CLEARINGHOUSE
FOR MILITARY FAMILY READINESS

Army Community Service Family Advocacy Program Process Evaluation Report

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PennState

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Army Community Service (ACS) Family Advocacy Program (FAP) Process Evaluation Project Summary of Phase II

Executive Summary

This effort was a follow-on to the Economic Assessment of FAP (*Army Community Service Family Advocacy Program Economic Assessment Report;* Jones, Davenport, White, Crowley, & Perkins, 2018), its original goal was to conduct an outcome evaluation of specific ACS FAP prevention services. However, this goal was not realized due, primarily, to a lack of standardization of programs found during a Phase I inquiry process. Thus, the ensuing efforts instead focused on a second data gathering phase via an ecological Army-wide scan of programming offered as part of FAP's family-life education curriculum. The specific programming to be examined included anger management, parenting, and communication classes. A program manager survey and site visits were conducted to gather information on FAP programs and their offerings in these specific topic areas. This process evaluation served to identify commonalities and strengths in offerings and to assess whether effective programs were being used within FAP.

While a very small number of garrisons were implementing programs with demonstrated effectiveness, there was a lack of standardization in the implementation of these programs. Further, a lack of evidence-informed programs in the comprehensive FAP programming rosters was noted. Therefore, this report connects the findings from the ecological scan of Army-wide FAP programming with research related to the selection, implementation, and evaluation of programming aligned with current research on the prevention of family violence and evidence-based or evidence-informed programming. Finally, this report provides actionable recommendations in program infrastructure, content, implementation, reach and evaluation in an effort to do the following: improve FAP programming, deliver intended outcomes, and prepare FAP for a future outcome evaluation.

Recommendations for ACS FAP

These recommendations are based on the fielded questionnaires, site visit observations, and evidence-informed practices from the fields of prevention and implementation science. Moreover, recommendations are informed by a recent National Academies of Sciences, Engineering and Medicine (NASEM, 2019) report on strengthening the military family readiness system. These recommendations are actionable, thus each recommendation was considered in terms of fit within the current Army FAP infrastructure and weighed against practical considerations (e.g., existing implementation strategies, staffing credentials, staff turnover, cost). Recommendations fit into five broad categories: (1) FAP infrastructure, (2) FAP program content, (3) FAP implementation, (4) FAP reach, and (5) FAP data collection and evaluation.

Recommendations for FAP Infrastructure

Recognizing that FAP is part of a larger, mandated system that is designed to support military families, an effort should be made to increase inter-institution communication (e.g., command and service providers, prevention and treatment services) and organizational efficiency. As per NASEM, 2019 (pg. 7-4) "The success of military family readiness services may be hampered because programs, services and resources are siloed, lacking mechanisms to comprehensively monitor and coordinate their contributions." As the FAP is interpreted from the DoD by the Assistant Secretaries of Defense, and then again by Service branch, a division of labor and responsibilities results that has the potential to affect the ability to achieve a consistent, quality delivery across the entire system. See Appendix C for an illustration of a tiered prevention

continuum that emphasizes the importance of continuity and consistency in program offerings as they are tailored to meet the needs of key stakeholders. A functional support infrastructure requires coordination and communication between all levels of the FAP systems (i.e., policy, headquarters, command, garrison, target population and data management systems).

Recommendation 1. Study the impact of a merge of ACS FAP (i.e., prevention) and MEDCOM FAP (i.e., treatment) into one unified FAP with the aim of:
- Understanding the rationale and efficacy of the Army's division of FAP into two command structures and identifying the pros and cons of operating FAP from one command structure—the manner in which it is executed in the other services.
- Uncovering any potential inefficiencies and gaps in programs and services (i.e., are prevention and treatment efforts monitored and tracked appropriately and comprehensively across the entire spectrum of support [i.e., prevention through treatment], are targeted populations [i.e., before an incident vs. after an incident] receiving appropriate and effective services at the opportune times for intervention, and are staff across the spectrum of support provided with appropriate training and ongoing implementation support?).

Recommendations for FAP Program Content

Understanding what programs and practices may effectively prevent negative outcomes requires identifying the following: the program's target audience, the evidence for the program's effectiveness, and a convenient time for a program to be offered. See Appendix C for more comprehensive information on the various levels of available prevention programming, their corresponding levels of evidence, and the proposals that address selection, implementation, and evaluation of programs.

Recommendation 2.1. To maximize the likelihood of positive outcomes, psychoeducation prevention programs and classes should employ evidence-based or evidence-informed[1] strategies and components.
- Replace those programs that lack evidence with evidence-based or evidence-informed programs. See Appendix D for specific program recommendations relevant to ACS FAP services.

Recommendation 2.2. Develop a standardized decision tree for determining which evidence-informed programs and services should be provided across installations.

Recommendation 2.3. Provide a limited menu of evidence-informed programming to address various family needs or preferences and that align with the differing needs of garrisons by considering garrison size, Army-wide command structures, and specific-population and community risk factors.
- In order to ensure capacity for implementation support, the menu should be limited to no more than three evidence-based or evidence-informed programs per issue being addressed. See Appendix D for specific program recommendations.

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[1] "Evidence-based describes a service, program, strategy, component, practice, and/or process that demonstrates impact on outcomes of interest through application of rigorous scientific research methods (i.e., experimental and quasi-experimental designs) that allows for causal inference. Evidence-informed describes a service, program, strategy, component, practice, and/or process that (1) is developed or drawn from an integration of scientific theory, practitioner experience and expertise and stakeholder input with the best available external evidence from systematic research and a body of empirical literature; and (2) demonstrates impact on outcomes of interest through application of scientific research methods that do not allow for causal inference" (NASEM, 2019).

Recommendation 2.4. Consider the development of online programs tailored for military populations using components of effective programs.
- Pilot universal-prevention, online programs that focus on anger management, parenting and communication courses. Online offerings may be especially relevant at garrisons where programs are under attended.

Recommendation 2.5. FAP classes and activities should target populations based on their level of risk and screening assessments (e.g., family needs screener) — see Recommendation 3.1 below.

Recommendation 2.6. When appropriate, offer classes that address multiple content areas and risk factors (e.g., ePrep, Parenting Wisely). See Appendix D for specific program recommendations.

Recommendation 2.7. Offer and promote universal-prevention programs to foster coping skills and resilience.
- For example, conduct a pilot of a social norms campaign at selected garrisons with evaluation mechanisms in place (see Appendix G for a description of social norms), or pilot test a strengths-based family program derived from the evidence-based program Family Check-up (Dishion, Nelson, & Kavanagh, 2003; Fosco, Frank, Stormshak, & Dishion, 2013; Shaw, Dishion, Supplee, Gardner, & Arnds, 2006).

Recommendations for FAP Implementation

Adopting an evidence-based program does not ensure positive outcomes. Research repeatedly demonstrates evidence-based programs that produce positive outcomes depend on high-quality implementation (Durlak & DuPre, 2008). Quality implementation involves disseminating programs the way in which they were intended to be delivered (i.e., implementation fidelity). That is, the delivery method adheres to the protocol or model (Dane & Schneider, 1998; Domitrovich & Greenburg, 2000; Mowbray, Holter, Teague & Bybee, 2003). Complete fidelity is not practical; however, thoughtful adaptations can be employed to ensure core components remain (Bumbarger & Perkins 2008). For a more thorough discussion on identifying core components, adaptation, and other common implementation challenges, see Appendix F.

Recommendation 3.1. Utilize a standardized pre-assessment screening tool Army wide, similar to how NPSP employs the Family Needs Screener to assess risk levels for individuals and families and guide the intervention plan.

Recommendation 3.2. Create an up-to-date, easily accessible, online FAP Guide [2] that provides standardized access to practical training resources.

Recommendation 3.3. Consider hiring a head-quarters level FAP training coordinator; he or she would be responsible for providing onboarding for all new FAPMs and coordinating regular professional development learning sessions.

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[2] An online FAP Guide is currently being designed by the Clearinghouse as part of the Commander Support Study Phase II project. The guide is anticipated for release in 2021.

Recommendation for Increasing FAP Reach: Reducing Barriers to Participation

Engagement is a critical component in achieving population-level outcomes. In-person programs are notoriously under-attended, and those who could benefit most from these programs may be the least likely to participate (Marble, Fulcher, & Toman, 2016). Vulnerable populations, often those most likely to benefit, may have additional barriers to participation during in-person programming due to competing demands for time, transportation and child care needs (Love et al., 2016; Prinz & Sanders, 2007). Effective programs reduce barriers to participating in programming (Morgan et al., 2018; Rotheram-Borus et al., 2009).

Recommendation 4.1 Employ evidence-informed stigma reduction strategies to break down barriers to participating in FAP services.
- Establish and launch an aggressive *rebranding* campaign of ACS FAP (i.e., prevention FAP) to reduce stigma, the most prevalent participation barrier issue according to FAP providers.
  - Reframe ACS FAP programs and services with the broad goal of building healthy families rather than preventing CM and IPV, and encourage more engagement and participation across the spectrum of prevention.
- Focus ACS efforts exclusively on universal, primary prevention programs and services.
- Diversify the mode of program delivery by offering more online and hybrid options as these efforts can serve as a gateway for more intensive services. See Appendix H for information on evidence-informed practices for implementing programs online.
- Develop and employ high-quality recruitment materials to increase program attendance (Spoth et al., 2007) that indicate that classes are open to all families and emphasize the benefits of participation (Spoth & Redmond 1993; Spoth, Redmond, & Shin, 2000).
- Engage wider marketing and outreach efforts that leverage partnerships with community wide prevention programs and stakeholders on- and off-post.
- Facilitate the use of social media to market programs directly (e.g., postings to Facebook Spouses pages) and provide FAP staff with more timely and direct access to other social media platforms.
- To encourage families to participate, consider reducing barriers to participation by providing child care[3], and/or supervised programs for children while their caregivers are attending an adult program.

Recommendations for FAP Data Collection and Evaluation

Measurement is an important part of accountability and enables opportunities for continuous learning and subsequent program improvements (i.e., continuous quality improvement) (NASEM 2019). Increasing coordinated data collection efforts to create a robust data collection infrastructure by establishing a data-driven feedback loop (i.e., ongoing monitoring system that can capture population-level monitoring and mapping of individual family well-being) which can help to guide the system. Currently, CTS captures only limited program usage data. Further, protocols and criteria for entering data into CTS vary significantly. For example, during a site visit, an interviewee provided an example of how CTS data can be invalid based upon individual staff interpretation of what constitutes reportable data. In this instance, an ACS staff member had entered 12,000 briefings that had been conducted throughout a year, yet, upon review by the

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[3] At present, OSD restricts the use of funding to pay for incentives including childcare; however, garrisons may be able to develop cooperative arrangements with on-post CYS or other local providers to provide some level of access to childcare.

supervisor, the tally of briefings conducted was actually 64. Another interviewee noted that CTS is only used to "justify your position", and another interviewee referred to the system as "crap-in, crap-out*."*

Recommendation 5.1. Implement screeners for continuous identification and assessment of need to link families to tailored programs and services (See Recommendations 2.5 and 3.1).

Recommendation 5.2 Develop an integrated information infrastructure that relies on regularly collected process and outcome data, analytical ability and an organizational mindset that is open to data-informed improvement and change (see chapter 8 of NASEM 2019 report for details).

- Examine the implications of creating and implementing a centralized FAP data management system that allows for communication between the Family Advocacy System of Records (FASOR) and the Client Tracking System (CTS) used by ACS FAP. This comprehensive system would enable the reporting and monitoring of *all* services received by *all* families (i.e., linking the administration of prevention services before incidents occur all the way through administration of treatment services after incidents occur) such that outcome metrics are collected that can distinguish the contribution of all services provided across the spectrum of support at any given time.
  - Minimally, overhaul CTS (i.e., program usage data) to improve the system's comprehensiveness and utility in tracking process and outcome data.
  - For examples of measures that may be appropriate see: https://cyfar.org/ilm_common_measures.

Recommendation 5.3. Conduct ongoing rigorous evaluations of evidence-informed programs across select garrisons.

- Conduct evaluations of evidence-based or evidence-informed programs in designated topic areas (e.g., anger management, parenting, communication) at selected Army garrisons. At a minimum, using CTS data, consider evaluating programs at garrisons where established classes are well attended.

Introduction to the Effort

The Army Community Service (ACS) Family Advocacy Program (FAP) focuses on family violence prevention and offers services and skilled personnel to help prevent and treat child maltreatment (CM) and intimate partner violence (IPV). In this vein, the ACS FAP provides programs and services, such as commanders' briefings, troop trainings, prevention campaigns, and classes, to improve the quality of life of Army Service members and their families.

The Army's FAP is sanctioned by the Department of Defense Directive (DODD) 6400.1 and Army Regulation (AR) 608-18, and its programs and services are designed for the prevention and treatment of family violence. Therefore, FAP activities and services include prevention, intervention, and treatment components. Consequently, the Army executes the program from two organizational structures: Installation Management Command (IMCOM) and Medical Command (MEDCOM). ACS FAP is part of the IMCOM FAP structure and predominantly manages prevention efforts, while MEDCOM manages treatment services. Throughout this report, unless otherwise noted, when FAP is used, it references solely the ACS FAP.

FAP provides administrative oversight and execution of three other *sub-programs:* the Victim Advocacy Program (VAP), New Parent Support Program (NPSP) and Transitional Compensation (TC). Staff may share functions within one or more sub-programs; however, each sub-program has independent goals and objectives. For this report, only the prevention-level programs and services (e.g., commander's briefings, troop training, classes to improve quality of life, and prevention campaigns) offered by the generalized FAP family-life curriculum will be addressed (i.e., components unique to the sub-programs are excluded).

In 2017, the Clearinghouse for Military Family Readiness at Penn State (Clearinghouse) collaborated with the Office of the Assistant Chief of Staff for Installation Management (OACISM) and the Installation Management Command (IMCOM) to conduct an economic assessment of the FAP. Since no empirical evidence existed to support FAP's effectiveness in achieving reductions in child maltreatment (CM) and intimate partner violence (IPV), a *hypothetical* cost-benefit assessment was conducted to measure the *possible* economic return from successful FAP prevention efforts. This hypothetical economic assessment was conducted with the understanding that a rigorous process and outcome evaluation should be conducted of FAP and its sub-programs to determine the program's actual effectiveness and the potential economic return (Jones, Davenport, White, Crowley & Perkins, 2018).

As a result of the recommendations made from the hypothetical economic assessment, the Clearinghouse was tasked to conduct an outcome evaluation of FAP prevention activities (i.e., the psychoeducational classes offered to Soldiers and their families —theoretically before any precipitating event [e.g., CM]). The initial goal of the FAP Evaluation project was to conduct an outcome evaluation of specific ACS FAP prevention activities implemented across the garrisons; however, due to program constraints (e.g., a lack of standardization of programs), this goal was not realized.

This report will first focus on the data gathering phase that lead to the decision not to conduct an outcome evaluation of FAP and then detail the subsequent results of a process evaluation of ACS FAP. The report also connects the process evaluation findings with general research related to the selection, implementation, and evaluation of evidence-based programming and aligns the programmatic research with the prevention of CM and IPV. Finally, this report provides actionable recommendations for programming that could better prepare FAP for a future outcome evaluation.

Phase I: Data Gathering at Select Garrisons

Process
The evaluation team and the ACS partners selected anger management and parenting as the two psychoeducation topics to examine for the FAP outcome evaluation. These class topics were selected to assess how participation can impact a reduction in the risk factors and an increase in the protective factors associated with the prevention of CM and IPV. Ten garrisons were nominated to participate in this phase of the project. These included the following: Fort Belvoir, Fort Benning, Fort Gordon, Fort Jackson, Fort Leavenworth, Fort Leonard Wood, Fort McCoy, Fort Meade, Fort Polk, and Fort Sill. The FAP program manager at IMCOM elected these garrisons because they were not actively participating in another concurrent research project and, thus, were less likely to have program staff who were already overly taxed with additional demands. Nine of the ten garrisons provided all or some of the information requested. Prior to submitting the requested information, each garrison participated in a webinar that detailed the

current project, information on evaluation, and what inputs would be required for their participation in this phase of the project.

Between August and October of 2018, FAP staff from each garrison submitted a list of <u>all</u> of their FAP prevention classes and were asked to pick two to three of the classes they offered that best addressed anger management and parenting to provide detailed information. FAP program managers (FAPM) were asked <u>not</u> to consider the NPSP, a subprogram of FAP, since several efforts were already underway to improve and evaluate NPSP. Garrisons were also asked to exclude programming that was associated specifically with the VAP, thus, the focus would be on generalized family-life education curricula. An online form was provided to FAPMs to ensure the Clearinghouse received the same information from each garrison so that meaningful comparisons could be made.

Results

While FAP is mandated by Army Regulation (AR) 608-18 to provide specific services, garrisons are expected and encouraged to custom tailor their services to the local populations by using their unique needs-assessment data that is collected locally. Thus, the variation described above in programs and services offered across the Army is expected. For instance, in some cases, FAP services may be administered by one ACS generalist (i.e., one staff member who can provide all ACS services and/or refer clients to services provided elsewhere) or a team of FAP specialists who report to one FAPM. Moreover, in some locations, FAP only offers the mandatory FAP briefings for new commanders, while, in other locations, a large assortment of classes and services are widely offered to family members.

Clearinghouse evaluators reviewed all the materials submitted and the online worksheets provided by each of the garrisons. Overall, significant limitations prevented a recommendation to continue with an outcome evaluation of FAP. Although a few of the garrisons who participated in the data gathering phase were using manualized (i.e., programs that provide explicit implementation instructions for facilitators to follow to help ensure implementation fidelity to the intervention's key components) programs (e.g., Scream Free Parenting, Parenting with Love and Logic, Prevention and Relationship Education Program [PREP]), these programs have limited research, no evaluations of their program effectiveness, or mixed findings. In addition, the garrisons noted implementing the programs in ways <u>other than</u> they were designed to be delivered. For example, a few garrisons nominated Scream Free Parenting as one of their offerings. However, in one instance it was offered as a 2-hour session rather than in the 8-hour session as it was designed. Many classes were also submitted that had been adapted from their original content or program delivery or had been developed using only select elements of books, DVDs, or other resources. Thus, it could not be confirmed if these programs focused on the key concepts that are critical to addressing risk and protective factors related to the prevention of CM and IPV.

Conclusions

Positive program outcomes are linked to program offerings, thus, prior to conducting an outcome evaluation, sound practice must include program activities that have a theory of change and that have consistent implementation. For an outcome evaluation, some consistency in program implementation is necessary, so positive program effects are not minimized by differences in program delivery. Poor program selection, that is programs lacking an evidence base, or inconsistent implementation (e.g., lack of fidelity) can result in null or even negative findings of program impact (Leviton, Khan, Rog, Dawkins, & Cotton, 2010). Therefore, after analysis of the

data collected in Phase I, an outcome evaluation was deemed an inefficient use of resources given the current variability in offerings and implementation surrounding FAP programming.

While a limited sample of garrisons participated in this initial effort, the limitations noted were considered representative of overall Army program offerings and generalizable to the overall FAP program. Therefore, the goal of Phase II was to expand the scope of the initial data-gathering request and catalog the breadth of FAP offerings with the goal of identifying commonalities and strengths in offerings and making recommendations for improvements in program content, implementation, and evaluation.

> Poor program design (e.g., programs lacking an evidence base) or inconsistent implementation (e.g., lack of fidelity) can result in null or even negative findings of program impact. Positive findings can also be complex to interpret in this scenario as they may contribute to failure to understand what elements were likely to have produced positive outcomes and may also result in the inability to replicate program impacts.

Phase II: Inventory of FAP Programs and Practices

Given the determination to not proceed with the outcome evaluation, Phase II of the project aim shifted to creating a comprehensive inventory of the current FAP programming being implemented Army-wide. Phase II involved soliciting information on FAP offerings from *all* Army garrisons, including the original 10 that participated in Phase I. Along with anger management and parenting classes, in Phase II, the scope was broadened to include communication classes and stress management classes if anger management was a primary component of a stress management class. This instruction was implemented because classes that combined anger and stress management were frequently noted during Phase I.

> The goal of Phase II was to expand the scope of the initial data-gathering request and catalog the breadth of FAP offerings to identify commonalities and strengths in offerings and making recommendations for improvements in program content, implementation, and evaluation.

The inventory review enabled an assessment of the consistency of offerings and helped to shape recommendations for programs based on their unique characteristics (e.g., programs that are offered face-to-face, one-on-one, group instruction by a facilitator, DVD-based, self-paced). Similarly, preferences related to the intensity and dosage of program offerings (e.g., 1-hour classes, weekend seminars) were assessed for an examination of how new evidence-based or evidence-informed programs could fit within existing paradigms and help ensure that new recommendations are additive and not duplicative within the larger FAP system. Further, the review process helped to identify whether evidence-informed programs were being used within military populations and, thus, helped to guide recommendations on how and where new evidence-informed programming could potentially fit within the larger FAP system. In sum, this environmental scan served as a critical first step in providing actionable recommendations for improving FAP programming.

Process

To solicit information on classes from all garrisons, a class information worksheet was developed in Qualtrics (a web-based survey programming software) for garrisons to input the requested information. The class information worksheet did the following: (1) asked six general questions about FAP programs and practices at the garrison, (2) requested a comprehensive list of all FAP offerings at the garrison, and (3) requested garrisons provide more detailed information on one to two classes in the three targeted program areas. Site visits were also conducted to provide context to the data collected.

An email to participate was sent to 68 garrisons in early April 2019 by the IMCOM program manager. If known, the email was addressed to both the FAPM and the ACS director (see Figure 1). Of the 68 garrisons on the list provided to the Clearinghouse for follow-up communications, 19 were determined to be unlikely to participate due to the lack of an assigned FAPM (i.e., no contact information provided), or, in some cases, a contact from the garrison (e.g., ACS Director, former FAPM) confirmed that FAP services were unavailable at their garrison (e.g., those serving a geographically dispersed area, those where FAP services were referred to other nearby military installations). Given that the contact list had not been updated in over 2 years, the Clearinghouse pursued all responses received to try to locate a new or existing FAPM or other ACS staff who could provide FAP information at each garrison. The Installation Directorates (IDs) were also enlisted to assist in tracking down new FAPMs. With the removal of the 19 garrisons that had no confirmed FAPM or FAP services on site, the new sample was revised to 49 garrisons. Of the 49 garrisons contacted, 15 did not respond to the request despite repeated communications from the Clearinghouse and the IMCOM FAP manager. A total of 34 responded (70%). Six of the 34 garrisons had been part of the original 10 that had belonged to the Phase I[4] group. Details describing the completion response rate by each garrison are below. Data were collected until mid-June 2019. A copy of the Class Information Worksheet is included in Appendix A.

Results

A breakdown of garrison response by command is detailed in Table 1, and a breakdown of garrison response by garrison size is detailed in Table 2. United States Army Garrison (USAG) Europe Command had the highest response rate at 71%, while USAG Pacific Command had the lowest at 22%. Extra-large installations were much more likely to participate than medium and small installations.

Table 1
Overall Response by Garrison Command

Command	Total	Responded	Percent Response
Sustainment	13	6	46%
Readiness	17	8	47%
Training	15	10	67%
USAG Europe	7	5	71%
USAG Pacific	9	2	22%
Other	7	3	38%
Total	68	34	50%

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[4] Garrisons that participated in the Phase I data collection were asked to answer six questions unique to Phase II and provide any relevant updates to the comprehensive class list previously submitted in Phase I. Similarly, if any new classes had been offered in the three topic areas since their Phase I submissions were received, they were asked to submit updated detailed class information.

Table 2

Overall Response by Garrison Size

Size	Total	Responded	Percent Response
Small (under 6,000)	24	7	29%
Medium (6-15,000)	12	2	17%
Large (15-20,000)	21	15	71%
Extra Large (over 20,000)	11	10	91%
Total	68	34	50%

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┌─────────────────────┐      ┌─────────────────────────┐          ╭────────────────────────╮
│                     │      │    N=19 garrisons       │          │                        │
│  N=68 garrisons*    │─────▶│  No FAP Services or     │─────────▶│    Revised N = 49      │
│                     │      │       Active            │          │                        │
└─────────────────────┘      │        FAPM             │          ╰────────────────────────╯
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┌──┐   ┌────────────────────────────────────┐
│ 6 of the 34 garrisons participated in   │◀─────────│   │
│ Phase I and submitted new information   │   │   n = 34 responses (70%)   │
└──┘   └────────────────────────────────────┘

Provided a Comprehensive Class List n=28	Completed the Six General FAP Questions n=34	Total # of Parenting Classes Submitted n=45	Total # of Anger Management Classes Submitted n=28	Total # of Communication Classes Submitted n=25
		# of garrisons that submitted one class n=29	# of garrisons that submitted one class n=23	# of garrisons that submitted one class n=20
		# of garrisons that submitted two classes n=13**	# of garrisons that submitted two classes n=5	# of garrisons that submitted two classes n=5

*Garrison contact list was last updated in January 2017
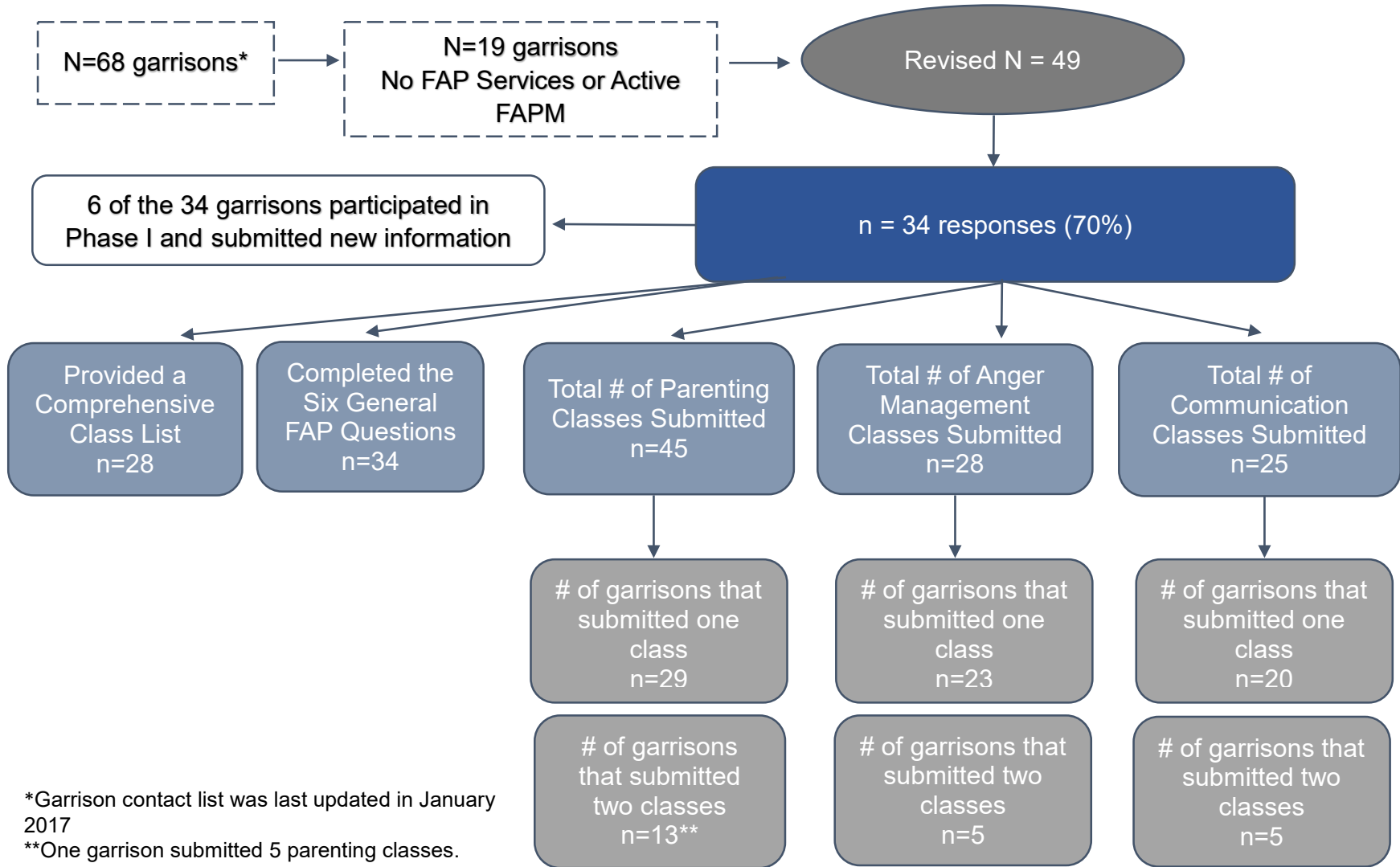**One garrison submitted 5 parenting classes.

Figure 1. Army Wide Response Rate

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Specifically, the Clearinghouse asked FAP staff to provide a comprehensive class list and include names of *all* FAP classes (i.e., not just anger management, communication, and parenting classes) and general information on the FAP at their garrison. For example, they were asked to provide their thoughts on program offerings, strengths, and barriers to implementing FAP successfully. After providing information on FAP more broadly, garrisons were asked to choose up to six classes (two per topic) for consideration and a more detailed review. The classes they selected were those that they considered to be their best offerings in each area. The FAPMs were asked to clarify why the programs were considered their best and provide the rationale for each submission.

The data were coded into themes by question. The majority of the questions were open-ended. Frequencies of themes are presented below to provide a visual representation of response patterns. However, there are significant limitations to consider with these representations as the garrisons were prompted to provide information, and a lack of information does not conclusively guarantee that a garrison is or is not engaging in a particular practice. For example, a garrison may not have mentioned that its program serves family members, but the garrison was not prompted specifically about whether a specific program is open to dependents. Also, responses are not mutually exclusive. Garrisons may have multiple and even conflicting answers to questions.

> Frequencies of themes are presented. However, there are limitations to consider; *responses were not mutually exclusive; garrisons may have multiple and even conflicting answers to questions.*

For the questions about individual class offerings, tables of the raw data are presented. It was not appropriate to generalize class-level program submissions due to differences in purpose and/or scope. For example, in the parenting topic area, a wide variety of classes were submitted including classes for expectant and separating parents and other special parenting topics (e.g., cyber safety on the web for parents, healthy family characteristics, adverse childhood experiences for Soldiers). Each of these classes has a differing audience and unique goals and objectives. The raw, class-level data may provide information that is more reflective of the nature of these classes (e.g., a class on parenting may be required for divorcing parents) than a general summary of all the classes provided in a topic area. Garrison information was removed and class information was aggregated where possible to summarize class-level offerings.

Summary of FAP Master Class Lists

Process
Clearinghouse evaluators requested a master list of class names for all FAP programming (i.e., not just programs that fit within parenting, anger management, or communication) to reduce burden on FAPMs and to allow for a comprehensive comparison of programming Army-wide. Six of the garrisons (18%) who participated in the questionnaire did not provide a master class list despite follow-up efforts to obtain one. Since class lists were most commonly submitted using only titles/names, there was no way to determine whether classes were the exact same or different even though some class names were similar (e.g., anger management). Assumptions were not made that the classes or curricula were the exact same.

Results
In total, 362 classes were submitted by FAP staff across the responding garrisons. The majority of garrisons were found to offer classes in anger management, communication, and parenting, and some clear trends in classes were identified (e.g., multiple garrisons offering Five Love Languages, Scream Free Parenting). These classes also tended to be what was commonly submitted for the more detailed review. A list of all of the classes submitted (n=362) is found in Appendix E.

Summary of Six General FAP Question Responses

Question 1: What population is FAP serving? Are there any populations in need of service that are not being served? (n=34)[5]
Seventy-four percent of the responding FAP staff indicated that their garrison's FAP serves Service members and family members. A significant number (65%) also reported serving the Department of Defense (DoD) or Department of Army civilians. Other populations that were mentioned, yet did not represent a substantial majority of the garrisons reporting, include the following (in order): contractors, National Guard and Reserve Service members and family members, retirees, community partners (e.g., child care staff, law enforcement personnel), Service members and family members from other branches, survivors, non-dependents (e.g., girlfriend), and veterans.

A few FAP staff mentioned that they serve at-risk families or families referred for allegations of IPV and/or CM. A significant number (65%) of the responding staff did not answer the second part of the question about whether there were any populations that were not being served. Of the staff from the 33 garrisons that answered, 19% responded that all populations were being served. Other answers were garrison specific, such as not serving retirees or contractors. One staff member also mentioned the need to expand to represent more families with young children (i.e., 0 to 5 years of age instead of 0 to 3 years of age). Quotes about the populations FAP serves are represented in the blue box below.

- *"We serve Active Duty Army, Retirees, Family members, eligible civilians, or other branches of the service, who may be stationed at [GARRISON], who are referred for allegations of domestic violence, intimate partner abuse, child abuse, or child neglect, or who may be at risk for abuse or neglect to occur."*
- *"Yes: We need to be servicing 3-5 year old children. Most programs focus on the first 5 years and we do not. This causes many children age 4 and 5 to not have services. FAP NPSP needs to change to the first five."*

Question 2: Are there families who choose not to participate? Why or why not? (n=32)
A significant proportion of FAP staff (84%) noted that there are families who choose not to participate. The largest reasons given for families choosing not to participate include stigma (25%), the voluntary nature of classes (22%), time conflicts between work or home life (22%), and lack of child care (19%). Other reasons FAP staff cited for families choosing not to participate include items related to the programming (i.e., classes are not relatable, the location of the classes, the time and length of classes, classes only being offered on post, and the face-to-face format of the classes), lack of transportation, garrison mission priorities, lack of awareness of

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[5] One Point Of Contact (POC) submitted information for two garrisons. The same information was provided for both. While both garrisons were counted as responding, their responses were not included twice in the summarization.

services (e.g., lack of dissemination, relying on Service members to relay programming to family members, limited marketing efforts), and families not feeling like they have a need. Thirteen percent mentioned that families use FAP services after an incident occurs as crisis management rather than as a prevention activity (see Appendix C for more information about levels of prevention programming). A few quotes provided by staff from responding garrisons about those who choose not to participate in FAP services are included in the blue box below.

- *"An overwhelming majority of our population choose not to participate in our prevention/education services, as they are voluntary. In addition, across the installation, we are finding it difficult to engage our population in face-to-face educational classes."*
- *"Yes, families do not participate because they are not mandated to attend trainings, special events or workshops; the majority of spouses are employed off post; lack of childcare; and sometimes they don't know about the trainings, workshops, or special events because Soldiers do not always share the information with them despite FAP's efforts to utilize DFMWR marketing venues to disseminate the information. Spouses are more apt to seek FAP crisis intervention services after an incident occurs rather than prevention services."*
- *"Yes, families have access to information with the advancement of technology and have the ease of finding information on the internet. They can search 24/7 for "knowledge" vs. waiting for business hours, finding and affording daycare, getting "dressed" and sitting in uncomfortable classrooms. They can find information on what they want, need and when they want it from the comfort of their own home."*
- *"We rarely get participation unless it is ordered by the FAP Clinical Team and supported by the Command. Families don't participate if the classes are during the duty day because they themselves are working or have children who need childcare."*

Notably, the Army FAP Quality Assurance Project, conducted by the Clearinghouse, examined 140 IPV and 147 CM cases from 11 garrisons (Aronson, Perkins, Morgan, Cox, & Robichaux, 2018). Findings from that study indicate that there was significant variability across garrisons in the direct provision of services and the referrals made to ACS FAP programs[6]. On average, families were offered 4.8 referrals, which were rarely attended. Soldier attendance with referred services also varied widely with respect to proportion of sessions and the mean number of sessions attended. Civilian spouse and child attendance with referred services were extremely low with respect to the proportion of sessions and mean number of sessions attended. Although the report described FAP as responding quickly to prioritize victim's safety and active in making contacts to families in distress, ultimately, participant responsiveness was low, particularly for civilian family members.

Question 3: Is there anything that makes the program difficult to implement? Are there any garrison-specific barriers to implementing FAP? Please list any program barriers that make implementation difficult or challenging. (n=32)

Staff from nine Garrisons (28%) noted that there were no barriers to FAP implementation. While reporting staff were specific about challenges related to their garrison, the predominant barrier cited was low attendance. The other top barriers to implementing FAP include logistical barriers of programming (34%) (e.g., lack of child care, lack of transportation, proximity of program to home), demographic and garrison-specific characteristics (28%) (e.g. size of garrison, demographic makeup – high ranking officers, students, the mission), command support for

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[6] Note, ACS FAP programming is designated as a prevention service; therefore, families with determined cases of IPV and/or CM who receive services from ACS FAP are, by definition, no longer receiving prevention-level services.

trainings (19%), staffing (16%), and lack of online classes and presence (13%). Other barriers mentioned included stigma of participation, marketing, FAP programming being voluntary, duplication in services, and difficulty in identifying high-risk families. Several quotes are included in the blue box below related to FAP and garrison-specific barriers and challenges.

- *"Our Garrison is spread out and families are not in close proximity to post. This has been challenging to get families to attend classes. Childcare opportunities are also limited with CYS. Other barriers are a lack of motivation by customers to leave their homes as well as a stigma to the Family Advocacy program. This stigma relates strongly to the clinical side and families fear that participation will impact careers. Another barrier is staffing and the frequent PCS of employees."*
- *"Program barriers that make implementation difficult are that we have found that a good majority of this generation lack sufficient face to face communication skills and, in some cases, the motivation to attend classes; they don't want to get out from behind the technology to attend an actual in-person class. It is difficult to be effective with skill-based techniques over a computer."*
- *"Occasionally FAP services are hampered by time constraints, mission requirements and/or competing priorities. Identifying high risk Soldiers and Families is challenging. We consistently reach out to command to work daily with Soldiers and Families to get behind the mask."*
- *"Limited marketing ability. Lack of online presence. All FAP related programs must be promoted through DFMWR and it hinders our participation without our own online promotion."*

Question 4: How do you determine what classes need to be offered to families? (n=33)

Almost half of garrisons with staff reporting (44%) mentioned that they solicit feedback from the general garrison population through community needs-assessment surveys; town hall meetings; or community-wide newsletters. Thirty-eight percent of staff reported that they determine programming needs by soliciting feedback from FAP participants, which can include community reactions to problems or current events, or from information gleaned from the Case Review Committee (CRC) meetings. In determining what programs need to be offered to families, slightly more than a quarter of garrisons also mentioned input from command (28%), and 19% noted that they were guided by Army regulation. Other methods mentioned include best/current practices learned at professional development trainings, availability of staff, alignment with the prevention of family violence mission, and class usage (e.g., CTS) data. In the blue box below are quotes demonstrating how FAP staff determine what classes need to be offered to families.

- *"The FAPM identifies the need of the community to assess what classes as to offer. Input from the commanders and patrons are always taken into consideration and welcomed. As a social worker, attending training is key to keeping current on new classes and curriculum."*
- *"We determine our classes based on the issues and problems that we are seeing in the community and referred to FAP/ACS programs, and other programs throughout the installation."*

Question 5: How are decisions made about what and when programs are offered? (n=32)

FAP staff mentioned three main themes regarding decisions on what programs are offered. They noted that decisions are based on preferences of the garrison FAP team (29%), are based on observed community needs (e.g., trends, incidents, CRC) (23%), or are based on staffing needs or other logistic requirements (e.g., space) (23%). FAP staff also reported making decisions about

programming based on soliciting feedback from participants (13%) or through community-needs surveys (16%). Other influencing factors include gaining feedback from the Family Advocacy Committee (FAC) and other working groups, drawing from best practices, examining class usage data, and considering the budget.

For decisions about when programs are offered, FAP staff noted that availability of participants is their top factor (23%). This is followed by alignment of programs with national campaigns and seasonal events (13%). Staff also mentioned that they offer programs on a set schedule (e.g., annually, quarterly, monthly). Themes about how decisions are made and what and when programs are offered are described in the quotes in the blue box below.

> - *"FAP team and the ACS director determine what and when programs are offered. We also focus on the themes of the month and we try to present programs that are related specifically to that month, such as, April is Child Abuse Awareness, Autism, Month of the Military Child."*
> - *"A needs assessment of the community as well as an exit survey offered to every individual out-processing as to the types of additional programs that would benefit the community."*
> - *"Decisions are made based on the requests we receive for particular subject matter. We offer classes on specific days of each month during the duty day and we make necessary adjustments for after duty hours to accommodate personnel who are not available during the duty day. We work with Child and Youth Services to coordinate mandatory training for their staff and make adjustment for community training of any personnel that work with children."*

Question 6: What is working well for FAP at your garrison, and in what areas do you think the program could improve? (n=31)

The top three responses for what was working well included command support (22%), community collaborations and partnerships (16%), and outreach (9%). Other items that were noted as working well included diversity of program offerings, staff openness, using technology for program offerings, program alignment with needs of participants, and one-on-one services as opposed to classes. Staffing was the most frequently noted area for improvement at 13%, which was followed by requiring mandatory FAP unit briefings (9%).

Attendance and participation were overarching themes for how FAP could be improved. Many FAP staff provided suggestions for how and when to reach families. Some of their ideas for increasing participation include offering incentives or rewards for participation, trying to reach in-need families and offering programming before an incident happens, mixing educational activities with fun activities, rebranding classes so they do not have a deficit perspective, encouraging families and staff to participate in face-to-face services, and offering programs and services in new formats (e.g., online, social media). There were also several comments about how to improve the implementation of FAP, such as exploring the lack of standardization in services, making FAP a stronger priority from command, and improving the quality of class offerings. A number of quotes from staff are included in the blue box below about ways to improve FAP.

> - *"If the units were able to provide incentives or rewards to Soldiers who encourage their family members to attend FAP trainings and special events, FAP could reach a larger audience. Family members could benefit greatly if they received training and were aware of all the prevention services and programs in place that can assist before an incident happens. This would greatly reduce the number of incidents of child abuse/neglect and partner abuse."*
> - *"Improvement- Updated evidence based trainings, ability to train or offer information via social media (YouTube, Facebook, twitter), online training websites, marketing."*

- *"I think the one area of improvement for FAP needs to be an overall standardization of services, from the top down. Guidance comes sporadically from IMCOM, so each Garrison does its own thing; some are much bigger than others and have more support/more clientele/staff, so their courses are broader and more diverse (this isn't possible at smaller installations) and they also have support services outside of their gates, while smaller/rural installations don't."*
- *"The new directive indicating that FAP Training listed in the AR 608-18 such as Command and leader training and troop training cannot be mandated — just offered, hinders the ability to get Soldier involvement at all levels."*

Low attendance and an overall lack of participation were the predominant themes evident from the responses to the general questions.

Summary of Site Visits

Of the 34 garrisons that participated in Phase II, four garrisons were selected for site visits, in part, because staff were participating in a concurrent effort by the Clearinghouse to conduct an outcome evaluation for the ACS Employment Readiness Program (ERP). Thus, garrisons that had a strong response rate in program participant data collections for the ERP evaluation and had provided all of the requested information needed for the FAP process evaluation in Phase II were further selected by availability of resources (i.e., staff time and existing limitations), location (i.e., CONUS or OCONUS), command, and size. The evaluation team and the Army headquarters staff decided to include at least one OCONUS garrison due to the unique role that ACS plays overseas. Thus, USAG Bavaria, with its two primary locations and two satellite locations, and USAG Wiesbaden were chosen. For CONUS representation, Fort Meade and Fort Drum were selected.

The site visits were conducted between 30 January — 1 April, 2020. At each site, interviews were conducted with FAPMs and, when possible, FAP support staff (e.g., education specialists, prevention coordinators, in-home visitors for the NPSP, victim advocates), ACS generalists, and program participants. One Family Advocacy Committee (FAC) meeting was also attended. To ensure anonymity, only the number of people interviewed at each location are detailed below. We note that all of the feedback presented in this report is entirely perception based and may not necessarily be accurate.

Note, Fort Drum presented a unique situation as the garrison commander ordered an infrastructure change that impacted FAP and ERP. These programs were moved from the administration of the Directorate of Family and Morale, Welfare and Recreation (DFMWR) to the Directorate of Human Resources (DHR) in November 2019. The new program leadership requested the previously scheduled site visits to be conducted in the summer of 2020 to allow time for adaptation. However, since the project could not accommodate a lengthier timeline, the Clearinghouse evaluators instead conducted telephonic interviews with the former ACS program staff who remained the same under the new program leadership from the DHR. Given that the leadership restructure at Fort Drum is not duplicated anywhere else within the Army, the focus of the interviews became how the change impacted the programs and the results of the interviews are described separately below.

Table 3
Site Visit Participation

Date	Site Visited	Number of FAP Interviews conducted
January 30 & 31	USAG Wiesbaden	2
February 5 – 8	USAG Bavaria (Rose Barracks, Tower Barracks, Garmisch, Hoehnfels)	7
February 18	Fort Meade	7
March 15—April 1	Fort Drum (telephonic)	2

The information garnered from the site visits was used to provide contextual perspective to better inform findings. To protect confidentiality, themes and quotations from the site visits are interwoven throughout this section. The primary goals were to (1) understand the on-the-ground implementation of the program and identify variations in programs between the selected garrisons; (2) provide contextual understanding of the program climate during the evaluation period (e.g., staffing, unique program limitations or assets), and (3) enhance program improvement recommendations. Although the questions asked varied by respondent type (i.e., not all questions are appropriate for all respondents), the Clearinghouse evaluators centered on the following topics:

- Understand the referral processes (e.g., how program participants enter the program);
- Understand how FAP interfaces with other ACS programs, community health-related programs, and FAP MEDCOM;
- Understand marketing plans and solutions to marketing barriers or challenges;
- Understand what actions are taken to address the previously identified theme of low participation rates;
- Understand unique assets and constraints associated with the target population served at each garrison;
- Understand how program decisions are guided by needs assessment, command, and community involvement;
- Understand how program content is selected or created;
- Understand variations in implementation strategies;
- Identify potential opportunities for continuous quality improvement efforts; and
- Identify current data collection strategies (e.g., specific outcomes of classes that are being measured).

Site Visit Themes
The themes and corresponding quotations below are presented to mirror as much as possible the content elicited from the six general questions all garrisons were asked.

Underserved Populations
At one site, an interviewee noted that there are increasingly unmet needs for non-traditional, diverse families (e.g., single parents, LGBTQ+ families), and services that are specific for teens to help educate them about IPV are needed. Commanders were another population reported as in need of services (i.e., increased or improved services), and law enforcement and medical providers were also mentioned. One interviewee noted the need for more standardized briefing content to provide briefings to these stakeholders. Similarly, at both CONUS and OCONUS garrisons, non-native English-speaking spouses were also mentioned as a difficult population to

reach due to the language barriers. At an OCONUS location, one interviewee noted that although ACS is driven by the Soldier population, there are "tons of DoD civilians that are in need of services." Nevertheless, despite the perceived need for services for civilians, the interviewee noted that "more than half of the referrals for services that FAP receives are for civilians" (i.e., civilian spouses) for whom the Army has no jurisdiction. At the OCONUS garrisons visited, a lack of resources (e.g., social services) for families outside of the gate was a prevailing theme. Notably, at the majority of sites visited, the benefits of the Military Family Life Consultants[7] (MFLCs) as a *connector or liaison* to referring families to FAP services were noted.

Primary Implementation Barriers: Stigma and Low Program Participation

During an OCONUS site visit, an interviewee commented that the garrison and the off-post neighborhoods were a "small community, and people don't want to be seen attending an anger management class" due to the stigma, and the staff member further remarked, "nobody wants to be seen as a hot-head where everybody knows everybody". One interviewee referred to the FAP stigma as the "happy FAP vs. the crappy FAP" in reference to the ACS FAP vs. the MEDCOM FAP, respectively. Multiple interviewees noted that, although classes such as ScreamFree Parenting are offered, attendance is always low. In some cases, classes are offered on a one-on-one basis, and while this strategy might be worthwhile in some instances (i.e., for high-risk families), overall it may not be an efficient use of FAP resources to offer what one respondent referred to as "onesies and twosies." Interviewees were asked about other delivery mechanisms to reduce stigma around FAP services such as offering classes online. Some interviewees were already using the web to engage families when appropriate. Others were not open to the idea and mentioned perceived logistical barriers to using the web as a strategy, or they perceived online services as a contributing factor to family violence[8] (i.e., encouraging use of online resources to a person with an addiction to online pornography or gaming).

Also at the OCONUS sites visited, the isolation of families was a theme that was more prevalent than at the CONUS sites. "A lot of families only have one car and not a lot of support here from other families, we have had to brainstorm ways to reach families with less resources… the bottom line is that we need to find fun ways to reach families in order to incentivize them to participate in a program." Sites provided strategies that they were currently using to encourage participation. One garrison was offering book clubs with titles that highlight FAP relevant themes such as IPV (e.g., Big Little Lies and Behind Closed Doors) that can increase awareness and help "open the door to conversations about hard topics." In this instance, because the commander's wife attended the book club, there was perceived buy-in and command support for this activity, so participation was deemed acceptable.

Another example of rebranding or reframing of a stigmatized topic like anger management was to offer a meditation class where issues associated with managing emotions could be indirectly and safely addressed. One interviewee talked about being the person out in the community, "a known entity, as a person who can help with any number of needs" and cited her professional outreach to the community in any number of nonconventional means, such as by attending church services or having a presence at non FAP-related events.

At one site visited, a playgroup offered through the FAP NPSP was observed. The evaluation team spoke with four parents who attended the event. Of the four, two were familiar with FAP and the programs and services it offered beyond the playgroup. One parent who was informed about

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[7] The DoD MFLC's offer confidential (i.e., non-reported unless there is a danger to oneself or others), non-medical, support services to Service members, their families, and survivors world-wide.
[8] There is no empirical evidence of a link between online services and increased family violence.

FAP was an Army veteran and spoke about his prior understanding of what FAP is as "for someone that did something wrong." However, when probed further, he described having a much better understanding of FAP as a useful resource to someone in his *current* position as the family caregiver while his spouse was active duty. The other parent had taken one other parenting class and noted an awareness of some of the other FAP offerings. She recalled learning about FAP through her spouse Facebook page at her family's previous installation. Despite a number of informational hand-outs and flyers announcing FAP classes sitting on the registration table in the playroom, the other two parents had never heard of FAP and had no idea what type of other programs and services FAP offered. Although the playgroups offered through FAPs NPSP are typically well attended, they were described by FAP staff as "cliquey" and "not welcoming" to new families, "the older families tend to ostracize the new families; it's just human behavior" noted one FAP staff interviewee. On a more positive side, one parent noted that having so many toys and activities accessible was a welcomed benefit.

Other Implementation Barriers

FAP Staff at approximately half of the garrisons visited indicated that marketing was a challenge, particularly the chain of approval process required by their administrative authority, the DFMWR. In some instances, FAP staff found ways to work around the DFMWR approval requirements, which they felt slowed down the rate at which announcements could be made about upcoming events, by "infiltrating" both official and unofficial spouse Facebook pages. At a garrison where marketing was perceived as effective, an interviewee stated that they are "marketing every way we can, including Facebook, Instagram, Twitter and flyers all over". Despite these marketing efforts, the interviewee reported that FAP programs were still not well attended.

Needs Assessments

In most cases, when asked how local needs are assessed, FAP staff report collaborating with MEDCOM FAP, command, the Military Police (MP), Alcohol Substance Abuse and Prevention (ASAP), and Children and Youth Services (CYS) to identify emerging issues and begin to brainstorm prevention and intervention efforts. At two sites visited, a recent increase in strangulation cases was noted, and FAP staff were working to identify programming that could address this topic. OCONUS sites also had unique issues surrounding economic abuse (e.g., controlling passports and funds to travel), a lack of awareness of emergency resources off post (e.g., family violence shelters), and the host country's policies pertaining to emergency placement services for children. Another topic mentioned at multiple sites was child neglect and neglect in the health and safety conditions of the home by new and/or young parents. At another site, a topic mentioned, which was becoming more prevalent, was addiction to pornography. These suggest new and emerging issues that should be addressed in current programming.

Program Selection

When asked about how programs are chosen, most interviewees described using existing programs that were available to them because they were endorsed by the Army (e.g., the ScreamFree series of classes), or they chose programs because of the evidence-base of the programs. However, most of the interviewees described making significant adaptations to existing programs or described programs as evidence-based that have no evaluation data and are not evidence-informed — let alone evidence-based. One interviewee described the process as "cobbled together" based upon "my own knowledge and experience" and that there were no "out of the gate resources available" with reference to a marriage enrichment class offering.

Moreover, some interviewees reported that content was facilitator dependent and that often, when a staff member left, programs and classes had to be recreated. One FAP staff noted she was

lucky that she had access to peer-reviewed research because she was in a graduate program and pointed to a number of research articles she had used to create her own customized classes. Although open to increased standardization and an increased use of evidence-informed programs, most of the FAPMs interviewed did express a strong preference to be able to tailor programming to meet their garrison's specific needs. One FAPM also noted that FAPMs "Talk to each other and get feedback from each other about what programs they liked, what was well attended, what worked." Adapting a program to fit their local needs was often noted as another reason for non-adherence to a program. As one interviewee explained why a parenting class was reduced from six sessions to three "Time is the issue, it's always the issue, otherwise, people won't do it, they won't come every week*."*

Partnerships

Partnerships with other agencies proved to be advantageous. For instance, by partnering with the chaplain, FAP was able to mitigate some of their inherent barriers to participation (e.g., inability to pay for refreshments or offer child care as incentives) and offered a *date night* for couples to attend a couple's communication class where child care and refreshments were offered. One interviewee noted that cost-savings reports are done after each activity at the request of command to help weigh the anticipated benefits of the program versus the costs to implement the program (e.g., staffing, resources needed). The goal of these reports is often to assess whether there might be an organization, on post or off post, that could meet the need for less cost. For instance, at one garrison visited, MEDCOM FAP provides anger management classes instead of ACS FAP.

Summary of Telephonic Interviews at Fort Drum

As previously described, during the evaluation period, a significant restructuring event occurred at Fort Drum Army Garrison where the oversight of the FAP and the ERP changed from ACS, housed under the DFMWR, which is housed under IMCOM (G9) to the Army Directorate of Human Resources (DHR, or G1). This unexpected change impacted the site visits for the FAP and ERP as DHR leadership requested that the Clearinghouse site visits be postponed until the FAP and ERP had become better established under the new directorate. Due to pre-existing delays, the evaluation team could not postpone the site visits several months later than scheduled. As an alternative, the team conducted the critical components of the site visit agenda — interviews with key program staff, via telephone. This subsection details a summary of the information gleaned from the newly reorganized FAP alignment at Fort Drum.

Introduction to Fort Drum

Fort Drum Army Garrison is classified as a large (i.e., approximately 13,000) Readiness command installation located remotely, with its closest small metro area of Watertown, NY, population of 25,900 eight miles from the base. Fort Drum's closest larger metropolitan area is Syracuse, NY, population of 142,000 located 90 miles from the base. The installation has a high operations tempo consisting of mostly light infantry Soldiers whereby thousands are deployed throughout the world at any given time. The population is comprised of predominately first term, 18-24 year-old Soldiers who live approximately half on and half off base. The implications of these characteristics for FAP are that there are many young families, as one respondent explained "kids having kids" and as such the NPSP is one of the most needed programs for referrals to FAP.

The ownership restructuring, noted above, was designed to reduce redundancies in services offered across the installation. The below summaries detail the anticipated and *preliminary* results of the changes. For a more comprehensive assessment of how the changes impacted the programs, further investigation is recommended within one year from this change.

The telephone interviews were conducted between 15 March and 1 April, 2020. The former ACS program managers were interviewed, along with their newly appointed managers under the DHR. The Army Substance Abuse and Prevention (ASAP) program replaced ACS as the reporting agency for FAP. The most prevalent themes pertaining to the leadership changes are presented below.

Background

The mission of the ASAP is to strengthen the overall fitness and effectiveness of the Army´s workforce and to conserve manpower and enhance the combat readiness of Soldiers. ASAP's primary objectives include: increasing individual fitness and overall unit readiness; providing services which are proactive and responsive to the needs of the Army´s workforce and emphasize alcohol and other drug abuse deterrence, prevention, education, and rehabilitation; restoring to duty those substance-impaired Soldiers who have the potential for continued military Service; providing effective alcohol and other drug abuse prevention and education at all levels of command, and encourage commanders to provide alcohol and drug-free leisure activities; ensuring all personnel assigned to ASAP staff are appropriately trained and experienced to accomplish their missions; achieving maximum productivity and reduce absenteeism and attrition among civilian corps members by reducing the effects of the abuse of alcohol and other drugs, and improving readiness by extending services to the Soldiers, civilian corps members, and family members.

Perceived positive changes as a result of the restructure

Increased program reach via removal of barriers by direct access to leadership

With regard to the new grouping of all of the prevention programs on the installation, one respondent remarked that this is a "better fit for us." More visibility at the division level was described as one of the most important benefits of the change. Previously, when housed under ACS, "We weren't always sure if domestic violence or child abuse was being tracked by the division level because we were relying on the garrison commander to relay important information". Now, the FAC has more visibility because the divisions get MEDCOM (i.e., treatment FAP) and ASAP statistics quarterly. Previously, the comprehensive FAP (i.e., ACS and MEDCOM) only briefed at the garrison commander level. As one respondent stated "now we have an Installation Prevention Council (IPC) that merged all of the prevention programs together and briefs *all commands* at the same time." As described, "Now, the SME's (i.e., FAPMs) are reporting to the division level leadership at quarterly meetings, and they can advocate and tell them – you have to do this or that —we have more authority and feel more empowered" with the access to leadership barriers removed.

One respondent describes the recent requirement change made by the Army Chief of Staff that made FAP training non-mandatory[9]. Because ASAP is still required to brief, ASAP now has a practice of asking for 90 minutes instead of their usual 60 minutes to conduct an ASAP brief, to include the FAP briefing. The respondent remarked "they don't even know they're still getting it". Thus, the numbers of commanders and Soldiers receiving the FAP trainings has increased.

Another issue reported was that under ACS, the FAPM was not "empowered to be the expert in the field" of family violence prevention. This respondent noted that leadership feels more

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[9] We note that the respondent's statement is overly broad to be applied Army wide as some FAP training is mandated (e.g., for new commanders, health care providers, CYS staff). However, while FAP is required to have a troop training program, there is no policy that mandates that units receive the training.

"transparent now and the program managers are actually allowed to manage their programs." The respondent noted that this has a trickle-down effect for FAP staff. The program is now able to empower its direct reports (e.g., FAP educators that conduct the new commander and new troop briefings) to become more competent and qualified at their jobs. The new leadership was described as a "big source of support." However, one respondent noted that with "new responsibilities, FAP staff must also be trained to become proficient and confident in their roles". The importance of "selling the program at briefings" comes to the foreground to help "mitigate stigma and talk it up", noting that if we "don't sell it, then they won't come in to the classes; we need credible, high standards and that requires a lot of training for a FAP staff member so that they can go out and do it on their own – but they must pass a litmus test because they are now interacting directly with the units."

Holistic approach to prevention services

The joining of all installation prevention programs was perceived to allow for a more "holistic approach" to prevention. This change is also more efficient for command as it saves time and reduces the numbers of meetings to attend. Now "there is just one big meeting" that addresses all of the risk data, under the DHS. This model was also referred to as a "one-stop shop for prevention" and one respondent noted that in "99% of suicide cases, there is a relationship issue" and "in most DV cases there is a drug and alcohol piece; now we can look deeper and provide better services by asking probing questions to better understand why someone would be driving drunk, or what's going on that's causing child neglect?" This model also ensures that ASAP, the Suicide Prevention Program and the Sexual Harassment Assault Response Prevention (SHARP) are all on the same page, noting "the messaging is the same now."

Data collection changes

FAP is still reporting usage data into the ACS Client Tracking System (CTS). Although this protocol has not changed, one respondent notes "it may, we will have to see, we are still waiting for those decisions to be made." The recording of medical and treatment activities is still recorded in the MEDCOM system (FASOR) and "nothing has changed there, as ACS was never the record keeper that reports (family violence data) to command". ASAP also has a user data system but one respondent notes that "it's not a great system either, it also has its glitches." Nonetheless, it was noted that under ASAP, "FAP is conducting better assessments, we didn't have that mindset at ACS" echoing this sentiment but also understanding the limitations "it wasn't a lack of them (i.e., ACS FAP) not doing something, it just wasn't their focus" when asked about improved assessments.

Program continuity

The primary program components of FAP and its staffing have not changed. One respondent noted that "ASAP and FAP had always partnered, but now it's easier" with just one overlapping program manager. Similarly, no changes to the CRC were noted as of yet. Further, neither respondent reported any perceived changes that were negatively affecting the FAP.

Program challenges

Although ASAP remains physically housed in the same location, FAP did move from ACS to join ASAP. While both programs suffer from stigma associated with program use, one respondent noted that "Nobody wants to go to the ASAP building" so they have been tasked with finding a new name for the building with a "more holistic sound, something like Family Prevention Center". While the building name is slated to be changed, the individual program names (i.e., ASAP, FAP) are not.

Conclusions
A similar message was echoed by both respondents; thus far, the restructure has been viewed as a beneficial change for FAP. The creation of a direct line of communication with division leaders is viewed as an important barrier reduction to ensuring that all commanders are briefed on family violence at Fort Drum. In summary, the rationale for the restructure to reduce redundancies in services offered (i.e., implementing a one-stop-shop model) has been reported as successful; however, for a more accurate and comprehensive understanding of the gains in program efficiency, further investigation at a later date is required.

Summary of Class-specific Nominations

Garrisons' FAP staff were asked to submit up to two classes in each topic area (i.e., anger management, communication, and parenting). The questions that were asked are included in Appendix A. Raw data are presented by topic areas to reflect perceived best classes (e.g., best attended, most liked, perceived effectiveness). Due to the uniqueness in individual class offerings (e.g., classes with the same names but offered with varying differences in dosage), these submissions were not generalizable into frequencies and percentages. Note, not every question was completed about the class. For instance, there are missing data at the item level, and responses to questions are not necessarily mutually exclusive (e.g., in response to "when is the class offered?" some garrisons put "quarterly" and "as needed" in the same response). Inconsistency of information about classes, even when reported by a single respondent, was also noted (e.g., instances where staff said the class was being offered soon and then in a later question said that the class is not offered). Therefore, any numbers presented below are meant to provide a general sense of common themes among classes, and they do not indicate the total number of class submissions.

There are limitations to consider for the information presented in this section. Sample sizes, frequencies, and percentages are presented when and where possible; however, it is important to remember that not all questions were answered or answered completely, and not all answers were mutually exclusive. Differences across garrisons (e.g., target population, class duration) also make drawing conclusions beyond common themes from the results challenging.

Anger Management Class Submissions (n=28)

Garrisons' FAP staff were asked to submit up to two classes that addressed anger management (anger) as a topic area. There were 28 submissions in the anger topic area, and 23 staff nominated one anger class, and five staff members nominated two programs. Anger was the only topic area where many of the nominations had the same name (i.e., anger management). To summarize the submissions, each anger class was treated as unique despite the common name since the classes had different goals and objectives, and they were based on different curricula. Three-quarters of the submissions contained content directly related to anger management. Seven of the submissions were unique and did not explicitly mention anger in the title but had content related to anger management. Some of these unique submissions included content about self-care, conflict management for families, and stress management. One garrison nominated a class for providers on managing special needs children in daycare settings.

The summary provided below is based on *all* of the classes that were submitted with the topic anger (n=28) with the exception of the overview of the goals and objectives summary, which synthesizes only the 21 classes that included anger management as a primary objective. At one garrison, a staff member submitted a full list (six classes) of the entire anger class offerings

instead of only selecting two. Since this staff member did not answer the questions with a specific class in mind and discussed anger classes more broadly, for the purposes of summarizing the information submitted, these six class offerings were counted as one submission except in the discussion of class content where each class name submitted is listed separately but denoted as one submission.

Due to the uniqueness in individual class offerings, frequencies and percentages are only provided where appropriate. Note, there are limitations in comparing submissions due to differences in several domains such as purpose, target audience, and duration. For a list of the anger class names and their goals and objectives, see Appendix B. The class names and descriptions are included exactly as submitted except with the correction of spelling errors or the removal of identifying information about the garrison that submitted the class.

Objectives of Anger Classes

The objectives are organized by different types of goals (i.e., knowledge, attitudes, or behavior change). The 21 classes submitted with anger management as a primary goal or objective were heavy on knowledge components (e.g., recognizing anger and understanding the consequences of anger). Anger classes also contained behavior change components; however, it was not noted whether the tools and techniques involved in skill practice were employed by participants outside of the context of the class. For example, does a class that teaches communication skills provide time for participants to practice these types of skills or are communication skills only directing participants in what they should do but not necessarily in how to do it? For this broad environmental scan, garrisons were not asked to submit curricula; therefore, the Clearinghouse evaluation team could not determine the likelihood that behavior change objectives were achieved.

The stated goals and objectives for each class were coded to explore themes across the anger management classes. Common objectives that related to knowledge, attitude, and behavior change are included in the table below. More than one class may have focused on each objective. That is, multiple classes may have stated that "defining anger" was an objective. Unique objectives are included if the type of goal or objective under which they could be placed is discernable.

Table 4
Overall Summary of Anger Class Objectives

Type of goal	Examples of objectives submitted include the following:
Knowledge	- Define anger - Recognize anger or stress (e.g., identify triggers or cues) - Understand anger (e.g., myths, facts you should know about anger, the anger cycle) - Importance of managing stress - Consequences of anger (e.g., How anger impacts mental and physical health) - Unhelpful ways of dealing with anger
Attitude	Ok to ask for help, that is, normalization of help-seeking
Behavior	- Conflict resolution skills - Communication skills - Strategies for changing thoughts

	• Journaling; Self-reflection
	• Relaxation techniques; Meditation
	• How to express anger in a healthy way
	• Develop an anger management plan

Note. The summary of anger class goals and objectives represents the 21 classes that focused on anger as a topic area.

Class Characteristics

FAP staff provided information about how often the class is offered, when it will be offered next, if the class is offered on a set schedule or on demand, how many sessions are a part of the class, and the length of a session. Most FAP staff report offering the class in the near future with the exception of one garrison that noted the class was on hold due to a staff shortage. There was wide variability regarding class duration and the number of hours of each session (i.e., dosage). The number of sessions for anger submissions ranged from one session to 10 sessions. About half of the classes submitted were brief, one session classes (n=15; 54%). The number of hours per session varied from 1 to 5 hours; however, this is largely dependent on the number of sessions. Fifty percent of class submissions are less than 5 hours in total time. FAP staff noted the following: they offer classes as needed or requested (28%); provide classes on a set schedule either weekly, monthly, bi-monthly, or quarterly (25%); or offer classes as needed and on a set schedule (39%). Table 4 contains a summary of the dosage characteristics for the anger class submissions.

Table 5
Anger Submission Class Dosage Characteristics

Title	Duration: # of sessions	Duration: # of hour(s)	Total Hours	When Offered (set schedule or as needed)
Anger and Stress Management	1	5	5	Monthly
Anger and Stress Management	1	1.5	1.5	Monthly
Anger Control Training	8	2	16	Men's are offered monthly; Women's are offered bi-monthly
Anger Management	1	-	1	As needed
Anger Management	1	1	1	Both: Quarterly; as needed
Anger Management	1	1	1	As needed
Anger Management	1	2	2	Both: Monthly; as needed
Anger Management	4	2	8	As needed
Anger Management	6	1	6	Both: Quarterly; as needed

Title	Duration: # of sessions	Duration: # of hour(s)	Total Hours	When Offered (set schedule or as needed)
Anger Management	8	1.5	12	Both: Quarterly; as needed
Anger Management	10	1	10	As needed
Anger Management	Variable; as many as needed to complete the material	1-2 hours based on availability	1-2	As needed
Anger Management	Variable; multiple sessions/typically 6 per class	1	6	As needed
Building Your Stress Resilience	1	45 minutes – 1 hour	1	As needed
Chillin' Out: Anger Management	1	1.5	1.5	Both: Monthly; as needed
Conflict Management	2	1	2	Every three months
Control Your Anger Before It Controls You	Variable; multiple sessions, usually 4-6 as needed	1-2	4-12	Both: Bi-Monthly; Weekly as needed
How to be a Cool Cucumber Around Hot Sauce People	-	1	1	Both: As needed or during the Mommy and Me sessions
Kick the Pressure	1	1	1	Both: Monthly; as needed
Managing the Special Needs Child in the Daycare Setting	1	2	2	Annually
Self-care	1	1.5	1.5	As needed
Stress and Anger Management	2	1	2	Twice monthly
Stress Management	1	1	1	Every three months
Stress Management	1	1	1	Both: Twice a year; as needed
Taking Care of You	4	2	8	-
Taming Your Temper	1	2	2	Both: Monthly; as needed

Title	Duration: # of sessions	Duration: # of hour(s)	Total Hours	When Offered (set schedule or as needed)
Techniques to Control Your Anger	1	2.5	2.5	Both: Monthly; as needed

Notes. While there are duplicate names for programs (e.g., anger management) presented in this table, each program is a unique submission. One garrison submitted only the names of six anger management classes and did not provide the additional information requested; these class names are not included in this table, and the class names follow: Anger Management for Parents, Anger Management Activities, Arise (Work in Progress; Life Skills: Teen Anger Danger; Life Isn't Fair But that Doesn't Mean You Should Quit), Anger Management For 21st Century Adolescents, Manage Anger Handbook, and Understanding and Reducing Anger.
(-) Indicates the item was missing in the submission.

Class Attendance

Classes were offered to all of the populations served by FAP (e.g., active duty, family members, retirees, DoD civilians); however, one class nominated was designed exclusively for staff from CYS. FAP staff reported that for approximately one third of the classes submitted attendance was voluntary, but staff also noted that class attendance (57%) was required if mandated or by command referral. One class submission noted that attendance was required, but this was because the class was a mandatory annual staff training. The majority of FAP staff noted that 79% of the classes submitted maintained class rosters. Class participation varied widely; the range reported was from 0 to 500 participants in the year 2018. In general, there were few limits on class sizes with the exception being physical space availability (i.e., room accommodation). However, in one response, staff mentioned moving the location to accommodate more people, when possible.

Table 6
Anger Class Attendance Information

Title	Attendance Required?	Roster?	Class attendance for 2018	Class size limit?	Minimum enrollment requirement?
Anger and Stress Management	No	Yes	30	No	No
Anger and Stress Management	No; However, FAP Clinical and Command make frequent referrals	Yes	60	Classroom holds 18 people, but it can be moved if more are in attendance	No
Anger Control Training	If command referred, court, Incident Determination Committee (IDC) - post incidents of Domestic	Yes	90	15	3

Title	Attendance Required?	Roster?	Class attendance for 2018	Class size limit?	Minimum enrollment requirement?
	Violence (DV) and/or child abuse				
Anger Management	Anyone who requests it or is referred	Yes	0-3	No	No
Anger Management	CRC mandated	Yes	-	-	-
Anger Management	Service members who have *met criteria* FAP case	If one-on-one, it is added in CTS; If offered as a class, a roster is maintained	Not many	No	One-on-one education can be received
Anger Management	Only if referred by behavioral health	Yes	Less than 20	No	No
Anger Management	No, unless referred by the court or command	No, one-on-one	20	No	No
Anger Management	No	Yes	Class was not offered last year due to lack of staffing	Depends on size of classroom; Ideal would be 25	5
Anger Management	Yes, by command referral	No	500	No	No
Anger Management	No	Yes	None	5	No
Anger Management	No	No	Varies	No	No
Anger Management	Occasionally; command referral or CRC referral	Yes	40	None	8 per facilitator
Building Your Stress Resilience	-	No	20	No	No
Chillin' Out:	Some are mandated to attend by their command teams and as referred	Yes	5 per month	No	No

Title	Attendance Required?	Roster?	Class attendance for 2018	Class size limit?	Minimum enrollment requirement?
	by FAP-Behavioral Health				
Conflict Management	No	Yes	2-12	No	No
Control Your Anger Before It Controls You	Command referral, CRC referral	Yes	25-60	20	No minimum; Class would be held for one individual as needed
How to be a Cool Cucumber Around Hot Sauce People	No	When required by FAP For DV incidents	None in FY19	No	No
Kick the Pressure	If referred by civilian misconduct or CRC	Yes	55	No	No
Managing the Special Needs Child in the Daycare Setting	All CDC/CYS attend because of the increase in diagnosis of Attention Deficit Disorder, Oppositional Defiant Disorder or Autism Spectrum Disorder.	Yes	40	No	No
Self-care	AD could be mandated to attend	No	210	-	10
Stress and Anger Management	AD may be mandated to attend	Yes	60	No	1
Stress Management	No	Yes	2-12	No	No
Stress Management	No	Yes	Varies	No	No
Taking Care of You	CRC treatment requirements	Yes	-	-	-
Taming Your Temper	No	Yes	Less than 20	No	No

Title	Attendance Required?	Roster?	Class attendance for 2018	Class size limit?	Minimum enrollment requirement?
Techniques to Control Your Anger	Some individuals are referred based on their treatment plan	Yes	7	No	No

Notes. (-) Indicates the item was missing in the submission.

Class Content

Sixty-one percent of FAP staff noted that materials for the class were created in-house. However, many FAP staff noted that 47% of these in-house developed classes used materials adapted from books and internet sources to create the class. A quarter of the FAP staff reported that materials are purchased from a developer. Of the seven FAP staff who reported using materials purchased from a developer or publisher, three noted they had to make adaptations (e.g., condensing the information, adding materials from other sources, creating a PowerPoint (PPT) from the information, using activities from other curriculums). Table 7 describes the origin of the content, whether the content was adapted, and the materials available for each class.

Table 7
Anger Class Content

Title	Origin of Content?	Adapted?	Materials available
Anger and Stress Management	Purchased from publisher/developer	No	FG HO
Anger and Stress Management	Purchased from publisher/developer	Yes, condensed information	PPT
Anger Control Training	Purchased from publisher/developer	Yes, added materials from other anger programs	FG HO Video/DVD
Anger Management	Created in-house	-	HO Video/DVD
Anger Management	Created in-house	-	PPT HO
Anger Management	Created in-house	-	PPT HO
Anger Management	Created in-house	-	PPT HO Video/DVD
Anger Management	Created in-house	-	PPT HO Video/DVD
Anger Management	Created in-house	-	PPT HO Video/DVD

Title	Origin of Content?	Adapted?	Materials available
Anger Management	Created in-house	-	PPT HO Video/DVD
Anger Management	Created in-house	-	HO
Anger Management	Created in-house	-	PPT FG HO Video/DVD
Anger Management	Purchased from publisher/developer	-	HO Book
Building Your Stress Resilience	Created in-house	-	PPT Other: Items for interactive exercises
Chillin' Out:	Created in-house	-	PPT FG HO Video/DVD
Conflict Management	Purchased from publisher/developer	Yes, allow topics to be military and civilian specific	FG HO
Control Your Anger Before It Controls You	Created in-house	-	-
How to be a Cool Cucumber Around Hot Sauce People	Unknown: Program offered by another entity	-	HO
Kick the Pressure	Created in-house	-	PPT FG HO
Managing the Special Needs Child in the Daycare Setting	Created in-house	-	PPT HO
Self-care	Purchased from publisher/developer	No	PPT FG HO Video/DVD
Stress and Anger Management	Purchased from publisher/developer	No	PPT FG HO Video/DVD
Stress Management	Unknown: Program offered by another entity	-	PPT HO
Stress Management	Created in-house	-	PPT FG

Title	Origin of Content?	Adapted?	Materials available
			HO
Taking Care of You	Unknown: Program offered by another entity	-	-
Taming Your Temper	Created in-house	-	HO
Techniques to Control Your Anger	Created in-house	-	HO Video/DVD

Notes. (-) Indicates the item was missing in the submission.
Only classes that were purchased from a publisher/developer received the question about whether the class was adapted.
PPT = PowerPoint, FG = Facilitator Guide or Manual; HO = Handout; Video/DVD = video/DVD or other media.

Classes with Published Content

The data for the classes using published content are provided in Table 8. Materials were purchased for one quarter of the classes submitted. However, some did not provide the name of the curriculum or materials they used if published materials were named as part of the in-house created classes. Most of the stated curricula were submitted by one garrison. These are denoted with an asterisk. If more than one curriculum was named to develop a class both are listed below.

Each column in Table 8 contains information provided with the submission; however, the evidence column denotes the evidence for each of the submitted curricula. In order to determine the evidence for each of the published curriculum titles submitted, the research team conducted a program search on the Clearinghouse's Continuum of Evidence (CoE). If the program was not on the CoE, the California Evidence-Based Clearinghouse for Child Welfare (CEBC) was searched. If the program was not located on any registries, a review of a database of scholarly journals (i.e., Google Scholar) was conducted. A designation of "Unknown" means that no peer-reviewed research or evaluations on the program could be found. If the program was located on the CoE, it is designated by the placement it received (e.g., Unclear 0, Promising). More information on CoE placement can be found on the Clearinghouse website: https://www.continuum.militaryfamilies.psu.edu. Placement alone on the CoE or any other referenced program registries does not indicate that a program has evidence.

Table 8
Published Anger Management Curriculum Titles Submitted

Curriculum Title	Class Title	Developer/Publisher	Evidence
Program 1: Anger Management Program 2: Anger Management	**Anger Control Training**	Prg1: Rich Pfeiffer, MDiv, PhD Prg 2: DSHS Prg 3: John J. Liptak, EdD and Ester A. Leutenberg	Unknown

Curriculum Title	Class Title	Developer/Publisher	Evidence
Program 3: The Anger & Aggression Workbook			
***Anger Management Activities**	**	Patricia Toner	Unknown
***Anger Management for Parents**	**	Channing Bete Company	Unknown
***Arise Work in Progress: Arise Life-Skills Curricula Arise: Teen Anger Danger Arise: Life Isn't Fair But that Doesn't Mean You Should Quit**	**	ARISE	Unknown
Behavioral Therapy	**Stress and Anger Management**	Albert Ellis	Unknown
Century Anger Management & Anger Management: For 21st Century Adolescents	**Anger Management**	Anthony Fiore, PhD and Ari Novick, PhD	Placed on CoE - Unclear 0 CEBC - NR
Managing Anger & Managing Stress (Self-Care Handbook)	**Anger and Stress Management**	Channing Bete Company	Unknown
Prevention and Relationship Enhancement Program (PREP)	**Control Your Anger Before It Controls You**	Adapted from PREP	CoE: PREP – Unclear 0 (mixed findings)
Resolving Family Conflicts	**Conflict Management**	Elizabeth Bennett	Unknown
Self-care	**	-	Unknown
Program 1: Strategies for Anger Management; Program 2:	**Anger and Stress Management Class**	Prg 1: Unknown Prg 2: Pro-Change	Prg1: Unknown Prg 2: The Stress Management Program CoE: Promising

Curriculum Title	Class Title	Developer/Publisher	Evidence
The Stress Management Program]			
***Understanding and Reducing Anger**	**	Yellow Ribbon Reintegration Program	Unknown

Notes. *Submitted by a FAP staff member at one garrison.
**Curriculum title is the same as the class name.
(-) Indicates the item was missing in the submission.
CoE – Clearinghouse Continuum of Evidence.
CEBC – NR (California Evidence Based Clearinghouse- No Rating).

In sum, three of the submitted programs for anger management could be located on the CoE. The *Century Anger Management Program* was Unclear 0, meaning there are currently no evaluations supporting its effectiveness. One staff noted that the materials were adapted from the *Prevention and Relationship Education Program* (PREP) materials. PREP also has a placement of Unclear 0 on the CoE due to mixed findings in program evaluations. The *Pro-Change Stress Management Program* has a placement of Promising; however, this curriculum was one of three programs being used for the content in one class, so adherence to the curriculum was most likely lacking.

> Many staff from reporting garrisons noted that materials for classes were created in-house, or classes were a mixture of published and in-house materials. 61 of the classes submitted were created in-house or staff used purchased materials to develop a new class. Staff noted having to condense information, add material from other sources, and use activities from other programs.

Evaluation Information

To solicit evaluation information, FAP staff completed a series of *check all that apply* questions. Items addressed the following: did participants complete a survey before, during, or after attending the class; what type of questions were asked (i.e., satisfaction, attitude, knowledge, or behavior); were data available, and were any mechanisms in place to allow for follow-up communication or tracking. Table 9 contains evaluation information for each of the classes.

Table 9
Anger Class Evaluation information

Title	Evaluation information collected?	Types of information collected	Data available?	Follow up communication possible?
Anger and Stress Management	Yes	Satisfaction Knowledge Behavior Change	Yes	No
Anger and Stress Management	Yes	Satisfaction Knowledge Attitude	Yes	No

Title	Evaluation information collected?	Types of information collected	Data available?	Follow up communication possible?
Anger Control Training	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	Yes
Anger Management	No	-	-	No
Anger Management	Yes	Satisfaction Knowledge Behavior Change	No	-
Anger Management	Yes	Satisfaction	Yes	No
Anger Management	Yes	Satisfaction Knowledge Attitude	Yes	No
Anger Management	No	-	-	No
Anger Management	Yes	Satisfaction Knowledge Attitude Behavior Change	No	No
Anger Management	Yes	Satisfaction	Yes	Yes
Anger Management	Yes	Satisfaction Knowledge Attitude Behavior Change	No	No
Anger Management	Yes	Satisfaction	No	No
Anger Management	Yes	Satisfaction	-	No
Building Your Stress Resilience	No	-	-	No
Chillin' Out:	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	-
Conflict Management	Yes	Satisfaction	Yes	No
Control Your Anger Before It Controls You	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
How to be a Cool Cucumber Around Hot Sauce People	Yes	Satisfaction	Yes	Yes
Kick the Pressure	ICE comment	Satisfaction	Yes	No
Managing the Special Needs Child in the Daycare Setting	Yes	Satisfaction Knowledge Attitude	Yes	-

Title	Evaluation information collected?	Types of information collected	Data available?	Follow up communication possible?
		Behavior Change		
Self-care	Yes	Satisfaction Knowledge Attitude	Yes	No
Stress and Anger Management	Yes	Satisfaction Knowledge Attitude	Yes	Yes
Stress Management	Yes	Satisfaction	Yes	No
Stress Management	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
Taking Care of You	Yes	Satisfaction Knowledge	-	No
Taming Your Temper	Yes	Satisfaction	No	No
Techniques to Control Your Anger	Yes	Satisfaction	Yes	Yes

Note. (-) Indicates missing or uninterpretable response.

82% of FAP staff indicated that they have class participants complete surveys before, during, or after the class. One staff noted that they used Interactive Customer Evaluation (ICE) comments. As to the type of questions on the survey, 86% indicated collecting satisfaction-level data. Slightly more than a third (36%) were collecting satisfaction data only, while 50% indicated that they collected knowledge, attitude (39%), or behavior change data (32%). Sixty-eight percent of FAP staff reported that follow-up communication with participants was not possible. A few FAP staff (7%) commented that they had no authority or protocols in place to initiate follow-up communication with class participants.

Class Selection Process

The most common reasons for the selection of FAP anger class submissions included the following: the only anger management class offered, the most commonly provided class, most attended class, or a good class (e.g., practical, fun, interactive, reflective). Some quotations describing why the chosen classes were selected are provided in the blue box below.

- *"Best practice and evidence based for stress management" ~ Taking Care of You Workshop*
- *"Interactive and relatable information" ~ Building Your Stress Resilience*
- *"With the rising number of diagnoses in children and the rising number of working families, day care providers should be far more educated than they are to handle these difficult children. We strive to get them access to the information in efforts to dispel ignorance that could lead to frustration and possibly abuse. This class always gets good feedback and each year a new diagnosis is discussed, typically one that the staff have recently had in care." ~ Managing the Special Needs Child in the Daycare Setting*

- *"The class provides practical techniques that are applicable to daily life. The class provides the opportunity for participants to explore how stress and anger affects their lives. Many have not had the opportunity or language to discuss anger/stress. Also some choose to ask for more classes or targeted trainings for their spouses or units."* ~ Stress and Anger Management

Communication Class Submissions (n=25)

FAP staff submitted up to two classes that addressed communication as a topic area (e.g., classes that contain general components related to communication between families or parents, individual-level communication strategies, relationship education). There were 25 submissions in the communication topic area with only three nominations of two programs in the communication topic area. The majority of submissions focused on couples' communication (60%). Twenty percent of the communication class submissions targeted general communication, and three of the communication classes addressed family communication. For all general communication classes, the topic of relationships was listed as an objective; however, there were no general communications classes submitted with specific objectives for *family* relationships. One garrison nominated ScreamFree Parenting in the communication topic area; however, this class aligns best with the parenting topic area.

The summary provided below is based on *all* of the classes that were submitted for communication (n=25). Due to the uniqueness in individual class offerings, frequencies and percentages are only provided where appropriate noting that there are limitations in comparing submissions due to several differences including purpose, target audience, and duration. For a list of communication class names and their objectives, see Appendix B. The class names and descriptions are included exactly as submitted except for the correction of spelling errors or the removal of identifying information about the garrison that submitted the class.

Objectives of Communication Classes

The objectives are organized by type (i.e., knowledge, attitudes, behavior change). The 25 classes submitted in communication contained a number of knowledge (e.g., identifying communication style) and behavior components (e.g., developing active listening skills) with a greater emphasis on knowledge objectives. It is unknown whether the tools or techniques involved in skill practice were employed outside the context of class. Therefore, the Clearinghouse evaluation team could not determine the likelihood that behavior change objectives were achieved.

The stated objectives for each class were coded to explore themes across communication classes. Common objectives that related to the goals of knowledge, attitude, and behavior change are included in the table below. More than one class may have focused on each objective. That is, multiple classes may have stated that "understanding communication styles" was an objective. Unique objectives are included if the type of objective under which they could be placed is discernable.

Table 10
Summary of Communication Class Objectives

Type of goal	Examples of goals and objectives submitted:
Knowledge	- Recognize components of a healthy relationship - Identify harmful patterns of communication to relationships - Identify styles of communication - Understand how you communicate

	• Understand how your communication personality may align or conflict with other communication personalities • Consequences of negative communication to relationships • Understand benefits of a healthy relationship • Understand the five love languages • Identify your own love language and your spouse's love language • Understand impact of technology on communication within a relationship
Attitude	• Celebrate differences between partners
Behavior	• Improve communication skills (e.g., use I-statements, assertive communication techniques) • Constructive problem-solving • Nonverbal communication • Active listening skills (e.g., speaker/listener technique) • Learn how to express love to significant other

Note. No goals and objectives relating to changes in attitude or behavior could be identified.

Class Characteristics

FAP staff provided information about how often the class is offered, when it will be offered next, if the class is offered on a set schedule or on demand, how many sessions are a part of the class, and the length of a session. The majority of FAP staff reported offering the class in the near future except two staff noted that the class was not currently offered. One staff member noted that a class was not being offered due to a staff shortage, and one staff member noted that a class was on hold until staff could be certified to deliver a class. There was wide variability in the class duration and the number of hours of each session (i.e., dosage). Many of the classes (64%) were offered as one session, and many of those one-session classes were between 1 and 2 hours in length (88%). Classes were offered either as needed (20%), on a set schedule (44%), or both on a set schedule and as requested (36%).

Table 11
Communication Class Dosage Characteristics

Title	Duration: # of sessions	Duration: # of hour(s)	Total Hours	When Offered (set schedule or as needed)
5 Love Languages	1	3	3	Annually
5 Love Languages	1	3	3	Quarterly
7 Habits of Highly Effective Military Families	-	-	-	As needed
And They Lived Happily Ever After	1	2	2	Annually

Title	Duration: # of sessions	Duration: # of hour(s)	Total Hours	When Offered (set schedule or as needed)
Assertive Communication	1	1	1	Both: During the Mommy and Me program; as needed
Changes in Relationships	1	45-60 min	1	Upon request before or after deployments
Communication Skills	It is prepared as a 6-hour course; sessions are based on schedules of participant and trainer	1-3	6	As needed
Connecting with Your Teen	1	2	2	As needed
Couples Communication	1	7	7	Both: Monthly; as needed
Couples Communication	1	1	1	Both: Quarterly; as needed
Couples Communication	2	1	2	Bi-monthly
Effective Praise and Active Constructive Responding	Multiple sessions	1	-	Bi-monthly
Healthy Communication	1	1	1	Quarterly
Healthy Relationships	1 (more available upon request)	1	1	Both: Monthly; as needed
Healthy Relationships	2	1	2	Every 3 months
Kendall's Communication Workshop	1	2	2	Both: Quarterly; as needed
Marital Communication and Enrichment	1	2	2	Annually

Title	Duration: # of sessions	Duration: # of hour(s)	Total Hours	When Offered (set schedule or as needed)
Marriage Enrichment	1	8	8	Monthly
Marriage Enrichment	It is a seminar series	2.5	-	Weekly
Myers Briggs Personality Traits	1	1.5	1.5	Both: Monthly; as needed
ScreamFree Marriage	3 sessions are offered and then a 1-day session is offered	3 sessions are 2 hours each. 1-day session is 4 hours.	6	Both: Quarterly; as needed
ScreamFree Marriage	4-6 as needed	1 - 2	4-12	Both: Weekly; as needed
ScreamFree Marriage	3	2	6	Both: Quarterly; as needed
ScreamFree Marriage	1	2	2	Quarterly
True Colors	1	3	3	As needed

Notes. The duplicate names presented in this table are unique submissions.
(-) Indicates the item was missing in the submission.

Class Attendance

Almost half of the classes were required because command referred attendees, or there was an active IPV case (48%). For the majority of the classes (76%), a roster was maintained. Participation varied widely based on classes that ranged from 2 to 400 participants for the year of 2018. Slightly less than half of FAP staff (44%) reported that their communication class had a size limit, and 56% had no minimum enrollment requirement.

Table 12
Communication Class Attendance Information

Title	Attendance Required?	Roster?	Class attendance for 2018	Class size limit?	Minimum enrollment requirement?
5 Love Languages	No	Yes	12	12	4
5 Love Languages	No	Yes	24	18	No
7 Habits of Highly Effective Military Families	No	Yes	-	-	-
And They Lived Happily Ever After	-	Yes	30	No	No
Assertive Communication	Only when required due to DV incidents	Yes (when required)	Training is given informally during the Mommy and Me session when requested. No formal training is requested in FY19	20	2
Changes in Relationships	Yes, deployed Soldiers are required to attend upon return; spouses are encouraged to attend	No	-	No	No
Communication Skills	Some Service members if they have a *met criteria* FAP case	Yes	10	No	No
Connecting with Your Teen	AD could be mandated to attend	No	40	-	1

Title	Attendance Required?	Roster?	Class attendance for 2018	Class size limit?	Minimum enrollment requirement?
Couples Communication	Attendance is not required but may be suggested by Military Family Life Counselors	No	90	25	No
Couples Communication	No	No	10	-	-
Couples Communication	AD may be mandated to attend	Yes	80	-	1
Effective Praise and Active Constructive Responding	Service members are required to attend Master Resiliency Training annually	Yes	15-20	No	No
Healthy Communication	At times through command referral, IDC, and court	Yes	20	15	3
Healthy Relationships	No	Yes	300-400	No	No
Healthy Relationships	No	Yes	2-12	No	No
Kendall's Communication Workshop	No	No	128	30	-
Marital Communication and Enrichment	No	No	50 couples (100)	No	No
Marriage Enrichment	If required from civilian misconduct or CRC	Yes	75	20	-
Marriage Enrichment	No	Yes	100	No	No
Myers Briggs Personality Traits	Some individuals are referred based on their treatment plan	Yes	10	No	No
ScreamFree Marriage	With an open FAP case, Soldiers can be required to complete this training	Yes	20	No	No

Title	Attendance Required?	Roster?	Class attendance for 2018	Class size limit?	Minimum enrollment requirement?
ScreamFree Marriage	Command referral and CRC	Yes	25	20	No
ScreamFree Marriage	If the case *met criteria* at Case Review meeting, the Service member is required to attend	Yes	10	10	No
ScreamFree Marriage	No, some may be referred by FAP-Clinical	Yes	20	18	-
True Colors	No	Yes	16-200	30	-

Note. (-) Indicates the item was missing in the submission.

Class Content

FAP staff noted whether the class was developed in-house or purchased from a publisher. If developed by a publisher, the name of the publisher and a summary of any adaptations made by the FAP staff were requested. Sixty percent of FAP staff noted that materials for the class were purchased from a publisher. Of the FAP staff who purchased curricula, four reported having to adapt the program to meet their needs, and nine noted they were able to use the curriculum as developed. Slightly more than a third (36%) noted creating their communication classes in-house.

Table 13
Communication Class Content

Title	Origin of Content?	Adapted?	Materials Available?
5 Love Languages	Purchased from publisher/developer	No	PPT FG HO Video/DVD
5 Love Languages	Purchased from publisher/developer	-	PPT FG HO Video/DVD
7 Habits of Highly Effective Military Families	Purchased from publisher/developer	-	-
And They Lived Happily Ever After	Purchased from publisher/developer	No	PPT HO

Title	Origin of Content?	Adapted?	Materials Available?
Assertive Communication	Created in-house	-	HO Video/DVD
Changes in Relationships	Purchased from publisher/developer	Yes, reduction in time	PPT Video/DVD
Communication Skills	Created in-house	-	PPT HO
Connecting with Your Teen	Purchased from publisher/developer	No	PPT FG HO Video/DVD
Couples Communication	Created in-house	-	PPT HO
Couples Communication	Purchased from publisher/developer	Yes, adaptations were made to the length of the curriculum to better accommodate the needs of Service members and family members.	PPT HO
Couples Communication	Purchased from publisher/developer	No	PPT FG HO Video/DVD
Effective Praise and Active Constructive Responding	Created in-house	-	PPT FG HO Video/DVD
Healthy Communication	Purchased from publisher/developer	No	PPT FG HO Video/DVD Other: Speaker-Listener card/magnet
Healthy Relationships	Created in-house	-	HO Other: Booklets

Title	Origin of Content?	Adapted?	Materials Available?
Healthy Relationships	Created in-house	-	PPT HO
Kendall's Communication Workshop	Purchased from publisher/developer	No	PPT FG HO
Marital Communication and Enrichment	Purchased from publisher/developer	No	None
Marriage Enrichment	Created in-house	-	PPT FG HO Video/DVD
Marriage Enrichment	Unknown: Program offered by another entity	-	Variable
Myers Briggs Personality Traits	Created in-house	-	HO Video/DVD
ScreamFree Marriage	Purchased from publisher/developer	Yes, reduction in time	FG HO Video/DVD
ScreamFree Marriage	Purchased from publisher/developer	No	PPT FG HO Video/DVD
ScreamFree Marriage	Created in-house	-	PPT FG HO Video/DVD Other: Workbook
ScreamFree Marriage	Purchased from publisher/developer	No	PPT FG HO
True Colors	Purchased from publisher/developer	Yes, reduction in time	PPT FG HO Video/DVD

Note. PPT = PowerPoint, FG = Facilitator Guide or Manual; HO = Handout; Video/DVD = video/DVD or other media.

Classes with Published Content

The data related to the classes using published content are provided in Table 14. The majority of FAP staff (60%) used purchased materials as either the sole content for the class or as part of their in-house created class. However, some FAP staff did not provide a name of the curriculum or materials used. If more than one curriculum was named to develop a class, both are listed below.

Each column in Table 14 contains information provided by FAP staff except for the evidence column. This column denotes the evidence for each of the submitted curricula. In order to determine the evidence for each of the published curriculum titles submitted, the research team conducted a program search on the CoE. If the program was not on the CoE, other program registries were searched (e.g., CEBC). If the program was not on any registry, a review of a database of scholarly journals (i.e., Google Scholar) was completed. A designation of "Unknown" means that no peer-reviewed research or evaluation on the program could be found. If the program was located on the CoE, it is designated as CoE in addition to the placement it received (e.g., Unclear 0, Promising) More information on CoE placement can be found on the Clearinghouse website: https://www.continuum.militaryfamilies.psu.edu. Placement on the CoE or any other referenced program registries does not alone indicate that a program has evidence.

Table 14
Published Communication Curriculum Titles Submitted

Curriculum Title	Class Title	Developer/Publisher	Evidence
5 Love Languages (2)	**	Gary Chapman	CoE Unclear 0* There are peer-reviewed publications of the construct; there is limited empirical support for the love languages (Polk & Egbert, 2013)
7 Habits of Highly Effective Military Families	**	http://archive.franklincovey.com/government/7habits-military-families.php	Unknown
Communication Miracles for Couples	Couples Communication	Johnathon Robinson	Unknown
Connecting with Your Teen	**	-	Unknown
Danger Signs and Speaker & Listener Technique by PREP Inc.	Healthy Communication	https://www.prepinc.com/	PREP: CoE- Unclear 0 (mixed findings) This technique is common in communication interventions; mixed evidence (Owen, Manthos, & Quirk, 2013)
Kendall's Communication Workshop	**	kendallcom.com	Unknown
Healthy Relationship Class	**	Purchased from Channing Bete	Unknown
Local counseling group *[Program name removed because*	And They Lived Happily Ever After	According to website, programs are based on PREPARE/ENRICH	CoE - Unclear 0

Curriculum Title	Class Title	Developer/Publisher	Evidence
it identifies Garrison]			
Marital Communication and Enrichment	**	-	Unknown
Master Resilience Training	**Changes in Relationships**	Karen Reivich, Ph.D.	Unclear +
ScreamFree Marriage (4)	**	Hal Runkel	CoE - Unclear 0
True Colors	**	True Colors International	Unknown

Notes. **Curriculum title is the same as the class name.
(-) Indicates the item was missing in the submission.
CoE – Clearinghouse Continuum of Evidence.
CEBC – NR (No Rating).

Evaluation Information

FAP staff reported on whether participants complete surveys before, during, or after the class and, if participants do complete surveys, what type of questions were on the survey. Moreover, they noted whether the data were available and whether there were any mechanisms in place to conduct follow-up communication or tracking for any participants of the class. Table 15 contains evaluation information for the communication class submissions.

Table 15
Communication Class Evaluation Information

Title	Evaluation information collected?	Types of information collected	Data available?	Follow-up Communication Possible?
5 Love Languages	Yes	Satisfaction Knowledge Attitude	Yes	Yes
5 Love Languages	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
7 Habits of Highly Effective Military Families	Yes	Satisfaction	No	No

Title	Evaluation information collected?	Types of information collected	Data available?	Follow-up Communication Possible?
And They Lived Happily Ever After	Yes	Satisfaction	Yes	Yes
Assertive Communication	Yes	Satisfaction	Yes	Yes
Changes in Relationships	No	-	-	No
Communication Skills	Yes	Satisfaction	Yes	No
Connecting with Your Teen	Yes	Satisfaction Knowledge Attitude	Yes	No
Couples Communication	Yes	Satisfaction	Yes	Yes
Couples Communication	-	Satisfaction	Yes	Yes
Couples Communication	Yes	Satisfaction Knowledge Attitude	Yes	Yes
Effective Praise and Active Constructive Responding	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
Healthy Communication	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	Yes
Healthy Relationships	Yes	Satisfaction	Yes	Yes
Healthy Relationships	Yes	Satisfaction	Yes	No
Kendall's Communication Workshop	Yes	Satisfaction Knowledge Attitude Behavior Change	No	No
Marital Communication and Enrichment	Yes	-	No	No

Title	Evaluation information collected?	Types of information collected	Data available?	Follow-up Communication Possible?
Marriage Enrichment	Yes	Satisfaction Knowledge	Yes	No
Marriage Enrichment	Yes	Satisfaction	Yes	No
Myers Briggs Personality Traits	Yes	Satisfaction	Yes	Yes
ScreamFree Marriage	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	Yes
ScreamFree Marriage	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	Yes
ScreamFree Marriage	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
ScreamFree Marriage	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	Yes
True Colors	Yes	Satisfaction	Yes	Yes

A vast majority of FAP staff (92%) indicated that they ask participants to complete surveys before, during, or after the class. Forty-four percent were collecting satisfaction data only, while 48% indicated that they collected knowledge, attitude (44%), or behavior change data (32%). The majority of FAP staff (84%) noted that data were available for the class. Slightly more than half of the staff (52%) reported that follow-up communication with participants was not possible due to not collecting telephone numbers or email addresses —a few FAP staff commented that they had no authority or protocols in place to initiate follow-up communication with class participants.

Class Selection

Most commonly, FAP staff reported that they chose their selected classes because the classes were useful or impactful, they received positive feedback, or they were well attended. Examples of useful and impactful selections included the following: using a best practice or innovative/effective method, meeting the unique needs of families going through divorce or separation, getting Soldiers and spouses to attend, and encouraging positive class discussion. Alternatively, in other feedback, two FAP staff mentioned that their class submission was not well attended.

- *"This class is the most requested and feedback provided indicate it is the most eye-opening (relational interaction) and fun." ~ True Colors Class*
- *"I created this class 13 years ago, the information is still relevant, and it is still referred to when asked for a Communication Skills class." ~Communication Skills Class*

Parenting Class Submissions (n=45)

FAP staff were asked to submit up to two classes that addressed parenting as a topic area (e.g., infant care, teens, discipline, fathering). There were 45 submissions in the parenting topic area, and 12 staff nominated two programs in the parenting topic area. One staff member nominated five parenting classes. For a full list of parenting class names and their goals and objectives, see Appendix B. The class names and descriptions are included exactly as submitted except for the correction of spelling errors or the removal of identifying information about the garrison that submitted the class.

Objectives of Parenting Classes.

The objectives are organized by type (i.e., knowledge, attitudes, behavior change). The parenting classes submitted contained a number of knowledge and behavior components. For this broad environmental scan, FAP staff were not asked to submit curricula; therefore, the Clearinghouse evaluation team could not determine the likelihood that behavior change objectives were achieved.

The stated goals and objectives for each class were coded to explore similar themes across communication classes. Common objectives that related to knowledge, attitude, and behavior change are included in the table below. More than one class may have focused on each objective. That is, multiple classes may have stated that "understanding ages and stages of development" was an objective. Unique objectives are included if the type of objective under which they could be placed is discernable.

Table 16
Summary of Parenting Class Objectives

Type of goal	Examples of objectives submitted:
Knowledge	- Inform about the FAP and its prevention efforts toward IPV and CM - Understanding cyber safety - Dangers of cyberbullying - Understanding social media and how children use it - Understanding emotional needs of children - Understanding attachment relationships - Learn the benefits of separating personal conflicts from parenting role - Understanding ages and stages of development - Understanding pregnancy and infant care (e.g., healthy eating for pregnancy, lactation, bathing, safety, diapering) - Understanding the difference between punishment and discipline
Attitude	- Awareness of how parental actions affect children - Recognizing empathetic responses
Behavior	How to talk to children about divorce

	• How to calm emotional response • How to establish positive co-parenting relationships • How to appropriately use rewards and consequences • Using massage techniques to improve parent-child bonding and attachment • Design a strategy for resolving a problem situation or behavior • Demonstrate nonphysical discipline techniques

Class Characteristics

FAP staff were asked to provide information about how often the class is offered; when it will be offered next; if it is offered on a set schedule or on demand; how many sessions are a part of the class; the length of a session; and who attends the class including, if the class was required or voluntary. Class duration and the number of hours of each session (i.e., dosage) varied. The number of sessions for parenting classes ranged from one session to 10 sessions, and some classes were variable in length (20%). A little under half of the classes were one session classes (40%). The number of hours per session varied from 15 minutes to 8 hours, but these numbers may largely depend on the number of sessions (e.g., a one-session class may be a full-day workshop, a multiple session class may be shorter). Classes were either offered as needed (20%), on a set schedule (38%), or both on a set schedule and as requested (40%).

Table 17
Parenting Submission Class Dosage Characteristics

Title	Duration: # of sessions	Duration: # of hour(s)	Total Hours	When Offered (set schedule or as needed)
1-2-3 Magic	As many sessions as are needed to complete the program based on participant's schedule	1 to 2	1-2	As needed
Ages and Stages of Development	Sessions are as needed during Mommy and Me program	15 – 60 minutes	Up to 1 hour	Twice per month
Babease Bootcamp	1	8	8	Every other month
Baby Basics	1	2.5	2.5	Both: Monthly; as needed
Baby Boot Camp for Dads	1	3	3	Every other month
Boundaries with Kids	6	2	12	Set schedule
Circle of Security	1	8	8	Annually

Title	Duration: # of sessions	Duration: # of hour(s)	Total Hours	When Offered (set schedule or as needed)
Circle of Security	10	1.5	15	Quarterly
Co-Parenting Children of Divorce and Custody	2	3	6	Both: Monthly; as needed
Communicating and Connecting with your Kids	1	1.5	1.5	Both: Monthly; as needed
Communicating with Your Child	1	30 minutes	.5	Both: Quarterly; as needed
Crossroad of Parenting and Divorce	1	4	4	Every other week
Do You Know What Your Kids Know: Cyber Safety Parenting the Web	1	-	-	This class is offered every fall. It is offered at the same time the schools begin. It is offered in the spring on demand.
Effective Disciplinary Skills using Positive Parenting	4	1.5	6	Both: Weekly; as needed
Empowering Parents of Teens	1	1	1	Both: Bi-annually; as needed
Fatherhood: Parenting with Love and Logic	6	3	18	Quarterly
Healthy Family Characteristics, Adverse Childhood Experiences (ACEs) and Protective Factors	-	45-90 minutes	45 minutes – 1.5 hour	Monthly
Infant Care Class	1	2	2	Both: Quarterly; as needed
Infant Massage	1 to 2	1	1-2	Both: Bi-annually; as needed

Title	Duration: # of sessions	Duration: # of hour(s)	Total Hours	When Offered (set schedule or as needed)
Infant Massage	4	1	4	Quarterly
Kidz Play	1	1.5	1.5	Weekly
Love and Logic	3	2	6	Both: Quarterly; as needed
Parenting Love and Logic	2	2	4	Both: Quarterly; as needed
Parenting the Love and Logic Way	6	1.5	9	As needed
Parenting with a Purpose	6	2	12	Set schedule
Parenting with Love and Logic	3	3	9	Both: Annually; as needed
Positive Discipline	1	2	2	Both: Monthly; as needed
ScreamFree Parenting	1	7	7	Quarterly
ScreamFree Parenting	4	2	8	Every other month
ScreamFree Parenting	6	1.5	9	As needed
ScreamFree Parenting	4 to 6	1 to 2	4-12	Weekly as needed
ScreamFree Parenting	1	6	6	As needed
ScreamFree Parenting	3	2	6	Both: Quarterly; as needed
ScreamFree Parenting	As many sessions as desired since the curriculum is based on the online ScreamFree Parenting Pause Platform	The sessions are self-paced by the military family using the curriculum	-	As needed
ScreamFree Parenting	1	1.5	1.5	As needed
ScreamFree Parenting	Multiple sessions	2	2+	As needed
ScreamFree Parenting	Multiple sessions (4 weeks) or are offered as 1 time workshop approach	2	2+	Both: Quarterly; as needed

Title	Duration: # of sessions	Duration: # of hour(s)	Total Hours	When Offered (set schedule or as needed)
ScreamFree Parenting	Multiple sessions	2	2+	As needed
ScreamFree Parenting	6 to 12	1 to 2	6-24	As needed
ScreamFree Parenting	3	4	12	Both: Monthly; as needed
ScreamFree Parenting	1	2	2	Both: Quarterly; as needed
Transparenting	1	4	4	Monthly
We Are Our Environment: Creating a Kid Friendly Space	4	-	-	Both: Quarterly; as needed
What to Expect Now that You are Expecting	1	2	2	Both: Monthly; as needed

Note. Any duplicate names presented in this table are unique submissions. One garrison submitted the names of 15 parenting classes and did not provide the additional information requested; these class names are not included in this table, and the class names follow: Parenting: Parenting Multiples, Parenting: Movement and Mindfulness, Parenting: Launching Hope, Parenting: Aggression in Children, Parenting: Taming Toddler Tantrums, Parenting: Dealing with Sibling Rivalry, Parenting: Power Struggles and Setting Boundaries, Parenting: Parenting Types, Parenting: Dealing with Struggling Teens, Parenting: TV and Technology, Parenting: Temperament and Parenting, Parenting: Preparing Children to Cope with Separation, Parenting: Reintegration: How I See It, Parenting: Helping Children Adjust During Deployment, Parenting: Long Distance Co-parenting, and Parenting: Positive Parenting.

Class Attendance

Many classes could be required when referred by command or if there was an active case of family violence (56%). A significant proportion of parenting classes submitted were also purely voluntary (40%). For the majority of the classes (87%), a roster was maintained. Participation varied widely and ranged from two participants up to 3,000 participants in the year of 2018. One staff member noted that the submitted class had not had participation in several years. About half of the submitted parenting classes had a class size limit (51%) and no minimum enrollment requirement (58%).

Table 18
Parenting Class Attendance Characteristics

Title	Attendance required?	Roster?	Class attendance for 2018	Class size limit?	Minimum enrollment requirement?
1-2-3 Magic	Parents who have had a *met criteria* FAP case of child abuse or neglect	Yes	10	No	No

Ages and Stages of Development	No	No	4-6 at each at each setting	No	No
Babease Bootcamp	No	Yes	75	9	No
Baby Basics	No	Yes	25	No	No
Baby Boot Camp for Dads	No	Yes	30	18	No
Boundaries with Kids	May be required if mandated by CRC or the court system for child abuse and neglect cases	Yes	50	20	4
Circle of Security	CRC mandates	Yes	15	No	No
Circle of Security	The active duty member may be mandated to attend due to an open FAP clinical case and it's part of his or her treatment plan with FAP clinical	Yes	40	10	3
Co-Parenting Children of Divorce and Custody	Attendance is required by those who have had co-parenting class included as part of their mediation or stipulation to custody agreements. Also often part of FAP treatment plan	Yes	162	25	No

Communicating and Connecting with your Kids	Some individuals are referred as part of their treatment plan	Yes	4	No	No
Communicating with Your Child	No	Yes	5-8	No	No
Crossroad of Parenting and Divorce	May be required by court as part of divorce/parenting plan	Yes	750	30	3
Do You Know What Your Kids Know: Cyber Safety Parenting the Web	No	Yes	40-50	Depends on room size	-
Effective Disciplinary Skills using Positive Parenting	Individuals have been referred from court and/or the clinical FAP as part of their treatment recommendations	Yes	13	No	No
Empowering Parents of Teens	No	Yes	Varies	No	No
Fatherhood: Parenting with Love and Logic	No	Yes	10-16	-	10
Healthy Family Characteristics, Adverse Childhood Experiences (ACEs) and Protective Factors	Currently, attendance is an annual requirement; however, due to the realignment, the attendance may no longer be an annual requirement but as *per*	Yes	2,000-3,000	650	20

	Command request only				
Infant Care Class	If the case *met criteria* at CRC, the Service member is required to attend	Yes	3	10	No
Infant Massage	No	No	20	10	No
Infant Massage	No	Yes	160	10-12	-
Kidz Play	No	Yes	150	40	No
Love and Logic	Attendance is required through a FAP referral for those who have been substantiated through the IDC process	Yes	20	No	No
Parenting Love and Logic	If the case *met criteria* at CRC, the Service member is required to attend	Yes	5	10	No
Parenting the Love and Logic Way	Occasionally required in the treatment plan established by the CRC	Yes	50	20	-
Parenting with a Purpose	Attendance is voluntary but may be required if mandated by the CRC or the court system for child abuse and neglect cases	Yes	50	20	4

Parenting with Love and Logic	CRC treatment plans	Yes	5	No	No
Positive Discipline	May be mandated from FAP behavioral health	Yes	8	No	No
ScreamFree Parenting Introduction	If requested at CRC for treatment	Yes	30	20	-
ScreamFree Parenting	Attendance is required by those who have had minor allegations of child abuse/neglect or domestic violence and are then mandated to attend	Yes	100	25	No
ScreamFree Parenting	No	Yes	25	18	No
ScreamFree Parenting	If an individual is substantiated at CRC, attendance at the class may be required by the Service member	Yes	20	No	No
ScreamFree Parenting	Command referral and CRC	Yes	25-60	20	No
ScreamFree Parenting	Active duty members maybe mandated to attend due to their treatment plan if they have an open FAP clinical case	Yes	12	No	2

ScreamFree Parenting	If the case *met criteria* at CRC, the Service member is required to attend	Yes	10	10	No
ScreamFree Parenting	No	Yes	3 to 4 families per year utilized the classes offered on the Pause Platform	50	No
ScreamFree Parenting	No	Yes	10-15	-	5
ScreamFree Parenting	No	Yes	50	-	5 couples
ScreamFree Parenting	No	Yes	Have not had participation in several years	-	10
ScreamFree Parenting	No	No	-	10	-
ScreamFree Parenting	0ccasionally it is part of the treatment plan established by the CRC	Yes	8	20	-
ScreamFree Parenting	Anyone mandated by command and those refereed by FAP-BH	Yes	10	No	No
Transparenting	Required for divorcing parents	No	150	25	No
We Are Our Environment: Creating a Kid Friendly Space	For those mandated by command- as per a recommendation by FAP-Behavioral Health	No	Varies	No	No

What to Expect Now that You are Expecting	No	Yes	20	No	No

Notes. (-) Indicates the item was missing in the submission.

Class Content

FAP staff noted whether the class materials were developed in-house or purchased from a publisher. If developed by a publisher, the name of the publisher and a summary of any adaptations made by FAP were requested. Almost two thirds (62%) of the materials were purchased from a publisher or developer. ScreamFree Parenting made up 50% of the published materials. The majority of staff (72%) noted that they used published materials without making adaptations. Staff noted that one quarter of the classes submitted required adaptations (e.g., adding specific examples, creating a PPT).

Table 19
Parenting Class Content

Title	Origin of Content	Adapted?	Materials Available?
1-2-3 Magic	Purchased from publisher/developer	No	PPT FG HO Video/DVD
Ages and Stages of Development	Created in-house	-	HO Other: Parent Handbook
Babease Bootcamp	Created-in house	-	PPT FG HO Video/DVD
Baby Basics	Created in-house	-	PPT HO Video/DVD
Baby Boot Camp for Dads	Purchased from publisher/developer	Yes, created PPT based off the book	None
Boundaries with Kids	Purchased from publisher/developer	-	FG
Circle of Security	Unknown: Program offered by another entity	-	PPT HO
Circle of Security	Purchased from publisher/developer	No	FG HO Video/DVD

Title	Origin of Content	Adapted?	Materials Available?
Co-Parenting Children of Divorce and Custody	Purchased from publisher/developer	Yes, adaptations were made to the length of the curriculum to better accommodate the needs of Service members and family members	PPT FG Video/DVD
Communicating and Connecting with your Kids	Created in-house	-	HO Video/DVD
Communicating with Your Child	Created in-house	-	HO
Crossroad of Parenting and Divorce	Purchased from publisher/developer	No	FG HO Video/DVD
Do You Know What Your Kids Know: Cyber Safety Parenting the Web	Created in-house	-	PPT HO Video/DVD
Effective Disciplinary Skills using Positive Parenting	Created in-house	-	HO Video/DVD
Empowering Parents of Teens	Unknown: Program offered by another entity	-	FG HO
Fatherhood: Parenting with Love and Logic	Purchased from publisher/developer	No	FG PPT HO Video/DVD
Healthy Family Characteristics, Adverse Childhood Experiences (ACEs) and Protective Factors	Created in-house	-	PPT HO Video/DVD
Infant Care	-		PPT HO
Infant Massage	Purchased from publisher/developer	No	FG HO
Infant Massage	Purchased from publisher/developer	No	FG PPT HO
Kidz Play	Created in-house	-	HO

Title	Origin of Content	Adapted?	Materials Available?
Love and Logic	Purchased from publisher/developer	No	HO Video/DVD
Parenting Love and Logic	-	-	PPT HO Other: Babydolls
Parenting the Love and Logic Way	Purchased from publisher/developer	No	FG HO
Parenting with a Purpose	Created in-house	-	FG HO Video/DVD
Parenting with Love and Logic	Purchased from publisher/developer	No	FG HO Video/DVD
Positive Discipline	Created in-house	-	PPT HO
ScreamFree Parenting (3)	Purchased from publisher/developer	Yes, (1) this is an overview of the program and (2) specific examples and created a slide presentation	PPT FG HO Video/DVD
ScreamFree Parenting (10)	Purchased from publisher/developer	No	PPT FG Video/DVD HO Other: Workbook, Books
ScreamFree Parenting	Purchased from publisher/developer	No	Other: Online platform
Transparenting	Purchased from publisher/developer	-	PPT FG Video/DVD
We Are Our Environment: Creating a Kid Friendly Space	Purchased from publisher/developer	Yes, we set up a mock room- kitchen, bedroom, living room, etc. and have participants go through and determine what- if	HO Video/DVD

Title	Origin of Content	Adapted?	Materials Available?
		anything- is wrong with the room and to correct the discrepancies. We also provide the participants with samples of safety items for the home and educate them on these items accordingly.	
What to Expect Now that You are Expecting	Created in-house	-	PPT HO Video/DVD

Notes. (-) Indicates the item was missing in the submission.
PPT = PowerPoint, FG = Facilitator Guide or Manual; HO = Handout; Video/DVD = video/DVD or other media
ScreamFree Parenting: Due to the frequency and similarity of ScreamFree Parenting submissions related to class content, these rows were collapsed for readability. The number of ScreamFree submissions that share characteristics are represented by a number to the right of the class title. Note, there are minor variations in the materials available.

Classes with Published Content

Each column in Table 20, below, contains information that was provided by FAP staff except the evidence column. The evidence column was added to denote the evidence for each of the submitted curricula. In order to determine the evidence for each of the published curriculum titles submitted, the research team conducted a program search on the CoE. If the program was not on the CoE, other program registries were searched (e.g., CEBC). If the program was not located on another registry, a review was conducted using Google Scholar. A designation of "Unknown" means that no peer-reviewed research or evaluations on the program could be found. If the program was located on the CoE it is designated as CoE in addition to the placement it received (e.g., Unclear 0, Promising). More information on CoE placement can be found on the Clearinghouse website: https://www.continuum.militaryfamilies.psu.edu. Placement on the CoE or any other referenced program registries does not alone indicate that a program has evidence.

Table 20
Published Parenting Curriculum Titles Submitted

Curriculum Titles	Class Title	Developer/Publisher	Evidence
Active Parenting	**Co-Parenting Children of Divorce and Custody**	Active Parenting Publishers, Susan Blyth Boyan, L.M.F.T	Unknown CEBC - NR

Curriculum Titles	Class Title	Developer/Publisher	Evidence
	Crossroad of Parenting and Divorce	& Ann Marie Termini, Ed.S, M.S., L.P.C	
1-2-3 Magic	**	https://www.123magic.com	CoE - Promising
Be Prepared: A Practical Handbook for New Dads	**Baby Boot Camp for Dads**	Gary Greenberg & Jeannie Hayden	CoE - Unclear 0
Boundaries with Kids	**	Dr. Henry Cloud and Dr. John Townsend	Unknown
Circle of Security	**	https://www.circleofsecurityinternational.com	Home visitation program is CoE Unclear + The parenting program is Unknown CEBC – NR
Infant Massage Class	**	Infant Massage USA Instructor Certification Training Baby's First massage/Amy Stenger-Sullivan & Teresa Kirkpatrick Ramsey	Unknown
Love and Logic	**Parenting with Love and Logic** **Fatherhood: Parenting with Love and Logic**	https://www.loveandlogic.com	CoE - Unclear 0
Safety Starts at Home: The Essential Childproofing Guide	**We Are Our Environment: Creating a Kid Friendly Space**	InJoy Birth and Parenting Education https://injoyhealtheducation.com/safety-starts-at-home.html	Unknown
ScreamFree Parenting	**	Hal Runkel http://screamfree.com/	CoE - Unclear 0
TransParenting	**	Families First http://www.transparenting.com	Unknown

In sum, five of the submitted programs for parenting could be located on the CoE. Only *1-2-3 Magic* had a placement of Promising. The *Circle of Security Home Visitation* program had a placement of Unclear +. The *Baby Boot Camp for New Dads, Love and Logic,* and *ScreamFree Parenting* programs were Unclear 0, meaning there are currently no evaluations supporting its effectiveness. One article detailing a case study of Infant Massage (i.e., Baby's First Massage) was located (Kirkpatrick Ramsey, 2001); however, this case study does not qualify the practice as effective.

> Many garrisons noted that materials for parenting classes were created in-house, or classes were a mixture of published and in-house materials. Almost two thirds (62%) of the materials were purchased from a publisher or developer. ScreamFree Parenting comprised 50% of the published materials.

Evaluation Information

FAP staff were asked if they asked participants to complete surveys before, during, or after the class, and, if so, what type of questions were on the survey. Staff were asked whether the data were available and whether there were any mechanisms in place to conduct follow-up communication or tracking for any class participants. Evaluation information was reported as being collected for 82% of the classes submitted. For most of these classes (87%), only satisfaction data are being collected (31%). Staff reported that most of the classes submitted (82%) have the data on file; however, a little less than half (49%) noted that there were no mechanisms in place to allow for follow-up communication.

Table 21
Parenting Class Evaluation Information

Title	Evaluation information collected?	Types of information collected?	Data available?	Follow-up communication possible?
1-2-3 Magic	Yes	Satisfaction	Yes	No
Ages and Stages of Development	No	-	-	-
Babease Bootcamp	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	-
Baby Basics	Yes	Satisfaction	Yes	Yes
Baby Boot Camp for Dads	Yes	Satisfaction Knowledge Attitude	Yes	Yes

Title	Evaluation information collected?	Types of information collected?	Data available?	Follow-up communication possible?
Boundaries with Kids	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
Circle of Security	Yes	Satisfaction Knowledge	Yes	Yes
Circle of Security	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	Yes
Co-Parenting Children of Divorce and Custody	Yes	Satisfaction	Yes	Yes
Communicating and Connecting with your Kids	Yes	Satisfaction	Yes	Yes
Communicating with Your Child	No	-	-	-
Crossroad of Parenting and Divorce	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	Yes
Do You Know What Your Kids Know: Cyber Safety Parenting the Web	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
Effective Disciplinary Skills using Positive Parenting	Yes	Satisfaction	Yes	Yes
Empowering Parents of Teens	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
Fatherhood: Parenting with Love and Logic	Yes	Satisfaction Knowledge	Yes	No
Healthy Family Characteristics, Adverse Childhood	Yes	Satisfaction	Yes	Yes

Title	Evaluation information collected?	Types of information collected?	Data available?	Follow-up communication possible?
Experiences (ACEs) and Protective Factors				
Infant Care	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
Infant Massage	Yes	Satisfaction	No	No
Infant Massage	No	-	-	Yes
Kidz Play	No	Satisfaction	Yes	Yes
Love and Logic	Yes	Satisfaction	Yes	Yes
Parenting Love and Logic	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
Parenting the Love and Logic Way	Yes	Satisfaction	Yes	Yes
Parenting with a Purpose	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
Parenting with Love and Logic	Yes	Satisfaction Knowledge	Yes	No
Positive Discipline	Yes	Satisfaction Knowledge Attitude	Yes	No
ScreamFree Parenting Introduction	Yes	Satisfaction Attitude	Yes	No

Title	Evaluation information collected?	Types of information collected?	Data available?	Follow-up communication possible?
ScreamFree Parenting	Yes	Satisfaction	Yes	Yes
ScreamFree Parenting	Yes	Satisfaction Knowledge Attitude	Yes	Yes
ScreamFree Parenting	Yes	Knowledge	Yes	No
ScreamFree Parenting (2)	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	No
ScreamFree Parenting (2)	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	Yes
ScreamFree Parenting	No	-	-	Yes
ScreamFree Parenting	Yes	Satisfaction Knowledge Attitude Behavior Change	No	No
ScreamFree Parenting	Yes	Satisfaction Knowledge Behavior Change	Yes	No
ScreamFree Parenting	No	-	-	No
ScreamFree Parenting	Yes	Satisfaction Knowledge	No	No
ScreamFree Parenting	Yes	Satisfaction	Yes	Yes

Title	Evaluation information collected?	Types of information collected?	Data available?	Follow-up communication possible?
Transparenting	Yes	Satisfaction	Yes	No
We Are Our Environment: Creating a Kid Friendly Space	Yes	Satisfaction Knowledge Attitude Behavior Change	Yes	Yes
What to Expect Now that You are Expecting	Yes	Satisfaction Behavior change	Yes	Yes

Notes. (-) Indicates the item was missing in the submission.
Multiple submissions of ScreamFree Parenting were collapsed when they shared the same characteristics. The number of instances with the same characteristics are noted by the number in parentheses to the right of the class title.

Class Selection

The most commonly reported reasons that FAP staff chose the classes they selected in order of frequency include the following: useful or impactful class, positive feedback, well attended, or only class offered. Examples of useful and impactful selections discussed using a best practice or evidence-based class and fitting the content of the class to the unique needs of their military families. One staff member noted that the selected class was *"very loose"* and often presented one-on-one. Another staff mentioned that they "are moving toward more aggressively promoting this class as a realignment is causing FAP to primarily utilize Purple Resources (online) due to staff and programs being significantly downsized." Finally, one staff member mentioned he or she selected the class for submission because his or her "staff were certified to train it*"*. Some quotations from FAP staff on the rationale for selecting their best parenting classes are detailed in the blue box below.

- *"This class is good for those younger military Families whose means of communication is primarily technological (social media, text, email, etc.), meeting those Families communicative and parental needs." ~ ScreamFree Parenting*
- *"I try to offer many types of parenting classes as one might not fit the parent or child but another technique will." ~ Circle of Security*
- *"This is a class I think should be taught worldwide. The biggest risk to kids these days is online, kids are losing skills due to "screen time and parents do not know what they do not know- so I strive to update this class every 6 months and to have kids present to answer questions that I the facilitator do not know. " ~ Do You Know What Your Kids Know?*

Overall Class Submission Conclusions

This section provides overall conclusions regarding the three topic areas that are broken apart by the main categorizations – goals and objectives, class characteristics, class attendance, program content, and evaluation. These conclusions are based on the answers from the standardized survey given to FAP staff at the participating garrisons. FAP staff were asked about their programs, but none of their classes were observed, and class materials were not examined. The questions were meant to be minimally invasive for time-strapped program managers. Moreover, as the surveys were all self-reported, different levels of relevance, understanding, and detail were provided. Thus, the questions provide a limited picture of class offerings and may not be truly representative of the class or program as a whole. The conclusions provided represent commonalities in strengths and limitations noted between classes and are meant to offer a broad picture that details where program improvements could be made.

> The conclusions represent commonalities in the strengths and limitations noted between the classes submitted and are meant to offer a broad picture to help detail where program improvements may be made.

Goals and Objectives

A summary of overall class goals and objectives was created for each of the three topic areas and categorized as either a goal of changing knowledge, attitude, or behavior.

Strengths

Most classes had clearly articulated goals and objectives. Almost all classes across the domains had some goal or objective that focused on increasing participant's knowledge about a particular facet of anger, communication, or parenting. Of the three topic areas, the communication classes were primarily focused on presenting skills to participants (e.g., active listening, using I-statements). Upon broad examination, the spectrum of goals and objectives addressed appear to be appropriate and comprehensive within a given domain; however, individual classes have wide variability in their stated goals and objectives and may only focus on one element (e.g., anger, parenting).

Limitations

Throughout all of the classes submitted, a heavy focus on knowledge-based classes was noted. Research has demonstrated that skills training is required for behavior change (NASEM, 2019). Imparting knowledge is not sufficient for behavior change, yet it provides a foundation to motivate individuals toward making changes in behavior. Some techniques that can be used to promote changes in behavior include rewarding desired behavior, modeling desired behavior, promoting awareness, and practicing skills (Richardson, Runion, Geier, & Perkins, 2013).

> Throughout all of the classes submitted, a heavy focus on knowledge-based classes was evident. Although knowledge provides a foundation to motivate individuals toward making behavior change, research demonstrates that *skills* training is required for *behavior* change.

Class Characteristics

Individual responses were provided for each of the classes related to when they were offered (i.e., on a set schedule; as needed; by demand; or, in some cases, as required by command) and their

duration (i.e., how long and/or how many sessions). Just over one third (36%) of the classes were being offered on a set schedule, while 22% were offered as needed, and 39% were offered both on a set schedule and as needed. Half of the classes were being offered in one session. Session duration may be dependent on number of classes. For total duration time, 55% of the classes submitted were less than 5 hours, 41% were less than 2 hours, and 16% were 1 hour or less.

Strengths.

For all topics, many classes (39%) are being offered as needed and on a set schedule. The communication and parenting classes submitted were also offered on a more regular basis than anger management. Of the three topic areas, there was more variability in the duration of the parenting classes; classes were often comprised of multiple sessions and were more likely to be appropriately timed (e.g., infant massage and/or playgroups).

Limitations.

There is great variability in the length of the classes offered, and many classes are being offered as one session (50%). About two thirds (62%) of the classes lasted 2 hours or less. Appropriate timing (i.e., offered early enough to impact problem behavior) and sufficient dosage (i.e., provide enough intervention to impact behavior and provide follow-up, if necessary, to sustain desired effects) are two principles of effective prevention programs (Nation et al., 2003).

> Appropriate timing (i.e., offered early enough to impact problem behavior) and sufficient dosage (i.e., provide enough intervention to impact behavior and provide follow-up, if necessary, to sustain desired effects) are two principles of effective prevention programs (Nation et al., 2003)

Class Attendance

Individual responses were provided for each of the classes related to the following: how many people attend, is attendance required by anyone (e.g., command, CRC, court-mandated), is a roster maintained, and is there a class size limit or a minimum enrollment requirement. A little more than half of the classes submitted had no limit (53%) or minimum enrollment requirement (60%). Thus, in some instances, a class could be offered on a one-on-one basis. Rosters were maintained for the majority (77%) of classes, and attendance varied widely on a class-level basis.

Strengths

About three quarters of the staff (77%) reported collecting information on who attends the class. There was a lot of variability in who was required to attend. For instance, some classes could be CRC- or court-mandated, and some were entirely voluntary. When classes are required, ACS programs are offered to high-risk families or to families who have already had an incident; thus, the services offered are no longer preventative, but rather treatment oriented. FAP staff reported a little more than half (53%) of the classes were open to participants, and some classes had size limits (53%) or minimum participation requirements (60%). Classes across all topic areas appear to target different key audiences and potentially challenging transition points. For example, parenting classes targeted specific milestones and times in parents' lives, such as expectant parents or divorced/divorcing parents. Some of these classes also encouraged involvement of the child. Some of the anger classes were not just for adults but also for youth and teenagers. One of the family communication classes also targeted Soldiers before or after deployment.

Participation varies widely between classes, and, for some, there is very low utilization. Utilization rates could be an artifact of how the class is being offered. For instance, for classes that are only offered as needed and as a result of a CRC mandate or other command required referral, low class participation can be viewed as a desirable outcome as this means there are few offenders. One limitation to this service delivery model is that offering a class to one person is arguably not the most efficient use of staffing resources. Further, providing classes as requested may be targeting people after an incident has already occurred (see Appendix C for information on prevention level programming). While this only represents the classes that were submitted for the detailed review and may not represent the larger gamut of *all* FAP classes being offered, many of the submissions were offered after an incident occurred. For classes that are offered on a set schedule, higher class participation should be encouraged. While classes were not categorized at a garrison level to keep garrison participation anonymous, as per the information obtained via the six questions, the evaluation team noted great variability in class participation. Thus, more effort could be placed on identifying and encouraging all families to participate in primary prevention level programs that best align with the needs of the target audience.

> Offering classes upon request or by command referral or mandate targets people after an incident has already occurred — more effort could be placed on identifying and encouraging all families to participate in programs, which ties into identifying and selecting prevention programs that align with the needs of the target audience.

Program Content

FAP staff were asked to identify the manner in which the class content was obtained (i.e., created in-house or purchased) and delivered. Moreover, they were asked whether adaptations had been made to purchased curricula, whether materials were available, and what kind of materials were available (e.g., PPT, DVD/video, FG). Slightly more than half of the classes submitted were from a publisher or developer, while 38% of classes submitted were created in-house. Staff reported that 60% of the classes submitted that used published materials did not require any adaptations.

Strengths

Across the domains, four classes submitted have evidence that supports their effectiveness (i.e., 1-2-3 Magic, Circle of Security – Home Visitation[10], Cooperative Parenting and Divorce[11], and Master Resilience Training). In the rationale for selecting these classes, a few staff noted that the evidence base was a primary factor (n=5); however, this rationale was rarely aligned with the program submission. Thus, program managers may either be lacking in understanding of the evidence-based concept and/or require greater technical assistance when selecting programs most appropriate for their target population. There was a wide variety of class materials used such as PPTs, handouts, videos/DVDs, FGs, books, workbooks, and props. Two classes were available online either through social media or other dedicated platforms (i.e., ScreamFree Pause Platform).

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[10] The general Circle of Security parenting program has not been evaluated. It was unclear which of the Circle of Security programs (e.g., home visitation, general parenting program) were submitted for consideration.
[11] Cooperative Parenting and Divorce was submitted by only one garrison and was not submitted as part of the detailed review process.

The evidence for many of the classes and their curricula is unknown; however, some of the classes may have research-based strategies. For instance, the speaker-listener technique submitted has been evaluated within the context of the PREP. Owen et al. (2013) found that couples who participated in a version of PREP that involved the speaker-listener technique increased both their positive and negative communication. Infant massage also may have some evidence in improving mother-child interaction and bonding (Lee, 2006). While the classes submitted that were created by the Yellow Ribbon Reintegration Program have not been evaluated, the strategies included are research-based as vetted by Clearinghouse research scientists.

While some garrisons noted that evidence base was a primary factor in choosing programs and services offered, this rationale did not align with the program submission. Program managers may be in need of further education about the importance of selecting evidence-informed programming and/or may require more resources and technical assistance to select the most effective programs for their populations while also considering resource constraints.

Limitations

Many classes submitted (39%) were noted as being created in-house from books or internet sources. Also, FGs were not always mentioned as an available material. Lacking a FG/manual and other standardized materials may contribute to implementation differences that can have an impact on the outcomes obtained.

The vast majority (96%[12]) of published programs that were submitted lack an evidence base or may have been adapted significantly in a way that may reduce their potential effectiveness. In the parenting topic area, there is little consistency in implementation in classes that one would expect to be similar. For example, both ScreamFree Parenting and Love and Logic were submitted by multiple garrisons in the parenting topic area, but program characteristics (e.g., available materials, class duration) suggest that these programs are being implemented differently. Further, MRT was submitted as the basis for one of the communication classes, and while this program has some evidence to its effectiveness when employed as a 10-session program; the program was not being delivered in this format. MRT was instead submitted as the basis for the *Changes in Relationships* class, which was offered as a one-session, 45- to 60-minute class either before or after deployments.

The most common reason program adaptations were made was to shorten the session number or length of the program being offered to better accommodate a lack of participation (i.e., a Soldier or family member may be more likely to commit to a 1-hour class offered one time than a longer class offered multiple times to achieve a specific dosage that aligns with the evidence).

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[12] One garrison submitted multiple programs as part of its submission. Classes that were included in this submission were treated as one submission or not reported in tables which relied on reporting individual class characteristics. However, when examining content and evidence, these classes were pulled out as individual submissions since these details could be externally verified.

The majority of the published programs that were submitted lack an evidence base or may have been adapted significantly, which potentially reduces effectiveness. Further, most adaptations made were done to reduce the length, intensity, or duration (i.e., dosage) of the program, which can also have significant impacts on the evidence base of the program and its ability to achieve stated outcomes.

Evaluation

FAP staff reported on the following: if data were collected before, during, or after program participation, if data were available and whether data are on file, and if any mechanisms are in place that allow for follow-up communication or tracking of participants of the class.

Strengths

For most of the classes submitted by FAP staff (87%), data are being collected from participants either before, during, or after the class. Staff were not asked to specify when data were collected; however, some volunteered this information. Six percent of the class submissions specified that data were collected after the class. Most garrisons (88%) acknowledged collecting some type of satisfaction data.

Limitations

Many of the classes (52%) submitted by the staff are not collecting sufficient information from participants to allow for longer-term follow-up (i.e., contact information, such as an email address or phone number). Further, FAP has no requirements or protocols in place to make use of these types of data, and, thus, there are inherent limitations to conducting a rigorous evaluation of specific FAP classes - let alone investigate a larger FAP impact on the prevention of family violence. About one third (36%) of the classes submitted only collected satisfaction data (e.g., ICE comments) and did not inquire about how participants' knowledge, attitudes, or behaviors changed as a result of class participation. Only about one third (30%) of the staff reported collecting satisfaction, knowledge, behavior, and attitude outcomes.

Staff were not asked to provide their assessments, and all questions were self-reported. Clearinghouse researchers followed up on evaluation and data collection procedures during site visits. While the number of sites observed was limited, the conclusions drawn from the questionnaires, as reported in the limitations, appear to be consistent with what was observed in the field - the FAPs that participated in the site visits were primarily using ICE comments, other post-class satisfaction questionnaires, and anecdotal feedback as the sole means of evaluating FAP classes and activities.

Although the majority of the staff report collecting some types of data from class participants, most are collecting only satisfaction data. Further, there are no requirements or protocols to collect contact information that would allow for longer-term follow-up, and there are no systems in place that would make use of any meaningful outcome data collected.

Recommendations for ACS FAP

These recommendations are based on the fielded questionnaires, site visit observations, and evidence-informed practices from the fields of prevention and implementation science. Moreover,

recommendations are informed by a recent National Academies of Sciences, Engineering and Medicine (NASEM, 2019) report on strengthening the military family readiness system. These recommendations are actionable, thus each recommendation was considered in terms of fit within the current Army FAP infrastructure and weighed against practical considerations (e.g., existing implementation strategies, staffing credentials, staff turnover, cost). Recommendations fit into five broad categories: (1) FAP infrastructure, (2) FAP program content, (3) FAP implementation, (4) FAP reach, and (5) FAP data collection and evaluation.

Recommendations for FAP Infrastructure

Recognizing that FAP is part of a larger, mandated system that is designed to support military families, an effort should be made to increase inter-institution communication (e.g., command and service providers, prevention and treatment services) and organizational efficiency. As per NASEM, 2019 (pg. 7-4) "The success of military family readiness services may be hampered because programs, services and resources are siloed, lacking mechanisms to comprehensively monitor and coordinate their contributions." As the FAP is interpreted from the DoD by the Assistant Secretaries of Defense, and then again by Service branch, a division of labor and responsibilities results that has the potential to affect the ability to achieve a consistent, quality delivery across the entire system. See Appendix C for an illustration of a tiered prevention continuum that emphasizes the importance of continuity and consistency in program offerings as they are tailored to meet the needs of key stakeholders. A functional support infrastructure requires coordination and communication between all levels of the FAP systems (i.e., policy, headquarters, command, garrison, target population and data management systems).

Recommendation 1. Study the impact of a merge of ACS FAP (i.e., prevention) and MEDCOM FAP (i.e., treatment) into one unified FAP with the aim of:

- Understanding the rationale and efficacy of the Army's division of FAP into two command structures and identifying the pros and cons of operating FAP from one command structure—the manner in which it is executed in the other services.
- Uncovering any potential inefficiencies and gaps in programs and services (i.e., are prevention and treatment efforts monitored and tracked appropriately and comprehensively across the entire spectrum of support [i.e., prevention through treatment], are targeted populations [i.e., before an incident vs. after an incident] receiving appropriate and effective services at the opportune times for intervention, and are staff across the spectrum of support provided with appropriate training and ongoing implementation support?).

Recommendations for FAP Program Content

Understanding what programs and practices may effectively prevent negative outcomes requires identifying the following: the program's target audience, the evidence for the program's effectiveness, and a convenient time for a program to be offered. See Appendix C for more comprehensive information on the various levels of available prevention programming, their corresponding levels of evidence, and the proposals that address selection, implementation, and evaluation of programs.

Recommendation 2.1. To maximize the likelihood of positive outcomes, psychoeducation prevention programs and classes should employ evidence-based or evidence-informed[13] strategies and components.

- Replace those programs that lack evidence with evidence-based or evidence-informed programs. See Appendix D for specific program recommendations relevant to ACS FAP services.

Recommendation 2.2. Develop a standardized decision tree for determining which evidence-informed programs and services should be provided across installations.

Recommendation 2.3. Provide a limited menu of evidence-informed programming to address various family needs or preferences and that align with the differing needs of garrisons by considering garrison size, Army-wide command structures, and specific-population and community risk factors.

- In order to ensure capacity for implementation support, the menu should be limited to no more than three evidence-based or evidence-informed programs per issue being addressed. See Appendix D for specific program recommendations.

Recommendation 2.4. Consider the development of online programs tailored for military populations using components of effective programs.

- Pilot universal-prevention, online programs that focus on anger management, parenting and communication courses. Online offerings may be especially relevant at garrisons where programs are under attended.

Recommendation 2.5. FAP classes and activities should target populations based on their level of risk and screening assessments (e.g., family needs screener) — see Recommendation 3.1 below.

Recommendation 2.6. When appropriate, offer classes that address multiple content areas and risk factors (e.g., ePrep, Parenting Wisely). See Appendix D for specific program recommendations.

Recommendation 2.7. Offer and promote universal-prevention programs to foster coping skills and resilience.

- For example, conduct a pilot of a social norms campaign at selected garrisons with evaluation mechanisms in place (see Appendix G for a description of social norms), or pilot test a strengths-based family program derived from the evidence-based program Family Check-up (Dishion, Nelson, & Kavanagh, 2003; Fosco, Frank, Stormshak, & Dishion, 2013; Shaw, Dishion, Supplee, Gardner, & Arnds, 2006).

Recommendations for FAP Implementation

Adopting an evidence-based program does not ensure positive outcomes. Research repeatedly demonstrates evidence-based programs that produce positive outcomes depend on high-quality implementation (Durlak & DuPre, 2008). Quality implementation involves disseminating programs

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[13] "Evidence-based describes a service, program, strategy, component, practice, and/or process that demonstrates impact on outcomes of interest through application of rigorous scientific research methods (i.e., experimental and quasi-experimental designs) that allows for causal inference. Evidence-informed describes a service, program, strategy, component, practice, and/or process that (1) is developed or drawn from an integration of scientific theory, practitioner experience and expertise and stakeholder input with the best available external evidence from systematic research and a body of empirical literature; and (2) demonstrates impact on outcomes of interest through application of scientific research methods that do not allow for causal inference" (NASEM, 2019).

the way in which they were intended to be delivered (i.e., implementation fidelity). That is, the delivery method adheres to the protocol or model (Dane & Schneider, 1998; Domitrovich & Greenburg, 2000; Mowbray, Holter, Teague & Bybee, 2003). Complete fidelity is not practical; however, thoughtful adaptations can be employed to ensure core components remain (Bumbarger & Perkins 2008). For a more thorough discussion on identifying core components, adaptation, and other common implementation challenges, see Appendix F.

Recommendation 3.1. Utilize a standardized pre-assessment screening tool Army wide, similar to how NPSP employs the Family Needs Screener to assess risk levels for individuals and families and guide the intervention plan.

Recommendation 3.2. Create an up-to-date, easily accessible, online FAP Guide[14] that provides standardized access to practical training resources.

Recommendation 3.3. Consider hiring a head-quarters level FAP training coordinator; he or she would be responsible for providing onboarding for all new FAPMs and coordinating regular professional development learning sessions.

Recommendation for Increasing FAP Reach: Reducing Barriers to Participation

Engagement is a critical component in achieving population-level outcomes. In-person programs are notoriously under-attended, and those who could benefit most from these programs may be the least likely to participate (Marble, Fulcher, & Toman, 2016). Vulnerable populations, often those most likely to benefit, may have additional barriers to participation during in-person programming due to competing demands for time, transportation and child care needs (Love et al., 2016; Prinz & Sanders, 2007). Effective programs reduce barriers to participating in programming (Morgan et al., 2018; Rotheram-Borus et al., 2009).

Recommendation 4.1 Employ evidence-informed stigma reduction strategies to break down barriers to participating in FAP services.
- Establish and launch an aggressive *rebranding* campaign of ACS FAP (i.e., prevention FAP) to reduce stigma, the most prevalent participation barrier issue according to FAP providers.
    - Reframe ACS FAP programs and services with the broad goal of building healthy families rather than preventing CM and IPV, and encourage more engagement and participation across the spectrum of prevention.
- Focus ACS efforts exclusively on universal, primary prevention programs and services.
- Diversify the mode of program delivery by offering more online and hybrid options as these efforts can serve as a gateway for more intensive services. See Appendix H for information on evidence-informed practices for implementing programs online.
- Develop and employ high-quality recruitment materials to increase program attendance (Spoth et al., 2007) that indicate that classes are open to all families and emphasize the benefits of participation (Spoth & Redmond 1993; Spoth, Redmond, & Shin, 2000).

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[14] An online FAP Guide is currently being designed by the Clearinghouse as part of the Commander Support Study Phase II project. The guide is anticipated for release in 2021.

- Engage wider marketing and outreach efforts that leverage partnerships with community wide prevention programs and stakeholders on- and off-post.
- Facilitate the use of social media to market programs directly (e.g., postings to Facebook Spouses pages) and provide FAP staff with more timely and direct access to other social media platforms.
- To encourage families to participate, consider reducing barriers to participation by providing child care[15], and/or supervised programs for children while their caregivers are attending an adult program.

Recommendations for FAP Data Collection and Evaluation

Measurement is an important part of accountability and enables opportunities for continuous learning and subsequent program improvements (i.e., continuous quality improvement) (NASEM 2019). Increasing coordinated data collection efforts to create a robust data collection infrastructure by establishing a data-driven feedback loop (i.e., ongoing monitoring system that can capture population-level monitoring and mapping of individual family well-being) which can help to guide the system. Currently, CTS captures only limited program usage data. Further, protocols and criteria for entering data into CTS vary significantly. For example, during a site visit, an interviewee provided an example of how CTS data can be invalid based upon individual staff interpretation of what constitutes reportable data. In this instance, an ACS staff member had entered 12,000 briefings that had been conducted throughout a year, yet, upon review by the supervisor, the tally of briefings conducted was actually 64. Another interviewee noted that CTS is only used to "justify your position", and another interviewee referred to the system as "crap-in, crap-out*."*

Recommendation 5.1. Implement screeners for continuous identification and assessment of need to link families to tailored programs and services (See Recommendations 2.5 and 3.1).

Recommendation 5.2 Develop an integrated information infrastructure that relies on regularly collected process and outcome data, analytical ability and an organizational mindset that is open to data-informed improvement and change (see chapter 8 of NASEM 2019 report for details).

- Examine the implications of creating and implementing a centralized FAP data management system that allows for communication between the Family Advocacy System of Records (FASOR) and the Client Tracking System (CTS) used by ACS FAP. This comprehensive system would enable the reporting and monitoring of *all* services received by *all* families (i.e., linking the administration of prevention services before incidents occur all the way through administration of treatment services after incidents occur) such that outcome metrics are collected that can distinguish the contribution of all services provided across the spectrum of support at any given time.
  - Minimally, overhaul CTS (i.e., program usage data) to improve the system's comprehensiveness and utility in tracking process and outcome data.
  - For examples of measures that may be appropriate see: https://cyfar.org/ilm_common_measures.

Recommendation 5.3. Conduct ongoing rigorous evaluations of evidence-informed programs across select garrisons.

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[15] At present, OSD restricts the use of funding to pay for incentives including childcare; however, garrisons may be able to develop cooperative arrangements with on-post CYS or other local providers to provide some level of access to childcare.

- Conduct evaluations of evidence-based or evidence-informed programs in designated topic areas (e.g., anger management, parenting, communication) at selected Army garrisons. At a minimum, using CTS data, consider evaluating programs at garrisons where established classes are well attended.

Conclusions

Irrespective of the anticipated variation found in the manner in which FAP is implemented across the Army, for an outcome evaluation to be conducted, some consistency in program implementation is necessary, so positive program effects are not minimized by differences in program delivery. There are limitations to consider in this Army-wide, ecological scan of targeted FAP programming. Garrisons were prompted to provide information, but a lack of information does not guarantee that a garrison is or is not engaging in a particular practice. Also, not all garrisons participated, not all questions were answered or answered completely, and the answers provided were not always mutually exclusive. Further, differences across garrisons (e.g., target population, varying risk factors, class availability, class duration) make drawing conclusions, beyond common themes, from the results challenging. Nonetheless, one common theme prevailed — low program usage. Other widespread programmatic challenges that prevent a clear path to a meaningful outcome evaluation include the following:

   I.   a lack of evidence-based or evidence-informed programming being offered,
   II.   a lack of standardization and/or fidelity being implemented even across non-evidence-based programs widely used throughout the Army (e.g., ScreamFree series),
   III. a lack of participant data being collected beyond the scope of satisfaction data (e.g., assessments for knowledge gain, behavior change), and
   IV.   a lack of a protocol (i.e., AR) or system (i.e., CTS) and infrastructure to support this type of program impact data collection.

Further complicating the measurement of program impact is the practice of ACS FAP offering primary and secondary prevention services to families who already exhibit high-risk behaviors or may have already been involved in a family violence incident. This risks confusing the ACS mission of family violence prevention while simultaneously operating without a manualized reporting mechanism due to ACS's inability to use the reporting system (i.e., FASOR) that tracks family violence and recidivism. Nonetheless, the recommendations detailed above provide possible paths to address these overarching issues, promote quality program improvement efforts, and increase the likelihood of success of critical Army family readiness programs and services.

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Appendix A: Class Information Worksheet

General FAP Questions

1. What population is the FAP serving? Are there any populations in need of service that are not being served?

2. Are there families who choose not to participate? Why or why not?

3. Is there anything that makes the program difficult to implement? Are there any garrison-specific barriers to implementing FAP? Please list any program barriers that make implementation difficult or challenging.

4. How do you determine what classes need to be offered to families?

5. How are decisions made about what and when programs are offered?

6. What is working well for FAP at your garrison and in what areas do you think the program could improve?

Class Submission Worksheet

This worksheet is designed, so we can collect similar information for *each class*. Please copy and paste this worksheet and use it as a guide to submit information for *each class*.

Class Title: _____

Class   Description   &   Goals   and   Objectives:
_____

Class Schedule

- How often is it offered?

- When will it be offered next?

- Is it offered on a set schedule or as needed/by demand?

- How many sessions are offered (e.g., one session or multiple sessions?)

- How long is each session?

Class Participation

- Who attends this class? (e.g., Service members, spouses?)

- Is attendance required by anyone – if so, whom and for what reasons?

- Is a class roster maintained with contact information for the class participants?

Class Attendance

- How many people attend this class per year (i.e., total number of participants <u>in a year</u>)?

- Is there a class size limit? Or a minimum enrollment requirement?

Curriculum Information

- How did you receive the content for delivering the class?

- Do you know how the materials for the class were created? (e.g., were they adapted from books, internet sources, consultation with a subject matter expert)

    - Name of author/publisher of class:

    - If you purchased this program from a publisher, did you make any adaptations to the curriculum to better fit the needs of your families? If so, please describe (e.g., reduction in amount of time, providing Army-specific examples).

- Are class curriculum materials available? Please check the box next to each item, if used for this class:
  ☐Name of author/publisher of class
  ☐PowerPoint
  ☐Facilitator Guide or Manual
  ☐Handouts for participants
  ☐Video/DVD or other media
  ☐Other (please describe):

Previous or Ongoing Evaluation Information

- Do participants complete a survey before, during, or after attending the class? If yes, what type of questions are asked?
  ☐ Satisfaction (e.g., did you ask about how well did participants like the class or if the class meet their needs)
  ☐ Knowledge change (e.g., did you ask participants what they knew about the topic before instruction)
  ☐ Attitude change (e.g., did you ask participants about whether they think positively or negatively about the topic or how they feel about their ability to make change)
  ☐ Behavior change (e.g., did you ask participants about how they applied the skills they learned or how they improved their skills/abilities)

- Are these data available? If yes, do you have the data on file?

- Are any mechanisms in place that allow for follow-up communication or tracking for any participants of this class?

Final Thoughts on Class Selection

- Why did you select this class for submission? For example, is the class the most popular of your offerings, the most commonly provided, does it receive the best feedback, does it have the best evidence, etc.?

- Is there anything else that you would like to share about this class? (e.g., the class gets positive feedback, this class is not well attended)

Appendix B: Comprehensive List of Classes Submitted for Detailed Review

Anger Class Titles & Objectives

Title	Goals & Objectives
Anger Control Training	Anger and stress can be incredibly damaging forces and can cost people their jobs, personal relationships, and even their lives when it gets out of hand. However, since everyone experiences anger and stress, it is important to have constructive approaches to manage these emotions effectively. This class will help participants identify if they are angry or under stress. It will teach participants helpful ways of dealing with anger and stress and identify unhelpful ways of dealing with anger that can cause further stress.
Anger Management	Define Anger, identify triggers, mitigate negative interaction. Get attendee to recognize anger and how to defuse high emotions.
Anger Management	The Five Guarantees, The Nine Basic Rules, Facts You Should Know About Anger, False Beliefs About Anger and Reasons for Choosing Anger.
Anger Management	This is a class designed to provide class participants education regarding triggers, cues, the anger cycle, conflict-resolution skills, and communication skills associated with emotional regulation.
Anger Management	Learn the tools needed to resolve anger in a healthy way. Explore and learn ways to identify one's own anger cues. Participants will discover healthy ways to express anger and how to use communication skills to enhance their relationships.
Anger Management	This class will help you identify triggers and disputing thoughts, and will help you develop/implement an anger management plan and manage your anger.
Anger Management	Teaches the skills to help evaluate, understand, and control anger. Learn how to control and implement effective anger management skills.
Anger Management	Explore causes and triggers, consider effects of anger, learn better ways to manage anger, and develop an Anger Management Plan
Anger Management	Anger Management by resolving anger as a secondary emotional response to unresolved pain.
Anger Management	Understand Anger Basics, learn ABC concepts, and identify and learn healthy coping mechanisms.
Anger Management Class	Training on tools that cover anger management, such as coping with stress; improve empathetic responses; respond instead of react to triggers; monitor and change self-talk; communicate assertively; adjust expectations; learn to forgive, and step away from trigger situations and think.
Anger and Stress Management	A combined anger and stress management class that focuses on defining anger/stress, their causes and effects, and developing a management plan.
Anger/Stress Management	Teaches skills to identify your stress triggers, methods to manage your emotions, and positive communication techniques for dealing with anger.
Control Your Anger Before it Controls You	The cycle of anger, the fight or flight response, common myths about anger and triggers.

How to be a Cool Cucumber around Hot Sauce People	Focuses on self-awareness of triggers and simple techniques to manage anger to include relaxation techniques. We also have pamphlets on anger and parenting and stress and parenting upon request.
Kick the Pressure	Class on how anger and stress affect your mental and physical health. Class offers tangible tools such as meditation, journaling, and other tools to manage stress and anger.
Stress & Anger Management	What is Stress & Anger? - strategies for changing our thoughts on stress and anger; demonstrate assertive behaviors; and identify familial influences that impact how stress and anger are expressed.
Taming your temper	Participants learn strategies to deal with their temper.
Techniques to Control Your Anger	Learn the 2-step process in managing anger, and learn and be able to utilize relaxation techniques.
We have several: Understanding and Reducing Anger- Yellow Ribbon Manager Anger: Handbook Channing Bete Company Anger Management for Parents: Channing Bete Company Anger Management Activities: Patricia Toner Arise Work in Progress: Arise Life-Skills Curricula Arise: Teen Anger Danger: Arise: Life isn't Fair But that doesn't mean you should quit Anger Management: For 21st century Adolescents	The goals for all these classes are very similar: Educate about signs of anger impulses; - help client identify triggers, healthy ways to process anger, and provide anger stories with real-life consequences.

Note: Class titles are listed multiple times as it was unclear if many of these offerings were similar or if the class only shared the same name. Often classes with the same name contained different objectives and were offered at different dosages.

Class submissions related to anger, but did not mention anger directly

Title	Goals & Objectives
Building Your Stress Resilience	Interactive class with stress relieving activities. Ensure participants understand what can cause stress and that it is O.K. to ask for assistance when trying to juggle too many stressors.
Conflict Management	Identifies resolving family conflicts.

Managing the special needs child in the daycare setting	This class is taught to all CDC/CYS providers annually in addition to the Annual Child abuse ID and reporting classes. It covers general information about ADD- Impulsive vs inattentive vs Combined types. It covers Oppositional defiant disorder, Autism, and emotional disturbances. The providers are asked to self-evaluate their biases, their stressors, and what their perceptions of a diagnosis looks like. They are challenged to see that all diagnoses are actually spectrums of an insurance category. They are encouraged to explore the lack of sameness in two same diagnosis children and review of behavioral management techniques are provided for all the aforementioned diagnosed children.
Self-care	What is self-care?; strategies for changing our thoughts; and demonstrate assertive behaviors.
Stress Management	To educate Soldiers on the importance of managing stress through proper goal setting, time management, and self-care.
Stress Management	None provided.
Taking Care of You Workshop	This is a four-week program that offers practical strategies and experiences to help people deal with stress. Participants will learn self-refection, to live in the moment, and ways to manage life's challenges.

Note: Class titles are listed multiple times as it was unclear if many of these offerings were similar or if the class only shared the same name. Often classes with the same name contained different objectives and were offered at different dosages.

Communication Class Titles & Objectives

General Communication Classes

Title	Goals & Objectives
Assertive Communication	The Four Types of Communication - Passive, Passive Aggressive, Aggressive, and Assertive.
Communication Skills	To learn what styles of communication you currently use and how to make changes to be a more effective and an efficient communicator with family, friends, and coworkers. Learn to effectively get your message heard. Learn how you communicate and what you communicate says about your character. Learn to increase the likelihood of job success, improve relationships, increase self-esteem/self-respect, and increase the respect you give and get from others.
Effective Praise and Active Constructive Responding	Effective Praise and Active Constructive Responding (ACR) helps build Connections. Effective Praise identifies what worked and creates winning streaks. You can strengthen your relationships by responding actively and constructively to others' positive experiences.
Kendall's Communication Workshop	Workshop to increase understanding of various communication personalities and how those differences work well and/or conflict with one another.
Healthy Communication	Research has shown that there are four patterns of communication that are particularly poisonous to relationships. This class helps people identify the communication Danger Signs and provides skills on how to avoid negative conflict and learn effective ways of communicating with your loved ones.
True Colors	This training will provide increased knowledge regarding understanding human characteristics through the identification and celebration of varying personality types, while utilizing different ways of rewarding and supporting people's natural behaviors and values within various relationship settings (familial, spousal/intimate, work). The goal is to increase in readiness and resilience within the population served to foster continued utilization and retention within our FAP.

Note: Class titles are listed multiple times as it was unclear if many of these offerings were similar or if the class only shared the same name. Often classes with the same name contained different objectives and were offered at different dosages.

Couples Communication Classes

Title	Goals & Objectives
And They Lived Happily Ever After	This class examines understanding communication, building friendship, and intimacy.
Couples Communication	Avoid destructive patterns that prevent you from building and maintaining a healthy, loving, and compassionate relationship with your significant other. Participants explore how to move from constantly playing the "blame game" to using constructive problem-solving methods and effective non-verbal communication together to establish trust and support within a loving relationship.

Couples Communication	The class assists couples with improving communication in their relationships. Each couple will learn to speak clearly and constructively and listen accurately, which will enable them to transform potential conflict into collaboration.
Couples Communication	Communicate effectively with their spouse or partner. Communicate in an empathetic and tactful manner. Show interest and concern about the spouse or partner's welfare. Demonstrate active listening skills using the "Speaker/Listener Technique." Demonstrate effective use of "I-Statements." Identify the three ways in which people communicate. Identify the three ways to enhance communication.
Healthy Relationship Class	To provide education to Soldiers, DoD Civilians, and family members on recognizing the positive elements of what constitutes a healthy relationship. Demonstrate understanding of the characteristics of healthy and unhealthy relationships, and discuss factors that might influence their development. Demonstrate understanding of effective communication within a relationship and the potential impact of technology on communication within a relationship. Goals: To increase awareness of benefits of healthy relationships. To increase awareness of the difference between a healthy and an unhealthy relationship. To increase self-esteem. To increase awareness of effective communication and its impact on healthy relationships for military couples.
Healthy Relationships	Addresses Healthy Relationships within the family dynamics. The goal is to identify unhealthy relationships within the family (children, marriage) and conduct exercises, which assist in establishing healthy relationships.
Marital Communication and Enrichment	Each year near Valentine's Day a paid facilitator is brought in for the "marital retreat." The class is offered at night on a Thursday night and dinner is offered.
Marriage Enrichment	Helpful guidance for married Service members & their spouses on managing expectations, finances, and communication.
Marriage Enrichment	To provide parents with strategies in establishing and maintaining healthy relationships.
Myers Briggs Personality Traits	Learn how to best approach, communicate, and connect with your spouse. Identify your preferred way of directing and receiving energy, take in information, make decisions and approach your spouse as well as the outside world.
ScreamFree Marriage	This course is designed to help couples embrace conflicts associated within relationships. It promotes the formula of calming down, growing up, and getting closer.
ScreamFree Marriage	Calming down, growing up, and getting closer.
ScreamFree Marriage	Help couples improve their communication skills.
ScreamFree Marriage	Teach couples how to celebrate the difference between each partner as the foundation for a great marriage.
5 Love Languages	A class for couples to learn practical ways to communicate their love to their spouse. Learn the five love languages, identify their individual love language and that of their spouse. Learn ways to enrich your communication skills with spouse.

| 5 Love Languages | A course provided to discuss and learn how to express love to your significant other. Apply and incorporate these skills into your daily life. |

Note: Class titles are listed multiple times as it was unclear if many of these offerings were similar or if the class only shared the same name. Often classes with the same name contained different objectives and were offered at different dosages.

Family Communication Classes

Title	Goals & Objectives
Changes in Relationships	PowerPoint driven class adapted from MRT. Goals and Objectives: To develop positive interpersonal communication, effective communication tips in daily routines, and tips for communicating with children.
Connecting with Your Teen	Show interest and concern about the teen's welfare. Demonstrate active listening skills using the "Speaker/Listener Technique." Demonstrate effective use of "I-Statements." Identify the three ways in which people communicate. Identify the three ways to enhance communication with your teen.
7 Habits of Highly Effective Military Families	The 7 Habits of Highly Effective Military Families workshop provides a much needed framework for applying universal, self-evident principles that enable family members to communicate more effectively about their problems and resolve them successfully. Participants learn how to 1) deal with relocation or Permanent Change of Station (PCS); 2) anticipate all phases of deployment; 3) apply an "Inside-Out Approach" to problem-solving and goal creation; 4) resolve differences in marriage and family relationships by cooperating together creatively; 5) leverage family services on and off the post; 6) abandon unhealthy behaviors; 7) build family traditions, unity, and a "nurturing family culture." The goal is to make sure military families maintain their resiliency and will do so by learning and implementing the techniques to do so in an ever changing environment (deployment, TDYs, PCS, assignment changes, retirement, etc.).

Note: Class titles are listed multiple times as it was unclear if many of these offerings were similar or if the class only shared the same name. Often classes with the same name contained different objectives and were offered at different dosages.

Parenting Classes Titles & Objectives

Title	Goals & Objectives
Ages and Stages of Development	Goal of training is for parent to understand the Erickson and Paiget's states of development and positive disciple techniques.
Babease Bootcamp	A full-day parenting class hosted by the New Parent Support Program which equips expectant and new parents with the tools that they will need to properly care for themselves and their infants. The class will cover healthy eating for pregnancy and lactation, breastfeeding, budgeting for babies, postpartum depression, infant ages and stages, and infant care.
Baby Basics	The class covers baby basic care, such as newborn care, bathing, diapering, calming a baby, breastfeeding, Shaken Baby Syndrome, baby's appearance at birth and infant safety.
Baby Boot Camp for Dads	An interactive educational course that teaches new expectant and/or first-time fathers about newborn infant care and safety skills.
Boundaries with Kids	A psychoeducational group aimed at Service members and their spouses/partners who are dealing with boundary issues with their children. Class will work through the Boundaries with Kids book and workbook.
Circle of Security	Circle is an early intervention program which helps to increase a child's self-esteem. It teaches the caregiver/parent to understand the emotional needs of the child.
Circle of Security	Parent-reflective model based on the core components of how secure parent-child relationships can be supported and strengthened. The caregiver serves as a secure base from which the child can explore and as a safe haven to which the child can return for connection in times of stress. Some parents feel uncomfortable or threatened by their child's exploration (moving away), whereas others have these negative feelings instead in response to their child's attachment wishes (bids for connection). Given that a child thrives when the caregiver is relatively responsive to both attachment and exploratory behavior, it is important that the caregiver develops the reflective capacity to consider what may hinder or help her or his capacity to respond.
Communicating With Your Child	Communication Development with your child(ren); Keys to improving communication. Goals: To improve communication with children thereby improving relationships. Objectives: To assist parents in developing better communication skills or becoming more aware of communication helps and barriers.
Communicating and Connecting with your Kids	Class overview: Mutual Respect; How to Motivate your children; Electronics and social media; Talking about difficult topics; and Connecting with your children.
Co-Parenting Children of Divorce and Custody	This course teaches parents who reside separately how to raise their children cooperatively and more effectively with one another by focusing on the best interests of the children. Attendees will learn the benefits of separating personal conflicts from their role as parents and discuss visitation boundaries, the economic impact, and responsibility of co-parenting as well as how to talk to children about divorce.

Crossroads of Parenting and Divorce	Crossroads of Parenting & Divorce is a five-step seminar designed to prevent divorce abuse, a specific type of emotional abuse that divorcing parents cause when, in their anger and bitterness, they lose sight of their child's needs. This partly video-based seminar will help parents become aware of how their actions may inadvertently harm their children, show how to establish positive post-divorce co-parenting relationships, and provide parents with the skills they need to stay child-focused while minimizing poor choices amidst conflict and loss.
Do you know what your kids know: Cyber Safety Parenting the web	This course covers what all the current social media sites are; how kids utilize them; what the current apps are; how kids use sites, apps and devices; how they hide activity; the dangers and advantages of all the sites/apps; and current laws surrounding cyber bullying. Cyber Bullying, Stalking, Harassment and sextortion are covered, Emoji language, Acronym usage, and safe web-based learning sites are discussed. The addictive cyber tendencies, access to risk and response to cyber risks are all covered. Distracted parenting and cyber supervision are also covered.
Effective Disciplinary Skills using Positive Parenting	Goal: Sharpen parenting skills. Objectives: Parents will leave the class with an understanding of the benefits of positive parenting and tools to use in perfecting their parenting skills. Definition of Positive Discipline, Benefits of positive parenting, the 3 Fs in Effective Parenting Discipline (Firm, Fair, and Friendly), Use of Reward/types of rewards, Use consequences appropriately, Understand stages of moral growth (Infancy, Toddlerhood, Pre-schoolers, 7-10 years, Pre-teens and teens), the Family Chip System.
Empowering Parents of Teens	To provide parents with skills and support in parenting children during their adolescent years and allow the parents to have a forum to allow parents to express needs and concerns.
Fatherhood: Parenting with Love and Logic	Extension class offered in coordination with State University and local providers. Offers better insight into parenting alternatives for fathers using love and logic skills.
Healthy Family Characteristics, Adverse Childhood Experiences (ACEs) and Protective Factors	The goal of this class is to demonstrate the coordinated effort to educate the community on how to proactively prevent family violence, research validated prevention activities, and provide clinically sound therapeutic treatment when abuse occurs.
Infant Care Class	Help parents to prepare to care for a newborn.
Infant Massage	The training curriculum is evidence-based, interactive, and personal. It is based on the 15-point curriculum developed by [INDIVIDUAL'S NAME] and offers opportunities to participate in supervised parent-baby infant massage education classes. Curriculum covers, massage techniques and how to adapt skills as infants develop. Goals and Objectives: To improve bonding and attachment between new baby and caregiver; either mother, father, foster parent. Infant Massage also promotes nurturing touch, helps with relaxation, improved sleep, helps improve digestion, helps with colic and gas, enhances motor development and reduces cortisol levels, increases parent

	confidence, and may even benefit mothers with postpartum depression.
Infant Massage	Interactive class with expecting or new mothers and fathers. Goal and Objective: bonding with infants.
Kidz Play	Playgroup for parents to engage in play strategies with their children in order to build attachment. Education is provided to parents during class on nutrition, healthy development, and other related information.
Love and Logic	Designed to help parents create happy families and responsible kids by learning to allow them to grow through their mistakes, learning to allow them to learn from the consequences of their choices, learning shared control; and learning shared thinking and decision-making. Must attend all three sessions to receive a certificate.
Parenting: **Parenting multiples** **Parenting:** **Movement and** **Mindfulness** **Parenting:** **Launching Hope** **Parenting:** **Aggression in** **Children** **Parenting: Taming** **Toddler Tantrums** **Parenting: Dealing** **with Sibling Rivalry** **Parenting: Power** **struggles and** **setting boundaries** **Parenting:** **Parenting types** **Parenting: Dealing** **with Struggling** **Teens** **Parenting: TV and** **technology** **Parenting:** **Temperament and** **Parenting** **Parenting:** **Preparing children** **to cope with** **separation** **Parenting:** **Reintegration: How** **I see it** **Parenting: Helping** **Child Adjust during** **deployment**	I have provided a list of all classes, and it would be too long to go through each goal and objective.

Parenting: Long distance Co-parenting Parenting: Positive Parenting	
Parenting with Love and Logic	This parenting class is applied to teach parents to put problems back onto the child, so the child learns to solve his or her own problems with adult interaction. It emphasizes children need to make many mistakes before they are on their own. We want to help children become independent thinkers about consequences.
Parenting Love and Logic	Identify the four steps to responsibility. Recognize who has the control. Offer appropriate choices in order to share the control. Identify if a given problem belongs to the child or to the parent. Set limits for children using "thinking words," or enforceable statements. Recognize empathetic responses. Design appropriate consequences for inappropriate behavior. Design a strategy for resolving a problem situation, or problem behavior using Love and Logic principles.
Parenting the Love and Logic Way	Equip parents to diffuse arguments, set enforceable limits, and problem-solve.
Parenting with a Purpose	A psychoeducational group for parents who are seeking help raising their children. This class can also be used to help those who have either abused or neglected their child/children or are at risk of doing so. The group provides parenting skills training that teaches and demonstrates non-physical discipline techniques, relationship building, nurturing the needs of children and child safety.
Positive Discipline	In this class participants will learn the difference between punishment and discipline. Parents will also learn to understand coded messages in their child's misbehavior and how to use that understanding to become positive disciplinary figures in their children's lives.
ScreamFree Parenting Introduction	Parenting course providing parents with skills in addressing challenging behaviors without "yelling." This is an introduction course to the program.
ScreamFree Parenting	Classroom training with access to video capabilities. A work book is provided to each participant. Goals and objectives: Practical, effective guidance for parents with kids of all ages to overcome the stress and anxiety of patenting.
ScreamFree Parenting	Teach fundamental skills needed for parenting. Provides tools on staying calm and creating a connection with your children.
ScreamFree Parenting	Goals- Enhance parenting by reducing emotional reactivity and remaining calm while preventing over and under involved parents by keeping them appropriately engaged. This training teaches parents to be non-reactive, fully engaged, fully connected, inspiring, and influential. Scream Free also focuses on parental self-care, self-awareness, identifying stress triggers, and parental role modeling. Scream Free also defines the difference between discipline and punishment.
ScreamFree Parenting	Scream Free focuses on the parent calming their own anxiety before addressing their child's anxiety.
ScreamFree Parenting	Teaches parents the importance of being a calming presence in the home as fundamental and essential pillars of authority. Attendees

	learn how to self-focus by knowing that parenting is about parents and not kids. The class help parents learn how raise their children by communicating in a calm and connected manner. The goal of the class is to train parents to communicate in a way that builds respect while creating a deeper relationship with their children.
ScreamFree Parenting	Raising your kids, by keeping your cool.
ScreamFree Parenting	A class that teaches participants to focus on themselves, learn to calm their anxiety, and stay connected with their children. Goals and objectives are that parents will learn to recognize their anxieties, calm themselves down, and then proceed with a form of discipline/parenting technique of their choice. The overall objective is that through calming themselves, they will form a deeper and meaningful connection with their children.
ScreamFree Parenting	Scream Free parenting isn't just about lowering your voice but also raising your integrity as a parent. It's about learning to calm your emotional response and focus on your own behavior. By staying cool, calm, and connected with your children you begin to operate less through emotions and more from values and principles.
ScreamFree Parenting	12 Principles curriculum designed for parents to learn to stay calm while setting limits.
ScreamFree Parenting	1. Develop revolutionary relationships with their children. 2. Raise children effectively without overreacting. 3. Learn to focus on themselves as they teach/discipline their children. 4. Give their children space to grow. 5. Learn self-control to be in charge. 6. Set a tone for positive learning.
ScreamFree Parenting	Help parents to prevent screaming at their kids and understand their kid's need.
ScreamFree Parenting	This training gives military families what they need to face the conflicts in life. Scream Free Parenting's objective is to offer a mission of practical peace through resources, services, and outreach. The goal is to teach military families to have the relational functioning to feel calm, capable, and connected in parenthood.
Transparenting	To provide the tools necessary for divorcing parents to continue providing a nurturing environment to their children, as well as meet the state requirement for divorcing parents.
We Are Our Environment: Creating a Kid Friendly Space	This is an interactive workshop designed to help parents identify strategies to improve their home environment and build a strong family unit. This class can help families who need assistance with improving the cleanliness and safety of their house.
What to Expect Now that you are Expecting	This class discusses topics, such as, body changes during pregnancy, family financial considerations/communication/changes, postpartum depression, Shaken Baby Syndrome and childbirth labor and delivery. In addition, what dads need to know and how to support mom during pregnancy.
123 Magic	A simple, easy to learn and effective program for parents and other caretakers dealing with young children. The goals of 123 Magic include reducing, in a fairly short period of time, children's

	oppositional and disruptive behavior; improving compliance with adult requests; improving the quality of parent-child relationships; reducing family stress and increasing marital satisfaction.

Note: Class titles are listed multiple times as it was unclear if many of these offerings were similar or if the class only shared the same name. Often classes with the same name contained different objectives and were offered at different dosages.

Appendix C: Levels of Prevention Programming

When to intervene?

Prevention activities are divided into three categories – primary, secondary, and tertiary prevention. These categories will be discussed in the context of the mechanisms used by ACS FAP to address CM.

- Primary prevention contains activities that aim to prevent a behavior *before* it occurs. That is, primary prevention is to prevent CM before an incident takes place by decreasing potential risk factors and increasing protective factors. Primary prevention activities can include public service campaigns, parent education programs, and support groups that focus on child development. Family strengthening programs offer providers, parents, and the general public information on how to prevent and recognize potential maltreatment (https://www.childwelfare.gov/topics/preventing/overview/framework/).
- Secondary prevention involves screening and targeting individuals and families where a negative outcome is likely. For example, offering programming to families that are at risk for CM. These programs are offered to individuals who have a risk factor associated with CM (e.g., young parental age, child disability). Examples of secondary prevention programs include parent education programs for teen parents, home visitation programs for expecting mothers, and respite care for parents with special-needs children.
- Tertiary prevention aims to reduce the impact after the negative behavior or outcome has already occurred and intends to prevent reoccurrence. Tertiary services include family preservation services and mental health services or support groups for both offenders and victims.

These prevention categories exist along a continuum. A comprehensive system of care needs to include strategies from primary to tertiary prevention with the caveat that more effective frameworks intervene *upstream* or at primary and secondary prevention levels. By front-end loading the system, you are decreasing the need for tertiary efforts, which are much more expensive. Tertiary efforts (i.e., treatment), while very common and costly in family violence intervention, overshadow the need for a sustained focus on primary prevention activities to prevent family violence. Primary prevention efforts, rather than tertiary, are most likely to have the greatest impact on family violence (Smith Slep & Heyman, 2008; Wolfe & Jaffe, 1999).

The activities and services offered by ACS FAP can be organized along the prevention continuum. That is, ACS FAP offerings can be apportioned into primary, secondary, and tertiary prevention programs and activities. ACS FAP provides primary and secondary prevention to strengthen Army families by enhancing parenting, relationships and life skills and by promoting awareness about CM and IPV in individuals, families, and the military community. The Army's MEDCOM FAP, a separate entity from ACS FAP, is dedicated to administering tertiary services.

> Prevention exists along a continuum, and a comprehensive system of care must include strategies from primary to tertiary prevention with a caveat that more effective frameworks intervene *upstream* or at primary and secondary prevention levels. By front-end loading the system, a decrease in the need for more-costly tertiary efforts can be mitigated.

Who gets the intervention?

The Institute of Medicine model or the IOM Continuum is a framework to delineate types of prevention programs, policies, and practices as they apply to various levels of risk in the target

population. The IOM Continuum depicts increasing need that starts with promotion and moves to prevention (i.e., universal, selected, indicated), treatment, and then maintenance. The IOM Continuum delineates different phases of care and the service needs that occur in each phase. Prevention is considered the services provided before *a diagnosis or a qualifying event,* while treatment is considered the services and activities that are provided after an event.

Promotion and positive development activities explicitly seek to strengthen competencies, capacity, and skill building or increase protective factors associated with resilience. Examples of promotion include youth centers, Military OneSource, and parenting classes (NASEM, 2019).

Prevention is divided into three categories – universal, selected, and indicated. The categorical division provides a strategy for focusing on individual risk factors and matching interventions with participants based upon these risk factors in order to prevent negative outcomes. Risk factors are the contributing factors that leads to undesirable outcomes. The three categories of prevention are described below:

- *Universal* interventions are those that target the general population or a segment of the entire population with the assumption that everyone stands to benefit from the program regardless of individual risk.
  - *Example: After Deployment: Adaptive Parenting Tools Online (ADAPT)*, a parenting program, delivered to military parents who have experienced combat-related deployment, and the goal is to increase positive parenting practices and prevent negative parent and child outcomes.
- *Selective* interventions serve specific sub-populations whose risk of disorder is significantly higher than average. Risk is determined by group membership (e.g., age, gender, family history, place of residence, exposure to a stressful context), and the intervention is delivered to the entire subgroup regardless of individual risk.
  - *Example*: *Family Check Up* is a flexible intervention designed to improve parenting practices and family relationships and decrease child antisocial and behavioral problems and substance use.
- *Indicated* interventions address identified individuals who may have minimal, but detectable signs or symptoms that suggest a disorder, and those already engaged in high-risk behaviors.
  - *Example*: *Strength at Home* is a program for couples experiencing relationship problems where the male partner has been exposed to trauma. The program is designed to prevent IPV and improve relationship quality in military couples.

Despite these delineated categories, programs, policies, and practices do not always neatly fit into these categories and, therefore, are subject to interpretation. There is sometimes overlap and often it is left up to the intervention developer or implementer to determine what will be the basis for who will receive the intervention. Understanding who best would benefit from a program may not be based on program design but on previous use (Institute for Work and Health, 2015).

What type of intervention?
What is delivered is just as an important a consideration as when and who the program is delivered to. This section will discuss evidence for interventions and how and why evidence can and should be used to make decisions about program offerings.

Levels of Evidence. Despite the wide availability of evidence-based programs and practices, they are not widely implemented in civilian or military community settings (Rotheram-Borus, Swedeman, & Chorpita, 2012; Wandersman et al., 2008). Understanding the evidence behind programs is critical as programs with strong evidence achieve their stated outcomes. The term

evidence-based has become somewhat of a buzzword and varying definitions have been applied to it.

- The term *evidence-based* is reserved for "a service, program, strategy, component, practice, and/or process that demonstrates impact on outcomes of interest through rigorous scientific research methods (i.e., experimental and quasi-experimental designs) that allows for causal inference" (NASEM, 2019, S-7).
- Programs can also be *evidence-informed*. Evidence informed "describes a service, program, strategy, component, practice, and/or process that is developed or drawn from an integration of scientific theory, practitioner experience and expertise and stakeholder input with the best available external evidence through application of scientific research methods that do not allow for causal inference" (NASEM, 2019, S-7).

Practitioners often do not have the time or resources to examine the evidence behind programs. However, a number of resources have been developed and employed by researchers and government organizations to synthesize program research. The Clearinghouse for Military Family Readiness at Penn State has a vetting tool called the Continuum of Evidence (Continuum) to help practitioners understand the evidence-base of a program (Karre et al., 2017; Perkins, et al., 2016). The Continuum has placed over 1,350 programs that are available for a wide range of audiences, topics, and at different stages of prevention. To determine placement, peer-reviewed research for each program is examined looking for several criteria – rigorous study design, positive and sustained outcomes, and an evaluation independent of the program developer. Programs are placed as either Effective, Promising, Unclear (+/0/-), or Ineffective (Perkins et al., 2016). For more information about the placement process visit the Clearinghouse website - https://militaryfamilies.psu.edu/programs-review/understanding-the-continuum-of-evidence/. The Clearinghouse also offers a program implementation toolkit that provides information and resources on working with military population, getting a community ready, choosing the right program, implementing a program with success, and planning for program evaluation, which can be found here:
https://militaryfamilies.psu.edu/resources/program-implementation-toolkit/

The Clearinghouse Continuum is not the only framework for evaluating the evidence of programs. There are a number of organizations (e.g., Blueprints, National Registry of Evidence Based Programs and Practices, Child Trends) that synthesize program evidence. Therefore, programs may appear of divergent quality on different lists. The Continuum has more stringent inclusion criteria in comparison to the many of the existing repositories. Inclusion on the Continuum does not denote whether a program has evidence. Programs are vetted by the quality of their evidence and given a placement (Karre et al., 2017).
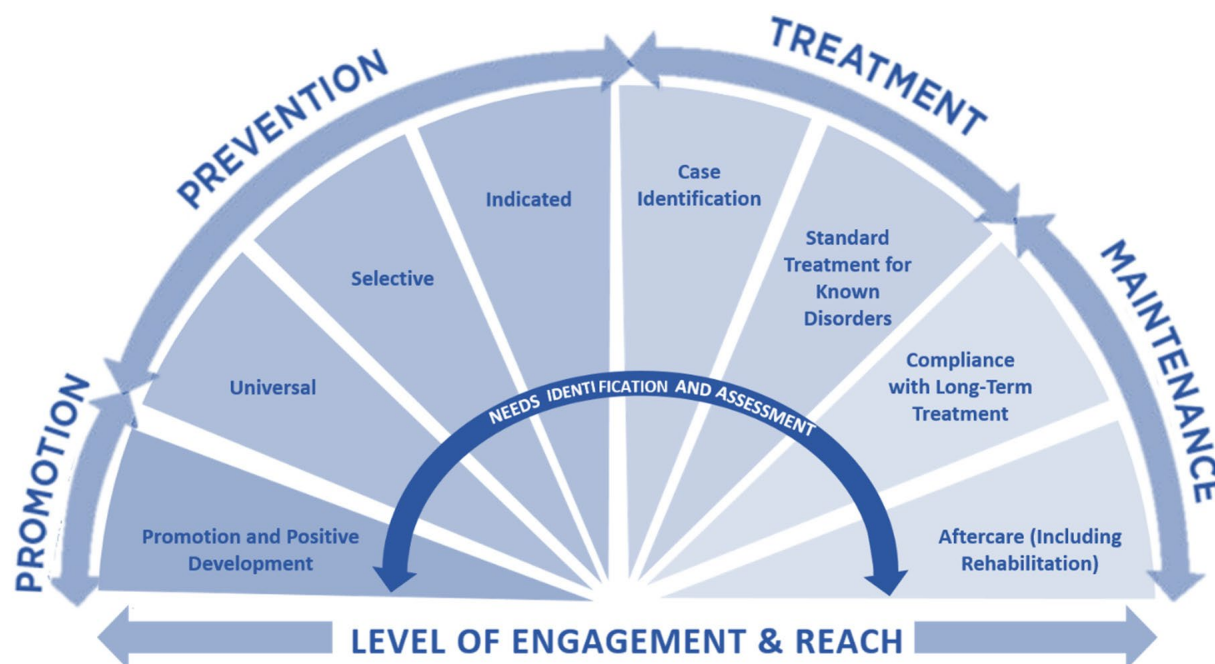
Program Selection Recommendations

As discussed, there are multiple factors to consider when choosing an evidence-based program to implement. In addition to the considerations previously discussed (i.e., prevention level, target audience, evidence, and implementation), the context is also important. Evidence Based Programs (EBPs) often need to be selected with the overall system in mind. Context involves a series of questions, including: What does the population need? (e.g., is there a baseline severity); How will a program best fit the needs of the population?; What resources are available?; What other existing programs and practices are being used?; and What program characteristics will best reach the target audiences (e.g., format, frequency, time, etc.). Given all the considerations that have been discussed, selecting a suitable program can be difficult. Examining the evidence of programs within specified program parameters (e.g., primary prevention) is a good place to start.

The prevention of family violence is linked to addressing risk factors (e.g., poor parenting knowledge and efficacy, social isolation, relationship dissatisfaction) and enhancing protective factors (e.g., realistic expectations about child development, access to and use of resources, social support) simultaneously across multiple levels (i.e., individual, family, and community). Child-level efforts include child education, primarily to prevent sexual abuse. Parent/couples-level efforts include home visitation programs, parent education programs, infant head trauma prevention programs, and couples/relationship education programs. There are also a number of promising prevention efforts at the community-level including mass media/social norms campaigns and education for community members, specifically those who work with children.

Much of the focus on the prevention of IPV has focused with mixed success on strengthening couples functioning and satisfaction through relationship education. A secondary focus has been on dating education as the seeds of IPV show up in dating relationships as early as middle school (Foshee et al., 1998; Smith Slep & Heyman, 2008). IPV interventions should also focus on

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developing and delivering low-cost interventions that can be disseminated widely to reach those who need them most (Braithwaite & Fincham, 2014).

To identify programs that contribute to CM and IPV prevention efforts, the Clearinghouse used the Continuum database to identify programs that had a placement of Unclear + or higher in key content areas that matched with the FAP Phase II topic areas of interest: Anger Management, Communication, Parenting, and Relationships. To narrow relevant programs, the Clearinghouse focused on several search criteria. Using Clearinghouse database filters, programs were included in the list for consideration if: (1) the topic area included anger, communication, parenting, relationships, child abuse, or intimate partner violence; (2) the program placement was either effective (RCT or Quasi-Experimental), promising, or unclear +; (3) the program sector was community-based, and (4) the program target population included adults, couples, parents, or families.

After creating a comprehensive list of programs based on the criteria, programs were further filtered based on the prevention continuum. Programs that were considered universal, selected, and indicated prevention programs were retained, while treatment programs were omitted. For the parenting topic area, home visitation programs were also excluded. Also, for parenting, programs that focused on child outcomes only were excluded. A total of 49 programs were identified in the final list[16]. The final list of programs was then divided into several program categories to represent the diversity that exists across these content areas. Programs were split into the following eight categories: (1) general parenting education programs, (2) general parenting education programs for first-time or expecting parents, (3) programs developed for specific parenting circumstances (e.g., divorce, stepfamilies, mothers or fathers only, deployment, separation), (4) programs for parents at-risk for CM, (5) general relationship education programs, (6) programs developed for specific couple/family relationship circumstances (e.g., single or dating relationships, separation, deployment), (7) programs for individuals or couples at-risk for IPV, and (8) community-level prevention for child abuse or IPV.

Understanding the FAP resource constraints, the identified programs were not limited to one topic area. When and where possible, targeting multiple risk or protective factors among different populations through a singular intervention, provided that a relationship between the program offered and the targeted risk factors can be established, may allow for a more efficient use of critical resources. For example, *Parenting Wisely*, covers topics such as, communication, parenting, and relationships. This is a positive aspect of the identified programs as targeting more than one area has the potential to address multiple risk and protective factors for family violence. Among the 49 programs, three programs identified anger as a topic area, 33 programs identified parenting as a topic area, 19 programs identified relationships as a topic area, and 12 identified communication as a topic area. Fifteen of the 49 programs have been used in a military setting. Appendix C contains the complete list of programs divided by category, and includes information on the program goals, target audience, topic areas, and evidence and considerations in order to make informed decisions about program selection.

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[16] The *Triple P System* and *Parents Anonymous* were included twice in the final list as they fit in both the category for general parenting education and the category for at-risk parents since it can address both types of parenting needs.

Appendix D. Program Recommendations for ACS to Address Anger Management, Parenting, and Communication/Relationships within FAP

Program names highlighted in blue indicate that the program has been used with a military population. The primary topic area is highlighted in green for parenting, blue for anger management, red for communication, aqua for relationships and purple for a focus on prevention of IPV.

1. General Parenting Education Programs

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
1-2-3 Magic	- 1-2-3 Magic, a community-based program, is designed to provide easy-to-learn parenting techniques and positive discipline strategies, which are intended to strengthen the parent-child relationship. - This program is delivered to parents of children who are 2 to 12 years old and intends to impact parents and their children.	Behavioral Problems `Parenting`	<u>Evidence</u> • Randomized control trials (RCTs of the 1-2-3 Magic program have demonstrated improvements in child and parenting behaviors. Internal studies with small sample sizes showed decreases in intensity and fewer problem behaviors in children and less over-reactivity and hostility in parents 10 months after program completion. External studies indicate decreased child problem behaviors, dysfunctional parenting, parent depression, and parental stress up to 2 years after program completion. <u>Considerations</u> • Training is self-directed. • <u>Time</u>: Delivery of the 1-2-3 Magic program is flexible, but it generally consists of one to four sessions, which are about 3 hours each • <u>Cost</u>: The 1-2-3 Magic Presentation Package includes everything needed to prepare and deliver sessions and costs $295.	Promising
ABCD Parenting Young Adolescents	- ABCD Parenting Young Adolescents, a community-based parenting program, is designed to strengthen parent-child relationships and promote	`Parenting`	<u>Evidence</u> • Posttest results from one RCT indicated that participants in the intervention group experienced improvements in adolescent behavior and conduct problems and in various measures of	Unclear +

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
	- protective factors associated with adolescent well-being. - This program is for parents of youth who are 9 to 14 years old.		parent well-being, including stress associated with adolescent moodiness, social isolation, and incompetence, compared to a wait-list control group. However, there were no significant differences between groups in parenting practices such as involvement, positive parenting, or discipline. Considerations • Facilitators who deliver this program are not required to have any specific qualifications. However, an educational background or experience in human services or mental health is recommended. Two-day, on-site training is available. • Time: The program is delivered in 4-weekly, 2 ½ hour sessions or 6-weekly, 2-hour sessions. • Cost: Information on implementation costs was not located.	
ACT Raising Safe Kids*	- ACT Raising Safe Kids is a community-based intervention program that is designed to encourage positive parenting strategies and promote healthy and safe families in order to protect youth from violence and its associated effects. - This program is delivered to parents/caregivers, adult community members directly involved in the lives of youth, child-care providers, and teachers and is intended to impact children from birth to 8 years old.	Anger Media Literacy Parenting Safety	Evidence • Improvements were noted in knowledge between program participants and non-participants on anger management, social problem-solving, discipline, and media violence. Improvements in caregivers on nurturing behavior and discipline practices were noted; program effects on child outcomes have had mixed results. Considerations • 2-day training required for facilitators; need an associate's degree to deliver. • Time: ACT Raising Safe Kids is an 8-week program, and each session lasts 2 hours. • Cost: Many of ACT publications are free online; parent handbooks cost $25/each.	Unclear +

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Chicago Parent Program	- Chicago Parent Program (CPP), a community-based, parent-training program, is designed to prevent or minimize children's externalizing and internalizing problem behaviors by helping parents strengthen their parenting skills and feelings of competence and learn to use constructive disciplinary practices. - This program is delivered to parents of children who are 2 to 5 years old and is intended to impact parents and children.	Behavioral Problems <mark>Parenting</mark>	Evidence • Two internal, quasi-experimental evaluations of the program using self-report and observational measures have been conducted. Collectively, these studies demonstrate positive program effects for parental reports of self-efficacy, discipline, and child problem behavior intensity lasting through the 1-year follow-up. The results of one study suggest that attendance impacts these outcomes, and participants who attended 6 or more sessions reported the greatest improvement. Results of the observational data are less clear. One study reported pre-post improvements in parental use of praise and child problem behavior but reported no effect on parental use of commands. The other study reported improvements in child problem behavior and parental use of commands lasting through the 1-year follow-up and no effect on praise. Considerations • This program is delivered by two trained facilitators (e.g., case managers, counselors, mental health clinicians, family service workers). A required 2-day, off-site training, held in Baltimore or Chicago, costs $1,500 per person and includes the facilitator manual and program DVDs. Two-day, on-site training for up to 24 participants costs $8,000. • Time: CPP consists of 11-weekly, 2-hour sessions followed by a 12th booster session that is delivered 4 to 8 weeks after session 11. • Cost: The CPP group leader kit costs $799; is required for program implementation; and includes a 4-disc DVD set and the facilitator	Promising

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			manual that contains weekly facilitator checklists, handouts, homework activities, weekly satisfaction survey, and an overall program evaluation questionnaire. Telephone consults and support cost $70 per hour, and review of the sessions' audiotapes using the program's fidelity checklist costs $175 per session.	
Common Sense Parenting	- Common Sense Parenting® (CSP), a community-based program, is designed to provide parents with information concerning child development issues and teach parents various communication techniques, pertinent discipline practices, and child-parent relationship-building skills. - This program is delivered to parents of children who are toddler age to 16 years old and is intended to impact parents and children.	Emotional Competency Parenting Social Competency	Evidence • One internal, quasi-experimental study found that participants in the CSP program reported decreases in child externalizing behaviors and increases in parenting satisfaction, parenting efficacy, and family satisfaction. These effects were maintained at a 3-month follow-up. A second internal, RCT found that participants in CSP experienced increases in parent-reported child emotion regulation skills at posttest. However, there were no effects reported on parenting practices. Considerations • CSP program providers are required to attend a 3-day training workshop, which costs $900. On-site training is also available. • Time: The toddler and preschooler's program consists of seven 2-hour sessions held once a week. The children's (i.e., ages 6 to 16) program consists of six 2-hour sessions held once a week. • Cost: Implementation costs were unavailable.	Unclear +

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
COPEing with Toddler Behaviour (CWTB)	- COPEing with Toddler Behaviour (CWTB), a community-based program, is designed to provide parents with skills and strategies to help them prevent and better manage problematic child behaviors. - This program is delivered to parents or caregivers of toddlers who are 1 to 3 years old and is intended to impact parents and toddlers.	Behavioral Problems <mark>Parenting</mark>	Evidence • Short-term results from one RCT indicated that the intervention group experienced significantly lower scores of parent-reported child behavior problems and self (parent)-reported over-reactivity and depression and significantly higher scores of observed positive child behavior and observed parent-child interaction (i.e., compliance and positive parent behavior) compared to a wait-list control group. Considerations • This program is delivered by facilitators from a variety of professional positions: infant/child development clinicians, infant/child mental health clinicians, early childhood educators, public health nurses, social workers, psychologists, or other professionals who have at least a bachelor's degree in a related field and experience working with families with young children. A 2-day, on-site training is mandatory. • Time: This program is delivered in 8-weekly, 2-hour sessions. • Cost: The CWTB Facilitator Manual costs $50 each; the CWTB VHS/DVD costs $45.	Unclear +
Family Check-Up	- The Family Check-Up intervention is designed to help support healthy emotional and social development among children and adolescents and can be implemented in school, primary care, or community health settings. - This program is for families with children or adolescents.	Behavioral Problems Emotional Competency <mark>Parenting</mark>	Evidence • Numerous evaluations conducted by program developers have suggested that participation in the Family Check-Up intervention is associated with a variety of positive outcomes among children, adolescents, and parents. Relative to members of various comparison groups, intervention participants have demonstrated improved parenting practices, healthier family relations, increased self-regulation and inhibitory	

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			control, fewer antisocial and behavioral problems, decreased substance use, and fewer arrests among youth. Given the flexibility of this intervention, some of these findings are based on variations of the Family Check-Up model. Considerations • This program is facilitated by program consultants who should possess a master's degree in education, social work, counseling, or related areas; a bachelor's degree with similar study backgrounds; or a paraprofessional/nonbachelor-level provider who has suitable consultation and supervisory support. Two-day, on-site trainings are required for Family Check-Up and for Everyday Parenting Consultants. • Time: Phase one, The Family Check-Up, includes three 1-hour sessions. Phase two, Everyday Parenting, ranges from three to 15 sessions. These sessions vary in length. • Cost: Costs vary.	
Incredible Years	- Incredible Years® is designed to strengthen parenting skills; enhance parents' involvement in their children's academic and school experiences; improve children's academic, social, and emotional abilities; and reduce behavioral problems. - This program is delivered to parents of infants and toddlers who are up to 3 years old, children who are 3 to 6 years old, and youth who are 6 to 12 years	Behavioral Problems Emotional Competency Parenting Social Competency	Evidence • Multiple RCTs of the IYPP Series have shown increases in positive and nurturing parenting style, increase in praise and effective discipline; decreases in harsh discipline techniques; increases in parent involvement in child's school; decreases in negative child behavior at home and school; reductions of parental depression; increases in parental self-confidence; and increases in positive family communication and problem–solving. Considerations	Effective – RCT

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
	old and is intended to impact parents and children.		• This program is delivered by two group leaders; one of these leaders should have a master's degree or higher. • Training is not required but is highly recommended. • <u>Time</u>: Parent group sessions are conducted in 12- to 20-weekly meetings for 2 to 3 hours each. • <u>Cost</u>: The Baby & Toddler program costs $1,470; the Preschool Basic program costs $1,670; the School Age Basic program costs $1,370; the Advanced program costs $1050. • WSIPP Benefit: Cost Ratio $6,502 http://www.wsipp.wa.gov/BenefitCost/Program/158	
Mellow Babies	- Mellow Babies, a community-based program, is designed to provide support and information to participants to help them develop and sustain positive feelings about themselves, improve their parenting skills, and enhance their relationships with their babies. - This program is delivered to parents of infants and is intended to impact parents and infants.	Depression Emotional Competency Parenting Sleep	<u>Evidence</u> • Results from one randomized wait-list control study found that mothers in the treatment group experienced improvements in depression and scored significantly better on a measure of depression at a 4-month follow-up compared to mothers in the control group. In addition, mothers in the treatment group had significantly different scores on measures of anticipation, responsiveness, autonomy, and control compared to mothers in the control group. <u>Considerations</u> • Training is required, and facilitators can be trained for Mellow Babies by following the Mellow Parenting training program. There is a 3-day, off-site Mellow Parenting training. • <u>Time</u>: This program consists of 14, weekly, 5-hour sessions. • <u>Cost</u>: Implementation costs could not be located.	Unclear +

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Mindfulness-enhanced Strengthening Families Program 10-14	- Mindfulness-enhanced Strengthening Families Program 10-14 (MSFP 10-14), a community-based program, is designed to cultivate mindfulness in parents as a way of changing patterns of negative parent-youth interactions and fostering healthy parent-youth relationships. - This program is for youth who are 10 to 14 years old and their parents.	Parenting	Evidence • One RCT was conducted in which MSFP 10-14 was compared to Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) and to a control condition. Results at post-intervention and at a 1-year follow-up indicated that those in MSFP 10-14 saw improvements in several areas of parenting, including interpersonal mindfulness in parenting, parent-youth relationship quality, youth behavior management, and parent well-being, compared to those in the control group. Some of these positive effects were found to be more pronounced in fathers (e.g., greater satisfaction and efficacy in parenting role, better anger management, support and understanding of youth, and compassion and acceptance of youth). Considerations • In the program evaluation, MSFP 10-14 was delivered by facilitators who had at least a bachelor's degree, experience working with youth or parents, and training and personal experience with a contemplative practice. These facilitators completed a 3-day, certified, training program. • Time: This program is delivered in 7-weekly, 2-hour sessions. • Cost: Implementation costs could not be located.	Promising
Parenting Wisely	- Parenting Wisely, a family- and community-based program, is designed to teach communication and disciplinary skills to parents.	Antisocial Behavior Communication Parenting Relationships	Evidence • Several RCTs and pre/post evaluations of Parenting Wisely have been conducted. While maintenance of results has not been assessed, results do suggest that Parenting Wisely is related to improvements in parent	Unclear +

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
	- This program is delivered to parents of children who are 3 to 18 years old and is intended to impact the parents and their children.		satisfaction, parent efficacy, knowledge of adaptive parenting skills, beliefs that adaptive parenting skills are effective, responses to positive and negative child behaviors, lax discipline, over-reactive parenting, number of child problem behaviors, and intensity of child problem behaviors. Study participants have included parents of adolescents and teenage parents/expecting parents. Changes in behavior have been found up to 4-months post intervention. Considerations • No formal training is necessary. An instructional guide accompanies the supplies to implement the program. • Time: Implementation time for the DVD format varies. The online program can be completed at the participant's own pace, but completion time usually requires about 3 to 5 hours. • Cost: DVD kits cost $699 each. The online versions cost $79.95 each for a 6-month subscription plus the cost of a program workbook. Subscription packages for the online programs cost $399 to $5,099 each, depending on the number of accounts included (i.e., 10 to 200).	

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Parents Anonymous**	- Parents Anonymous®, a community-based intervention and prevention program, is designed to support participants, improve and strengthen family functioning, reduce parental and life stress, enhance parental resilience, and prevent or reduce child abuse in families. All parents can attend sessions including those who are at risk or involved with Child Protective Services, domestic violence, homeless shelters, and correctional and/or substance abuse programs. Parents may be self-referred or court-ordered to attend the program. - This program is delivered to parents and caregivers of children who are 0 to 18 years old and is intended to impact parents, caregivers, and youth.	Child Abuse Emotional Competency Life Stress Parenting Social Competency	Evidence • Results demonstrated significant improvements in parental stress, rigidity, psychological aggression toward children, emotional domestic violence, alcohol and drug use, physical and verbal abuse, self-esteem, social isolation, knowledge about child behavior and development, unmet dependency needs, impulsiveness, passivity, attitudes toward their child, problem-solving abilities and child management techniques, and behavior ratings for children. Results tended to improve with the length of time in the program and were stronger for parents who were classified as high-risk according to CM outcomes and risk and protective factors. Considerations • Adults and children attend the program. • Organizations must become accredited to implement the program. • Time: Sessions are held every week for 1 ½ to 2 hours, and parents and caregivers can join the program at any time and attend for as long as they choose. • Cost: Implementation costs were unavailable.	Unclear +
Strengthening Families Program (SFP)	- SFP is a community-based family skills training program that was developed to reduce the development of behavioral, emotional, academic, and social problems among high-risk children and youth. - This program is for youth who are 3 to 17 years old and their parents	Behavioral Problems Emotional Competency Parenting Social Competency	Evidence • SFP may improve parental alcohol and drug use, parenting behaviors, family outcomes, and child and teen behavioral and emotional outcomes. • There is a DVD version of the program, but it hasn't been evaluated. Considerations • Includes both parent and child in program.	Unclear +

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
	in families who are deemed to be high risk.		• Time: 14-weekly, 2-hour sessions; SFP 7-17 home-use DVD consists of 10 30-minute lessons. • Cost: The SFP six-book master set on CD costs $450. The SFP 7-17 DVD is $5.	
Triple P System**	- Triple P System is a community-based public health approach that is designed to provide parents with strategies for child management in order to help them improve their parenting skills. - This program is delivered to parents of children who are birth to 16 years old and is intended to impact children and families.	Behavioral Problems Emotional Competency Parenting Child Abuse	Evidence • Two years after the beginning of the implementation, positive results were found for outcomes related to CM. Rates of out-of-home child placements and rates of hospital and emergency room visits for CM injuries decreased, while, in control counties, they increased. In the Triple P counties, rates of substantiated CM cases increased less than in control counties. No other parent or child outcomes were measured in this study. Considerations • Training is required, and an extensive range of practitioners implement this program, including social workers, psychologists, doctors, nurses, school counselors, teachers, and clergy. • Two to three days of on-site training and a half-day of follow-up training costs approximately $21,500 to $26,200 for up to 20 practitioners depending on the training level. • Time: Implementation time for levels 1 and 5 varies. Levels 2 and 3 consultations are 20 minutes long. Level 4 individual family sessions last 90 minutes, and the group sessions last 2 hours each. Individual and family participation varies based on interest and need.	Promising

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			• <u>Cost</u>: Parent workbooks cost $20 to $32 per participant; positive parenting booklets cost $6.50 per participant; Parenting tip sheets cost $8 to $11 for a set of 10.	

*Providers are part of the target audience for the program.

**The Triple P System is included in general parenting education and in the at-risk parenting programs as there are different levels to address different needs.

*** Parents Anonymous is included in general parenting education and in the at-risk parenting programs as the program can be delivered as a universal or a selected/indicated intervention.

2. General Parenting Education Programs for First-Time or Expectant Parents

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Becoming a Family	- Becoming a Family, a group-based program, is designed to support and enhance couples' marital relationships as the couples transitions to parenthood. - This program is for married couples who are first-time, expectant parents.	Parenting Relationships	Evidence • Participants who completed the program experienced significantly less decline in marital satisfaction during the transition to parenthood. This intervention effect remained significant 3 years after the program's completion. Analyses indicate that at 5-years post intervention, couples in the intervention and control groups had similar likelihood of separation and/or divorce. Considerations • Facilitators work in two-person teams, and both individuals must hold a master's degree or have received suitable training in a clinical mental health field. • Time: Becoming a Family program is implemented in weekly, 2 and 1/2-hour sessions for 24 weeks. Sessions begin in the third trimester of pregnancy. • Cost: No cost information was available for this program.	Promising
Becoming Parents Program	- BPP, a curriculum-based, parent-education program, is designed to help new or expectant couples transition to parenthood. This program focuses on strengthening couple relationships and co-parenting skills, promoting self-care, developing a support network, and cultivating positive infant development. - This program is for couples who are expecting a baby or are new parents.	Parenting Relationships	Evidence • Positive outcomes at 15 months after program enrollment include: relationship stability, improved relationship quality and conflict management, improved co-parenting practices, and increased father involvement. Considerations • It has been implemented at Joint Base Lewis-McChord. • Training is required for program delivery and can be either on- or off-site. On-site training costs $25,000 for up to 12 facilitators plus travel expenses. An additional 13 facilitators can attend for $1,500 per person. Off-site training is hosted in Seattle and	Promising

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			costs $2,700 per person plus travel expenses. Both training options last about 32 hours and are conducted over 4 consecutive days. • Time: BPP consists of six classes that total 21 contact hours during pregnancy. The first class lasts 6 hours, and the next five classes are 3 hours each. Two additional 3-hour booster sessions are available and are delivered when the baby is 3 to 6 weeks old and 6 months old. • Cost: The instructor kit, which includes a facilitator manual, a couples manual, a communication coach guide, a DVD set of couples and infant scenes, and a CD of PPT presentations, is included in the cost of training.	
Bringing Baby Home	- BBH, a community-based program, is designed to teach new parents how to strengthen their relationships with each other and with their newborn through positive interactions and constructive conflict management. - This program is for new and expectant parents.	Parenting Relationships	Evidence • Participants displayed less hostile affect during interaction and self-reported less postpartum depression at 1-year post-intervention. The control group reported decreases in marital quality, while the experimental group's levels of marital quality remained stable. The second study revealed positive effects of the program on two of four factors related to the quality of interaction among the mother, father, and their 3-month-old baby. Considerations • Off-site, 2-day training workshops are available and cost $525 per person. • Time: BBH is conducted in a 1-day workshop. • Cost: Implementation costs are unavailable.	Unclear +

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Family Foundations	- FF, a universal prevention program, is designed to prepare couples for the various challenges of parenthood by strengthening the couples' co-parenting relationship and improving their parenting skills. - This program is for couples who are expecting their first child.	Emotional Competency Parenting, Relationships	Evidence • Female participants reported less depression and anxiety, and male participants reported better child-parent interactions and better infant outcomes. Follow-up studies indicate sustained positive effects, including increased positive parenting and co-parenting, improved mental health outcomes among mothers, better emotional adjustment among toddlers, greater social competence, lower levels of internalizing problems among boys and girls, and decreased externalizing problems among boys. Mothers also had a significantly reduced risk of having a Cesarean section, and program participation buffered the negative impacts of high cortisol levels on birth weight, gestational age, and infant's length of stay in the hospital. Considerations • Optional trainings include a 3-day facilitator training, which costs $375 per person; on-site consultation, which costs $500 to $750 per day plus travel expenses; and phone and email support, which are free for the first hour and $50 to $100 for each subsequent hour. • Time: Four 2-hour sessions are offered from the sixth month of pregnancy to birth, and four additional 2-hour sessions are offered from the baby's birth to 6 months old. • Cost: Required implementation materials include a facilitator manual, which consists of PPT slides, facilitator DVDs, and participant feedback forms. This manual and accompanying materials cost $325. Parent handbooks include instructional DVDs and cost $300 for 10 couples.	Promising

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Parenting Together Project (PTP)	- The Parenting Together Project (PTP), a community-based, educational intervention, is designed to improve father-child interactions and increase father involvement during the early months of a child's life. - This program is delivered to first-time parents and intended to impact parents and their children.	Parenting	Evidence • One RCT of PTP demonstrated positive program benefits for quality of father-child interactions along the following dimensions: warmth/emotional support, intrusiveness, positive affect, and dyadic synchrony. Results also revealed positive program effects for the total accessibility dimension of father involvement on work days but not days they did not work. No significant differences between the treatment and control groups were found on the father involvement dimension of responsibility. It should be noted that the authors did not report any post hoc analyses, so it is unknown if the significant effects they found were actually sustained at the follow-up period. In addition, the sample of fathers they recruited was generally middle-class, so it is unclear how generalizable their results are to other father populations. Considerations • PTP is implemented by licensed parent educators working in male-female teams. In the program evaluation, these educators had an average of 15 years of experience. A 1-day orientation training was provided, and monthly group meetings were held to help resolve issues and tailor the program to the participants' needs. • Time: The program is designed to begin in the second trimester of pregnancy and conclude 5-months postpartum. There are eight sessions. The first four sessions are delivered once a month prior to birth, and the last four sessions	Unclear +

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			are delivered once a month starting the second month after birth and conclude 5-months postpartum. The first session is a home visit that is 1 1/2 hours; all other sessions last 2 hours. • Cost: Implementation costs could not be located.	

3. **Programs Developed for Specific Parenting Circumstances (e.g., Divorce, Stepfamilies, Mother or Father only, Deployment, Separation)**

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
After Deployment: Adaptive Parenting Tools (ADAPT)	- ADAPT, an extension of the Parent Management Training-Oregon Model (PMTO) program, is a community-based program that is designed to address specific needs of military families who are experiencing reintegration after deployment. - This program is delivered to military parents, with children who are 5 to 12 years old, who have experienced combat-related deployment and is intended to impact parents and children.	Deployment Emotional Competency Parenting PTSD	Evidence • Participants in the intervention group demonstrated significant improvements in parenting; Mothers experienced improved parenting locus of control and emotion regulation and decreased PTSD symptoms. Fathers demonstrated improved parenting locus of control only. Improved parenting practices were associated with significant improvements in child- and adult-reported child adjustment. Considerations • Training is required and includes workshop training and biweekly coaching from individuals who are certified in the PMTO model. • Time: The ADAPT program is delivered in 14 2-hour, weekly sessions. • Cost: Implementation costs were not available.	Promising

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Cooperative Parenting and Divorce	- Cooperative Parenting™ and Divorce, a video-based program, is designed to improve co-parenting skills and strengthen co-parenting relationships. - This program is delivered to parents who are separating or divorcing and who are experiencing mild to moderate levels of parental conflict and is intended to impact parents and their child(ren).	Divorce Parenting	<u>Evidence</u> • Results from one pretest / posttest study demonstrated that parents participating in the program experienced improvements in perceived overall relationships and co-parenting abilities and behaviors. <u>Considerations</u> • Video-based. • Training is not required but highly recommended. • <u>Time</u>: This program consists of 8-weekly, 2-hour classes. • <u>Cost</u>: Parent workbooks cost $19.95 each. The Cooperative Parenting Kit costs $349 each.	Unclear +
Dads for Life (DFL)	- Dads for Life (DFL), a family- and community-based program, is designed to improve the father-child relationship, mother-father relationship, and the general experience for children that is created in divorce situations by enhancing parenting skills, co-parenting and conflict management skills, and paternal commitment. - This program is delivered to fathers who are divorced and do not have custody of their children and intends to impact fathers, mothers, and their children.	Communication Divorce Parenting Relationships	<u>Evidence</u> • Results from a RCT demonstrated that the DFL program helped to decrease mothers' and fathers' reports of their child's internalizing problems, especially among those whose child was more impaired prior to the start of the program, and effects were sustained through a 1-year follow-up. No effects were found for externalizing problems. In addition, results demonstrated that the DFL program significantly enhanced mothers', but not fathers', sense of co-parenting over a 15-month period from the start of the program. Moreover, the program significantly decreased both mothers' and fathers' perceptions of conflict over a 15-month period from the start of the program. The participants were predominately European American, so these findings may not generalize beyond this population. <u>Considerations</u> • This program is delivered by a pair (one male and one female) of master's-level counselors.	Promising

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			Facilitators receive 10 3-hour training sessions prior to implementing the program. During program implementation, they have weekly meetings with a Ph.D.-level clinician. • Time: DFL is an 8-week program. There are eight group sessions, which last 1 hour and 45 minutes, and two 45-minute individual sessions. • Cost: Implementation costs could not be located.	
Marriage and Parenting in Stepfamilies (MAPS)	- Marriage and Parenting in Stepfamilies (MAPS), a community-based, parent-education program based on the Parenting Through Change* curriculum, is designed to cultivate healthy adjustment in children by enhancing couples' relationships and parenting practices. MAPS intends to prevent or reduce common difficulties and issues faced by members of new stepfamilies. - This program is delivered to parents in stepfamilies with children who are 4 to 12 years old and is intended to impact adults and children.	Divorce Parenting Relationships	Evidence • One randomized controlled trial (RCT) was performed. Analyses indicate that this program has the potential to reduce problem behaviors in children and maintain this effect for up to 24 months past baseline. Additionally, MAPS may help biological, custodial mothers maintain their current levels of marital satisfaction in their recent remarriage for up to 24 months, but this did not hold true for stepfathers. Improved step-fathering practices due to intervention continued for up to 12 months from baseline, and improvement in step-fathering practices contributed uniquely to lowering child depression and frequency of child non-compliance toward the mother at 24 months. Considerations • Required training follows the Parent Management Training-Oregon Model (PMTO) with five workshops held over 18 days. • Time: The MAPS program consists of 13 sequential sessions delivered once a week. The pace of the sessions can be adjusted to meet the family's needs. • Cost: No implementation costs could be located.	Promising

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Parenting Through Change	- Parenting Through Change (PTC), a community-based intervention program, is designed to prevent and reduce behavioral and emotional problems in children. - This program is delivered to mothers who are recently separated or single and are parents of children who are 6 to 12 years old and are at risk for behavioral or emotional problems and is intended to impact the mothers and their children.	Behavioral Problems Divorce Parenting	Evidence • An internal randomized controlled trial of this program with follow-up assessments going out to 36 months was identified. This study only examined mothers and their male children. This study found several intervention effects. Individuals in the treatment group engaged in less coercive parenting, had less decay in positive parenting, had fewer negative reinforcement bouts, and engaged in less negative reciprocity at 12 months as compared to the control group. No effects were found for child internalizing behavior. However, a reduction in anti-social behavior was found at 12 months. At 30 months, individuals in the intervention group did not experience the increase in child noncompliance or maternal coercive discipline or the decrease in positive parenting that the control group did. At 36 months, an intervention effect on child delinquency was found. Considerations • Implementation professionals must complete an 18-day training that includes five mandatory workshops. • Time: PTC is implemented in 14-weekly, 1 1/2-hour sessions. • Cost: The estimated cost of this program, including two facilitators and 10 to 15 participants per group, is $1,000 per participant. This cost includes training, the facilitator manual, participant materials, and the video.	Promising

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Smart Steps	- Smart Steps: Embrace the Journey (Smart Steps), community-based program for stepfamilies, is designed to teach relationship building skills to enhance couples, parent-child, and stepparent-child relationships. - This program is for couples who are unmarried or remarried and their children, 6 to 17 years old, who are living as stepfamilies.	Parenting Relationships	Evidence • A pretest posttest evaluation of Smart Steps, with no comparison group, found a significant increase in commitment to one's spouse/partner among participants who completed the program and attended the optional booster session. There were significant increases in agreement with spouse/partner on parenting, finances, and dealing with ex-partners. A quasi-experimental study in a racially diverse sample of participants who were in unstable relationships found significant increases in individual empowerment, couples quality, family harmony, and parenting efficacy for the treatment group, from pretest to posttest compared to the control group. Considerations • Time: Stepfamilies participate in 6-weekly sessions that last 2 hours each and in an optional booster session 4 to 6 weeks after program completion. • Cost: The Smart Steps program curriculum costs $199 and includes leader lesson guides; background readings; resource list; two videos; program vignettes; the movie, Stepmom; and a CD with PPT slides, hand-outs, and evaluation questionnaires.	Unclear +

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Steps Toward Effective Enjoyable Parenting (STEEP)	- Steps Toward Effective Enjoyable Parenting™ (STEEP™), a community-based prevention program, is designed to improve parenting skills, foster healthy parent-child relationships, and prevent future social and emotional problems in youth. - This program is for first-time mothers of children who are birth to 2 years old and have risk factors, such as low income, social isolation, and limited education, and their children.	Emotional Competency Parenting Relationships Social Competency	<u>Evidence</u> • Results from one quasi-experimental study among young German mothers who were at risk for abuse and neglect indicated that, when children were 1-year-old, the children in the STEEP group were significantly more likely to develop a secure attachment with their mother than were those in the control group. However, by the time children were 2 years old, rates of secure attachment were similar between groups, and differences were no longer significantly different. At 1 year, the proportion of children developing a disorganized versus organized pattern of attachment with their mothers did not differ between groups. However, at 2 years, significantly more children in the control group developed disorganized patterns of attachment compared to those in the STEEP group. <u>Considerations</u> • STEEP is implemented by trained facilitators, and these individuals may be social workers or healthcare or mental health professionals who have a bachelor's degree in a field, such as health, education, social work, or psychology. Training consists of an on- or off-site, 2-day introductory training and a 1-day follow-up consultation completed several months after the initial training is finished. • Time: Bi-weekly, 90-minute home visits begin during the 2nd trimester of pregnancy and continue until the child turns 2. After the baby is born, mothers attend bi-weekly, 3-hour,	Unclear +

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			mother-infant group sessions. In addition, there are occasional family nights that include fathers and other family members. • Cost: The STEEP manual costs $75.	
Strong Families Strong Forces (Strong Families)	- Strong Families Strong Forces (Strong Families), a community-based program, is designed to help Soldiers, who have returned from Operation Enduring Freedom/Operation Iraqi Freedom and have young children, reintegrate into their families and strengthen their parenting skills. - This program is for military families with children who are birth to 5 years old.	Deployment <mark>Parenting</mark>	<u>Evidence</u> • Results from one RCT among a sample of primarily National Guard and Reservist families from the Army indicate at a 3-month follow-up that intervention parents experienced greater reductions in parenting stress and mental health distress (i.e., PTSD, anxiety, and depressive symptoms) and greater gains in reflective capacity in comparison to a wait-list control group. Service members with more post-traumatic stress symptoms reported higher levels of perceived parental efficacy in the intervention group compared to the control group. However, among Service members who reported higher levels of depression, those in the intervention group experienced lower parental efficacy compared to the control group. <u>Considerations</u> • Time: There are 8-weekly, 60- to 75-minute sessions. • Cost: Information on implementation costs was not found.	Unclear +

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Stepping Stones Triple P	- The Stepping Stones Triple P (SSTP) Level 4 program, a community-based, parent intervention, is designed to impart healthy parenting skills by helping parents recognize and understand their child's developmental and behavioral problems and address these difficulties through enhancing parents' knowledge, abilities, and self-esteem. - This program is delivered to parents with children who are 0 to 12 years old with disabilities and is intended to impact parents and their children.	Behavioral Problems `Parenting`	<u>Evidence</u> • Six-month and 1-year follow-up results from several RCTs have demonstrated significant decreases in dysfunctional parenting practices and child misbehaviors (i.e., child's noncompliance and oppositional behaviors) when compared to wait-list control groups and care as usual groups. <u>Considerations</u> • Practitioners deliver this program, and mandatory SSTP provider training is offered to practitioners in two parts. Part one consists of a 3-day training that focuses on delivery and implementation of the program. Part two involves a 1.5-day, skills-based accreditation process in which practitioners must demonstrate their understanding and familiarity through role-play-based competencies and a multiple choice quiz. • <u>Time</u>: For the Standard SSTP format, 10 regular sessions last 60 minutes each. For the Group SSTP format, six 2 1/2-hour sessions are offered over 9 weeks. • <u>Cost</u>: Implementation costs could not be located.	Promising
Supporting Father Involvement (SFI)	- The Supporting Father Involvement (SFI) program, a parenting intervention, is designed to enhance father involvement, increase parental competency, improve parent-child and co-parent relationships, and promote healthy child development.	`Parenting`	<u>Evidence</u> • One internal RCT of SFI compared the father-only intervention, the couple intervention, and a low-dose comparison group. Fathers in the father-only group and in the couples group reported increases in psychological engagement and behavioral involvement with their children over an 18-month period. Fathers in the control group reported no	Promising

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
	- This program is for fathers alone or for couples with children who are 0 to 11 years old.		changes in these two variables. In addition, fathers in the father-only group and the couples group did not report the increases in child-behavior problems that fathers in the control group reported. Finally, fathers in the couples group reported no change in couple relationship satisfaction, whereas fathers in the control group and in the father-only group reported decreases in relationship satisfaction. A later pre/post study that included couples groups only, and compared results with the couples group from the original study, found that 10 out of 11 measures were positive and maintained from the original study; however, fathers' psychological involvement failed to replicate. Considerations • Training is available for direct service staff, supervisors, and administrators who wish to facilitate this program. • Time: SFI is 32 hours in length. • Cost: The SFI manual, which is required for implementation, and other program materials are included in the training cost.	

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Text4baby	- Text4baby™, a community-based program, is designed to improve birth outcomes for the child and mother and increase the mother's awareness of and confidence in using healthcare services by providing participants with health information through text messages. - This program is delivered to women with low income who live in medically under-served areas and are pregnant or have a baby who is less than 1-year-old and is intended to impact mothers and their children.	Nutrition/Diet Alcohol/Drugs/Tobacco <mark>Parenting</mark> Safety	Evidence • A RCT study assessed participants at baseline and at 28-weeks gestation and found a significant improvement in attitudes towards being a new mother in the treatment group compared to the control group. A randomized controlled trial among female military participants found that after 4 weeks of program enrollment, participants demonstrated improvements in attitudes and beliefs, such as understanding the importance of using prenatal healthcare and prenatal vitamins and the risks of alcohol use during pregnancy, compared to a control group. At the time of the first postpartum medical appointment, previous differences in attitudes and beliefs between treatment and control groups were no longer significant; however, among those who received a higher dose of the program, there was a significant effect on self-reported postpartum alcohol consumption in the treatment group compared to the control group. An additional study demonstrated that a reminder text increased the odds of obtaining a flu vaccination and the continued intent to be vaccinated later in the season. Considerations • No training is necessary. • Time: There are more than 130 prenatal messages and approximately the same number of postpartum messages. Participants receive three text messages per week, on	Unclear +

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			weekdays, throughout their pregnancy and until their baby's first birthday. • <u>Cost</u>: Implementation costs were not located.	

4. Programs for Parents At-Risk for Child Maltreatment/Secondary Prevention

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Caring Dads: Helping Fathers Value Their Children	- This program is delivered to fathers (e.g., biological, step, common-law, long-term boyfriends) who have physically or emotionally abused or neglected their children, exposed their children to domestic violence, or are considered to be at high-risk for these actions and is intended to impact fathers, mothers, and their children. - For fathers who have physically, emotionally abused or neglected their children, exposed their children to domestic violence, or considered to be at high risk for these actions	Child Abuse Emotional Competency Parenting Trauma	Evidence • Results indicated significant decreases in self-reported levels of hostility, denigration, and rejection of their child and decreases in self-reported levels of angry arousal to child and family situations. Results from a second evaluation demonstrated positive, significant changes in fathers' self-reported parenting and co-parenting. For example, results indicated decreased over-reactivity to children's misbehavior and increased respect for their partner's commitment and judgment. However, there was not strong evidence of change in generalized aggression. Considerations • This program is delivered by accredited facilitators. • The developer recommends that one male and one female lead group sessions. Two-day, off-site training is provided at a cost of $900 per person. • Time: There are 17-weekly, 2-hour sessions. Fifteen sessions are implemented in a group format, and there are two individual sessions. • Cost: The cost of the manual and course implementation materials is included in the training fee. An annual license fee costs $100.	Unclear +
Parents Anonymous***	- Parents Anonymous® is designed to support participants, improve and strengthen family functioning, reduce parental and life stress, enhance parental resilience, and prevent or reduce child abuse in families. - All parents can attend sessions including those who are at risk or	Child Abuse Life Stress Parenting	Evidence • Results demonstrated improvements in parental stress, rigidity, psychological aggression toward children, emotional domestic violence, alcohol and drug use, physical and verbal abuse, self-esteem, social isolation, knowledge about child behavior and development, unmet dependency needs, impulsiveness, passivity, attitudes toward their child, problem-solving abilities and child	Unclear +

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
	involved with Child Protective Services, domestic violence, homeless shelters, and correctional and/or substance abuse programs. - This program is delivered to parents and caregivers of children who are 0 to 18 years old and is intended to impact parents, caregivers, and youth.		management techniques, and behavior ratings for children. Results tended to improve with the length of time in the program and were stronger for parents who were classified as high-risk according to CM outcomes and risk and protective factors. Considerations • Adults and children attend the program. • Organizations must become accredited to implement the program. • Time: Sessions are held every week for 1 ½ to 2 hours, and parents and caregivers can join the program at any time and attend for as long as they choose. • Cost: Implementation costs were unavailable.	
Pathways Triple P	- Pathways Triple P is an intervention program that uses active skills training and is designed to help parents learn about behavior management strategies, such as how to identify and control their own behaviors and emotions. - This program is for parents who have anger management problems and are at risk for CM.	Anger Child Abuse Parenting	Evidence • Parents showed significantly greater reductions in potential for child abuse, blame, intentional attributions for child aversive behaviors, and unrealistic expectations when compared to parents in Standard Triple P. Considerations • This program is implemented with the Group or Standard Triple P program. • Time: 10 1-hour sessions when implemented with Standard Triple P and 5 2-hour sessions when implemented with Group Triple P; Parents also attend five 60 to 90-minute sessions. • Cost: 2-day training costs $21,500 to $26,200 per site for up to 20 practitioners; implementation costs are $14,850 for 1 year.	Unclear +

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
RETHINK Parenting and Anger Management Program (RETHINK)	- Rethink Parenting and Anger Management Program (RETHINK), a community-based program, is designed to provide participants with skills and tools to help them manage their anger in productive and healthy ways and reduce the risk for child abuse. - This program is for parents of children who are birth to 18 years old. -	Anger Child Abuse Parenting	Evidence • Results from a single-group pretest/posttest evaluation among a group of primarily married, Caucasian mothers indicated that participants experienced significant increases in anger control levels and reasoning levels and significant decreases in family conflict, overall anger, verbal aggression, and physical aggression. A second single-group study was conducted among primarily married, Caucasian mothers. Results from a follow-up conducted at approximately 2.5 months after posttest demonstrated that participants experienced decreases in anger, aggression, and family conflict and increases in anger control and verbal reasoning. Considerations • There are no educational or experiential requirements for facilitators. Training is individualized to the needs of each organization. • Time: The program is delivered as weekly, 1- to 2-hour sessions for 8 to 10 weeks. • Cost: Implementation costs could not be located	Unclear +

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Triple P System**	- Triple P System is a community-based public health approach that is designed to provide parents with strategies for child management in order to help them improve their parenting skills. - This program is delivered to parents of children who are birth to 16 years old and is intended to impact children and families.	Behavioral Problems Child Abuse Emotional Competency Parenting	Evidence • Two years after the beginning of the implementation, positive results were found for outcomes related to CM. Rates of out-of-home child placements and rates of hospital and emergency room visits for CM injuries decreased, while, in control counties, they increased. In the Triple P counties, rates of substantiated CM cases increased less than in control counties. Considerations • Training is required, and an extensive range of practitioners implement this program, including social workers, psychologists, doctors, nurses, school counselors, teachers, and clergy. • Two to three days of on-site training and a half-day of follow-up training costs approximately $21,500 to $26,200 for up to 20 practitioners depending on the training level. • Time: Implementation time for levels 1 and 5 varies. Levels 2 and 3 consultations are 20 minutes long. Level 4 individual family sessions last 90 minutes, and the group sessions last 2 hours each. Individual and family participation varies based on interest and need. • Cost: Parent workbooks cost $20 to $32 per participant; positive parenting booklets cost $6.50 per participant; Parenting tip sheets cost $8 to $11 for a set of 10.	Promising

**The Triple P System is included in general parenting education and in the at-risk parenting programs as there are different levels to address different needs.
*** Parents Anonymous is included in general parenting education and in the at-risk parenting programs as the program can be delivered as a universal or a selected/indicated intervention.

5.   General Relationship Education Programs

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Couple Coping Enhancement Training (CCET)	- CCET, a community- or work site-based program, is a manualized marital distress preventive intervention that is designed to improve couples' relationship quality by strengthening their communication competencies, increasing their problem-solving abilities, and enhancing their individual and dyadic coping skills. - This program is for couples who are married or are considering marriage and who desire to maintain or enhance their relationship quality.	Communication Relationships	Evidence • Multiple internal evaluations of the program, using quasi-experimental and RCT designs, have demonstrated positive effects. Collectively, these studies have found that couples who participate in CCET report significant improvements in marital quality, psychological well-being, dyadic coping, problem-solving abilities, and communication skills. The effects for marital quality and psychological well-being were shown to be maintained over a 1-year follow-up. Additionally, one study evaluating a work site implementation of CCET found significant improvements in dyadic coping and communication skills among both partners. Considerations • 4-day, 30-hour training; facilitators typically have a master's degree in clinical psychology; 20-hour supervision after training. • Time: 18 hours several formats – weekend course, six 3-hour weekly sessions or as part of a 1-week retreat. • Cost: Implementation fees are negotiated with interested researchers and practitioners.	Promising

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
ePREP for Couples	- ePREP, an online relationship enhancement program, is an adaptation of the Prevention and Relationship Enhancement Program (PREP)* that is designed to strengthen couples' relationships by teaching participants communication and problem-solving competencies for managing conflict and techniques for cultivating the beneficial features that are already present in the relationship. - This program is for adults in established romantic relationships.	Communication Intimate Partner Violence Relationships	Evidence • These studies demonstrated positive treatment effects on self- and partner-reports of physical and psychological aggression in response to conflict. However, effects for other relevant relational (e.g., satisfaction, constructive communication) and mental health (e.g., depression, anxiety) outcomes were less clear with some studies reporting positive effects and others reporting no effects. Considerations • There is no training for this program as this program is self-administered. • Time: Program length is variable; typically, participants work through all seven modules in 1 to 3 hours and then sign-up to receive weekly email reminders for 6 weeks. • Cost: The program costs $24.99 and access is valid for 6 months.	Unclear +
Marriage Check-up	- The Marriage Check-Up program is designed to help participants increase relationship satisfaction, which includes enhancing intimacy, accepting common differences, and creating motivation to improve the relationship. The program is for couples who may be experiencing varying levels of relationship difficulty, such as non-distressed, at-risk, or distressed. - This program is for married couples.	Communication Intimate Partner Violence Relationships	Evidence • Two RCTs found improvements in couples' relationship satisfaction, intimacy, acceptance of common differences, and motivation to improve the relationship as compared to a control group. A third RCT found significant differences between treatment and control groups in intimacy and women's acceptance at a 2-year follow-up. However, relationship satisfaction was not significantly different between groups. All studies were conducted among primarily Caucasian couples; therefore, results may not generalize to other populations. Considerations	Promising

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			• Facilitators should be advanced clinical psychology doctoral candidates or licensed psychologists. • <u>Time:</u> Two 2-hour sessions delivered 2 weeks apart. • <u>Cost:</u> Practitioner guide is $69.95.	
PAIRS Mastery Course	- PAIRS is designed to teach couples tools and skills they can use to improve their relationship. - This program is for couples who wish to improve their relationship.	Communication Emotional Competency Relationships	<u>Evidence</u> • Results suggest that the program may improve marital adjustment, marital satisfaction, intimacy, and self-esteem and may decrease conflict and unhappiness. <u>Considerations</u> • Facilitators must become certified in PAIRS and must be licensed annually. • <u>Time</u>: 120 hours over 16 weeks (16-weekly night classes and 4 weekend workshops). • <u>Cost</u>: Information unavailable.	Unclear +
Within My Reach	- Within My Reach, a community-based program, is designed to teach adults communication and decision-making skills that could help them develop and maintain happy, healthy, and stable relationships.	Communication Intimate Partner Violence Relationships	<u>Evidence</u> • Results suggest significant decreases in physical violence, emotional abuse, and isolation behaviors and significant increases in knowledge and attitudes and improvements in communication, conflict resolution, and relationship dynamics. <u>Considerations</u> • A 3-day training is required for facilitators and costs $675 per person. • <u>Time</u>: 15 1-hour sessions. • <u>Cost</u>: Instructor kit/$300.	Unclear +

6. Programs Developed for Specific Couple/Family Relationship Circumstances (e.g., single/dating, separation, deployment)

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Creating Lasting Family Connections: Marriage Enhancement Program (CLFCMEP)	- CLFCMEP, is a community-based program that is designed to help participants develop and strengthen relationship skills. - This program is for married couples who are currently experiencing or who have experienced a separation due to substance abuse recovery, incarceration, military service, or another separation situation.	Communication Emotional Competency Parenting Relationships	Evidence • Intervention husbands experienced improvements across time in communication, conflict resolution, and interpersonal skills, compared to a control group. The intervention husbands' wives were also examined across time, without a comparison group, and results indicated they experienced improvements in communication; conflict resolution; emotional, interpersonal, intrapersonal, and relationship management skills; and relationship satisfaction. Considerations • Time: Can be delivered in a 2- to 3-day weekend retreat as 8 to 10 2-hour sessions or as 18 to 20 2-hour sessions. • Cost: Training/$650 for 3-day training; on-site training is $2400 to $4500 for up to 18 participants; Materials/$100 for 24 workbooks; Manual/$75.	Unclear +
Families OverComing Under Stress (FOCUS)	- FOCUS is a community-based, family-oriented program designed to provide support and resiliency training to military families as they prepare and cope with different stages of deployment. - This program is for Service members and their families.	Communication Deployment Emotional Competency Resilience	Evidence • One evaluation of FOCUS found positive outcomes for parents and children up to 6 months after program completion. Parents demonstrated improvements in anxiety and depression at post-intervention and follow-up. Decreases in PTSD symptoms and unhealthy family functioning were found from intake to post-intervention. Children reported a reduction in total difficulties and an increase in pro-social behaviors at post-intervention and follow-up. There were also reductions in clinical-level conduct problems and emotional symptoms and an increase in positive coping strategies, such	Unclear +

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			as cognitive restructuring, emotional regulation, and problem-solving for children from intake to post-intervention. Results should be interpreted with caution as this evaluation lacked a no-treatment control group. Considerations • Time: Includes 8 sessions that take place from pre-deployment to post-deployment. Some sessions are parent only, some are child only, and some are combined. Parent sessions are 90 minutes and child sessions are between 30 and 60 minutes. • Cost: Implementation costs could not be located.	
PICK Program or How to Avoid Falling for a Jerk(ette)	- The PICK Program, also referred to as How to Avoid Falling for a Jerk(ette), is a family-, community-, or faith-based relationship education program that is designed to encourage individuals to form healthy relationship attachments and make informed relationship decisions and judgements. - This program is for individuals who are interested in dating.	Relationships	Evidence • Two evaluations of the program, both using a retrospective pretest / posttest design, have been published. One study was conducted with single Army Soldiers, and the other was conducted with adolescents. Results from both studies indicated that participants experienced increases in relational knowledge related to program content. In addition, single Army participants indicated they felt more comfortable using the skills learned in the program to develop healthy relationships. These findings should be interpreted cautiously given the research design employed in both evaluations, which included no measures of long-term behavioral changes. Considerations • Training is not required; however, individuals who are interested in utilizing the instructor-	Unclear +

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			directed delivery option should become a certified trainer. He or She must purchase the Instructor's Certification Packet (ICP) and attend live seminars offered by the program developer or must purchase the ICP, watch the included DVD of the instructor's course, and complete an online test. The ICP costs $350 and includes the PICK instructor's manual, PPT slides, discussion workbook, tri-fold display board, DVD home instruction course, and video series. • Time: The self-directed delivery option for individuals and families consists of five, video-based lessons. Each video lasts 50 minutes. Sessions for the instructor-directed delivery option for secular and Christian groups can vary in length depending upon the instructor's utilization of the video-based lessons, the needs of the target audience, and whether the program is implemented as a class or a retreat. • Cost: Most of the PICK workbooks are $12. The Bible-study workbook and the 10-lesson young adult workbook are $14 each.	
Occupational Social Work Intervention	- Occupational Social Work Intervention is designed to promote resilience in participants during regular separations (e.g., extended business travel or military training). - This program is for couples facing routine separation.	Communication Deployment Relationships Resilience	Evidence • Post-intervention results revealed variations in the extent to which participants implemented the action plans that they were asked to develop. Those who followed through with their action plans reported positive change in outcomes (e.g., family functioning) at 2-months post-intervention. Considerations	Unclear +

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			• <u>Time</u>: Implemented as a 1-day seminar. • <u>Cost</u>: Information on program cost was unavailable.	

7. Programs for Individuals or Couples At-Risk for Intimate Partner Violence/Secondary Prevention

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Strength at Home – Couples Program	- The Strength at Home - Couples' Program is a community-based program that is designed to prevent intimate partner violence (IPV) and improve relationship quality in military couples. - This program is for military couples, in which the male partner has been exposed to trauma, who are experiencing relationship problems.	Communication Intimate Partner Violence Relationships Trauma	Evidence • One pretest posttest internal pilot study in a small sample demonstrated reductions in male veteran-perpetrated mild physical IPV and mild and severe psychological IPV at a 6-month follow-up. In addition, there were also reductions in female partner-perpetrated physical IPV and mild and severe psychological IPV at the 6-month follow-up. Results from one internal RCT demonstrated that intervention couples engaged in fewer acts of physical and psychological IPV at a follow-up that was 12 months after program completion compared to couples in a supportive prevention control group. There were no differences between groups in levels of relationship satisfaction. Considerations • Sessions are delivered by one male and one female doctoral-level therapist. • Time: 2-hour sessions held weekly for 10 weeks. • Cost: Cost information was not located.	Promising
Strength at Home – Men's Program	- The Strength at Home - Men's Program is a community-based program that is designed to stop physical intimate partner violence (IPV) in current relationships and prevent IPV in future relationships. - This program is for active duty or military veterans who have experienced trauma and who have engaged in physical IPV in the last 6 to 12 months.	Communication Intimate Partner Violence Relationships Trauma	Evidence • Two internal pretest posttest pilot studies with small samples found decreases in physical and psychological IPV and psychological aggression and increases in anger control from baseline to 6-month follow-up. Results from one internal RCT indicated that the intervention group experienced greater reductions in physical and psychological IPV, particularly controlling behaviors that involved isolation and monitoring of their partner, compared to a treatment as	Unclear +

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
			usual control group, when assessed at a 3-month follow-up. <u>Considerations</u> • Sessions are delivered by one male and one female doctoral-level therapist. • <u>Time:</u> 2-hour sessions held once a week for 12 weeks. • <u>Cost:</u> Cost information was not located.	

8. Community-level Prevention for Child Abuse or Intimate Partner Violence

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
Green Dot	- Green Dot is designed to change social norms related to violence, increase proactive bystander behaviors, reduce acts of personal violence, and promote safe communities. - This program is for youth in elementary school through college and for adults on military installations, in communities, faith-based agencies, and non-profit organizations.	Bullying Intimate Partner Violence Sexual Assault	<u>Evidence</u> • The intervention college campus experienced lower rates of self-reported unwanted sexual victimization, sexual harassment, stalking, and psychological dating violence victimization and perpetration relative to two comparison campuses. There were no differences in self-reported rates of coerced sex, physically forced sex, physical dating violence, or unwanted sexual perpetration. Results from a multi-year cluster RCT of Green Dot in 26 high schools indicate that intervention schools experienced lower rates of self-reported sexual violence perpetration and victimization and reductions in dating violence acceptance and sexual violence acceptance relative to comparison high schools. <u>Considerations</u> • Training is mandatory, and facilitators attend a 4-day, on- or off-site training delivered by program developers. • Requires a facilitator with public speaking skills. • <u>Time</u>: Motivational speech is 50 minutes, and bystander training is a minimum of 6 hours. • <u>Cost</u>: Varies depending on an organization's needs and required level of implementation support.	Promising
iLookOut*	- iLookOut for Child Abuse (iLookOut), an interactive, online mandated reported training, is a community-based program that is	Child Abuse	<u>Evidence</u> • One RCT was located in which iLookOut was compared to a control group. Posttest results indicated significant increases in knowledge	

Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
	designed to prepare participants to identify and respond to youth who may be at risk of being abused or neglected. - This program is for individuals who work or volunteer at child care programs.		and attitudes in the intervention group compared to the control group. Approximately 44% of intervention participants were available for a follow-up 4 months after intervention completion. Results were mixed, with some losses in knowledge and attitudes scores from posttest to follow-up. However, most scores improved from baseline to follow-up. Results should be interpreted with caution as the sample who participated in the follow-up generally had higher scores at post-intervention compared to the full sample of participants who completed the intervention. Considerations • Time: 3 hours to complete at own pace • Cost: Implementation costs were not located	
Know Your Power Bystander Social Marketing Campaign	- The Know Your Power program is designed to engage bystanders in the prevention of sexual violence through the use of posters and social advertising techniques. - This program is for adults, including university students and Service members.	Intimate Partner Violence Sexual Assault	Evidence • Bystander behaviors in relation to sexual violence - significant increases in bystander knowledge, bystander behaviors, and beliefs that prevention is everyone's responsibility were reported among participants. Considerations • There are no training requirements for implementation of this program. • Time: Implementation time varies. • Cost: Program material costs vary.	Unclear +
Risking Connection*	- Risking Connection® a community-based staff training model, is designed to create organizational change by increasing knowledge about trauma, improving attitudes toward trauma-informed care, and enhancing staff well-being.	Child Abuse Organizational Culture Suicide	Evidence • Posttest results from one evaluation in which Risking Connection was implemented among staff across several groups indicated significant improvements in knowledge, beliefs favorable toward trauma-informed care, and self-reported behaviors. It should	

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Program Name	Description & Target Audience	Topic Areas	Evidence & Considerations	Placement
	- This program is for organizational staff in public mental health settings who work with child, adolescent, and adult survivors of childhood abuse or other trauma.		be noted that one case study with a pre/post design in which Risking Connection was implemented with Restorative Approach in a residential youth services division found similar improvements in attitudes favorable toward trauma-informed care; however, there were also increases in staff experiences of vicarious traumatization and burnout after program implementation. Considerations • Time: 20 hours divided into five 40-hour modules • Cost: The curriculum costs $75 each	
Stewards of Children*	- Stewards of Children®, a community-based program, is designed to train and empower participants to prevent, identify, and respond to child sexual abuse. - This program is delivered to staff and volunteers at schools and other youth organizations, parents, and concerned adults and is designed to impact providers, parents, adults, and youth.	Child Abuse	Evidence • Short-term results from a randomized trial delivering the in-person and online versions of the program indicate that the intervention group demonstrated greater gains in knowledge and greater increases in preventive behaviors, compared to the wait-list group, with no differences between modes of delivery. Considerations • The in-person version of this program is led by certified facilitators who must complete a 1-day, off-site training workshop. An on-site workshop may also be arranged. Cost for both training options is $450 per person. • Time: This program is conducted as a single 2-hour group session or as a self-paced online intervention. • Cost: Implementation costs were unavailable.	Unclear +

*Providers are part of the target audience for the program.

Appendix E: Comprehensive List of FAP Classes Submitted

A comprehensive list of all FAP classes and services offered was requested including those not related to anger management, communication, or parenting. Classes that were identified on the Clearinghouse Continuum of Evidence (CoE) are noted with an asterisk after the program title below. Program and placement information can be found at:
https://www.continuum.militaryfamilies.psu.edu/search
Some class title submissions may vary slightly from the actual program name but were assumed to be similar to a currently placed Continuum program (e.g., the program ScreamFree Relationship may be based on the program ScreamFree Marriage). There may be additional classes that are based on manualized programs that are not flagged below. However, since only class titles were submitted, matching up class titles to existing programs was not always possible. As a reminder, inclusion on the Clearinghouse Continuum does not denote whether a program has evidence. Programs are vetted by the quality of their evidence and given a placement (Karre et al., 2017).

Anger Management Classes
1. Adult Bullying
2. Anger & Stress Management
3. Anger Control Training (Teens)
4. Anger Management
5. Anger Management
6. Anger Management
7. Anger Management
8. Anger Management
9. Anger Management
10. Anger Management
11. Anger Management
12. Anger Management
13. Anger Management
14. Anger Management
15. Anger Management
16. Anger Management
17. Anger Management
18. Anger Management
19. Anger Management Bingo
20. Anger/Stress Management
21. Building Resilient Children
22. Bullying
23. Bullying Prevention After School Workshop
24. Cadre Resiliency Program for Stress & Anger Management (for Drill Instructors)
25. Chillin' Out: Anger Management
26. Control your Anger Before It Controls You
27. Cool Cucumber around Hot Sauce People
28. Get Ready for Change
29. Kick the Pressure
30. Living with Anger
31. Men's Anger Control Training
32. Spouse Maltreatment
33. Stress & Anger Management

34. Stress/Anger Management
35. Taming Your Temper
36. Techniques to Control Anger
37. Understanding and Reducing Anger
38. Understanding your Anger
39. What are my Triggers?
40. Women's Anger Control Training

Stress Management Classes
1. Address Your Stress: 30, 45 or 60 min
2. Back to Sleep
3. Beat the Holiday Blues
4. Building Your Stress Resilience
5. Finding Calm in the Chaos
6. Holiday Stress Management
7. Just Breathe
8. Letting Go - Stress Management
9. Life in Balance - Relaxation & Stress Relief
10. Managing My Stress
11. Meditation
12. Mental Wellness
13. Move the Body, Relax the Mind
14. Self-Care
15. Stress Management
16. Stress Management
17. Stress Management
18. Stress Management
19. Stress Management
20. Stress Management
21. Stress Management
22. Stress Management
23. Stress Management
24. Stress Management
25. Stress Management
26. Stress Management
27. Stress Management (1st Sgt/Commander briefing)
28. Taking Care of You Workshop
29. Taking Care of Yourself (as parent)
30. The Art of Relaxation
31. Understanding Your Stress

Communication Classes
1. And They Lived Happily Ever After
2. Assertive Communication
3. Building and Strengthening Your Personal Support Network
4. Building Healthy Relationships
5. Changes in Relationships
6. Chill Skills for Teens
7. Communication Skills
8. Conflict Management (AFTB)
9. Conflict Resolution

10. Conflict Resolution
11. Conflict Resolution
12. Conflict Resolution
13. Connecting to Other Military Families
14. Couples Communication
15. Couples Communication
16. Couples Communication
17. Couples Relationship Enhancement
18. Creating a Family Communication Plan
19. Divorce Busting
20. Do You Hear What I Mean?
21. Effective Praise & Active Constructive Responding
22. Expect Respect
23. Family Communication Around the Household Roles and Responsibilities
24. Five Love Languages*
25. Five Love Languages*
26. Five Love Languages*
27. Five Love Languages (Couples Communication)*
28. Five Love Languages (Teens)*
29. Five Love Languages Couples Communication*
30. Five Love Languages for Children*
31. Five Love Languages for Children*
32. Five Love Languages for Couples*
33. Five Love Languages for Men*
34. Five Love Languages for Singles*
35. Five Love Languages for Women*
36. Healthy Communication
37. Healthy Relationships
38. Healthy Relationships
39. Healthy Relationships
40. Healthy Relationships (Teens)
41. How to Communicate - Listening & Being Present in your Relationship
42. In a Healthy Relationship - Teens
43. Keeping Your Relationship Strong
44. Kendall Life Languages
45. Kendall's Communication Workshop
46. Laugh Your Way to a Better Marriage
47. Marital Communication & Enrichment
48. Marital Communications
49. Marriage and Relationship Enrichment Seminars
50. Marriage Conflict Resolution
51. Marriage Enrichment
52. Marriage Enrichment
53. Practical Application of Intimate Relationship Skills
54. Pre/Post Deployment Resilience Training for Couples
55. Prevention & Relationship Enhancement Program*
56. Prevention & Relationship Enhancement Program*
57. Reintegration: How I See It
58. ScreamFree Marriage*
59. ScreamFree Marriage*
60. ScreamFree Marriage*

61. ScreamFree Marriage*
62. ScreamFree Marriage*
63. ScreamFree Marriage*
64. ScreamFree Marriage*
65. ScreamFree Marriage*
66. ScreamFree Marriage*
67. ScreamFree Marriage*
68. ScreamFree Relationships*
69. Survival Skills Brief (communication, stress/anger)
70. Talk About It Thursday
71. The Seven Principles for Making Marriage Work
72. What to Expect Before Marriage

Parenting Classes
1. 1-2-3 Magic*
2. 1-2-3 Magic*
3. 24/7 Dad's*
4. A to Z Come Play with Me
5. Active Parenting*
6. Active Parenting (birth-4, 5-12, teens)*
7. Active Parenting (birth-4, 5-12, teens)*
8. Active Parenting First Five Years*
9. Active Parenting for Teens*
10. Active Parenting of Teens*
11. Ages & Stages of Development
12. Ages & Stages of Discipline
13. Aggression in Children
14. Babease Boot Camp
15. Baby Basics
16. Baby Basics
17. Baby Boot Camp
18. Baby Boot Camp
19. Baby Boot Camp for Dads*
20. Boundaries with Kids
21. Bundles of Joy
22. Circle of Security*
23. Circle of Security*
24. Communicating and Connecting with Your Children
25. Communicating with Your Child
26. Communication with Teens
27. Community Play Group
28. Connecting with Your Teen
29. Cooperative Parenting
30. Cooperative Parenting & Divorce*
31. Co-Parenting & Divorce
32. Co-Parenting Children of Divorce & Custody
33. Co-Parenting through Divorce
34. Crossroads of Parenting & Divorce*
35. Cyber Safety: Do You Know What Your Kids Know (Parenting the Web)
36. Dealing with Sibling Rivalry
37. Dealing with Struggling Teens

38. Effective (Empowering?) Parenting of Teens
39. Effective Discipline - Positive Parenting
40. Empowered Parenting
41. Family Life Education (parenting)
42. Grow
43. Happiest Baby on the Block*
44. Helping Child Adjust During Deployment
45. Importance of Play
46. Infant Care
47. Infant Massage
48. Infant Massage
49. Infant Massage
50. Infant Massage
51. Infant Massage
52. Infant Massage
53. Kidz Play (Group)
54. Latch n Attach Breastfeeding Support Group
55. Launching Hope
56. Launching Hope - Parenting for Teenagers
57. Long Distance Co-parenting
58. Love & Logic*
59. Love & Logic (Fatherhood)*
60. Love & Logic (Parenting)*
61. Love & Logic (Parenting)*
62. Love & Logic Parenting*
63. Love & Logic Parenting*
64. Love & Logic Step Parenting*
65. Managing the Special Needs Child in the Daycare Setting
66. Mom's Support Group
67. Movement and Mindfulness
68. Newborn Care: A Guide to the First Six Weeks
69. Parenting After Separation/Divorce
70. Parent Education & Support
71. Parent/Child Night & Date Night
72. Parenting (Active Parenting)
73. Parenting Academy Seminars
74. Parenting from the Heart
75. Parenting in the Digital Age
76. Parenting Multiples
77. Parenting through Divorce**Required in many states for divorce**
78. Parenting Types
79. Parenting with a Purpose
80. Parenting with Special Needs Children
81. Parent's Café
82. Period of Purple Crying*
83. Play Groups (NPSP)
84. Play Morning
85. Positive Discipline*
86. Positive Discipline*
87. Positive Parenting
88. Positive Parenting Tactics*

89. Power Struggles and Setting Boundaries
90. Preparing Children to Cope with Separation
91. Recipe for Positive Parenting
92. Reintegration
93. Reintegration: How I See It
94. Rom & Stomp Play Morning
95. ScreamFree Parenting*
96. ScreamFree Parenting*
97. ScreamFree Parenting*
98. ScreamFree Parenting*
99. ScreamFree Parenting*
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109. ScreamFree Parenting*
110. ScreamFree Parenting*
111. ScreamFree Parenting*
112. ScreamFree Parenting*
113. ScreamFree Parenting*
114. Stewards of Children*
115. Strangulation: Understanding the Physical and Psychological Effects
116. Successful Co Parenting
117. Taming Toddler Tantrums
118. Temperament and Parenting
119. Terrible Twos, Trying Threes, Ferocious Fours and Frustrating Fives: Managing Challenging Behaviors
120. Terrific Toddlers
121. The Effects of Domestic Violence on Children
122. To Spank or Not to Spank
123. Transparenting
124. TransParenting
125. TV and Technology
126. We are Our Environment: Creating a Kid Friendly Space
127. We are Our Environment: Creating a Kid Friendly Space
128. What to Expect Now that You're Expecting

Groups
1. Single Parent Support Group
2. Single Parent Support Group
3. Single Parenting Training
4. Single Soldier Parent Support Groups
5. Women's Empowerment Group
6. Weekly Playgroups

Other Classes

1. A Leader's Role in the Prevention of Family Violence
2. Annual Commanders Briefs
3. Annual DV/CA Troop Brief
4. Arrive Strong Briefing
5. Assigned Outreach
6. Back to School Bowling Family Fun Night
7. Berenstein Bears
8. Body Dysmorphic Disorder in LGBQT Teens
9. Bystander Intervention
10. CCFSC-Domestic Violence/Child Abuse
11. Child Abuse and DV Signs and Symptoms
12. Child Abuse Annual Refresher
13. Child Abuse Brain Development
14. Child Abuse Initial Training
15. Child Abuse Prevention
16. Child Abuse Prevention & Awareness Training
17. Child Abuse Prevention I
18. Child Abuse Prevention II
19. Child Safety Education
20. CM Prevention
21. Command Briefing
22. Command Education
23. Command Team Training: DV and Child Abuse
24. Commander & NCO Education
25. Commanders Desk Side Briefing
26. CPR Certification
27. CRC
28. CYS Policy Trivia
29. CYSS Child Abuse Training
30. Dating & Violence Don't Go Together
31. Desk Side Briefs for Senior Commanders
32. Domestic Violence Prevention
33. Domestic Violence the Musical
34. Dynamics of Family Violence
35. Education for Professionals
36. Emergency Placement Care Training
37. Emotional Abuse
38. Emotional Cycle Of Deployment
39. Family Resiliency Training
40. FAP Command Briefing
41. FAP DV Table
42. FAP Overview
43. FAP Overview
44. FAP Overview
45. FAP Overview
46. FAP Overview (for Soldiers)
47. FAP Overview for Commanders & 1SGs
48. FAP Tables during Child Abuse Prevention Month
49. Father Daughter Tea Party
50. Father Son Scavenger Hunt

51. First Responder Training (DES, MEDDAC, MPI, CID, SWS, Chaplains, JAG, CYSS, ASAP)
52. Go Home
53. Healthy Family Characteristics & Adverse Child Experience (Annual Troop Training)
54. I Have This Friend
55. I&R Child Abuse
56. Installation In-Processing Brief
57. Intimate Partner Violence
58. Kid Fest & PAIR Day
59. Life Changes - Deployments, PCSing & Trainings, Oh My!
60. Life Coaching
61. Marne Inspection Program In/Out Brief
62. Marne Reception Center--FAP Training
63. Master Resiliency Training*
64. Mindfulness for Children
65. Mom's Walking Group
66. Money, Money, Money - Financial Tips & Tricks
67. Moving with Special Needs Children
68. Myer Briggs Personality Traits
69. Professional Training (for mandated reporters)
70. PTS Support Group
71. Raising Money Smart Kids
72. Rise and Shine: New topic every quarter
73. Seven Habits of Highly Effective Military Families
74. Seven Habits of Highly Effective Military Families
75. Stepfamilies
76. The Identification & Reporting Procedures of Child Abuse
77. The Link Between DV & Animal Abuse
78. Taco Bout It Tuesday
79. Troop Educational
80. Troop Training: Child Abuse and DV
81. Troop Unit Briefs (Mandatory) (Stress, Anger Management & Communication)
82. True Colors (Personality)
83. What is Domestic Violence
84. Within Our Reach*
85. Youth Development

Appendix F: Implementation Challenges

Adaptation occurs for multiple reasons. Sometimes this happens because program implementers do not understand the importance of maintaining fidelity to the core components of the intervention. Adaptation may also be required when evidence gathered from a clinical or efficacy trial does not easily transfer to real-world settings (Bumbarger & Perkins, 2008). When programs are scaled up or replicated in communities under real-world conditions, the efficacy may be lost (Tomlinson, Hunt, & Rotheram-Borus, 2018). For example, adaptations may also be required to create a better fit between the program and the target audience.

Adaptation of an intervention can arise from many different sources. For example, adaptation may occur in who is delivering the intervention, whom it is delivered to, the number or sessions, the format, the length of sessions, cultural sensitivity, or what components are delivered (Chambers & Norton, 2016). Adaptation is not inherently bad if the changes align with program goals or are innovative. However, adaptations are considered program drift when they occur without thoughtful planning (Bumbarger & Perkins, 2008; Moore, Bumbarger, & Cooper, 2013). Choosing and implementing an evidence-based program is not enough to ensure that program goals are met. Further, evaluation of evidence-based programs is required to ensure that similar outcomes are being achieved.

> Program adaptation can occur when changes are made to a program (e.g., who delivers the intervention, whom it is delivered to, the length or number of sessions offered). Program adaptation is not inherently bad if the changes align with the program goals or are innovative; however, adaptations are considered program drift if they occur without thoughtful planning.

Understanding more about the critical core components is necessary to balance fidelity and adaptations concerns. One must understand which components are necessary for effectiveness and realize what may negatively contribute to program impact (Rotheram-Borus, Swedeman, & Chorpita, 2012; Shelton, Cooper, & Stirman, 2018). Researchers can develop processes to help practitioners adapt interventions without changing the core elements of the EBP.

Successful implementation also requires appropriate infrastructure, organizational capacity, and readiness. EBP implementation involves skills, time, resources, setup, and leadership support (Brownson, Fielding, & Green, 2018; NASEM, 2019). Organizations have heavy workloads, competing demands, and limited resources. Organizations may also have a leadership or a work place culture that is not supportive of EBP and perhaps resistant to change. Infrastructure may not be a supportive context for the implementation of programs (Williams, Perillo, & Brown, 2015). Capacity building approaches should be a simultaneous top-down (i.e., increase climate of culture for EBP) and bottom-up (i.e., increase skills of individuals) as capacity is a challenge at the individual level and the organizational-level, and these factors have a reciprocal relationship (Brownson, Fielding, & Green, 2018). The FAP Guide, which provides information to FAPMs on the importance of using EBPs, can help build organizational knowledge that supports a climate for successful EBP uptake.

Training and technical assistance are also significant pieces of successful program implementation (Bumbarger & Perkins, 2008; Perkins, et al., 2016). Training implementers in the model/theory of change can help them make appropriate adaptations and culturally tailor the message while remaining true to the intent (i.e., "adaptation with fidelity") (Greenberg et al., 2005).

Fidelity monitoring is also linked to greater retention of trained staff and the sustainment of EBPs (Stirman et al., 2016).

Continuation of coaching after an initial training is critical for program implementers because of the following: (1) enables the facilitator to work toward mastery, (2) offers opportunities for practice and immediate and supportive feedback, (3) allows for the problem-solving of implementation challenges/barriers, (4) provides accountability, (5) increases fidelity monitoring and, overall, is important to sustain the effects of the initial training (Bumbarger & Perkins, 2008; Cooper, Bumbarger, & Moore, 2013; Nadeem, Gleacher, & Beidas, 2013). Implementation teams and developers can support practitioners as they use EBPs (Fixsen, Blase, Metz, Van Dyke, 2013).

Just as implementation is an important aspect of successful program delivery, measurement of implementation is a critical component of program evaluation. Understanding implementation outcomes can help researchers detect differences between the original intervention plan and what was actually implemented. Failure to maintain program fidelity without careful consideration of the impact can affect whether a program evaluation can be conducted. Implementation data can help program implementers understand the consistency, usefulness, context, and quality of how the program as delivered; assist in interpretation of program efforts; help program decision makers understand the effort required to achieve the desired goals; and foster an understanding of how change occurred (Duerden & Witt, 2012).

> Failure to maintain program fidelity without careful consideration of the impact can affect whether a program evaluation can be conducted. Maintaining program fidelity can help program implementers understand the consistency, usefulness, context and quality of how a program is delivered and can help program decision makers understand the effort required to achieve the desired goals.

Appendix G: Social Norms Campaigns

Another strategy that does not require active participation is to employ a promotion prevention strategy that targets social norms (see programs such as, *Green Dot* or *Know Your Power Bystander Social Marketing Campaign* in Appendix D). These types of strategies are community-wide efforts that engage individuals on a larger scale and have the potential to reach more people and reduce individual risk (Smith, Slep & Heyman, 2008). Mass media and social norms campaigns used in conjunction with availability of services have demonstrated promise to produce positive changes in negative health outcomes or behaviors (e.g., smoking, excessive drinking). This approach can be used to change community attitudes about violence and help scaffold individual's resources to confront or intervene in situations where violence may be present (Berkowitz, 2010).

> Mass media and social norms campaigns used in conjunction with availability of services have demonstrated promise to produce positive changes in negative health outcomes or behaviors. This approach could be used to change community attitudes about family violence.

Appendix H: Best Practices for Implementing Programs Online

Program Characteristic	Program Description
Timely	Online trainings can act as a booster session or resource for users to access the information when they plan to use it.
Convenient and accessible	Online programming can offer new opportunities to support and assist in meeting the demand for care and can encourage help-seeking behavior. Individuals may be more likely to try something new online. This exposure may make them aware that they need more intensive services and give them the confidence they need to seek help.
Allow for more anonymity and privacy	Studies have demonstrated higher screening rates in risky behaviors and disease when the assessment was conducted by a computer rather than a person, which indicates that perhaps participants are more likely to answer honestly when asked about sensitive topics using online modalities.
Allow for greater fidelity	In-person programs may also be more likely to suffer from implementation challenges. Despite training, facilitators may not deliver the content to participants with fidelity. This could result in lost training outcomes and more variability among implementation of the program across all delivery sites.
Efficient	Reduce burden on staff to offer programs to small numbers of participants and at times of limited resources.
Easily tailored	Programs can be tailored to tie into local or cultural context (e.g., CONUS vs. OCONUS). Thoughtful adaptations can help to increase engagement.

References: Bartley & Golek, 2004; Bennett & Glasgow, 2009; Cornish et al., 2014; Hardiker & Grant, 2011: Clarke & Yarborough, 2013; van Meter et al., 2019; Locke et al., 1992; Metzger et al., 2000.