

The Army Community Service (ACS) Family Advocacy Program (FAP) offers services (commanders' briefings, troop trainings, prevention campaigns, and classes) that are designed to strengthen Army families, and enhance resilience, by providing prevention education encouraging healthy, violence-free relationships, nurturing parenting skills, and providing direct services to families impacted by abuse.

Process Evaluation & Procedures

Initially, the Clearinghouse for Military Family Readiness at Penn State (Clearinghouse) was asked to conduct an outcome evaluation of specific ACS FAP prevention activities; however, this goal was not realized due to program constraints found in an initial inquiry (e.g., a lack of program standardization). Thus, an effort was initiated to catalog FAP class offerings Army-wide. The goal of this effort was to identify commonalities and strengths in offerings and make recommendations for improvements in program content, implementation, and evaluation. Three topic areas were chosen to investigate: anger management, parenting, and communication.

Between April – June 2018, 68 garrisons were contacted by the Installation Management Command (IMCOM) FAP program manager with follow-up communications from Clearinghouse staff. Nineteen garrisons were currently without a FAP manager (FAPM) or were not regularly offering FAP services. Of the revised sample of 49 garrisons, 34 (70%) provided some or all of the information requested. As with any study, there are limitations, which are discussed in the full report. Nevertheless, the findings appear to be consistent across installations, and this provides confidence in their generalizability.

Predominate Themes



High staff commitment to addressing the unique needs of each garrison's population



Barriers to participation: stigma and low attendance



Limited and ineffective marketing





Inconsistent implementation and lack of evidence-informed or evidence-based program content

Summary of Anger, Parenting, and Communication Programming Findings

Construct	Finding	Limitations
 Goals & Objectives	Heavy focus on knowledge-based instead of skills-based classes.	Research has demonstrated that skills training (e.g., rewarding or modeling desired behavior, practicing skills) is required for behavior change (NASEM, 2019). Imparting knowledge is not sufficient for behavior change.
 Class Dosage	Great variability Army-wide and short class length. Half of the classes submitted are being offered as one session. 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).
 Class Attendance	Great variability; most classes that are voluntary are under attended. Many of the classes submitted were offered after an incident occurred and were mandated.	Offering services to participants after an incident occurs (i.e., instances where low attendance is favorable) changes the focus from prevention to treatment (i.e., MEDCOM FAP domain). More effort could be placed on identifying and encouraging all families to participate in primary prevention-level programs that align with the needs of the target audience.

Summary of Anger, Parenting, and Communication Programming Findings (cont.)

Construct	Finding	Limitations
 <p>Program Content</p>	The majority of classes lacked an evidence base and as expected, did not have consistent implementation.	96% of published programs that were submitted lack an evidence base or may have been adapted in a way that may reduce their effectiveness. Many classes submitted (39%) were created in-house from books or internet sources. Program adaptations were often made to shorten the length of the program.
 <p>Evaluation</p>	Most garrisons are not collecting data beyond basic satisfaction data; these data are not suitable for measuring program outcomes.	52% of classes submitted by the staff are not collecting sufficient information from participants to allow for long-term follow-up. Thus, there are limitations to conducting a rigorous evaluation of specific FAP classes and investigating the larger impact of FAP.

Recommendations *(Note: See full report for detailed sub-recommendations)*

Recommendations for FAP Infrastructure

Rec 1.1 Study the impact of a merge of ACS FAP (i.e., prevention) and MEDCOM FAP (i.e., treatment) into one unified FAP.

Recommendations for FAP Program Content

Rec 2.1 To maximize the likelihood of positive outcomes, psychoeducation prevention programs and classes should employ evidence-based or evidence-informed¹ strategies and components (see Appendix D of full report for specific program recommendations).

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

Rec 2.3 Provide a limited menu of evidence-informed programming that addresses various family needs or preferences and aligns with the differing needs of garrisons.

Rec 2.4 Consider the development of online programs that are tailored for military populations using components of effective programs.

Rec 2.5 FAP classes and activities should target populations based on their level of risk and screening assessments — see Recommendation 3.1.

Rec 2.6 When appropriate, offer classes that address multiple content areas and risk factors (e.g., ePrep, Parenting Wisely; See Appendix D).

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

Recommendations for FAP Implementation

Rec 3.1 Utilize a standardized pre-assessment screening tool Army-wide to assess risk levels for individuals and families and guide the intervention plan.

Rec 3.2 Create an up-to-date, easily accessible, online FAP Guide² that provides standardized access to practical training resources.

Rec 3.3 Consider hiring a headquarters' level FAP training coordinator who would be responsible for onboarding new FAPMs and coordinating professional development sessions.

Recommendations for Increasing FAP Reach - Reducing Barriers to Participation

Rec 4.1 Employ evidence-informed stigma-reduction strategies to break down barriers to participating in FAP services.

Recommendations for FAP Data Collection and Evaluation

Rec 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).

Rec 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).

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

References

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58(6/7), 449-459. doi 10.1037/0003-066X.58.6.7.449

National Academies of Sciences, Engineering, and Medicine. (2019). *Strengthening the military family readiness system for a changing American society*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25380>

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).

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.