Accelerated Wellness Program:

2016-2022

Evaluation Report

Prepared by: Evaluation Data Solutions, LLC

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EXECUTIVE SUMMARY

In 2020, suicide was the second leading cause among veterans who were younger than 45 years old and the 15th leading cause of death among veterans regardless of age. While there was a decrease in suicide deaths during the COVID-19 pandemic (i.e., 2020), there was an approximate two-decade increase in suicide deaths prior to the pandemic (i.e., 2001-2018).

To address this national problem, Warrior Wellness Program (WWP), located in Holiday and Tampa Florida, provides innovative and effective alternative therapies to veterans and immediate family members who are facing life challenges that stem from traumas associated with military service. People who are served at Warrior Wellness Program often experience physical, mental, and emotional injuries, including post-traumatic stress, depression, anxiety, traumatic brain injuries and military sexual trauma. Through a five-day wellness program called the Accelerated Wellness Program (AWP) and/or individualized services if people are unable to attend the five-day program, past and present military and their spouses participate in Accelerated Resolution Therapy (ART), Integrative Restoration (iRest) and other therapeutic outings and services. ART is an evidence-based therapy that works directly to reprogram the way in which distressing memories and images are stored in the brain, so they no longer trigger strong physical and emotional reactions. iRest is a guided meditation practice that effectively alleviates triggers related to combat, trauma, insomnia, chronic pain, anxiety, and depression.

From 2016 to 2022 the Warrior Wellness Program staff conducted 166, 5-day programs. A total of 770 people participated in the program, 551 of whom were veterans and 22 were active-duty military. Most participants are white and male with varying educational levels. A higher percentage of female service members, compared to male service members, are in the Airforce, Navy, and Army Reserves. Male service members are more likely to be in the Army. Females service members, on average, are on leave for a shorter duration compared to male service members. 97% of people have experienced at least one trauma. A third reported experiencing three or more traumas.

A total of 436 veterans and 99 spouse survey respondents completed both the pre- and the post-survey. Veteran and spouse from pre- to post-survey participation showed a reduction in physical and mental symptoms, including in anxiety, depression, PTSD, depression, and sleep dysfunction as well as an increase in reliance. Reduction in mental symptoms persisted for veterans in follow-up surveys. Physical challenges for veterans like pain, however, tend to come back, on average, after leaving the program. Consider providing participants with strategies, techniques, and local resources they can implement and use at home.

INTRODUCTION

In 2020, suicide was the second leading cause among veterans who were younger than 45 years old and the 15th leading cause of death among veterans regardless of age. While there was a decrease in suicide deaths during the COVID-19 pandemic (i.e., 2020), there was an approximate two- decade increase in suicide deaths prior to the pandemic (i.e., 2001-2018)[1].

To address this national problem, Warrior Wellness Program (WWP), located in Holiday Florida, provides behavioral health care services to veterans and immediate family members who are facing life challenges that stem from emotional difficulties associated with military combat service and military sexual trauma (MST). This includes challenges and difficulties with civilian transition and daily life functioning, including but not limited to symptoms of post-traumatic stress disorder (PTSD), depression, anxiety, chronic pain, and substance abuse. The WWP provides a 5-day wellness program called the Accelerated Wellness Program (AWP) and/or individualized services if people are unable to attend the 5-day program. Services are provided at their Holiday, Florida location.

The programs and services at Warrior Wellness Program are designed to serve combat veterans, active-duty service members and their spouses using a post-traumatic growth model that focuses on the following three key areas:

- Health - An empowered life starts with sound physical, mental and emotional health;
- Connection - Avoiding isolation and building meaningful relationships and;
- Resilience - The ability to care for oneself and weather difficult times is vital to long term success.

This report provides a summary of cumulative evaluation findings for the AWP from July 1, 2016, through June 30, 2022. Results focus primarily on active military and veterans with key findings for spouses of veterans served.

[1] Source: https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf

SERVICES PROVIDED

At the cornerstone of AWP is Accelerated Resolution Therapy (ART) and Integrative Restoration (iRest), both of which are provided all five days of the program (see side bar, next page).

Accelerated Resolution Therapy (ART) is an evidence-based therapy shown to achieve benefits more rapidly than other traditional therapies, with participants usually seeing results in 1-5 sessions. ART works directly to reprogram the way in which distressing memories and images are stored in the brain, so they no longer trigger strong physical and emotional reactions.

Integrative Restoration (iRest) is a guided meditation practice developed by Walter Reed Army Medical Center specifically for the military. It is a non-invasive, research and evidence-based, ten-step protocol that effectively alleviates triggers related to combat, trauma, insomnia, chronic pain, anxiety, and depression. This is all done through regulation of the body's nervous system.

These two therapies are complementary to one another as ART addresses the physical and emotional issues related to trauma. iRest is a more restorative practice that uses guided meditation to improve relaxation and rest. In addition to ART and iRest, exposure to other alternative therapies is provided throughout the week. Incorporating a mindfulness and positive psychology approach, participants receive art and music therapy, adaptive yoga and go on group outings to equine and avian therapy programs.

PEOPLE SERVICED

From 2016 to 2022 the Warrior Wellness Program staff conducted 166, 5-day programs. A total of 770 people participated in the program[2], 551 of whom were veterans and 22 were active military.[3]

AWP CORNERSTONE SERVICES

Accelerated Resolution Therapy (ART) is an evidence-based therapy that reprograms the way distressing memories and images are stored in the brain.

Integrative Restoration (iRest) is a guided meditation practice that alleviates triggers related to combat, trauma, insomnia, chronic pain, anxiety, and depression.

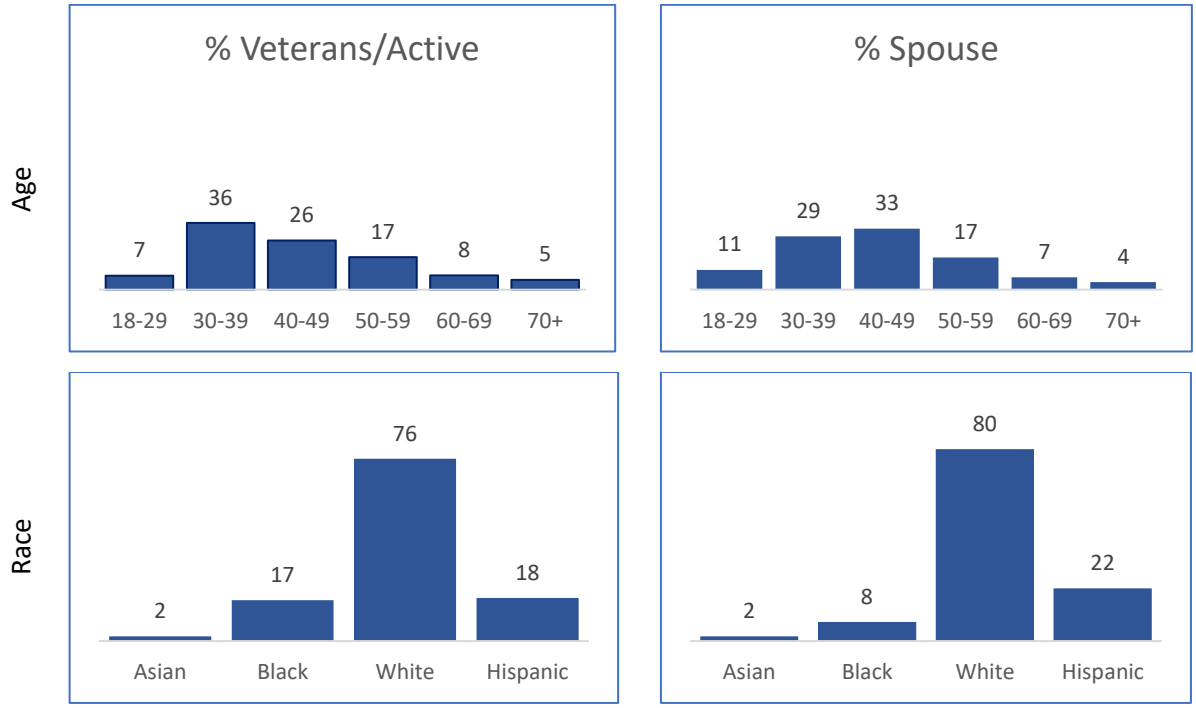
[2] 45 people attended more than one retreat.
[3] The remaining participants were spouse, support persons, or Goldstar Families.

People who participated in the 5-day program were asked to complete a survey before and after the program. Military participants received follow up service after program participation. They were also asked to complete the survey again. The survey measures respondents' Resilience, sleep, pain, stress, anxiety, depression, and PTSD, among other things. People were also asked to provide their demographic information (i.e., gender, years of education, race, and marital status), traumatic experiences, and current medications. Appendix A provides more survey details. A total of 438 veterans and 18 active service members (456 in total) completed the pre-survey[4]; 123 spouse completed the pre-survey.

Demographic Information

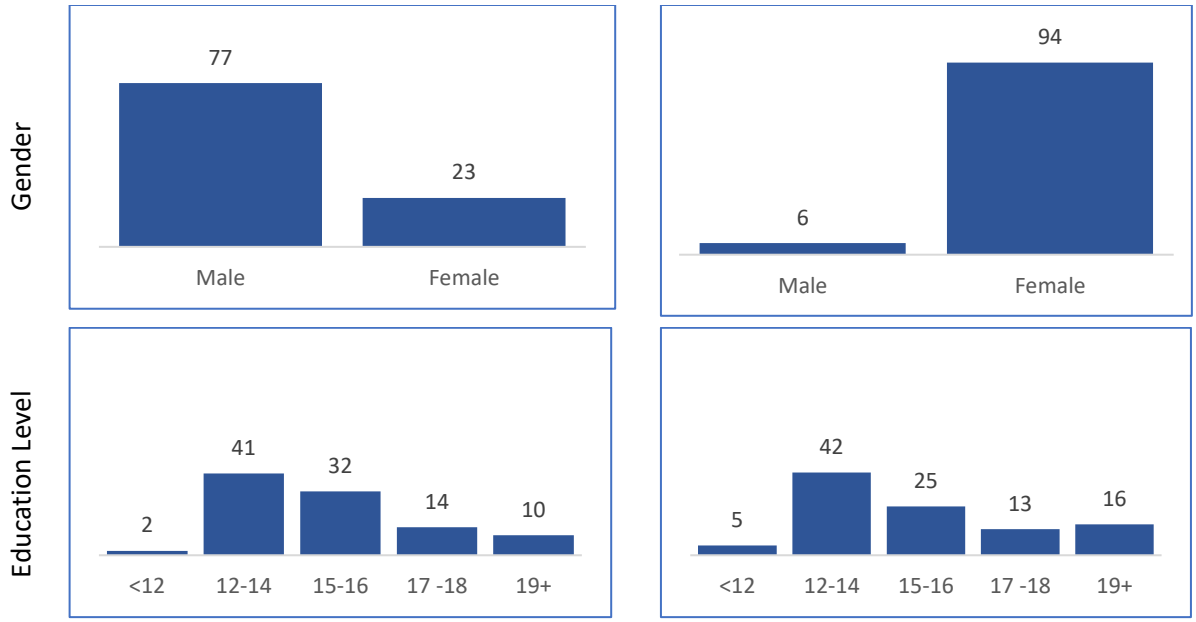
Figure 1 summarize the percentage of people by demographic information. Approximately one out of three veterans[5] between the ages of 30-39 (36%) while a similar percentage (33%) of spouse are 40-49 years old. The majority of veterans and spouse are White (76% veterans; 80% Spouse) and veterans are Male (77%) while the spouses are female (94%). Most participants have earned at least a high school diploma.

Figure 1. Percentage of veterans/Active Service Members and Spouse by Demographic Information



[4] People could have completed the post-survey too; this was not calculated here.

[5] veterans will be used to encompass both veterans and active military.



Note: Native American participants were <1% of count and were omitted in the visual. Starting 2022 people could choose more than one race so the percentages might not add up to 100. Ethnicity was a separate question so a person can be any combination across the two questions, including White and Hispanic.

Female veterans, in general, have higher education levels than their male counter parts (**Figure 2**). For example, 38% of females have 15-16 years of education whereas 31% of males have this education level.

Figure 2. Percentage of veterans/Active Service Members' Education Level by Gender

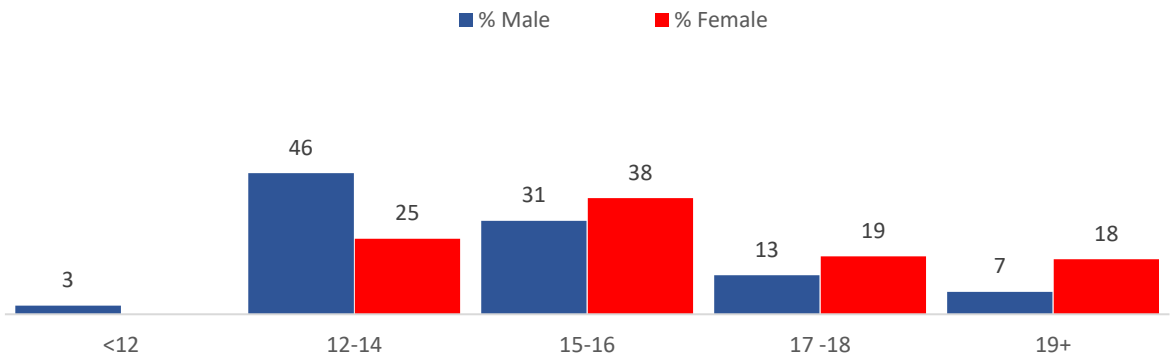
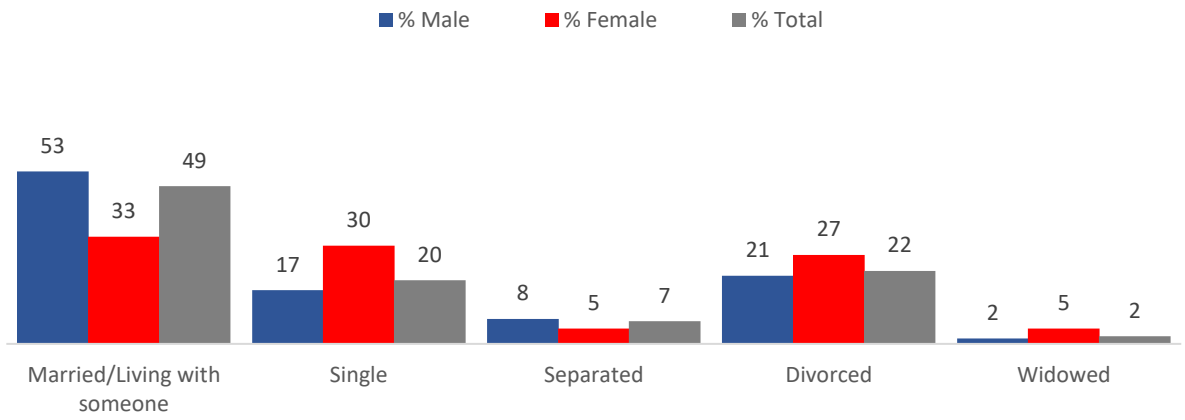


Figure 3 summarizes the percentage of veterans' marital status overall and by gender. There are also gender differences between male and female veterans in terms of marital status, with a higher percentage of male veterans (53%) married or living with someone and 33% of female respondents reporting the same. There were a higher percentage of female veterans (30%) who reported being single compared to 17% of male veterans. One in four were divorced (22%) with slightly more female respondents reporting this (27%) compared to male respondents (21%).

Figure 3. Percentage of Veteran by Marital Status Overall and by Gender

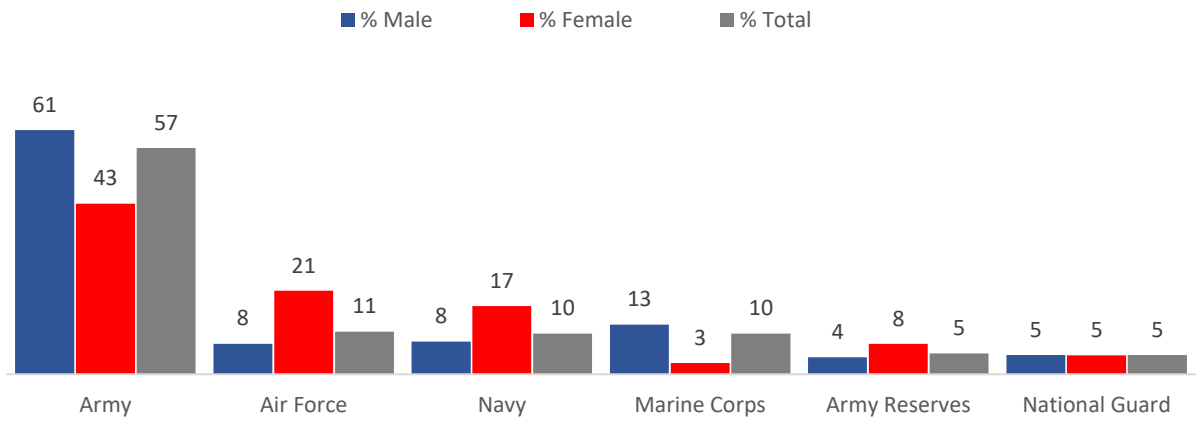


KEY FINDING: Most participants are white and male with varying educational levels.

Military Service

Veteran survey respondents were asked to indicate the branch they serve or served in. Many respondents (57%) are in the Army with more male military in the army (61%) compared to their female counterparts (43%). Conversely, there are more female respondents in the Air Force (21%) and the Navy (17%) compared to male military respondents (8% in both branches). These three branches are the most frequent number of respondents, regardless of gender.

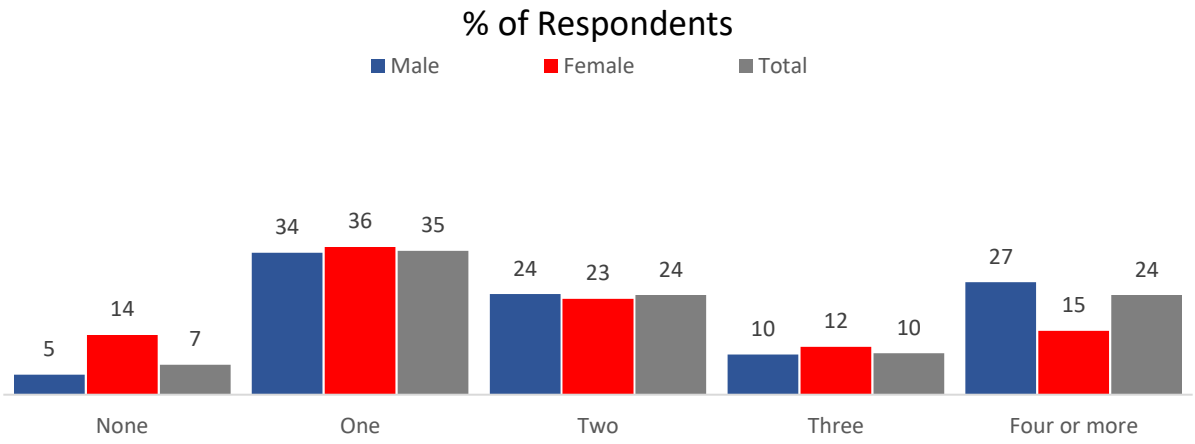
Figure 4. Percentage of Respondents' Military Branch Overall and by Gender



Note: 1% or fewer of the respondents (male and female) indicated they were part of the National Reserves, Air Force Reserves, National Guard Reserves, Marine Corps Reserves, or Coast Guard. Therefore, these branches were omitted here.

One in three respondents (35%) indicate that they have been deployed one time with another 24% indicating they were deployed two times (**Figure 5**). There were more male veterans (27%) deployed four or more times compared to female veterans (15%). The opposite was true for no deployments.

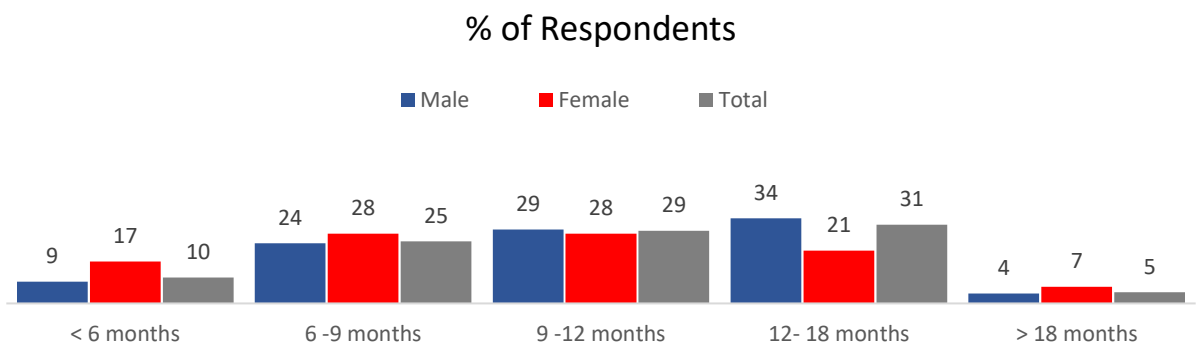
Figure 5. Percentage of Respondents' Number of Deployments Overall and by Gender



KEY FINDING: More female service members, compared to male service members, are in the Airforce, Navy, and Army Reserves. Male service members are more likely to be in the Army. Females service members are on leave for a shorter duration compared to male service members.

For those people who indicated they were deployed, they were asked what the length was for their longest deployment. **Figure 6** presents these findings. Approximately one out of three (31%) were deployed between 12 and 18 months and another one out of three (19%) were deployed between 9 and 12 months. Genders differences were present at the shortest and the second longest deployment intervals with more male veterans deployed for 12-18 months compare to female veterans. The opposite was true for the less than 6-month timeframe.

Figure 6. Percentage of Respondents' Longest Deployment Overall and by Gender

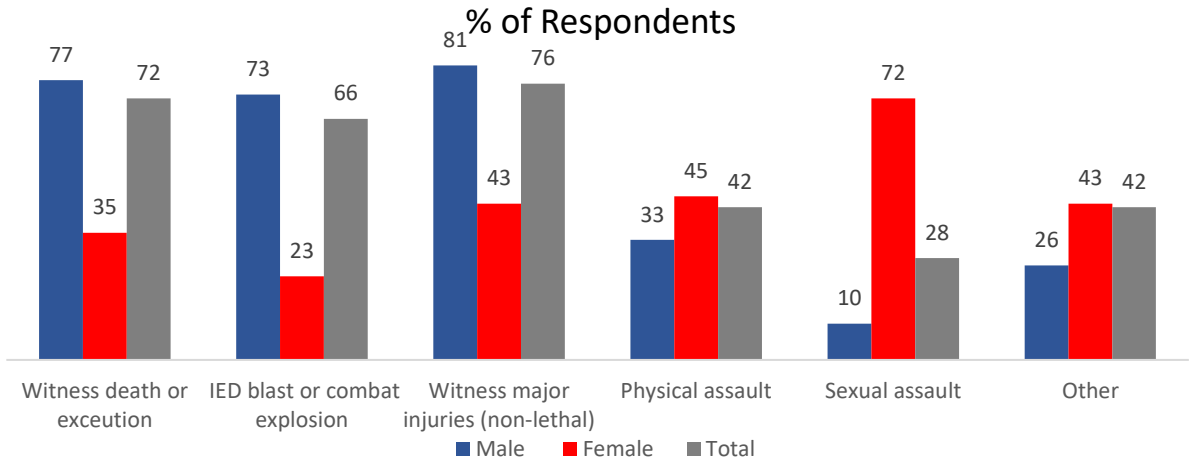


Experienced Trauma & Medications

Veteran survey participants also indicate the types of traumas they have experienced. A total of 97% of respondents indicated they had experienced at least one trauma and approximately one out of three respondents indicated they had experienced three or more traumas. The number of traumas experienced did not differ by gender. There were gender differences by the types of traumas experienced, with large percentage of female veteran members (72%) experiencing sexual assault and a large percentage of male veteran members (81%) reporting witnessing a non-lethal major injury.

KEY FINDING: 97% of people have experienced at least one trauma. A third reported experiencing three or more traumas.

Figure 7. Percentage of Veteran Respondents Experiencing Trauma Overall and by Gender

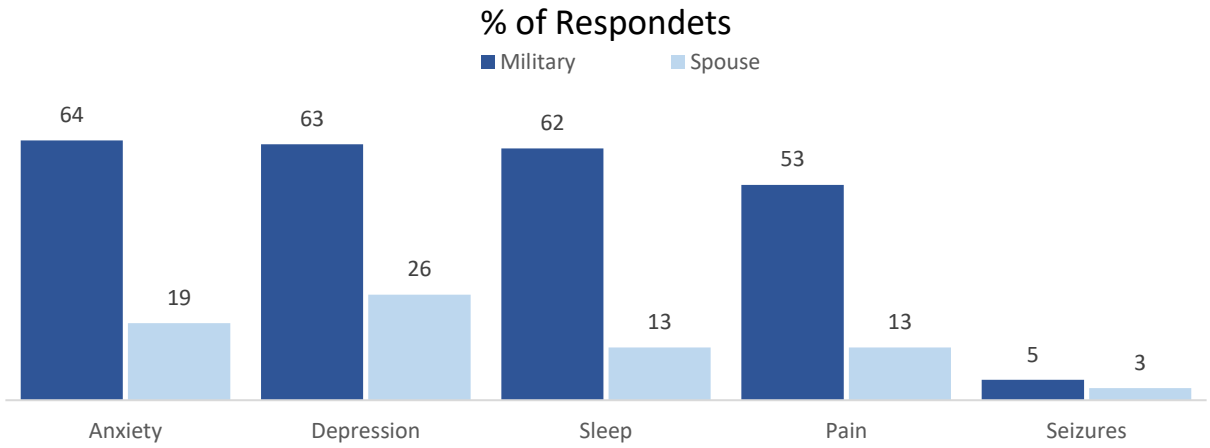


Note: respondents could choose more than one response. Those respondents who took the paper survey were not asked these questions.

A total of 121 respondents indicated they experienced "other" traumas. These included: divorce, drug overdoses by family/friend, depression, childhood abuse, anxiety, combat, PTSD, suicide attempt or ideation, and near-death experiences by themselves or family members.

Two out of three veteran survey respondents indicated they take medication for anxiety, depression and/or sleep (61%, 63%, and 62%, respectively; **Figure 8**). A little over half (53%) reported taking medication for pain. Fewer spouses reported medication for these same health concerns. One in four spouses reported taking medication for depression and one in five for anxiety.

Figure 8. Percentage of Respondents' Taking Medications by Health Concern, by Veteran and Spouse Status



Note: respondents could choose more than one response. Those respondents who took the paper survey were not asked these questions.

PROGRAM IMPACT

The program evaluation uses reliable and valid assessments of psychological and physical health. These data are used to assess the extent to which the program achieves the desired aims of significantly increasing the success of veteran and family transition after combat and military service. This section uses these assessments to compare participants' psychological and physical health before and again after the program. Select participants are the assessed at 1-, 3-, 6- and 9-months post completion[6] of the wellness program. These findings conclude this section.

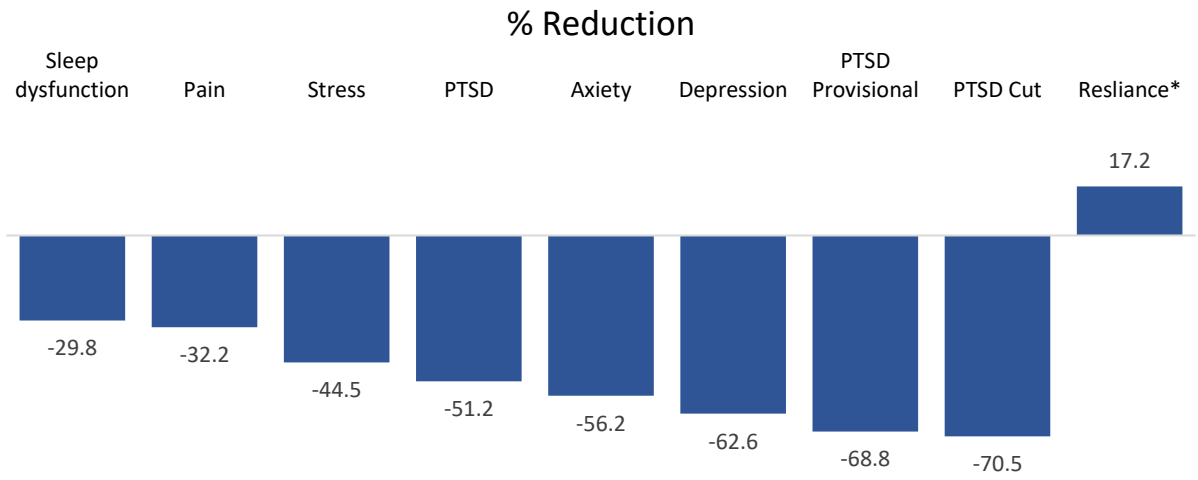
[6] In the first 5 years of the program, participants were assessed post program completion at 1-, 3- and 9-month intervals. This past year, participants were assessed at 3-, 6- and 9- month post program intervals.

Reduction in Symptoms from Pre- to Post-Survey

A total of 436 veterans and 99 spouse survey respondents completed both the pre- and the post-survey.[7] These surveys were matched for each respondent and the percentage of reduction in symptoms were calculated. **Figure 9** shows these findings for veteran respondents; **Table 10** for spouse.

Veteran respondents from pre- to post-survey participation showed a reduction in symptoms and an increase in reliance. There was an average of 51% reduction in PTSD symptoms and a reduction in anxiety by 56% pre- to post-assessment. Depression decreased by 62%.

Figure 9. Percentage Reduction in Symptoms for Veteran Survey Respondents



* Higher the score, the more affirming the outcome.

[7] First survey administration findings were used for those people who participated in the program more than once. Respondents had to have provided a complete unique, de-identified ID for there to be a successful match from pre- to post-survey administration. It is possible that people completed the survey at both time points, but the responses were not matched.

PLC-5 & PTSD INDICATORS

This evaluation uses three different scores for assessing PTSD. All of them used respondents' self-reported responses on the PLC-5.

1. **A total PTSD Symptom severity.** Scores across all 20 PLC-5 items were summed for each person. The higher the score the more severe the PTSD.

2. **Provisional PTSD Diagnosis.** The 20 items are grouped into 4 sections. People who have a "moderate" endorsement (score of 2 or >) to each section were identified with a provisional PTSD diagnosis.

3. **PTSD Cut Point**. PTSD cut point where a summed score of 33 or higher may benefit from evidence-based PTSD treatment and receive a PTSD cut point.

Scores from the PLC-5 can be used to calculate two types of PTSD provisional scores and these scores, in turn, can inform treatment planning[8]. At pre-assessment WWP participants were assessed using the PLC-5 and their scores were used to calculate a (1) PTSD cut point where a summed score of 33 or higher indicates a diagnosis of Post-Traumatic Stress and may benefit from evidence-based PTSD treatment and a (2) PTSD provisional score where the PLC-5 assessment is grouped into four sections and cut points of "moderate" endorsement (score of 2 or higher) to each section were identified[9]. Responses were self-reported. Results show that there was a 71% reduction from veteran participants in the PTSD cut point score and a 69% reduction in the PTSD provisional score.

Figure 10 presents the percentage of people who reduced symptoms from pre- to post-assessment for other indicators[10]. A total of 93% of the veteran participants reduced their PTSD by at least one point. Similarly, 91% reduced their stress and 86% reduced anxiety and depression. A total of 71% and 60%, respectively reduced their PTSD provisional score and their PTSD cut score. With respect to the latter, there were 231 veterans who were at or above the 33-cut score at the start of the program and were below the cut point after the program.

Figure 10. Percentage of Veteran Participants Who Reduced their Score by at Least One Point

[8] Source: https://www.ptsd.va.gov/professional/assessment/documents/using-PCL5.pdf

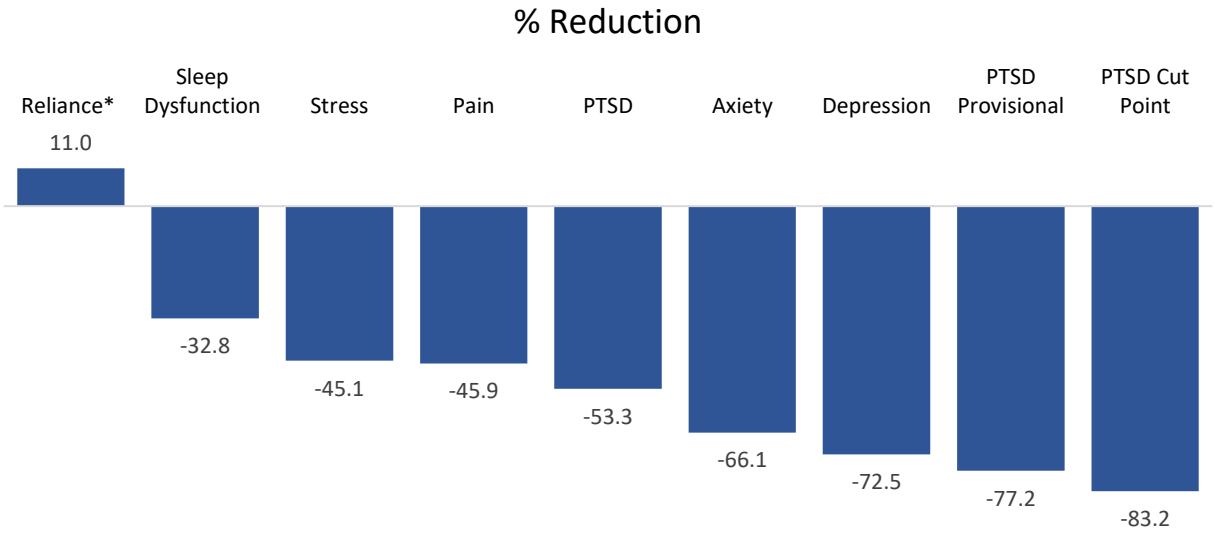
[9] Treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 Criterion B item (questions 1-5), 1 Criterion C item (questions 6-7), 2 Criterion D items (questions 8-14), 2 Criterion E items (questions 15-20). In general, use of a cutoff score tends to produce more reliable results than the DSM-5 diagnostic rule.

[10] Reduction in symptoms was defined by at least a 1-point reduction from pre-to post assessment.

In addition to serving veterans and active-duty service members, spouses/partners have the option to attend the AWP as well. They often serve as caregivers to the veterans and may experience secondary trauma from their spouses. Veterans who are experiencing PTSD may exhibit anger, flashbacks, and other symptoms that can accompany such a diagnosis. Exposure to these reactions can be traumatic for spouses/caregivers who often try to de-escalate the veteran. Spouses/caregivers can receive the same services as their veteran partner, which can benefit the individual as well as the family system. They are also able to address other kinds of trauma with this treatment protocol. The goal is to heal veterans as well as their partners to enhance overall mental health in the community and prevent suicide.

Spouse who participated in the WWP also showed a reduction in symptoms (**Figure 11**). The largest reduction (83%) was the number of people who at pre-survey were above the 33-score cut point for PTSD but were below the cut point for PTSD after program participation. There was also a meaningful reduction in depression (72%), anxiety (66%), PTSD (53%), Pain (46%), Stress (45%), and sleep dysfunction (33%) after the five-day program participation. Spouses reported an increase of 11% in resiliency after the program.

Figure 11. Percentage in Reduction of Symptoms for Spousal Survey Respondents



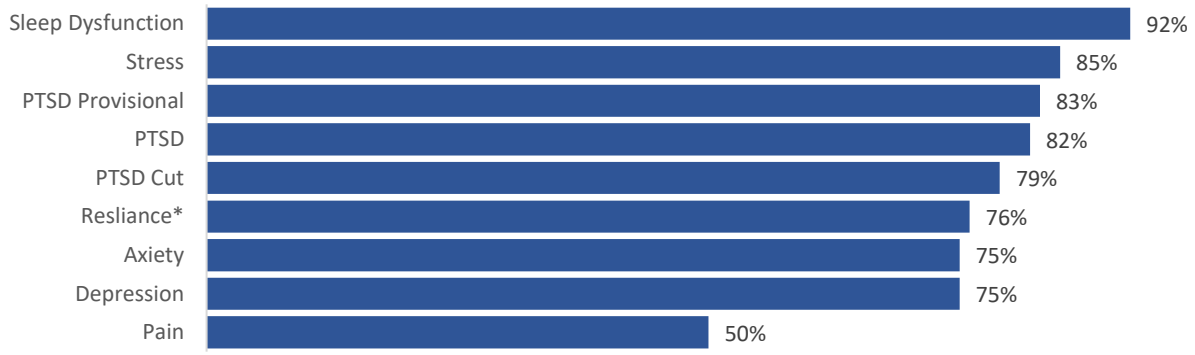
* Higher the score, the more affirming the outcome.

Almost all spouse (92%) who participated in the program had at least a one-point reduction in sleep dysfunction (**Figure 12**). Most spouse also reduced their stress levels (85%). While few spouse exhibited PTSD cut scores of 33 or higher, of those who did, 79% reduced their scores (n=26).

KEY FINDING: veterans and spouse who participate in the 5-day AWP wellness retreat had reduced physical and mental symptoms.

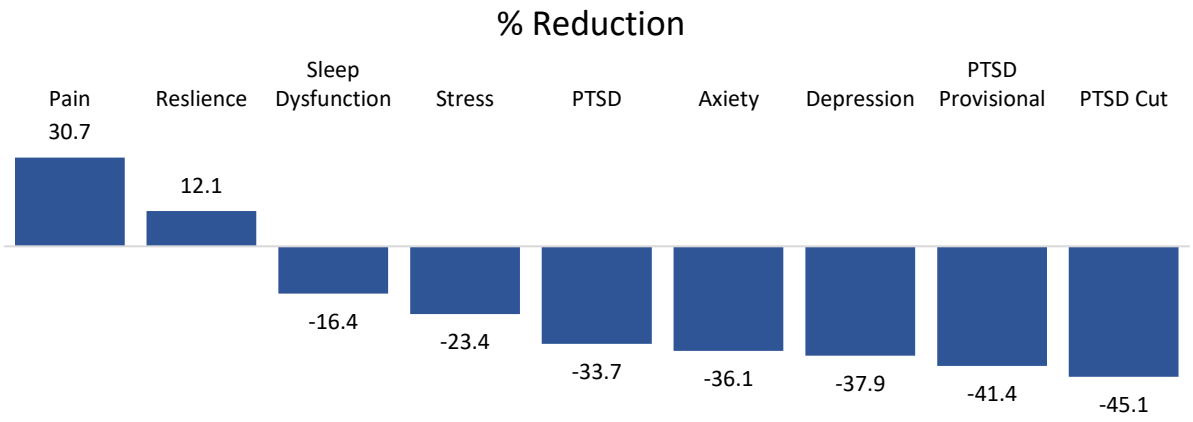
Reduction in Veteran Symptoms from Pre-Survey to Follow-Up Survey

Figure 12. Percentage of Spousal Participants who Reduced their Score by a Point



A total of 171 veteran survey respondents completed both the pre- and a follow-up survey[11]. Once away from the program, reductions in key outcomes continued (**Figure 13**). For example, veteran survey respondents still had an average reduction in PTSD cut score of 54% and 41%. Pain levels, however, increased.

Figure 13. Percentage in Reduction of Symptoms for Veteran Survey Respondents from Pre- to Follow-up Assessment



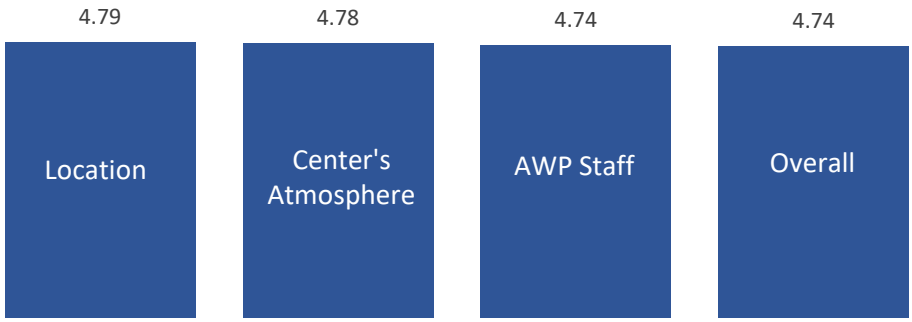
KEY FINDING: Reductions in symptoms from the retreat persists once veteran participants were in their home environment.

[11] Follow up survey could have been 1-, 3-, 6- or 9-months later. Spouse were not asked to complete a follow up survey.

SATISFACTION OF SERVICES

Respondents were asked to indicate the extent to which they were satisfied with the AWP program features and for specific activities. **Figure 14** summarizes the satisfaction levels for the program; **Figure 15** summarizes satisfaction levels for specific activities.

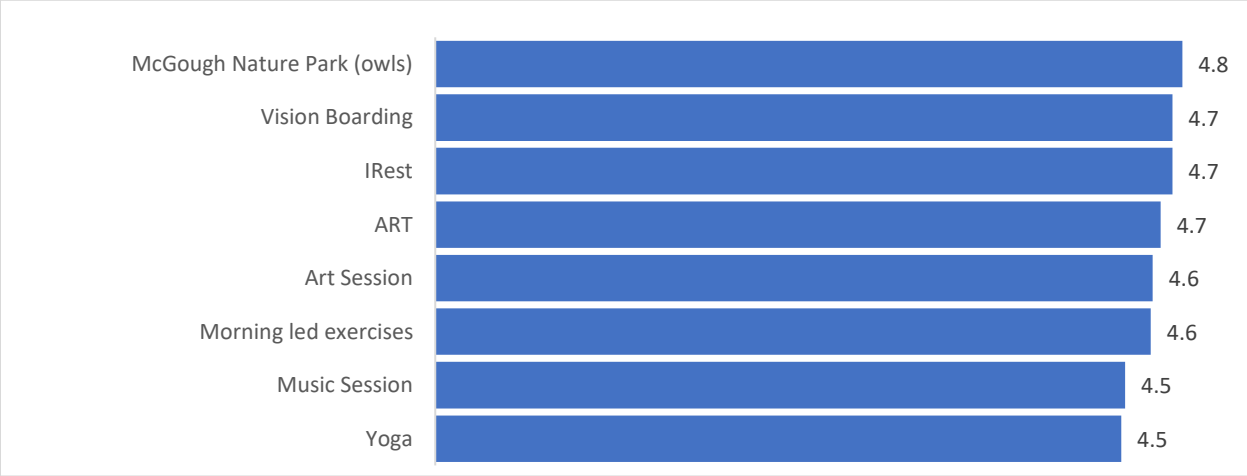
Figure 14. Mean Satisfaction with the Program Features



Scale: 1= very dissatisfied; 2= somewhat dissatisfied; 3= neither; 4 = somewhat satisfied; very satisfied

On average, respondents – both veterans and spouses – were stratified with the program location, atmosphere, staff, and the program overall with all indicators scoring close to a 5 on a 5-point scale. Respondents were also satisfied with the activities provided. All activities score at least a mean score of 4 on a 5-point scale. There were no differences between veterans and spouse.

Figure 15. Mean Satisfaction with the Program Activities



Scale: 1= very dissatisfied; 2= somewhat dissatisfied; 3= neither; 4 = somewhat satisfied; very satisfied
Note: respondents who participated in an activity were asked to report how satisfied they were with it. If they did not participate in the activity – either because they did not choose to or because it was not offered – they were not asked to report their level of satisfaction. Number of respondents for each activity varied and was as low as 30.

SUMMARY

Both veterans and spouse who participate in the 5-day AWP wellness program have self-reported reductions on physical and mental symptoms, including in anxiety, depression, PTSD, depression, and sleep dysfunction. For veteran participants this reduction in systems continues once they leave the program and are in their home environment. Physical challenges like pain, however, tend to come back, on average, after leaving the program. Consider providing participants with strategies, techniques, and local resources they can access and use at home for pain.

INDEPENDENT EVALUATOR – EVALUATION DATA SOLUTIONS, LLC

For the first five years of the data collection, KipPro Research LLC, served as the independent evaluator for the project. Evaluation Data Solutions, LLC (EDS) has served this role for the last year. At the outset of the initiative, KipPro and Warrior Wellness staff collaborated on a comprehensive evaluation plan that involved collecting a wide array of quantitative data to examine program impacts and participant satisfaction with the program (see Appendix for more details). Evaluation Data Solutions, LLC (EDS) continued the use of this plan in its evaluation.

EDS is an independent research and evaluation firm with two decades of experience conducting external studies of critical educational and health initiatives. The EDS team of professionals has a depth of knowledge and experience in quantitative, qualitative, and mixed-methods methodology. EDS has extensive experience in leading multi-level projects such as the state-wide Mathematics and Science Partnership (MSP) in Ohio, the federal Teacher Quality partnership, Advanced Technological Education, Replication and Expansion of High-Quality Charter Schools, Statewide Family Engagement Centers, 21st Century Community Learning Centers, Community Health Workers for COVID, National Professional Development, Mathematics and Science Partnerships, Teen Pregnancy Prevention, National Institute of Corrections, and Striving Readers Comprehensive Literacy Program.

APPENDIX: EVALUATION PLAN & DATA SOURCES

Since 2016, pre-, post-, and follow-up data from program participants have been collected. These data are analyzed to assess changes across time – before the start of the program compared to immediately after the program, and once participants are back in their home life. Multiple data points are collected for active and veteran military. Spouse responses are collected pre- and post-program.

From 2016 to May 2022 data were collected online by KipPro Research LLC. From June 2022 to August 2022 data were collected by AWP staff via paper. Starting in September 2023 Evaluation Data Solutions LLC collected data online.

Numerous instruments were used to assess participants' attitudes, beliefs, and mental health. They include:

PTSD. PTSD was measured using the PLC -5. The PCL-5 is a 20-item self-report measure that assesses the 20 *DSM-5* symptoms of PTSD. Scores across all 20 PLC-5 items were summed for each person. The higher the score the more severe the PTSD. source: https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

PTSD Provisional. Using the PLC-5, DSM-5 symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster, i.e., cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20). A provisional PTSD diagnosis can be made by treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), 2 E items (questions 15-20). source: https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

PTSD Cut point. Initial research suggests that a PCL-5 cutoff score between 31-33 is indicative of probable PTSD across samples. However, additional research is needed. Further, because the population and the purpose of the screening may warrant different cutoff scores, users are encouraged to consider both factors when choosing a cutoff score. source: https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

Stress. Stress was measured using the Perceived Stress Scale Score (total). The Perceived Stress Scale (PSS) is a classic stress assessment instrument. The tool, measures how different situations affect our feelings and our perceived stress. The questions in this scale ask about feelings and thoughts during the last month. Source: https://www.das.nh.gov/wellness/Docs%5CPercieved%20Stress%20Scale.pdf

Anxiety. Anxiety was measured using the Brief Symptoms Inventory – 18 (BSI). A shortened form of the BSI instrument, The Brief Symptom Inventory 18 (BSI® 18) gathers patient-reported data to measure psychological distress and psychiatric disorders in medical and community populations. Responses to items 3, 6, 9, 12, 15, 18 were used to create this scale. The higher the score, the more anxiety.

Depression. Depression was measured using the Brief Symptoms Inventory – 18 (BSI). A shortened form of the BSI instrument, The Brief Symptom Inventory 18 (BSI® 18) gathers patient-reported data to measure psychological distress and psychiatric disorders in medical and community populations.

Responses to items 2, 5, 8, 11, 14, 17 were used to create this scale. The higher the score, the more severe the depression. Source: https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Brief-Symptom-Inventory-18/p/100000638.html

Sleep dysfunction. Eight items were used to measure sleeping problems. The higher the score, the more difficult the sleep.

Resilience. Resilience was measured using 10 items from the Connor Davidison Resilience Scale. The 10 item version (score range 0-40) comprises items 1, 4, 6, 7, 8, 11, 14, 16, 17, 19 from the original scale. Source: https://www.connordavidson-resiliencescale.com/about.php

Program Features. Respondents were asked as post-program the extent to which they were satisfied with numerous program features, including the lodging, the food, the facilities and the staff. Each item has a strongly agree to strongly disagree scale.

Program activities. Respondents were asked as post-program the extent to which they were satisfied with the activities at the program they participated in (e.g., meditation, ART, IRest, Yoga). Each item has a strongly agree to strongly disagree scale.

Trauma. Respondents were asked to indicate "yes" or "no" to 5 events - Witness death or execution, IED blast or combat explosion, Witness major injuries (non-lethal), Physical assault, and Sexual assault. Respondents could write in an experience in "other".

Medications. Respondents were asked to indicate "yes" or "no" to whether they currently take medication for a5 symptoms: pain, depression, anxiety, seizures, and sleep.

Demographics. Respondents were asked to provide their race, gender, age, educational level, number of deployments, and length of longest deployment.

To see the entire survey go here: https://docs.google.com/document/d/1h8XncDIlKGykfiVfTX1mKD921ABIlZj5/edit?usp=sharing&ouid=112182377047173207782&rtpof=true&sd=true

This report was prepared by Evaluation Data Solutions, LLC, a cross-industry research and evaluation firm. Inquiries regarding the evaluation of the Warrior Wellness Program should be directed to:

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