PERSEREC
DEFENSE PERSONNEL AND SECURITY RESEARCH CENTER

DPAC-2024-106
PERSEREC-TR-24-02

May 2024

Strengthening Mental Health in Military Families: The REACH-Spouse Field Test Results and Implications

David Prina
Dean Cisler
Olivia Ashley
Peraton

Olga Shechter
Defense Personnel and Security Research Center
Defense Personnel Analytics Center

Approved for Public Distribution
Defense Personnel and Security Research Center
Defense Personnel Analytics Center

DPAC-2024-106 **PERSEREC-TR-24-02** **May 2024**

Strengthening Mental Health in Military Families: The REACH-Spouse Field Test Results and Implications

David Prina, Dean Cisler, Olivia Ashley

Peraton

Olga Shechter

Defense Personnel and Security Research Center, Defense Personnel Analytics Center

Released by – Eric L. Lang

Defense Personnel and Security Research Center
Defense Personnel Analytics Center
400 Gigling Road, Seaside, CA 93955

REPORT DOCUMENTATION PAGE	Form Approved OMB No. 0704-0188

1. REPORT DATE:	2. REPORT TYPE: Technical Report	3. DATES COVERED:
4. TITLE: Strengthening Mental Health in Military Families: The REACH-Spouse Field Test Results and Implications	5a. CONTRACT NUMBER:	
	5b. GRANT NUMBER:	
	5c. PROGRAM ELEMENT NUMBER:	
6. AUTHOR(S): David Prina, Emily Mappin, Alexandra Brockman, Marie Osborn, Yvette Montoya, Dean Cisler, Olivia Ashley, Olga Shechter	5d. PROJECT NUMBER:	
	5e. TASK NUMBER:	
	5f. WORK UNIT NUMBER:	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES): Defense Personnel and Security Research Center Defense Personnel Analytics Center 400 Gigling Road Seaside, CA 93955	8. PERFORMING ORGANIZATION REPORT NUMBER: PERSEREC-TR-24-02, DPAC-2024-106	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES):	10. SPONSORING/MONITOR'S ACRONYM(S):	
	11. SPONSORING/MONITOR'S REPORT NUMBER(S):	
12. DISTRIBUTION/AVAILABILITY STATEMENT: A		
13. SUPPLEMENTARY NOTES:		

ABSTRACT: Military spouses face numerous barriers when accessing mental health resources, including practical concerns such as limited time and social and psychological hurdles such as lack of confidence in resources and stigma. In 2021, the Defense Personnel and Security Research Center (PERSEREC), a division of the Defense Personnel Analytics Center (DPAC), developed a mental wellness and suicide prevention training specifically designed for military spouses. The objectives of Resources Exist, Asking Can Help-Spouse (REACH-Spouse) are to: 1) empower military spouses to prioritize their mental health and access available resources, and 2) to teach military spouses how to intervene when they notice warning signs of risk in their Service member. The current two-phase field test assessed whether REACH-Spouse reduces barriers to care among military spouses, enhances their comfort with future help seeking, and increases their willingness to discuss mental health with their Service member using the Question, Persuade, Refer (QPR) technique. Another objective of the field test was to enhance REACH-Spouse facilitator training procedures and program materials. In Phase 1, facilitators noted that leveraging leadership and utilizing personal communications were the most effective strategies for recruiting military spouses. Phase 2 results indicated that facilitators found the training they received highly valuable for leading REACH-Spouse sessions with others. Military spouses who attended sessions reported a significant improvement in their knowledge of resources compared to baseline, along with a notable increase in their willingness to access Military OneSource and other resources when facing concerns. Although REACH-Spouse did not significantly reduce military spouses' own barriers to care, it did enhance their understanding of their Service members' barriers to care and their willingness to discuss their Service member's mental health challenges directly with them.

14. SUBJECT TERMS: Suicide prevention, suicide, mental health, mental health care, barriers to help seeking, education/training

15. SECURITY CLASSIFICATION OF: Unclassified			16. LIMITATION OF ABSTRACT:	17. NUMBER OF PAGES: 116	19a. NAME OF RESPONSIBLE PERSON: Eric L. Lang, Director
a. REPORT: Unclassified	b. ABSTRACT: Unclassified	c. THIS PAGE:			19b. TELEPHONE NUMBER (Include area code): 831-583-2846

Preface

Between 2019 and 2022, the Defense Personnel and Security Research Center (PERSEREC), a division of the Defense Personnel Analytics Center (DPAC), developed and field-tested Resources Exist, Asking Can Help (REACH), an innovative upstream suicide risk intervention. Originally designed for Service members, REACH utilizes small group discussions to address barriers to seeking mental health care and connect Service members to resources. Building on the success of REACH, in 2021 PERSEREC created REACH-Spouse to empower military spouses to prioritize their mental health and well-being, and to equip them with the knowledge and skills to intervene and offer support to their Service member. The current field test aims to assess the effectiveness of REACH-Spouse before broader implementation across DoD. This initiative aligns with the core mission of the Defense Human Resources Activity to ensure that both military personnel and their families receive the essential care and support they need.

Eric L. Lang
Director, PERSEREC

Acknowledgements

The authors would like to thank REACH-Spouse facilitators from Cannon Air Force Base, Defense Language Institute Foreign Language Center, Ellsworth Air Force Base, Fort Belvoir, Fort Huachuca, Fort Irwin, Fort Novosel, Joint Base Lewis-McChord, Kentucky Army National Guard, Marine Corps Air Station Beaufort, Marine Corps Recruit Depot Parris Island, Naval Air Station Fallon, Naval Air Station Lemoore, Naval Air Weapons Station China Lake, Naval Base Coronado, Naval Base San Diego, Naval Base Ventura County, Naval Station Great Lakes, Naval Support Activity Bethesda, Naval Support Activity Monterey – Naval Postgraduate School, Naval Support Activity Saratoga Springs, and Naval Weapons Station Yorktown. We are grateful for their exceptional support and dedication to this study.

The team is also thankful to Dr. Anna Rae, Ms. Erika Slaton, and Ms. Mary Mwongo from Military Community Support Programs, who provided helpful input throughout the study and assisted with data collection. Finally, this field test would not have been possible without the military spouses who attended REACH-Spouse sessions and shared their candid feedback.

Executive Summary

Introduction

Military spouses encounter various barriers to care when seeking resources for mental health, financial stress, childcare, unemployment, and relationship issues. These barriers can often hinder their ability to access necessary support, ultimately deterring them from seeking assistance. Barriers include practical issues such as limited time, negative beliefs about mental healthcare, concerns about career-related consequences, and stigma related to mental health. Also, despite often being gatekeepers of their Service member's well-being, military spouses rarely receive suicide prevention training.

In 2021, the Defense Personnel and Security Research Center (PERSEREC), part of the Defense Personnel Analytics Center (DPAC), developed Resources Exist, Asking Can Help-Spouse (REACH-Spouse), a mental wellness and suicide prevention training for military spouses. Using a facilitator-led, small group discussion format, REACH-Spouse aims to empower military spouses to prioritize their mental health, use available resources, and intervene when they notice warning signs of suicide risk in their Service member. REACH-Spouse Session 1 focuses on military spouses' barriers to care and self-care, whereas Session 2, still conducted with military spouses, focuses on Service members' barriers to care and bystander intervention skills. The current REACH-Spouse field test, sponsored by Military Community and Family Policy (MC&FP), assessed whether REACH-Spouse enhances military spouses' knowledge of resources, reduces barriers to care, boosts comfort with future help-seeking, and encourages discussions about mental health and help-seeking with their Service member. The final objective of the field test was to refine and improve the REACH-Spouse facilitator training procedures and program materials.

Method

The REACH-Spouse field test consisted of two phases. In Phase 1, researchers recruited 12 REACH-Spouse facilitators across the Army, Navy, Marine Corps, and Air Force to lead a REACH-Spouse session with military spouses in their community. Researchers observed the sessions, collecting feedback from facilitators to enhance military spouse recruitment and engagement strategies, as well as refine instructional materials. In Phase 2, researchers recruited 38 facilitators across the services to receive facilitator training, lead at least one REACH-Spouse session each, and collect evaluation data from military spouse attendees.

Phase 1 Method

In Phase 1, 12 facilitators from five U.S. military installations and the Kentucky Army National Guard, representing four Service branches, completed REACH-Spouse facilitator training using a combination of self-study and one-on-one coaching. Subsequently, facilitators recruited 5-10 military spouses from their installation to participate in a REACH-Spouse session, totaling 62 spouses across all sessions. Researchers observed the sessions in person, subsequently conducting interviews with each facilitator to gather insights on effective military spouse recruitment and

engagement strategies, as well as suggestions for enhancing the REACH-Spouse training process and instructional materials. The research team conducted a content analysis of interview and observation notes to inform changes to program materials and facilitator training, which were subsequently piloted in Phase 2.

Phase 2 Method

In Phase 2, the research team recruited 38 facilitators from 19 U.S. military installations to lead two REACH-Spouse sessions with military spouses in their community. Facilitators represented every Service branch except for the Space Force, with 33 being new facilitators and five returning from Phase 1. Facilitators came from diverse professional backgrounds, including roles such as community service specialists, counselors, substance abuse specialists, violence prevention integrators, prevention specialists, military spouses, and various other positions. Facilitators participated in a modified training process, informed by Phase 1 findings, involving self-study, a group teach back session with peers and a team member, and a one-on-one coaching meeting. After the coaching meeting, facilitators (n = 34) filled out a web-based questionnaire assessing the usefulness and effectiveness of the REACH-Spouse facilitator training they received.

Facilitators were then asked to recruit 10-15 military spouses for each of their REACH-Spouse sessions using various installation outreach avenues, social media, and personal communications. Facilitators reported collectively recruiting 140 military spouses to attend 30 sessions. Researchers observed a subset of the sessions to assess facilitator performance and spouse reactions. REACH-Spouse participants filled out pre- and post-session questionnaires evaluating changes in their knowledge of resources, barriers to care, willingness to access resources, importance of self-care, and willingness to discuss mental health and use a Question, Persuade, Refer (QPR) bystander intervention technique with their Service member, resulting in 88 matched sets of responses. Researchers collaborated with the Military OneSource Call Center to gather data on the number of phone calls made by Phase 2 REACH-Spouse participants to Military OneSource in the three months following their session.

Key Findings

Researchers used a mix of qualitative and quantitative analyses to answer the primary research questions and inform revisions to the REACH-Spouse instructional materials and facilitator training procedures. These efforts culminated in the development of the REACH-Spouse Version 3 curriculum, which will be published on the Military OneSource website.

Phase 1 Results

Phase 1 facilitators reported employing several effective strategies to boost participant recruitment, including engaging with installation leadership, utilizing personal communications, and prioritizing phone calls and text messages over social media advertising. Some facilitators recommended expanding target audience to also include parents, recognizing the criticality of their role in their Service member's mental health and well-being. They recommended leveraging newcomer’s

orientation events, "plus one" sessions, and after-hours virtual sessions to enhance recruitment efforts and engage hard-to-reach military spouses. The research team created a comprehensive Military Spouse Recruitment Guide to capture these best practices.

Phase 1 facilitators used personal stories and hands-on exercises to engage military spouses during their sessions, rating these as the most effective strategies, along with sharing in-depth knowledge about resources. Some facilitators found it difficult to fit all the key topics into a 90-minute session. Based on these findings, the research team extended REACH-Spouse session length to 2 hours, created a QPR role-play script for Session 2 to facilitate experiential learning, revised the Facilitator's Manual to emphasize starting the session with a personal story, developed a REACH-Spouse Practice Checklist, and incorporated a group teach back session into the facilitator training process.

Phase 2 Results

Also in Phase 2, facilitators rated the Facilitator's Manual, REACH-Spouse session slides, one-on-one coaching meeting, written instructions, and Resources Handout as the most useful components of the training. Facilitators strongly agreed that, because of the REACH-Spouse Facilitator Training, they felt more confident about discussing mental health topics in small groups, demonstrating how to access resources, using motivational interviewing techniques, and teaching self-care and QPR. They also strongly agreed that they would recommend the REACH-Spouse facilitator training to others.

Many facilitators faced participant recruitment challenges in Phase 2, attributing these difficulties to the data collection occurring in the summer. The research team attempted to address this issue by extending the field test data collection period, adding virtual sessions, and utilizing military spouse Facebook groups for advertising.

Importantly, REACH-Spouse significantly increased military spouse participants' knowledge of where to get help compared to their baseline. The largest knowledge gains were observed for knowledge about the Military/Veterans Crisis Line, behavioral health providers, military treatment facilities, and mobile resilience apps. Although REACH-Spouse Session 1 did not significantly reduce military spouses' own concerns about negative career impact and worries that seeking help might lead others to view them negatively, it significantly improved their understanding of their Service member's barriers to care, which included preference for self-reliance, worries about being seen as broken, fear of negative career impact, and uncertainty about which resource to use.

After attending REACH-Spouse Session 1, military spouses reported being significantly more willing to use Military OneSource, Chaplain or spiritual counselor, the Military/Veterans Crisis Line, someone in their Service member's chain of command, and mental health mobile apps if they have a concerning issue. However, their perceptions of the importance of self-care did not significantly change, and neither did their willingness to discuss personal mental health challenges, possibly due to a ceiling effect. REACH-Spouse Session 2 significantly increased participants' willingness to discuss mental health challenges their Service member but did not lead to a comparable increase in their willingness to use QPR with them. When looking at behavioral measures of help-seeking, 18% of all

REACH-Spouse session attendees called Military OneSource within three months after their REACH-Spouse session, and out of this subset, 20% specifically attributed their call to the REACH-Spouse session. Finally, all participants strongly agreed that they would recommend REACH-Spouse to other military spouses.

Recommendations

Our recommendations call for DoD to consider establishing an infrastructure to support the dissemination of REACH-Spouse on a larger scale, developing a guide to help installations stand up a local cadre of REACH-Spouse facilitators, advertising REACH-Spouse using a variety of DoD, Service branch, and installation marketing avenues, and strengthening REACH-Spouse evaluation.

Specifically, to support the dissemination of REACH-Spouse on a larger scale, the DoD should:

1. Establish an infrastructure that ensures facilitators have the support they need, and military spouses have access to REACH-Spouse sessions irrespective of their physical location.
2. Develop a guide that will assist installations in establishing a local cadre of REACH-Spouse facilitators and standardizing the training they receive.
3. Advertise REACH-Spouse sessions to a broader base of prospective participants, including significant others and parents of Service members, in addition to military spouses.
4. Consider taking additional steps to strengthen the REACH-Spouse evaluation by replicating the current field test with a larger sample of participants and collecting longitudinal self-report and behavioral measures of help-seeking to ensure the intervention achieves its stated goals.

Table of Contents

List of Tables

List of Figures

Introduction

Military spouses face many barriers accessing resources for mental health, financial stress, childcare, spouse deployment, unemployment, and relationship issues. According to data from the Millennium Cohort Family Study, these barriers include various practical concerns, including lack of time to access care, social negative beliefs about mental healthcare, fear of social consequences, fear of occupational consequences, and stigma against accessing mental health resources (Crum-Cianflone et al., 2014; Schvey et al., 2022). Barriers to care, whether real or perceived, can prevent military spouses from accessing the help they need, and cause them and their loved ones to suffer in silence. While military spouses have a comparable rate of suicidality (12.6 deaths per 100k) to the general population (8.2 deaths per 100k), male spouses married to a Service member have a significantly higher rate of suicide (51.7 deaths per 100k) than similar-age males in the U.S. population (28.4 deaths per 100k; Defense Suicide Prevention Office [DSPO], 2020). Although military spouses frequently serve as gatekeepers of their Service member's well-being and mental health, they rarely receive any suicide prevention training.

In 2021, the Defense Personnel and Security Research Center (PERSEREC), a division of Defense Personnel Analytics Center (DPAC), developed a mental wellness and suicide prevention training designed especially for military spouses in coordination with Military Community and Family Policy (MC&FP), DSPO, and the military Service branches. Resources Exist, Asking Can Help-Spouse (REACH-Spouse) uses a facilitator-led, small group discussion format to: 1) empower military spouses to prioritize their mental health and access available resources, and 2) teach military spouses how to intervene when they notice warning signs of risk in their Service member. The current REACH-Spouse field test was sponsored by MC&FP to evaluate whether REACH-Spouse reduces military spouses' barriers to care and increases their comfort with future help seeking. A secondary goal of the field test was to determine whether REACH-Spouse increases military spouses' willingness to discuss mental health and help seeking with their Service member. Lastly, the final objective of the field test was to refine and improve the REACH-Spouse facilitator training procedures and program materials.

Background

DoD provides a variety of resources to address a host of stressors military families face daily through programs such as the Army Community Services, Fleet and Family Support Program, Marine and Family Programs, and Air Force and Family Readiness Program. However, utilization of these resources remains low. According to the 2017 Active Duty Spouse Survey (ADSS), 52% of military spouses reported feeling nervous or on edge, with another 35% reporting feeling down, depressed, or hopeless within the last 2 weeks (Office of People Analytics [OPA], 2018). In the same survey, only 14% of respondents indicated they had seen a counselor in the last 6 months, despite 66% of respondents reporting that they were comfortable using military-provided counseling (OPA, 2018). These supportive resources do help, as 73% of respondents indicated that visiting a counselor was beneficial to them (OPA, 2018). Unfortunately, a challenge for many spouses and Service members alike is using these resources at all. A 2018 study of barriers to help seeking behaviors among

military spouses identified a lack of time, a lack of financial means, parenting responsibilities, and the demands that come with the transient nature of military service as the four most common barriers to care in this population (Mailey et al., 2018).

Military spouses also play a vital role in connecting their Service members to mental health resources. They are often in closer physical and emotional proximity to their Service member than anyone else in their lives, making them well-positioned to identify early signs of distress. Despite this, there is no standardized suicide prevention training for military spouses. Military spouses are not consistently provided with training on recognizing crisis warning signs or behavioral cues that that may indicate someone is enduring more stress than they can manage. According to the 2019 ADSS, only 34% of military spouse respondents reported receiving training on suicide prevention for their Service member (OPA, 2020).

With respect to resource utilization, only 33% of military spouses reported on the 2019 ADSS that they would use the National Suicide Prevention Lifeline to assist their Service member if necessary. However, spouses were more open to the Military and Family Counseling (MFLC) Program and Military OneSource, with 47% and 39%, respectively, indicating that they would feel comfortable using these resources to support their Service member. MFLCs and Military OneSource counselors are designed to provide support and guidance to military personnel and their families to address various personal and family challenges, such as relationship issues, stress management, parenting, financial management, and other life stressors.

REACH and REACH-Spouse

The REACH-Spouse program is built upon the original Resources Exist, Asking Can Help (REACH) mental health stigma-reduction program originally developed by PERSEREC in 2019 for Service members (Osborn et al., 2020). Unlike the widely used bystander intervention-based suicide prevention training in the services, REACH does not focus on how to intervene when someone else is showing warning signs of suicide. Instead, REACH focuses on the individual and emphasizes the importance of help seeking before problems escalate, reaching out without worrying about real or perceived barriers to care, knowing what resources are out there, and not giving up until you find the help you need[1]. REACH-Spouse extends this focus by teaching spouses how to intervene and offer support to their Service member using the Question, Persuade, Refer (QPR) technique.

REACH-Spouse Development

The REACH-Spouse curriculum was developed by PERSEREC in 2021 to help spouses, significant others, and family members of active duty, reserve, and National Guard Service members develop a proactive mindset around mental health and help seeking. The REACH-Spouse curriculum educates military spouses about barriers to care, identifies solutions to address these barriers, outlines the

[1] Results from 2020 and 2022 REACH field tests indicate that after attending a REACH session, Service members reported reduced barriers to seeking mental health care, improved knowledge about available resources, and greater comfort with reaching out for help in the future (Ashley et al., 2024; Osborn et al., 2020).

spectrum of available resources, and offers an opportunity to practice help seeking by calling Military OneSource. Because spouses often play an influential role in their Service members' well-being and decision-making, REACH-Spouse also equips them with the knowledge and skills to encourage their Service member to reach out for help.

REACH-Spouse Overview

REACH-Spouse is implemented through small group discussion sessions, which are led by a trained facilitator. These facilitators are typically military spouses, military family program specialists, education outreach personnel, community counselors, and others who work with military families. The REACH-Spouse sessions aim to create a comfortable setting for participants to discuss their own challenges as military spouses, the barriers they encounter when accessing mental health help, and the challenges and barriers their Service members experience. Facilitators highlight existing resources and build up military spouses' confidence about using them. Prior to leading REACH-Spouse sessions in the field, facilitators undergo rigorous training comprised of self-study and coaching.

Importantly, the sessions also include a practice call to Military OneSource intended to demonstrate how easy it is to call this resource for help with any military life or personal problems. Military OneSource was selected for the demonstration because it provides a wide variety of services. In addition, the call center is available 24 hours a day, 7 days a week, enabling REACH-Spouse sessions to be facilitated in any time zone. Participants choose the topic for the call (e.g., relationship troubles, parenting challenges, financial issues), and the facilitator and a volunteer place the call together in front of the group, which takes approximately 5 minutes. The Military OneSource Call Center personnel know to expect these demonstration calls, and, to the best of their ability, they handle them as realistically as possible.

REACH-Spouse Session 1 and Session 2 Content

The REACH-Spouse curriculum consists of two complementary sessions that can be conducted either in-person or virtually. Importantly, military spouses are not required to attend both sessions and may opt to attend only one. Session 1, entitled *Overcoming Barriers, Finding Resources and Thriving as a Military Spouse,* focuses on the military spouses' barriers to seeking mental health care, solutions to these barriers, and self-care practices. Session 2, entitled *Supporting Your Service Member's Mental Health and Well-Being,* addresses Service members' barriers to care and teaches military spouses suicide prevention skills. Facilitators are asked to schedule Session 2 at least 1 month after Session 1 to account for partial content overlap (e.g., a practice call to Military OneSource is included in both sessions) and training fatigue. Both sessions consist of six key components:

1. *Introduction and Overview*: facilitator makes a warm introduction, including why REACH-Spouse is personally important to them, and provides an overview of the session and its purpose.

2. *Unique Challenges:* facilitator engages participants in a conversation about the unique challenges of being a military spouse (Session 1) or a Service member (Session 2), and how these challenges can be overcome by reaching out for help proactively.

3. *Barriers to Seeking Mental Health Care:* facilitator guides participants through an interactive discussion about barriers to seeking mental health care. In Session 1, this discussion focuses on military spouses' barriers to care, namely: (a) lack of awareness of available resources, (b) concerns about stigma associated with seeking help, (c) fear of negative impact on the Service member's career, and (d) practical concerns, such as childcare and the difficulty of scheduling appointments. In Session 2, the discussion focuses on the top four barriers to care for Service members, adapted from the 2018 Status of Forces Survey of Active Duty Members, that stop military personnel from reaching out for help (OPA, 2019). These barriers include: (a) preference for self-reliance, (b) perception of being "broken," (c) negative career impact, and (d) not knowing which resources to use.

4. *Practice Call to Military OneSource:* participants make a group practice call to Military OneSource. The practice call, which only takes 5 minutes, is designed to demonstrate to military spouses how easy it is to call this resource for help with any of their problems or their Service member's military life-related problems. It is also designed to build confidence about using Military OneSource in the future.

5. *Self-Care or Suicide Prevention Skills:* facilitator teaches participants some essential self-care skills in Session 1 or suicide prevention skills using QPR and role-play in Session 2.

6. *Takeaways and Resources Handout:* participants share key takeaways from the REACH-Spouse session and receive a copy of the Resources Handout; they also interact with any resources (e.g., Chaplain, MFLC) present in the room.

Current Study

Before the current field test, there had been no comprehensive assessment of the effectiveness of REACH-Spouse in reducing military spouses' perceived barriers to care and increasing positive intentions to seek help. Version 1 of the instructional materials was finalized in 2021 and uploaded on the Military OneSource website. Individuals interested in becoming a REACH-Spouse facilitator could access and review the materials, but there was no standardized process for training new facilitators.

In 2022, in response to a request from MC&FP, PERSEREC initiated the two-phase field test of REACH-Spouse, described in this report, to evaluate its effectiveness before broader expansion through DoD. In Phase 1, researchers recruited 12 REACH-Spouse facilitators across the Army, Navy, Marine Corps, and Air Force to lead a REACH-Spouse session with military spouses in their community. For the purposes of the field test, the research team developed facilitator instructions explaining how to prepare to lead REACH-Spouse sessions. Researchers conducted coaching meetings with each facilitator, observed their REACH-Spouse session in-person, and subsequently interviewed them one-on-one. Interview questions addressed optimal strategies for recruiting

military spouses for REACH-Spouse sessions, successful approaches for engaging spouses, and training recommendations for new REACH-Spouse facilitators. PERSEREC then used the Phase 1 observational and interview findings to revise the REACH-Spouse facilitator training processes and program materials. In Phase 2, researchers recruited 38 facilitators across the services to receive facilitator training, lead at least one REACH-Spouse session each, and collect evaluation data from military spouse attendees. The research questions addressed in the field test were as follows:

Phase 1 Research Questions

1. Which participant recruitment strategies resulted in the highest participant turnout?
2. Which participant engagement strategies proved to be the most effective during the REACH-Spouse session?
3. How can the REACH-Spouse facilitator training process and instructional materials be improved to effectively support new facilitators?

Phase 2 Research Questions

4. Did facilitators find the revised REACH-Spouse facilitator training useful?
5. Did the REACH-Spouse facilitator training adequately prepare facilitators to lead REACH-Spouse sessions with others?
6. Did REACH-Spouse increase participants' knowledge of available resources?
7. Did REACH-Spouse reduce participants' perceived barriers to seeking help?
8. Did REACH-Spouse increase participants' willingness to access resources?
9. Did REACH-Spouse influence participants' attitudes toward the importance of self-care?
10. Did REACH-Spouse increase participants' knowledge of Service members' barriers to care?
11. Did REACH-Spouse increase participants' willingness to discuss both their own mental health challenges and those of their Service member?
12. Did REACH-Spouse increase participants' willingness to use the QPR technique with their Service member?
13. Were REACH-Spouse participants willing to recommend REACH-Spouse to other military spouses?

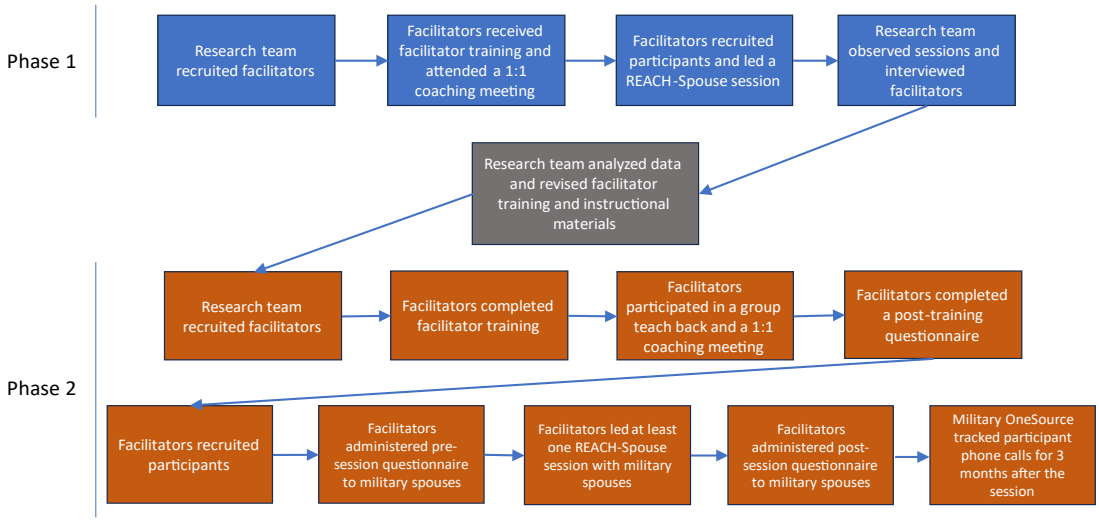
Method

This section describes the methodology used to carry out the current two-phase REACH-Spouse field test. Figure 1 depicts the study procedure and timeline for Phases 1 and 2. In Phase 1, researchers recruited 12 REACH-Spouse facilitators from five U.S. military installations and Kentucky Army National Guard. After going through facilitator training, each facilitator subsequently conducted one REACH-Spouse session with a group of military spouses from their installation, totaling 62 spouses across 12 sessions. Researchers observed the sessions and conducted interviews with facilitators to gather feedback on which participant recruitment and engagement strategies they found most effective, and what improvements they recommended to make to REACH-Spouse facilitator training processes and instructional materials.

In Phase 2, the research team recruited 38 facilitators from 20 installations across the U.S. to receive facilitator training and subsequently lead REACH-Spouse sessions with military spouses. Facilitators completed a satisfaction questionnaire assessing the quality and completeness of the training they received. The team used a one-group pretest-posttest design to evaluate the effectiveness of REACH-Spouse in a sample of 140 military spouses[2] who attended REACH-Spouse sessions. Researchers also collaborated with the Military OneSource Call Center to collect data on the number of phone calls made by REACH-Spouse participants to Military OneSource after their session. The following sections describe these data collection procedures in detail.

[2] Although a total of 140 participants originally attended a REACH-Spouse session, only 88 individuals completed both the pre and the post-REACH-Spouse questionnaires. These 88 individuals comprised the analytic sample subsequently used for analysis of military spouse questionnaire data.

Figure 1
Study Procedure and Timeline



Phase 1

The objective of Phase 1 was to pilot the REACH-Spouse instructional materials developed in 2021 (i.e., Facilitator's Manual, REACH-Spouse session slides, Resources Handout, and sample session videos) with the goal of identifying the most effective approach to training new REACH-Spouse facilitators. After piloting the REACH-Spouse instructional materials in Phase 1 and gathering valuable insights from facilitators' experiences, the team developed a robust process for training new facilitators participating in Phase 2 of the study. The following sections describe the research team's approach to recruiting, training, and collecting data from Phase 1 facilitators.

Phase 1 Facilitator and Participant Recruitment

Between November 2022 and February 2023, researchers recruited 12 facilitators from six installations across the contiguous United States, primarily through the team's network of volunteers who participated in previous REACH studies. These facilitators were military spouses, command leaders, suicide prevention program managers, and community counselors. As shown in Table 1, they were from Army, Navy, Marine Corps, and Air Force installations and Kentucky Army National Guard.

Facilitators were asked to recruit 5-10 military spouse participants for their REACH-Spouse sessions. They were encouraged to use various outreach methods, including person-to-person communication, mass emails, social media, command communications, and community events. Ultimately, Session 1 and Session 2 facilitators recruited a convenience sample of 62 military

spouses, with each session including anywhere from one to 11 participants. An essential requirement during the recruitment process was to ensure that military spouses who sign up for Session 1 are not also asked to attend Session 2 and vice versa. Despite the research team's request that the same participants not attend both sessions, some facilitators invited the same individuals to participate in both REACH-Spouse Session 1 and Session 2.

Table 1

List of Phase 1 Participating Installations

	Facilitators		Session 1 Military Spouse Participants		Session 2 Military Spouse Participants	
Participating Installation	***n***	***%***	***n***	***%***	***n***	***%***
Cannon Air Force Base	2	16.67	10	32.25	10	32.25
Fort Irwin	2	16.67	11	35.48	5	16.12
Joint Base Lewis-McChord	2	16.67	4	12.90	9	29.03
Kentucky Army National Guard	2	16.67	1	3.22	1	3.22
Marine Corps Air Station Beaufort	2	16.67	2	6.45	2	6.45
Naval Air Weapons Station China Lake	2	16.67	3	9.67	4	12.90
Total	12	100.0	31	100.0	31	100.0

Phase 1 Facilitator Training Process

Facilitator training consisted of multiple steps, including a welcome meeting, a self-guided review of REACH-Spouse instructional materials, and a one-on-one coaching meeting with a trained team member. Facilitators first received a link to a welcome video and a document with accompanying instructions outlining the field test goals and participation requirements. Following this, they attended a virtual welcome meeting with the field test team, where they selected whether to facilitate Session 1 or 2[3] and received guidance on how to prepare for the session they selected. After the welcome meeting, facilitators independently reviewed the REACH-Spouse Facilitator's Manual and REACH-Spouse session slides and watched a 1-hour session demonstration video with the manual on hand. The team encouraged facilitators to take notes during this process.

Once the self-study was complete, each facilitator attended a virtual one-on-one coaching meeting with a member of the REACH-Spouse research team. During this session, facilitators were asked to present a few slides while the coach assumed the role of a prospective participant. After each slide, the coach provided feedback on facilitator's tone, content mastery, and suggestions for additional practice. At the end of the coaching meeting, the coach addressed any questions from the facilitator and reviewed their progress with participant recruitment. All facilitators received a certificate of completion following their coaching meeting.

[3] Given that each installation had two facilitators, the selection process involved considering personal comfort level with Session 1 or Session 2 topics, with each facilitator then opting for one session or the other.

Phase 1 Data Collection Measures

The research team developed separate observation forms for Session 1 and 2 to assess facilitator performance and spouse reactions during the REACH-Spouse sessions (see Appendix A). The fillable form included a list of major points for each slide, allowing observers to check whether the facilitator covered them, describe how they were received by the audience, and record the duration of each slide. The observation form also included questions concerning the session setting, noise level, seating arrangements, and overall atmosphere. Eight out of 12 sessions were observed in-person by one member of the study team, whereas six were observed by two members. Observers introduced themselves at the outset of the session, explained the field test purpose, and emphasized that they were conducting unobtrusive observation and were not recording any Personally Identifiable Information (PII) in their notes. Observers sat in the back of the room and did not participate in the discussion during the session.

After each REACH-Spouse session, one of the observers conducted a 1-hour interview with each of the 12 facilitators using a structured protocol designed to address the following questions (see Appendix B):

1. **How did you maximize participant recruitment?** The team was interested in learning about strategies facilitators used to recruit military spouses, recruitment strategies they found most effective, and suggestions they had for recruiting spouses who might not normally attend an event of this nature (i.e., those whose native language is not English).
2. **How did you maximize participant engagement?** The team was interested in learning about strategies facilitators used to maximize engagement during their session, engagement strategies they would recommend to other facilitators, and which portion(s) of the REACH-Spouse session were challenging to make engaging.
3. **How useful did you find the REACH-Spouse materials and training you received?** The team was interested in learning about whether facilitators considered their training sufficient, which REACH-Spouse instructional materials they found most beneficial, suggestions for improving the training process, and any additional recommendations facilitators may have had for improving the overall training experience for other facilitators.

Phase 1 Revisions to REACH-Spouse Instructional Materials and Facilitator Training

The research team conducted a content analysis of Phase 1 observational and interview data from Sessions 1 and 2 to identify key themes and inform revisions to REACH-Spouse materials and facilitator training procedures. The content analysis resulted in a list of seven recommended revisions to instructional materials and steps used to train facilitators, which the team subsequently incorporated into the version of materials field tested in Phase 2. A full list of these revisions can be found in the results section under *Phase 1 Revisions to Facilitator Training and REACH-Spouse Materials.*

Phase 2

The primary objective of Phase 2 was to evaluate REACH-Spouse effectiveness by assessing changes in military spouses' knowledge of resources, barriers to care, and willingness to seek help and discuss mental health with their Service member both before and after a REACH-Spouse session. A secondary goal was to gather feedback on the revised facilitator training procedures from participating facilitators. Phase 2 data collection, originally scheduled to conclude in August 2023, extended from June to October 2023 due to challenges encountered by facilitators in recruiting participants during the summer. The following sections describe the research team's approach to recruiting participants, training facilitators, and collecting evaluation data from both facilitators and military spouses.

Phase 2 Facilitator and Participant Recruitment

The research team recruited 38 volunteers to receive facilitator training and lead two REACH-Spouse sessions with military spouses in their community.[4] Researchers used a combination of strategies to identify Phase 2 facilitators, including advertising the opportunity to Phase 1 facilitators, conducting outreach to REACH facilitators from past field tests, collaborating with Fleet and Family Support Centers from Navy Region Southwest, and asking recruited REACH-Spouse facilitators to invite other interested individuals who are passionate about mental health and help seeking. As shown in Table 2, Phase 2 facilitators represented 19 distinct military installations, encompassing every Service branch except Space Force. Of those recruited, 33 were new facilitators and five were returning Phase 1 facilitators. Facilitators came from a variety of professional backgrounds, including community service specialists, community counselors, substance abuse specialists, violence prevention integrators, social advocacy clinical counselors, education services facilitators, victim advocates, community service directors, ombudsmen, ombudsman program coordinators, prevention specialists, work and family life consultants, community ready and resilient integrators, and soldier and family readiness specialists. Thirteen facilitators reported that they were also current military spouses.

Facilitators were asked to recruit 10-15 participants for each of their REACH-Spouse sessions. They were also advised that if a smaller number of military spouses sign up for the session, they should proceed with it. The research team provided facilitators with a Military Spouse Recruitment Guide. This guide was based on Phase 1 facilitator input, and it contained recommendations for how to use various installation outreach avenues, social media, and other channels to recruit military spouses. Importantly, the research team did not directly support participant recruitment for REACH-Spouse sessions—this responsibility fell on facilitators. Many of them used a variety of strategies, including social media campaigns, flyers, in-person meetings, phone calls, text messages, leadership communications to the installation, and announcements at installation events.

[4] The research team was originally in contact with 81 possible volunteers, but due to a combination of reassignments, changes in workload, or job transitions out of the DoD, the final number of participating volunteers who received a coaching meeting was 38.

An essential requirement during the recruitment process was to ensure that military spouses who sign up for Session 1, are not also asked to attend Session 2 and vice versa. This requirement was implemented to prevent any impact on participants' questionnaire responses in one session due to the content they encountered in another session. Facilitators were asked to report back to the research team how many participants attended their session. Based on reported numbers, there were 74 participants who attended Session 1 and 66 participants who attended Session 2, amounting to a combined total of 140 participants. There were 30 REACH-Spouse sessions held in total across facilitators, with 19 conducted for Session 1 and 11 conducted for Session 2.[5]

[5] The research team tracked 59 separate sessions scheduled by facilitators over the course of the field test, of which 30 were attended by at least one participant. Many facilitators canceled or rescheduled their sessions if there were no sign-ups. Several facilitators rescheduled multiple times without any spouses attending and then decided against holding future sessions due to recruitment challenges.

Table 2

*List of Phase 2 Participating Installations**

	Facilitators		Session 1 Military Spouse Participants		Session 2 Military Spouse Participants	
Participating Installations	***n***	***%***	***n***	***%***	***n***	***%***
Cannon Air Force Base	2	5.26	29	39.18	0	0.0
Ellsworth Air Force Base	3	7.90	1	1.35	28	42.42
Fort Belvoir	1	2.63	3	4.05	0	0.0
Fort Huachuca	1	2.63	0	0.0	0	0.0
Fort Irwin	1	2.63	4	5.40	0	0.0
Fort Novosel	1	2.63	0	0.0	2	3.03
Joint Base Lewis-McChord	1	2.63	0	0.0	0	0.0
Marine Corps Air Station Beaufort	3	7..90	6	8.10	0	0.0
Naval Air Station Fallon	2	5.26	0	0.0	0	0.0
Naval Air Station Lemoore	4	10.52	4	5.40	24	36.36
Naval Base Coronado	4	10.52	0	0.0	0	0.0
Naval Base San Diego	2	5.26	0	0.0	0	0.0
Naval Base Ventura County	2	5.26	5	6.75	3	4.54
Naval Station Great Lakes	1	2.63	5	6.75	0	0.0
Naval Support Activity Bethesda	2	5.26	11	14.86	0	0.0
Naval Support Activity Monterey – Naval Postgraduate School	2	5.26	1	1.435	0	0.0
Naval Support Activity Saratoga Springs	1	2.63	0	0.0	0	0.0
Naval Weapons Station Yorktown	1	2.63	0	0.0	0	0.0
Presidio of Monterey – Defense Language Institute Foreign Language Center	3	7.90	5	6.75	3	4.54
Other Virtual**	1	2.63	0	0.0	6	9.09
Total	38	100.0	74	100.0	66	100.0

*This list only includes installations where facilitators successfully completed their training in full; it excludes those unable to complete the training or who dropped out of the study.

**This category only includes those participants recruited via social media for virtual REACH-Spouse sessions held online and not through an installation.

After 3 months of active recruitment efforts, participant numbers by the end of August 2023 were considerably below 10-15 participants per session, totaling only 50 individuals across Sessions 1 and 2. Facilitators attributed the low session attendance to a busy summer schedule for many military families, childcare challenges, and frequent Permanent Change of Station (PCS) moves. To address this issue, the team took several steps to boost recruitment. First, the team gradually pushed back the field test end date from end of August 2023 to the end of October 2023 to better accommodate military spouses' summer schedules. Secondly, starting in August, the team worked with several

facilitators on scheduling virtual REACH-Spouse sessions accessible to all military spouses irrespective of their physical location. Thirdly, beginning in September, the team utilized various military spouse Facebook groups for recruitment. After securing permission from group administrators, a team member shared posts advertising virtual REACH-Spouse sessions offered by select facilitators in September and October 2023.

Phase 2 Facilitator Training Process

Phase 2 facilitator training resembled the process used for training new facilitators in Phase 1, with two key exceptions. Like before, facilitators watched the welcome video, read the written instructions, attended a welcome meeting, reviewed the Facilitator's Manual and REACH-Spouse session slides, and watched the demonstration video associated with their session. In addition, they practiced presenting the slides using the newly developed REACH-Spouse Practice Checklist, which listed key points to cover on each slide and provided helpful tips on how to engage their audience. They also attended a virtual teach back shortly after completing the self-study process administered in a group format. Ahead of the teach back, facilitators were asked to prepare to deliver two slides in front of other facilitators and select members of the research team. Following their presentations, facilitators received constructive feedback from the research team and supportive input from their peers. Only the new REACH-Spouse facilitators (*n* = 34 out of 38) were asked to attend the teach back, as returning facilitators already gained extensive practice experience in Phase 1.

After the teach back, facilitators attended a one-on-one coaching meeting with a trained member of the research team. Similar to Phase 1, this session enabled facilitators to practice presenting slides in a supportive environment and receive feedback on their tone and content mastery. At the end of the coaching meeting, the coach answered facilitators' questions and reviewed their progress with participant recruitment. Finally, all new Phase 2 facilitators received a certificate of completion after attending their coaching meeting.

Phase 2 Data Collection Measures

The research team used a mix of methods to collect evaluation data from Phase 2 facilitators and REACH-Spouse session participants. Specifically, the team used a questionnaire to assess facilitators' satisfaction with the training they received, and questionnaires, phone call data, and researcher observations to evaluate the effectiveness of REACH-Spouse in military spouses.

Facilitator Questionnaire. At the conclusion of the coaching meeting, each facilitator filled out a 30-item questionnaire to assess the usefulness and effectiveness of the REACH-Spouse facilitator training, as well as their willingness to recommend it to others (see Appendix C). Three additional open-ended questions inquired about what facilitators liked most about the training, what they liked least, and how REACH-Spouse could be utilized at their installation. The research team

collected 34 completed questionnaires from the 38 participating facilitators.[6] The facilitator questionnaire didn't collect names from participants and addressed the following topics:

- *Background Characteristics* (7 items)*:* Facilitators reported their (a) gender, (b) education, (c) military component they primarily serve, (d) Service branch they primarily serve, (e) current role, (f) past presentation experience, and (g) session they planned to facilitate.
- *Overall Utility* (3 items)*:* Facilitators used a five-point scale to rate their (a) familiarity with the topics and skills covered in the REACH-Spouse program, and (b) perceived utility of the training. The five-point Likert scale included response options ranging from 1 ("Strongly disagree") to 5 ("Strongly agree").
- *Training Component Utility* (12 items): Facilitators rated each component of the REACH-Spouse facilitator training (e.g., welcome meeting, written instructions, one-on-one coaching meeting, etc.) in terms of its usefulness for leading their own REACH-Spouse session. The five-point Likert scale included response options ranging from 1 ("Not at all useful") to 5 ("Extremely useful"). An additional open-ended question asked facilitators what content should have been included in the REACH-Spouse training that was not.
- *Training Effectiveness* (4 items): Facilitators rated the extent to which the training they received increased their confidence in discussing mental health, showing participants how to access resources, using motivational interviewing techniques[7], and discussing the importance of self-care (Session 1) or teaching QPR to others (Session 2). They also rated the extent to which facilitator training adequately prepared them to lead REACH-Spouse sessions, and whether they would recommend it to others. The five-point Likert scale included response options ranging from 1 ("Strongly disagree") to 5 ("Strongly agree").
- *Recommending REACH-Spouse Facilitator Training to Others* (1 item): Facilitators rated whether they would be likely to recommend the REACH-Spouse facilitator training to others. The five-point Likert scale included response options ranging from 1 ("Strongly disagree") to 5 ("Strongly agree").
- *Open-Ended Questions* (3 items)*:* Facilitators reported what they liked most and least about REACH-Spouse, and shared their thoughts on how REACH-Spouse can be utilized at their installation.

Spouse Questionnaires. REACH-Spouse participants completed two questionnaires, one at the beginning and one at the end of the REACH-Spouse session (refer to Appendices D and E, respectively), to assess changes in their knowledge of resources, barriers to care, willingness to

[6] Researchers excluded two participants questionnaires from data analysis due to incomplete questionnaires and one response due to a series of answers inconsistent with others, indicating a potential misunderstanding by the facilitator. Additionally, one facilitator couldn't complete the questionnaire after the coaching meeting, and the research team was unable to reach them for follow-up.

[7] Motivational interview techniques are tools facilitators can employ during their session to enhance participant engagement. These techniques encompass asking open-ended questions, affirming participants' experiences, engaging in reflective listening to restate their perspective, and summarizing the information shared by participants.

access resources (Session 1), importance of self-care (Session 1), and willingness to discuss mental health and use QPR with their Service member (Session 2). Separate pre- and post-session questionnaires were developed for Sessions 1 and 2.

During the coaching meeting, facilitators were instructed to set aside 10 minutes at the beginning and end of their REACH-Spouse session to administer two electronic questionnaires hosted on the Verint Enterprise Feedback Management (EFM) platform. Participants could access the questionnaires through a QR code or regular hyperlink. No PII was collected, and researchers utilized participant responses to six matching identification questions on both questionnaires to match their responses. On both questionnaires, participants were prompted with a question asking them whether their session “has not yet begun” or “just finished” to identify whether the questionnaire was a pre or a post-session questionnaire. Following that, respondents were prompted to provide the name of their facilitator and to respond to five identifying questions, such as "What is the name of your favorite sports team?” Subsequently, an analyst matched identical pre-session and post-session responses to these five questions. To ensure quality assurance, the analyst checked the accompanying time stamp to ensure a pre-questionnaire response preceded a post-questionnaire response.

There was a total of 88 matched pairs of pre- and post-session questionnaire responses included in the analytic sample, with 47 matched questionnaires from Session 1 respondents, and 41 matched questionnaires from Session 2 respondents. Responses without an obvious match were excluded from the analysis. Analysts could not find an obvious match for 18 responses from Session 1, and 24 responses from Session 2, as they consisted of either a single pre-session or a single post-session questionnaire response.

Session 1 Questionnaires. Session 1 pre- and post-session questionnaires consisted of 20 items designed to assess whether participants, as a result of attending a REACH-Spouse session, experienced an increase in their knowledge of resources, a reduction in their barriers to care, and a positive shift in their attitudes toward seeking help. Two additional open-ended questions sought participants' feedback on what they liked most about the REACH-Spouse session and suggestions for improvement. The Session 1 pre- and post-session questionnaires addressed the following topics:

- *Demographics* (7 items)*:* Participants reported their (a) gender, (b) education, (c) employment status, (d) current installation, (e) military component, (f) Service branch, and (g) nature of affiliation with their Service member.
- *Knowledge of Resources* (1 item): Participants rated their level of familiarity with nine different resources discussed in REACH-Spouse Session 1. The four-point Likert scale included response options ranging from 1 (“I am not familiar with this resource”) to 4 (“Very familiar”). The identified resources ranged from Chaplains and Enlisted Religious Affairs Personnel to behavioral health providers and emergency room.
- *Perceptions of Barriers to Care* (4 items): Participants rated the extent to which four distinct barriers to care, discussed in REACH-Spouse Session 1, may affect their decision to seek mental health counseling or services if they encountered a problem. The five-point Likert scale included

response options ranging from 1 (“Strongly disagree”) to 5 (“Strongly agree”). The identified barriers to care were: (a) worries that seeking help would adversely affect their Service member’s career, (b) practical concerns, such as lack of time (c) not knowing where to get help, and (d) concerns about stigma.

- *Willingness to Access Resources* (2 items)*:* Participants rated their likelihood of accessing Military OneSource for future concerns and their likelihood of using 13 distinct resources in the event a stressful life situation. The five-point Likert scale included response options ranging from 1 (“Strongly disagree”) to 5 (“Strongly agree”). The identified resources included Chaplains, mental health professionals at civilian and military facilities, crisis lines, MFLCs, mental health mobile apps, friends, parents, someone in Service member’s chain of command, and Service member spouse.
- *Willingness to Discuss Mental Health* (1 item)*:* Participants rated the extent to which they would feel comfortable discussing their mental health challenges. The five-point Likert scale included response options ranging from 1 (“Strongly disagree”) to 5 (“Strongly agree”).
- *Importance of Self-Care* (2 items): Participants rated the extent to which self-care was important for their mental health and well-being. The five-point Likert scale included response options ranging from 1 (“Strongly disagree”) to 5 (“Strongly agree”).
- *Recommending REACH-Spouse to Others* (1 item): Participants rated whether they would be likely to recommend REACH-Spouse to others. The five-point Likert scale included response options ranging from 1 (“Strongly disagree”) to 5 (“Strongly agree”).
- *Open-Ended Questions* (2 items): Participants reported what they liked most about REACH-Spouse, and whether they had any suggestions for improvement.

Session 2 Questionnaires. Session 2 pre- and post-session questionnaires consisted of 19 items designed to evaluate whether participants, as a result of attending a REACH-Spouse session, reported an increase in their knowledge of resources and awareness of their Service member’s barriers to care, and were more likely to discuss mental health and use QPR with their Service member. Two additional open-ended questions sought participants' feedback on what they liked most about the REACH-Spouse session and suggestions for improvement. The Session 2 pre- and post-session questionnaires addressed the following topics:

- *Demographics* (7 items)*:* Participants reported their (a) gender, (b) education, (c) employment status, (d) current installation, (e) military component, (f) Service branch, and (g) nature of affiliation with their Service member.
- *Knowledge of Resources* (1 item): Participants rated their level of familiarity with nine different resources, discussed in REACH-Spouse Session 2. The four-point Likert scale included response options ranging from 1 (“I am not familiar with this resource”) to 4 (“Very familiar”). The identified resources ranged from Chaplains and Enlisted Religious Affairs Personnel to behavioral health providers and emergency room.
- *Knowledge of Service Members’ Barriers to Care* (4 items)*:* Participants rated their knowledge of four distinct barriers to care, discussed in REACH-Spouse Session 2, that may stop Service

members from seeking help. The four-point Likert scale included response options ranging from 1 (“I know nothing about this barrier”) to 5 (“I know a lot about this barrier”). The identified barriers to care were: (a) preference for self-reliance, (b) worries about being seen as broken by others (c) fear of negative career impact, and (d) not knowing which resource to use.

- *Willingness to Discuss Mental Health with Service Member* (1 item)*:* Participants rated the extent to which they would feel comfortable discussing their Service member’s mental health challenges with them. The five-point Likert scale included response options ranging from 1 (“Strongly disagree”) to 5 (“Strongly agree”).
- *Willingness to use QPR method* (3 items)*:* Participants rated their willingness to use the three steps of the QPR technique in a situation where their Service member is acting in a concerning manner and their behavior is not improving. The five-point Likert scale included response options ranging from 1 (“Strongly disagree”) to 5 (“Strongly agree”).
- *Recommending REACH-Spouse to Others* (1 item): Participants rated whether they would be likely to recommend REACH-Spouse to others. The five-point Likert scale included response options ranging from 1 (“Strongly disagree”) to 5 (“Strongly agree”).
- *Open-Ended Questions* (2 items): Participants reported what they liked most about REACH-Spouse, and whether they had any suggestions for improvement.

Military OneSource Phone Call Tracking. The gold standard of program evaluation involves assessing behavior change as a key indicator of the program's effectiveness (Kirkpatrick et al., 2016). Therefore, the research team was also interested in examining whether military spouses who attended a REACH-Spouse session subsequently used the resources they learned about. One such resource was Military OneSource, as all sessions involved a demonstration call made jointly by the facilitator and members of the audience. The team partnered with MC&FP to develop a comprehensive protocol for collecting Military OneSource call data solely from REACH-Spouse field test participants. Researchers shared a list of participating installations with the Military OneSource Call Center, which used it to identify incoming calls from military spouses associated with installations on the list.

If the Military OneSource triage consultant identified a caller as a military spouse from a participating installation, the consultant followed a protocol script to ask the caller a series of questions to confirm their participation in a prior Phase 2 REACH-Spouse session. The triage consultant began by inquiring whether the caller had attended a REACH-Spouse session previously, offering response options of "Yes," "No," or "Unsure." If respondents selected "Unsure," the consultant provided a reminder of what REACH-Spouse entailed and then asked the question again. If the respondent remained uncertain, the consultant reiterated the months during which REACH-Spouse sessions occurred. If the respondent still couldn't confirm either "Yes" or "No," they were categorized as "Unsure." After confirming participation and recording when the session occurred, in the final step, the triage consultant inquired whether the caller's contact was a result of attending a REACH-Spouse session. At the conclusion of the screening protocol, the triage consultant transitioned to the normal call script employed for handling calls to Military OneSource.

This data collection process was employed for a period of 3 months following each participant's REACH-Spouse session. At the conclusion of the data collection period, the MC&FP team provided the research team with de-identified call data. The research team performed additional quality assurance checks on the data to minimize false positives. For each "Yes" response, an analyst cross-referenced the date of the session and the corresponding installation with a known list of REACH-Spouse sessions. The analyst also verified that the call to Military OneSource occurred on or after the date of the session held at that installation.

REACH-Spouse Session Observation. As in Phase 1, the team observed several REACH-Spouse sessions to assess facilitator performance and spouse reactions. They utilized the Phase 1 observation form, shown in Appendix A, with minor adjustments to align with content modifications implemented after Phase 1. In total, the team observed four virtual sessions and three in-person REACH-Spouse sessions.

Phase 2 Revisions to REACH-Spouse Instructional Materials and Facilitator Training

The research team conducted a content analysis of the Phase 2 open-ended questionnaire and observation data to identify key themes and inform revisions to REACH-Spouse materials and facilitator training procedures. The content analysis yielded minor revisions to the instructional materials, which were subsequently integrated into the final and third version of REACH-Spouse materials, subsequently released to MC&FP. A full list of these revisions can be found in the results section under *Phase 2 Revisions to Facilitator Training and REACH-Spouse Materials.*

Results

This section presents the results from the qualitative and quantitative analyses of facilitator and military spouse participant data collected in Phases 1 and 2. Researchers used these results to inform revisions to the facilitator training procedures and instructional materials for facilitators and assess the effectiveness of REACH-Spouse.

Phase 1 Results

Researchers conducted a content analysis of Phase 1 interview and observational data to identify effective participant recruitment and engagement strategies and to inform improvements to the REACH-Spouse facilitator training procedures and instructional materials. The results of this analysis are described in detail below.

Demographic Characteristics of Phase 1 Facilitators

As shown in Table 3, the team recruited and trained 12 facilitators from six military installations to lead their own REACH-Spouse sessions. The majority of facilitators were female (91.6%) and almost half (41.6%) supported Army spouses as part of their professional role. Across Service branches, most facilitators (83.3%) worked with spouses of active duty Service members in various roles, including military spouse, community service specialist, victim advocate, clinical supervisor, community counselor, substance abuse program manager, family readiness counselor, and executive officer.

Table 3

Phase 1 Facilitator Characteristics

Variable	*n*	%
Gender		
Male	1	8.33
Female	11	91.66
Service Branch Served		
Army	5	41.66
Navy	2	16.66
Air Force	3	25.0
Marine Corps	2	16.66
Component Served		
Active Duty	10	83.33
Reserve/National Guard	2	16.66
Role		
Military Spouse	3	25.0
Community Service Specialist	2	16.66
Victim Advocate	2	16.66
Clinical Supervisor	1	8.33
Clinical Counselor	1	8.33
Substance Abuse Program Manager	1	8.33
Family Readiness Counselor	1	8.33
Executive Officer	1	8.33
Total	12	100.0

Research Question #1: Which Participant Recruitment Strategies Resulted in the Highest Participant Turnout?

When asked about the most effective strategies for recruiting spouses, facilitators cited leadership buy-in and personal communication most commonly. Engaging with leadership, especially commanders and first sergeants, proved to be effective, as their endorsement increased the visibility and prospective value of REACH-Spouse for the larger installation community. Additionally, leadership has access to various recruitment and marketing resources, such as community calendars, social media, and installation-wide listservs, enabling quick and easy outreach to a broad audience. Finally, leadership could assist with

Quotes on Boosting Participant Recruitment

"We need to go where spouses are, where they are comfortable with us…"
- **Session 1 Facilitator**

"Some of the ones who showed up do not usually attend things like this. I individually texted each spouse."
- **Session 2 Facilitator**

coordinating convenient facilities and other amenities for hosting REACH-Spouse sessions, thereby increasing the likelihood of a higher participant turnout.

Facilitators also emphasized the significance of personal communications over impersonal methods. While social media can quickly disseminate information, it does not consistently translate into increased attendance. Personalized outreach, such as phone calls and text messages, emerged as the most effective methods for boosting session attendance.

When asked about engaging spouses who may not typically attend social events, facilitators acknowledged that recruiting this population poses a major challenge. They suggested that orientation events might prove effective in reaching harder-to-recruit individuals or communities. Facilitators also suggested other ideas such as "plus one" sessions, allowing close family or friends of Service members to attend a session with their spouse. Another suggestion included organizing virtual REACH-Spouse sessions, particularly after-hours, to accommodate busy work and life schedules.

Finally, all facilitators acknowledged the challenge of childcare as a barrier to participant recruitment. They proposed engaging with leadership to give Service members a day off to watch their children while their spouse attends a REACH-Spouse session, providing childcare during sessions in an adjacent facility, and scheduling sessions for later in the evening.

Research Question #2: Which Participant Engagement Strategies Proved to be the Most Effective During the REACH-Spouse Session?

When asked about strategies for generating engagement, facilitators identified personal stories of overcoming challenges, showing familiarity with resources and incorporating hands on exercises as the most effective approaches. The inclusion of personal stories and examples made the entire REACH-Spouse session more personable and relevant to spouses. These stories often drew on the rich experiences of being a military spouse or working closely with military spouses.

Facilitators also observed that demonstrating familiarity with specific resources by answering questions about them helped build up their expertise and credibility.

When participants shared a negative experience with a resource, facilitators found it helpful to use their motivational interviewing skills to validate the spouse's perspective while simultaneously reaffirming the importance of reaching out for help and not suffering in silence.

Quotes on Maximizing Participant Engagement

"The spouses found all of it engaging. They wanted to talk a lot. I skipped some parts that we already discussed because of time."
- Session 1 Facilitator

"The challenges and barriers were a little rough at first, and I think I changed the question a little bit and that got them engaged a little more."
- Session 2 Facilitator

Lastly, facilitators observed high levels of engagement from the audience during the group practice call to Military OneSource and QPR portions of the session.

Many facilitators noted that the 90-minute time limit posed a challenge in covering all key session topics while maintaining consistent engagement from the audience. Many participants were eager to contribute to the discussion by sharing personal experiences. Consequently, facilitators proceeded slowly initially to allow everyone to voice their input, leaving less time at the end of the session to address remaining topics. As a result, those with limited time at the end had to speed up their pace significantly, skip slides entirely to stay on schedule, or extend their sessions well beyond the scheduled time. Researchers observing the sessions noted that 10 out of 12 sessions ran over time. The team also observed a decline in discussion and engagement during the latter half of some facilitators' sessions.

Research Question #3: How Can the REACH-Spouse Facilitator Training Process and Instructional Materials be Improved to Effectively Support New Facilitators?

All facilitators found the instructional materials useful, with only a few offering suggestions for improvement during their interviews. Specifically, facilitators found the Facilitator's Manual, demonstration videos, and REACH-Spouse slides very helpful for their preparation. Facilitators felt adequately equipped for success, although some said they regretted not studying more ahead of time. One facilitator expressed the need for two coaching meetings. Another facilitator noted that although the QPR technique was one of the most important topics covered in Session 2, its placement at the end deemphasized its importance. The same facilitator suggested either emphasizing QPR content more throughout the session or moving it up earlier to elevate its importance.

Quotes on Revisions to Training Processes and Materials

"The video, script in the manual and resource handout were great."
-Session 1 Facilitator

"QPR should be more front and center. It's one of the most important slides. The practice call was powerful because they [spouses] get to do it. … I think there should be a QPR role-playing scenario."
- **Session 2 Facilitator**

While observing REACH-Spouse sessions, the research team identified several areas for improvement in facilitator training procures and instructional materials. First, researchers observed that in Session 2 facilitators tended to go through QPR rather quickly, and when they did cover it, it felt rushed, because they were often nearing the end of the session. Second, many facilitators began their sessions after the scheduled start time to accommodate latecomers or spent a lot of time on initial introductions, resulting in time pressure later. Third, some facilitators missed the opportunity to build rapport with their audience by sharing a personal story in the beginning of the session. Fourth, some facilitators did not download or try out the recommended apps ahead of time, often deferring to the manual when asked questions about them later. Fifth, facilitators tended to quickly move through or skip the Military OneSource testimonial slide in Session 2.

Phase 1 Revisions to Facilitator Training and Instructional Materials

Before starting Phase 2, the research team revised facilitator training and instructional materials based on Phase 1 findings. These revisions are described in detail below. Version 2 of the updated procedures and materials was then utilized in Phase 2.

Summary of Phase 1 Revisions

1. Developed a Military Spouse Recruitment Guide
2. Extended REACH-Spouse session length to 2 hours
3. Enhanced effectiveness of QPR instruction
4. Reminded facilitators to share a personal story and download mobile apps
5. Created a REACH-Spouse Practice Checklist
6. Incorporated a teach back
7. Removed the Military OneSource testimonial slide

1. The research team developed a Military Spouse Recruitment Guide designed to serve as a repository of best practices for recruiting participants, as shared by facilitators during Phase 1 of the field test. This resource includes guidance on utilizing the Family Readiness System and installation resources to recruit participants, leveraging social media, understanding session scheduling considerations, along with a recruitment flyer, sample social media posts, and sample elevator pitches for installation leadership.
2. The research team extended the length of REACH-Spouse sessions by 30 minutes, making the total session time 2 hours. Additionally, language was added to the Facilitator's Manual recommending that facilitators arrive 30 minutes early to ensure a timely start and reserve the room for a full 3 hours, reducing pressure to wrap up sessions early if they approach the end of the scheduled time.
3. Researchers revised the facilitator training and instructional materials to enhance the effectiveness of QPR instruction. The research team developed a role-play script to illustrate QPR steps in action in Session 2, featuring a conversation between a concerned spouse and a Service member. The script is intended to be enacted by the facilitator and a volunteer spouse or a resource representative attending the session, each taking on one of the two roles and reading the script aloud together. Following the role-play exercise, the audience should be given an opportunity to discuss their takeaways. The research team also revised their coaching procedures to include a review of the QPR content and its importance during the one-on-one coaching meeting with facilitators.
4. Researchers revised the Facilitator's Manual, procedures, and script for one-on-one coaching meetings to ensure that all facilitators practice opening the session with a short personal story related to reaching out for help or an explanation of why REACH-Spouse is personally important to them. Additionally, the coach reminded facilitators to download and explore the mobile apps covered in their assigned REACH-Spouse session, enabling them to speak from firsthand experience about their features when asked questions later.

5. Researchers developed a REACH-Spouse Practice Checklist for facilitators to use while they prepare to lead their first session. The checklist includes key points facilitators need to cover on each Session 1 and Session 2 slide and helpful tips for how to engage the audience. In addition to practicing on their own, facilitators can also use this checklist to practice in front of friends, family members, or co-workers who can track how closely they are covering the key points. The checklist also serves as a helpful tool for pacing, as it shows roughly how much time facilitators should spend on each slide.
6. The research team incorporated a group teach back into the facilitator training process. These sessions allow facilitators to practice presenting REACH-Spouse slides in a supportive environment and receive constructive feedback from both researchers and fellow facilitators. Conducted virtually and lasting approximately 1 hour, these sessions are designed to take place via an online meeting platform. Alternatively, they can be held in person if all participants are from the same military installation. Per the revised training procedures, facilitators should complete their teach back shortly before their one-on-one coaching meeting.
7. Researchers removed the Military OneSource testimonial slide from the Session 2 slides. Most facilitators skipped it or discussed it only for a few moments, therefore the team reasoned that it will be more beneficial to allocate more time to QPR and other important slides.

Phase 2 Results

Phase 2 data analyses examined whether facilitators found the revised REACH-Spouse facilitator training useful and whether the training adequately prepared them to lead REACH-Spouse sessions with military spouses. Additionally, Phase 2 analyses evaluated whether REACH-Spouse increased military spouses' knowledge of resources, reduced their barriers to care, increased their comfort with future help seeking, and increased their willingness to practice self-care and use the QPR technique with their Service member. Analyses leveraged responses to facilitator questionnaires, pre- and post-session participant questionnaires, observation forms, and Military OneSource phone call data, and are described in detail below. The research team used the Bonferroni correction to mitigate the risk of Type 1 (false positive errors).[8]

Demographic Characteristics of Phase 2 Facilitators and Participants

As shown in Table 4, the majority of Phase 2 facilitators were female (91.2%), most had a bachelor's degree (41.2%) or a master's degree (44.1%), and the majority supported Navy spouses (50.0%), followed by spouses from more than one branch (32.4%). Nearly all facilitators served active duty military families (97.1%) as part of their professional role, with just one serving the reserve component (2.9%). Facilitators had varied professional backgrounds, with most serving as an Education Services Facilitator (34.2%), Family Program/Community Program Specialist (14.7%),

[8] The research team calculated the Bonferroni-adjusted p-values separately for Sessions 1 and 2 by dividing 0.05 by the number of tests performed for each research question. Given the exploratory nature and small sample size of the study, researchers opted not to use the more conservative approach of dividing 0.05 by the total number of tests per session.

Mental Health Professional (14.7%), or Suicide Prevention Program Manager/Violence Prevention Integrator (8.5%). Military spouses accounted for 38.2% of participating facilitators. Most facilitators had extensive past presentation experience, with 76.4% reporting that they presented to a group more than 21 times. Finally, 18 (52.9%) facilitators selected to lead Session 1, while 16 (47.1%) selected to lead Session 2.

Table 4

Phase 2 Facilitator Characteristics

	Participating Facilitators	
Variable	***n***	**%**
Gender		
Male	3	8.82
Female	31	91.12
Education		
Less than high school	0	0
High school diploma/GED equivalent	0	0
Some college (no degree)	1	2.94
Associate's degree	1	2.94
Bachelor's degree	14	41.18
Master's degree	15	44.12
Doctoral degree	3	8.82
Service Branch Served		
Army	2	5.88
Navy	17	50.00
Air Force	2	5.88
Marine Corps	2	5.88
More than one branch served	11	32.35
Component Served		
Active Duty	33	97.05
Reserve/National Guard	1	2.94
Role [b]		
Chaplain or Religious Service Personnel	0	0
Education Services Facilitator	12	35.29
Family Advocacy Program Specialist	3	8.82
Family Program/Community Program Specialist	5	14.71
Mental Health Professional	5	14.71
Sexual Assault Response Coordinator/Victim Advocate	0	0
Service Member	0	0

Variable	Participating Facilitators	
	n	%
Military Spouse	13	38.24
Suicide Prevention Program Manager/Violence Prevention Integrator	3	8.82
Other	9	26.57
Presentation Experience		
1-5 times	3	8.82
6-10 times	3	8.82
11-15 times	0	0
15-20 times	2	5.88
≥ 21 times	27	79.41
Selected Session Number		
Session 1	18	52.94
Session 2	16	47.05
Total	34	100.0

[a] Facilitators could select multiple roles, so the percentages in this column may sum to more than 100%.

Based on reported numbers from facilitators, 74 participants attended Session 1, while 66 participants attended Session 2, totaling 140 participants across both sessions. Among these 140 military spouse participants, researchers were able to match pre- and post-session questionnaire responses for 88 individuals. Table 5 displays the background characteristics of military spouse REACH-Spouse session participants with matched questionnaires who attended Session 1 (*n* = 47) and Session 2 (*n* = 41).[9]

Women comprised the majority of Session 1 (100%) and Session 2 (85.3%) participants. Attendees of both sessions reported comparable levels of education, and more than half stated they held a bachelor's degree or higher. Session 1 participants were almost evenly split between being employed (46.8%) and unemployed (53.2%), while three quarters of Session 2 participants (75.6%) were employed. In Session 1, almost half of the attendees were affiliated with the Air Force (40.4%), followed by the Navy (31.9%), Army (14.9%), and Marine Corps (10.6%). In Session 2, the majority of attendees were from the Navy (51.2%) and Army (39%), with the Air Force accounting for 9.8%. All Session 1 participants were active duty. In Session 2, 36.6% of attendees were affiliated with the reserve component, and the remaining 63.4% were active duty. Finally, nearly all Session 1 participants were military spouses (97.8%). Session 2 participants were also mainly all spouses (90.2%), with the remaining attendees being either unmarried partners, friends, or other.

[9] Researchers received an additional 18 responses for Session 1 and 24 responses for Session 2 participants. However, these responses could not be matched as they consisted of either a single pre-session or a single post-session questionnaire response.

Table 5

Phase 2 REACH-Spouse Session Participant Characteristics

	Session 1 Participants		Session 2 Participants		Total Analytic Sample	
Variable	***n***	**%**	***n***	**%**	***n***	**%**
Gender						
Male	0	0.0	6	14.63	6	6.82
Female	47	100.0	35	85.37	82	93.18
Education						
Less than high school	0	0.0	0	0.0	0	0.0
High school diploma/GED equivalent	2	4.26	3	7.32	5	5.68
Some college	8	17.02	6	14.63	14	15.91
Trade or technical Certificate	2	4.26	0	0.0	2	2.27
Associate's degree	8	17.02	3	7.32	11	12.50
Bachelor's degree	17	36.17	15	36.59	32	36.36
Master's degree	10	21.28	11	26.83	21	23.86
Doctoral degree	0	0.0	1	2.44	1	1.14
Employment Status						
Employed	22	46.81	31	75.61	53	60.23
Not employed, by choice	24	51.06	9	21.95	33	37.50
Not employed, not by own choice	1	2.13	1	2.44	2	2.27
Service Member's Branch						
Army	7	14.89	16	39.02	23	26.14
Navy	15	31.91	21	51.22	36	40.91
Air Force	19	40.43	4	9.76	23	26.14
Marine Corps	5	10.64	0	0.0	5	5.68
Space Force	0	0.0	0	0.0	0	0.0
N/A	1	2.13	0	0.0	1	1.14
Service Member's Component						
Active Duty	47	100.0	26	63.41	73	82.95
Reserve/National Guard	0	0.0	15	36.59	15	17.05
Nature of Affiliation with Service Member						
Spouse	46	97.87	37	90.24	83	94.32
Unmarried partner	0	0.0	1	2.44	1	1.14
Parent	0	0.0	0	0.0	0	0.0
Relative	0	0.0	0	0.0	0	0.0
Friend	0	0.0	1	2.44	1	1.14

	Session 1 Participants		Session 2 Participants		Total Analytic Sample	
Variable	***n***	**%**	***n***	**%**	***n***	**%**
Other	0	0.0	1	2.44	1	1.14
N/A	1	2.13	1	2.44	2	2.27
Total	47		41		88	

Research Question #4: Did Facilitators Find the Revised REACH-Spouse Facilitator Training Useful?

As indicated in Table 6, facilitators reported a high level of prior familiarity with the topics covered in the REACH-Spouse program (*M* = 4.06 on a scale of 1-5, *SD* = 0.69). Despite this, they found the facilitator training to be very useful *(M* = 4.65 on a scale of 1-5, *SD* = 0.54).

Table 6

Facilitator Perceptions of Overall Utility of REACH-Spouse Facilitator Training

Questions	***N***	**Mean**	***SD***	**Median**	**Min**	**Max**
Before going through the REACH-Spouse facilitator training, I was already familiar with the topics and skills covered in the REACH-Spouse program.	34	4.06	0.69	4	2	5
I found the information in the REACH-Spouse facilitator training useful.	34	4.65	0.54	5	3	5

As shown in Table 7, facilitators identified the REACH-Spouse Facilitator's Manual, REACH-Spouse session slides, one-on-one coaching meeting, written instructions, and the Resources Handout as the most useful resources for preparing to lead a REACH-Spouse session, with ratings exceeding 4.5 on a scale from 1-5. Although the welcome video, which offered a high-level overview of what they were being asked to do, was rated least useful, it still received a high rating (*M* = 3.88, *SD* = 1.07, on a scale of 1-5).[10] The other facilitator training components all received high ratings of utility exceeding 4 on a scale from 1-5.[11] None of the facilitators suggested additional content for inclusion in the REACH-Spouse facilitator training, with some stating that no changes were needed and others expressing that the current training is sufficient.

[10] The welcome video was created exclusively for the purposes of the current study to aid facilitators in understanding the requirements for participating in the REACH-Spouse field test, therefore it was later excluded from the final instructional materials.

[11] Four facilitators were unavailable for a teach back, so their responses were excluded from the analysis of the teach back item.

Table 7

Facilitator Perceptions of Component Utility of REACH-Spouse Facilitator Training

Training Component	*N*	Mean	*SD*	Median	Min	Max
Welcome Meeting	34	4.06	0.98	4	1	5
Welcome Video	34	3.88	1.07	4	1	5
Written Instructions	34	4.59	0.56	5	3	5
Teach Back	30	4.43	0.94	5	1	5
One-on-One Coaching Meeting	34	4.65	0.60	5	3	5
REACH-Spouse Session Slides	34	4.68	0.53	5	3	5
Facilitator's Manual	34	4.71	0.52	5	3	5
Demonstration Video	34	4.35	0.88	5	2	5
Practice Checklist	34	4.24	0.92	4	1	5
Resources Handout	34	4.53	0.56	5	3	5
Military Spouse Recruitment Guide	34	4.12	0.98	4	2	5

Research Question #5: Did the REACH-Spouse Facilitator Training Adequately Prepare Facilitators to Lead REACH-Spouse Sessions with Others?

As shown in Table 8, the REACH-Spouse facilitator training adequately prepared facilitators to lead sessions with others, with most ratings exceeding 4.4 on a scale from 1-5. Specifically, facilitators reported feeling confident discussing mental health topics in small groups (*M* = 4.53, *SD* = .90), demonstrating how to access resources (*M* = 4.50, *SD* = .93), and employing motivational interviewing techniques to engage military spouses (*M* = 3.53, *SD* = .90) as a result of the training. Session 1 facilitators reported feeling confident discussing the importance of self-care with military spouses (*M* = 4.39, *SD* = .85), while Session 2 facilitators expressed confidence in teaching others how to use the QPR technique (*M* = 4.69, *SD* = .48). All facilitators felt strongly that the training adequately prepared them to lead a REACH-Spouse session with military spouses *(M* = 4.82, *SD* = 0.39). Finally, all also strongly agreed that they would recommend the REACH-Spouse facilitator training to others (*M* = 4.68, *SD* = .47).

Table 8

Facilitator Perceptions of REACH-Spouse Facilitator Training Effectiveness

Questions	*N*	Mean	*SD*	Median	Min	Max
As a result of the REACH-Spouse Facilitator Training, I feel ***more confident*** discussing the topic of mental health in a small group discussion.	34	4.53	0.90	5	1	5
As a result of the REACH-Spouse Facilitator Training, I feel ***more confident*** showing participants how to access resources (e.g., Military OneSource, Chaplains, local installation resources).	34	4.50	0.93	5	1	5
As a result of the REACH-Spouse Facilitator Training, I feel ***more confident*** using motivational interviewing techniques to engage spouses.	34	4.44	0.75	5	3	5
As a result of the REACH-Spouse Facilitator Training, I feel ***more confident*** discussing the importance of self-care with military spouses (Session 1 facilitators only).	18	4.39	0.85	5	2	5
As a result of the REACH-Spouse Facilitator Training, I feel ***more confident*** teaching others how to use the Question, Persuade, Refer (QPR) technique (Session 2 facilitators only).	16	4.69	0.48	5	4	5
The facilitator training I received adequately prepared me to lead a REACH-Spouse session with military spouses.	34	4.82	0.39	5	4	5
I would recommend the REACH-Spouse Facilitator Training to others.	34	4.68	0.47	5	4	5

Research Question #6: Did REACH-Spouse Increase Participants' Knowledge of Available Resources?

As shown in Table 9, REACH-Spouse Session 1 had a significant positive effect on participants' knowledge of all key nine resources discussed during the session, ranging from Chaplains and Enlisted Religious Affairs Personnel to behavioral health providers and mobile apps. Participants who attended Session 1 departed the session with significantly enhanced knowledge of these resources compared to the beginning of the session. The effect sizes, which quantify the magnitude of the knowledge increase, ranged from moderate to large[12].

[12]A Cohen's d of 0.2, 0.5, and 0.8 is considered a small, medium, and large effect size, respectively (Chen et al., 2010).

Table 9

Participant Change in Knowledge of Resources – Session 1

	Pre-REACH-Spouse [a]		Post-REACH-Spouse [b]					
Resource	***M***	***SD***	***M***	***SD***	***t***	***df***	***p****	***Cohen's d***
Chaplains and Enlisted Religious Affairs Personnel	2.74	1.01	3.32	0.78	4.76	46	<.001	0.69
Military/Veterans Crisis Line	2.41	0.93	3.13	0.69	5.65	45	<.001	0.83
Military OneSource	3.06	0.79	3.57	0.58	4.87	46	<.001	0.71
Military & Family Life Counselors (MFLCs)	2.96	0.91	3.45	0.65	3.92	46	<.001	0.57
Mental Health Clinic/Military Treatment Facility	2.61	1.04	3.17	0.76	3.53	45	<.001	0.52
Family Readiness System	2.96	1.01	3.46	0.58	4.12	44	<.001	0.61
Behavioral Health Providers	2.26	0.92	3.26	0.64	7.75	46	<.001	1.13
Emergency Room	2.98	0.94	3.38	0.57	3.36	46	0.001	0.49
Mobile Resilience Apps (e.g., Calm)	1.80	0.91	3.30	0.79	11.1	44	<.001	1.65

[a] $n = 47$; [b] $n = 47$.

*Bonferroni-adjusted p-value = 0.005556

Similarly, as shown in Table 10, REACH-Spouse Session 2 had a significant positive impact on participants' knowledge of all key resources discussed in that session. Session 2 participants departed with significantly improved knowledge of available resources compared to their baseline knowledge at the outset of the session. Once again, the effect sizes ranged from moderate to large.

Table 10

Participant Change in Knowledge of Resources – Session 2

	Pre-REACH-Spouse [a]		Post-REACH-Spouse [b]					
Resource	***M***	***SD***	***M***	***SD***	***t***	***df***	***p****	***Cohen's d***
Chaplains and Enlisted Religious Affairs Personnel	2.95	0.92	3.61	0.67	4.37	40	<.001	0.68
Military/Veterans Crisis Line	2.93	0.85	3.61	0.54	6.05	40	<.001	0.95
Military OneSource	3.02	0.91	3.65	0.62	5.61	39	<.001	0.89
Military & Family Life Counselors (MFLCs)	2.75	1.03	3.51	0.64	4.67	39	<.001	0.74
Mental Health Clinic/Military Treatment Facility	2.59	1.07	3.4	0.67	5.93	39	<.001	0.94
Family Readiness System	2.85	0.91	3.32	0.79	3.53	40	.001	0.55
Behavioral Health Providers	2.78	0.94	3.41	0.71	4.09	40	<.001	0.64
Emergency Room	2.93	0.98	3.49	0.71	4.01	40	<.001	0.63
Mobile Resilience Apps (e.g., Calm)	2.20	1.10	3.37	0.73	7.33	40	<.001	1.15

[a] $n = 41$; [b] $n = 41$.

*Bonferroni-adjusted p-value = 0.005556

Research Question #7: Did REACH-Spouse Reduce Participants' Perceived Barriers to Seeking Help?

As indicated in Table 11, REACH-Spouse Session 1 had a significant impact on alleviating one of the four barriers to care that might affect military spouses' willingness to seek help—specifically, the barrier related to not knowing where to get help. Participants in Session 1 reported significantly lower ratings for this barrier at the conclusion of the REACH-Spouse session compared to baseline. REACH-Spouse Session 1 did not lead to a significant decrease in participants' other barriers to care, such as worries about negative career impact, practical concerns, and the fear that others may think negatively of them if they seek help. Nonetheless, attendees left the session with reduced concerns about all of these barriers, supported by small effect sizes in the desired direction.

Table 11

Participant Change in Barriers to Care – Session 1

	Pre-REACH-Spouse [a]		Post-REACH-Spouse [b]					
Perceived Barriers to Care	***M***	***SD***	***M***	***SD***	***t***	***df***	***p****	***Cohen's d***
Negative career impact	2.09	0.88	1.79	0.81	-2.09	46	.042	-0.31
Practical concerns	2.96	1.38	2.79	1.27	-0.73	46	.467	-0.11
Lack of knowledge about resources	2.11	1.01	1.54	0.66	-3.31	45	.002	-0.49
Others may think negatively of me	2	0.93	1.81	0.80	-1.7	46	.095	-0.25

[a] $n = 47$; [b] $n = 47$.

* Bonferroni-adjusted p-value = 0.0125

Research Question #8: Did REACH-Spouse Increase Participants' Willingness to Access Resources?

As shown in Table 12, REACH-Spouse Session 1 had a significant positive impact on participants' willingness to use Military OneSource going forward. Attendees left the session with significantly greater openness to use this resource the next time they have a concern, as supported by a small effect size.

Table 12

Participant Change in Willingness to Use Military OneSource – Session 1

	Pre-REACH-Spouse [a]		Post-REACH Spouse [b]					
Predictor	***M***	***SD***	***M***	***SD***	***t***	***df***	***p***	***Cohen's d***
Willingness to use Military OneSource in the future	3.77	0.94	4.26	1.03	2.38	46	.021	0.35

[a] $n = 47$; [b] $n = 47$.

As shown in Table 13, REACH-Spouse Session 1 also had a significant positive impact on participants' willingness to utilize various other resources the next time they have a concern. These resources included Chaplains, the Military/Veterans Crisis Line, mental health mobile apps, and someone in their Service member's chain of command. Effect sizes corresponding to these increases varied from small for utilizing someone in their Service member's chain of command (Cohen's $d = .50$) to large for mobile apps (Cohen's $d = 1.02$). While the increase in willingness was not significantly higher for the remaining resources after applying the Bonferroni correction, all trends were in the correct direction, indicating that participants left the session feeling more inclined to use these resources the next time they have a concern.

Table 13

Participant Change in Willingness to Use Resources – Session 1

	Pre-REACH-Spouse [a]		Post-REACH-Spouse [b]					
Predictor	***M***	***SD***	***M***	***SD***	***t***	***df***	***p****	***Cohen's d***
Chaplain, pastor, rabbi, or other spiritual counselor	3.06	1.21	3.78	1.17	5.02	45	<.001	0.74
Civilian mental health professional (e.g., psychologist, psychiatrist, clinical social worker, other mental health counselor)	3.91	0.88	4.04	0.88	0.814	46	.42	0.12
Civilian-run crisis line (e.g., National Suicide Prevention Lifeline)	3.17	1.09	3.57	0.93	2.73	46	.008	0.40
Mental health professional in a military facility (e.g., psychologist, psychiatrist, clinical social worker, other mental health counselor)	3.46	1.05	3.76	0.98	2.34	45	.024	0.35
Military & Family Life Counselors (MFLCs)	3.68	0.93	3.98	0.97	2	46	.051	0.29
Military/Veterans Crisis Line	2.83	0.99	3.40	1.04	4.36	46	<.001	0.64
Friend who is not in the military	3.49	1.08	3.81	1.12	2.09	46	.042	0.31
Mental health mobile app(s)	3.17	1.07	4	0.72	6.97	46	<.001	1.02
Military friend not in my Service member's chain of command	3.28	1.23	3.65	1.13	2.23	46	.031	0.33
Parent or sibling	3.78	1.17	3.94	1.19	1.54	45	.13	0.23
Someone in my Service member's chain of command	1.89	0.99	2.45	1.28	3.4	45	.001	0.50
Spouse or significant other	4.40	0.77	4.47	0.83	0.62	46	.537	0.09

[a] $n = 47$; [b] $n = 47$.

* Bonferroni-adjusted p-value = 0.004167

Research Question #9: Did REACH-Spouse Influence Participants' Attitudes Toward the Importance of Self-Care?

As depicted in Table 14, REACH-Spouse Session 1 did not significantly impact participants' attitudes toward the importance of self-care. While their ratings were higher at the end of the session compared to baseline, and the corresponding effect sizes were small, the observed increases did not reach statistical significance. This could be due to a ceiling effect, as participants reported greatly valuing self-care on their baseline questionnaire.

Table 14

Participant Change in Importance of Self-Care - Session 1

	Pre-REACH-Spouse [a]		Post-REACH-Spouse [b]					
Predictor	***M***	***SD***	***M***	***SD***	***t***	***df***	***p****	***Cohen's d***
It is important to me to set aside time to practice regular self-care.	4.45	0.66	4.68	0.47	1.93	46	.059	0.28
Practicing self-care is important for my overall mental health and well-being.	4.58	0.62	4.72	0.46	1.55	45	.128	0.23

[a] $n = 47$; [b] $n = 47$.

* Bonferroni-adjusted p-value = 0.025

Research Question #10: Did REACH-Spouse Increase Participants' Knowledge of Service Members' Barriers to Care?

Table 15 illustrates that REACH-Spouse Session 2 significantly enhanced participants' understanding of Service members' barriers to care, affecting their willingness to seek help. This includes preference for self-reliance, concerns about being perceived as broken, fears of negative career impact, and uncertainty about which resource to use. Participants reported significantly improved knowledge of these barriers at the end of Session 2 compared to baseline, supported by medium effect sizes across these outcomes.

Table 15

Participant Change in Knowledge of Service Members' Barriers to Care – Session 2

	Pre-REACH-Spouse [a]		Post-REACH-Spouse [b]					
Perceived Barriers to Care	***M***	***SD***	***M***	***SD***	***t***	***df***	***p****	***Cohen's d***
Preference for self-reliance	2.98	0.94	3.41	0.71	3.35	40	.002	0.52
Worries about being seen as broken	2.83	1.00	3.46	0.74	4.57	40	<.001	0.71
Fear of negative career impact	3.12	1.05	3.51	0.68	3.24	40	.002	0.51
Not knowing which resource to use	2.76	0.94	3.39	0.83	4.31	40	<.001	0.67

[a] $n = 42$; [b] $n = 42$.

*Bonferroni-adjusted p-value = 0.0125

Research Question #11: Did REACH-Spouse increase participants' willingness to discuss both their own mental health challenges and those of their Service member?

Table 16 shows that REACH-Spouse Session 1, while showing a mean increase in the correct direction, did not significantly enhance participants' willingness to discuss their own mental health challenges with a trusted individual, supported by a small effect size.

Table 16

Participant Change in Willingness to Discuss Personal Mental Health - Session 1

	Pre-REACH-Spouse [a]		Post-REACH-Spouse [b]					
Predictor	***M***	***SD***	***M***	***SD***	***t***	***df***	***p***	***Cohen's d***
Willingness to discuss personal mental health challenges with others	4.32	0.84	4.47	0.69	1.41	46	.164	0.21

[a] $n = 47$; [b] $n = 47$.

In contrast, Table 17 demonstrates that REACH-Spouse Session 2 significantly increased participants' willingness to discuss their Service member's mental health challenges directly with them, also supported by a small effect size.

Table 17

Participant Change in Willingness to Discuss Service Member's Mental Health – Session 2

	Pre-REACH-Spouse [a]		Post-REACH-Spouse [b]					
Predictor	***M***	***SD***	***M***	***SD***	***t***	***df***	***p***	***Cohen's d***
Willingness to discuss Service member's mental health challenges with them	4	1.20	4.46	0.95	2.12	40	.040	0.33

[a] $n = 42$; [b] $n = 42$.

Research Question #12: Did REACH-Spouse Increase Participants' Willingness to Use the QPR Technique with Their Service Member?

As shown in Table 18, REACH-Spouse Session 2 did not significantly increase participants' willingness to use the QPR technique with their Service member in the event of concerning behavior. This could be due to a ceiling effect, as participants reported high baseline ratings of willingness to practice QPR steps, all exceeding 4.0 (agree) on a scale of 1-5.

Table 18

Participant Change in Willingness to Use QPR Technique with Service Member – Session 2

	Pre-REACH-Spouse [a]		Post-REACH-Spouse [b]					
Predictor	***M***	***SD***	***M***	***SD***	***t***	***df***	***p***	***Cohen's d***
I would be direct and ask my Service member about their behavior.	4.29	0.93	4.54	0.95	1.38	40	.177	0.22
I would try to persuade my Service member to seek help.	4.56	0.74	4.68	0.72	0.90	40	.43	0.12
I would help my Service member find the right resource for them.	4.54	0.74	4.71	0.77	1	37	.324	0.16

[a] n = 42; [b] n = 42.

Research Question #13: Were REACH-Spouse Participants Willing to Recommend REACH-Spouse to Other Military Spouses?

Participants' willingness to recommend the REACH-Spouse program to other military spouses can serve as an indicator of training acceptability. Both Session 1 participants (M = 4.75 on a scale of 1-5, SD = 0.44) and Session 2 participants (M = 4.63 on a scale of 1-5, SD = 0.77) reported a strong willingness to recommend the program to fellow military spouses.

Table 19

Participant Willingness to Recommend REACH-Spouse to Other Military Spouses

Questions	***N***	**Mean**	***SD***	**Median**	**Min**	**Max**
Session 1 – I would recommend REACH-Spouse to other military spouses	47	4.75	0.44	5	4	5
Session 2 – I would recommend REACH-Spouse to other military spouses	41	4.63	0.76	5	1	5

Qualitative Analysis of Facilitator and Participant Feedback on REACH-Spouse

This section provides a summary of the open-ended comments shared by facilitators and REACH-Spouse participants on their questionnaires. Facilitators were asked to report what they liked the most and least about REACH-Spouse; they were also prompted for their thoughts on how REACH-Spouse can be utilized at their installation. Similarly, participants in REACH-Spouse sessions were asked to share what they liked most about the program and to provide any suggestions for potential improvements on the post-session questionnaire. The research team then conducted a content analysis of these responses, extracting key themes that guided subsequent revisions to the REACH-Spouse instructional materials and facilitator training procedures.

Facilitator Comments

Facilitators highlighted several favorite aspects of REACH-Spouse, including its comprehensive coverage of resources and barriers to care, emphasis on QPR and suicide prevention, the engaging open discussion format (in contrast to traditional briefing methods), and the helpful practice call to Military OneSource. Additionally, facilitators appreciated the organization and accessibility of the training materials, which aided in their preparation for conducting their own REACH-Spouse sessions.

When asked about what they liked least, facilitators mainly highlighted challenges in recruiting spouses, with minimal negative feedback directly related to REACH-Spouse content itself. Approximately one-third of facilitators responded with "N/A" to this question. The remaining common themes included a preference for combining teach back and coaching meeting into one and concerns about excessive session length. Concerns about session length stemmed from the need to cover a substantial number of topics within a 2-hour timeframe.

Quotes from Facilitators

"Make this mandatory for spouses to attend once they arrive at their new duty station. It so great to know that there is support and resources available."
- Session 1 Facilitator

"It allows the spouse to connect more with the culture and challenges of military members and provides them with tools to help. Also having the skill-based component is helpful because they can practice using the tools and have meaningful conversations with others thereby increasing connection."
- Session 2 Facilitator

Facilitators shared numerous ideas for how to sustain and expand the REACH-Spouse program at their installation. Specifically, they highlighted its potential as a valuable tool for new spouse orientations, suicide prevention events, military spouse leadership training, pre- and post-deployment briefings, wellness fairs, parent events, and Family Readiness Group, key spouse, and Ombudsman trainings. One facilitator suggested including a REACH spouse flyer in the onboarding package to increase awareness on a wider scale. Others proposed making attendance mandatory for spouses upon their arrival at a new duty station. Some also proposed advertising REACH-Spouse Session 2 to parents, such as at boot camp graduations, recognizing them as essential gatekeepers of their Service member's mental health and well-being.

REACH-Spouse Session 1 Participant Comments

Session 1 participants particularly appreciated the openness of personal stories and experiences shared by facilitators and other spouses, the opportunity to share ideas and connect with each other on the topic of mental health, the sense of community fostered, the practice call to Military OneSource, the wealth of resources made available, and the overall conversational nature of the session.

When asked about suggestions for improvement, Session 1 participants either had no suggestions or expressed a desire to see the program advertised better to reach more spouses. One participant, a new military spouse, expressed concern that the abundance of new information in REACH-Spouse might be overwhelming for newcomers. She suggested holding a separate session for new spouses, where topics could be covered at a slower pace, acronyms could be defined, and more detailed explanations provided.

Quotes from Session 1 Participants

"I really learned some new things that I didn't know about. The different things Military One Source can help with was eye opening. I am happy that I have increased my knowledge, and can share this with other military spouses."
-Session 1 Participant

"Make it more available and publicized. New mil spouses would highly benefit from this as they come in, as would many "veteran" spouses."
-Session 1 Participant

REACH-Spouse Session 2 Participant Comments

Session 2 participants especially liked the open discussion format, the wealth of resources and apps provided, the relatable nature of the instructor, interactive format, statistics shared from the survey, the effective modeling of the Military OneSource phone call, the QPR role-play at the end, and the transparent communication about the implications of help seeking for their Service member's career.

Session 2 participants recommended conducting broader advertising to reach a wider audience of military spouses, offering more sessions to accommodate demand, providing better examples to help spouses recognize signs of potential issues in their Service members (e.g., such as increased drinking, heightened risk-taking, and emotional disengagement). Additionally, one participant suggested renaming Session 2 to highlight its focus on assisting Service members in seeking mental health treatment.

Quotes from Session 2 Participants

"The role play at the end asking if a service member had thoughts of suicide was very real and very well written. My service member tells me that he feels so alone at work and like he cannot do anything right, and I didn't know that others feel that too. I feel so much more prepared to have a conversation with my service member and to take the next steps if needed."
-Session 2 Participant

"I think the session could be re-named so that it is most obvious that this is about helping our service member seek mental health treatment."
-Session 2 Participant

Content Analysis of REACH-Spouse Session Observation Data

All the sessions the team observed proceeded smoothly, and although there were times when only a few spouses attended, the facilitators excelled at making the sessions interactive and engaging. During in-person and virtual session observations, the research team identified several areas that could be addressed in facilitator training and instructional materials: (a) a spouse suggested integrating a couple's mobile app called Love Nudge among the various apps covered in REACH-Spouse; (b) a few participants mentioned prolonged wait times for assistance from behavioral health providers, with potential delays extending for months; (c) one spouse pointed out that under certain circumstances, ongoing treatment may prevent Service members from overseas deployment; and (d) another spouse highlighted the Nurse Advice Line as an additional resource for military spouses that can be integrated into the program materials.

Phase 2 Revisions to Facilitator Training and Instructional Materials

In addressing facilitator and participant feedback, along with observation findings, the research team opted not to make substantial changes to the REACH-Spouse instructional materials. Instead, they recognized that many of the issues raised by facilitators, such as difficulties with always fitting the session into 2 hours, could be mitigated by emphasizing in the REACH-Spouse Facilitator's Manual the facilitators' ability to personalize their session. Personalization is a crucial aspect of facilitator preparation, given their proximity and familiarity with the specific needs of their community. The research team also did not formally change the name of Session 2, as its full name is already "Session 2: Supporting Your Service Member's Mental Health and Well-Being." However, researchers added language to the Facilitator's Manual encouraging facilitators to provide the full session name in all advertising materials, rather than just referring to it as Session 2.

To address participant recruitment challenges effectively, installations should take proactive measures at the local level by enhancing marketing and advertising strategies for the REACH-Spouse program. The research team did not feel adequately positioned to directly assist with these actions. Additionally, gaining support from top leadership could significantly boost the program's visibility and attractiveness within the installation community.

Analysis of Military OneSource Phone Call Data

Table 20 shows the total number of phone calls made to Military OneSource by REACH-Spouse Session 1 and 2 participants and the number of unique callers. Facilitators reported that a total of 140 participants collectively attended their sessions. In turn, the Military OneSource Call Center received 49 calls from military installations participating in Phase 2, which were made by 25 unique

callers.[13] Of the original 140 session attendees, 17.9% called Military OneSource during the 3-month period following their REACH-Spouse session.[14]

Table 20
Military OneSource Calls and Unique Callers

	Military Spouse Participants	
	n	***%***
Session 1 and 2 attendees	140	100.0
Calls from those who attended a REACH-Spouse Session	49	N/A
Unique Callers who attended a REACH-Spouse Session	25	17.86

Confirmed REACH-Spouse participants were also asked whether they contacted Military OneSource as a result of attending a REACH-Spouse session. Five callers, or 20%, said "Yes," one caller (4%) said "Partially," and 19 callers (76%) said "No."

Table 21
Calling Military OneSource as a Result of Attending a REACH-Spouse Session

	n	***%***
Yes	5	20.00
Partially	1	4.00
No	19	76.00
Total	25	100.00

[13] Some callers reached out to Military OneSource more than once, with one caller reaching out six times. The mean number of calls per caller was 1.96. The median number of calls per caller was two.
[14] There were an additional 41 callers who responded "Yes" to the question "Did you attend a REACH-Spouse session this year?" but who did not belong to a participating installation. To reduce the risk of false positive responses, researchers only counted a "Yes" response as valid if (a) the installation participated in Phase 2, (b) the research team had a record that a facilitator held a REACH-Spouse event, and (c) that the facilitator informed us that at least one spouse attended the session.

Discussion

The current REACH-Spouse field test, sponsored by MC&FP, examined whether REACH-Spouse reduces military spouses' barriers to care and increases their comfort with future help seeking. A secondary goal of the field test was to determine whether REACH-Spouse increased military spouses' willingness to discuss mental health and help-seeking with their Service member. Lastly, the final objective of the field test was to refine and improve the REACH-Spouse facilitator training procedures and program materials. Throughout the study, the research team systematically field-tested the original version of REACH-Spouse instructional materials in Phase 1, refined them based on facilitator feedback from Phase 1, conducted further field testing in Phase 2, and ultimately finalized them based on feedback from Phase 2. Concurrently, the team developed and refined a facilitator training process that utilizes a combination of self-study and coaching. This section summarizes the study results from Phases 1 and 2, outlines stakeholder recommendations, and discusses methodological limitations.

Facilitator Outcomes

In Phase 1 of the REACH-Spouse field test, facilitators reported that engaging leadership and employing personal communications were the most effective strategies for increasing military spouse recruitment. These approaches enabled facilitators to advertise REACH-Spouse to a larger pool of potential attendees. Facilitators also emphasized the importance of making phone calls and sending text messages to prospective participants over solely relying on social media advertising. REACH-Spouse facilitators acknowledged the difficulty in recruiting military spouses who do not normally attend installation social events. They recommended leveraging newcomer's orientation events, "plus one" sessions, and after-hours virtual sessions to enhance recruitment efforts and engage hard-to-reach individuals. Some facilitators recommended expanding the Session 2 target audience to include parents, recognizing the criticality of their role in their Service member's mental health and well-being. The research team created a comprehensive Military Spouse Recruitment Guide to capture these helpful best practices.

Facilitators highlighted personal stories about overcoming challenges, familiarity with resources, and hands-on exercises as the most effective strategies for engaging military spouses. When participants shared negative experiences, facilitators used motivational interviewing to validate their perspective and emphasize the importance of seeking help. Some facilitators found it difficult to fit all the key topics into 90 minutes, and, as a result, had to cover some topics more quickly, making them sound less engaging. The research team implemented several key improvements to the original version of the REACH-Spouse facilitator training and instructional materials to address this feedback. The team extended session length to 2 hours, created a QPR role-play script for Session 2 illustrating QPR steps in action, revised the Facilitator's Manual and coaching procedures to emphasize that facilitators should open the session with a short personal story, developed a REACH-Spouse Practice Checklist for facilitators to use during preparation, and incorporated a group teach back into the facilitator training process.

Phase 2 facilitators consistently rated the key components of the REACH-Spouse facilitator training as highly useful, with the Facilitator's Manual, REACH-Spouse session slides, one-on-one coaching meeting, written instructions, and Resources Handout receiving the highest ratings. Interestingly, most facilitators demonstrated a high level of prior familiarity with the topics covered in REACH-Spouse, adding significance to this finding. Facilitators strongly agreed that, because of the REACH-Spouse Facilitator Training, they felt more confident about discussing mental health topics in small groups, demonstrating how to access resources, using motivational interviewing techniques, and teaching self-care in Session 1 and QPR in Session 2. They also strongly agreed that they would recommend the REACH-Spouse facilitator training to others. These results validate the effectiveness of the facilitator training process employed in Phase 2, ensuring facilitators possess the essential skills and resources to effectively lead REACH-Spouse sessions.

Participant Outcomes

REACH-Spouse was originally developed to empower military spouses to reach out for help by reducing barriers to help seeking. Our field test results indicate that, across both sessions, REACH-Spouse was successful at increasing military spouse participants' knowledge of resources compared to their baseline. The largest knowledge gains were observed for knowledge about the Military/Veterans Crisis Line, behavioral health providers, military treatment facilities, and mobile resilience apps.

Quotes from Military Spouse Participants

"How much information is included! The help and resources that are out there specific for military families. Resources! For me, I don't struggle with asking for help, it's more finding it and knowing what resources I have available to me that drew me to this event."
- Session 1 Participant

"I really enjoyed the opportunity for other spouses to have a chance to voice their concerns- share ideas- connect with one another."
- Session 1 Participant

The REACH-Spouse field test results indicate that Session 1 had a small effect on reducing military spouses' concerns about negative career impact and worries that seeking help might lead others to view them negatively. The absence of statistical significance for these effects differs from previous REACH studies, which demonstrated statistically significant reductions in these barriers to care among Service members (Ashley et al., 2024). In line with prior research, Session 1 had a substantial effect on reducing participants' lack of knowledge about resources. One possible explanation for the absence of statistically significant effects across all barriers to care is low statistical power, as the analytic sample consisted of only 88 participants. Importantly, the effects were all in the desired direction, underscoring the need for further research with a larger sample size to thoroughly investigate them.

The other objective of REACH-Spouse was to encourage military spouses to seek help when they face difficulties. The results showed a significant increase in military spouses' reported willingness to use Military OneSource, Chaplain or spiritual counselor, the Military/Veterans Crisis Line, someone in their Service member's chain of command, and mental health mobile apps after attending Session 1. Several other effects approached statistical significance, such as contacting a civilian-run crisis

line, a mental health professional in a military facility, a military fiend not in the Service member's chain of command, and a friend outside the military. These findings suggest that REACH-Spouse has the potential to enhance the mental health support system for military spouses by increasing the likelihood they will utilize resources when facing a challenge.

Despite having a modest positive effect on increasing the importance of self-care for Session 1 participants, REACH-Spouse did not significantly influence this outcome. Interestingly, military spouses in attendance already placed a high value on self-care at the outset of the session, making it more difficult to bring about further changes. Additionally, self-care is discussed at the very end of Session 1, and there were times when facilitators had to rush through this content due to time constraints. Similarly, despite a positive trend, REACH-Spouse did not significantly increase Session 1 participants' willingness to discuss their personal mental health challenges, possibly due to a ceiling effect, given their high initial comfort level in this area.

Another key aim of REACH-Spouse was to improve military spouses' understanding of their Service member's barriers to care. Field test results indicate that REACH-Spouse achieved this objective, with Session 2 participants demonstrating a significant increase in knowledge regarding the top barriers that prevent Service members from seeking help. These included preference for self-reliance, worries about being seen as broken, fear of negative career impact, and uncertainty about which resource to use. Enhancing awareness of these barriers can help promote conversations about this topic, enabling military spouses to share potential solutions learned in REACH-Spouse with their Service member.

In line with this, our results also showed that REACH-Spouse significantly increased Session 2 participants' willingness to directly discuss their Service member's mental health challenges with them compared to baseline. However, we did not find a comparably significant increase in Session 2 participants' willingness to use the three QPR steps with their Service member. Military spouses endorsed a strong willingness to use QPR at the outset of the session, suggesting a potential ceiling effect. Furthermore, the amount of QPR instructions that participants received was relatively small compared to the standard 3–8-hour QPR gatekeeper training solely focused on QPR. Nevertheless, facilitators encouraged participants to delve deeper into QPR after the session by looking up additional resources outlined in the Resources Handout.

Quotes from Military Spouse Participants

"Getting specific resources and answers to specific questions about service member struggles and concerns about getting help for mental health impacting their career."
- Session 2 Participant

"The examples and resources were practical and applicable. I left with phone numbers saved in my phone and apps downloaded that can be useful. The role play at the end asking if a service member had thoughts of suicide was very real and very well written. My service member tells me that he feels so alone at work and like he cannot do anything right, and I didn't know that others feel that too. I feel so much more prepared to have a conversation with my service member and to take the next steps if needed."
- Session 2 Participant

One critical benchmark of program evaluation involves assessing behavior rather than solely relying on measures of attitudes. Therefore, the research team was particularly excited to include a measure of behavioral help-seeking in this evaluation for the first time. Eighteen percent of all REACH-Spouse participants ended up calling Military OneSource within three months after their REACH-Spouse session, and out of this subset, 20% specifically attributed their call to the REACH-Spouse session. These results are encouraging because most participants exhibited a high degree of familiarity with Military OneSource and a strong willingness to utilize available resources at baseline. The fact that 5 out of 25 military spouses contacted Military OneSource afterwards points to tangible behavioral outcomes associated with the session. Importantly, conclusions regarding causality cannot be drawn from these data due to the absence of baseline Military OneSource utilization data needed to assess change over time.

All participants strongly agreed that they would recommend REACH-Spouse to other military spouses, further explaining that they appreciated the openness of personal stories and experiences shared by facilitators and other spouses, the opportunity to connect with each other on the topic of mental health, the hands-on practice call to Military OneSource and QPR role-play exercises, and the wealth of resources shared with them.

Recruitment Challenges

Military spouse recruitment proved challenging for facilitators throughout the field test despite their best efforts. The research team frequently discussed this topic with facilitators, learning that this issue is not exclusive to REACH-Spouse, and attendance for other programs faces similarly low participation rates. There are several factors that may have made participant recruitment more difficult in this study. First and foremost, Phase 2 officially kicked off in early June, which is a hectic time for many military families undergoing PCS. Young children may be at home over the summer, making it more challenging for parents to attend in-person sessions.

Second, most facilitators offered in-person sessions necessitating physical attendance. Many young families share a single car, which the Service member takes to work during the day. Several facilitators began offering virtual sessions toward the end of the data collection period to help researchers meet their sample size goals and make the sessions more accessible to all military spouses.

Third, unlike in Phase 1, where it was logistically possible for the research team to provide snacks and sometimes lunch to attendees due to physically being at the sessions, it was not possible to do so in Phase 2. Snacks, although a small gesture, have been shown to be an effective incentive for increasing participation. Unfortunately, providing snacks was logistically challenging in Phase 2, as the research team couldn't be present at all the sessions. Interestingly, the mean number of attendees per session fell from 5.2 (when snacks were offered in Phase 1) to 3.7 (when snacks were not offered in Phase 2). Other effective incentives may be small items such as gift cards, transportation vouchers, meals, free childcare, or time off from installation leadership for Service members whose spouses attend.

Limitations

A key limitation of this study was its reliance on self-reported measures of attitudes. Many of the survey questions depended on military spouse respondents accurately assessing their willingness to undertake specific actions, such as practicing self-care, reaching out to a resource, or employing the QPR method with their Service member. These self-reported attitudes may not be entirely reliable predictors of actual behavior. The research team did collect behavioral data derived from Military OneSource Call Center logs. However, these data do not capture the full spectrum of behaviors that REACH-Spouse encourages and only provide a 3-month snapshot in time. An improved approach would involve collecting behavioral help-seeking data from military treatment facilities, MFLCs, and installation-based Military and Family Support Centers, encompassing both military spouse and Service member outcomes.

Other limitations of this study included concerns over selection effects, the generalizability of findings, low statistical power, and the reliance on facilitators for data collection. Military spouses self-selected to attend REACH-Spouse sessions, introducing potential differences between those who attended and those who did not. For instance, military spouses who typically avoid social events may also be less inclined to seek help, potentially leading to an underestimation of REACH-Spouse effects.

Regarding generalizability, the study used a convenience sample of spouses recruited by facilitators, leading to a participant pool already familiar with resources such as Military OneSource. Most participants were highly educated, primarily holding associate's, bachelor's, or master's degrees, potentially limiting representativeness. Future research should focus on military spouse populations with lower knowledge and willingness to use resources, in this manner testing REACH-Spouse effectiveness with younger or newer spouses to minimize potential ceiling effects.

The analytic sample may have been too small to detect statistically significant effects of REACH-Spouse. The research team employed a Bonferroni adjustment for analyses associated with each research question; however, applying an adjustment to the overall number of analyses for each participant sample would have yielded fewer statistically significant results. Alternatively, not applying the Bonferroni adjustment would have led to more statistically significant results, but with a higher likelihood of Type 1 error.

Finally, the research team relied on facilitators for administration of participant questionnaires. This reliance may have contributed to the relatively low response rates and many questionnaires that could not be matched from pre- to post-test, further reducing the sample size available for analysis. Nevertheless, the team identified many significant effects in the desired direction, suggesting that REACH-Spouse may be an effective intervention.

Recommendations

Based on the field test findings, we offer the following recommendations to DoD and Service branch policy stakeholders (e.g., MC&FP, DSPO, suicide prevention offices within Service branches), as well as military installations and prospective facilitators interested in implementing REACH-Spouse.

1. Establish an Infrastructure to Support the Dissemination of REACH-Spouse

To support the dissemination of REACH-Spouse on a larger scale, the DoD should establish an infrastructure that ensures facilitators have the support they need, and military spouses have access to REACH-Spouse sessions irrespective of their physical location.

This objective can be achieved in multiple steps. First, it is essential to establish a cadre of REACH-Spouse facilitators available to offer virtual and, if necessary, in-person REACH-Spouse sessions. Their primary responsibility would be to provide regularly occurring virtual REACH-Spouse sessions for interested military spouses, significant others, and parents. Second, if desired, they could also play a role in building awareness around REACH-Spouse by holding informational workshops and collaborating with on-base resources implementing REACH-Spouse. Trained staff could also give briefings to installation leadership to foster buy-in. Third, if necessary, they could lead in-person sessions at installations lacking a REACH-Spouse facilitator and invite on-base helping resources, such as Chaplains, suicide prevention managers, mental health professionals, and family advocacy program specialists to observe. Fourth, these trained staff could also provide group teach backs and one-on-one coaching meetings to facilitators who may lack access to such resources at their installation.

2. Develop a Guide to Assist Installations in Standing up a Local Cadre of REACH-Spouse Facilitators

To support large-scale implementation, we recommend developing a guide that will assist installations in establishing a local cadre of REACH-Spouse facilitators and standardizing the training they receive.

If installations intend to offer regularly occurring in-person and virtual REACH-Spouse sessions to their local community of military spouses and parents, they may need 5-10 trained facilitators to meet this objective. The guide will assist the installation-level program office or staff responsible for implementing REACH-Spouse in training prospective facilitators and providing them with opportunities to participate in a group teach-back and attend one-on-one coaching meetings. Optimally, this guide should be hosted on the Military OneSource website, along with the other REACH-Spouse instructional materials. Presently, only Version 1 of the REACH-Spouse program materials is accessible on the Military OneSource website. This version will need to be updated with the latest REACH-Spouse curriculum emerging from this field test (i.e., Version 3).

3. Advertise REACH-Spouse to Military Spouses, Significant Others, and Parents of Service Members at the DoD, Service-branch, and Installation Levels

To maximize the program's impact, stakeholders should advertise REACH-Spouse to prospective participants, including significant others and parents of Service members, in addition to military spouses.

Parents, being critical gatekeepers behind a Service member's decision to seek help, could particularly benefit from attending REACH-Spouse Session 2. Advertising at the DoD-wide level could include posts on the Military OneSource website and Blog Brigade, as well as the use of social media channels and other strategic communication avenues. Additionally, REACH-Spouse sessions could be advertised at meetings and workshops for military spouses, and conferences focused on prevention of suicide and self-directed harm. The Service branches can utilize similar strategies, while also sharing information about REACH-Spouse in Service branch-wide groups and other social media platforms and groups dedicated to military spouses and parents.

Installations can utilize these strategies while also promoting REACH-Spouse in Facebook groups tailored for parents and military spouses at their installation. For example, numerous Facebook groups cater to parents and spouses of early-career Service members attending recruit training who could benefit from the information contained in REACH-Spouse Session 2. Additionally, information can be shared with these individuals at boot camp and Military Occupational Specialty (MOS) school graduation. All marketing materials should consider the needs of diverse audiences and demographic groups, including LGBTQ+ military spouses, new incoming spouses, new parents, non-English speakers, and spouses of Service members who are transitioning out of the military.

4. Strengthen REACH-Spouse Evaluation

DoD should consider taking additional steps to strengthen the REACH-Spouse evaluation by replicating the current field test with a larger sample of participants and collecting longitudinal self-report and behavioral measures of help-seeking to ensure the intervention achieves its stated goals.

The analytic sample in this study consisted of only 88 participants due to various challenges that facilitators encountered with participant recruitment. Importantly, the effects were all in the desired direction, with many being significant, underscoring the need for further research and replication of observed effects with a larger sample size to thoroughly investigate them.

The present study also primarily used self-reported measures of attitudes toward help-seeking to assess REACH-Spouse effectiveness. Self-reported data may not be an entirely reliable predictor of actual behavior. The research team did collect behavioral data derived from Military OneSource Call Center logs, however, in the present study these only offer a limited 3-month snapshot and do not encompass the full range of resources addressed in REACH-Spouse. An improved approach would involve collecting behavioral help-seeking data from various sources, including military treatment facilities, MFLCs, and Military and Family Support Centers at installations, capturing outcomes for both military spouses and Service members. Optimally, evaluation measures should be collected at

baseline, immediately after the REACH-Spouse session, and then at 3-month, 6-month, and 12-month marks.

Lastly, Phase 2 participants were drawn from 19 distinct military installations, introducing potential error variance due to variations in their access to available resources. Ideally, to minimize this error variance, the evaluation of REACH-Spouse effectiveness should involve a large sample of participants from a single installation.

References

Ashley, O. S., Kelly W., Cisler, D. S., Ciani, D. A., Osborn, M. M., Hunter, M. A., Kennedy, K. A., Beneda, J. G., Katana, F. S., Taylor, C. L., Attias, L. S., & Shechter, O. G. (2024). *Resources Exist, Asking Can Help (REACH) field test with geographically isolated Service members.* Monterey, CA: Defense Personnel Security Research Center.

Chen, H., Cohen P., & Chen, S. (2010). How big is a big odds ratio? Interpreting the magnitudes of odds ratios in epidemiological studies. *Communications in Statistics–Simulation and Computation, 39*(4), 860-864. https://doi.org/10.1080/03610911003650383

Crum-Cianflone, N. F., Fairbank, J. A., Marmar, C. R., Schlenger, W. (2014). The Millennium Cohort Family Study: A prospective evaluation of the health and well-being of military service members and their families. *International Journal of Methods in Psychiatric Research*, *23*(3), 320-230. http://doi.org/10.1002%2Fmpr.1446

Defense Suicide Prevention Office. (2020). *Annual suicide report: Calendar year 2020*. https://www.dspo.mil/Portals/113/Documents/CY20%20Suicide%20Report/CY%202020%20Annual%20Suicide%20Report.pdf?ver=0OwlvDd-PJuA-igow5fBFA%3d%3d

Kirkpatrick, J. D., & Kirkpatrick, W. K. (2016). *Kirkpatrick's four levels of training evaluation*. Alexandria, VA: ATD Press.

Mailey, E. L., Mershon, C., Joyce, J., & Irwin, B. C. (2018). "Everything else comes first": A mixed-methods analysis of barriers to health behaviors among military spouses. *BMC Public Health*, *18*(1), 1013. https://doi.org/10.1186/s12889-018-5938-z

Office of People Analytics. (2018). *2017 Survey of Active Duty Spouses (ADSS): Tabulation of responses* (Report No. 2018-006). Retrieved from https://www.opa.mil/research-analysis/spouse-family/military-spouse-survey-tabulations-of-responses/2017-survey-of-active-duty-spouses-tabulations-of-responses

Office of People Analytics. (2019). *February 2018 Status of Forces Survey of active duty members: Tabulations of responses* (OPA Report No. 2019-014).

Office of People Analytics. (2020). *2019 Active Duty Spouse Survey (ADSS): Tabulation of Responses.* Office of People Analytics. (OPA Report No. 2020-48). https://www.opa.mil/research-analysis/spouse-family/military-spouse-survey-tabulations-of-responses/2019-survey-of-active-duty-spouses-tabulations-of-responses

Osborn, M. M., Ho, T. E., Baweja, J. A., Neville, A. A., Cooper A. D., Latendresse, B. D. & Shechter, O. G. (2020). *Shifting the mindset on help seeking in the military: REACH field test results* Monterey, CA: Defense Personnel Security Research Center.

Schvey, N. A., Burke, D., Pearlman, A. T., Britt, T. W., Riggs, D. S., Carballo, C., & Stander, V. (2022). Perceived barriers to mental healthcare among spouses of military service members. *Psychological Services*, *19*(2), 396–405. https://doi.org/10.1037/ser0000523

Acronyms Used in This Report

ADSS	Active Duty Spouse Survey
DPAC	Defense Personnel Analytics Center
DSPO	Defense Suicide Prevention Office
MC&FP	Military Community and Family Policy
OPA	Office of People Analytics
PCS	Permanent Change of Station
PERSEREC	Defense Personnel Security and Research Center
QPR	Question, Persuade, Refer
REACH	Resources Exist, Asking Can Help
REACH-Spouse	Resources Exist, Asking Can Help – Spouse

Appendix A: Observation Forms

Session 1 Observation Form

Facilitator ID:	Service Branch:	Installation:	Field Test #:

Total Session Time (Not Including Questionnaires):

Before Observation

- Is there anything about the facilitator, participants, or the location that is noteworthy or might affect how the session unfolds?

Session Start

- Describe the session setting:
  - What kind of room?
  - What kind of seating arrangement?
  - Are there any distracting noises from other activities nearby?
  - Is the facilitator using technology available to project slides?
  - Do any participants seem to know the facilitator?
  - Anything else?

- Describe how the session began:
  - How many participants are there?
  - How did the facilitator kick things off?
  - Does the facilitator look comfortable?
  - Do the participants look comfortable?

Session Notes – Slide 1 REACH-Spouse Session Cover Slide

Checklist	
❑ Makes a brief and engaging personal introduction (no more than 2 – 4 minutes) ❑ Builds a relationship with the participants (e.g., uses authenticity, humor, vulnerability, or emotional connection) ❑ Defines the REACH-Spouse mindset and links it to proactive self-care ❑ Asks the participants to participate throughout the session	
Notes	Time

Session Notes – Slide 2 Session 1 Roadmap

Checklist	
❑ Explains the idea behind REACH-Spouse and the importance of everyone getting behind this mindset ❑ Reviews the major components of today's session ❑ Reviews housekeeping items – outlines that this is a safe and comfortable environment ❑ Reviews expectations of privacy and confidentiality for the session ❑ Discusses rules for leaving during session	
Notes	Time

Session Notes – Slide 3 Military Spouse Challenges

Checklist
❑ Asks participants why spouses report having more mental health concerns than non-military spouses ❑ Uses MI principles and techniques ❑ Reviews and briefly discusses a few or all challenges on the slide ❑ Gives participants time and opportunity to comment on challenges ❑ Asks participants directly what challenges they have as spouses ❑ Validates answers and links challenges to the session purpose

Notes	Time

Session Notes – Slide 4 Barriers to Help Seeking

Checklist
❑ Asks participants why they think spouses choose not to seek help ❑ Uses MI principles and techniques ❑ Shows answers after getting participant input ❑ Defines barrier to care ❑ Discusses the importance of perceived barriers ❑ Asks participants to identify barriers to care for spouses ❑ Discusses answers after getting participant input ❑ Presents and explains information about perceived barriers ❑ Spends approximately 3-4 minutes on this slide

Notes	Time

Session Notes – Slide 5 Mental Health Resources for Military Spouses

Checklist
❑ Asks participants who they would turn to for help ❑ Uses MI principles and techniques ❑ Guides discussion to gauge participants' knowledge of available resources ❑ Mentions the Resources Handout ❑ Notes which resources can be accessed privately ❑ Defines "duty to warn" ❑ Asks how many participants know the Chaplain for their spouse's unit ❑ Describes Chaplains' and Military/Veterans Crisis Line work with military spouses and confidentiality ❑ Asks participants whether they have heard of or used Military OneSource, MFLCs, and family readiness programs ❑ Describes Military OneSource and MFLCs and confidentiality ❑ Reviews family readiness program information for the participants' spouses' Service branch ❑ Describes behavioral health services or MTFs, emergency room and confidentiality ❑ Encourages participants not to give up when looking for mental health support ❑ Provides opportunity for participant questions ❑ Spends up to 4 minutes on this slide

Notes	Time

Session Notes – Slide 6 Mobile Resilience Tools

Checklist	
❑ Explains the availability and utility of the mobile resilience apps ❑ Mentions that these apps are confidential with instant access and where to find them ❑ Reviews the purpose and features of several mobile apps ❑ Asks participants to share their experience with mobile resilience apps ❑ Uses MI principles and techniques ❑ Shares personal experience with exploring or using the apps ❑ Spends up to 4 minutes on this slide	
Notes	Time
• Please note here which other apps participants bring up or suggest that are not already on the list.	

Session Notes – Slide 7 Fear of Being Perceived as Broken

Checklist
❑ Introduces worry about being seen as broken as a barrier to help seeking ❑ Asks what "being broken" means to participants and why this perception is not helpful ❑ Uses MI principles and techniques ❑ Asks participants to rate likelihood of using previously discussed resources for a mental health problem ❑ Equates mental health to physical health ❑ Defines stigma and describes its effects ❑ Explains steps to overcoming stigma ❑ Provides affirming messaging about getting through tough times ❑ Asks participants if they have heard of kintsugi ❑ Explains kintsugi and how it is relevant to mental health ❑ Covers the lightbulb statement ❑ Spends up to 4 minutes on this slide

Notes	Time

Session Notes – Slide 8 Fear of Negative Career Impact – ACTIVE DUTY VERSION

Checklist
❑ Mentions that career worries can keep people from seeking mental health help ❑ Asks people how likely it is that their mental health help seeking will affect their Service member's career and mentions that others feel the same way ❑ Mentions the link between improvements in spouse mental health and Service member mental health and career ❑ Asks participants about their reaction to this link ❑ Uses MI principles and techniques ❑ Mentions benefits of early help seeking and likens it to early cancer treatment ❑ Spends up to 4 minutes on this slide

Notes	Time

Session Notes – Slide 8 Switching Providers – NATIONAL GUARD AND RESERVE VERSION

Checklist	
❑ Asks spouses if switching back and forth between Reserve/National Guard is a major obstacle to mental health care ❑ Emphasizes that continuity of care is really important for our physical and mental health, so if their family anticipates a change in activation status, they should be proactive by finding new providers ❑ Asks participants about their experiences and if they have any tips ❑ Mentions that the handout will have many resources they can check out to meet family needs ❑ Mentions the TRICARE Choices for National Guard and Reserve Handbook as a resource	
Notes	Time

Session Notes – Slide 9 Practical Concerns

Checklist	
❑ Introduces practical concerns as a barrier to getting mental health support ❑ Asks participants what practical issues interfere with their ability to seek mental health help ❑ Discusses challenges and possible solutions ❑ Asks whether participants have encountered these issues, and for ideas, resources, or strategies to overcome them ❑ Uses MI principles and techniques to validate opinions ❑ Mentions that they will give out a Resources Handout at the end ❑ Spends up to 4 minutes on this slide	
Notes	Time

Session Notes – Slide 10 Military OneSource: 24/7 Support for Military Community

Checklist	
❑ Asks participants about their or others' experiences with Military OneSource ❑ Describes Military OneSource as a place to go when participants don't know where to start ❑ Describes options for accessing Military OneSource ❑ Reviews programs offered by Military OneSource ❑ Asks the participants which resources they would like to use in the next few months ❑ Spends 8-9 minutes on this slide	
Notes	Time

Session Notes – Slide 11 Practice Call

Checklist	
❑ Asks for a volunteer to help make the call ❑ Explains directions for the practice call ❑ Gathers input for call topic ❑ Helps volunteer make the call ❑ Keeps the call to around 5 minutes ❑ Discusses the participants' impressions ❑ Uses MI principles and techniques ❑ Asks for a commitment to calling Military OneSource if participants struggle with something in the future ❑ Asks participants to put the Military OneSource and Veterans' Crisis Line phone numbers in their cell phones ❑ Spends 8-9 minutes on this slide	
Notes	Time

Session Notes – Slide 12 The Importance of Self-Care

Checklist
❑ Asks participants what is self-care and why it is important ❑ Shows answer after participants answer ❑ Provides the definition of self-care ❑ Asks about military spouses' barriers to practicing self-care ❑ Asks participants to estimate how long military spouses spend each day on self-care ❑ Asks participants for strategies to make time for self-care ❑ Asks participants about likelihood of starting a daily self-care routine ❑ Asks participants whether they can commit to scheduling self-care ❑ Reads Brené Brown quotation and asks participants to comment ❑ Uses MI principles and techniques ❑ Spends up to 10 minutes on this slide

Notes	Time

Session Notes – Slide 13 Self-Care and Mental Wellness Strategies

Checklist
❑ Stimulates discussion and facilitates sharing of strategies to increase self-care ❑ Uses MI principles and techniques throughout ❑ Shows self-care practices after discussion ❑ Discusses relaxation ❑ Asks participants about their familiarity with meditation ❑ Asks participants about what physically unwinding means to them ❑ Asks participants about their familiarity with mindfulness ❑ Defines mindfulness ❑ Asks about participants' hobbies and fitting them into their schedule regularly ❑ Asks what participants can do in 5 minutes ❑ Asks participants about connecting with friends and what they have been doing to keep in touch with family and friends ❑ Discusses healthy lifestyle and knowing your limits ❑ Asks who struggles with this ❑ Asks which practices participants are most likely to use ❑ Asks about other helpful activities ❑ Conducts 1-minute exercise and asks questions about it ❑ Spends up to 10 minutes on this slide

Notes	Time

Session Notes – Slide 14 Takeaways

Checklist
❑ Introduces Chaplain, MFLC, or mental health clinic POC, if applicable ❑ Asks for volunteers to read the four key takeaways ❑ Asks participants if they are taking away something that isn't listed on the slide ❑ Mentions the Resources Handout that will be passed out or e-mailed ❑ Mentions REACH-Spouse Session 2 and its purpose ❑ Uses MI principles and techniques ❑ Spends approximately 10 minutes on this slide

Notes	Time

After Observation: Participant Behavior

- How do the participants seem to be interacting with facilitator? Are they engaged, bored, fidgety…etc.
- What proportion seem engaged versus not engaged? What proportion have spoken during the session?
- During the session, was there a marked difference in behavior before or after a particular section? Was it a positive change, and if so, what seemed to cause it?
- Did any participants share stories? How does the facilitator integrate those stories into the session?
- Did any participants stick around after and ask for more information? If so, what were they asking for or about?
- Do the participants make any suggestions for future sessions?
- Did anything unexpected happen during this session? E.g., a negative comment from participant or something else?
- Did any spouse ask how they could be a facilitator in the future?

After Observation: Facilitator Behavior

- Does the facilitator or participants' behavior change over time? Is there any moment when there is a noticeable change of behavior by either participant or facilitator?
- Did the facilitator seem prepared? How often did the facilitator lean on resources such as the Facilitator's Manual or handout?
- Did the facilitator stick closely to the talking points, or did they add their own personal flair?
- Did the facilitator use motivational interview techniques? Did they seem to use them effectively, with reflective listening techniques and rolling with resistance?
- Was there anything the facilitator seemed to struggle with? If so, how did they recover?
- Did the facilitator session run over the originally scheduled time window?

After Observation: REACH-Spouse Program Materials

- Were there any slides that seemed to get more attention or discussion that the others?
- Did any slides take particularly long to get through, or conversely had too little time spent on them?
- Were there any materials that the facilitator seemed to rely upon the most? Was there much deviation from these materials, or was it strictly close to the script?
- At any point during the session did the facilitator mention that they wish they had something on hand or in the slides?
- Was there anything that the participants asked for that the facilitator did not have on hand or have an answer for?

Session 2 Observation Form

Facilitator ID:	Service Branch:	Installation:	Field Test #:

Total Session Time (Not Including Questionnaires):

Before Observation:

- Is there anything about the facilitator, participants, or the location that is noteworthy or might affect how the session unfolds?

Session Start:

- Describe the session setting:
  - How many session participants?
  - What kind of seating arrangement?
  - Are there any distracting noises from other activities nearby?
  - Is the facilitator using animations correctly?
  - Do any participants seem to know the facilitator?

- Describe how the session began:
  - How many participants are there?
  - How did the facilitator kick things off?
  - Does the facilitator look comfortable?
  - Do the participants look comfortable?

Session Notes – Slide 1 REACH-Spouse Session Cover Slide

Checklist	
❑ Make a brief and engaging personal introduction and share a personal story (no more than 2–4 minutes in length) ❑ Build a relationship with participants (e.g., use authenticity, humor, vulnerability, or emotional connection) ❑ Define the REACH-Spouse mindset and link it to proactive self-care ❑ Ask participants to participate throughout the session ❑ Ask participants to introduce themselves (e.g., their name, where they are originally from, and how many years they have been a military spouse (or partner) ❑ Briefly mention that there are actually two REACH-Spouse sessions available	
Notes	Time

Session Notes – Slide 2 Session 2 Roadmap

Checklist	
❑ Explain the idea behind REACH-Spouse and the importance of everyone getting behind this mindset ❑ Review the major components of today's session ❑ Emphasize that this is a safe and comfortable environment ❑ Discuss expectations of privacy and confidentiality for the session ❑ Review procedures for leaving during a session	
Notes	Time

Session Notes – Slide 3 Service Member Challenges

Checklist	
❑ Ask participants why Service members report having more mental health concerns than civilians ❑ Ask open-ended questions and affirm challenges mentioned by participants ❑ Review and briefly discuss at least a few of the challenges on the slide ❑ Give participants time and opportunities to comment on challenges ❑ Validate answers and links challenges to the session purpose ❑ Explain that one of the goals of REACH-Spouse Session 2 is to help Service members overcome these challenges by reaching out for help	
Notes	Time

Session Notes – Slide 4 Service Member Barriers to Help-Seeking

Checklist
❑ Ask participants why they think Service members choose not to seek help ❑ Define barrier to care ❑ Discuss the importance of distinguishing between perceived vs. real barriers to care and explain that perceived barriers feel just as real to the person experiencing them ❑ Ask participants to name what they think are the top barriers to care for Service members ❑ Discuss answers after getting participant input ❑ Present the Status of Forces Survey data on perceived barriers to care

Notes	Time

Session Notes – Slide 5 Handling Things on Their Own

Checklist	
❑ Start by asking spouses what they know about the resources available to their Service member when they have an issue ❑ Ask participants what their Service member would do if they cannot resolve something on their own ❑ Emphasize that the goal is to make sure that Service members do not simply avoid their problems, but are proactive about finding solutions to them ❑ Discuss how mental health issues often require a blend of self-care and medical care ❑ Discuss the continuum of care and how mental health issues can range from simple to complex, and resources can range from light to heavy involvement ❑ Mention that handling an issue early leads to much better outcomes than letting it continue unaddressed	
Notes	Time

Session Notes – Slide 6 Fear of Being Perceived as Broken

Checklist	
❑ Describe the Status of Forces Survey data indicating that 67% of Service members worry that others will see them as weak if they reach out for help ❑ Ask what "being broken" means to Service members and why it is not a helpful perception ❑ Link the example of broken leg being healed by a visit to a doctor to mental health counseling ❑ Share a personal story that demonstrates the positive impact of early help seeking ❑ Ask participants how likely they would be to encourage their Service member to get help on a scale from 1 to 10	
Notes	Time

Session Notes – Slide 7 Mental Health Treatment and Career Outcomes

Checklist	
☒ Start the slide by asking what percentage of security clearances are denied or revoked due to reported mental health issues *alone* ❑ Mention that career worries can often keep Service members from seeking help ❑ Describe security clearances as a key worry for many Service members and share that mental health has very little impact on career development ❑ Mention each benefit of early help seeking and liken it to proactive dental care (e.g., taking care of a cavity to avoid needing a root canal) ❑ Describe the early symptoms of stress ❑ Ask participants what helps them and their Service member relieve stress ❑ Introduce the idea of starting conversations with your spouse when you notice something is off	
Notes	Time

Session Notes – Slide 8 Mental Health Resources for Military Members

Checklist
❑ Describe the resources available to Service members ❑ Distribute the *Resources Handout* ❑ Discuss privacy, "duty to warn," and "command-directed evaluations" ❑ Ask how many participants know the chaplain from their Service member's unit ❑ Ask participants about their knowledge or experience with Military OneSource ❑ Ask participants about their knowledge or experience with Military and Family Life Counselors (MFLCs) ❑ Highlight Military OneSource and MFLCs and their level of confidentiality ❑ Encourage participants by saying "Remind your Service member to not give up on their quest for mental health support! They could have a negative experience with one provider, and the next one could change their life!" ❑ Give time for participants to ask questions

Notes	Time

Session Notes – Slide 9 Mobile Resilience Tools

Checklist	
❑ Explain the availability and utility of mobile resilience apps ❑ Mention that these apps are confidential with instant access and where to find them ❑ Review the purpose and features of several mobile apps ❑ Show your participants one of the apps you have downloaded and its features (e.g., one of the guided stress release drills from *Chill Drills*) ❑ Ask participants to share other apps they have used and found helpful	
Notes	Time

Session Notes – Slide 10 Military OneSource: 24/7 Support for Military Community

Checklist	
❑ Ask participants about their own or others' experiences with Military OneSource ❑ Emphasize that Military OneSource is free, available 24/7, and available for both Service members and dependents ❑ Describe Military OneSource's many offerings and options for accessing their resources ❑ Highlight non-medical counseling ❑ Emphasize that Military OneSource is a great "first stop" when participants don't know where to go for help ❑ Ask participants which resources they would like to use in the next few months	
Notes	Time

Session Notes – Slide 11 Practice Call

Checklist
❑ Ask for a volunteer to help make the call; if nobody volunteers you can ask a resource representative to help make the call, or make the call yourself ❑ Explain to participants how the practice call will go ❑ Gather input from participants when deciding on the call topic ❑ Help volunteer make the call ❑ Introduce yourself to the triage consultant as a REACH-Spouse facilitator and ask to skip the collection of demographics in the interest of time ❑ Keep the call to around 5 minutes in length ❑ Discuss the participants' impressions ❑ Ask participants for a commitment to call Military OneSource if they struggle with something in the future ❑ Ask participants to put the Military OneSource and the Military/Veterans' Crisis Line phone numbers into their cell phones

Notes	Time

Session Notes – Slide 12 Suicide Prevention Skills

Checklist	
❑ Clearly state that sometimes mental health crises are not preventable ❑ Emphasize that it is important to know the warning signs of suicidal ideation ❑ Mention the Question, Persuade, Refer (QPR) technique	
Notes	Time

Session Notes – Slide 13 Signs and Symptoms of Suicide Risk

Checklist	
❑ Clearly state that suicidality can include verbal or written statements, changes in behaviors, and displays of emotion ❑ Describe the signs and symptoms of suicide risk by reviewing one or two bullet points and provide examples ❑ State that none of the symptoms necessarily point to a risk on their own, but together could be a sign of other problems ❑ Point participants to the QPR technique	
Notes	Time

Session Notes – Slide 14 Question, Persuade, Refer

Checklist
❑ Clearly state the purpose of the QPR technique and explain each of its three steps ❑ Provide an example of how to Question ❑ Provide an example of how to Persuade ❑ Provide an example of how to Refer ❑ Introduce the Columbia-Suicide Severity Rating Scale (C-SSRS) ❑ Go through the role-play example of how you might use QPR with a Service member ❑ Ask participants how likely they would be to use the QPR technique on a scale from 1 to 10

Notes	Time
• Note which role the facilitator took in the role-play and note how it seemed to be received by spouse participants	

Session Notes – Slide 15 Takeaways

Checklist
❑ Introduce resource representatives, such as a chaplain, MFLC, or mental health clinic POC, if they are in attendance and you didn't introduce them earlier ❑ Ask participants to read the four key takeaways ❑ Ask participants what their own takeaways are from today's session ❑ Remind participants of the *Resources Handout* distributed earlier ❑ Mention REACH-Spouse and its purpose

Notes	Time

After Observation: Participant Behavior

- How do the participants seem to be interacting with facilitator? Are they engaged and participating, bored, fidgety…etc.
- What proportion seem engaged versus not engaged? What proportion have spoken during the session?
- Did participants make any suggestions for how to improve future REACH-Spouse sessions or implement this program beyond the field test?
- Did anything unexpected happen during this session? E.g., a negative comment from participant or something else?

After Observation: Facilitator Behavior

- Did the facilitator seem prepared? How often did the facilitator lean on resources such as the Facilitator's Manual or handout?
- Did the facilitator stick closely to the talking points, or did they personalize them quite a bit?
- Did the facilitator use motivational interview techniques? Did they seem to use them effectively, with reflective listening techniques and rolling with resistance?
- Was there anything the facilitator seemed to struggle with? If so, how did they recover?
- Did the facilitator session run over the originally scheduled time window?
- Did the facilitator invite other resource representatives to attend the session? Who?

After Observation: REACH-Spouse Program Materials

- Were there any materials that the facilitator seemed to rely upon the most?
- Was there anything that the participants asked for that the facilitator did not have on hand or have an answer for?

Appendix B: Facilitator Interview Protocol

Introduction

Thank you so much for serving as a REACH-Spouse facilitator. We really appreciate your time and dedication, and hope that you found some value in this experience. We know that your participants certainly did!

Now that you've completed your session, we'd like to ask you some questions to help us best support new REACH-Spouse facilitators in the future. These questions are intended to help us make decisions about the next steps and not to evaluate you or your session in any way. What you share with us will remain confidential and your input will be aggregated with the input of other facilitators in our data analysis.

Recruitment

1. One challenge that we often hear about from other facilitators is that it can be difficult to recruit military spouses for these sessions.
    a. *Prompt:* What "marketing" strategies and communication methods did you use to recruit participants for your REACH-Spouse session?
    b. *Prompt:* Which of these strategies turned out to be most effective?
    c. *Prompt:* What recruitment strategies would you use in the future if you had to recruit military spouses for another REACH-Spouse session?
    d. *Prompt:* We want to be as inclusive as possible in sharing REACH-Spouse with everyone. Do you have any suggestions for how to recruit military spouses who might not normally attend events like this, for example, spouses whose native language is not English, or spouses from diverse backgrounds?

Engagement

2. We are always looking for new ways to engage military spouses and get them to actively participate and speak up.
    a. *Prompt:* What are some strategies that you used to make your session more engaging and interactive?
    b. *Prompt:* Are there any strategies that you would recommend for other facilitators to use to help get maximum engagement from their participants?
    c. *Prompt:* Were there any parts of your REACH-Spouse session that you think your participants found especially engaging?
    d. *Prompt:* Were there any parts of the session that you felt were hard to make engaging?

Materials and Preparation

3. We shared with you several materials to help you prepare to lead your session, specifically the welcome video and some written instructions directing you to download the Facilitator's Manual, REACH-Spouse slides, Resources Handout and Demo Video from the Military OneSource website. We also offered you a 1-on-1 coaching meeting.

a. *Prompt:* Was the preparation we provided sufficient or were there some critical components of instructional support missing that you would have liked to have?
b. *Prompt:* How could we have better helped you prepare to lead your session?
c. *Prompt:* When you think about new REACH-Spouse facilitators who will step into this role in the future, what kind of advice with respect to preparation would you offer them?
d. *Prompt:* Thinking about the materials we provided, do you have any recommendations for changes we should make that would help make the materials more useful and easier to understand for other facilitators?
e. *Prompt:* One of the key questions we are trying to answer is whether new REACH-Spouse facilitators would benefit from an instructor-led training led by a member of our team, or perhaps an asynchronous web-based training that they would have to complete online on their own, or whether the preparations steps we have offered to you and others in Phase 1 would be sufficient with some modifications. Do you have any thoughts on what would work best for others?

Facilitated REACH-Spouse Session (<u>IF THERE IS TIME)</u>

1. *Prompt:* Thinking about the session that you led, how do you feel it went?
2. *Prompt:* Were there any moments in the session that went particularly well?
3. *Prompt:* Were there any moments in the session that could have gone better?

Project Director Questions

At this point, I will open it up to our project director for any other follow-up questions she may have.

Prompt: Now that you've facilitated a session, do you see uses for REACH-Spouse beyond the session you led here at [INSTALLATION NAME]?

Conclusion

Thank you so much for all your insights. We very much appreciate your help and hope to work with you in the future when we get to Phase 2!

Appendix C: Facilitator Questionnaire

Informed Consent Form for REACH-Spouse Facilitators

Study Title: REACH-Spouse Field Test
Principal Investigator: Olga Shechter, Ph.D.
Office: Defense Personnel Analytics Center
Telephone: (831) 236-9959
Email: olga.g.shechter.civ@mail.mil

Principal Purpose: We are inviting you to participate in a research study that involves filling out an electronic survey. The survey takes about 10 minutes to complete, and we will use the information collected on the survey to evaluate the effectiveness of the REACH-Spouse Facilitator Training.

Key Information:

- Study Purpose: The purpose of the study is: 1) to evaluate the effectiveness of REACH-Spouse for increasing help seeking behavior among military spouses 2) to assess the effectiveness of the REACH-Spouse facilitator training.
- Study Risks: There is minimal risk from completing this survey. We will take multiple precautionary steps to safeguard the confidentiality of your data and prevent unintended disclosure of any data. No personally identifiable information (PII) will be collected on the study survey, and your name will not be associated with your survey responses.
- Study Benefits: While there are no immediate benefits to you from taking part in this study, your responses could potentially help promote help seeking behavior among military families, spouses, and Service members who need support. Your responses will also help us better understand how to improve future REACH-Spouse facilitator training experiences for others who step into this role.
- Study Alternatives: This study is for research purposes, and the alternative is not to participate. Your participation is voluntary. This means that you are free to choose not to take part in the survey, or to skip any questions that you do not want to answer, without penalty.

Who will have access to my survey data?
Your name or other PII will not be attached to your survey responses, and only the study staff will have access to your survey responses. Survey responses will only be reported in aggregate in the final study report, which means that responses from all REACH-Spouse facilitators will be grouped together and reported out as a single set of numbers. Importantly, if you verbally indicate that you intend to harm yourself or others, we will need to refer you to resources for support.

Whom to contact about this study
During the study, if you have questions, concerns, or complaints, please contact the Principal Investigator, Dr. Olga Shechter, at the telephone number or email listed at the top of the page. The Exempt Determination Official (EDO) has determined that the study does not constitute human

subjects research in accordance with 45 CFR 46.102.

Authorization:
Your response below signifies the following:

- You have read this consent form and received satisfactory answers to any questions you had about this study.
- You voluntarily choose to participate in this study.
- Your consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study.
- Nothing in this consent form is intended to preempt any applicable federal, state or local laws regarding informed consent.

Do you consent to participate in this research study?

- Yes
- No

Facilitator Training Questionnaire

Please complete this survey after completing the REACH-Spouse Facilitator Training and your coaching meeting. Your feedback will help us improve the REACH-Spouse Facilitator Training, so please answer all questions to the best of your ability.

(Reminder: Your responses will be kept confidential and will not be linked to your name).

1. *What is your sex?*
    a. Female
    b. Male
    c. Prefer not to answer
2. *What is the highest degree or level of education you have completed?*
    a. Less than high school
    b. High school diploma/GED or equivalent
    c. Trade or technical certificate
    d. Some college (no degree)
    e. Associate's degree
    f. Bachelor's degree
    g. Master's degree
    h. Doctoral degree
3. *What military component population do you primarily serve?*
    a. Active Duty
    b. Reserve/National Guard

4. *What military Service branch populations do you primarily serve? (Select all that apply if multiple branches)*
    a. Army
    b. Navy
    c. Air Force
    d. Marine Corps
    e. Space Force
5. *What is your current role? (Select all that apply if multiple roles)*
    a. Chaplain or Religious Service Personnel
    b. Education Services Facilitator
    c. Family Advocacy Program Specialist
    d. Family Program/Community Program Specialist
    e. Mental Health Professional (e.g., psychologist, psychiatrist, clinical social worker, embedded mental health provider, other mental health counselor)
    f. Sexual Assault Response Coordinator (SARC)/ Victim Advocate
    g. Service Member
    h. Military Spouse
    i. Suicide Prevention Program Manager (SPPM)/Violence Prevention Integrator (VPI)
    j. Other: Please specify your role:
6. *How many times have you presented to a group (e.g., giving briefings, presenting trainings, etc.)?*
    a. 1-5 times
    b. 6-10 times
    c. 11-15 times
    d. 16-20 times
    e. 21+ times
7. *Which session do you plan to facilitate?*
    a. Session 1 – Overcoming Barriers, Finding Resources, and Thriving as a Military Spouse
    b. Session 2 – Supporting Your Service Member's Mental Health and Well-Being

Perceived Utility (Overall)

8. *Please indicate how much you disagree or agree with the following statement.*

    Before going through the REACH-Spouse facilitator training, I was already familiar with the topics and skills covered in the REACH-Spouse program.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree

9. *Please indicate how much you disagree or agree with the following statement.*

   I found the information in the REACH-Spouse facilitator training useful.
   a. Strongly disagree
   b. Disagree
   c. Neither agree nor disagree
   d. Agree
   e. Strongly agree
10. *Please indicate how much you disagree or agree with the following statement.*

    The facilitator training I received adequately prepared me to lead a REACH-Spouse session with military spouses.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree

Perceived Utility (Component-Specific)

11. Please rate each of the following REACH-Spouse Facilitator Training components in terms of their usefulness for leading your own REACH-Spouse session.

	Not at all Useful	**Slightly Useful**	**Moderately Useful**	**Very Useful**	**Extremely Useful**
Welcome Meeting					
Welcome Video					
Written Instructions					
Teach Back					
1:1 Coaching Meeting					
REACH-Spouse Session Slides					
Facilitator's Manual					
Demonstration Video					
Practice Checklist					
Resources Handout					
Military Spouse Recruitment Guide					

12. What information should have been included in the REACH-Spouse Facilitator Training that was not?

_____

Training Effectiveness

13. *Please indicate how much you disagree or agree with the following statement.*

    As a result of the REACH-Spouse Facilitator Training, I feel ***more confident*** discussing the topic of mental health in a small group discussion.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
14. *Please indicate how much you disagree or agree with the following statement.*

    As a result of the REACH-Spouse Facilitator Training, I feel ***more confident*** showing participants how to access resources (e.g., Military OneSource, Chaplains, local installation resources).
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
15. *Please indicate how much you disagree or agree with the following statement.*

    As a result of the REACH-Spouse Facilitator Training, I feel ***more confident*** using motivational interviewing techniques to engage spouses.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
16. *(16A) Please indicate how much you disagree or agree with the following statement. (IF "A - SESSION 1" ON QUESTION 7).*

    As a result of the REACH-Spouse Facilitator Training, I feel ***more confident*** discussing the importance of self-care with military spouses.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree
17. *(16B) Please indicate how much you disagree or agree with the following statement. (IF "B - SESSION 2" ON QUESTION 7).*

    As a result of the REACH-Spouse Facilitator Training, I feel ***more confident*** teaching others how to use the Question, Persuade, Refer (QPR) technique.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree
e. Strongly agree

18. *Please indicate how much you disagree or agree with the following statement.*

I would recommend the REACH-Spouse Facilitator Training to others.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree
e. Strongly agree

Open-Ended Questions

19. What did you like most about REACH-Spouse?

_____
_____
_____

20. What did you like least about REACH-Spouse?

_____
_____
_____

21. How can REACH-Spouse be utilized at your military installation? Some examples of potential uses may include new spouse orientations, suicide prevention training, etc. We would love to hear your ideas on how to sustain and grow this program beyond the field test!

_____
_____
_____

Appendix D: Session 1 Military Spouse Questionnaire

Informed Consent Form for REACH-Spouse Participants

Study Title: REACH-Spouse Field Test
Principal Investigator: Olga Shechter, Ph.D.
Office: Defense Personnel Analytics Center
Telephone: (831) 236-9959
Email: olga.g.shechter.civ@mail.mil

Principal Purpose: We are inviting you to participate in a research study that involves filling out an electronic survey. The survey takes about 10 minutes to complete, and we will use the information collected on the survey to evaluate the effectiveness of the REACH-Spouse program.

Key Information:

- **Study Purpose**: The purpose of the study is: 1) to evaluate the effectiveness of REACH-Spouse for increasing help seeking behavior among military spouses 2) to assess the effectiveness of the REACH-Spouse facilitator training.
- **Study Risk**s: There is minimal risk from completing this survey. We will take multiple precautionary steps to safeguard the confidentiality of your data and prevent unintended disclosure of any data. No personally identifiable information (PII) will be collected on the study survey, and your name will not be associated with your survey responses.
- **Study Benefits**: While there are no immediate benefits to you from taking part in this study, your responses could potentially help promote help seeking behavior among military families, spouses, and Service members who need support. Your responses will also help us better understand how to improve future REACH-Spouse facilitator training experiences for others who step into this role.
- **Study Alternatives**: This study is for research purposes, and the alternative is not to participate. Your participation is voluntary. This means that you are free to choose not to take part in the survey, or to skip any questions that you do not want to answer, without penalty.

Who will have access to my survey data?
Your name or other PII will not be attached to your survey responses, and only the study staff will have access to your survey responses. Survey responses will only be reported in aggregate in the final study report, which means that responses from all respondents will be grouped together and reported out as a single set of numbers. Importantly, if you verbally indicate that you intend to harm yourself or others, we will need to refer you to resources for support.

Whom to contact about this study
During the study, if you have questions, concerns, or complaints, please contact the Principal Investigator, Dr. Olga Shechter, at the telephone number or email listed at the top of the page. The Exempt Determination Official (EDO) has determined that the study does not constitute human

subjects research in accordance with 45 CFR 46.102.

Authorization:
Your response below signifies the following:

- You have read this consent form and received satisfactory answers to any questions you had about this study.
- You voluntarily choose to participate in this study.
- Your consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study.
- Nothing in this consent form is intended to preempt any applicable federal, state or local laws regarding informed consent.

Do you consent to participate in this research study?

- Yes
- No

REACH-Spouse Participant Questionnaire

Please complete this REACH-Spouse Session Participant Questionnaire. Your feedback will help us improve the REACH-Spouse training experience, so please answer all the questions to the best of your ability.

(Reminder: Your responses will be kept confidential and will not be linked to your name).

1. *What is your sex?*
    a. Female
    b. Male
    c. Prefer not to answer
2. *What is the highest degree or level of education you have completed?*
    a. Less than high school
    b. High school diploma/GED or equivalent
    c. Trade or technical certificate
    d. Some college (no degree)
    e. Associate's degree
    f. Bachelor's degree
    g. Master's degree
    h. Doctoral degree
3. *What is your employment status?*
    a. Employed
    b. Not employed, by own choice
    c. Not employed, not by own choice
4. *Which military installation are you currently affiliated with?*

a. [List of participating installations fully spelled out + "Other" Option]

5. *What military component is your Service member currently affiliated with?*
    a. Active Duty
    b. Reserve/National Guard
6. *Which Service branch is your Service member currently affiliated with?*
    a. Army
    b. Navy
    c. Air Force
    d. Marine Corps
    e. Space Force
7. *How are you affiliated with your Service member?*
    a. Spouse
    b. Unmarried partner
    c. Parent
    d. Relative (brother, sister, cousin, uncle, aunt, etc.)
    e. Friend
    f. Other (please specify)

Knowledge of Resources

8. *Please rate your level of familiarity with each of the following resources.*

	I am not Familiar with this Resource	**Somewhat Familiar**	**Familiar**	**Very Familiar**
Chaplains and Enlisted Religious Affairs Personnel				
Military/Veterans Crisis Line				
Military OneSource				
Military & Family Life Counselors (MFLCs)				
Mental Health Clinic/Military Treatment Facility				
Family Readiness System				
Behavioral Health Providers				
Emergency Room				
Mobile Resilience Apps (e.g., Calm)				

Perception of Barriers to Care

9. *Please rate each of the following factors that might affect your decision to seek mental health counseling or Services if **you** ever have a problem.*

Seeking help would negatively impact my Service member's career.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree
e. Strongly agree

10. *Please rate each of the following factors that might affect your decision to seek mental health counseling or services if **you** ever have a problem.*

    I am worried about practical concerns, like not having enough time or needing to arrange care for family members.

    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree

11. *Please rate each of the following factors that might affect your decision to seek mental health counseling or services if **you** ever have a problem*.

    I don't know where to get help.

    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree

12. *Please rate each of the following factors that might affect your decision to seek mental health counseling or services if **you** ever have a problem.*

    Other people might think negatively of me if they knew I sought help.

    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree

Willingness to Access Resources

13. *How likely is it that you will use Military OneSource next time you have a concern?*

    a. Very unlikely
    b. Unlikely
    c. Not sure
    d. Likely
    e. Highly likely

14. How likely is it that you will use each of the following resources if you encounter a stressful life event?

Resource	Very Unlikely	Unlikely	Not Sure	Likely	Highly Likely
Chaplain, pastor, rabbi, or other spiritual counselor					
Civilian mental health professional (e.g., psychologist, psychiatrist, clinical social worker, other mental health counselor)					
Civilian-run crisis line (e.g., National Suicide Prevention Lifeline)					
Mental health professional in a military facility (e.g., psychologist, psychiatrist, clinical social worker, other mental health counselor)					
Military & Family Life Counselors (MFLCs)					
Military/Veterans Crisis Line					
Mental health mobile apps					
Friend who is not in the military					
Mental health mobile app(s)					
Military friend not in my Service member's chain of command					
Parent or sibling					
Someone in my Service member's chain of command					
Spouse or significant other					

Willingness to Discuss Mental Health

15. *Please indicate how much you disagree or agree with the following statement.*

I would feel comfortable discussing my mental health challenges with someone I trust.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree
e. Strongly agree

Importance of Self-Care to the Military Spouse

16. *Please indicate how much you disagree or agree with the following statement.*

It is important to me to set aside time to practice regular self-care.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree
e. Strongly agree

17. *Please indicate how much you disagree or agree with the following statement:*

Practicing self-care is important for my overall mental health and well-being.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree
e. Strongly agree

Recommending REACH-Spouse to Others (only available on post-questionnaire)

18. *Please indicate how much you disagree or agree with the following statement.*

I would recommend REACH-Spouse to other military spouses.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree
e. Strongly agree

Open-Ended Questions (only available on post-questionnaire)

19. What did you like most about today's REACH-Spouse session?

_____
_____
_____

20. Do you have any suggestions for how we can improve REACH-Spouse?

_____
_____
_____

Appendix E: Session 2 Military Spouse Questionnaire

Informed Consent Form for REACH-Spouse Participants

Study Title: REACH-Spouse Field Test
Principal Investigator: Olga Shechter, Ph.D.
Office: Defense Personnel Analytics Center
Telephone: (831) 236-9959
Email: olga.g.shechter.civ@mail.mil

Principal Purpose: We are inviting you to participate in a research study that involves filling out an electronic survey. The survey takes about 10 minutes to complete, and we will use the information collected on the survey to evaluate the effectiveness of the REACH-Spouse program.

Key Information:

- **Study Purpose:** The purpose of the study is: 1) to evaluate the effectiveness of REACH-Spouse for increasing help seeking behavior among military spouses 2) to assess the effectiveness of the REACH-Spouse facilitator training.
- **Study Risks:** There is minimal risk from completing this survey. We will take multiple precautionary steps to safeguard the confidentiality of your data and prevent unintended disclosure of any data. No personally identifiable information (PII) will be collected on the study survey, and your name will not be associated with your survey responses.
- **Study Benefits:** While there are no immediate benefits to you from taking part in this study, your responses could potentially help promote help seeking behavior among military families, spouses, and Service members who need support. Your responses will also help us better understand how to improve future REACH-Spouse facilitator training experiences for others who step into this role.
- **Study Alternatives:** This study is for research purposes, and the alternative is not to participate. Your participation is voluntary. This means that you are free to choose not to take part in the survey, or to skip any questions that you do not want to answer, without penalty.

Who will have access to my survey data?
Your name or other PII will not be attached to your survey responses, and only the study staff will have access to your survey responses. Survey responses will only be reported in aggregate in the final study report, which means that responses from all respondents will be grouped together and reported out as a single set of numbers. Importantly, if you verbally indicate that you intend to harm yourself or others, we will need to refer you to resources for support.

Whom to contact about this study
During the study, if you have questions, concerns, or complaints, please contact the Principal Investigator, Dr. Olga Shechter, at the telephone number or email listed at the top of the page. The Exempt Determination Official (EDO) has determined that the study does not constitute human

subjects research in accordance with 45 CFR 46.102.

Authorization:
Your response below signifies the following:

- You have read this consent form and received satisfactory answers to any questions you had about this study.
- You voluntarily choose to participate in this study.
- Your consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study.
- Nothing in this consent form is intended to preempt any applicable federal, state or local laws regarding informed consent.

Do you consent to participate in this research study?

- Yes
- No

REACH-Spouse Participant Questionnaire
Please complete this REACH-Spouse Session Participant Questionnaire. Your feedback will help us improve the REACH-Spouse training experience, so please answer all the questions to the best of your ability.

(Reminder: Your responses will be kept confidential and will not be linked to your name).

1. *What is your sex?*
    a. Female
    b. Male
    c. Prefer not to answer
2. *What is the highest degree or level of education you have completed?*
    a. Less than high school
    b. High school diploma/GED or equivalent
    c. Trade or technical certificate
    d. Some college (no degree)
    e. Associate's degree
    f. Bachelor's degree
    g. Master's degree
    h. Doctoral degree
3. *What is your employment status?*
    a. Employed
    b. Not employed, by own choice
    c. Not employed, not by own choice
4. *Which military installation are you currently affiliated with?*

a. [List of participating installations fully spelled out + "Other" Option]

5. *What military component is your Service member currently affiliated with?*
   a. Active Duty
   b. Reserve/National Guard
6. *Which Service branch is your Service member currently affiliated with?*
   a. Army
   b. Navy
   c. Air Force
   d. Marine Corps
   e. Space Force
7. *How are you affiliated with your Service member?*
   a. Spouse
   b. Unmarried partner
   c. Parent
   d. Relative (brother, sister, cousin, uncle, aunt etc.)
   e. Friend
   f. Other (please specify)

Knowledge of Resources

8. *Please rate your level of familiarity with each of the following resources.*

	I am not Familiar with this Resource	**Somewhat Familiar**	**Familiar**	**Very Familiar**
Chaplains and Enlisted Religious Affairs Personnel				
Military/Veterans Crisis Line				
Military OneSource				
Military & Family Life Counselors (MFLCs)				
Mental Health Clinic/Military Treatment Facility				
Family Readiness System				
Behavioral Health Providers				
Emergency Room				
Mobile Resilience Apps (e.g., Calm)				

Knowledge of Service Members' Barriers to Care

9. Please rate your level of familiarity with the following barriers to care that may stop Service members from seeking help.

Item	I Know Nothing About this Barrier	I Know a Little About this Barrier	I Know Quite a bit About this Barrier	I Know a lot About this Barrier
Preference for self-reliance (i.e., handling things on their own)				
Worries about being seen as "broken" by others				
Fear of negative career impact				
Not knowing which resource to use				

Willingness to Discuss Mental Health with Service Member

10. Please indicate how much you disagree or agree with the following statement.

I would feel comfortable talking with my Service member about their mental health challenges.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree
e. Strongly agree

Willingness to Use QPR Method

11. Your Service member is behaving in a way that concerns you, and the behavior has not been improving.

Please indicate how much you disagree or agree with the following statements:

I would be direct and ask my Service member about their behavior.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree
e. Strongly agree

12. I would try to persuade my Service member to seek help.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree

e. Strongly agree

13. I would help my Service member find the right resource for them.
    a. Strongly disagree
    b. Disagree
    c. Neither agree nor disagree
    d. Agree
    e. Strongly agree

Recommending REACH-Spouse to Others (only available on post-questionnaire)

14. Please indicate how much you disagree or agree with the following statement:

I would recommend REACH-Spouse to other military spouses.

a. Strongly disagree
b. Disagree
c. Neither agree nor disagree
d. Agree
e. Strongly agree

Open-Ended Questions (only available on post-questionnaire)

15. What did you *like most about today's REACH-Spouse session?*

_____
_____
_____

16. Do you have any suggestions for how we can improve REACH-Spouse?

_____
_____
_____