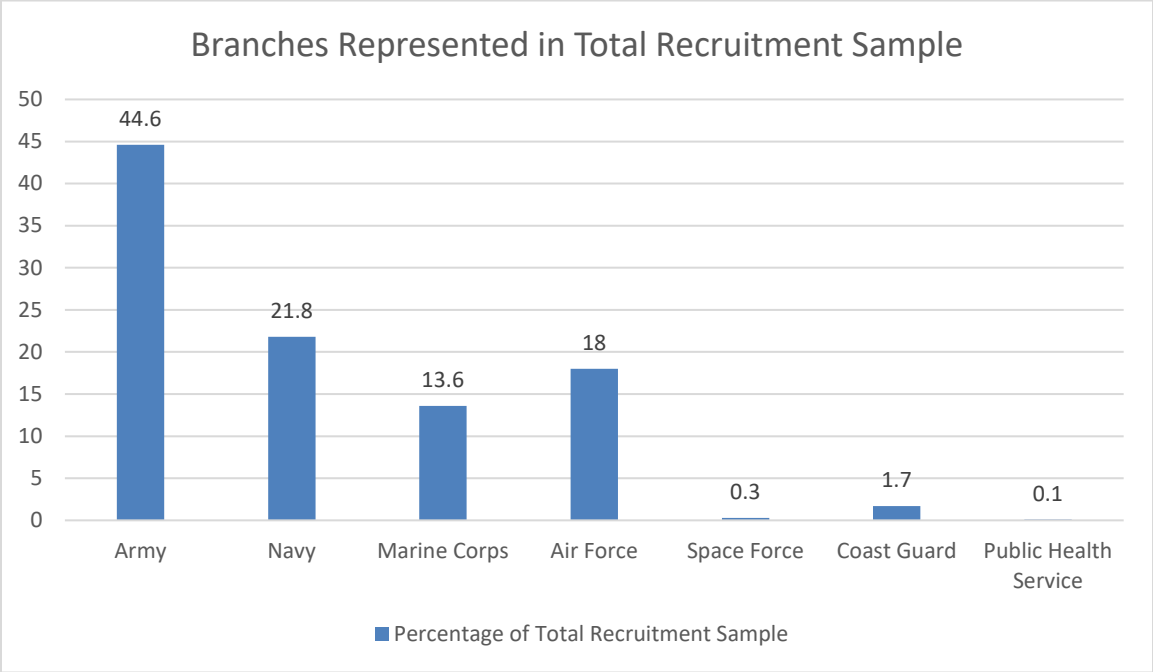

Figure 2 excludes individuals from the Commissioned Corps of National Oceanic and Atmospheric Administration who made up 0.01% of the sample

Recruitment Mailing

We collected the necessary components and began baseline recruitment on April 30th, 2024. We are using a modified version of Dillman's Tailored Design Method to recruit participants to maximize responses (Dillman et al., 2014). This recruitment method includes five invitations spanning 35 days and will utilize U.S. postal mail, email, and text message contacts. The invitation letters will describe the purpose of the study, procedures, time commitment, risks, benefits, and limits of confidentiality. The initial letter will also include a $2.00 bill incentive payment – regardless of whether the invited military member chooses to participate in the study – because this technique has been shown to increase survey response rates in previous studies. All recruitment materials were created in this reporting period.

We secured a Master Service Agreement between the University of Kansas and Topeka QuikPrint to prepare U.S. postal mail recruitment. QuikPrint printed and arranged the necessarily materials for each mailing timepoint. We also procured the necessary $53,334 cash advance for the initial incentive payment and secured safe transfer from KU to QuikPrint. Finally, we enrolled in a new email service, "Emma by Marigold," which will allow us to contact the entire sample according to the recruitment timeline while maintaining KU IT approved security and HIPAA compliance. This will help us organize our contacts to maintain study progress and efficiency.

We are pleased that as of this report, recruitment is underway, and we sent baseline study invitations to 26,667 newly entered service members as of 4/30/2024. We anticipate moving quickly once survey responses begin to come in.

Interview Training

Our past studies in military populations encountered staffing-related barriers due to the length of interview sessions. Thus, to maintain our goal of conducting $N = 200$ interviews in each year we licensed the Mini-International Neuropsychiatric Interview (MINI). This diagnostic interview closely follows *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5-TR)* and takes 20-30 minutes to administer in its entirety. We also worked with the interview copyright holder to make study-specific adjustments to the MINI based on what specific items were relevant to our aims. We purchased video trainings on the proper usage of the MINI, which have now been completed by all assessors. Finally, all assessors have been trained in the Eating Pathology Symptoms Inventory – Clinician Rated Version (EPSI-CRV) and the Structured Clinical Interview for *DSM-5* Disorders (SCID-5) ED module, which will be used to assess for current and lifetime EDs, respectively.

The qualitative interview is nearly complete and a polished first draft has been reviewed by our study team. Once finalized, questions will be piloted in the first five qualitative interview participants. We have several team members trained to conduct qualitative interviews, and plan on training more in Fall 2024.

Stated Goals Not Met:

Although we planned to have baseline survey data collected by the end of the reporting period, we were delayed at several stages of project launch. We faced longer timelines than anticipated to gain study IRB approvals, complete VADIR data stratification, and obtain external business contracts to license the MINI and QuikPrint. This delayed initial recruitment launch and training. However, we anticipate that we will have completed baseline survey and interview data collection within the next six months. We have trained a high number of interviewers than originally planned ($N = 13$) and hired study-related staff to ensure this updated timeline is feasible.

References:

Department of Defense, Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy. (2023). *2022 Demographics: Profile of the Military Community*. Retrieved from https://www.militaryonesource.mil/data-research-and-statistics/military-community-demographics/

Dillman, Don A., Christian, Leah Melani, C., Leah Melani, Smyth, Jolene D., author, & Christian, Leah Melani, author. (2014). *Internet, phone, mail, and mixed-mode surveys: the tailored design method (*Fourth edition).

What opportunities for training and professional development has the project provided?

Several training and professional development opportunities are being made available to the research team:

Lab Meetings/DoD Project Meetings: The research laboratory meets each Friday morning for one hour to discuss progress across all laboratory projects. Lab meetings also involve discussion of research articles and presentations by graduate students and post-doctoral fellows and critique of these projects to facilitate professional development. A separate DoD check-in meeting is held each week and led by Dr. Bottera (Assistant Research Professor), during which team members share weekly progress on the project, make plans for upcoming research tasks, and discuss resolutions to recent issues or problems. Finally, all senior personnel meet once per month via Zoom to discuss overall grant progress and troubleshoot any issues. Drs. Bottera and Forbush also meet once per week to discuss study progress and any study-related issues.

Qualitative Data Management: Dr. Doan (Co-I) and Ms. Rasheed (Research Coordinator) have provided extensive training in qualitative data management for undergraduate RAs. This has involved instruction on constructing a qualitative codebook, coding individual interviews, and bi-weekly meetings to discuss emerging themes. With this training, study team members are prepared to confidently approach qualitative data analysis.

Clinical Interview Training: Drs. Forbush (PI), Christensen Pacella (Co-I), and Bottera provided group training in conducting the Eating Pathology Symptoms Inventory – Clinician Rated Version (EPSI-CRV), Structured Clinical Interview for *DSM-5* (SCID-5) ED module, and Mini-International Neuropsychiatric Interview (MINI). These interviews are comprehensive diagnostic interviews that assess ED psychopathology and general mental-health disorders. Training included approximately 16 hours of videos and individual/group meetings (split into several sessions) and weekly attendance at diagnostic consensus meetings. New assessors were required to demonstrate ≥ .80 inter-rater reliability with an audiotaped **"**gold-standard" EPSI-CRV interview and will shadow seasoned laboratory interviewers. All assessors will conduct at least one joint interview with Drs. Forbush, Christensen Pacella, or Bottera or a senior graduate student as a **"**check out" prior to conducting independent interviews. Finally, all completed interviews will be reviewed prior to data entry by an independent interviewer to ensure coding accuracy. All team members have successfully passed MINI certification that was offered by the copyright holder (certification involved watching a video and taking a quiz).

Assessment Meetings: Diagnostic assessment meetings are held weekly (led by Drs. Forbush, Christensen Pacella, and Bottera) and are required for all team members. Meetings involve presenting each diagnostic assessment and team-wide consensus of ED diagnosis. Weekly assessment meetings provide opportunities to refine interviewing skills and learn about diverse ED presentations in military service members.

Military Risk Assessment: Dr. Wiese (Co-I), a clinical psychologist employed at the Travis AFB David Grant Medical Center which is the largest Air Force medical center in the nation, and Mr. Denning (Collaborator), KU's Officer of Graduate Military Programs and a retired Marine Corps colonel, led a discussion with the assessment team centered on how to assess suicidal risk and conduct safety planning in active-duty populations. This discussion covered how to logistically approach crisis situations that may occur on base or while on deployment. These cases can involve higher firearm availability and fewer accessible emergency options, as well as military policy and cultural factors. This training provided deeper insight in how to proceed when safety planning or intervention is required.

How were the results disseminated to communities of interest?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe how the results were disseminated to communities of interest. Include any outreach activities that were undertaken to reach members of communities who are not usually aware of these project activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities.

Nothing to Report.

What do you plan to do during the next reporting period to accomplish the goals?
If this is the final report, state "Nothing to Report."
Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.

As noted above, we launched recruitment for Study 1 and Study 2 on April 30th, 2024. We anticipate that all data collection for the baseline survey (Study 1) will be complete by September 2024 and Year 1 diagnostic interviews (Study 2) will be complete in October 2024. The year 1.5 survey will open in October 2024. We will also pilot qualitative interviews beginning in June 2024, and train a second group of interviewers in Fall 2024. Throughout data collection, we will be completing data entry and cleaning.

We plan to present preliminary results to report to the community during our next annual reporting period. We will also present our work at VA mental-health conferences, such as the VA Health Service Research and Development conference, and locally at our KU-VA Networking events. The KU-VA Networking events are two-hour programs to introduce VA researchers/clinicians to KU faculty researchers and feature research presentations and discussions to facilitate introductions and provide a useful exchange of research interests and resources.

4. IMPACTS:

What was the impact on the development of the principal discipline(s) of the project?

Nothing to Report.

What was the impact on other disciplines?

Nothing to Report.

What was the impact on technology transfer?

Nothing to Report.

What was the impact on society beyond science and technology?

Nothing to Report.

5. CHANGES/PROBLEMS:

Changes in approach and reasons for change:

Nothing to Report.

Actual or anticipated problems or delays and actions or plans to resolve them:

We anticipated difficulty reaching $N = 200$ diagnostic interviews within the time period of Year 1 due to the length of time interviews took in our past research and interviewer availability. We decided to use a different diagnostic interview to maximize interviewer availability by minimizing time commitment. Thus, we decided to administer the MINI rather than the full version of the SCID-5. The MINI diagnostic interview is significantly shorter (20-30 minutes vs. over 1 hour) and will allow us to offer shorter interview timeslots. Importantly, the MINI has excellent psychometric properties that are comparable to the longer interview that we used in past research. Another way we have worked to address delays is by training a higher volume of assessors to complete diagnostic interviews. Thus, the number of trained interviewers will now be sufficient to reach our *N* for each timepoint.

Finally, to acquire necessary licensing for the MINI administration, we did face delays in creating a contract to license the measure, which resulted in training delays while we waited to be granted permissions. These delays were largely due to the University of Kansas losing staff in the Business Contracts office. However, new staff have now been trained and hired and we expect less delays in the future when we need to obtain licensing contracts.

Changes that had a significant impact on expenditures:

Administering the MINI will allow us to shorten interview times, maximize interviewer availability, and minimize participant burden without sacrificing the high-quality diagnostic interview data. The MINI is charged for per administration, and training videos for our interviewers to obtain certification were an additional cost. The table included below outlines these changes to expenditures:

Budget Category	Budget	Expense	Encumbrance	Balance
SALARIES - KEY PERSONNEL	228,426.00	46,485.36	0.00	181,940.64
SALARIES - UNCLASSIFIED	671,480.00	113,787.11	0.00	557,692.89
SALARIES - STUDENT	180,000.00	64,818.37	0.00	115,181.63
FRINGE	399,565.00	41,907.81	0.00	357,657.19
SUPPLIES AND EXPENSE	18,000.00	9,143.03	0.00	8,856.97
OTHER EXPENSES	716,734.00	67,730.95	130,000.00	519,003.05
DOMESTIC TRAVEL	8,400.00	4,063.96	2,300.00	2,036.04
SUBRECIPIENT WITH F&A	100,000.00	40,240.17	29,077.83	30,682.00
SUBCONTRACTS NO F&A	677,373.00	51,688.65	49,516.35	576,168.00
EQUIP	0.00	0.00	0.00	0.00
FACILITIES AND ADMINISTRATION	1,230,980.00	205,733.80	0.00	1,025,246.20
Total	**4,230,958.00**	**645,599.21**	**210,894.18**	**3,374,464.61**

Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents:

Significant changes in use or care of human subjects:

Nothing to Report.

Significant changes in use or care of vertebrate animals:

Nothing to Report.

Significant changes in use of biohazards and/or select agents:

Nothing to Report.

6. PRODUCTS:

Publications, conference papers, and presentations Journal publications.
Books or other non-periodical, one-time publications.

Nothing to Report.

Other publications, conference papers and presentations.

Nothing to Report.

Website(s) or other Internet site(s)

Nothing to Report.

Technologies or techniques

Nothing to Report.

Inventions, patent applications, and/or licenses

Nothing to Report.

Other Products:

Nothing to Report.

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

What individuals have worked on the project?

Name:	Kelsie Forbush, PhD
Project Role:	Principal Investigator
Researcher Identifier (e.g. ORCID ID):	https://orcid.org/0000-0002-5900-4204
Nearest person month worked:	1
Contribution to Project:	Dr. Forbush supervised all aspects of the study procedures, including IRB submissions, training staff, led planning meetings, and training new staff members.
Name:	Alesha Doan, PhD
Project Role:	Co-Investigator
Researcher Identifier (e.g. ORCID ID):	https://orcid.org/0000-0002-1348-9023
Nearest person month worked:	1
Contribution to Project:	Dr. Doan attended planning meetings and

	provided direction regarding qualitative data collection.
Name:	Qianqi (Chelsea) Song, PhD
Project Role:	Co-Investigator
Researcher Identifier (e.g. ORCID ID):	https://orcid.org/0000-0002-4368-2940
Nearest person month worked:	1
Contribution to Project:	Dr. Song attended planning meetings and advised on data stratification strategies.
Name:	David Watson, PhD
Project Role:	Co-Investigator
Researcher Identifier (e.g. ORCID ID):	https://orcid.org/0000-0001-9632-2159
Nearest person month worked:	1
Contribution to Project:	Dr. Watson has attended planning meetings and served as a consultant on assessment and military culture.
Name:	Mary Oehlert, PhD
Project Role:	Consultant
Researcher Identifier (e.g. ORCID ID):	N/A
Nearest person month worked:	1
Contribution to Project:	Dr. Oehlert attended planning meetings. She oversaw and submitted IRB submission at the VA of Eastern Kansas and implemented VADIR data sharing and stratification between the VA and KU, with the help of Drs. Wendler and Chen.
Name:	Alicia Wendler, PhD
Project Role:	Co-Investigator
Researcher Identifier (e.g. ORCID ID):	N/A
Nearest person month worked:	1
Contribution to Project:	Dr. Wendler is a licensed clinical psychologist and Assistant Chief of Psychology for the Topeka campus of VA Eastern Kansas. She attended weekly planning meetings. She oversaw the IRB submission to VA of Eastern Kansas and VADIR data stratification and transfer, alongside Dr. Oehlert.
Name:	Yiyang Chen, PhD
Project Role:	Co-Investigator
Researcher Identifier (e.g. ORCID ID):	https://orcid.org/0000-0002-6589-3028
Nearest person month worked:	12

Contribution to Project:	Dr. Chen leads team meetings, assists with protocol implementation and oversight, and leads statistical analyses. She led the VADIR data stratification process.
Name:	Angeline Bottera, PhD
Project Role:	Co-Investigator and Assistant Research Professor
Researcher Identifier (e.g. ORCID ID):	https://orcid.org/0000-0002-0687-6623
Nearest person month worked:	12
Contribution to Project:	Dr. Bottera oversees study management, IRB submissions, staff training, and protocol implementation. She provides guidance in weekly meetings with project coordinators and research assistants as well as monthly meetings with the full study team.
Name:	Kara Christensen Pacella, PhD
Project Role:	Co-Investigator
Researcher Identifier (e.g. ORCID ID):	https://orcid.org/0000-0002-5099-0570
Nearest person month worked:	1
Contribution to Project:	Dr. Christensen Pacella provides input on study design and data collection in monthly team meetings. She also oversees clinical assessment and training in weekly meetings.
Name:	Joanna Wiese, PhD
Project Role:	Consultant
Researcher Identifier (e.g. ORCID ID):	N/A
Nearest person month worked:	1
Contribution to Project:	Dr. Wiese attended planning meetings and served as a consultant on military culture and sensitivity.
Name:	Samiya Rasheed, BA, BS
Project Role:	Project Coordinator
Researcher Identifier (e.g. ORCID ID):	https://orcid.org/0009-0007-9672-4976
Nearest person month worked:	12
Contribution to Project:	Ms. Rasheed attended planning meetings and monthly team meetings. She has prepared recruitment materials, contributed to IRB modifications, and assisted in the training of new research assistants. She has overseen the preparation of recruitment launch.

Name:	Will Morgan, BA
Project Role:	Graduate Research Assistant
Researcher Identifier (e.g. ORCID ID):	12
Nearest person month worked:	https://orcid.org/0000-0002-0188-2709
Contribution to Project:	Mr. Morgan formerly served as Project Coordinator, overseeing preparation of IRB submissions, and attending monthly meetings. Since starting graduate school, he has shifted from a Project Coordinator role to a Graduate Research Assistant. Mr. Morgan shifted his responsibilities from this project to Ms. Samiya Rasheed in Summer 2023.

Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?

Nothing to report.

What other organizations were involved as partners?

Organization Name: VA Eastern Kansas Healthcare System
Location of Organization: Leavenworth, KS
Partner's contribution to the project: Collaboration

Organization Name: University of Nevada, Las Vegas
Location of Organization: (if foreign location list country): Las Vegas, Nevada
Partner's contribution to the project (identify one or more): Collaboration

Organization Name: University of Notre Dame
Location of Organization: (if foreign location list country): Notre Dame, Indiana
Partner's contribution to the project (identify one or more): Collaboration

Organization Name: Indiana University
Location of Organization: (if foreign location list country): Bloomington, Indiana
Partner's contribution to the project (identify one or more): Collaboration

8. SPECIAL REPORTING REQUIREMENTS

Collaborative Awards: Not Applicable
Quad Charts: Not Applicable

9. APPENDICES: Not Applicable