
Division 19 Student Research Grant Awards

Development and Initial Validation of the In Garrison Stressors Scale

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While there has been a great deal of research that focuses on factors related to military deployments (e.g., Hoge et al., 2006; Vincent et al., 2012; Bourassa et al., 2024), the everyday stressors that servicemembers face while at their home base or installation (i.e., in garrison) is understudied. It is crucial to examine these stressors further because in 2023 78.9% of the 337 deaths by suicide of active-duty servicemembers occurred in garrison (Department of Defense, 2024). Moreover, 65.4% of the 1,370 suicide attempts by active-duty servicemembers happened in garrison (Department of Defense, 2024). These statistics highlight the need to explore and measure the stressors that servicemembers face while in garrison.

A preliminary study examined the relationship between in garrison occupational stressors, unit cohesion, and mental health outcomes (Toner, 2024). The findings provided initial evidence of the relationship between mental health outcomes and in garrison stressors; however, the measure used to examine in garrison stressors had not been previously validated. Furthermore, this study took a narrower approach to in garrison stressors by focusing on their relationship with occupational stressors. To continue to move forward in this area of research, there is a critical need for a more comprehensive and validated scale.

Previous lines of research on in garrison stressors have focused on work stressors, including work-life balance and the impact on military families (e.g., Tucker & Kelley, 2009; McMaster et al., 2018; Corry et al., 2021). While stressors related to work and family life are certainly important, they do not tell the full story of the stressors that military servicemembers face while in garrison. Moreover, although there have been limited studies that have taken a broader, more comprehensive approach, these have often been conducted in other countries and have not been widely used (e.g., Zohar et al., 2004; Deans & Byrne, 2008). Thus, the goal of the current study is to create and provide initial validation of a comprehensive scale that focuses on the unique stressors that are experienced by American military servicemembers while in garrison.

To this aim, the study will be completed in two parts following methods put forth by Boateng et al. (2018). For the first phase, information will be gathered from Veterans who have separated from the military within the past 10 years, and from experts who have worked in the field of military psychology. The mixed method approach includes soliciting Veterans' and experts' thoughts on a va-

riety of stressors that could occur in garrison in order to narrow down relevant items. The shortened scale will then be examined via cognitive interviews with a subset of the Veterans. Once sufficient feedback is gathered and saturation of themes is reached, the second phase will commence, which will include piloting the updated measure, along with other measures to aid in the validation process, with Veterans on CloudResearch's Connect platform. Analysis will be multi-step and include a focus on item reduction using methods drawn from Item Response Theory & Classical Test Theory, factor extraction through factor analysis, an evaluation of test dimensionality, tests of reliability and validity, and regression analysis.

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It Takes a Village:

The Effect of Child and Adolescent Strengths (CANS) on Suicidal Thoughts and Behavior in Young Children

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Suicide is the leading cause of death among active-duty service members and has claimed more lives than any other method since 2018 (Defense Casualty Analysis System, [2023](#)). Suicide rates among military-connected children mirror this rise. From 2007 to 2021, dependent suicide increased and, in five of those years, exceeded those of comparable civilian populations (Department of Defense, Office of the Under Secretary of Defense for Personnel and Readiness, 2024; DoD OUSD, P&R). One explanation for this trend may be toxic stress; the cumulative and continuous exposure to stressors that negatively affect one's physiology (Guidi et al., [2020](#), Stacy & Schulkin, [2022](#)). Some stressors that negatively affect military-connected families, such as deployment, have been identified as possible reasons for this trend. However, while significant, events like deployment may occur relatively infrequently.

Importantly, suicidal thoughts and behaviors change over time. Suicidal ideation can rapidly escalate into an attempt in minutes, and proximal predictors, such as daily stressors, appear to intensify the risk (Deisenhammer et al., 2008, Kivelä et al., 2022). The Department of Defense (DoD) previously recognized Combat and Operational Stress Reactions (COSRs) as a consequence of prolonged stress, and a threat to psychological health in service members (DoD, [2020](#)). COSRs are inclusive of both combat stressors (e.g., personal injury, death of another unit member, severe injury) and operational stress reactions (e.g., isolation, harassment, high workload, repeated exposure to trauma). However, how those stressors, or other military specific stressors, translate to daily life among children of service members has not yet been addressed.

Research on a military-connected child's exposure to stress largely focuses on combat deployments, as it distinguishes the military and civilian populations (Briggs et al., [2019](#); Flake et al., [2009](#)). However, while suicide rates have increased in recent years, combat-related deaths have dropped to near zero (Defense Casualty Analysis System, [2023](#)). This implies a parent's deployment or combat experience may not be the singular issue driving suicidal thoughts and behaviors (STBs). Despite this, there are no known, peer-reviewed studies that ask parents directly what daily stressors they believe influence their child's mental health, outside of combat deployments. Further-

more, because all stressors have been framed through deployment, routine rotations to foreign nations or field operations (activities that draw the service member parent away from the family for multiple days) are often neglected in the discussion on reintegration.

The military has invested considerable resources into addressing stressors affecting families. In fiscal year 2025 (FY25) alone, \$10.6 billion were allocated to military family support programming (Office of the Under Secretary of Defense (Comptroller)/Chief Financial Officer, 2024). The \$400 million increase in funding from the previous fiscal year is explicitly driven by expansions to suicide prevention programming (DoD, [2024](#)). These resources are intended to support military-connected parents, but whether the money effectively reaches parents remains unclear. However, if these resources are indeed helpful for military-connected parents, the findings from this investigation will have wider relevance, as many of the stressors experienced by military families are not exclusive to the military, and may likely be generalizable.

Current Study

From 2018-2022, 166 children of active-duty service members were lost to suicide (DoD OUSD (P&R), [2024](#)). This project seeks to understand the experiences of military-connected families through a qualitative research study examining the effects of military-specific daily stressors and military-specific resources. Delineating the contemporary, military-specific stressors that parents face will either validate or suggest redirection of national efforts to mitigate this crisis.

Methods

Recruitment: Recruitment will be conducted through social media and flyers posted in public areas and medical offices frequented by military-connected families. Participants will reach out to the point of contact listed on the document, whom will determine eligibility. Common Access Cards (CACs) for both the parent and child must be presented to the research coordinator in person to verify US Army affiliation. At least one child must be between the ages of 5-17, as focus groups target cognitive pro-

cessing skills present after age 5. If eligible, participants will work with the research coordinator to determine available times for the focus group. Participants will be sent reminder emails, texts, and, on the day of the focus group, a reminder call.

Focus groups will occur for no more than two hours, with childcare being provided to those in need. During the focus group, participants will provide their verbal and written consent for the study. All focus groups will be recorded and transcribed using NVivo and an external audio recorder, both provided through Duke University. In order to best understand the context for stressors in the military, three different focus groups of ten people each (N=30) will be conducted.

Procedures: Duke University Institutional Review Board as well as the DoD (as needed) will review and approve this research prior to implementation.

Focus group agenda: Participants will check in to an off-installation meeting place with the focus group leader. Children will be guided to the adjoining room for childcare. Participants will listen to and be presented with a paper copy of the consent form and encouraged to ask questions about the study before signing. Recording will begin, and participants will provide their verbal and written consent. Participants will then manually fill out an anonymous questionnaire on demographics, to include age and gender of child. Mental health providers will fill out a modified survey with age ranges of patients seen clinically.

Following completion of the demographics questionnaire, the focus group lead will provide a brief overview of the investigators' research focus and background along with statistics on STBs in military-connected children. The demographics questionnaire and overview will take less than twenty minutes, followed by up to 90 minutes of discussion.

Focus Group 1: Eligibility consists of: (1) parent and/or primary caregiver of a child ages 5-18; (2) who is either employed as or married to (to include recently separated spouses) an active-duty US Army soldier; (3) stationed at Fort Bragg, North Carolina; (4) conventionally aligned, or non-Special Operations Forces (SOF).

Focus Group 2: Eligibility consists of: (1) parent and/or primary caregiver of a child ages 5-18; (2) who is either employed as or married to (to include recently separated spouses) an active-duty US Army Soldier; (3) stationed at Fort Bragg, North Carolina; (4) unconventionally aligned, or SOF.

Focus Group 3: Eligibility consists of: (1) licensed provider for mental health care in the state of North Carolina to include Licensed Clinical Mental Health Counselors (LCMHCs), licensed social workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs) and licensed psychologists (e.g., PhD, PsyD, MA); (2) who offer mental health care to active-duty military-connected children for a minimum three hours per week; (3) are located in the vicinity of Ft Bragg, NC (to include Cumberland, Lee, Moore, and Harnett Counties).

Participants: Efforts will be made to ensure participants are representative of the population being discussed. To ensure compliance, percentages from the 2023 Demographics Report (DoD et al., 2024) will be used as guides for accepting participants to Focus Groups 1 and 2. Ideally, all components of demographics (as listed by the report) will be accounted for and represented in Focus Groups 1 and 2. Focus Group 3 will be convenience sampled from the community.

Measures

Qualitative analysis: The following questions will be asked in Focus Groups 1 and 2:

1. What are the most significant threats to your child's mental health?
2. Do you believe your child is at risk of becoming suicidal?
3. In what ways do you feel the military protects your child against some of these risks?
 - a. What resources have you found to be most helpful?
4. In what ways do you feel the military further harms your child?
5. What aspect(s) of military life do your children find most stressful?
 - a. Which stressors affect your children most frequently (i.e., you deal with them every day)? How do stressors affect day-to-day life for your child?
 - b. Do you feel you are able to protect your child from the effects of daily stressors?
 - c. If not, what keeps you from doing so? If so, what methods or resources do you find most helpful?

The following questions will be asked in Focus Group 3 (clinicians):

1. What are the most significant threats to military-connected children's mental health?
2. What clinical issues arise most frequently in this population?
3. How frequently do you deal with STBs in children?
4. In what ways do you think the military protects military-connected children against risks?
 - a. What resources are most helpful? What resources should parents know about?
5. In what ways do you think the military further harms military-connected children?
6. Do you feel you are able to meet the needs of the community with the current staffing?
7. What stressors do you believe are most taxing on military families?
 - a. Which ones do they deal with daily?

Interview coding will be conducted through inductive, thematic analysis (Braun & Clarke, 2006). Inductive reasoning was selected because there is no theoretical background for stressors affecting military-connected children. Themes will be selected semantically, directly mirroring the group responses. Deeper meanings will not be gleaned through latent analysis. Coding will follow the six steps described in Braun & Clarke's guide to thematic analysis.

Discussion

Future Directions

Data from this investigation will be used for three purposes: (1) to inform research for publication and presentation to both military and civilian audiences, such as at APA 2025 and MHSRS 2026; (2) to inform a proposal to the following DoD grant mechanism in FY26 for the purpose of researching emotional regulation, suicide, and stress reactions in military-connected family; (3) to inform development of a measure exploring military specific stressors. This measure will be included in a grant proposal to the American Foundation for Suicide Prevention exploring how military-connected children differ from civilian children in exposure to death, dying, and suicide. Currently no such measure exists despite its necessity.

Practical Implications

Our intent is to ground future research in contemporary, accurate depictions of the stressors affecting military-connected families. Most research examining military family stressors is over a decade old and was collected during a period characterized by increased combat, differing funding and alternative policies. Serving military families involves granting them the opportunity to express their experiences, and understanding their concerns is essential for shaping responsive, effective mental health policy.

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Strength in Body and Bonds: Functional Fitness and Veteran Well-Being

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Veterans make up approximately 6% of the US population, yet annually comprise 15-20% of suicide deaths (Bryan et al., 2019). These increasing rates occur in tandem to the increases of posttraumatic stress disorder (PTSD) and depression among U.S. military veterans (Bryan et al., 2015; DeBeer et al., 2016; Rauch et al., 2022). Yet, stigma and other barriers manifest as a gap in care for this population; this has created an urgent need for innovative, accessible, and holistic interventions that extend beyond traditional psychotherapy and pharmacological approaches. Although evidence-based treatments remain critical, many veterans do not access or engage with conventional mental health care due to stigma, logistical barriers, or perceived ineffectiveness. Physical activity has emerged as a promising complementary strategy, with growing empirical support indicating its positive effects on emotional regulation, sleep quality, and psychological resilience. In particular, CrossFit—a high-intensity functional training program that emphasizes physical challenge, community, and personal growth—has gained popularity especially among veterans, yet limited research has explored its therapeutic potential from the perspective of those who participate in it (Fabiano et al., 2023; Kang et al., 2020; Wang et al., 2023).

The purpose of this qualitative dissertation research study is to explore the lived experiences of veterans who engage in CrossFit, with the aim of developing a theory that explains how this unique exercise modality may contribute to psychological well-being, social support, and identity development in the aftermath of military service (Reis et al., 2022; Feito et al., 2018). Guided by a Grounded Theory methodology, the study seeks to identify and interpret the psychological, emotional, and interpersonal dynamics that veterans attribute to their CrossFit participation. This includes particular attention to how CrossFit may help veterans cope with mental health symptoms, foster connection, and restore a sense of agency and meaning.

The study will involve semi-structured interviews with U.S. military veterans who have engaged in CrossFit for at least six months. Interview transcripts will be analyzed using constant comparative analysis to generate emergent codes, categories, and eventually, a substantive theory grounded in participants' lived experience. Hero WODs—special workouts commemorating fallen service members or first responders—will also be explored as potentially meaningful rituals in veterans' narratives. This study is expected to contribute to the growing body of literature on nontraditional mental health supports for veterans. It may also provide practical implications for integrating structured, community-based fitness programs like CrossFit into veteran reintegration strategies and suicide prevention efforts. By centering veterans' voices, the

findings may inform culturally responsive interventions that harness the power of movement, identity, and connection to support mental health recovery and long-term resilience.

As data analysis of this project exhibits thus far, this study will provide implications for integrating fitness-based peer communities like CrossFit into broader mental health strategies for veterans. It may also address critical gaps in culturally relevant, non-stigmatizing interventions for posttraumatic growth and suicide prevention (Monteith et al., 2023; Kachadourian et al., 2022; Vancampfort et al., 2018). By centering veterans' voices, the findings may inform policy, clinical practice, and veteran-serving organizations seeking to build sustainable, strengths-based approaches to veteran reintegration and well-being. I look forward to dissemination of my findings and hope to contribute valuable data toward building a healthy military and veteran community. Thank you for the opportunity!

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The Sexual Socialization of Active-Duty Army Soldiers: A Qualitative Study

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Summary

The Department of Defense (DoD) has seen a 151% increase in sexual assault reports from 2011 to 2023, underscoring a critical need to understand how servicemembers are sexually socialized. While the DoD has invested in prevention training, research suggests that a deeper understanding of sexual socialization—the process of learning about sex from various sources—is essential to effectively address sexual violence. Servicemembers learn about sex from multiple sources, including parents, schools, peers, media, and religion, with the military environment introducing unique socializing agents like leadership and formal training. This study aims to fill research gaps by exploring how these sources influence servicemembers' sexual knowledge, attitudes, and behaviors, both before and during their military service. A qualitative, phenomenological design will be used, with semi-structured interviews of up to 25 active-duty Army servicemembers. The findings will provide a nuanced understanding of servicemember sexual socialization, offering implications for military leaders, healthcare providers, and policymakers to develop more effective and culturally tailored interventions.

Background

From 2011 to 2023, the Department of Defense (DoD) received 87,257 reports of sexual assault, a 151 percent increase across the surveillance period (The Sexual Assault Prevention and Response Office [SAPRO], 2024). Military sexual trauma (MST) is defined as the experience of sexual assault (SA) or sexual harassment (SH) during active-duty service. MST has an adverse effect on the physical, sexual, and mental well-being of service members and impacts DoD mission readiness (Department of Veterans Affairs, 2010; Lofgreen et al., 2017). DoD efforts to prevent MST include sexual harassment/assault prevention training (Orchowski et al., 2018), policy implementation (Acosta et al., 2021) and bolstering the size of the prevention workforce (DoDI 6400.11, 2022).

Although the DoD has invested substantially in prevention training, Freyd and Smidt (2019) argue that comprehensive sex education is required to properly address the roots of sexual violence. Research over the past two decades argues that sexual education plays a key role in sexual assault prevention (Carmody, 2009; Ubach et al., 2019; Schneider & Hirsch, 2020). Sex education that includes lessons on boundaries and consent has been identified as independent protective factor against sexual assault (Santelli et al., 2018). Despite this, there is a dearth of research examining how servicemembers learn about sex.

Sexual Socialization

Servicemembers learn about sex long before entering the military. Primary socialization theory (PST) posits that normative and deviant behaviors are learned social behaviors from primary socializing sources (e.g. family, school, peers) with influence from secondary socialization sources (e.g. extended family, religion, media) (Oetting & Donnermeyer, 1998). When this framework is applied to sexual formation, the result is a process known as sexual socialization. This refers to “the process through which young people learn and internalize sexual knowledge, attitudes, skills, norms, and expectations for sexual relationships” (L’Engle & Jackson, 2008).

The outcome of an individual’s sexual socialization experience is complex and contingent on different factors such as the messages received from each socializing agent, the models presented by each socializing agent, and the interaction between several socializing sources. For example, parents can foster healthy sexual attitudes through open and comfortable communication (Astle et al., 2020; Bragard & Fisher, 2024; Wight & Fullerton, 2013), while the comprehensiveness of formal education can significantly improve sexual knowledge and self-efficacy (Ramirez-Villalobos et al., 2021). All sources of sexual socialization have the ability to positively or negatively impact an individual’s sexual development. Peers can exert either positive or negative influences depending on the composition of the peer group and other attitudinal factors (Benton et al., 2020; Duckworth & Trautner, 2019). Healthcare providers are also reliable sources of information; however, their effectiveness can vary depending on experience and specialty (Fennell & Grant, 2019). Media can normalize sex (Brown & Keller, 2009) but also promote harmful attitudes (Hedrick, 2021). Similarly, increased religiosity has been found to be associated with delayed sexual debut among adolescents but also increase feelings of sexual guilt and sex negative attitudes (Benton, 2022; Perry et al., 2021).

Research show that leadership can be effective at reducing SH and SA when they espouse antiharassment policies, create a positive organizational climate, and implement formal and informal actions to address SA/SH complaints (Williams et al., 1999; Buchanan et al., 2014; Sadler et al., 2018). Thus, military leaders can sexually socialize their subordinates through the culture that they establish.

Not only do leaders offer a unique contribution to military sexual socialization, but also other service members and sexual assault/harassment prevention trainings. Like civilian studies, the effect that peers in the military have on an individual depend on the type of group. Murdoch and colleagues (2009) surveyed 681 active-duty troops

and identified a positive association between units' endorsement of anti-harassment norms and the severity of sexual harassment reports. This trend is likely explained by the attitudes of hypermasculinity that tend to be more prevalent in military than civilian populations (Matthews et al., 2009; Schaefer et al., 2021). With respect to formal education, service members do not receive the same type of sexuality education delivered in middle or high school settings. Rather, the sexuality education comes in the form of sexual assault/harassment prevention training which covers topics such as consent, bystander intervention, and reporting procedures (Farris et al., 2019; DoDI 6495.02 vol 2, 2021). A review of interventions to improve sexual health found that sexual assault/harassment prevention trainings improved knowledge, attitudes, and self-efficacy to serve as a bystander (Vargas et al., 2020).

The literature on sexual socialization is scarce with several gaps. Past research guided by PST has only examined the primary sexual socializing sources (parents, families, and peers) with little attention given to role of media, religion, or health care providers (Pettigrew et al., 2017; Shick et al., 2023, Nicholson et al., 2025). Military sexual assault prevention research has focused primarily on training evaluation (Orchowski et al., 2018) and the cultural institutional factors that maintain MST rates (Bennet, 2018). More research is needed to engage the military community to learn how programs and initiatives can be better contextualized to the military context (Gidycz et al., 2018).

Present Study

The present study seeks to fill these gaps with the broad goal of understanding the sexual socialization experiences of active-duty Army service members. The study has the following three aims: (1) explore servicemembers' sexual socializing sources and messages before and during military service, (2) understand how servicemembers internalized their sexual socialization experience and how it affects their present-day sexual attitudes and behaviors (3) identify perceived sexual education gaps of servicemembers.

Method

Design

This study will use a qualitative, phenomenological design to explore the sexual socialization experiences of active-duty Army servicemembers. Given the lack of a robust theoretical framework and validated measures for sexual socialization, an exploratory qualitative approach is most appropriate to understand the participants lived experiences.

Participants and Recruitment

The Army had the highest sexual assault reporting rates per thousand service members for seven of the last 11 years (SAPRO, 2024). Given this trend and the nature of the Army being the largest DOD service, the target popu-

lation will focus on active-duty Army service members. Up to 25 participants will be recruited using a combination of purposeful sampling strategies from military installations in the National Capital Region. Recruitment will be conducted through flyers, word of mouth, email listservs, and a research kiosk. The sample will be stratified by sex and rank to allow for comparative analysis of experiences, with data saturation assessed iteratively throughout the interview process to determine the final sample size.

Data Collection

Prospective participants will complete an online eligibility and demographic screening questionnaire. Eligible individuals will be assigned a research identification number (RIN) and scheduled for a virtual or telephone-based semi-structured interview lasting 45-60 minutes. The interview agenda is structured around the four primary aims of the study, covering how participants learned about sex before and during military service, the messages received, how they internalized their experience, and perceived sexual education needs. All interviews will be audio-recorded and then transcribed, with all identifying information immediately redacted to ensure participant confidentiality. At the conclusion of the interview, participants will be eligible to receive 60 dollars of compensation for completing the interview. Funding is provided by the Division 19 student research grant.

Data Analysis

A reflexive thematic analysis, following Braun and Clarke's (2006) six-step framework, will be used to analyze the interview transcripts. This approach is well-suited for a dissertation project due to its flexibility and the emphasis on the researcher's subjectivity in interpreting the data. The six steps are: (1) familiarizing with the data through transcription, (2) generating initial codes, (3) searching for themes, (4) reviewing and refining themes, (5) defining and naming the final themes, and (6) producing the final report. The coding process will be guided by the study's research aims.

Significance

The findings of this study may have several implications for military leaders, health care providers, sexual assault prevention workforce, and policy makers. A comprehensive analysis of multiple sexual socializing sources in the military can elucidate socialization mechanisms that promote healthy sexual relationships or increase risk for MST. Leaders can use this information to better understand how to use their influence to not only establish an anti-harassment culture within their organization but potentially promote healthy sexual relationships. Medical and behavioral health providers in the military can use the study results to inform their intake practices to facilitate conversations about sexual health that is tailored to their patient's educational needs and concerns. Several sexual assault prevention programs have sprouted in the DOD

without a comprehensive understanding of the sexual knowledge, attitudes, and behaviors that service members enter the military with. The findings from this study can inform and enhance the current DOD prevention trainings in a manner that fills educational gaps and socializes servicemembers toward health relationships.

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Values or Goals? Measuring Psychological Flexibility Using the Personalized Psychological Flexibility Index

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As Acceptance and Commitment Therapy (ACT) becomes more widely utilized across the Veteran Affairs (VA) and Department of Defense (DoD) settings, there is a need to ensure accurate measurement of its core constructs. This study explores a new approach to measuring psychological flexibility (PF) using values rather than goals to better reflect the aims of ACT.

ACT is effective for treating mental health conditions in military populations, including depression, anxiety, chronic pain, and PTSD (Donahue et al., 2024; Walser et al., 2013; Wang et al., 2025). PF, the key mechanism of change in ACT, refers to the ability to pursue personal values despite distress (Cherry et al., 2021). The Personalized Psychological Flexibility Index (PPFI; Kashdan et al., 2020) is arguably the strongest PF measure. It asks respondents to identify an important goal, then rate their ability to pursue that goal despite internal challenges. However, within ACT, goals and values are distinguished: goals are specific and achievable objectives with an endpoint (e.g., becoming a parent), whereas values represent a lifelong, meaningful, and ongoing process (e.g., loving and engaged parenting; Wilson et al., 2010). Values in ACT are about what is most meaningful and reinforcing in the long-term, and values guide goal selection. ACT's primary aim is to increase valued living, helping individuals pursue what is most meaningful in the face of adversity.

In military contexts, values like service, loyalty, and protecting others often underlie operational goals. For instance, a service member's values of protecting others and serving their country can provide meaning and motivation to endure difficult aspects of service and necessary objectives. Clinically, exploring personal values can help service members and veterans find purpose during and after the transition out of the military.

The goals language in the PPFI may not fully reflect how PF has been defined and applied clinically in ACT, where it is often framed in terms of values. This study introduces the PPFI-V, a refined version of the PPFI that asks users to identify a personally important value. We aim to compare the PPFI-V to the PPFI to determine which version more accurately measures PF and whether respondents interpret values and goals differently as intended by ACT researchers. We further aim to recruit a diverse sample to better understand how PF is interpreted and identify any measure refinements. We hypothesize that the PPFI-V will provide a stronger measure of PF, as it aligns more closely with ACT theory and clinical prac-

tice, is inclusive of cultural values, and captures deeper purpose and meaning. With the Division 19 Student Research Grant, we will recruit and compensate community participants, aiming for a total sample of over 400 community and student participants. We will examine within and between-group differences, evaluate the factor structure, analyze qualitative responses, and test convergent and discriminant validity with mental health and ACT-relevant constructs. The PPFI-V will be the first PF measure to directly incorporate personal values. We hope to contribute to the development of a gold-standard, culturally inclusive measure of PF that can advance ACT research and be effectively applied across military and veteran populations.

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Featured Flashback: Screening, Selecting, and Evaluating Marine Security Guards

Martin Wiskoff (1990)

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The nation was shocked in 1987 with the revelation that the security of the Moscow embassy had been compromised by a Marine serving guard duty. A research program was initiated by the Defense Personnel Security Research and Education Center (PERSEREC) in the same year, in support of the Marine Security Guard (MSG) Battalion to (1) identify those characteristics required for successful performance of MSG duties and (2) develop procedures for the continuing evaluation of Marines serving on guard duty.

A test battery of personality, interest, motivation, attitude and background instruments was administered to over 1,200 students at the MSG School and to over 1,000 Marines serving worldwide as MSGs. Criteria consisted of three measures of school performance (pass/fail, final score and peer ratings) and behaviorally anchored rating scales to measure job performance and off-duty behavior. Ratings on the latter scales were obtained from peers, supervisors and from subordinates

for part of the sample. Results pointed to the need to carefully attend to background variables such as minimum aptitude score, physical fitness and indebtedness in screening for Marines for the MSG School. Biodata measures demonstrated good validity against both school and job performance measures. One biodata inventory has already been introduced at the MSG School and recommendations have been made for use of others in screening and selecting for the MSG program.

A second research effort developed a continuing evaluation process (CVAL) for those Marines serving on MSG duty. The system was designed to: (1) serve as an early warning of performance and behavioral problems; (2) facilitate counseling of MSGs with problems; and (3) function as an information system for reassignment or removal of Marines if required. The CVAL process involves the using of a checklist of behavioral indicators. The program is currently being evaluated: indications are that it is being well received in the field.