

CLEARINGHOUSE

FOR MILITARY FAMILY READINESS

Prevention and Intervention Programs to Promote Resiliency in Military Children

Clearinghouse Technical Assistance Team

As of July 11, 2022

This material is the result of partnership funded by the Department of Defense between the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy and the USDA's National Institute of Food and Agriculture through a grant/cooperative agreement with Penn State University



PennState

Table of Contents

INTRODUCTION	3
RESILIENCE PROGRAMS.....	3
PREVENTION AND INTERVENTION PROGRAMS	4
34 EVIDENCE-BASED PROGRAMS PLACED ON THE CONTINUUM	6
<i>Table 1</i>	7
<i>Youth Resilience Programs – Placed as Promising on the Clearinghouse Continuum of Evidence</i>	7
<i>Table 2</i>	12
<i>Youth Resilience Programs – Placed as unclear + on the Clearinghouse Continuum of Evidence</i>	12
ADDITIONAL ASSISTANCE	18
SUGGESTED CITATION	19
REFERENCES	20

Introduction

The Technical Assistance (TA) team at the Clearinghouse for Military Readiness at Penn State (Clearinghouse) conducted a brief, rapid review of the literature on the topic of resiliency in military-connected youth. This document is an update to the original literature review “Resilience in Military Youth and Programs to Promote Resiliency in Military Children.” It defines prevention and intervention programs and updates the table of programs to reflect these types of programs.

This report provides the following:

- Definitions of universal, selected, and indicated prevention programs and a definition of intervention programs and
- A list of evidence-based programs that have been classified into universal, selected, or indicated prevention programs or that have been categorized as intervention programs that support military youth well-being in the area of resiliency.

Resilience Programs

The TA team conducted a search of the Clearinghouse Continuum of Evidence (Continuum) for resiliency programs that target children and youth ages 5-18. Thirty-four programs around the topics of interest and placed as Promising or Unclear+ on the Continuum were identified.

A Promising program is one that has at least one study that uses a randomized controlled trial (RCT) or quasi-experimental design and demonstrates statistically significant effects lasting at least 6 months from program completion or at least 1 year from the beginning of the program. These programs do not have to show evidence of replication. Evaluations of Promising programs must also meet at least two of the following criteria:

- A representative group of participants;
- An adequate outcome measurement using reliable and valid instruments;
- Indication of practical (versus statistical) significance; and
- A low attrition rate so confidence in the conclusions is probable.

An Unclear program is one that has no evaluations or mixed results across two or more studies, has potentially ineffective features, is lacking in sustained effects, is lacking in appropriate study design, or is lacking in three or more additional criteria noted above. The Clearinghouse assigns Unclear programs to one of the following three categories:

- Unclear(–) - a program that has potentially ineffective features but does not qualify for an Ineffective placement.
- Unclear(∅) - a program that has no evaluations performed or mixed results across two or more studies.
- Unclear(+) - a program that has potentially promising features but does not qualify for a Promising placement.

Currently, over 75% of the programs placed on the Continuum are categorized under one of the three categories of Unclear programs. This does not mean that all Unclear programs are ineffective - it means that many of these programs are either lacking in evaluations or the evaluations have not met criteria for a Promising placement or higher.

To read more about the placement process and placement levels, please visit <https://www.continuum.militaryfamilies.psu.edu/about>.

Prevention and Intervention Programs

The TA team was tasked with categorizing the military youth resilience programs placed on the Continuum by prevention type. Within the research literature, a lack of consensus exists around how to define and classify “prevention” and “intervention.” In general, prevention programs are defined as, “Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder” (National Research Council and Institute of Medicine, 2009, p. 27). Intervention, as used in this report, is defined as, “activities, techniques, or strategies that target biological,

these disorders and improving functioning or well-being” (Institute of Medicine, 2015, p. 5).

Within the field of public health, prevention programs are often further classified into three main categories: primary, secondary, or tertiary preventions. Another framework for conceptualizing prevention was developed by The Institute of Medicine (IOM) and is used within social science research. According to the IOM model, prevention efforts are categorized as universal, selective, or indicated. The public health and social sciences frameworks, listed above, appear in the research literature but are implemented differently by various researchers.

For the purposes of this report, the terms universal, selected, and indicated have been chosen to classify the three different kinds of prevention programming. Each category of prevention is described below.

- **Universal prevention** - “those interventions that are targeted at the general public or to a whole population group that have not been identified on the basis of increased risk” (e.g., prenatal care, prevention of smoking, pre-marriage relationship programs) (Institute of Medicine, 1994, p. 25).
- **Selective prevention** - “targets individuals or subgroups of the population whose risk of developing a mental disorder is significantly higher than average, as evidenced by biological, psychological or social risk factors” (e.g., preschool programs for children from neighborhoods with low income, support groups for widows who are elderly) (Institute of Medicine, 1994, p. 25)
- **Indicated prevention** - “targets high-risk people who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorder or biological markers indicating predisposition for mental disorder but who do not meet diagnostic criteria for disorder at that time” (e.g., a

(Institute of Medicine, 1994, p. 25).

It is helpful to understand that the difference between intervention (i.e., treatment) and prevention programs may be complex. An example of the complications that arise in classifying an intervention or a prevention program is illustrated through a treatment program for adolescents with Major Depressive Disorder. While the intervention may help to manage depression symptoms, at the same time, the program may also reduce the participants’ risk of future substance abuse (prevention) and improve high school retention (prevention). In other words, a program may be both preventative (e.g., lowering the risk for a future problem) and an intervention (e.g., managing a current mental health diagnosis). This report intentionally simplifies the differences between prevention and intervention to allow for a better discussion around program fit and design.

Note, on the fact sheets developed by the Clearinghouse, the terms program and intervention are used interchangeably.

34 Evidence-Based Programs Placed on the Continuum

Search filters for these programs included the following:

- **Placement:** Promising and Unclear +;
- **Topics:** resilience, anxiety, depression, and life stress;
- **Target Population:** adolescents and middle childhood; and
- **Sector:** community-based and multi-sector.

Programs that are no longer available or are not available in the United States were excluded from the search results.

The two tables below summarize the results of the search for youth resiliency programs and include the following information about specific aspects of the programs:

- Placement on the Continuum;
- Program name;
- Fact sheet link;
- Target audience;
- Military use;
- Prevention/Intervention classification; and
- Summary.

Table 1*Youth Resilience Programs – Placed as Promising on the Clearinghouse Continuum of Evidence*

Program (Click on name for link)	Target Audience	Military Use	Classification	Summary
Coping Cat	This program is for youth who are 7 to 13 years old and have generalized anxiety disorder, social anxiety disorder, phobias, separation anxiety disorder, or other anxiety-related problems and their parents.	No	Intervention	Coping Cat is a community-based, cognitive-behavioral therapy program that is designed to provide youth and their parents with tools to understand and manage youth anxiety.
Coping with Stress Course (CWS)	This program is for adolescents who are 13 to 18 years old and have one or more risk factors for depression.	No	Indicated Prevention	The Coping with Stress Course (CWS) is a school- or community-based cognitive-behavioral group program that is designed to prevent the development of depressive disorders by teaching adolescents how to recognize and change irrational and pessimistic thoughts.

Interactive Journaling	This program is for individuals who intend to make positive behavior changes in their lives.	Yes	Universal Prevention	Interactive Journaling, a community-based program, is designed to engage participants in the process of making lifelong positive changes.
LifeSkills Training (LST) Middle School	This program is for middle school students.	No	Universal Prevention	LifeSkills Training (LST) Middle School, a school- or community-based program, is designed to prevent substance use and abuse for participants by identifying primary influences that lead youth to start using drugs and by teaching them techniques and methods to resist those factors.
Mindfulness-Based Stress Reduction (MBSR)	This program is for individuals who are 13 years old and older and who experience emotional or mental stress that arises from illness, injury, or life circumstances.	Yes	Selected Prevention	Mindfulness-Based Stress Reduction (MBSR), a community-based, school-based, or work-site intervention, is designed to help participants manage and reduce stress and improve their ability to cope with challenging circumstances.

<u>Multi-Family Psychoeducational Psychotherapy (MF-PEP)</u>	This program is for youth who are 8 to 12 years old and who have depressive or bipolar spectrum disorders and their families.	No	Intervention	Multi-Family Psychoeducational Psychotherapy (MF-PEP), a community- and family-based group program, is designed to provide information to youth and parents about mood disorders, treatment options, and symptom-control skills.
<u>Penn Resilience Program (PRP)</u>	This program is for youth who are 9 to 14 years old.	No	Universal Prevention	The Penn Resilience Program (PRP), formerly known as Penn Resiliency Program, is a cognitive-behavioral, school-based or medical-setting prevention and early intervention program that is designed to teach skills, which can reduce depressive thinking patterns and promote positive coping styles. This program is delivered to youth with risk factors for depression, such as elevated symptoms (i.e., targeted delivery), or it may be provided to all youth in a setting (i.e., universal delivery).
<u>Risk Reduction through Family Therapy (RRFT)</u>	This program is for adolescents who are 13 to 18 years old and have experienced interpersonal trauma and their caregivers.	No	Indicated Prevention	Risk Reduction through Family Therapy (RRFT), a community-based program, intends to reduce adolescents' trauma-related mental health concerns; substance abuse risk; and high-risk behaviors, especially risky sexual behaviors and seeks to strengthen family communication and unity.

<u>Social Effectiveness Therapy for Children and Adolescents (SET-C)</u>	This program is for youth who are 8 to 16 years old and have been diagnosed with social phobia, which is now called social anxiety disorder, and their parents.	No	Intervention	Social Effectiveness Therapy for Children and Adolescents (SET-C) is a behavioral treatment program designed to help youth overcome social anxiety and fears, improve social skills and interpersonal functioning, and increase participation in social activities using group and individual skills-training sessions.
<u>Somatic Experiencing® (SE™)</u>	This program is for individuals who have experienced trauma; encountered natural disasters; or who undergo physical syndromes such as chronic pain, migraines, irritable bowel syndrome, or fibromyalgia.	No	Intervention	Somatic Experiencing (SE), a community-based, body-focused therapy, is designed to engage and resolve the body's natural and involuntary responses to stress in a way that resets the autonomic nervous system, restores inner balance, and increases the capacity for emotional regulation and resilience to stress.
<u>Space from Depression</u>	This program is for adolescents and adults who have depressive symptoms.	No	Intervention	Space from Depression, a community-based, low-intensity, online program, is designed to help participants learn to manage depression.

Trauma and Grief Component Therapy for Adolescents (TGCT-A)	This program is for individuals who are 12 to 20 years old and have experienced trauma or loss.	Yes	Intervention	Trauma and Grief Component Therapy for Adolescents (TGCT-A), a school- or community-based program, is designed to reduce post-traumatic stress disorder, depression, and maladaptive grief; improve behavior in school; and foster healthy developmental progression.
---	---	-----	--------------	---

Table 2*Youth Resilience Programs – Placed as Unclear + on the Clearinghouse Continuum of Evidence*

Program (Click on name for link)	Target Audience	Military Use	Classification	Summary
Acceptance and Commitment Therapy (ACT)	This program is for all individuals.	Yes	Universal Prevention	Acceptance and Commitment Therapy (ACT) is a community-based psychotherapy program that is designed to improve one's functioning and quality of life by promoting awareness and acceptance of difficult thoughts; emotions; memories; and physical sensations, such as pain.
ACTION	This program is for youth who are 9 to 14 years old and have a depressive disorder or depressive symptoms and their parents.	No	Intervention	ACTION, previously called Taking Action, is a community-based, cognitive-behavioral treatment program that is designed to teach youth how to manage their depressive symptoms.
Attachment-Based Family Therapy (ABFT)	This program is for adolescents who are 12 to 18 years old with depression or suicidal tendencies and their families.	No	Intervention	Attachment-Based Family Therapy (ABFT), a community-based depression and suicide intervention family treatment program based on attachment theory, is designed to strengthen the parent and child relationship, rebuild trust, promote problem-solving and communication skills, and assist in adolescent autonomy.

Brief Coping Cat	This program is for youth who are 7 to 13 years old and have generalized anxiety disorder, social anxiety disorder, phobias, separation anxiety disorder, or other anxiety problems and their parents.	No	Intervention	Brief Coping Cat, a shortened version of the Coping Cat program, is a community-based, cognitive-behavioral therapy program that is designed to provide youth and their parents with tools to understand and manage youth anxiety.
Cue-Centered Treatment (CCT)	This program is for youth who are 8 to 18 years old and are experiencing chronic trauma, life challenges, and stress and their parents.	No	Intervention	Cue-Centered Treatment (CCT), a community- or school-based program, is designed to develop competence and resilience in participants by helping them understand how their history of trauma affects their cognitive processes, behaviors, emotions, and physiological responses to situations.
Cultural Adaptation of Cognitive Behavioral Therapy (CBT) for Puerto Rican Youth	This intervention is for adolescents who are Hispanic or Latino and who exhibit symptoms of severe depression.	No	Indicated Prevention	Cultural Adaptation of Cognitive Behavioral Therapy (CBT) for Puerto Rican Youth, a community-based, short-term intervention for Puerto Rican and other Spanish-speaking youth, is designed to help youth improve their relationships, thoughts, and behaviors and lessen the amount of time they feel depressed.

Girls Circle®	This program is for girls and lesbian, gay, bisexual, transgender youth who identify with being female who are 9 to 18 years old.	No	Indicated Prevention	Girls Circle®, a community- or school-based program, is designed to provide a safe environment for girls to learn how to express themselves and use their authentic voices; develop nurturing, supportive relationships; and strengthen their sense of personal competence and resilience.
Grief and Trauma Intervention (GTI) for Children	This program is for children who are 6 to 12 years old and are experiencing post-traumatic stress and their parents.	No	Intervention	Grief and Trauma Intervention (GTI) for Children, a school- or community-based program, is designed to decrease symptoms of post-traumatic stress, depression, and traumatic grief among children who have experienced the death of a loved one or witnessed or been a victim of violence or a disaster.
I Feel Better Now! Trauma Intervention Program (IFBN)	This program is for children who are 6 to 12 years old and are experiencing difficulties following a traumatic experience and their parents.	No	Intervention	The I Feel Better Now! Trauma Intervention Program (IFBN), modified from the original Structured Sensory Intervention for Traumatized Children, Adolescents and Parents (SITCAP) program, is designed to help children manage trauma-related concerns through use of cognitive-based therapy and sensory-based activities.

Internal Family Systems (IFS) Therapy	This program is for all individuals.	No	Universal Prevention	Internal Family Systems (IFS) Therapy, a community-based program, is designed to resolve conflicts within an individual and decrease problematic symptoms through mindfulness and other techniques and create an inner balance and harmony between the person's main Self and other parts of an individual called sub-personalities.
Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)	This program is for adolescents who have mild to moderate depression and their parents.	No	Intervention	Interpersonal Psychotherapy for Depressed Adolescents (IPT-A), a community- or school-based program, is designed to decrease adolescents' depressive symptoms by improving their relationships and communication and problem-solving skills.
Learning to BREATHE (L2B)	This program is for adolescents.	No	Universal Prevention	Learning to BREATHE (L2B), a school- or community-based program, is designed to develop emotion-regulation skills in participants that can help them understand and direct their feelings and thoughts and manage difficult emotions.
Primary and Secondary Control Enhancement Training (PASCET)	This program is for youth, ages 8 to 15, who are exhibiting symptoms of depression and their parents.	No	Intervention	Primary and Secondary Control Enhancement Training (PASCET), a community-based, child depression treatment program, is designed to alleviate depressive symptoms by teaching primary (i.e., altering the external environment to meet one's needs) and secondary (i.e., amending internal states to positively accommodate one's external environment) control mechanisms to youth.

<u>Progressive Counting (PC)</u>	This program is for all individuals who have experienced trauma or loss.	No	Selected Prevention	Progressive Counting (PC), a community-based trauma resolution program, is an adaptation of the counting method and is designed to help participants process distressing memories and minimize any associated problems, such as anxiety, depression, anger, guilt, or post-traumatic reactions.
<u>Residential Student Assistance Program (RSAP)</u>	This program is for high-risk youth who are 12 to 18 years old and who live in residential facilities (e.g., foster care, juvenile correctional facilities, treatment centers).	No	Intervention	The Residential Student Assistance Program (RSAP), a community-based substance abuse intervention that is modeled after the Student Assistance Program, is designed to decrease substance use and abuse risk factors and increase general resiliency in participants.
<u>Sensory Motor Arousal Regulation Treatment (SMART)</u>	This program of treatment is for children and youth, ages 2 to 21 years old, who have a history of complex trauma and their caregivers.	No	Indicated Prevention	Sensory Motor Arousal Regulation Treatment (SMART), a community-based program, is designed to address the functional impairments that youth experience as a result of traumatic experiences through the use of a movement-based somatic regulation therapy.

<u>Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)</u>	This program is for adolescents and young adults who are 12 to 21 years old and have a history of exposure to traumatic experiences and may still be living with ongoing stress or in an unstable environment.	No	Indicated Prevention	Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), a community-based program, is designed to strengthen the emotional, social, and behavioral functioning of adolescents who have been exposed to trauma.
<u>Surviving Cancer Competently Intervention Program (SCCIP)</u>	This program is for 11- to 18-year-old survivors of childhood cancer and their immediate family members (i.e., parents and siblings).	No	Intervention	Surviving Cancer Competently Intervention Program (SCCIP), a community-based family treatment intervention, is designed to address post-traumatic stress symptoms in adolescent survivors of childhood cancer and their family members. Program goals include targeting and reducing anxiety, enhancing competence and resilience, and promoting family communication.
<u>Trauma Focused Coping (TFC)</u>	This program is for youth who are 6 to 18 years old and have been exposed to a single incident of trauma.	No	Intervention	Trauma Focused Coping (TFC), also known as Multimodality Trauma Treatment (MMTT), is a community- or school-based cognitive-behavioral therapy treatment program that is designed to help reduce symptoms of trauma and post-traumatic stress disorder (PTSD) in children and adolescents.

Trauma Interventions using Mindfulness Based Extinction and Reconsolidation (TIMBER®)	This program is for youth who are 8 to 17 years old and have post-traumatic stress disorder, anxiety, or depression.	No	Intervention	Trauma Interventions using Mindfulness Based Extinction and Reconsolidation (TIMBER®), a community-based program, is designed to improve trauma symptoms in and the quality of life for participants.
Yoga in the Treatment of Eating Disorders	This program is for adolescents and adults who are receiving care for an eating disorder.	No	Intervention	The Yoga in the Treatment of Eating Disorders program engages participants in personal yoga sessions that are designed to alleviate anxiety, depression, and other eating disorder symptomatology.
Youth Fit 4 Life	This program is for youth who are 9 to 12 years old.	No	Universal Prevention	Youth Fit 4 Life, a community- and school-based program, intends to increase physical activity behavior, improve dietary intake, and enhance behavioral skills in youth attending after-school programs.

Additional Assistance

The TA specialists at the Clearinghouse are happy to assist you. We provide support to professionals as they examine and make informed decisions about which programs fit specific situations and are worth the investment. Whether it is connecting you with the resources and tools to conduct a needs assessment in your community, suggesting the best evidence-based program or practice for your situation, or developing an evaluation plan, our team of experts is a call or email away.

Please visit our website at www.militaryfamilies.psu.edu or call 1-877-382-9185 to speak with a TA specialist.

Suggested Citation

Clearinghouse for Military Family Readiness at Penn State. (2022). *Rapid literature review: Prevention and intervention programs to promote resiliency in military children*. Clearinghouse for Military Family Readiness at Penn State.

References

Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. The National Academies Press. <https://doi.org/10.17226/2139>

Institute of Medicine. (2015). *Psychosocial interventions for mental and substance use disorders: A framework for*

National Research Council & Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. The National Academies Press. <https://doi.org/10.17226/12480>