Family Translational Research Group
386 Park Avenue South, 17th Floor
New York, New York 10016

Project Title: Optimizing Psychological Health and Preventing Clinical Problems: Testing the Effectiveness of an Evidence-Based Toolkit for Integrated Operational Support (IOS).

Principal Investigators: Amy M. Smith Slep, Ph.D. and Richard E. Heyman, Ph.D.

You are being asked to be in a research study.

Purpose:
The purpose of this project is to assess your satisfaction with evidence-based support services delivered by your unit's embedded BH tech and your overall wellness following engagement in these interventions.

What Will We Ask You to Do
If you agree to participate in this research, you will be asked to do the following things:

- Read this consent form.
- Answer some questions about your sleep, stress, overall mood, relationship, and well-being after sessions with a BH technician.
- Complete a rating scale about your degree of satisfaction after each BH technician session.
- Answer questions about your sleep, stress, overall mood, relationship, and well-being two weeks and one month after completing your consultation/coaching sessions with a BH technician.

Each of the above questionnaires are brief and should take less than 10 minutes total to complete.

Participation will take under 10 minutes (after each consultation session for up to 20 sessions and a two-week and one-month follow-up), is confidential, and can be done from your phone with a study-provided tracking link, a QR code that will take you to a secure study site (REDCap). As such, the maximum amount of time you could spend filling out questionnaires, if you had 20 weekly sessions, would be 3 hours and 30 minutes.

This feedback data, which consists of multiple-choice items and numeric ratings, will be stored in REDCap with your assigned participant ID independently from this consent form, should you choose to electronically sign it.

You may also participate without signing your name on this form by completing a paper version of each questionnaire which will be mailed to our team in a sealed envelope. Your

contact information for compensation will be kept entirely separate from these questionnaires.

The following results from this study may be clinically relevant to you: responses to brief assessments of psychological wellness and global functioning. You will not receive these results.

Costs to You/ Payments to You: You will not have to pay anything to be in this study. You will be paid $25 in the form of a gift card upon completion of all questionnaires for each session, and completion of a follow-up questionnaire two weeks and one month after you have completed sessions with your BH technician. You may also choose to opt out of receiving compensation if you do not wish to provide your contact information at all.

Payment to the Institution: This project is funded by a grant from the Department of Defense Health Program, Peer Reviewed Medical Research Program Lifestyle and Behavioral Health Interventions Research Award to New York University, in support of the investigators' work on this study.

Risks/Discomforts: This is a minimal-risk study, therefore there are no perceived risks or discomforts associated with your participation. That is, there will be no appreciable physical, social, or legal risks or discomfort through participation in the study.

The brief rating questionnaires (stored on REDCap) are non-invasive and not of a sensitive nature. Your contributions are being used exclusively as a way to assess the BH technician's ability to helpfully meet your needs and will be used to determine supervisor feedback on strengths and areas for improvement.

Benefits: There are no direct benefits to you for participating in this project. However, by participating in the study, you are providing valuable feedback about the helpfulness of BH technician services and the effectiveness of a training program in which they are engaged. This information will assist the Investigators and the DAF AFMRA MH leadership determine the best strategies for meeting SM support needs and optimizing SM readiness.

Privacy and Confidentiality

We want to ensure that your data is confidential. To help you understand how we are going to do this, we are taking the following steps:

1. These electronic consent documents will be stored in REDCap. There is only a single place where it contains a link to the participant ID you will be assigned. Only IRB certified members of the research team have access.
2. If you would like to complete the study without signing the consent form, we will provide you with paper versions of this form and all study questionnaires, as well as

addressed and stamped envelopes that will be sealed and mailed to our team, ensuring that your name is not connected with your data at all.

3. We will collect data electronically using the secure REDCap platform or using paper questionnaires. You can use a secure link or study QR code along with your ID to fill out satisfaction and wellness questionnaires.

Your Rights:

- Your participation in this study is voluntary. You do not have to be in this study if you don't want to be.
- You have the right to change your mind and leave the study at any time without giving any reason and without penalty.
- Any new information that may make you change your mind about being in this study will be given to you.
- You can refer back to a copy of this consent form at any point during the duration of the project.
- You do not lose any of your legal rights by participating in this study.
- This study has no impact on your military standing.

Questions: If you have any questions, concerns, or complaints about the study, you may contact Drs. Slep or Heyman at (212) 998-9815.

- If you have any questions about your rights as a research subject or if you would like to obtain information or offer input, you may contact the University Committee on Activities Involving Human Subjects, New York University, 665 Broadway, Suite 804, New York, NY 10012 at (212) 998-4808 or ask.humansubjects@nyu.edu.
- Representatives of the DOD are authorized to review research records.

Subject Name (Print) _____

Subject Signature _____

Date _____

Name of Person Obtaining Consent (Print) _____

Signature of Person Obtaining Consent _____

Date _____