

GETTING TO OUTCOMES[®]

OPERATIONS GUIDE FOR

.....

U.S. AIR FORCE COMMUNITY ACTION TEAMS

**Content Area Module for Workplace
Stress Prevention and Reduction
in the Air Force**

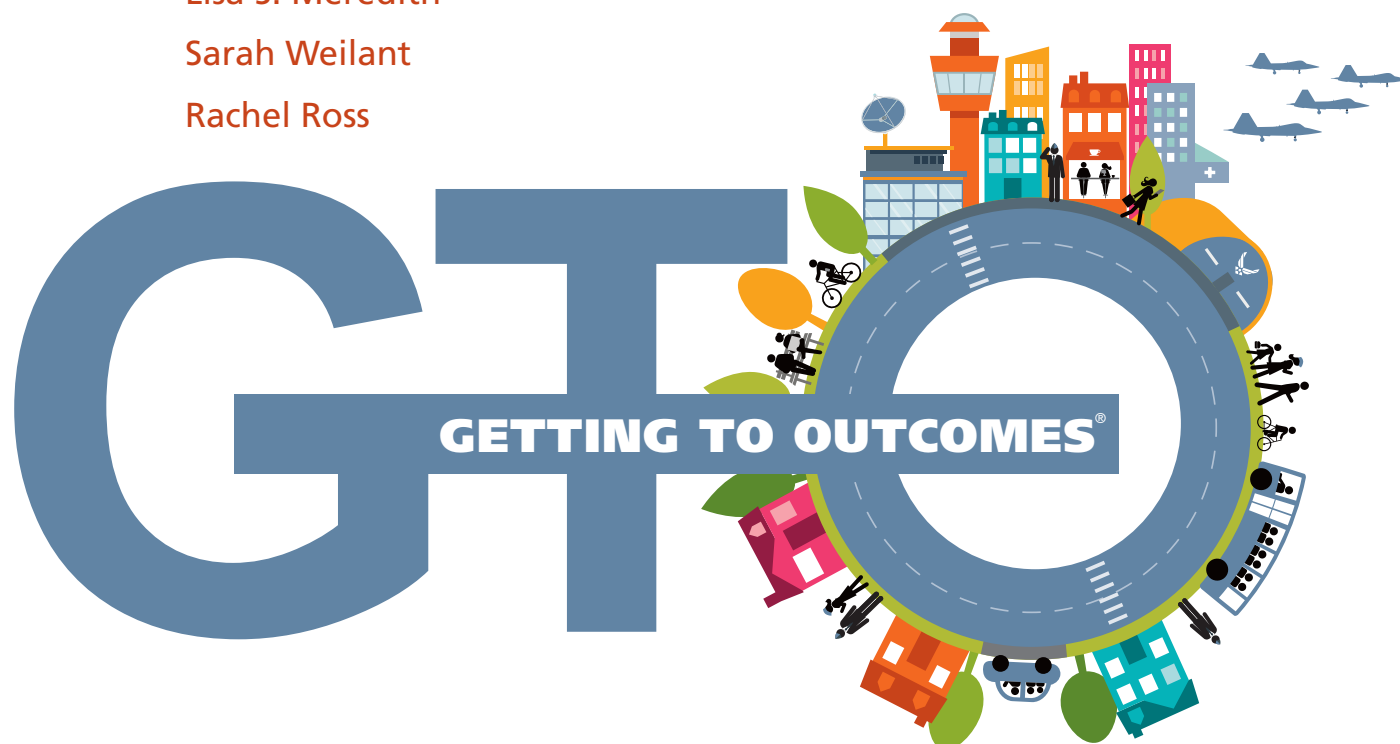
Chaitra M. Hardison

Christine Anne Vaughan

Lisa S. Meredith

Sarah Weilant

Rachel Ross



For more information on this publication, visit www.rand.org/t/TL311z2
For more information on the GTO Operations Guide series, visit www.rand.org/t/TL311

Getting To Outcomes® and GTO® are jointly owned by the RAND Corporation and the University of South Carolina.

Published by the RAND Corporation, Santa Monica, Calif.

© Copyright 2020 RAND Corporation

RAND® is a registered trademark.

Limited Print and Electronic Distribution Rights

This document and trademark(s) contained herein are protected by law. This representation of RAND intellectual property is provided for noncommercial use only. Unauthorized posting of this publication online is prohibited. Permission is given to duplicate this document for personal use only, as long as it is unaltered and complete. Permission is required from RAND to reproduce, or reuse in another form, any of its research documents for commercial use. For information on reprint and linking permissions, please visit www.rand.org/pubs/permissions.

The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest.

RAND's publications do not necessarily reflect the opinions of its research clients and sponsors.

Support RAND
Make a tax-deductible charitable contribution at
www.rand.org/giving/contribute

www.rand.org

PREFACE

This Content Area Module (CAM) for Workplace Stress Prevention and Reduction in the Air Force is a companion volume to the Getting To Outcomes[®] (GTO) Operations Guide for Air Force Community Action Teams. It includes guidance and resources for Community Action Teams that have an interest in planning, implementing, and evaluating workplace stress prevention and reduction initiatives. It was requested by the Air Force Integrated Resilience Office. This CAM is intended to be used with the GTO Operations Guide for planning a workplace stress prevention and reduction initiative as part of a Community Action Plan (CAP).

GTO is a user-oriented ten-step process for comprehensive planning, implementation, and evaluation of programs and community initiatives. It is designed to help organizations run programs well and get desired outcomes. It was developed to bridge the gap between the research evidence of effectiveness, established by program developers, and the often ineffective implementation of the same programs outside a research setting.

The GTO Operations Guide for Community Action Teams and four companion CAMs are designed for the U.S. Air Force Community Action Teams to aid each installation in developing its CAP for Integrated Resilience and Violence Prevention, as directed in Air Force Instruction (AFI) 90-5001. The documents contain tools that will help installations' Community Support Coordinators, Community Action Team Chairs, Violence Prevention Integrators, Community Action Teams, and the Community Support Program Managers at the major command level complete each GTO step. GTO is part of an Air Force initiative to increase the effectiveness of plans while enabling each installation to address its unique needs.

The research reported here was commissioned by the U.S. Air Force Integrated Resilience Office under the Deputy Chief of Staff for Manpower, Personnel and Services, Headquarters U.S. Air Force, and conducted within the Manpower, Personnel, and Training Program of RAND Project AIR FORCE as part of a fiscal year 2019 project, "Getting to Outcomes for Integrated Violence Prevention and Resilience in the Military: Phase Two."

RAND Project AIR FORCE

RAND Project AIR FORCE (PAF), a division of the RAND Corporation, is the U.S. Air Force's federally funded research and development center for studies and analyses. PAF provides the Air Force with independent analyses of policy alternatives affecting the development, employment, combat readiness, and support of current and future air, space, and cyber forces. Research is conducted in four programs: Strategy and Doctrine; Force Modernization and Employment; Manpower, Personnel, and Training; and Resource Management.

Additional information about PAF is available on our website:

www.rand.org/paf/

This CAM documents work originally shared with the U.S. Air Force during trainings in June and August 2018 in San Antonio, Texas. The draft, issued in December 2018, was reviewed by formal peer reviewers and U.S. Air Force subject-matter experts.

Contents

Preface.....	iii
Acknowledgments.....	v
Abbreviations	vi
Introduction	viii
CHAPTER ONE	
GTO Step 1—Problems and Resources Assessment for a Workplace Stress Prevention and Reduction P ⁴	1
CHAPTER TWO	
GTO Step 2—Goals and Desired Outcomes for a Workplace Stress Prevention and Reduction P ⁴	9
CHAPTER THREE	
GTO Step 3—Best Practices for a Workplace Stress Prevention and Reduction P ⁴	16
CHAPTER FOUR	
GTO Step 4—Assessing Fit for a Workplace Stress Prevention and Reduction P ⁴	33
CHAPTER FIVE	
GTO Step 5—Readiness to Implement a Workplace Stress Prevention and Reduction P ⁴	43
CHAPTER SIX	
GTO Step 6—Planning to Implement and Evaluate a Workplace Stress Prevention and Reduction P ⁴	57
CHAPTER SEVEN	
GTO Step 7—Process Evaluation for a Workplace Stress Prevention and Reduction P ⁴	71
CHAPTER EIGHT	
GTO Step 8—Outcome Evaluation for a Workplace Stress Prevention and Reduction P ⁴	74
CHAPTER NINE	
GTO Step 9—Continuous Quality Improvement for a Workplace Stress Prevention and Reduction P ⁴	77
CHAPTER TEN	
GTO Step 10—Sustainability Review for a Workplace Stress Prevention and Reduction P ⁴	81
APPENDIXES	
A. Summary of Key Air Force Resources for Stress, Including Prevention and Clinical Interventions	85
B. Bibliography.....	87

Acknowledgments

This research was sponsored by the Air Force Integrated Resilience Directorate (AF/A1Z). We would like to thank the Integrated Resilience directors during the period of this work, Major General James C. Johnson (retired), for his leadership in adopting Getting To Outcomes for use in the Air Force Community Action Plan process, and Brigadier General Michael E. Martin, who offered his encouragement and support to the project. We would like to acknowledge and are particularly indebted to Andra L. Tharp, PhD, HQE, who, at the time of this work, was the senior advisor for prevention, AF/A1Z, and Major Jordan Simonson, BSC, PhD, who, at the time of this work, directed resilience operations in the Airman and Family Division of the Air Force Personnel Center in San Antonio, Texas, for their support and guidance in developing this guide. We are grateful to the numerous Headquarters Air Force (HAF) A1Z staff who offered their guidance and support to the work and also those in the Resilience Operations office who maintained our communications with the major commands and the installations throughout this project. We also thank the Community Support Program Managers and Violence Prevention Integrators at the major commands.

Abbreviations

ADAPT	Alcohol and Drug Abuse Prevention and Treatment program
AFB	Air Force Base
AFCCARS	U.S. Air Force Chaplain Corps Activity Reporting System
AFRC	Airman & Family Readiness Center
ART	Airman Resiliency Training
AUDIT	Alcohol Use Identification Test
BHOP	Behavioral Health Optimization Program
CAB	Community Action Board
CAM	content area module
CAMS-R	Cognitive and Affective Mindfulness Scale-Revised
CAP	Community Action Plan
CAT	Community Action Team
CBT	cognitive-behavioral therapy
CDRS	Connor-Davidson Resilience Scale
CFT	Community Feedback Tool
COSC	Combat and Operational Stress Control
CSC	Community Support Coordinator
CSPM	Community Support Program Manager
DART	Deployment Anxiety Reduction Training
DAST	Drug Abuse Screening Test
DDRP	Drug Demand Reduction Program
DoD	U.S. Department of Defense
DoDSER	Department of Defense Suicide Event Report
DTC	Deployment Transition Center
DUI	driving under the influence
FAP	Family Advocacy Program
FLO	Family Liaison Officer
GAD-7	seven-item Generalized Anxiety Disorder symptom scale
GTO	Getting To Outcomes
LP	leadership partner

MAJCOM	major command
MBI	Maslach Burnout Inventory
MBSR	Mindfulness-Based Stress Reduction
MF	Moving Forward
MFLC	Military and Family Life Counselor/Counseling
MMFT	Mindfulness-Based Mind Fitness Training
MWR	Morale, Welfare, and Recreation
P ⁴	program, policy, practice, or process
PDHRA	Post Deployment Health Reassessments
PHA	Periodic Health Assessment
PHQ-9	Patient Health Questionnaire
PSI	Physical Symptom Inventory
PSS	Perceived Stress Scale
PTSD	posttraumatic stress disorder
RCT	randomized controlled trial
SAMHSA	Substance Abuse and Mental Health Services Administration
SECO	Spouse Education and Career Opportunities
SMART	specific, measurable, achievable, realistic, and time-based
SRTS	Stress Resilience Training System
USAF	U.S. Air Force
VA	U.S. Department of Veterans Affairs
VPI	Violence Prevention Integrator

Introduction

Background on GTO

This Content Area Module (CAM) for U.S. Air Force Workplace Stress Prevention and Reduction is a companion volume to the Getting To Outcomes® (GTO) Operations Guide for U.S. Air Force Community Action Teams (CATs). It includes guidance and resources for CATs that have an interest in workplace stress prevention and reduction.¹

The main volume of the GTO Operations Guide provides tools and resources for using GTO to plan, evaluate, and improve any integrated resilience and violence prevention *programs, policies, practices, or processes*—what we call *P⁴*—that a CAT is interested in including in its Community Action Plan (CAP). The guide leads CATs through the ten steps of GTO, shown in Figure I-1, and provides supplemental information and resources to support implementation of integrated resilience and violence prevention *P⁴*. It is a sequence of overviews, tools, and additional resources for each GTO step.

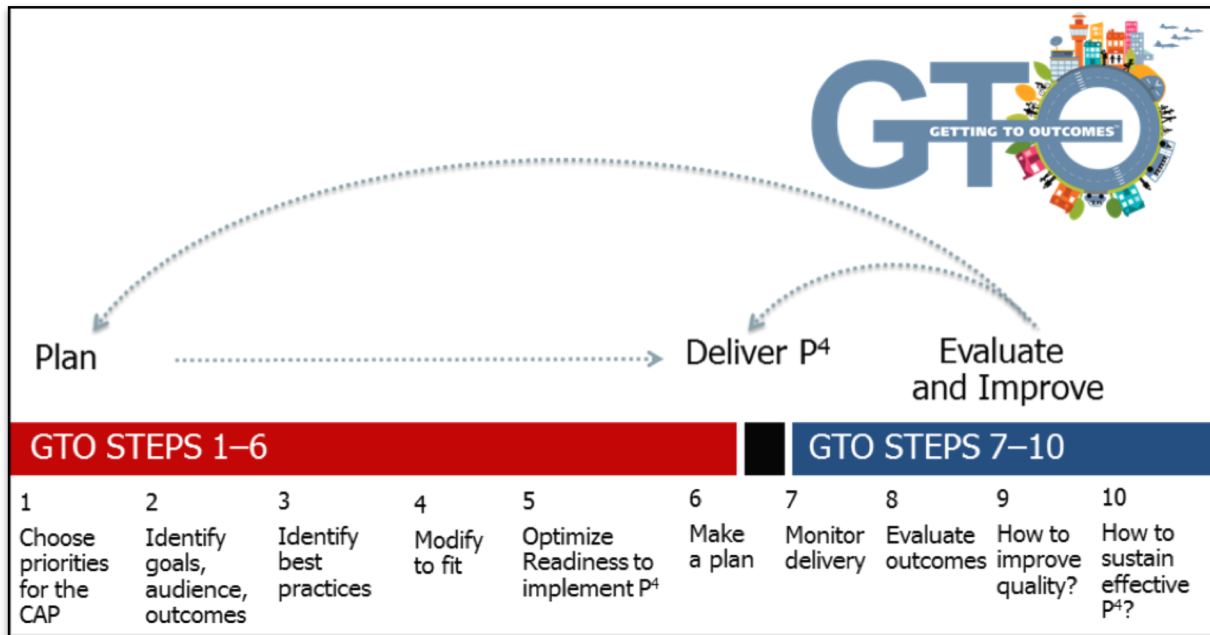


Figure I-1. The Ten Steps of Getting to Outcomes

GTO is currently being incorporated into U.S. Air Force (USAF) guidance and instructions for completing the 2019–2020 CAPs. The GTO guide does not go into depth about how to apply GTO to any specific substantive area. CAMs accompany the GTO guide and provide significantly more depth in specific domains. This CAM focuses on workplace stress prevention and reduction and is intended to be used with the GTO guide for planning a workplace stress

¹ It is well established that the existence of some stress is not always bad and that some levels of stress are beneficial for performance. It also is the case that exposure to stress can help people develop coping skills that they can use to better handle future stress. Therefore, reducing or eliminating all stress from the workplace should not be the goal. However, reducing stress that serves to significantly impede performance or that has a detrimental impact on workers and their families is worthwhile and is the focus of this CAM.

prevention and reduction P⁴ as part of a CAP. Other CAMs are available that focus on suicide prevention, sleep health promotion, and sexual harassment prevention.

This CAM provides examples of completed GTO tools for preventing and reducing workplace stress. These examples relate to a hypothetical scenario at a fictional Air Force installation, Townville Air Force Base (AFB). Throughout the CAM, we describe and follow the Townville AFB CAT's work using GTO to consider how to address multiple workplace stress-related problems, select best practice P⁴ for consideration, plan, and prepare to evaluate its final selections. This CAM describes how the Townville AFB CAT and Community Support Coordinator (CSC) completed the CAP for Workplace Stress Prevention and Reduction using the GTO framework and provides examples of the completed tools for each GTO step.

The scenario involves the preparation of the installation's 2019–2020 CAP. Together, the CAT and Townville AFB's CSC completed the CAP for Workplace Stress Prevention and Reduction using the GTO framework. They received training and support from their major command (MAJCOM) Community Support Program Manager (CSPM). Throughout the process, they updated the installation's Community Action Board (CAB) and incorporated its feedback. The examples of completed GTO tools included in this CAM are provided to illustrate the instructions included in each chapter of the GTO guide. Although the characters, CAT, and AFB are fictional, the remaining details are as realistic as possible. That is, the information about existing data sources, workplace stress P⁴, and the evidence supporting them is correct to the best of our knowledge.

Overview of CAM Content

This CAM starts with some brief background on the definition of workplace stress, the need to reduce and prevent workplace stress in the Air Force, the evidence base for workplace stress interventions, and the approaches that the Air Force has taken to address stress.

In the chapters that follow, we report on the work of the Townville AFB CAT as it uses the resources described at each GTO step. This includes a chapter for each GTO step that it uses to develop its CAP for a workplace stress prevention and reduction P⁴. Each chapter contains

- ✓ an overview of the GTO step as carried out by the fictional Townville AFB CAT, described above
- ✓ tips and resources  specific to reducing and preventing workplace stress
- ✓ an example of completed tools for each GTO step.

Although each step in the GTO process is elucidated with fictional specific examples and worksheets to show how the Townville CAT accomplished each task, it is important to note that, throughout the CAM, we also include details on various P⁴ that are real and that have been studied in the research literature. The inclusion of those real elements is intended to be useful in that it should save time and work for CATs that choose to use this module. A caveat, however, is that the programs and evidence base identified in the CAM will necessarily be dated by the time this work is published and used by future Air Force CATs. In time, there may be new programs and evidence that would lead to selection of different programs. Because the emphasis here (and in the Operations Guide) is on identifying evidence-based P⁴, it is good to keep in mind that new evidence can emerge at any time that could challenge previous conclusions regarding program effectiveness.

This CAM is a companion volume to the GTO guide, which contains more-detailed instructions for how to complete each step, additional tips and resources for each step, and blank tools. For example, the GTO guide contains guidance for selecting an evaluation design, identifying outcome measures, and reporting evaluation results.

Background on Workplace Stress, Stress Interventions, and Stress in the Air Force

What is workplace stress, and what are its consequences?

Workplace stress can be thought of as involving both an *environmental stressor* (this can include an event or series of events that happen to someone, as well as conditions and situations to which people are exposed)² and the individual's *reaction to that stressor* (their stress appraisals or perceived stress) (Ivancevich et al., 1990). In this CAM, we refer to these events as *stressors* and the person's reactions to them as *stress*.³

This CAM is focused specifically on workplace stress and stressors that occur *during normal work life* (i.e., when many personnel are exposed to the same stressors, typically on a frequent and recurring basis). We are not targeting the types of stress and stress outcomes that can occur from exposure to a traumatic event (including, but not limited to, posttraumatic stress disorder [PTSD]). Those types of stressors and stress reactions are of critical importance for ensuring the health of the force, but they require an entirely different P⁴ effort.

Figure I-2 provides a conceptual model of how workplace stress progresses (Hardison et al., 2014; Hardison et al., 2017).⁴ As shown in the figure, workers are exposed to a range of stressors and risk and protective factors. Then, depending on the severity and duration of those stressors and the presence or absence of various risk and protection factors, stress levels and related workplace attitudes can be impacted. That, in turn, can result in a number of negative consequences.

² An unpleasant boss, unpredictable hours, or unreliable co-workers are examples of conditions or situations that could be stressors.

³ What we refer to in this guide as *stress* is also commonly referred to as *strain* in the research literature.

⁴ The research literature on these topics is vast. For more discussion of this literature, why a framework is helpful for summarizing it, and examples of seminal reviews on specific topics in the framework, see Hardison et al., 2014, and Hardison et al., 2017.

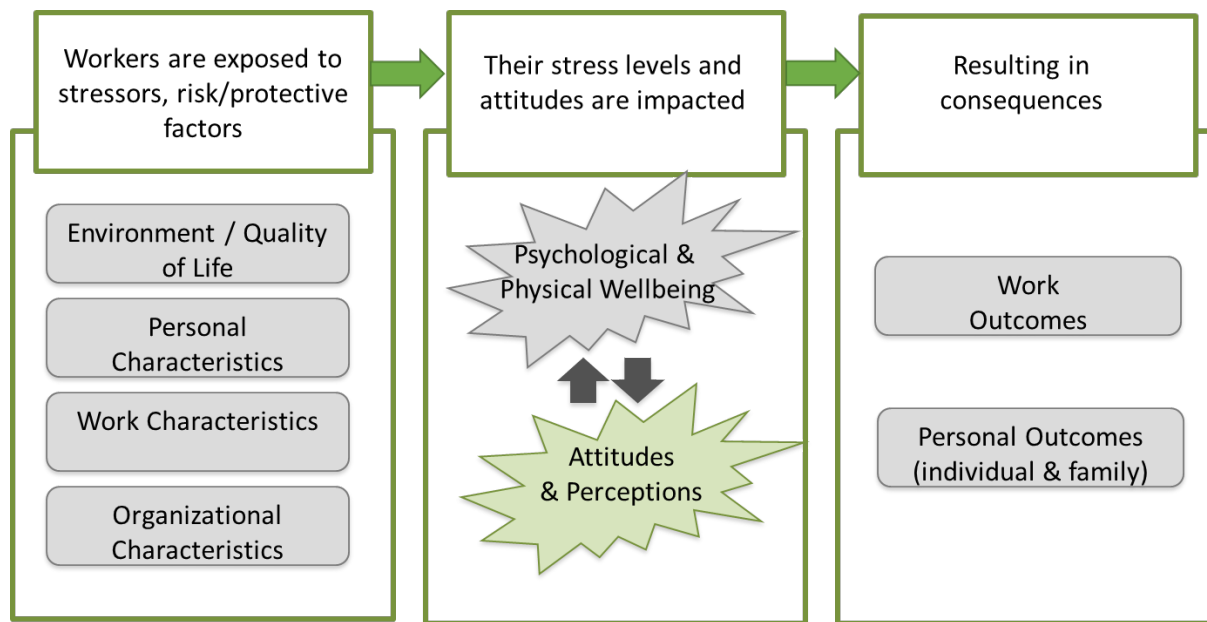


Figure I-2. Conceptual Model of Workplace Stress

SOURCES: Adapted from Hardison et al., 2014, and Hardison et al., 2017.

Table I-1 elaborates on the topics shown in the center and right sections of Figure I-2.⁵ Starting with the center section of Figure I-2, Table I-1 shows a range of specific indicators that suggest that employees are experiencing stress. These can include, for example, employees' perceived stress (a psychological indicator), negative attitudes toward their jobs (an attitudinal indicator), and measures of employees' mental and physical health (psychological and physical indicators). Other indicators not listed in the table, such as morale (another important workplace attitude), may also be relevant indicators of workplace stress.

These stress indicators can also have reciprocal impacts on each other. For example, perceived stress and job-related attitudes are thought to both result from and impact a range of mental and physical health outcomes. That is, higher levels of perceived stress and more-negative job-related attitudes have negative effects on mental and physical health. Poorer mental and physical health increases perceived stress and negative job-related attitudes. In this way, many of these stress indicators can be thought of as both a sign and a consequence of employees experiencing stress.

Examples of other, more-distal potential consequences of stress are also shown in Table I-1. These include a wide range of work outcomes (e.g., absenteeism, the number of days of work missed, accidents, performance, etc.) and personal outcomes (alcohol abuse, suicides, marital problems, depression, heart disease, etc.). Other consequences not listed in the table, including unit cohesion, also may be relevant.⁶

⁵ The topics on the left side of Figure I-2 (stressors and risk/protective factors) are discussed later in this chapter.

⁶ Note that many of these topics do not fit neatly into a single bin of causes, indicators, and consequences. For example, lower morale, well-being, job dissatisfaction, and job commitment can be both detrimental outcomes of stress and indicators of stress.

Table I-1. Stress Indicators and Consequences

Stress Indicators (Ways That Stress Can Manifest in the Workforce)	Stress Consequences (Ways That Organizations and Individuals Are Impacted)
<u>Well-Being</u> Psychological indicators • Stress perceptions • Depression • Burnout Physical health indicators • High blood pressure • Weight gain • Migraines • Anxiety • Trouble sleeping, exhaustion • Body function or disease • Illness (e.g., catching the flu) <u>Attitudes and Perceptions</u> • Job satisfaction • Family and life happiness • Perceived justice, psychological contracts • Organizational commitment	<u>Work Consequences</u> • Productivity, quality of work • Mistakes, accidents, injuries • Absenteeism, turnover • Increased health care and disability costs • Substance use on the job <u>Personal Consequences</u> Individual • Long-term physical and mental health issues ○ Heart disease ○ Depression ○ Suicide ○ Alcohol and substance abuse ○ Driving accidents ○ Sleep problems • Illegal activity—driving under the influence (DUI), illegal substance use • Emotional and financial hardship Family • Unhappiness, fighting, divorce • Abuse • Emotional and financial hardship for the family

SOURCES: Adapted from Hardison et al., 2014, pp. 37–38, and Hardison et al., 2017.

NOTE: For simplicity, directions of the relationships are excluded from the table. However, in general, as perceptions and attitudes become more negative, the negative consequences listed in the second column become more likely. Similarly, as mental and physical health declines, the negative consequences in the second column become more likely.

Is there a need to reduce and prevent workplace stress in the Air Force?

As noted in the GTO guide, Airmen often experience intense stress caused by many ongoing challenges, including uncertainty about deployments, combat experiences, difficult living conditions, separation from friends and family members, frequent relocations, and long work hours. Workplace stressors faced by Airmen can also be of a less intense nature, taking the form of daily hassles (e.g., filling out paperwork, dealing with administrative minutiae), conflict with other personnel, and difficulty communicating or coordinating with co-workers to complete a task.

This stress, particularly when experienced over a protracted period (i.e., chronic stress), can exact a heavy toll on Airmen and their units in the form of physical injury, mental illness (depression, anxiety, PTSD), substance abuse, and family problems (see additional examples in Table I-1).

Indirect evidence of stress experienced by Airmen comes from a 2015 U.S. Department of Defense–wide (DoD-wide) self-reported survey of health-related behaviors among active-duty personnel (Meadows et al., 2018). The survey results indicated that notable proportions of Airmen reported sleep deficits, aggressive behavior, problematic alcohol use, high physical symptom severity, and mental health symptoms, all of which are correlates of stress. Specifically, the survey found the following results:

- Slightly more than half (55 percent) of active-duty Airmen reported having had six or fewer hours of sleep per 24 hours during the work/duty week, and half (50 percent) reported getting less sleep than they needed.
- Nearly one-third (32 percent) of Airmen reported having engaged in any aggressive behavior over the past month.
- Roughly 20 percent of Airmen reported binge drinking, and more than one-quarter (26 percent) reported hazardous or disordered drinking (meets criteria for a possible alcohol use disorder).
- 14 percent of Airmen endorsed high physical symptom severity.
- Less than 10 percent of Airmen endorsed mental health symptoms that were indicative of probable depression (4.1 percent), probable generalized anxiety disorder (6.8 percent), or probable PTSD (3.9 percent).

More recently, the Community Feedback Tool, based on a 2017 self-reported survey of active, reserve, and Air National Guard Airmen and spouses, showed that, on most bases, concern about personal well-being—in particular, feeling stressed or overwhelmed—was a significant problem among Airmen who responded to the survey.

Workplace stress risk and protective factors

As discussed in the GTO Operations Guide, there is often a range of factors that are associated with greater risk, protection, or resilience⁷ when it comes to stressful situations. These factors can apply to many different types of undesirable events, including workplace stress, so many are not unique to workplace stress prevention (that is, they also may be relevant for suicide prevention and other areas). However, to help guide stress prevention and reduction P⁴, it is useful to think of stress risk and protective factors as falling into one of three areas: work and organizational characteristics, environmental characteristics, and individual characteristics, each of which might lead to different approaches for P⁴. All three areas can include *stressors* (i.e., common causes of stress) and *risk factors* or *protective factors* (factors that tend to increase or reduce the impact of a stressor or provide protection against its effects); in many cases, the exact same characteristic can be viewed as both a stressor and a risk/protective factor.

For example, employees working in jobs with the following characteristics have been shown to experience higher levels of workplace stress (Fisher and Gitelson, 1983; Lee and Ashforth, 1996; Sparks et al., 1997):

- role conflict (e.g., having two different supervisors)
- low autonomy (not a lot of freedom to decide how to accomplish one's work)
- high workloads

⁷ In this CAM, we use *resilience* and *protection* interchangeably. *Resilience* refers to how well people respond to or rebound from exposure to stressful events, circumstances, or environments. Factors that provide protection also add to someone's resilience.

- shift work (e.g., night shifts or swing shifts)
- long hours (e.g., ten- or 12-hour days).

Therefore, these work characteristics are commonly thought of and studied as potential workplace stressors. However, some aspects of the workplace or the job are commonly studied as potential protective factors. For example, social support in the workplace (i.e., having supportive co-workers and supervisors)⁸ has been shown to help reduce feelings of stress (Viswesvaran, Sanchez, and Fisher, 1999). Work characteristics, such as leadership and organizational culture, are commonly studied as factors that can serve as protective factors, as risk factors, or as stressors themselves.

These and other examples of stressors, protective factors, and risk factors that exist at the work, organizational, environmental, and individual levels can be found Table I-2. The table summarizes research on which factors are associated with greater risk, protection, or resilience (indicated by the X). The cells also provide additional text that specifies the nature of the relationship between a factor and greater risk or greater protection/resilience. For example, in the first row, research shows that for work hours, long work hours are associated with greater risk, while manageable work hours provide protection.

Some of these stressors and protective factors may be within the organization's ability to control, change, or influence directly through changes to organizational rules, regulations, and other policies. For example, leadership, organizational culture, characteristics of the job, and the work environment are all factors under the organization's control. Those are ideal as a target of a force-wide organizational change P⁴. *Individual traits*, however (which are found only in the last category), are not directly under the organization's span of control and vary from individual to individual. These traits can sometimes cause people to react more or less strongly to a stressor (i.e., they can serve as either a risk or protective factor). In those cases, a P⁴ designed to target just people with those traits might be useful. People with the most exposure to those stressors, the least exposure to protective factors, and the traits associated with greater risk are the most likely to perceive high levels of workplace stress and experience negative consequences as a result.

⁸ Social support outside the workplace (i.e., family and friends) can be a protective factor as well.

Table I-2. Examples of Workplace Stressors, Stress-Related Risk Factors, and Protective/Resilience Factors

Level	Factor	Increases Risk?	Provides Protection/ Resilience?
Work and organizational characteristics	Work hours (amount and schedule—e.g., shift work)	X Long work hours and stressful schedule	X Manageable work hours and schedule
	Work demands (size of workload, intensity, uncertainty, repetitiveness)	X Too many work demands	X Fewer work demands (see notes)
	Work roles (role conflict, role ambiguity, autonomy, control, job rotation, job enrichment)	X Negative work roles and experiences (e.g., role ambiguity, role conflict, low autonomy)	X Positive work roles and experiences (e.g., little role ambiguity, low role conflict, high autonomy, job enrichment, fulfilling role)
	Organizational structure and climate (evaluation and reward systems, turnover, job security, norms, perceived justice)	X Negative organizational structure and climate	X Positive organizational structure and climate
	Social support in the workplace	X Low	X High
	Leadership	X Nonsupportive, poor, abusive, or toxic leaders	X Supportive, transformational, or good leaders
	Work-life balance	X Negative work-life balance	X Positive work-life balance
	Person-organization fit	X Poor person-organization fit	X Good, full, or close-to-full alignment between person and organization

Level	Factor	Increases Risk?	Provides Protection?
Environmental characteristics	Situational pressures (weather, commute)	X Many situational pressures	X Moderate or few situational pressures
	Economic and industry pressures (unemployment; increased training, education, or professional development requirements for members of certain professions)	X Professional development requirements might compete for time with regular job duties	
	Geographic location features (quality of life; cost of living; climate; hours of daylight and sunlight exposure; community's alignment with personal interests, goals, and lifestyle)	X Negative geographic location features (e.g., poor climate, lack of community alignment with lifestyle)	X Positive geographic location features (e.g., moderate climate, community alignment with lifestyle)
Individual characteristics	Demographics (age, gender, race, or ethnicity)	X E.g., being a member of an underrepresented group can be an added stressor that can lower resilience	X Older workers may have better coping strategies honed over years of stress (see notes)
	Personality traits and temperament (locus of control, negative affect, emotional stability)	X Low emotional stability, tendency to experience high levels of negative emotions	X High emotional stability
	Family demands and other life constraints or pressures (work-family conflict, child care needs, financial stability)	X Many family demands and other personal life constraints or pressures	X Few family demands and other personal life constraints or pressures
	Support network outside of work (friends and family)	X Weak or no social support network	X Strong social support network

SOURCES: Adapted from Hardison et al., 2014, pp. 37–38; Hardison et al., 2017; Harms et al., 2018; and Harms et al., 2013.

NOTES: In general, the concepts described in this table exist on a continuum. For example, characteristics such as culture or social support can range from very negative to very positive. In many cases, when they are on the positive end of the continuum, they tend to serve as protective factors, and when they are on the negative end, they tend to serve as risk factors. In some cases, however, the relationships can be more complex. For example, boredom itself can be a source of workplace stress. As such, while too many work demands can be a stressor and fewer work

demands can be a protective factor, *too few* work demands could lead to stress as well. Similarly, the role of demographic factors is not so clear-cut. For example, there are some circumstances in which being an older worker might be a risk factor and being a younger worker might be a protective factor.

Evidence for P⁴ that reduce and prevent workplace stress

Workplace stress P⁴ can aim to reduce the occurrence of workplace stressors or the adverse outcomes experienced by employees in reaction to workplace stressors (Ivancevich et al., 1990). Thus, workplace stress P⁴ can target stressors at the organizational level, the individual level, or both levels.

People's perceptions of how much stress they are experiencing occur along a continuum from less perceived stress to more-severe perceived stress.⁹ Relatedly, interventions to prevent and reduce stress occur along a continuum of care. Specifically, as drawn from the behavioral health continuum of care proposed by the Institute of Medicine and advocated by the Substance Abuse and Mental Health Services Administration (SAMHSA),¹⁰ stress interventions range from those that promote psychological health (i.e., low stress and high ability to cope effectively with stress) to those that facilitate recovery from severe stress-related problems, such as substance abuse and mental health disorders. Figure I-3 shows this continuum of care.

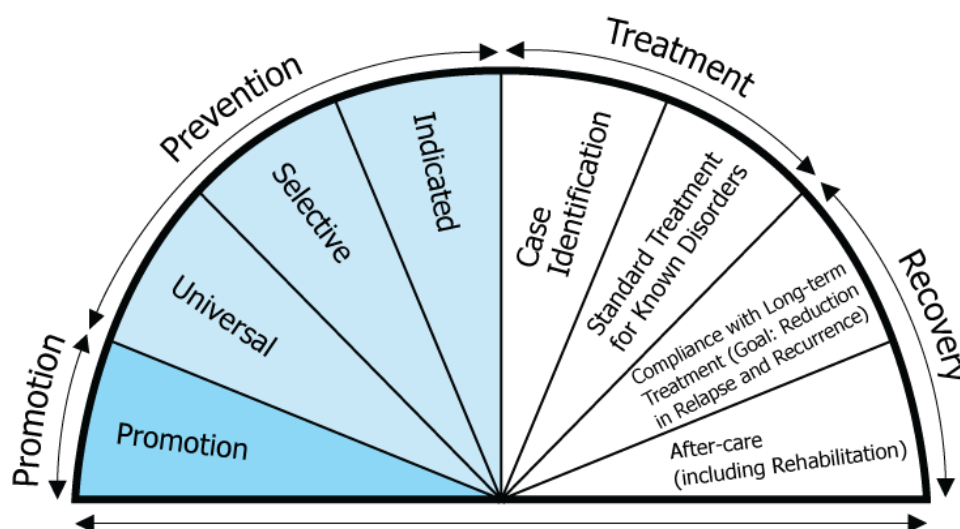


Figure I-3. Behavioral Health Continuum of Care

SOURCE: SAMHSA.

At the *promotion* end of the spectrum are P⁴ that make the environment less stressful or enhance resilience at the individual level—i.e., they increase the individual's ability to maintain psychological health in the face of stressors. The *prevention* portion of the spectrum

⁹ Research has shown that a range of individual differences can impact how people perceive and subsequently cope with the same stress events. In addition, environments, situations, and circumstances can also vary in the level of stress that they are likely to induce. Both can explain why some people perceive themselves as experiencing low levels of stress, whereas others perceive themselves as experiencing high levels of stress. For more discussion on this, see Lazarus and Folkman, 1984, for example.

¹⁰ SAMHSA, "Substance Abuse and Mental Illness Prevention," last updated January 30, 2019. <https://www.samhsa.gov/prevention#continuum-care>

encompasses P⁴ administered before the inception of clinical disorders that can result from prolonged or intense stress. These P⁴ can be universal—i.e., delivered to everyone in the target population, regardless of their risk of developing severe stress-related problems; selectively implemented—i.e., delivered to a subset of individuals who are known to be at high risk of experiencing high levels of workplace stress (e.g., those whose jobs involve shift work or long work hours); or indicated—i.e., delivered to a subset of individuals who are already showing early signs of problems with workplace stress (e.g., high levels of workplace hostility) but have not yet developed clinical disorders, such as depression or substance dependence. The *treatment* portion of the continuum addresses identification and treatment of individuals whose stress problems have become a diagnosable clinical disorder. The last phase of the continuum of care pertains to *recovery* from clinical disorders.

This CAM focuses explicitly on the types of workplace stress P⁴ captured in the *promotion* and *prevention* phases of the continuum. While those who have diagnosable clinical disorders may experience reductions in levels of stress or psychiatric symptoms from participating in P⁴ in the promotion and prevention portions of the continuum of care, they would warrant more intensive forms of treatment, such as medical counseling/psychotherapy and/or pharmacotherapy. Examples of such treatments are provided in the VA/DoD clinical practice guidelines for PTSD (Management of Posttraumatic Stress Disorder Work Group, 2017) and depression (Management of Major Depressive Disorder Working Group, 2016).

As noted above, P⁴ can be designed to address the causes of workplace stress (by changing something in the organization, job, or environment), or they can be designed to provide individuals with tools to enable them to cope with stress or change how they react to it (by providing training, counseling, etc.). In this CAM, we refer to the first type (changing something in the organization, job, or environment) as an *organization-level P⁴* and the second type (providing tools for coping) as an *individual-level P⁴*. Both are considered critical to effecting change.

In an organization-level P⁴, the emphasis is on changing the organization or organizational environment in a way that can help remove, reduce, or protect against stressors.¹¹ However, this requires a customized P⁴. An off-the-shelf P⁴ option would not be ideal because each job, environment, and organization has unique stressors and unique organizational environments. Instead, the organization should aim to diagnose the specific sources of its problems operating in its own organization, including specifying the full range of stressors that are impacting its personnel and which ones are causing the most stress. To do this, an organization should take steps to directly investigate whether specific types of potential stressor risk factors (summarized in Table I-2) are playing a major role in stress in that organization. An ideal approach for this would be to hold subject-matter expert panels, conduct focus groups, or conduct surveys asking participants to describe in detail and rate the impact of any stressors related to each dimension in the table (leadership, lack of work autonomy, workload, work demands, work hours, etc.).¹² In

¹¹ This can include taking steps to directly reduce or eliminate stressors or work demands, or it can include making changes to organizational practices and environments known to help promote or support resilience to stressors in the organization's work environment. For example, rather than trying to eliminate or reduce work stress, organizations can modify the work environment such that resilient responses are facilitated across the workforce (e.g., by providing more operational control to workers, thus supporting their feelings of control, or providing greater information about the organization's mission and activities, thus encouraging greater commitment and engagement). See, for example, Bartone, 2017.

¹² Note that employees often do not feel comfortable providing candid feedback about stressors to their employers for fear of retaliation. If an organization does undertake this type of data collection effort, care needs to be taken to

addition, an exploratory approach that does not ask directly about the known categories of stressors and risk factors can be especially important to make sure that other stressors (ones that may be unique to that organization and that might not fit well in the more well-established categories of stressors) are not overlooked. To do this, it is important to include broad, catchall questions for participants, such as “What are the top stressors you face in your job?” and “Are there any other aspects of your job (not already mentioned) that you wish could be changed?”

The organization also needs to prioritize the stressors to address, taking into consideration its unique situation. This could be done in any number of ways, such as prioritizing the ease of implementing a change, the cost of the change, or the expected impact of the change. The GTO process can help guide installations through these considerations. Because there is no single prepackaged P⁴ solution, there will always be uncertainty in whether an organization-focused P⁴ will have the desired effect (i.e., reduction of stress in the workforce). To help maximize the likelihood that a P⁴ will be helpful, careful attention to diagnosing the problems and prioritizing which to address (i.e., GTO Step 1) and grounding the approach in a sound rationale for why the P⁴ changes should lead to positive outcomes are critical (i.e., GTO Steps 2 and 3). In addition, because these approaches are so tailored to a local site, they should be evaluated to assess their impact.

P⁴ that target individual-level workplace stress are designed to give individual employees the knowledge and skills they need to cope with that stress¹³ (DeFrank and Cooper, 1987). These P⁴ take many forms (DeFrank and Cooper, 1987; Robson and Manacapilli, 2014; Ryan et al., 2017), including

- cognitive-behavioral therapy (CBT)
- relaxation techniques
- meditation
- time management
- psychoeducational interventions
- stress inoculation training
- resilience interventions
- self-efficacy interventions.

Multiple reviews of the available evidence for individual-level workplace stress P⁴ (typically called *occupational stress interventions* in the peer-reviewed literature) have concluded that CBT is more effective at addressing individual-level stress and related psychological outcomes than at addressing other types of individual-level workplace stress P⁴ (Bhui et al., 2012; Richardson and Rothstein, 2008; Van der Klink et al., 2001). CBT is a psychotherapeutic approach that

- has been used to reduce symptoms of a wide variety of mental health conditions and can be used to reduce perceived stress
- aims to reduce stress by helping people identify and modify maladaptive thought patterns and behaviors that contribute to stress and imparting problem-solving skills and coping skills (e.g., relaxation techniques) that can be applied to decrease stress

ensure that the people collecting the data are not in employees' direct chain of command, confidentiality is protected, and participants feel comfortable speaking freely.

¹³ Although individual-level workplace stress interventions have the goal of reducing stress experienced by employees as a result of workplace stressors, many of the interventions used to address workplace stress at the individual level target coping skills in general and, thus, potentially can be used to reduce stress experienced as a result of stressors in other life domains.

- is delivered primarily by mental health professionals in the context of a face-to-face psychotherapy session.

Recently, CBT interventions also have been made available in nonclinical settings in digital formats (computer- or web-based training and smartphone apps) and are the most common type of digital intervention for individual-level workplace stress (Ryan et al., 2017). A recent review of the available evidence on web-based P⁴ for workplace stress suggests that CBT delivered in a digital format can reduce individual-level stress and mental health problems and increase work effectiveness (Carolan, Harris, and Cavanagh, 2017). There is also some evidence of effectiveness of web-based P⁴ for the reduction of stress and stress-related outcomes (such as alcohol use) in military populations (Brown, 2017; Pedersen et al., 2017).

The evidence base and specific interventions for workplace stress P⁴ are described in Step 3, Tip 3-1.

Approaches to reducing and preventing workplace stress in the military

The Air Force has implemented multiple approaches and resources to promote resilience and reduce workplace stress at the individual level, as shown in GTO Step 3, Tip 3-1, and Appendix A. For example, the Airman Resiliency Training (ART) (described in Appendix A)¹⁴ is designed to provide pre- and post-deployment Airmen with strategies for coping with stress. Airmen also have access to a variety of DoD-wide P⁴ for stress reduction. For example, Airmen can access self-guided assistance in cognitive-behavioral techniques for coping with stress through a website called AfterDeployment (AfterDeployment, 2018) and its companion app, Life Armor. Self-guided assistance in cognitive-behavioral techniques (e.g., problem-solving strategies) for stress reduction also is available at a website called Moving Forward (MF) (U.S. Department of Veterans Affairs, 2017), which was created by the DoD in collaboration with the VA; MF also has a companion app by the same name. However, neither AfterDeployment nor MF has been directly evaluated for effectiveness, and, therefore, their benefits for stress reduction are unknown. In addition, Airmen can receive nonmedical counseling and support for a variety of life issues from Military and Family Life Counselors (MFLCs) and Military OneSource. A recent evaluation of the MFLC and Military OneSource P⁴ found significant reductions in workplace stress after program participation (Trail et al., 2017).

Less is known about the efficacy of organization-level workplace stress P⁴ in the Air Force and other military populations. Although some efforts to change workplace stressors have been undertaken (for example, in the remotely piloted aircraft and intercontinental ballistic missile communities) the efficacy of those efforts has not been directly studied.

What installations can do to reduce and prevent workplace stress

As noted above, P⁴ to reduce and prevent workplace stress usually aim to reduce workplace stressors at the organizational level or build skills and knowledge designed to lower perceived stress at the individual level. There is a wide range of workplace stress prevention and reduction P⁴ that installations can consider implementing. In some cases, this may mean implementing something new, such as trying to reduce an organizational stressor. In other cases, an installation might provide support for existing P⁴. However, it should be noted that few workplace stress prevention and reduction P⁴ have had rigorous evaluation in military or Air Force populations, and some of those that have been evaluated in military or Air Force populations have not shown evidence of effectiveness. Examples of P⁴ with some evidence of effectiveness are shown in Tip 3-1.

¹⁴ See Gonzalez, 2014, for more on the efficacy of this program.

Even P⁴ that have not been formally evaluated might be worth implementing if the P⁴ is theoretically sound or the experience of implementation in USAF or other military settings has shown positive results. That implementation should include grounding the P⁴ in a theoretical rationale for why it ought to work that comes directly from the research literature on the topic¹⁵ and adopting techniques or approaches that emulate key features of other P⁴ that have been evaluated and shown to be effective.

Appendix A contains a list of Air Force programs and resources for stress, including prevention and clinical interventions. A table with examples of promising or best-practice P⁴ for several types of prevention P⁴ is provided in GTO Step 3, Tip 3-1.

¹⁵ For example, research shows that leadership skills are correlated with stress perceptions and that leadership skills are trainable. This *theoretically* suggests that leadership training that directly targets the skills that are correlated with a lack of stress *could* be effective at reducing employee stress.

Chapter One

GTO Step 1—Problems and Resources Assessment for a Workplace Stress Prevention and Reduction P⁴

In the Townville Air Force Base (AFB) scenario, its Community Action Team (CAT) decided to address workplace stress as a priority problem because it knew that prolonged exposure to high stress levels can cause serious problems for Airmen, including increased alcohol use, marital problems, sleeping problems, workplace accidents, and even suicides, and can result in individual and unit performance reduction.

Installation Community Feedback Tool (CFT) data for Townville AFB showed a high prevalence of Airmen feeling stressed or overwhelmed. Unlike some installations, Townville AFB has had a higher-than-average number of alcohol-related incidents and spousal abuse cases in recent years, according to the local installation's quarterly tracking data. After being alerted to this trend by the Community Support Coordinator (CSC), the Wing Commander requested that the CAT examine the issue further and, if appropriate, identify potential P⁴ to address the issue.

- In addition to the CFT, anecdotes from squadron leadership suggest that some members of the workforce are complaining about being overworked, expressing dissatisfaction with certain aspects of their job, and talking about possibly wanting to leave the Air Force when their service commitment is up. Those leaders cite several contributing stressors.
- Also unlike some installations, Townville AFB is located in a remote area of the state next to a small farming town. It is a 3.5-hour drive to the nearest major city and airport. The local nearby town lacks many of the services, conveniences, and options for entertainment and recreation to which most people are accustomed (e.g., no shopping malls, movie theaters, bowling alleys, large hospitals, etc.).

To complete GTO Step 1, the CAT began by reviewing information from installation-level data sources, like those shown in Tip 1-1, to learn about risk and protective factors related to workplace stress on Townville AFB. It referred to the list of risk and protective factors for workplace stress shown in the GTO CAM Introduction. Installation-level data sources revealed several potential risk factors for workplace stress, including the following:

- Quarterly data on mental health assessments obtained from the Director of Psychological Health indicate an increase in rates of depression, overall poor mental health, and numbers of Airmen seeking mental health counseling for workplace stress through the Mental Health Flight in each of the past three years. These increases indicate that nonclinical interventions may be needed to reduce workplace stress before it leads to a clinical disorder.
- Reports from the Alcohol and Drug Abuse Prevention and Treatment program (ADAPT) show elevated incidents of alcohol-related misconduct and DUI arrests; a recent CFT also indicated that Airmen were experiencing problems in many areas of their lives (high rates of problems with mood and low levels of resilience, as measured with the Connor-

Davidson Resilience scale¹⁶), but few had contacted any military or nonmilitary helping agencies for help with these issues. Half of the survey respondents who indicated that personal well-being was their most significant problem during the past year cited feeling stressed or overwhelmed.

- Anecdotal evidence from chaplains and family liaison officers (FLOs) suggests that people are reluctant to seek treatment because of concerns about confidentiality and the stigma of seeking mental health treatment.

The CAT logged key findings from these data sources in the Data Catalog Tool (later in this chapter).

Together, these indicators suggest to Townville's CAT that there may be many Airmen who were experiencing problems with workplace stress and waited until their problems had become so severe that they manifested in a clinical disorder, such as depression. These indicators suggest that there also are many Airmen who have less-severe problems with workplace stress but are reluctant to seek treatment. Thus, the CAT determined that effort is needed to intervene earlier in the development of workplace stress to prevent Airmen from developing further problems.

The Triaging Among Problems Tool helped the CAT

- consider a range of potential problems
- weigh them and determine that its two top priority problems were
 - high rates of workplace stress
 - lack of healthy coping mechanisms to deal with workplace stress
- determine that addressing the need was consistent with USAF goals to address Airman quality of life.

Using the Community Resource Assessment Tool, the CAT considered other existing resources to avoid duplication of efforts. From these tools, it concluded that its initial concern about addressing the base's higher-than-average stress levels was valid and was not already being addressed.

¹⁶ See Tip 6-2 for more on this resilience scale.



Tip 1-1. Existing data sources to help you identify workplace stress problems in your community

Installation-level sources:

1. The **Community Feedback Tool (CFT)** is a report on the results of a biannual community needs assessment conducted across all Air Force installations. Your installation's most recent survey report was provided to your MAJCOM's CSPM and Violence Prevention Integrator (VPI) in May 2018. Rates of feeling stressed or overwhelmed are included in CFT Appendix D for Airmen who indicated that their personal well-being was their most significant problem during the past year. Copies of this report for your installation can be obtained from your MAJCOM's CSPM or VPI.
2. The **Dynamic Reports** tool provides a variety of metrics related to alcohol and drug incidents, readiness, and other health factors (e.g., sleep). The tool allows for tracking of these metrics over time and in comparison with MAJCOM and Air Force rates. Significant trends and/or comparisons are highlighted in a color-coded "stoplight" function: carepoint.health.mil/sites/caib_dr/SitePages/Home.aspx
3. The **Director of Psychological Health** can provide data on trends, risk factors, and specifics, such as the number of psychiatric inpatient hospitalizations and the number of high-interest patients being treated within the Mental Health Flight.
4. The **Drug Demand Reduction Program (DDRP)** provides raw numbers on active-duty and civilian drug test results by fiscal year and information on illicit drug use trends and concerns on an as-needed basis.
5. **Legal (Judge Advocate [JA])** provides aggregate quarterly data on the number and types of legal assistance visits (such as child custody and domestic relations) and other relevant installation data and trends.
6. The **Alcohol and Drug Abuse Prevention and Treatment (ADAPT)** program gathers local data on DUIs and other substance abuse-related arrests and incidents. Connect with your local ADAPT program for information about your installation.
7. **Family Advocacy Programs (FAP)** collect and report information quarterly about alleged and substantiated child and partner maltreatment in your community. Connect with your local FAP for community information, or view aggregated reports at www.militaryonesource.mil/reports-and-surveys.
8. The **Airman and Family Readiness Center (A&FRC)** provides quarterly trends data on support services offered to Airmen and their family members (i.e., personal, work life, financial, transition, relocation, etc.). Information about concerns identified through leadership consultations, unit networking, and community partnerships is provided on an as-needed basis (Air Force Instruction 36-3009, 2019).
9. The **Chaplain Corps** provides quarterly data on the top five counseling trends from the USAF Chaplain Corps Activity Reporting System (AFCCARS); aggregate quarterly data on suicide ideation, sexual harassment/assault, bullying (all types), and domestic violence (all types and financial problems); and additional data upon request.

10. **Community Action Team and Community Action Board meeting minutes** are another source of information on the issues and experiences of your installation community.

Air Force–Wide Sources:

You may want to compare your installation's risk or protective factors with Air Force averages to set goals for improvement, or you might consider looking at factors that generally need improvement across the Air Force. The following data sources provide averages on a variety of risk and protective factors across the Air Force.

1. The **Air Force Specialty Stress List** is updated quarterly and identifies career fields that are considered stressed (those without enough manpower to carry out the assignment).
2. The **Department of Defense Annual Report on Military Family Readiness** summarizes information from evaluations of military family readiness P⁴, including youth programs, Spouse Education and Career Opportunities (SECO), nonmedical counseling, and Morale, Welfare, and Recreation (MWR): www.militaryonesource.mil/reports-and-surveys
3. The **Blue Star Families Military Family Lifestyle Survey** is the largest and most comprehensive survey of active-duty service members, veterans, and their families. Annual surveys and reports cover the experiences and challenges encountered by military families, including the impact of deployment on children and families, military family quality of life, and service member and veteran suicide: www.bluestarfam.org
4. The annual **Department of Defense Suicide Event Report (DoDSER)** provides information on all Air Force and other services' suicide rates and attempts, as well as information regarding current stressors (i.e., family, administrative/legal, work, etc.): www.dspo.mil
5. **Post-Deployment Health Assessments (PDHAs) and Post-Deployment Health Reassessments (PDHRAs)** administered within 30 days after deployment include self-reported items that may be indicators of stress (i.e., problems sleeping, increased irritability, taking more risks, etc.): <https://health.mil/Military-Health-Topics/Health-Readiness/Reserve-Health-Readiness-Program/Our-Services/PDHRA>
6. The **Periodic Health Assessment (PHA)** with a mental health assessment component is now conducted annually as part of the National Defense Authorization Act and could provide data on indicators related to stress: <https://health.mil/Military-Health-Topics/Health-Readiness/Reserve-Health-Readiness-Program/Our-Services/PHA>

NOTE: As a reminder, although the Townville scenario is fictional, the sources listed in this table are examples of actual data sources that may be of use to Air Force CATs. Data from these sources may not be directly accessible to the CAT, but CABs and others may be able to request base-level overview statistics from these sources.



Data Catalog Tool

Completed by: CSC with CAT input Date: July

Risk Factors or Problem Areas and other gaps, e.g. resilience factors to be increased	Sources of Data	Existing or New Data	Person Responsible/ Date Due
1. The number of Airmen reporting poor mental health has increased by 15% in the last year.	Periodic Health Assessment: Mental Health Assessment	Existing	Director of Psychological Health month 1
2. The number of patients seeking mental health counseling for workplace stress has increased by 18% in the last three months.	Quarterly data on the number of mental health counseling sessions for workplace stress treated within the Mental Health Flight	Existing	Director of Psychological Health month 1
3. Airmen have had a significant increase in the number of alcohol-related misconduct incidents (20% more in calendar year [CY] 2017 than in CY 2016).	Raw numbers of alcohol-related misconduct incidents from ADAPT annual report	Existing	ADAPT CAT member month 1
4. 26% of active-duty Airmen have reported high levels of emotional exhaustion, and 53% noted large amounts of occupational stress due to shift work.	Maslach Burnout Inventory–General Survey (MBI-GS)	New	CSC month 1
5. More than half (55%) of Airmen reported problems with mood (including depression, impatience, anger, aggression, anxiety), but 40% of Airmen did not seek or access resources to help with their problems. Over a third (35%) of Airmen indicated that they would turn to personal networks outside the military (such as family).	CFT report	Existing	CSC month 1



Community Resources Assessment Tool

Completed by: CSC with CAT input _____

Date: ____ July ____

	Resource 1	Resource 2	Resource 3
Name of resource and its services/ activities	Military and Family Life Counselors (MFLCs): nonmedical counseling services	Wingman Day awareness activities	Townville AFB Mental Health Clinic
Location (Installation or Community)	Townville AFB	Townville AFB	First floor of Building 140 at the Townville AFB Medical Clinic
Target population served	Airmen and their families	Airmen	Airmen and their families
Hours of operation	M–F 0800 to 1630, closed on weekends, federal holidays, and family days	2 days a year	M–F 0700 to 1630, closed on weekends, federal holidays, and family days.
Who uses it?	Mostly spouses of Airmen who are having difficulty adjusting to life on base, given its remote location	Airmen active in community events or online forums promoting workplace camaraderie and social connection resources and relationship building activities	Airmen seeking treatment for mental health problems, addictions, and domestic/family violence education and treatment
Community risk factors addressed	Deployment/ reintegration problems, parenting/sibling/ family issues, stress/anxiety, grief and loss, marriage and relationships, life skills coaching	Workplace fit, co-worker relationships	Depression, stress, anxiety, work environment stressors, post-deployment concerns, other mental health concerns; drug and alcohol use; family functioning
Protective and resilience factors being promoted	Promotes family functioning and relationship support	Promotes awareness of available resources	Promotes family functioning; drug and alcohol prevention; promotes well-being and decreases negative mental health issues
Any outcomes/ evidence of effectiveness produced by the resource?	Spouse and child well-being, spouse and child education enrollment	None at this time	Unknown
What's working?	Anecdotally, families are receiving help with parenting skills and school support for children with behavioral issues	Anecdotally, squadron leaders report that Wingman Day helps Airmen to get to know each other and build trust, but it is unclear whether that means that they feel less stressed as a result	Anecdotally, mental health counseling is improving mental health in Airmen who have diagnosable mental health problems



Triaging Among Problems Tool

Completed by: CSC with CAT input Date: July

Triaging Process Questions	Problems to be addressed:			
	(1)	(2)	(3)	(4)
1. List problems to be addressed.	Airmen are experiencing high rates of workplace stress	Airmen lack healthy coping strategies to deal with workplace stress	Workplace stressors may not be recognized and addressed by leadership	Most Airmen say that they would not turn to professional resources for help due to concerns about the stigma of on-base counseling
2. List capacities needed to address the problem	Workplace stress interventions that can easily be accessed at Airmen's convenience (outside of work hours: late at night, weekends, etc.; for just a few minutes at a time)	To have some way to train large numbers of Airmen in strategies for coping with stress	Leadership needs to be on board and supportive Resources may be needed to make real changes to the workplace	Self-help tools that could support people who are concerned about seeking help through more-formal means
3. Is this problem currently being addressed elsewhere (at the installation or neighboring community)?	No	No	No	No
4. Is this a problem that we lack the resources (time and budget) to confront?	No	No	Partially (reducing the stressors themselves may be costly)	No
5. Is this a problem that we cannot change or whose change we cannot measure?	No	No	No	No
6. Is this a problem that we choose not to address at this time?	No	No	No	No

Triaging Process Questions	Problems to be addressed:			
	(1)	(2)	(3)	(4)
7. Is this a problem that our installation must address to comply with AF CAB or MAJCOM priorities?	No	No	No	No
8. Highlight the remaining problems with associated capacities and the mandated priorities. These are your priority problems.	Airmen are experiencing high rates of workplace stress	Airmen lack healthy coping strategies. Self-help approaches need to be scalable and effectively disseminated to Airmen at Townville AFB. A warm handoff is ideal.	Leadership may not really believe that reducing stress in the workplace is their responsibility	Airmen are hesitant to use base resources. Resources that have been historically promoted at Townville AFB for stress problems involve face-to-face counseling, which is not anonymous.
9. Specify your target population, including their characteristics and the approximate number for which you have resources, e.g. all Airmen or a more targeted group?	Airmen who are experiencing workplace stress. This is estimated to be roughly half (50%) of Townville AFB Airmen, or about 1,500 Airmen (50% of 3,000 total Airmen at Townville AFB). In particular, a large proportion of Airmen in the Maintenance Group (MXG) are experiencing problems with workplace stress (80% of Airmen in the MXG).	Airmen who are experiencing workplace stress. This is estimated to be roughly half (50%) of Townville AFB Airmen, or about 1,500 Airmen (50% of 3,000 total Airmen at Townville AFB). In particular, a large proportion of Airmen in the MXG are experiencing problems with workplace stress (80% of Airmen in the MXG).	All Townville AFB service members (about 3,000 total) AND base leadership (e.g., Lt. Col and higher; senior enlisted ranks, wing and group-level leaders)	Airmen who are experiencing workplace stress. This is estimated to be roughly half (50%) of Townville AFB Airmen, or about 1,500 Airmen (50% of 3,000 total Airmen at Townville AFB). In particular, a large proportion of Airmen in the MXG are experiencing problems with workplace stress (80% of Airmen in the MXG).



Chapter Two

GTO Step 2—Goals and Desired Outcomes for a Workplace Stress Prevention and Reduction P⁴

In **GTO Step 2**, the Townville AFB Community Action Team (CAT) set Community Action Plan (CAP) goals of having fewer workplace stressors, having Airmen respond well to stressors that remain, and having Airmen feel less stressed overall. After setting specific, measurable, achievable, realistic, and time-based (SMART) desired outcomes, the CAT then began to build a logic model (using the Step 2 Community Action Plan Overview Tool, later in this chapter) that linked its needs, resources, and goals to its desired outcomes, which it presented to the Community Action Board (CAB) for their feedback and buy-in.

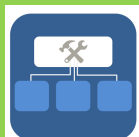
Reduced workplace stress should not be the *only* desired outcome. That is because the following challenges are associated with measuring stress:

1. Stress is often the result of a combination of many stressors and individual differences in people's ability to cope with them. As a result, it is very difficult for a single P⁴ to have a big impact on stress installation-wide. Noticeably changing stress rates may require not only a P⁴ with many components, but also a significant overhaul of the workplace and its organizational culture.
2. A reduction in stress may not be immediate. This is, in part, because change itself can be stressful. People also are often suspicious of leadership efforts to effect change in the workplace and question whether the change will be long-lasting. Until they have confidence that changes are permanent, there still may be stress associated with that area. In addition, people often require practice to learn or apply new coping skills.
3. Stress prevention and reduction P⁴ typically target either changes to a *stressor* or someone's *ability to handle stressors* (e.g., developing coping skills and instituting protective or mitigating factors in the workplace). They do not, however, typically treat stress or its many consequences (e.g., drinking problems, physical health, or depression) directly,¹⁷ so changes in those areas may not be easily observed. The topics targeted directly by the P⁴ are likely more measurable and achievable.

These issues can make it difficult to document reductions in stress as a result of a P⁴. For this reason, in the Townville CAP, directly reducing stress was one of the goals, but the CAT also chose a desired outcome that was more likely to show direct impacts of the P⁴ chosen—namely, having good strategies to cope with existing stressors. Outcome and process evaluation plans are discussed in GTO Step 6. After deciding its goals and desired outcomes, the CAT began to

¹⁷ These consequences do require direct clinical treatment and interventions. They are not, however, typically included as part of a stress prevention and reduction intervention. They are, instead, best handled separately through interventions specifically targeted toward them (e.g., alcohol abuse prevention).

fill in the Community Action Plan Overview Tool, columns 1–3. In later steps, the CAT came back to this tool and completed the rest of the columns about P⁴ and evaluation.



SMART Desired Outcomes Tool

Completed by: CSC with CAT input Date: August

	Goal:	SMART Desired Outcome Statement
	Airmen will report that certain stressors are reduced	Reduce the percentage of personnel rating the stressors targeted by the P ⁴ as “moderately or extremely stressful” by 15% within 6 months (as measured on a self-report survey administered monthly on base)
	SMART Checklist	
Specific	The stressors targeted for reduction in the P ⁴	
Measurable	The percentage of personnel rating the targeted stressors as “moderately or extremely stressful” will be reduced by 15% (as measured on a self-report survey administered monthly on base)	
Achievable	Few studies have explored direct links between change efforts and perceived stressors, so achievability is not well understood.	
Realistic	It is realistic that a P ⁴ enacting direct changes to stressors identified by the workforce could help reduce stress.	
Time-based	Results should be achieved within 6 months of implementing changes resulting from the P ⁴ .	
	Goal:	SMART Desired Outcome Statement
	Airmen will report having good strategies to cope with existing stress	Within the first 6 months of the P ⁴ , there will be a 30% increase in the percentage of Airmen who report believing that they have good strategies to help them cope with the existing stressors (as measured on a self-report survey administered monthly on base).
	SMART Checklist	
Specific	Airmen will be more likely to say they have good coping strategies (as measured on a monthly survey)	
Measurable	Responses about having good coping strategies on the monthly survey will be 30% higher 1 month after the rollout of the CBT P ⁴ for those who accessed the site.	
Achievable	Studies have shown positive effects of CBT on people’s perceived coping ability (Sonnetag and Frese, 2003).	
Realistic	It is realistic that a P ⁴ that includes training on coping skills would increase someone’s perceived ability to cope.	
Time-based	Results should be achieved within 6 months of the P ⁴ rollout	

	Goal:	SMART Desired Outcome Statement
	Airmen will have low stress in their daily lives	The percentage of people rating their stress as moderate or higher on the monthly survey will be 15 percentage points lower six months after the rollout of the P ⁴
	SMART Checklist	
Specific	Airmen’s perceptions of their stress	
Measurable	The percentage of people rating their stress as moderate or higher on the monthly survey will be 15 percentage points lower.	
Achievable	Previous studies have shown that P ⁴ targeting specific workplace stressors can result in reduced stress (Ivancevich et al., 1990). Studies have also shown positive effects of CBT on how people perceive the stress in their life (Van der Klink et al., 2001).	
Realistic	It is realistic that a P ⁴ making changes to aspects of the job that people find stressful will reduce overall stress. It is also realistic for well-tested CBT approaches to impact perceived stress.	
Time-based	Results should be achieved six months after rolling out the P ⁴	

The Community Action Plan Overview Tool shown here is intended to help the CAT build a logic model linking its needs, resources, and goals to its desired outcomes. Note that the last four columns of the table are completed and/or revised based on information gathered in Steps 3 through 6.



Community Action Plan Overview Tool

Vision for your Installation's CAP: Supporting the health and well-being of the Townville AFB community by spearheading workplace change efforts and providing access to timely, helpful, and effective resources.

Completed by: CSC with CAT input

Date: August

What challenges is your Community Action Plan addressing? (Summarize GTO Step 1)	What are the goals for your Community Action Plan? (From GTO Step 2)	What are your Desired Outcomes? (From GTO Step 2)	What P ⁴ are you using to achieve these desired outcomes? (Finalized by GTO Step 6)	How will you assess the quality of your P ⁴ ? <i>PROCESS EVAL</i> (from GTO Step 6)	How will you assess the outcomes of your P ⁴ ? <i>OUTCOME EVAL</i> (from GTO Step 6)	How will you track whether your goals have been addressed? (see GTO Step 6)
Townville AFB has been seeing warning signs of possible stress within the force (higher rates of alcohol problems and survey responses show low resilience), but few Airmen are accessing services for help with workplace stress, and most indicated that they would be more likely to turn to family for advice and support. For example, there were 20% more alcohol-related	Airmen will report that certain stressors are reduced	Reduce the percentage of personnel rating the stressors targeted by the organization-focused intervention P⁴ as "moderately or extremely stressful" by 15% within 6 months (as measured on a self-report survey administered monthly on base) [Note that changes to this outcome measure would be expected to occur as a result of the organization-focused intervention and,	Web-based CBT tool called Moving Forward (MF). A customized Air Force workplace stressor reduction program (an Organization-Level Workplace Improvement P⁴) [As a reminder, this P ⁴ was tabled later in this CAM until a leadership partner (LP) who can provide resources and has the authority to implement changes to the workplace can be	The CAT plans to measure - Age, gender, race/ethnicity, rank, and occupation # using the web-based MF compared with the target (there were a total of 400 MF completers; 500 was the target) % of users who were	The CAT plans to measure outcomes quarterly at Commander's Calls. The outcome will be measured via survey before and after rollout of MF: perceived stress (two measures) The survey design will include a pre- and post-	The CAT will regularly monitor Periodic Health Assessment Mental Health Assessment and the number of mental health counseling sessions with the presenting problem of workplace stress treated within the Mental Health Flight. The team will use raw numbers of alcohol-related misconduct incidents from the ADAPT annual report and the next administration of the CFT to assess progress on its goals

misconduct incidents in CY 2017 than in CY 2016, and 55% of Airmen also reported problems with mood (including depression, impatience, anger, aggression, and anxiety).		therefore, were tied to that P ⁴ . That P ⁴ was tabled later in this CAM based on the CAT's Step 5 assessment regarding the need for a leadership partner in the organization-focused intervention.]	identified. The CAT does, however, note that it believes that the organization-level P ⁴ should be pursued, but not immediately. It plans to rely on the MF P ⁴ execution plan as an opportunity to an opportunity to open a dialogue with base leadership and to identify and develop relationships with leaders who may be especially receptive to organization-level changes.]	able to find the online CBT course 1 month after the MF rollout • % of Airmen who started the course and took all 8 modules • Satisfaction with MF • Volunteer and other staff perceptions of the P⁴ • Whether the workplan was adhered to	comparison of all commander's call attendee outcomes and a post-only comparison of outcomes for those who used the MF and those who did not.	
Same as above	Airmen will have low stress in their daily lives	The percentage of people rating their stress as moderate or higher on the monthly survey will be 15 percentage points lower 6 months after the rollout of the P ⁴	Same as above.	Same as above.	Same as above.	Same as above.

Same as above	Airmen will report having good strategies to cope with existing stress	Within the first 6 months of the P ⁴ , there will be a 30% increase in the percentage of Airmen who report believing that they have good strategies to help them cope with the existing stressors (as measured on a self-report survey administered monthly on base).	Same as above.	Same as above.	The outcome will be measured via survey before and after rollout of MF: • belief about having good coping skills The survey design will include a pre- and post-comparison of all commander's call attendee outcomes and a post-only comparison of outcomes for those who used the MF and those who did not.	Same as above.
---------------	--	--	----------------	----------------	--	----------------

NOTE: Much of the information in this table cannot be completed until Step 6. As a result, the Townville CAT returned to this table and completed it once it had reached Step 6. Text in red reflects changes to the CAP that were made as the CAT progressed through the later steps in this CAM.



Chapter Three

GTO Step 3—Best Practices for a Workplace Stress Prevention and Reduction P⁴

Based on indications from the CFT that Airmen were not likely to seek formal services (such as counseling services) from helping agencies when they were under stress, the Townville Community Action Team (CAT) knew that it needed tools that went beyond traditional mental health and nonmedical counseling services at both the individual and organizational levels. Specifically, it needed individual-level tools that could be accessed anonymously by Airmen, could be used at Airmen's convenience (e.g., during off-work hours, for just a few minutes at a time), and would resonate with the Airmen at Townville AFB (e.g., be relevant to military culture and life on the base and not too specific to pre-exposure preparation or post-deployment stress). The CAT also knew that focusing efforts on just helping individuals cope with workplace stress would not be enough: It needed to spearhead change to the workplace stressors themselves.

In GTO Step 3, the CAT plans to consider

- (1) the best available research evidence
- (2) practitioner expertise and other available resources
- (3) the characteristics, needs, and values of the Air Force
- (4) the unique culture and needs of Townville AFB.

By taking all these factors into consideration, the CAT will be able to choose the best P⁴ among the possible options. It begins this effort by searching for a list or registry of evidence-based practices for workplace stress prevention and reduction resources maintained by the government, DoD, or a nonprofit agency. It finds two existing online registries that contain relevant types of P⁴ and ratings of the level of evidence for each: the Penn State Clearinghouse for Military Family Readiness program selection tool (Penn State Clearinghouse for Military Family Readiness, 2018) and the RAND Corporation's Innovative Practices catalog (RAND Corporation, undated-a), which contains a searchable list of DoD P⁴ for psychological health and traumatic brain injury.¹⁸ Next, it turns to the academic and gray literature (literature not published by a commercial publisher) for guidance. It identifies evidence in scientific articles and other reports by

1. searching for systematic review articles in Google Scholar using the search terms "review" AND ("workplace stress" OR "workplace stressors" OR "workplace stress interventions") AND "interventions" and "procedures"
2. searching for individual evaluation studies in Google Scholar using the search terms "evaluation" AND ("workplace stress" OR "workplace stressors") AND "interventions," "programs," and "procedures"

¹⁸ This resource was last updated around 2011, so newer P⁴ would not be included there.

3. searching the gray literature using internet search tools to find government or business reports.

In sum, the CAT used the registries, Google Scholar, and other internet searches to find

- how much scientific research or evaluation has been done on the P⁴ it was considering
- what developers and other users had to say about the P⁴
- implementation guidance, such as curricula, online access, and materials, that would inform the CAT about the capacity needed to successfully implement one of the P⁴ it was considering.

The CAT's search of the resources described above identifies some P⁴ that target life stress, including workplace stress, specifically in military populations, but the CAT finds few rigorous assessments of the effectiveness of specific individual-level or organizational-level stress prevention and reduction P⁴ in the Air Force or the military in general.

Finding Evidence-Based Individual-Level P⁴

Tip 3-1 shows examples of the most relevant P⁴ for which there is some evidence at the individual and organizational levels, respectively. Each table provides the P⁴ name, the target of the P⁴, a description of the P⁴, any known information about the outcomes, and reference information. The table includes a rating for the P⁴'s level of evidence (individual-level P⁴) or theoretical support (organizational P⁴) using a simple rating of high, medium, or low derived from assessing the extent of research and/or evaluation of the P⁴ (where *high* = supported by evidence using randomized control trials and experimental designs and strong theoretical rationale; *medium* = supported by evidence using quasi-experimental or correlational designs and moderate theoretical rationale; and *low* = little to no data to support or refute the effectiveness and little or no theoretical rationale).

Some P⁴ included in these tables have not yet been included in the registries described above but are recommended by other authorities addressing workplace stress and have evidence of effectiveness published in journal articles. Other P⁴ included in the table do not have evidence of effectiveness directly, but they are grounded in theory that is supported in the research literature, or they are based on approaches that have been demonstrated to be effective in other ways (e.g., using similar techniques under a different P⁴ name). P⁴ that represent a range of levels of evidence, not just those with the highest level of evidence, are included in the tables to increase the likelihood that a P⁴ that satisfies the broader set of criteria for selecting a P⁴ (e.g., cultural appropriateness for the Airmen at Townville AFB) will be found.

The individual-level P⁴ included in the table fall into four broad categories:

1. cognitive-behavioral P⁴ for workplace stress reduction
2. mindfulness-based P⁴ for workplace stress reduction
3. an "other" category for types of P⁴ that do not fall into one of the above two categories
4. organizational change to remove stressors.

In Tip 3-1, the evidence for each of the first two categories is summarized as a whole (e.g., evidence for cognitive-behavioral P⁴ overall). The specific P⁴ that fall into those categories are then listed individually with a summary of their evidence.

After compiling the evidence for various P⁴ related to workplace stress, the CAT synthesized the information to decide which P⁴ were most relevant to the needs of the Airmen at Townville AFB. First, the CAT completed the Evidence Synthesis Tool, which summarizes the best available evidence found from each of the resources that it searched in Section 1 (online registries, systematic reviews, individual studies from the academic and gray literature) and evaluates the extent to which the P⁴ under consideration meet its needs and relate to relevant behaviors and desired outcomes in Section 2. The CAT's responses to the Evidence Synthesis Tool are located later in this chapter.

While there is not one obvious P⁴ that clearly meets the needs of Townville AFB, the CAT remains interested in CBT as an individual-level P⁴ because

1. it has a solid evidence base in addressing stress and related symptoms of mental health conditions (e.g., depression, anxiety) across a variety of populations
2. web-based CBT (versus CBT delivered in a more-traditional, face-to-face format) would be particularly good for Airmen at Townville AFB because of its anonymity and accessibility
3. web-based CBT would reach a much wider audience than in-person CBT and, therefore, could have a bigger global impact
4. in-person CBT is part of standard care when people seek traditional counseling from the local medical centers.

Having decided on web-based CBT P⁴, the CAT must then select a specific type or version of web-based CBT that will best meet the needs of the Airmen at Townville AFB. The CAT can easily rule out P⁴ that are obviously not a good fit for the Airmen at Townville AFB—for example, P⁴ that were designed for people in other countries and made available in a language other than English. Moreover, based on its knowledge of the culture and values of the Airmen at Townville AFB, the CAT believes that it is important to select a P⁴ that is designed explicitly for a military population and, ideally, an Air Force population. Unfortunately, none of the P⁴ designed for use in military populations have a high level of evidence demonstrating their effectiveness at reducing stress. However, all of these P⁴ are based on fundamental CBT approaches that have been shown to be effective in other online tools. Thus, the CAT narrows the candidate P⁴ further to focus on the three P⁴ in Tip 3-1 that are designed specifically for military populations:

1. Moving Forward (MF)
2. Stress Gym
3. AfterDeployment.

A cursory examination of these P⁴ indicates that MF and Stress Gym have both been categorized as having medium levels of evidence supporting their effectiveness, whereas AfterDeployment has been categorized as having a low level of evidence. Thus, the CAT excludes AfterDeployment from further consideration and chooses to focus on MF and Stress Gym. The CAT then decides to evaluate and compare the fit of both of these P⁴ more closely in Step 4 and then select one for further consideration to be implemented.

The CAT also wanted to select an organizational-level P⁴ that could be used to reduce (by as much as possible) the workplace stressors that were the root causes of stress experienced by individual Airmen. However, after reviewing the available evidence, the CAT found that there was no off-the-shelf, organizational P⁴ available that could be easily tailored to a USAF base. Nevertheless, the CAT agreed that it would need to gather more data from its workforce to help identify the unique stressors in the various workplaces at Townville, consult with some experts

in organizational stress reduction, and consider developing a customized Townville AFB Workplace Improvement Program as an organizational-level P⁴.

After working through GTO Step 3, the CAT has narrowed the list of candidate P⁴ to include MF and Stress Gym, both of which are web-based cognitive-behavioral P⁴ designed to reduce stress in military populations at the individual level, and some version of a workplace improvement program at the organizational level as approaches for further exploration. Next, it will move on to Steps 4 and 5 in the GTO process—making sure that these P⁴ fit (Step 4) well with the culture and needs of Townville AFB and that its organization has the P⁴ readiness (Step 5) to carry it out well. The CAT also will use its findings from the more-detailed assessment of the fit of the two individual-level P⁴ in Step 4 to select one of these P⁴ for further consideration to be implemented.



Tip 3-1. Examples of workplace stress reduction P⁴

P ⁴ Name	Target	Description	Air Force, Other Military, Civilian	Web- Based	Outcomes	Level of Evidence	Reference(s)
Individual-Level Cognitive Behavioral P⁴							
Cognitive Behavioral Therapy (CBT) for workplace stress, including web-based P⁴	Adult employees	Helps employees manage workplace stress by identifying and replacing maladaptive thought patterns (i.e., cognitive restructuring) with more-balanced thoughts and by modifying behavior that contributes to stress	Civilian	Yes	CBT is known to produce strong effects. Multiple systematic reviews have found evidence of the effectiveness of CBT for improvement of workplace stress and related outcomes. In the web-based P ⁴ ; there were significant increases in well-being and stress improvement	High	Richardson and Rothstein, 2008 Ryan et al., 2017 Kawai, Yamazaki, and Nakayama, 2010 Bhui et al., 2012 Van der Klink et al., 2001
Coping with Work and Family Stress	Adult employees	Cognitive-behavioral P ⁴ delivered in a group setting in the workplace. Helps employees manage workplace home challenges through behavioral modification, including problem-solving techniques, cognitive restructuring, and relaxation techniques.	Civilian (Marine facilitators train in program)	No	Two randomized controlled trials (RCTs) found lower levels of stress, increased social support at work, and increased problem-solving and coping. Considered promising by the Clearinghouse for Military Family Readiness at Penn State	High	Kline and Snow, 1994 Saadat et al., 2012

P⁴ Name	Target	Description	Air Force, Other Military, Civilian	Web- Based	Outcomes	Level of Evidence	Reference(s)
GET.ON Stress	German employees	Web-based P ⁴ for work-related stress that provides psychoeducation and covers problem-solving skills, emotion regulation/coping skills, and planning for the future; includes mobile support from an eCoach (e.g., sends text reminders to increase adherence)	Civilian	Yes	Three RCTs have demonstrated effectiveness of the P ⁴ at reducing stress and related outcomes relative to waitlist controls, with effects maintained at 6-month follow-up.	High	Heber et al., 2016 Ebert et al., 2016a Ebert et al., 2016b
Computerized CBT	Japanese engineers	4-week P ⁴ with group session and online homework, email feedback from CBT experts, and access to an occupational health nurse for questions	Civilian	Yes	One RCT found that the P ⁴ significantly improved the ability to cope with stress at 6-month follow-up relative to waitlist control group	High	Mori et al., 2014
Emailed CBT	Employees in various occupations	7-week CBT program provided via email with therapist feedback and phone calls as needed	Civilian	Yes (via email)	One RCT found that participants in the P ⁴ experienced small to medium improvements in stress and related outcomes relative to controls, with improvements in stress and related outcomes maintained at 3-year follow-up.	High	Ruwaard et al., 2007
Stress and Mood Management	Tech employees	CBT techniques with relaxation and time management	Civilian	Yes	One RCT showing small improvements in knowledge, help-seeking attitude, and stress relative to waitlist controls	High	Billings et al., 2008

P⁴ Name	Target	Description	Air Force, Other Military, Civilian	Web- Based	Outcomes	Level of Evidence	Reference(s)
Moving Forward (MF)	Military service members and veterans	Based on a cognitive behavioral treatment program, MF covers problem-solving skills and techniques to enhance coping and emotion regulation. Can be administered in person in a classroom setting or online.	Other military (including but not limited to service members and veterans of the Air Force)	Yes	One pre-post pilot study of veterans at 75 VA sites found significant improvements in social problem-solving, resilience, and overall distress levels	Medium	Tenhula et al., 2014
Stress Gym	Military service members	Cognitive-behavioral exercises	Other military	Yes	Cohort study without control group found evidence of a significant reduction in stress intensity after the P ⁴	Medium	Williams et al., 2010
After Deployment	Military service members	Website initially designed to help service members cope with post-deployment stress and related mental health conditions (e.g., PTSD) and later expanded to target the full range of stress-related problems throughout the deployment cycle. Includes modules addressing specific problems, such as life stress and work adjustment.	Other military (including but not limited to Air Force)	Yes	No research, but utilizes CBT techniques to address life stress	Low	N/A

P ⁴ Name	Target	Description	Air Force, Other Military, Civilian	Web- Based	Outcomes	Level of Evidence	Reference(s)
Individual-Level Mindfulness-Based P⁴ for Stress Reduction							
Mindfulness P⁴ and Mindfulness-Based Stress Reduction (MBSR)	Adults Service members	Can be work site–based or group-based and is designed to manage and reduce stress and improve the ability to cope with challenging circumstances.	Civilian Other military	No	Per the Clearinghouse, MBSR has been shown to reduce psychological symptoms in multiple populations, including in an RCT with veterans. Considered promising.	High	Clearinghouse for Military Family Readiness, undated Kearney et al., 2013 Virgili, 2015 Ravalier, Wegrzynek, and Lawton, 2016
Stress Free Now	Employees	Web-based mindfulness program that gives support and guidance over many weeks.	Civilian	Yes	Improvements found for stress, burnout, and mindfulness	High	Allexandre et al., 2016 Ryan et al., 2017
Mindfulness-Based Mind Fitness Training (MMFT)	Active-duty Marines	Pre-deployment Marines receive classroom instruction and daily exercises aimed at awareness, attentional control, and tolerance of present-moment experiences	Other military	No	Healthy individuals who participated could influence stress recovery prior to stress exposure	Medium	Johnson et al., 2014
Individual Level—Other P⁴							
Relaxation techniques (e.g., virtual reality immersive relaxation training)	Forward surgical teams in the military	Relaxation practices have been simple and cost-effective. There are now web-based options, such as Dream Island, a relaxation virtual reality P ⁴	Other military	Yes	Participants in the Dream Island P ⁴ condition (i.e., relaxation training condition) reported feeling less anxious after the training than those in the control condition.	High	Stetz et al., 2011

P⁴ Name	Target	Description	Air Force, Other Military, Civilian	Web- Based	Outcomes	Level of Evidence	Reference(s)
Nonmedical counseling: Military and Family Life Counseling (MFLC) and Military OneSource	Military service members and their families	MFLC: confidential, in-person counseling Military OneSource: confidential counseling offered in person, over the telephone, or via the internet (e.g., online chat or video link)	Other military (including Air Force)	MFLC: No Military OneSource: Yes	The majority of military members reported reduction in feeling stressed or anxious after counseling.	Medium	Trail et al., 2017
Stress Resilience Training System (SRTS)	Air Force personnel	Multi-week program focused on enhancing resilience through HeartMath cognitive learning and biofeedback-based methods delivered through classroom instruction, mentoring, and a tablet computer	Air Force	No	Participants' overall stress levels declined	Medium	Christensen et al., 2014
Deployment Anxiety Reduction Training (DART)	Active-duty service members (including Air Force)	DART aims to help military personnel understand and normalize stress response through a variety of skills (i.e., cognitive challenging) following an operational stressor	Other military	No	Participants found DART approaches understandable and helpful for stress reduction	Low	McCaslin et al., 2018

P ⁴ Name	Target	Factors That a Tailored P ⁴ Could Target	Air Force, Other Military, Civilian	Web-Based	Outcomes	Level of Theoretical Support**	Reference(s)
Organizational Level							
Manager/leadership development/training for employee support	Organization leaders Managers	Studies have shown that leadership styles can impact stress. P ⁴ targeted at addressing leadership styles are grounded in theoretical support for their effectiveness.	Civilian	No	Leader behavior/leadership style/abusive leadership is significantly correlated with subordinate stress and well-being. Leadership training can result in significant changes to leadership behaviors and styles. Interventions to change organizational stressors can be effective at reducing stress. NOTE: The research referenced here refers to specific leadership skills and training that have been shown to be effective at producing leadership behaviors that reduce employee stress. Generic leadership training programs (e.g., True Colors and 4 Lenses) that have not been designed to change organizational stressors may not address those specific skills, and even those that are designed for that purpose may not ultimately be effective. As a reminder, this cannot be known without a proper experimental design and proper measurement of the desired outcomes.	High	Schyns and Schilling, 2013 Skakon et al., 2010 Kelloway and Barling, 2010 Lamontagne et al., 2007 Murta, Sanderson, and Oldenburg, 2007

P ⁴ Name	Target	Factors That a Tailored P ⁴ Could Target	Air Force, Other Military, Civilian	Web-Based	Outcomes	Level of Theoretical Support**	Reference(s)
Changing workplace conditions/physical environment, lifestyle, and other sources of dissatisfaction with the job	Organization employees	Certain occupations are hazardous with an inherent source of stress. Workplace support and accommodation for safety may mitigate stress.	Civilian	No	Risks, hazards, and job complexity impair employees' health and positively relate to burnout. Dissatisfaction is related to burnout. Interventions to change organizational stressors can be effective at reducing stress.	High	Nahrgang, Morgeson, and Hofmann, 2011 Faragher, Cass, and Cooper, 2013 Lamontagne et al., 2007 Murta, Sanderson, and Oldenburg, 2007
Changing the characteristics of the job role (participation, control, reduction in ambiguity, autonomy, job redesign, etc.)	Employees	Organizations can increase participation in decisionmaking, change job tasks, allow more job control, reduce workload and work hours, etc.	Civilian	No	Work hours are significantly correlated with mental health symptoms. Role ambiguity and role conflict is significantly related to stress and job performance. Interventions to change organizational stressors can be effective at reducing stress.	High	Tubre and Collins, 2000 Fisher and Gitelson, 1983 Lamontagne et al., 2007 Murta, Sanderson, and Oldenburg, 2007

** Note that the studies cited as supporting the organization P⁴ tend not to be direct evaluations of interventions. Instead, the studies show features of the job or environment that tend to *correlate* with stress. This is used as theoretical support for the potential efficacy of an intervention, given that interventions to change stressors in the workplace in general have been shown to be effective in some cases.

The following tables present Townville’s responses to Section 1 and Section 2 of the P⁴ Evidence Synthesis Tool. These tables summarize the best-available evidence found from each of the resources that the CAP searched in Section 1 (online registries, systematic reviews, individual studies from the academic and gray literature) and evaluate the extent to which the P⁴ under consideration meet its needs and relate to relevant behaviors and desired outcomes in Section 2.



P⁴ Evidence Synthesis Tool

Completed by: CSC with CAT input

Date: August

Section 1: Summary of Best Available Evidence

What sources did you explore to find the best available evidence?	Did you review this source? (Yes/No)	What P ⁴ did it suggest using?	What is the evidence for those P ⁴ ?
1. Online registries	Yes Clearinghouse for Military Family Readiness, undated	P ⁴ targeting stress and listed as promising in the Clearinghouse included the Coping with Work Family Stress program and MBSR.	The Clearinghouse listed the Coping with Work and Family Stress program as promising, with evidence from two RCTs with civilian populations in which the program led to reduced stressors and lower work-environment stress. The Clearinghouse also listed MBSR and cited evidence of its effectiveness at reducing stress in multiple populations, including veterans. The Clearinghouse also reviewed MF and reported that there is one study showing some evidence of effectiveness in veterans (but no RCT) but concluded that it could not be classified as promising until there is “at least one evaluation with a strong study design including a control group should be performed demonstrating positive effects lasting at least one year from the beginning of the program or at least six months from program completion.”

What sources did you explore to find the best available evidence?	Did you review this source? (Yes/No)	What P ⁴ did it suggest using?	What is the evidence for those P ⁴ ?
2. Systematic evidence review papers or reports	Yes—reviewed multiple reports synthesizing the research topics of interest. Ryan et al., 2017 Richardson and Rothstein, 2008 Van der Klink et al., 2001	Ryan et al., 2017, suggested several CBT web-based P⁴ targeting stress and workplace stress Richardson and Rothstein, 2008, reviewed occupational stress P⁴ using cognitive-behavioral programs. Van der Klink et al., 2001, identified studies on CBT relaxation and multimodal P⁴ and organization-focused P⁴ to reduce workplace stress.	In Ryan et al., 2017, there was no evidence related to specific web-based CBT for the Air Force, but there may be nonmilitary P⁴ that have a strong evidence base in reducing workplace stress that could be adapted (e.g., Get.On Stress) with sufficient resources. There was also one P⁴ called Stress Gym that had shown some evidence of effectiveness in a military population (but no RCT). Seven different types of P⁴ that tackled occupational stress through CBT were found to produce significant large effect sizes. These P⁴ were evaluated mostly with civilian populations but could potentially be adapted for the Air Force with sufficient resources. All CBT P⁴ except organization-focused produced effects. The research found stress management to be effective. This evidence did not focus on P⁴ used with Airmen.

What sources did you explore to find the best available evidence?	Did you review this source? (Yes/No)	What P ⁴ did it suggest using?	What is the evidence for those P ⁴ ?
3. Research journal articles	Yes Ruwaard et al., 2007	Ruwaard et al., 2007, found significant improvements to work-related stress using a seven-week CBT email program.	Ruwaard et al., 2007, did not study the intervention in the Air Force (the population was European), but the program was found effective on measures from the MBI scale on exhaustion and DASS scales on stress and anxiety.
Other reports not in research journals (e.g., evaluation report from program developer, practitioners, subject experts)	Yes Christensen et al., 2014	Christensen et al., 2014, suggests that the Stress Resilience Training System (STRS) is effective in reduce stress and burnout among Air Force personnel.	Christensen et al., 2014, indicates that overall stress declined between the pre- and post-test.

Complete the next section for each P⁴ you listed above and continue to consider.



Evidence Synthesis Tool

Section 2: Assessment of Evidence-Based Approach for a Specific P⁴

P⁴ being considered: Individual-level web-based CBT P⁴ Moving Forward (MF)

P ⁴ features and how they relate to our needs, behaviors, or desired outcomes	Does the P ⁴ have these features? (Yes/No)	What would we need to change to make the P ⁴ fit our needs?
1. Has evidence of effectiveness.	Yes	Some evidence of effectiveness among veterans (one pilot test without a control group); would ideally have higher level of evidence showing that MF reduces workplace stress among Air Force personnel.
2. Focuses clearly on at least one of our identified goals and desired outcomes.	Yes	None needed. Includes techniques for coping with stress.
3. Addresses the risk or protective or resilience factors related to resilience promotion and violence prevention (see Introduction).	Yes	None needed.
4. Provides necessary activities and materials.	Yes	None needed.
5. Employs teaching methods to actively involve participants.	Yes	None needed.
6. Employs activities, instructional methods, and behavioral messages appropriate to our target population.	Yes	None needed.

Evidence Synthesis Tool—Continued

Section 2: Assessment of Evidence-Based Approach for a Specific P⁴

P⁴ being considered: Individual-level web-based CBT P⁴: Stress Gym

P⁴ features and how they relate to our needs, behaviors, or desired outcomes	Does the P⁴ have these features? (Yes/No)	What would we need to change to make the P⁴ fit our needs?
1. Has evidence of effectiveness.	Yes	Some evidence of effectiveness in a military population; would ideally have a higher level of evidence showing that Stress Gym reduces workplace stress among Air Force personnel.
2. Focuses clearly on at least one of our identified goals and desired outcomes.	Yes	None needed. Includes techniques for coping with stress.
3. Addresses the risk or protective or resilience factors related to resilience promotion and violence prevention (see Introduction).	Yes	None needed.
4. Provides necessary activities and materials.	Yes	None needed.
5. Employs teaching methods to actively involve participants.	Yes	None needed.
6. Employs activities, instructional methods, and behavioral messages appropriate to our target population.	Yes	None needed.

Evidence Synthesis Tool—Continued

Section 2: Assessment of Evidence-Based Approach for a Specific P⁴

P⁴ being considered: Organizational-level P⁴ targeting workplace stress: Workplace Improvement Program

P⁴ features and how they relate to our needs, behaviors, or desired outcomes	Does the P⁴ have these features? (Yes/No)	What would we need to change to make the P⁴ fit our needs?
1. Has evidence of effectiveness.	Yes	Organization-level P ⁴ that are tailored to address stressors specific to the issues in a specific organization or job can be effective. However, carefully designed evaluation of the P ⁴ is needed (i.e., process and outcome measures must be included, and control groups and pre-/post-design are important).
2. Focuses clearly on at least one of our identified goals and desired outcomes.	Yes	None needed. It focuses on reducing stressors, one critical element in reducing workplace stress.
3. Addresses the risk or protective or resilience factors related to resilience promotion and violence prevention (see Introduction).	Yes	None needed.
4. Provides necessary activities and materials.	No	Needs to be fully tailored to Townville. Materials would need to be developed.
5. Employs teaching methods to actively involve participants.	Yes	Care would need to be taken to develop materials and procedures for helping to teach leadership and supervisors about the importance of making the changes suggested to reduce the stressors.
6. Employs activities, instructional methods, and behavioral messages appropriate to our target population.	Yes	None needed.

Chapter Four

GTO Step 4—Assessing Fit for a Workplace Stress Prevention and Reduction P⁴

In **GTO Step 4**, the Community Action Team (CAT) aimed to assess the fit of the two workplace stress reduction P⁴ that it had identified as worthy of further exploration in Step 3. First, using the P⁴ Fit Assessment Tool (shown later in this chapter), the CAT conducts a detailed assessment of the fit of each individual-level P⁴—MF and Stress Gym—in terms of its appropriateness and relevance to the needs of the target population, community, and installation.

Because MF and Stress Gym are both web-based CBT P⁴ that were designed for military populations, they have many of the same advantages and disadvantages. The CAT sought to review the content of each P⁴ in detail to determine whether there were any features that made one of them a better candidate for further exploration. To assess whether the content of these web-based CBT P⁴ reflects the principles of CBT as indicated in the literature that the CAT reviewed in Step 3 and is relevant and appropriate to the Airmen at Townville AFB who are most likely to be experiencing problems with workplace stress (e.g., those who work long hours), the CAT and the Community Action Board (CAB) ask the Director of Psychological Health, a clinical psychologist, to review the content.

The CAT quickly discovered that one of the primary differences between MF and Stress Gym is that MF, which was the product of a collaboration between DoD and VA, can be easily accessed for free by anyone with an internet connection (U.S. Department of Veterans Affairs, 2017). Stress Gym, on the other hand, is much less attractive because there are various challenges to accessing it, including no identifiable URL, inability to locate the developers, and, according to one source, a lack of updates. When the CAT realized that there was no way to undertake an assessment of the fit of the content with Townville Airmen, culture, and community, it discontinued consideration of Stress Gym (and did not need to complete the GTO Step 4 tools).

With the help of the Director of Psychological Health, the CAT continues with its review of the web-based modules and content that make up MF. It finds that, consistent with the description of MF in other documentation that the CAT reviewed in Step 3 (e.g., the Clearinghouse for Military Family Readiness), MF appears to be relevant to a military population, covers cognitive-behavioral techniques for coping with stress, and is still current and readily usable. The only area for improvement that the CAT identifies with respect to fit is that MF focuses on the broader population of military service members and veterans, rather than being specifically tailored to an Air Force population. However, the CAT believes that the content of MF is nonetheless sufficiently relevant to the Airmen at Townville AFB to be useful and beneficial to them and therefore considers MF ready for rollout without adaptation.

In sum, then, the more-positive fit assessments of MF and the inaccessibility of Stress Gym weigh in MF's favor as the better candidate for further exploration. Accordingly, the CAT selects MF as the individual-level P⁴ to examine further in GTO Step 5, in which readiness to implement P⁴ is assessed. The detailed results of the fit assessments for MF are shown in the completed Step 4 tools below.

The CAT also looked at how well a workplace improvement P⁴ to reduce stressors in the workplace would fit with its units' operations, base leadership priorities, and needs of the Airmen. But until it had identified the stressors based on input from Airmen, it could not complete this assessment. After reaching out to some of the people involved with a Workplace Improvement Program at another base in its MAJCOM with similar workplaces, it became clear that if the two bases shared common workplace stressors, the CAT would be able to make adjustments to fit well with Townville needs through "yellow-light" adaptations.¹⁹ These adaptations would not be difficult, but because each program of this type is always tailored to the specific needs of that particular workforce, the adaptations would require some effort, care, and attention from the CAT.

¹⁹ As explained in the GTO guide, red-light adaptations involve significantly reducing or eliminating major activities or topics and generally would not be advised. For example, P⁴ often provide opportunities to practice new skills as a critical step in changing behavior. Reducing or eliminating practice components to save time may make the P⁴ less effective. Yellow-light adaptations involve less alteration to P⁴ content. This is ideally done with expert assistance from the developer or someone experienced with using the P⁴ in the Air Force to avoid weakening its content. Green-light adaptations are considered safe, easy changes that can make a P⁴ better connect with the audience (i.e., to fit a program to the culture and context). These adaptations do not change the core topics addressed by the P⁴. They are generally minor changes, such as adapting Army terminology to be relevant to the Air Force. Tailoring minor elements to better reflect the target population can improve most P⁴, and you should feel comfortable making such adjustments. In sum, green-light adaptations do not change what makes a P⁴ effective (the core components).

The following two tables show the Community Action Plan (CAP) responses to the P⁴ Fit Assessment Tool and the Culturally Appropriate P⁴ Checklist Tool which the CAT completed to assess MF's relevance to the needs of the target population, community, and installation.



P⁴ Fit Assessment Tool

Completed by: CSC with CAT input Date: September

P⁴ Being Considered: Moving Forward (MF; web-based CBT training/and app)

Fit with the target population's . . .	Considerations	Fits? (Yes/No)	What adaptations can be made to increase the fit?
1. Needs	P ⁴ must enable USAF personnel to recognize when they are being impacted by stress and help them apply effective coping strategies to reduce the effects of stress. In addition, P ⁴ must appear to be relevant to the problems and stressors faced by USAF personnel.	Yes	The fit of MF with the USAF's needs could be improved by adapting it to reflect USAF personnel who are facing commonly encountered stressors in the USAF in video vignettes where relevant. However, MF already features people with a military background in its vignettes and other material and is very clearly designed for a military population. Thus, MF could be rolled out without any adaptation.
2. Gender, age, race/ethnicity distribution	USAF personnel are of different genders, races, and ethnicities. The people described in examples in the web-based CBT P ⁴ should be representative of the different genders, races, and ethnicities of USAF personnel.	Yes	MF does portray individuals of different genders, races, and ethnicities. No adaptations needed.
3. Other aspects of the target population (e.g., education level, work schedules)	Many of those who are particularly vulnerable to workplace stress work long hours and have limited availability to participate in P ⁴ . P ⁴ should minimize the burden on USAF personnel's time as much as possible and fit smoothly into their work and home life schedules (e.g., should be something they can do at their own convenience).	Yes	CBT in general and MF specifically is time-limited. Moreover, a web-based intervention with a companion smartphone app such as MF offers flexibility that will allow USAF personnel to fit this P ⁴ into their schedule as needed. No adaptations needed.

Fit with the community's . . .	Considerations	Fits? (Yes/No)	What adaptations can be made to increase the fit?
4. Cultural norms and values	Within the Air Force, there is stigma associated with accessing mental health treatment (Sims, Vaughan, and Williams, 2016; Sims et al., 2015). Thus, P ⁴ should be able to be completed anonymously. In addition, care should be taken to present and characterize the P ⁴ as a self-development and self-help tool, not a mental health technique to help reduce stigma. Need to take care to not use the term <i>CBT</i> or refer to it as a therapy or counseling approach, but instead present it as “strategies to destress” or “tested strategies to cope with daily stress.”	Yes	MF can be completed anonymously, so no adaptations to the mode of delivery are needed. The fit of MF in this respect can also be enhanced by announcing and promoting it to the Airmen at Townville AFB through Commander's Call, which would enable interested personnel to learn of the service without being “outed” to others. Moreover, MF can be presented as “strategies to destress” in the announcement. In addition, the installation's public affairs office can be engaged to help market MF to the Airmen at Townville AFB.
5. Environment in which the installation is located	No relevant consideration	Yes	N/A
6. Other aspects of the community	USAF personnel may cycle on and off base	Yes	Because MF is delivered through a website and an app, it allows for uninterrupted self-help and training in coping skills even if AF personnel cycle off base. No adaptations needed.
Fit with your installation's . . .	Considerations	Fits? (Yes/No)	What adaptations can be made to increase the fit?
7. Mission, core values, Wingman culture	Fits with values of wellness and resilience. Fits with Comprehensive Airman Fitness goals (Air Force Instruction 90-506, Comprehensive Airman Fitness, 2014).	Yes	None needed
8. Resilience and violence prevention priorities	Fits with values of improving resilience.	Yes	None needed
9. Leadership support	Leadership supports resilience-strengthening efforts generally. Fits with Air Force Instruction 1-2, Commander's Responsibilities, to lead people and oversee the welfare, morale, and quality of	Yes	None needed

	life of subordinates; fits with Airman readiness mission.		
10. Context/setting (e.g. Wingman Day)/other programs in place	P ⁴ should be introduced to personnel through existing events and support channels.	Some work needed	Introduce MF through existing Commander's Calls, Wingman Day events*, suicide prevention awareness events, and existing health care communication channels, (e.g., health centers and supervisors), chaplains, etc.
11. Other aspects of the installation (e.g. space to convene)	Access to internet is needed.	Some work might be needed	Smartphone accessibility will be important. Ideally, iPhone and Android apps need to be available. Needs to be compatible with multiple browsers on smartphones, PCs, and Macs

* Some installations may no longer host Wingman Day due to the requirement having been lifted.



Culturally Appropriate P⁴ Checklist Tool

Completed by: CSC with CAT input **Date:** September **P⁴ being considered:** Moving Forward (web-based CBT training/and app)

	Yes/No	What, if any, adaptations are needed?
Air Force relevance Have you verified the relevance of the materials you plan to use (i.e., applicable, understandable, specific)?	Yes	MF is already focused toward a military audience that includes both military service members and veterans. Ideally, the tool would be modified to make it more Air Force relevant, but it can be rolled out without adaptation.
Informed review Have the materials been reviewed by members of the community or knowledgeable others (e.g., CAB/Community Action Team members)?	Yes	The CAT, CAB, and installation Director of Psychological Health (who is familiar with CBT) review MF in detail to confirm the relevance of the approaches.
Cultural sensitivity throughout Is the P ⁴ culturally sensitive throughout and not just in certain sections?	Yes	The people described in examples in MF are generally representative of the different genders, races, and ethnicities of USAF personnel.
Social infrastructure considerations Does the P ⁴ take into account language, environment, values, and socioeconomic status of the Airman community in its materials and services? What about civilians and families?	Yes	The use of a web-based CBT such as MF and announcement through Commander's Call preserves anonymity of personnel. The web-based CBT does assume that personnel have access to computers or smartphones. This may prevent access for those with low socioeconomic status, who may be less likely to have internet access at home or home computers. Ensuring access to computers (e.g., at the library) and reminding them about that access should, therefore, be an important part of the rollout.
Cultural competence training Have the intended P ⁴ facilitators received specialized training in cultural competence?	Yes	Announcers will be personnel who work in the health centers or who are leading Wingman Day, for example. These people should have some experience in this area already. No special training is planned.

The following two tables show the CAP responses to the P⁴ Fit Assessment Tool (below) and the Culturally Appropriate P⁴ Checklist Tool (shown at the end of this chapter) which the CAT completed to assess the organization-level Workplace Improvement Program P⁴'s relevance to the needs of the target population, community, and installation.

	P⁴ Fit Assessment Tool
---	--

Completed by: CSC with CAT input Date: September P⁴ Being Considered: Organizational-level P⁴: Workplace Improvement Program

Fit with the target population's . . .	Considerations	Fits? (Yes/No)	What adaptations can be made to increase the fit?
1. Needs	P ⁴ must enable changes to the work environment that either mitigate stressors or work to reduce or eliminate them	Yes; has to be tailored	There is no off-the-shelf approach to making workplace changes to address or mitigate stressors. There are steps that can be followed, but, ultimately, all approaches have to be tailored to the specific workplace setting.
2. Gender, age, race/ethnicity distribution	When identifying stressors and choosing which stressors to try to address, care needs to be taken to ensure that views of different types of personnel are considered. The stressors may be different for one group versus another. The ways to mitigate those stressors may also differ by group.	Yes; has to be tailored	Key groups to consider include officers and enlisted, gender, Air Force Specialty Code, race, marital and parental status, and rank. Other groups may be relevant as well (e.g., night shift workers; lesbian, gay, bisexual, and transgender service members).
3. Other aspects of the target population (e.g., education level, work schedules)	See above	Yes	See above
Fit with the community's . . .	Considerations	Fits? (Yes/No)	What adaptations can be made to increase the fit?
4. Cultural norms and values	There is an expectation for people to tolerate workplace stressors rather than make organizational changes to remove or mitigate them. This is common in and outside the military.	Yes	There will need to be a concerted effort to change leadership's views about the organization's role and responsibility for removing or mitigating stressors.
5. Environment in which the installation is located	Environment may itself be a stressor.	Yes	None needed. This should be a factor explored in the step identifying the range of stressors and top stressors.

P⁴ Fit Assessment Tool (Organizational-level)—Continued

6. Other aspects of the community	Resources for making changes. Some stressors may be more difficult or costly to address.	Yes	Which stressors to focus on will need to be determined by the ease with which each can be addressed or mitigated, the costs associated with addressing it, and the importance of that stressor in changing the overall stress levels of the force. It is worth noting that some organization-level interventions might not be costly, but they might still require significant support and buy-in from leadership. For example, enacting sweeping changes to how leaders treat subordinates who may be under stress (e.g., providing more operational control to workers, thus supporting their feelings of control, or providing greater information about the mission and activities, thus encouraging greater commitment and engagement) would require significant buy-in from leadership across the base, and possibly even outside the base.
Fit with your installation's . . .	Considerations	Fits? (Yes/No)	What adaptations can be made to increase the fit?
7. Mission, core values, Wingman culture	Fits with values of wellness and resilience. Fits with Comprehensive Airman Fitness goals (Air Force Instruction 90-506, Comprehensive Airman Fitness, 2014).	Yes	None needed
8. Resilience and violence prevention priorities	Fits with values of improving health and readiness.	Yes	None needed
9. Leadership support	Fits with Air Force Instruction 1-2, Commander's Responsibilities, to lead people and oversee the welfare, morale, and quality of life of subordinates; fits with Airman readiness mission.	Yes	None needed

P⁴ Fit Assessment Tool (Organizational-level)—Continued

10. Context/setting (e.g. Wingman Day)/other programs in place	Participation from the community will be important. They also will need to know that changes will take a while to implement but that efforts are underway.	Some work needed	Introduce the Workplace Improvement P ⁴ through existing Commander's Calls, Wingman Day events (where available), and other advertising outlets (emails, base fliers, etc.). Tell them about the three-step process and the timeline expected for each step in the process. Use email or Wingman Day announcements to solicit volunteers for participating in the first stage (identifying the range of stressors affecting the workforce). Also engage the installation's public affairs office to help communicate about these efforts.
11. Other aspects of the installation (e.g. space to convene)	Conference room or classroom space will be needed for the step 1 discussions with members of the workforce to identify stressors.	Yes	There are typically a range of meeting spaces available on base.



Culturally Appropriate P⁴ Checklist Tool

Completed by: CSC with CAT input **Date:** September **P⁴ being considered:** Organizational-level P⁴: Workplace Improvement Program

	Yes/No	What, if any, adaptations are needed?
Air Force relevance Have you verified the relevance of the materials you plan to use (i.e., applicable, understandable, specific)?	Yes	The P⁴ will need to be tailored for Townville AFB. For that reason, the materials will necessarily have to be designed to be relevant. However, because so much tailoring will be necessary, the CAT will need to call on relevant experts to review the P⁴ to ensure that the methodology and research design being used is sound and will not lead to any gaping holes or methodological flaws (including flaws in the relevance of the materials). To do this, the CAT will plan to have one or more experts review the approach. Their goal will be to flag any potential problems or flaws in their planned process for: determining which stressors are relevant, which stressors should be prioritized for an intervention, and how best to address those stressors.
Informed review Have the materials been reviewed by members of the community or knowledgeable others (e.g., CAB/Community Action Team members)?	Yes	The materials will need to be developed by the CAT and other people knowledgeable about the Townville AFB workplace. Because they have not yet been developed, they have not been reviewed. But, during the development process, the CAT will need to ensure appropriate review by knowledgeable staff on base.
Cultural sensitivity throughout Is the P ⁴ culturally sensitive throughout and not just in certain sections?	Yes	Will be tailored to be culturally sensitive. Experts called on to review the P⁴ will be asked to comment on this as well.
Social infrastructure considerations Does the P ⁴ take into account language, environment, values, and socioeconomic status of the Airman community in its materials and services? What about civilians and families?	Yes	Will be tailored. Experts called on to review the P⁴ will be asked to comment on this as well.
Cultural competence training Have the intended P ⁴ facilitators received specialized training in cultural competence?	Yes	Would need to include people who have cultural competence insights to make sure the program is appropriate, and they would provide training to others. Experts called on to review the P⁴ will be asked to comment on this as well.

Chapter Five

GTO Step 5—Readiness to Implement a Workplace Stress Prevention and Reduction P⁴

In **GTO Step 5**, the Townville AFB Community Action Team (CAT) considers whether it has the P⁴ readiness necessary to deliver MF as it was intended and an organizational-focused workplace improvement program not yet developed. To make this determination, the CAT systematically considered three types of readiness.

- *Motivation* is the degree to which the CAT collectively has the needed incentives or commitment to carry out the workplace stress reduction P⁴, given competing priorities.
- *P⁴-specific capacities* are the things needed to make a specific P⁴ happen. For example, an organization may need a specific helping agency to be on board to leverage the skills of its staff.
- *General capacity* is the overall knowledge, skills, and functioning of the CAT. This includes supportive norms, positive climate, and the efficiency with which the CAT operates.

The Readiness to Implement P⁴ Tool (below) helped the CAT to organize its evaluation of its readiness in these three areas and provides a record of the final determination of the team on each readiness component. The budget portion of the Readiness to Implement P⁴ Tool was especially helpful for understanding the team's financial capacity to implement each of the P⁴s under consideration. The CAT completed one tool exploring readiness for the individual-level P⁴ and one tool exploring readiness for the organization-level P⁴.

The two completed Readiness to Implement P⁴ Tools were especially useful to the CAT in helping it to think through its readiness and next steps for both P⁴ under consideration. The tools provided the CAT with a structure that allowed it to focus its efforts on addressing the remaining capacity gaps with the MF P⁴ and helped clarify where the CAT might not have the needed support and resources to effectively execute the organizational-level Workplace Improvement P⁴.

With respect to executing any organization-level P⁴ identified as part of a Workforce Improvement Program P⁴ initiative, the CAT realized that it would need approval and resourcing from leadership to move forward with that phase of the P⁴ rollout. However, it noted when working through the Readiness to Implement P⁴ Tool that installation leadership has expressed reservations about expending resources to make sweeping changes at the unit workplace level. The CAT is therefore concerned that any workplace P⁴ that are not cost-free to the local leadership are likely to be met with resistance. In addition, the CAT notes that other changes that might not require a direct outlay of unit resources (such as leadership providing more operational control to workers, thus supporting their feelings of control, or providing greater information about the mission and activities, thus encouraging greater commitment and

engagement) would still require significant buy-in and support from leadership to execute. The CAT therefore realizes that having a leadership partner who has fully bought into the idea of a Workplace Improvement Program P⁴ (and is therefore also willing to champion the effort) is a critical first step in ensuring its success. At this point, the CAT has yet to identify that champion and get them onboard. The CAT realizes that both of these concerns have implications for its *general capacity* readiness and possibly its *P⁴-specific capacity* readiness to implement the P⁴.

As a result, after completing GTO Step 5 for the organization-level P⁴, the CAT feels less confident in its readiness to conduct an organization-level P⁴ for the Townville AFB. But it does not plan to abandon the idea entirely. In fact, it agrees that the organization-level P⁴ is potentially the most effective and important P⁴ to implement in Townville. Regardless, it realizes that without fostering support from a range of stakeholders on the base, the effort would be doomed to fail. Although the CAT decides to table the effort for now, it sets a long-term goal of actively seeking out potential local leadership partners who would themselves be willing to invest time and resources toward an effort in the future. Once one or more such partners is identified, the remaining GTO steps could be revisited. Although the CAT tables the effort to focus on the more immediately executable MF P⁴, it decides to use the individual-level MF P⁴ effort as an opportunity to open a dialogue with base leadership and to identify leaders who are especially receptive to changes in support of workplace stress interventions.²⁰

The Community Action Plan (CAP) documents this decision to table the organization-level P⁴ in the Community Action Plan Overview Tool.

Based on its responses to the Readiness to Implement P⁴ Tool for the MF P⁴, however, the CAT determines that it is ready to move forward with MF. It therefore instead opts to focus its immediate P⁴ efforts (as described in the remainder of this CAM) on the individual-level P⁴. It decides that its next step is to invest its time over the next few months in identifying a MF P⁴ champion to help assist in the full rollout of MF. Moving into GTO Step 6, the CAT will update the Community Action Plan Overview Tool and develop an implementation and evaluation plan for MF.

²⁰ Note that the Townville CAP fully intends to execute an organization-level P⁴, but the remainder of this CAM's content is dedicated to the P⁴ that it intends to execute immediately. Users of the CAM should not interpret this as suggesting that an organization-wide P⁴ should not be conducted. Instead, it is intended to illustrate that there are a number of issues that a CAP would need to work through and consider when attempting an organization-level intervention and that it may be significantly more complex and take more time, resources, and partnerships to develop and execute than some individual-level P⁴.



Readiness to Implement P⁴ Tool

Completed by: CSC with CAT input

Date: September

P⁴ being considered: MF

Subcomponent of Readiness	Questions	Responses	OK?	Importance	Plan to increase Readiness
Relative Advantage (can skip if considering a P ⁴ you have already been implementing)	Is this P ⁴ better than our current P ⁴ , or does our current P ⁴ remain the most advantageous?	This P ⁴ is already available to Airmen for free, but it has not previously been promoted. Airmen were not accessing needed help and were not aware of resources. An anonymous web-based P ⁴ can increase participation to attain desired outcomes, but Airmen need to be made aware of resources that address stress and overcome the barriers that prevented them from seeking help.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT By when will it be accomplished? December 2019
Simplicity	How simple is this P ⁴ to implement?	MF itself is simple to implement because it is an existing web-based P ⁴ that can easily be administered to large numbers of Airmen at low cost. However, coordination of various entities on the base will be required to conduct a pilot test and the final rollout of MF through events and materials to inform all Air Force personnel of the P ⁴ .	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT By when will it be accomplished? December 2019
Ability to Pilot (can skip if considering a P ⁴ you have already been implementing)	How able are we to try out this P ⁴ ?	We can pilot-test MF with a subset of Airmen who volunteer at one of the events or through online outreach to determine whether the P ⁴ is considered usable and effective for workplace stress problems	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT and installation leadership By when will it be accomplished? January 2019 We will find CAT members to conduct the pilot rollout, including planning the pilot and setting it up.

Readiness to Implement P⁴ Tool—Continued					
Subcomponent of Readiness	Questions	Responses	OK?	Importance	Plan to increase Readiness
Observability	How easily can we see the results of this P ⁴ soon?	We can measure pre/post effects of using MF to determine whether Airmen who used it experience reductions in perceived stress levels over a brief period of time (e.g., a few weeks). Consistent with the short duration of time over which CBT P ⁴ tend to produce effects (e.g., a few weeks), we should be able to observe change in stress and related outcomes within a relatively short period of time if the P ⁴ is working as expected.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT By when will it be accomplished? 2 weeks after quarterly implementation Can use established measures and data from installation and Air Force resources to assess changes from pre to post. We will measure effects immediately before and following the use of the pilot P ⁴ .
Priority	How important is this P ⁴ compared to other things we do?	Very important—this is a Wing Commander's priority, based on recommendations from the CAT, specifically the CSC and VPI. We need effective interventions to reduce workplace stress, which has been a growing problem at Townville AFB over the past several months. We need strategies that engage Airmen without interfering with demanding work schedules.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT By when will it be accomplished? None needed.
Champion	Is there a well-connected person who supports this P ⁴ ?	The CAT has plans to identify a leader to champion this effort at the installation to oversee and help manage all efforts.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CSC By when will it be accomplished? September 2018 1) Identify well-regarded champion with influence across multiple levels of leadership who has a strong interest in reducing stress and who can promote positive messaging around the P ⁴ . 2) Work with champion to create a plan to rally both enlisted and officer personnel to prioritize the P ⁴ .

Readiness to Implement P⁴ Tool—Continued					
Subcomponent of Readiness	Questions	Comments	OK?	Importance	Plan to increase Readiness
Supportive Climate	Do we have the necessary policies and procedures to enable the P ⁴ ?	Yes	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? By when will it be accomplished? None needed.
	How committed is our CAB leadership to the P ⁴ ?	The CAB leaders are very supportive.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? By when will it be accomplished? None needed.
Inter-organizational Relationships	What relationships are needed between us and other organizations to do this P ⁴ ?	Connect with primary care clinics, MFLCs, and Airman & Family Readiness Centers (AFRCs) to share relevant baseline data for situational awareness with those who will implement the P ⁴ and engage their participation in promoting the P ⁴ .	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT members By when will it be accomplished? October 2018 Data shared with CAT to assess pre-pilot stress factors and outreach materials provided for the organizations to distribute, in the form of flyers, email blasts, and phone calls to primary care clinics, MFLCs, and AFRCs.
Intra-organizational Relationships	What relationships are needed within our Community Action Team to do this P ⁴ ?	Connections with the Director of Psychological Health, installation leaders in mental health services and human resources	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT will partner with the P ⁴ champion it has identified to solicit buy-in from the director and other intra-organizational contacts. By when will it be accomplished? Continuous.

Readiness to Implement P ⁴ Tool—Continued					
Subcomponent	Questions	Comments	OK?	Importance	Plan to increase Readiness
P ⁴ -specific Knowledge & Skills	Do we have the number of P ⁴ implementers recommended for the P ⁴ ?	Yes—MF does not require additional staff to administer, and we have staff designated to run the pilot. We do need to engage other staff in different organizations to promote MF and do the rollout, but we are confident that they will assist us as needed because of leadership buy-in and widespread recognition of the severity of workplace stress on the base.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT By when will it be accomplished? September 2018
	Do our P⁴ implementers meet the following P⁴ qualifications [this sub-section may only be relevant for certain P⁴ that require special qualifications]:				
	Education level?	Yes—none needed because it is web-based.	☒ Yes ☐ No	☐ Not at all ☒ Somewhat ☐ Very	Who will work on this plan? By when will it be accomplished? None needed.
	Years of experience?	Yes—none needed because it is web-based.	☒ Yes ☐ No	☐ Not at all ☒ Somewhat ☐ Very	Who will work on this plan? By when will it be accomplished? None needed.
	Communication skills?	Yes—the individuals who will be chosen to implement the communication (leaders and staff in various organizations selected to do the rollout and promote MF) must have the appropriate skills.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? By when will it be accomplished? None needed.
	Necessary training or experience for working with the group targeted by this P ⁴ ?	Yes	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? By when will it be accomplished? None needed.
	Comfort enough with the topic to effectively deliver the P ⁴ with fidelity?	N/A—self-guided, web-based P ⁴ like MF are not delivered by staff.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? By when will it be accomplished? None needed.

Readiness to Implement P⁴ Tool—Continued				
Fiscal and Resource Capacities	Considerations	Costs	OK?	Plan to increase needed resources
Printed materials (including curriculum and recruiting flyers): Do we have access to the materials needed to deliver the P ⁴ ?	Recruitment flyers will need to be designed and printed in addition to email outreach.	\$300	☐ Yes ☒ No	Who will work on this plan? By when will it be accomplished? The CAT will seek approval for this expense from leadership.
Transportation, if needed	The P ⁴ will be available online. No transportation needed.	N/A	☒ Yes ☐ No	Who will work on this plan? By when will it be accomplished? None needed.
P ⁴ implementers: Received sufficient training specific to the P ⁴ ?	Yes	N/A	☒ Yes ☐ No	Who will work on this plan? By when will it be accomplished? None needed.
Number of volunteers - costs to recruit, - train	None	N/A	☒ Yes ☐ No	Who will work on this plan? By when will it be accomplished? None needed
Equipment: Do we have needed access to a computer or special computer programs to implement the P ⁴ ? Does the P ⁴ require a projector or other equipment?	Airmen will need access to a computer, tablet, and/or smartphone to participate in the web-based P ⁴ . However, it is expected that most, if not all, Airmen will have their own computers, tablets, and/or smartphones and so will not need extra equipment to participate in the intervention. We will need to engage IT personnel to ensure that the platform is accessible to military personnel on their work and personal computers and does not present any security concerns.	none	☒ Yes ☐ No	Who will work on this plan? By when will it be accomplished? None needed.

Readiness to Implement P⁴ Tool—Continued

Fiscal and Resource Capacities	Considerations	Costs	OK?	Plan to increase needed resources
Amount of space, if needed, e.g. rental	N/A	N/A	☒ Yes ☐ No	None needed.
Evaluation materials and efforts, e.g. surveys, data entry	Evaluation surveys and tools will be gathered from published evaluation studies. One CAT member will be responsible for data entry; time for her to perform this task will need to be covered.	\$1,000	☐ Yes ☒ No	Ask leadership to review and approve a budget.
Other: Time for personnel on the CAT team to design and conduct the pilot test.	Personnel will need time to spend designing the pilot test, overseeing data collection, analyzing the data, interpreting the results, and describing their findings and recommendations in a briefing to leadership.	\$5,000	☐ Yes ☒ No	Ask leadership to review and approve a budget.
Total cost	See items noted above.	\$6,300	☐ Yes ☒ No	See items noted above.



Readiness to Implement P⁴ Tool

Completed by: CSC with CAT input
Workplace Improvement P⁴

Date: September

P⁴ being considered: Organization-level

Subcomponent of Readiness	Questions	Responses	OK?	Importance	Plan to increase Readiness
Relative Advantage (can skip if considering a P ⁴ you have already been implementing)	Is this P ⁴ better than our current P ⁴ , or does our current P ⁴ remain the most advantageous?	This P ⁴ has potential advantages for Townville AFB over existing efforts. Specifically, it targets the source of the stressors and requires the organization to take responsibility for those features of the workplace that may be a major contributor to the problem.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT and an as yet unidentified Leadership Partner (LP) By when will it be accomplished? Future date (date to be determined once LP is identified)
Simplicity	How simple is this P ⁴ to implement?	The focus group element (i.e., the first stage intended to diagnose or identify stressors) is straightforward. However, the implementation of a workplace P ⁴ to address those stressors might in some cases be quite complex.	☐ Yes ☒ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT and LP By when will it be accomplished? Future date (date to be determined once LP is identified)
Ability to Pilot (can skip if considering a P ⁴ you have already been implementing)	How able are we to try out this P ⁴ ?	We can pilot focus group questions with a subset of Airmen who volunteer at one of the Wingman Day events. In addition, it may be possible to pilot some stressor change efforts, although some changes might involve a single change force-wide. In those cases, piloting the change would be infeasible.	☒ Yes (for focus group) ☒ No (for some changes)	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT and LP By when will it be accomplished? Future date (date to be determined once LP is identified)

Readiness to Implement P⁴ Tool—Continued

Subcomponent of Readiness	Questions	Responses	OK?	Importance	Plan to increase Readiness
Observability	How easily can we see the results of this P ⁴ soon?	We can measure pre/post effects of efforts to eliminate or reduce stressors to determine whether Airmen's perceived stress levels are lower after that stressor has been reduced or removed. The amount of time needed to observe a change in stress outcomes would depend on the type of P ⁴ and the type of stressor and could be lengthy.	☐ Yes ☒ No (cannot be specified yet)	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT and LP By when will it be accomplished? This answer depends on the specifics uncovered during initial focus group discussions (not yet completed), including the nature of the P ⁴ ultimately needed to address those stressors.
Priority	How important is this P ⁴ compared to other things we do?	Very important—we need effective P ⁴ to reduce workplace stress, which has been a growing problem at Townville AFB over the past several months. We need strategies that address Airmen stressors without placing increased demands on personnel.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT and LP By when will it be accomplished? This answer depends on the specifics uncovered during initial focus group discussions (not yet completed) including the nature of the P ⁴ ultimately needed to address those stressors.
Champion	Is there a well-connected person who supports this P ⁴ ?	The CAT has plans to identify a leader to champion this effort at the installation to oversee and help manage all efforts.	☐ Yes ☒ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CSC and/or CAT to locate an LP By when will it be accomplished? At a minimum before the design of the workplace stressor change effort; however, identification of this person would be beneficial as early as possible prior to the focus group effort to identify stressors.

Readiness to Implement P⁴ Tool—Continued

Subcomponent of Readiness	Questions	Comments	OK?	Importance	Plan to increase Readiness
Supportive Climate	Do we have the necessary policies and procedures to enable the P ⁴ ?	No	☐ Yes ☒ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT needs partnership with LP By when will it be accomplished? Before the P ⁴ stressor reduction intervention is implemented.
	How committed is our CAB leadership to the P ⁴ ?	The CAB leaders are very supportive.	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CSC and CAT By when will it be accomplished? Prior to focus groups.
Inter-organizational Relationships	What relationships are needed between us and other organizations to do this P ⁴ ?	A fully invested leadership partner who is willing to expend resources to address workplace stressors is needed.	☐ Yes ☒ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT members By when will it be accomplished? Not yet known. Based on a number of the obstacles identified here, the effort is slated to be tabled for a future time, once a sufficiently invested LP has been identified
Intra-organizational Relationships	What relationships are needed within our Community Action Team to do this P ⁴ ?	Connections with the Director of Psychological Health, installation leaders in mental health services and human resources	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT will partner with the LP to identify a P ⁴ champion. By when will it be accomplished? Before the rollout of the P ⁴ stressor reduction effort.

Readiness to Implement P⁴ Tool—Continued

Subcomponent	Questions	Comments	OK?	Importance	Plan to increase Readiness
P⁴-specific Knowledge & Skills	Do we have the number of P ⁴ implementers recommended for the P ⁴ ?	For the focus groups, yes. For the P ⁴ development and implementation, likely no.	☒ Yes (for focus groups) ☒ No (for development)	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? CAT and LP By when will it be accomplished? To be determined
	Do our P⁴ implementers meet the following P⁴ qualifications [this sub-section may only be relevant for certain P⁴ that require special qualifications]:				
	Education level?	Yes—no specific qualifications required to conduct focus groups or the organizational change effort	☒ Yes ☐ No	☐ Not at all ☒ Somewhat ☐ Very	Who will work on this plan? CAT By when will it be accomplished? None needed.
	Years of experience?	Yes—some participation/input needed from subject-matter experts in the workforce	☒ Yes ☐ No	☐ Not at all ☒ Somewhat ☐ Very	Who will work on this plan? CAT By when will it be accomplished? During focus groups and intervention
	Communication skills?	NA	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? By when will it be accomplished? None needed.
	Necessary training or experience for working with the group targeted by this P ⁴ ?	NA	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? By when will it be accomplished? None needed.
	Comfort enough with the topic to effectively deliver the P ⁴ with fidelity?	NA	☒ Yes ☐ No	☐ Not at all ☐ Somewhat ☒ Very	Who will work on this plan? By when will it be accomplished? None needed.

Readiness to Implement P⁴ Tool—Continued				
Fiscal and Resource Capacities	Considerations	Costs	OK?	Plan to increase needed resources
Printed materials (including curriculum and recruiting flyers): Do we have access to the materials needed to deliver the P ⁴ ?	Recruitment flyers will need to be designed and printed for focus group portion of the P ⁴ .	\$300	☐ Yes ☒ No	Who will work on this plan? LP By when will it be accomplished? The CAT will seek assistance with this expense from the LP.
Transportation, if needed	N/A	N/A	☒ Yes ☐ No	Who will work on this plan? By when will it be accomplished? None needed.
P ⁴ implementers: Received sufficient training specific to the P ⁴ ?	N/A	N/A	☒ Yes ☐ No	Who will work on this plan? By when will it be accomplished? None needed.
Number of volunteers - costs to recruit, - train	N/A	N/A	☐ Yes ☒ No	Who will work on this plan? By when will it be accomplished?
Equipment: Do we have needed access to a computer or special computer programs to implement the P ⁴ ? Does the P ⁴ require a projector or other equipment?	No special equipment needed.	none	☒ Yes ☐ No	Who will work on this plan? By when will it be accomplished? None needed.

Readiness to Implement P⁴ Tool—Continued				
Fiscal and Resource Capacities	Considerations	Costs	OK?	Plan to increase needed resources
Amount of space, if needed, e.g. rental	Private conference rooms will need to be reserved for the focus group discussions.	N/A	☒ Yes ☐ No	None needed.
Evaluation materials and efforts, e.g. surveys, data entry	Evaluation surveys and tools will be gathered from published evaluation studies. One CAT member will be responsible for data entry; time for her to perform this task will need to be covered.	\$1,000	☐ Yes ☒ No	Ask LP to review and approve a budget.
Other: Time for personnel on the CAT team to design and conduct the pilot test	Personnel will need time to spend designing the focus groups, overseeing data collection, analyzing the data, interpreting the results, and describing their findings and recommendations in a briefing to leadership. This time requirement will be shared between the CAT, the CSC, and the LP. Additional time will be needed to implement the organizational-level workplace improvement change effort, but how much is as yet unknown. Depending on the type of organizational-level workplace improvements, a pilot study to test the workplace changes under consideration may be needed.	\$17,000	☐ Yes ☒ No	Ask LP to review and approve a budget for the initial focus group efforts.
Total cost	See items noted above.	\$18,000 initial estimate (additional costs TBD)	☐ Yes ☒ No	



Chapter Six

GTO Step 6—Planning to Implement and Evaluate a Workplace Stress Prevention and Reduction P⁴

Next, the Community Action Team (CAT) moved on to GTO Step 6 to make detailed work and evaluation plans for MF, the web-based CBT P⁴ it had selected to include in its Community Action Plan (CAP).

In this step, the CAT relies on the P⁴ Work Plan Tool and the Process Evaluation Planner Tool to create a detailed plan for implementing and evaluating MF, which is an eight-module web-based training tool to help teach Airmen life skills for overcoming life's challenges. The CAT took the following steps:

- First, it added MF to its Community Action Plan Overview Tool to show the P⁴ that would address its desired outcomes and overall CAP goal.
- While using all the categories in the P⁴ Work Plan Tool, it added rows for additional tasks beyond those listed and deleted some rows that would not apply to MF.
- Then, with a detailed set of activities listed, the team filled in details, such as counts of participants expected and number of staff needed for MF implementation.
- It assigned an individual to each task to ensure accountability.
- It specified a timeline that was matched up with various tasks.
- It agreed to add actual dates by each task to monitor when they were completed.
- It used the Program Budget Tool to plan the resources needed to implement MF.

Finally, the CAT reviewed process and outcome evaluation measures in the GTO guide, this content area module's (CAM's) Tips 6-1 and 6-2, and the following other resources:

- RAND Suicide Prevention Program Evaluation Toolkit (Acosta et al., 2013)
- RAND Evaluation Approaches for Mental Health Prevention and Early Intervention Programs (Eberhart, 2017)
- Previous evaluations of gatekeeper training P⁴
- RAND online measures repository for psychological health in the military:
<https://www.rand.org/nsrd/ndri/centers/frp/innovative-practices/measure.html> (Acosta et al., 2014)

After reviewing all of this information, the CAT decided to include two direct measures of perceived stress and one indirect measure of stress and stress-related outcomes (as stated in GTO Step 2, it is not recommended to evaluate stress P⁴ using *only* direct measures of stress). These three outcomes were selected to serve as the primary focus of the P⁴ evaluation and are described in greater detail in the P⁴ Outcome Evaluation Planner Tool below.

The CAT also considered whether it would be worthwhile to explore whether the perceived ability to cope leads to meaningful improvements in a range of more-distal outcomes, such as well-being, job satisfaction, commitment, work performance, depression, anxiety, family strife, and suicide. However, because these more-distal outcomes can be affected by so many variables beyond just the P⁴ that was being implemented, the CAT recognized that it could be misleading and even incorrect to attribute any change or lack of change in these outcomes directly to the implementation of the P⁴. As a result, the CAT chose to focus the *official* CAM evaluation tables solely on a narrow set of more-immediate direct and indirect measures of stress to help ensure that the formal P⁴ evaluation effort would lead to clear and interpretable conclusions.²¹ As stated above, those more-immediate outcome measures are listed in the P⁴ Outcome Evaluation Planner Tool below.

Nonetheless, the CAT did not want to abandon the idea of tracking and monitoring the more distal outcomes, many of which were of great concern to the CAT and base leadership and the impetus for pursuing the P⁴ effort in the first place. So, the CAT instead created a separate list (not shown in this CAM) of measures of more-distal outcomes that it viewed as important to monitor over time, including both before and after the P⁴. A measure of depression from the Patient Health Questionnaire (PHQ-9; Spitzer et al., 1999), performance and amount of time having difficulties at work (Beaton et al., 2009), and self-reported number of sick days were among the metrics on that list. The CAT planned to include these self-report items in the pre- and post- P⁴ surveys given to Airmen at the Commander's calls. It also planned to track monthly rates of suicide, recorded absences, DUIs, and spousal abuse reports for 12 months before and after the implementation of the P⁴.

Once the CAT had drafted the formal Step 6 tools and the additional list of informal outcome metrics, it shared them with the Community Action Board (CAB) for feedback and made some revisions based on that feedback. This included adding one of the more-distal outcome measures (depression symptoms) into the formal evaluation because the CAB believed that this was a critical outcome to measure as part of the evaluation. The CAB acknowledged that a lack of improvement in the levels of depression would not necessarily mean that the P⁴ was not of value, and, therefore, an acknowledgement of its limitations also was added to the table. Finally, the CAT presented a summary of the final plan at the next CAB meeting. At the conclusion of GTO Step 6, the CAT was ready to add the completed MF work plan tool to the CAP.

²¹ An important goal of GTO Step 6 is to help CATs identify measures that will allow conclusions about the effectiveness of the program to be as clear and sound as possible. This necessarily means that CATs should also seek to avoid adding measures to their Step 6 materials that might lead to false conclusions either way (either falsely rejecting the P⁴ or falsely concluding that it is effective). That said, it is not the intent of the CAM steps to prevent exploration of outcomes that might be important to include for other reasons. This is why the CAT team decided to include an additional list of metrics outside of the official materials.



CAM Tip 6-1. Sample process measures

Sample Process Measure	Description	Reference(s)
Reaction Measures		
Satisfaction with the online course	Course participants completed the Telecourse Evaluation Questionnaire to understand important factors for satisfaction in the online environment.	Bolliger, 2004
Perceived usefulness of the material	Participants rated the usefulness of the material covered in a stress and coping workshop.	Hendricks Thomas et al., 2015
Acceptability of the intervention to participants	Participants of a mindfulness-based cognitive therapy intervention were asked to identify any portions of the intervention that made them feel more or less upset.	Chesin et al., 2015
Likelihood of participants recommending course to others	As part of a satisfaction survey, participants were asked how much they agree with the statement “I would recommend this course to others.”	Lee et al., 2011
Usage Measures		
Number of calls on which helpers actively engaged with callers	The number of calls on which callers created safety plans or agreed to follow-up calls	Gould et al., 2016
Uptake of intervention	An intervention to improve family resilience was integrated with the military’s public health model for operational stress in which service members were already being instructed to increase uptake.	Beardslee et al., 2011
Treatment enrollment	The number of individuals enrolled in the Combat and Operational Stress Control Restoration Program	Judkins and Bradley, 2017
Program attendance	How many minutes a participant received of Stress Resilience Training within a given time period	Christensen et al., 2014

Sample Process Measure	Description	Reference(s)
Marketing/Recruiting Campaign Reach Measures		
Number of likes of a social media post	Count of the total number of likes of a Facebook post issued by an awareness campaign	Freeman et al., 2015
Social media user characteristics	Social media users were asked about their demographic characteristics.	Bucher, Fieseler, and Suphan, 2013

NOTE: This tip table is intended to provide examples of outcome measures only. It is by no means exhaustive. There could, therefore, be topics of interest not covered in this table that may still be relevant to measure.



CAM Tip 6-2. Sample workplace stress prevention and reduction outcome measures

Sample Outcome Measure	Description	Reference(s)
Attitudes and Experiences		
Perceived stress	Participants are asked about their perceived stress in terms of the frequency of experiencing different feelings.	Cohen, Kamarck, and Mermelstein, 1983 Hardison et al., 2014 Bray et al., 2001
Problem-solving skills	Extent to which an individual applies problem-solving skills and has a proactive coping style (e.g., tackles problems head on)	Thompson, Eggert, and Herting, 2000
Mindfulness	The Cognitive and Affective Mindfulness Scale-Revised (CAMS-R): four domains of mindfulness (attention, present focus, awareness, and acceptance/non-judgment) The Langer Mindfulness Scale utilizes a sociocognitive approach and incorporates novelty seeking, novelty producing, engagement, and flexibility.	Feldman et al., 2007 Pirson et al., 2012
Perceived social support	Participants are asked how often different types of support are available.	Sherbourne and Stewart, 1991
Job engagement	Participants can be assessed with four items to measure how much job performance matters to the Airman.	Britt, Adler, and Bartone, 2001
Resilience	The Connor-Davidson Resilience Scale (CDRS) can be used to assess eight different coping strategies—e.g., ability to adapt to change.	Connor and Davidson, 2003

Sample Outcome Measure	Description	Reference(s)
Attitudes toward mental health treatment	The National Comorbidity Survey Replication includes three attitude items and 2 belief items assessing individuals' attitudes toward help-seeking (comfort, embarrassment, likelihood of seeking help) and beliefs about the efficacy of help-seeking. The 5-item scale can be found in Viverito et al., 2018.	Kessler et al., 2004 Viverito et al., 2018
Work Outcomes		
Self-efficacy for work	Score on 10-item scale that identifies optimistic self-beliefs as a resource factor in coping with stress	Schwarzer and Jerusalem, 1995
Perceived Workload	Self-reported workplace stress (e.g., passive leadership) was positively related to workload. (Objective measures of workload can also be informative.) ^a	Spector and Jex, 1998
Work-family Conflict	Self-reported workplace stress (e.g., passive leadership) was positively related to work-family conflict.	Netemeyer, Boles, and McMurrian, 1996
Productivity	In addition to absenteeism and presenteeism measures, participants can be assessed for self-rated performance and amount of time having difficulties at work. (Objective measures of productivity can also be informative.) ^a	Beaton et al., 2009
Absenteeism	Hours worked in the past four weeks and self-rated performance	Kessler et al., 2007

Sample Outcome Measure	Description	Reference(s)
Personal Outcomes		
Physical health problems	Score on the Physical Symptom Inventory (PSI) (Objective medical records of health outcomes can also be informative.) ^a	Spector and Jex, 1998
Depression symptoms	Score on Patient Health Questionnaire (PHQ-9)	Spitzer et al., 1999
Anxiety symptoms	Score on the 7-item Generalized Anxiety Disorder (GAD-7) symptom scale	Spitzer et al., 2006
Burnout	Three subscales of the Maslach Burnout Inventory (MBI) are used to identify amount of burnout: emotional exhaustion, cynicism, and professional efficacy.	Maslach and Jackson, 1981 Schaufeli, Leiter, and Maslach, 1996
Alcohol use	Score on the 10-item Alcohol Use Identification Test (AUDIT)	Babor et al., 2001
Drug use	Score on the 10-item Drug Abuse Screening Test (DAST)	Yudko, Lozhkina, and Fouts, 2007

NOTE: This tip table is intended to provide examples of outcome measures only. It is by no means exhaustive. There could, therefore, be topics of interest not covered in this table that may still be relevant to measure.

^a Many of the descriptions in this table refer to self-report measures (e.g., self-reported absences). However, objective data on the same outcome (e.g., personnel records of number of sick days taken) might be available as well. Whenever objective measures are available that are believed to be accurate, they should be used. However, in some cases, recording of information can be sloppy, or the data may be believed to be incomplete in some way. In those cases, addition of a self-report measure (either as a replacement or a check) can be beneficial.



P⁴ Work Plan Tool

Completed by: CSC with CAT input

Date: September 2018–December 2019

P⁴: MF

Tasks: Administrative	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Prepare budget (see P ⁴ Budget Tool) to include in CAP	9/4/2018 to 9/21/2018	Townville AFB CAT and CSC	9/21/2018
Complete job descriptions (role of MF technicians, CSC, volunteers and evaluator)	10/15/2018 to 10/26/2018	CSC	
Complete memorandum of understanding with host site(s), partnering agencies (Airmen and Family Resource Center)	10/15/2018 to 10/26/2018	CSC	
Identify an MF champion (from Step 5)	10/26/2018 to 11/15/2018	CSC	
Acquire digital format MF for workplace stress P ⁴ curriculum and materials	11/15/2018 to 11/30/2018	MF champion identified in Step 5 will acquire digital curriculum to post on the Air Force website and to be made available for smart devices; evaluation volunteer will acquire evaluation materials (see Tasks: Evaluation)	
Set 2019 implementation dates	11/15/2018 to 11/20/2018	CSC	
Tasks: Policies and Procedures	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Obtain any required permissions or approvals needed, e.g. to make the commander's call announcements, survey attendees both pre- and post-rollout of the course, etc.	10/15/2018 to 12/01/2018	CSC	
Arrange liaison with mental health services for referrals	11/1/2018 to 12/3/2018	Director of Psychological Health	

<i>P⁴ Work Plan Tool—Continued</i>			
Tasks: P⁴ Preparation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Train volunteer evaluator on the MF P ⁴	12/1/2018 to 12/15/2018	MF evaluator	
Develop CAB and installation community support through outreach	11/26/2018 to 1/15/2019 and ongoing throughout 2019	CAT	
If needed, purchase participant incentives	N/A	N/A	
Acquire and test web-based MF course on different computers and smartphone equipment	1/22/2019	MF evaluator	
Tasks: Recruitment (and Retention)	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Develop and test participant recruitment (and retention) plan and materials	11/15/2018 to 12/15/2018	CSC and CAT	
Notify eligible population (Airmen in high-stress occupations, including shift workers—e.g., maintainers) about availability of the web-based MF course and encourage completion	1/7/2019 to 1/18/2019 and quarterly	CSC and CAT	
Confirm dates, time, and space and send reminders to registered participants	N/A: Space is already reserved for existing events (e.g., Wingman Day and Commander's Calls), and there is no need for space at the counseling center, for example (i.e., for referrals)	Volunteer evaluators, Commander's Call and Wingman Day organizers, etc., will already have space reserved for other purposes.	
Send email thanks for completing the course and include MF online URL to all participants and ask them to refer friends, etc.	Week after each implementation	Volunteer evaluators	

P⁴ Work Plan Tool—Continued

Tasks: Implementation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Detailed schedule for implementing the P ⁴ —when will announcements about the online tools be made and evaluated?	Commander's call P ⁴ announcements and evaluations conducted quarterly throughout 2019 and 2020, pending year 1 evaluation.	CSC	
Tasks: Evaluation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Pilot-test MF with a subset of Airmen who volunteer at one of the events or through online outreach	1/2019	CAT members	
Design evaluation and complete evaluation planner tools	9/1/2018 to 9/21/2018	CSC and CAT	9/21/2018
Recruit volunteer evaluator	9/1/2018 to 9/30/2018	CSC	
Record course completion and collect data	Each of the 8 modules	MF evaluator	
Enter and analyze data	2 weeks after quarterly implementation	CAT member or volunteer evaluator	
Review process evaluation data from relevant data collection tools and complete GTO Step 7 summary tool	1 month after each Commander's Call announcement	CAT member or volunteer evaluator	
Review outcome evaluation data (including pre- and post-survey data) and complete GTO Step 8 summary tool	After 6 months	CAT members and volunteer evaluator	
Present results and decide which changes are needed to improve the P ⁴ 's performance and outcomes, using GTO Step 9 CQI process and tools. Adjust goals and outcomes and reassess fit and readiness in light of implementation; update Work Plan Tool with lessons learned from P ⁴ implementation	Midcourse and end of year 1	CAT members, volunteer evaluator and CSC	
Finalize documentation, inventory any supplies, and begin planning 2020 implementation	12/1/2019 to 12/20/2019	CAT	



P⁴ Budget Tool

Completed by: CSC with CAT input

Date: October

P⁴: MF

Item by Category	Calculation	Cost Estimate
Personnel	% effort or hours	
CSC: 10% of work time over 12 months	No added cost	\$0
MF volunteer coordinator	No cost	\$0
Volunteer evaluator (cost of attending training session)	\$500 for 1- to 3-day training workshop	\$500
Additional volunteers	No cost	\$0
	Personnel Subtotal	\$500
Materials, equipment, and supplies		
IT costs for setting up a Townville AFB information page and portal linking to the web-based MF course	\$300 for one-time setup and \$100 for five updates, as needed	\$800
Fliers and printed surveys for the quarterly evaluation	P⁴ Materials, Equipment, and Supplies Subtotal	\$800
Other (e.g., travel, transportation)		
	Other Subtotal	\$0
Total Cost	Sum of non-personnel category subtotals	\$1,800



Process Evaluation Planner Tool

Completed by: CSC with CAT input Date: September P⁴: MF

Process Evaluation Areas	Considerations	Evaluation Methods and Data Collection Tools	Anticipated Schedule for Data Collection and Analysis	Person(s) Responsible
1. The characteristics of participants compared with those of the target population	Age, gender, race/ethnicity, rank, and occupation	Evaluation survey, including demographic questions	Immediately before MF announcement at the monthly Commander's Call and at the Commander's Call 1, 3, and 6 months later	Volunteer evaluator (analysis)
2. The participants' utilization compared with the program plan	How many participants took the web-based MF course compared with the target (there were a total of 400 MF completers; 500 was the target); what percentage of Airmen who participated were able to find the online CBT course 1 month after the MF announcement?	Completion data and self-reported knowledge from Commander's Call surveys	At the Commander's Call 1, 3, and 6 months after the MF announcement	Volunteer evaluator (analysis)
3. Level of delivery the P ⁴ achieved (or exposure to the P ⁴) and inclusion of all planned components	Were all MF modules completed? What % of Airmen who started the course took all 8 modules?	Completion data and self-reported knowledge from Commander's Call surveys	At the Commander's Call 1, 3, and 6 months after the MF announcement	Volunteer evaluator (analysis)

Process Evaluation Planner Tool—Continued				
Process Evaluation Areas	Considerations	Evaluation Methods and Data Collection Tools	Anticipated Schedule for Data Collection and Analysis	Person(s) Responsible
4. Satisfaction of the participants	Satisfaction questions on evaluation surveys	Post-course evaluation survey includes questions about satisfaction with training and content	At the Commander's Call 1, 3, and 6 months after the MF announcement	Volunteer evaluator
5. Staff's (including volunteers') perception of implementation	Volunteers, other staff	Interviews/debriefing with volunteers and any other staff involved in P ⁴	Interview before and after implementation	Volunteer evaluator and other volunteers
6. Adherence of implementation to the GTO Step 6 Work Plan	Review: - Administrative tasks - Program policy, procedures - Recruitment and retention - Implementation planning tasks - Evaluation planning tasks	Examine GTO step 6 Work Plan Tool to see whether the person in charge of each task accomplished it as planned	At debrief team meeting	Volunteer evaluator with facilitators and other volunteers
7. Other	N/A			



P⁴ Outcome Evaluation Planner Tool

Completed by: CSC with CAT input Date: September P⁴: MF

Desired Outcome	Evaluation Design	Scale Name/Questions	Source of Scale/Questions	Items to Include
Decrease in perceived stress	☒ Pre-/post- with comparison group ☐ Pre-/post- ☐ Post- only	10-item measure of perceived stress; frequency of different stress-related feelings from 0 = never to 4 = very often. Example item: "In the last month, how often have you been upset because of something that happened unexpectedly?"	Perceived Stress Scale (PSS). Cohen et al., 1983	All 10 PSS items about experiences in the past month
Decrease in perceived stress	☒ Pre-/post- with comparison group ☐ Pre-/post- ☐ Post- only	Single item measure of perceived workplace stress (Hardison et al., 2014); rating scale: 1 = not stressful at all to 7 = extremely stressful	Hardison et al., 2014	Single item: How stressful do you find your job?
Improved beliefs about having good strategies for coping	☒ Pre-/post- with comparison group ☐ Pre-/post- ☐ Post- only	Single item expressing agreement about having good strategies to cope with existing stressors; rating scale: strongly agree = 5 to strongly disagree = 1	Item developed by the CAT team (no existing measure was found so we opted to develop our own)	Single item: I have good strategies to cope with existing stressors
Lower levels of depression (depression scores may be influenced by things other than the P ⁴ , and any changes or lack of changes should be viewed with caution)	☒ Pre-/post- with comparison group ☐ Pre-/post- ☐ Post- only	10-item measure of depression; frequency of different depression-related symptoms from 0 = not at all to 3 = nearly every day. Example item: "In the last two weeks, how often have you been bothered by any of the following problems?" "poor appetite or overeating"	Patient Health Questionnaire (PHQ-9); Spitzer et al., 1999	All 9 items



Chapter Seven

GTO Step 7—Process Evaluation for a Workplace Stress Prevention and Reduction P⁴

After their Community Action Plan (CAP) received leadership support, Townville AFB began implementation of the MF P⁴. Before and after the rollout of the MF P⁴, the volunteer evaluator collected the evaluation information outlined in the Process and Outcome Planner Tools. After the first year of implementation, the volunteer evaluator compiled the evaluation information into a report, which the CSC used to complete GTO Steps 7 through 10.

In GTO Step 7, the MF volunteer evaluator and the CSC worked together to complete the Process Evaluation Results Summary Tool.

- The volunteer evaluator collected information about how successful the MF course was using a survey administered at monthly Commander's Call events. The survey asked satisfaction and knowledge questions and completion and usage questions (e.g., number of training modules completed in the online training, frequency of accessing the app, number and type of guided exercises completed).
- From the survey information, the evaluator and the CSC learned that, although they were on target for reaching some of their target population, many enlisted personnel who might benefit from the program were not accessing the material.
- In addition, the evaluator and the CSC identified three implementation issues, including that few Airmen had completed all modules of the MF course, that the course was not adapted fully to the Airman audience, and that some who were directly referred to the course by mental health counselors still did not actually access it.
- The evaluator and the CSC also determined that users liked the format of the MF course and that most people who accessed the tool planned to use what they learned, thought the training was helpful, and would recommend it to others.

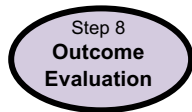


Process Evaluation Results Summary Tool

Completed by: Volunteer evaluator Date: December 2019 P⁴: MF

Process Evaluation Questions	Process Evaluation Data and Results
What were the characteristics of P ⁴ participants compared with those of the target population?	Based on an anonymous self-report survey administered at the monthly Commander's Call (with approximately 1,200 people in attendance): 93% of users (people who self-reported completing at least one online training module or the smartphone or one guided exercise in the app) view their job as more than moderately stressful (e.g., choosing either a 4 or a 5 on a 5-point scale, where 5 = extremely stressful, 3 = moderately stressful, and 1 = not stressful at all). The remaining 7% view their job as moderately stressful (e.g., choosing a 3 on that same 5-point scale). The target population was active-duty Airmen experiencing stress in their job, so this was in line with the target population. - Self-reported users were mostly male (90%), which is <i>more than</i> the Townville AFB population percentage of male Airman (78%). - The majority of users were white (75%); 20% were black or African American; 4% were Asian; and 1% were American Indian/Native Alaskan. This is representative of the population of Townville AFB. - The average age of users was 32, which is <i>slightly older</i> than the average age of all Airmen (28). 60% of users were officers, and 40% were enlisted Airmen. At Townville AFB, 20% of Airmen are officers, and 80% of Airmen are enlisted. Therefore, <i>enlisted Airmen were underrepresented in the user group</i>.
What was the participants' P ⁴ utilization compared with the P ⁴ plan?	Around 1,500 of the 3,000 Townville AFB Airmen are believed to be experiencing workplace stress. Of those experiencing stress, around 500 people were expected to take advantage of the online MF course or the app. However, only 400 reported completing at least part of the 8-module course or one guided exercise in the app. The mental health clinic made a total of 35 direct referrals for patients to use the app or the online training. 32 people self-reported both getting the direct referral and actually using the app.

Process Evaluation Results—Continued	
Process Evaluation Questions	Process Evaluation Data and Results
What level of delivery did the P ⁴ achieve, and did all planned components get delivered?	• 200 Airmen reported completing all 8 modules of the online training; 100 completed at least half (n = 4) of the modules; and 50 reported accessing the tool but not completing any of the modules • 82% of Airmen surveyed reported knowing how to access the course; only 40% were able to do so 1 month after rollout.
How satisfied were the participants?	• 86% of users said that they planned to use what they had learned in the MF course or smartphone app. • 90% thought that the training was helpful or very helpful • 95% said that they would recommend the training to a friend or family member
What was the staff's (including volunteers) perception of the P ⁴ ?	The staff involved in the rollout (including leadership and mental health professionals) said that they thought the MF course was well received overall and that people had anecdotally said that they would use the skills that they learned in the different modules. They felt that they would have benefited from more resources to adapt the MF course specifically to the Airman culture.
How closely did the P ⁴ implementation follow the GTO Step 6 Work Plan?	Users self-reported accessing the tool and completing at least one online module or smartphone app exercise within approximately one month, which was the desired time frame.
Other	



Chapter Eight

GTO Step 8—Outcome Evaluation for a Workplace Stress Prevention and Reduction P⁴

In GTO Step 8, the MF volunteer evaluators provided a summary of the results from the pre- and post-P⁴ outcome evaluation questionnaires. They found that Commander's Call participants, on average, showed improvements after the P⁴ rollout in decreased stress scores and better beliefs about one's coping skills relative to before the tools were rolled out. In addition, the evaluators found that users (people who self-reported completing at least one online training module or at least one guided exercise in the smartphone app) reported lower problems in these areas relative to people who self-reported as not accessing the tools.

The volunteers also noted that the results for the depression scores were inconclusive. They were slightly lower after the P⁴, but the change was small, and it appeared that users of the tool also had slightly lower depression scores than non-users, but that difference was small too.

The CSC and the evaluator completed the Outcome Evaluation Summary Tool in preparation for reporting the results to a variety of stakeholders, including the Community Action Board (CAB), the full Community Action Team (CAT), and the staff who had put MF on the Air Force website and managed the evaluation. The CSC and the evaluator also planned with the CAT to convene a meeting in which they would brainstorm how to improve on their results in the second year of implementation.

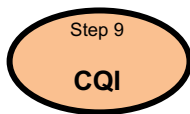


P⁴ Outcome Evaluation Results Summary Tool

Completed by: Volunteer evaluator Date: December 2019 P⁴: MF

Metric/Item/ Scale/Other data Name	Pre-P ⁴ Score	Post-P ⁴ Score	Percentage Change [(post- minus pre-) divided by pre-] OR [(user minus non-user) divided by non- user]	Interpretation
10-item measure of perceived stress (Cohen, Kamarck and Mermelstein, 1983) scale from 0 to 40	Average score pre-rollout = 20.4 (sum across items after reversal of items 4, 5, 7, and 8)	Average score 6 months after rollout = 17.1	16.2% decrease in scores	Compared with pre-P ⁴ rollout scores, Commander's Call attendees overall had lower stress scores by 16% on average 6 months after rollout. In addition, people who reported using the tool had 41% lower stress scores relative to non-users.
	Comparison: N/A	Comparison: self-reported users versus non-users at 6 months: Users = 12.3 Non-users = 20.8	40.8% lower scores among users	
Single-item measure of perceived workplace stress (How stressful do you find your job? 1 ("not stressful at all") to 7 ("extremely stressful"))	Percentage rating stress as more than moderate = 79%	Percentage rating stress as more than moderate = 72%	9% decrease in scores	Compared with pre-P ⁴ rollout scores, 9% fewer Commander's Call attendees reported moderate or higher stress levels 6 months after rollout. 10% fewer self-reported MF users had moderate or higher stress levels relative to the non-users.
	Comparison: N/A	Comparison: self-reported users versus non-users Users = 66% Non-users = 73%	Percentage rating stress as moderate or higher was 10% lower among users	

Metric/Item/ Scale/Other data Name	Pre-P ⁴ Score	Post-P ⁴ Score	Percentage Change [(post- minus pre-) divided by pre-] OR [(user minus non-user) divided by non- user]	Interpretation
Single item expressing agreement about having good strategies to cope with existing stressors (strongly agree = 5 to strongly disagree = 1)	Percentage agreeing that they have good strategies: 22%	Percentage agreeing that they have good strategies at 3 months: 31%	41% higher	There was a 41% increase in the percentage of Commander's Call attendees who reported believing that they have good strategies to help them cope with the existing stressors. MF users had a much higher percentage of agreement (145% higher) than non- users.
	Comparison: N/A	Comparison: self-reported users versus non-users Users = 49% Non-users = 20%	33% higher scores among users	
10-item measure of depression- related symptoms (Spitzer et al., 1999); scores range from 0 to 27.	Average score pre-rollout = 4.5 (scores of 0-4 = minimal depression and 5-9 = mild depression)	Average score 6 months after rollout = 4.4	2% decrease in scores	Compared with pre- P ⁴ rollout scores, Commander's Call attendees overall had essentially the same depression scores on average 6 months after rollout. In addition, people who report using the tool had approximately the same depression scores relative to non-users.
	Comparison: N/A	Comparison: self-reported users versus non-users at 6 months: Users = 4.3 Non-users = 4.4	2% lower scores among users	



Chapter Nine

GTO Step 9—Continuous Quality Improvement for a Workplace Stress Prevention and Reduction P⁴

In GTO Step 9, the CSC and the Community Action Team (CAT) brainstormed ways to improve the implementation and outcomes of the MF P⁴. They compared their evaluation results with their needs and desired outcomes and determined that, although the P⁴ was having the intended effects for those that had participated (e.g., compared with pre-P⁴ rollout scores, Commander's Call attendees overall had lower stress scores by 16 percent on average six months after rollout, and people who reported using the tool had 41 percent lower stress scores relative to non-users), they still had lower usage of the tool than they had hoped for. In addition, many people had not completed all of the online modules or multiple smartphone guided exercises. In order to meet their usage goal in the future (and perhaps exceed it), they decided to review the outcome evaluation questionnaires to determine whether there were patterns or specific knowledge areas on which future versions of the MF tools should focus.

They also identified some steps to take to improve their process evaluation results in the next round.



CQI Review Tool

Completed by: CSC Date: December 2019 P⁴: MF

1. Priorities for Action			
Targeted Need	Desired Outcome	Outcome Evaluation Result (Check one box and explain)	Action Needed? (Yes/No & Explain)
Townville Airmen are exhibiting signs of stress (low resilience, problems with mood, etc.)	Percentage of people rating their stress as moderate or higher on the monthly survey will be 15 percentage points lower 6 months after the rollout of the P ⁴	Progress on desired outcome: ☐ Exceeded ☒ Reached ☐ Missed Explain: Compared with pre-P ⁴ rollout scores, Commander's Call attendees overall had lower stress scores by 16% on average 6 months after rollout. In addition, people who reported using the tool had 41% lower stress scores relative to non-users.	Yes Explain: We met the target; however, for the effects to be long-lasting, it is important to reach more Airmen who have not tried to use the tool and maintain usage for those who have accessed the MF tool
Airmen who are reporting low resilience can benefit from improved beliefs about their skills to cope with daily workplace stressors	Within the first 6 months of the P ⁴ , there will be a 30% increase in the percentage of Airmen who report believing that they have good strategies to help them cope with the existing stressors (as measured on a self-report survey administered monthly on base).	Progress on desired outcome: ☐ Exceeded ☒ Reached ☐ Missed Explain: There was a 41% increase in the percentage of Commander's Call attendees who reported believing that they have good strategies to help them cope with the existing stressors. MF users had a much higher percentage of agreement (145% higher) than non-users.	Yes Explain: Although we also met this goal, we do not know how long positive perceptions of one's coping skills will last as a result of the MF. It is important to continue monitoring this metric over time.

NOTE: As a reminder, in the Triaging Among Problems Tool in Step 1, the CAT identified four targeted needs. After considering the information in the Triaging Among Problems Tool, it narrowed its focus to two of the four targeted needs. Those two are included above.

2. Process Evaluation		
Dates and Participation Targets		
P ⁴ dates: 1-month post rollout of the MF tool		
A. Total target population: 1,500 active-duty Airmen at Townville AFB who are experiencing workplace stress.		
Target population characteristics: • 78% of Airmen at Townville AFB are male. • Townville AFB race/ethnicity: white (74%); black or African American (21%); Asian (4%); American Indian/Native Alaskan (1%) • Average age of Airmen at Townville AFB: 32 • At Townville AFB, 20% of Airmen are officers, and 80% of Airmen are enlisted.		
P⁴ Adherence/Delivery		
B. Total P ⁴ participants who completed at least part of the 8-module course: 400		
C. Total who completed every module: 200		
What level of P ⁴ adherence did you achieve (offer activities according to P ⁴ requirements), and what evidence do you have to document this level of adherence?		
The majority of modules were completed within the desired time frame of one month.		
Process Evaluation Results	Divide the Total at B by the Total at A	Divide the Total at D by the Total at B
D. Total participants in evaluation: 325 participants completed both the pre-P ⁴ and post-P ⁴ evaluation process and outcome questionnaires	% of target: _26.7%_ (B ÷ A × 100)	% of actual: __81.3%__ (D ÷ B × 100)
Evaluation participants (check all that apply): ☐ Facilitators or staff ☐ Participants (all) ☒ Participants (some) ☐ Others _____		
How well does the evaluation represent the population served? (check one): ☐ Not at all well ☒ Somewhat well ☐ Very well		
3. Planning P⁴ Improvements		
Step-by-Step Review	Response	Changes for the Next Time?
Were the problems identified the right problems to be addressing with our P⁴? (GTO Step 1) Are there other problems that should be addressed? Have the problems changed? Should we 'stay the course' with the current P ⁴ ?	Participant data pre-P ⁴ intervention definitely showed the need for MF; given the balance of Airmen to reach at Townville, we should definitely continue with MF	Try to include more female and enlisted Airmen and obtain data for them

Step-by-Step Review	Response	Changes for the Next Time?
Do we need to change goals and desired outcomes or potential participants? (GTO Step 2) Target different conditions or behaviors? Reset benchmarks up or down?	We do not need to change the goals and desired outcomes, but we do need to improve targeting of the P ⁴ to reach a representative sample of Airmen.	We should improve our outreach efforts to increase participation among female and enlisted Airmen.
Should we consider another P⁴? (GTO Step 3) Or are there other improvements we need to make?	No, overall, the P ⁴ is successful. To reach our goals, we should make the changes identified in this tool for next time, rather than considering a different P ⁴ .	Make changes identified in this tool.
Does the P⁴ still philosophically and logistically fit our installation, community, and participants? (GTO Step 4) If not, why not? What adaptations could be made? Were any adaptations made? How did that go?	Yes, although staff felt that they would have benefited from more resources to adapt the MF P ⁴ to the Airman culture.	Staff could attempt to identify additional resources that may assist in adapting the MF P ⁴ to the Airman culture.
Do we have the readiness (willingness and capacities) to do the P⁴ well? (GTO Step 5) Has there been a shift in resources? Are new staff capacities needed?	Yes.	None needed.
How well did we plan? (GTO Step 6) Any suggestions for improvement? Anything missing?	We followed the plan well overall. Most modules were completed approximately within the desired timeline of one month.	None needed.
How well did we implement the P⁴? (GTO Step 7) Did we implement the P ⁴ with adherence—i.e., were the core components delivered? What are the main conclusions from the process evaluation?	Overall, we implemented MF well.	None needed.
How effectively did the P⁴ help us reach our desired outcomes? (GTO Step 8) What are the main conclusions from the outcomes evaluation?	Those who used MF improved their perceived ability to cope. Some work could to be done to help impact actual perceived stress levels more.	To reach our desired outcomes, we need to increase actual knowledge of stress warning signs and focus on content areas where evaluation surveys showed more missed questions.



Chapter Ten

GTO Step 10—Sustainability Review for a Workplace Stress Prevention and Reduction P⁴

In GTO Step 10, the CSC reviewed the sustainability of the MF P⁴. To do that, the CSC first assessed MF's current status: Was there still a need for MF; how strong were the evaluation results; and what was the level of support for MF? Then, the CSC considered what should be done in the future to increase the sustainability of MF. The CSC identified ways to store and maintain the MF curriculum, evaluation materials, and GTO tools so that those who needed to could access them. The CSC identified next steps, including holding a town hall to solicit feedback on how to improve outreach to Airmen who had been underrepresented in use of MF. The CSC also outlined a plan to sustain the number of volunteers trained to evaluate the P⁴. Finally, the CSC reached out to the Community Action Team (CAT) again to build champions among the team for continuing implementation based on the quality of the results from their evaluations.



GTO Step 10 Sustainability Review Tool: Current Status

Completed by: CSC Date: December 2019 P⁴: MF

	Questions (use your GTO tools as you ask these)	Answers	Next Steps (Explain the need or enter “N/A”)
What we have done in the past	Does the need for the P⁴ continue? Has the need for the P ⁴ changed or remained the same? Are there any new concerns?	Yes, workplace stress prevention and reduction is a USAF priority.	Continue to implement MF and increase participation through word of mouth and other targeted outreach.
	Are our results good enough to continue doing the P⁴? Look at your results and determine the P ⁴ 's impact on the participants.	Yes, results for participants who completed the MF course are positive.	N/A
	What particular result can we use to justify the P⁴? Any goal or desired outcome that you achieved may be a good “result” to share with stakeholder to justify the P ⁴ . Look at the Goals and CQI tools to see what desired outcomes were reached or exceeded. Highlight any dramatic improvement from your data.	86% of participants said that they planned to use what they had learned in the MF course. 90% thought that the training was helpful or very helpful. 95% said that they would recommend the training to a friend or family member.	Continue to measure these outcomes; review and consider other process and outcome measures that may show compelling information in other areas as well.
	What should we change about the way we do the P⁴? Using evaluation data and the CQI tool from GTO Step 9, think about the process—recruitment, enrollment, attendance, logistics, etc.—and consider whether one or more of these activities could be strengthened or changed to be a better fit for your site and staff.	We should change recruitment procedures.	We need to brainstorm ways to engage female and enlisted Airmen. A next step may be to hold a town hall to solicit feedback on how to do this. Other steps may be to change our recruitment strategies based on what we learn.
	Who knows the P⁴ and supports keeping it going here? Consider which individuals at the installation are champions of this P ⁴ —i.e., influential people who really like the P ⁴ —and are enthusiastic about it, including leadership. Should somebody else be brought on? Who is going to take the lead?	A squadron leader who was one of the CAT members who participated in the design of the pilot test has been a champion for MF and addressing workplace stress at Townville AFB.	Keep the CAT engaged through updates about positive outcomes and next steps. We also need to engage public affairs to get input on new ways to reach our target audience (particularly the women and young Airmen we are struggling to reach). They may have ideas on how to keep the MF P ⁴ focus fresh so that it continues to be successful and is still viewed as relevant over time.



Sustainability Review Tool: Future Work

Completed by: CSC Date: December 2019 P⁴: MF

	Sustainability Questions	Answers	Next Steps
What we will do in the future	Where will the GTO tools, the P⁴ evaluation, and the P⁴ manual and materials be kept? Decide who will have access to them and consider how this is the same or different from other P ⁴ materials at your installation. Where do you currently keep them?	The CSC will keep the GTO tools, evaluation materials, and a copy of the MF manual and materials. The GTO tools and evaluation reports will also be posted on the CAT SharePoint site so that all members have access to them.	The CSC will post the materials on the SharePoint site and provide CAT members with a link to the folder.
	Who will be in charge of making the P⁴ happen? Also, think about who is trained to be the facilitator, how that decision was made, and what supervision would be necessary.	The CSC, with support from the squadron leader who helped design the pilot test (who has been a champion for MF), will be in charge of making MF happen in the future.	The CSC and the squadron leader who helped design the pilot will work together to plan Year 2 MF implementation.
	Who else is in favor of and needs to be involved in keeping the P⁴ going? Think about the Wing Commander, the Community Action Team, the CAB, and the community of Airmen. Should a new champion be added?	CAT and CAB members should continue to be involved; Airmen should be kept informed about the P ⁴ efforts; Base and wing leadership partners should be added and their involvement maintained over time.	CAT and CAB members should be briefed on MF results and progress. Airmen should be briefed on the importance and positive effects of MF to increase buy-in and support. Leadership partners should be established who can help champion the P ⁴ effort over time and maintain institutional awareness of it. When leadership transitions occur, the CAT and CAB should help brief the new leadership on past, ongoing, and future planned rollouts of the P ⁴ .



Sustainability Review Tool: Future Work

Completed by: CSC Date: December 2019 P⁴: MF

Sustainability Questions	Answers	Next Steps
Who will do the evaluation and pre-/post-surveys, track attendance, and monitor adherence? When (how often) and to whom will the results be reported? Think about who could lead these activities (1 person or more—staff or an outside group). Think about how to organize the results and who needs to see them.	The volunteer evaluator from the first year of implementation will continue to evaluate the P ⁴ and will train their replacement, who will take over the following year. The CSC will monitor results and present to the CAT and CAB at least once every year.	The evaluator will train their replacement. Volunteer evaluation posts should be considered 2-year positions, in which in the first year they are assistant evaluators, and in the second year they are primary evaluators (who then supervise the assistant). The CSC will present first-year findings to the CAT and CAB.
How much funding, if any, do we need for running the P⁴? Are there resources other than funds that are needed to run the P ⁴ well (e.g., for recruitment, good attendance, supplies)?	Future costs will be limited to recruitment costs (e.g., printing flyers)	N/A
When will we run the P⁴ again? And when will we revise the Step 6 Work Plan? Consider the different times of year or days and times of the week and what worked best in the past. Think about lead time needed to look back at the Work Plan and revise it if needed.	In 2020. Begin revising work plan and preparing for implementation in November 2019.	N/A
How can we keep staff trained in the P⁴? The more staff are trained, the more likely you will be able to continue the P ⁴ . Look back at the P ⁴ materials and what is required of facilitators. Consider who could be trained and who would be responsible for doing the training.	N/A—the P ⁴ is a web-based intervention	N/A

APPENDIX A

Summary of Key Air Force Resources for Stress Management, Including Prevention and Clinical Interventions

Name of P ⁴ /DoD or AF	P ⁴ Type(s)	Brief Description of the P ⁴
Airman Resiliency Training (ART) ⁵	Preventing workplace stress	- Seeks to enhance resilience by strengthening mind, body, and spirit using a skill-based approach and providing information on when, where, and how to seek resources, if needed. - Uses positive psychology principles that have been empirically verified. - ART provides psychoeducation to deploying Airmen to improve their ability to cope with stressful events and facilitate their reintegration into civilian society after they return from deployment. - It involves one pre- and one post-deployment briefing. Base commanders and mental health personnel determine which deploying airmen require the pre-deployment training. - Pre-deployment ART covers self-control in responding to situations; communication with family, friends, and coworkers; using leadership skills to make a difference; and building trust in self, training, and leadership. - Post-deployment ART emphasizes the same skills plus typical reactions, reintegration and reunion, and getting help.
Combat and Operational Stress Control (COSC) ¹	- Preventing workplace stress - Identifying individuals who are experiencing problems with workplace stress and connecting them to appropriate services and programs	- COSC is designed to prevent, identify, and manage adverse combat and operational stress reactions in individuals and units; increase resilience; and prevent and mitigate the negative effects of combat stress on psychological health. - COSC aims to accomplish these goals by enhancing psychological resilience and skill-building before and after combat exposure.
Deployment Transition Center (DTC) ²	- Preventing workplace stress - Identifying individuals who are experiencing problems with workplace stress and connecting them to appropriate services and programs	- The DTC at Ramstein Air Base, Germany, provides two days of training to facilitate reintegration of Airmen who have just completed a deployment and are on their way home. Training includes small group discussion, individual resiliency skills, coping strategies, and peer support from other Airmen. - The DTC specifically targets Airmen who are at high risk of having experienced traumatic exposure during their deployment by virtue of their job (e.g., convoy operations personnel, explosive ordnance disposal personnel, security forces personnel).
Behavioral Health Optimization Program (BHOP) ³	Providing assistance to service members experiencing problems with workplace stress and to their families	- BHOP embeds behavioral health providers within the primary care clinic to deliver brief psychological interventions that include education, self-management, and coping skills. - BHOP services typically range from 1 to 4 sessions and are provided at the request of the primary care clinician.

Name of P ⁴ /DoD or AF	P ⁴ Type(s)	Brief Description of the P ⁴
		BHOP services are appropriate for Airmen who are having problems dealing with the stress of daily living in one or more areas of life.
Wingman Day ⁴	- Preventing workplace stress - Identifying individuals experiencing problems with workplace stress and connecting them to appropriate services and programs - Providing training or education to military personnel and family members in how to prevent, identify, refer, and/or provide assistance to service members who are experiencing problems with workplace stress	- Semiannual day of activities at Air Force installations designed to build relationships and foster trust among Airmen - Online training modules are available to help Airmen, particularly leaders, learn how to identify signs of problems with stress in other Airmen and intervene effectively⁵
Leadership Pathways Model ⁵	Preventing workplace stress	The goal is to incentivize Airmen and their family members to attend classes offered by installations' helping agencies (e.g., the AFRCs, medical facilities, or chaplaincy offices)
Support and Resilience Inventory ⁵	Preventing workplace stress	Online self-assessment tool available through the Air Force portal that Airmen and their families can use to assess their levels of resilience.
Leadership Toolkit ⁵	Providing training or education to various types of military personnel and family members in how to prevent, identify, refer, and/or provide assistance to service members who are experiencing problems with workplace stress	- Online resource designed to help leaders build resilience in their units - Includes activities, testimonials, tailored briefings, articles, strategic communication plans, best practices, and links to support services
Airman and Family Readiness Centers (AFRCs)	- Preventing workplace stress - Identifying individuals who are experiencing problems with workplace stress and connecting them to appropriate services and programs	- One-stop information and referral center on Air Force bases - Provides preventive and support services for Airmen and their families
Task Force True North ⁶	Preventing workplace stress	This AF program is designed to increase resilience and decrease negative work and home environments by utilizing and strengthening existing community supports, connecting Airmen to services, and engaging in violence prevention strategies.

SOURCES:

¹ Psychological Health Center of Excellence, undated.

² Ramstein Air Base, 2012.

³ Air Force Medical Service, 2013.

⁴ Wingman Online, undated.

⁵ Gonzalez et al., 2014.

⁶ Adelan, 2018.

APPENDIX B

Bibliography

Acosta, Joie D., Rajeev Ramchand, Amariah Becker, Alexandria Felton, and Aaron Kofner, *RAND Suicide Prevention Program Evaluation Toolkit*, Santa Monica, Calif.: RAND Corporation, TL-111-OSD, 2013. As of September 24, 2019:
<https://www.rand.org/pubs/tools/TL111.html>

Acosta, Joie D., Kerry A. Reynolds, Emily M. Gillen, Kevin Carter Feeney, Carrie M. Farmer, and Robin M. Weinick, *The RAND Online Measure Repository for Evaluating Psychological Health and Traumatic Brain Injury Programs: The RAND Toolkit, Volume 2*, Santa Monica, Calif.: RAND Corporation, RR-487/2-OSD, 2014. As of September 24, 2019:
https://www.rand.org/pubs/research_reports/RR487z2.html

Adelan, Ramon A., "Optimizing Airman Performance: Beale Initiates Task Force True North," Nellis Air Force Base, 2018. As of September 24, 2019:
<https://www.nellis.af.mil/News/Article/1488420/optimizing-airman-performance-beale-initiates-task-force-true-north/>

AfterDeployment, "Life Stress," 2018. As of August 21, 2018:
<http://afterdeployment.dcoe.mil/topics-life-stress>

Air Force Instruction 90-506, *Comprehensive Airman Fitness*, 2014. As of September 24, 2019:
<http://www.ramstein.af.mil/Portals/6/documents/DTC/AFD-151216-016.pdf?ver=2016-04-14-155129-117>

Air Force Instruction 36-3009, *Airman and Family Readiness Centers*, May 10, 2019.

Air Force Medical Service, "Behavioral Health Optimization Program (BHOP)," 2013. As of August 21, 2018:
<http://www.airforcemedicine.af.mil/Media-Center/Fact-Sheets/Display/Article/425489/behavioral-health-optimization-program-bhop/>

Allexandre, Didier, Adam M. Bernstein, Esteban Walker, Jennifer Hunter, Michael F. Roizen, and Thomas J. Morledge, "A Web-Based Mindfulness Stress Management Program in a Corporate Call Center: A Randomized Clinical Trial to Evaluate the Added Benefit of Onsite Group Support," *Journal of Occupational and Environmental Medicine*, Vol. 58, No. 3, 2016, pp. 254–264.

Babor, Thomas F., John C. Higgins-Biddle, John B. Saunders, and Maristela G. Monteiro, *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*, Geneva, Switzerland: World Health Organization, 2001.

Bartone, P. T., "Leader Influences on Resilience and Adaptability in Organizations," in U. Kumar, ed., *The Routledge International Handbook of Psychosocial Resilience*, New York: Routledge, 2017, pp. 355–368.

Beardslee, William, Patricia Lester, Lee Klosinski, William Saltzman, Kirsten Woodward, William Nash, Catherine Mogil, Robert Koffman, and Gregory Leskin, "Family-Centered Preventive

Intervention for Military Families: Implications for Implementation Science," *Prevention Science*, Vol. 12, No. 4, 2011, pp. 339–348.

Beaton, Dorcas, Claire Bombardier, Reuben Escorpizo, Wei Zhang, Diane Lacaille, Annelies Boonen, Richard H. Osborne, Aslam H. Anis, C. Vibeke Strand, and Peter S. Tugwell, "Measuring Worker Productivity: Frameworks and Measures," *The Journal of Rheumatology*, Vol. 36, No. 9, 2009, pp. 2100–2109.

Bhui, Kamaldeep S., Sokratis Dinos, Stephen A. Stansfeld, and Peter D. White, "A Synthesis of the Evidence for Managing Stress at Work: A Review of the Reviews Reporting on Anxiety, Depression, and Absenteeism," *Journal of Environmental and Public Health*, Vol. 2012, 2012.

Billings, Douglas W., Royer F. Cook, April Hendrickson, and David C. Dove, "A Web-Based Approach to Managing Stress and Mood Disorders in the Workforce," *Journal of Occupational and Environmental Medicine/American College of Occupational and Environmental Medicine*, Vol. 50, No. 8, 2008, pp. 960–968.

Bishop, Tara F., Joanna K. Seirup, Harold Alan Pincus, and Joseph S. Ross, "Population of U.S. Practicing Psychiatrists Declined, 2003–13, Which May Help Explain Poor Access to Mental Health Care," *Health Affairs*, Vol. 35, No. 7, 2016, pp. 1271–1277.

Bolliger, Doris U., "Key Factors for Determining Student Satisfaction in Online Courses," *International Journal on E-Learning*, Vol. 3, No. 1, 2004, pp. 61–67.

Bray, Robert M., Carol S. Camlin, John A. Fairbank, George H. Duntzman, and Sara C. Wheelless, "The Effects of Stress on Job Functioning of Military Men and Women," *Armed Forces & Society*, Vol. 27, No. 3, 2001, pp. 397–417.

Britt, Thomas W., Amy B. Adler, and Paul T. Bartone, "Deriving Benefits from Stressful Events: The Role of Engagement in Meaningful Work and Hardiness," *Journal of Occupational Health Psychology*, Vol. 6, No. 1, 2001, pp. 53–63.

Brown, Janice M., *Combat Stress and Substance Use Intervention*, Research Triangle Institute, 2017. As of September 24, 2019:
<http://www.dtic.mil/dtic/tr/fulltext/u2/1038969.pdf>

Bucher, Eliane, Christian Fieseler, and Anne Suphan, "The Stress Potential of Social Media in the Workplace," *Information, Communication & Society*, Vol. 16, No. 10, 2013, pp. 1639–1667.

Carolan, Stephany, Peter R. Harris, and Kate Cavanagh, "Improving Employee Well-Being and Effectiveness: Systematic Review and Meta-Analysis of Web-Based Psychological Interventions Delivered in the Workplace," *Journal of Medical Internet Research*, Vol. 19, No. 7, 2017.

Chesin, Megan S., Cemile C. Sonmez, Christopher A. Benjamin-Phillips, Brandon Beeler, Beth S. Brodsky, and Barbara Stanley, "Preliminary Effectiveness of Adjunct Mindfulness-Based Cognitive Therapy to Prevent Suicidal Behavior in Outpatients Who Are at Elevated Suicide Risk," *Mindfulness*, Vol. 6, No. 6, 2015, pp. 1345–1355.

Christensen, James C., Brian D. Everitt, Donald Chartrand, and Danielle K. Boeke, *Evaluation of the Stress Resilience Training System*, Air Force Research Laboratory, Wright-Patterson

AFB, Ohio, Human Performance Wing (711th), Human Effectiveness Directorate/Applied Neuroscience Branch, 2014.

Clearinghouse for Military Family Readiness, homepage, undated. As of August 21, 2018: <https://militaryfamilies.psu.edu/>

Clearinghouse for Military Family Readiness, "Program Selection," 2018. As of August 21, 2018: <https://militaryfamilies.psu.edu/services-we-offer/program-selection/>

Cohen, Sheldon, Tom Kamarck, and Robin Mermelstein, "A Global Measure of Perceived Stress," *Journal of Health and Social Behavior*, 1983, pp. 385–396.

Connor, Kathryn M., and Jonathan R. T. Davidson, "Development of a New Resilience Scale: The Connor-Davidson Resilience Scale (CD-RISC)," *Depression and Anxiety*, Vol. 18, No. 2, 2003, pp. 76–82.

DeFrank, Richard S., and Cary L. Cooper, "Worksite Stress Management Interventions: Their Effectiveness and Conceptualisation," *Journal of Managerial Psychology*, Vol. 2, No. 1, 1987, pp. 4–10.

Eberhart, Nicole K., Jennifer L. Cerully, Amy L. Shearer, Sandra H. Berry, M. Audrey Burnam, and Patricia A. Ebener, *Evaluation Approaches for Mental Health Prevention and Early Intervention Programs*, Santa Monica, Calif.: RAND Corporation, RR-1882-CMHSA, 2017. As of September 24, 2019: https://www.rand.org/pubs/research_reports/RR1882.html

Ebert, David Daniel, Elena Heber, Matthias Berking, Heleen Riper, Pim Cuijpers, Burkhardt Funk, and Dirk Lehr, "Self-Guided Internet-Based and Mobile-Based Stress Management for Employees: Results of a Randomised Controlled Trial," *Occupational and Environmental Medicine*, 2016a.

Ebert, David Daniel, Dirk Lehr, Elena Heber, Heleen Riper, Pim Cuijpers, and Matthias Berking, "Internet- and Mobile-Based Stress Management for Employees with Adherence-Focused Guidance: Efficacy and Mechanism of Change," *Scandinavian Journal of Work, Environment & Health*, Vol. 42, No. 5, 2016b, pp. 382–394.

Faragher, E. Brian, Monica Cass, and Cary L. Cooper, "The Relationship Between Job Satisfaction and Health: A Meta-Analysis," *From Stress to Wellbeing*, Volume 1, Springer, 2013, pp. 254–271.

Feldman, Greg, Adele Hayes, Sameet Kumar, Jeff Greeson, and Jean-Philippe Laurenceau, "Mindfulness and Emotion Regulation: The Development and Initial Validation of the Cognitive and Affective Mindfulness Scale-Revised (CAMS-R)," *Journal of Psychopathology and Behavioral Assessment*, Vol. 29, No. 3, 2007, pp. 177–190.

Fisher, Cynthia D., and Richard Gitelson, "A Meta-Analysis of the Correlates of Role Conflict and Ambiguity," *Journal of Applied Psychology*, Vol. 68, No. 2, 1983, pp. 320–333.

Freeman, Becky, Sofia Potente, Vanessa Rock, and Jacqueline McIver, "Social Media Campaigns That Make a Difference: What Can Public Health Learn from the Corporate Sector and Other Social Change Marketers?" *Public Health Research and Practice*, Vol. 25, No. 2, 2015, p. e2521517.

Gonzalez, Gabriella C., Reema Singh, Terry L. Schell, and Robin M. Weinick, "An Evaluation of the Implementation and Perceived Utility of the Airman Resilience Training Program," *RAND Health Quarterly*, Vol. 4, No. 2, 2014. As of September 17, 2019:

<https://www.rand.org/pubs/periodicals/health-quarterly/issues/v4/n2/12.html>

Gould, Madelyn S., Alison M. Lake, Jimmie Lou Munfakh, Hanga Galfalvy, Marjorie Kleinman, Caitlin Williams, Andrew Glass, and Richard McKeon, "Helping Callers to the National Suicide Prevention Lifeline Who Are at Imminent Risk of Suicide: Evaluation of Caller Risk Profiles and Interventions Implemented," *Suicide and Life-Threatening Behavior*, Vol. 46, No. 2, 2016, pp. 172–190.

Hardison, Chaitra M., Eyal Aharoni, Christopher Larson, Steven Trochlil, and Alexander C. Hou, *Stress and Dissatisfaction in the Air Force's Remotely Piloted Aircraft Community: Focus Group Findings*, Santa Monica, Calif.: RAND Corporation, RR-1756-AF, 2017. As of September 17, 2019:

https://www.rand.org/pubs/research_reports/RR1756.html

Hardison, Chaitra M., Carl Rhodes, Jacqueline A. Mauro, Lindsay Daugherty, Erin N. Gerbec, and Craig Ramsey, *Identifying Key Workplace Stressors Affecting Twentieth Air Force: Analyses Conducted from December 2012 Through February 2013*, Santa Monica, Calif.: RAND Corporation, RR-592-AF, 2014. As of September 17, 2019:

https://www.rand.org/pubs/research_reports/RR592.html

Harms, P. D., Lisa Brady, Dustin Wood, and Anthony Silard, "Resilience and Well-Being," *Handbook of Well-Being*, Salt Lake City, Utah: DEF Publishers, 2018.

Harms, Peter D., Dina V. Krasikova, Adam J. Vanhove, Mitchel Norman Herian, and Paul B. Lester, "Stress and Emotional Well-Being in Military Organizations," *Stress*, Vol. 1, 2013.

Health Resources & Services Administration, "HRSA Data Warehouse," undated. As of August 21, 2018:

<https://datawarehouse.hrsa.gov>

Heber, Elena, Dirk Lehr, David Daniel Ebert, Matthias Berking, and Heleen Riper, "Web-Based and Mobile Stress Management Intervention for Employees: A Randomized Controlled Trial," *Journal of Medical Internet Research*, Vol. 18, No. 1, 2016.

Hendricks Thomas, Kate, Sarah Plummer Taylor, Karl Hamner, John Glazer, and Emily Kaufman, "Multi-Site Programming Offered to Promote Resilience in Military Veterans: A Process Evaluation of the Just Roll With It Bootcamps," *Californian Journal of Health Promotion*, Vol. 13, No. 2, 2015.

Institute of Medicine, *A Ready and Resilient Workforce for the Department of Homeland Security: Protecting America's Front Line*, Washington, D.C.: The National Academies Press, 2013. As of September 24, 2019:

<https://doi.org/10.17226/18407>

Ivancevich, John M., Michael T. Matteson, Sara M. Freedman, and James S. Phillips, "Worksite Stress Management Interventions," *American Psychologist*, Vol. 45, No. 2, 1990, pp. 252–261.

Johnson, Douglas C., Nathaniel J. Thom, Elizabeth A. Stanley, Lori Haase, Alan N. Simmons, Pei-an B. Shih, Wesley K. Thompson, Eric G. Potterat, Thomas R. Minor, and Martin P. Paulus,

"Modifying Resilience Mechanisms in At-Risk Individuals: A Controlled Study of Mindfulness Training in Marines Preparing for Deployment," *American Journal of Psychiatry*, Vol. 171, No. 8, 2014, pp. 844–853.

Judkins, Jason L., and Devvon L. Bradley, "A Review of the Effectiveness of a Combat and Operational Stress Control Restoration Center in Afghanistan," *Military Medicine*, Vol. 182, No. 7, 2017, pp. e1755–e1762.

Kawai, Kaoru, Yoshihiko Yamazaki, and Kazuhiro Nakayama, "Process Evaluation of a Web-Based Stress Management Program to Promote Psychological Well-Being in a Sample of White-Collar Workers in Japan," *Industrial Health*, Vol. 48, No. 3, 2010, pp. 265–274.

Kearney, David J., Kelly McDermott, Carol Malte, Michelle Martinez, and Tracy L. Simpson, "Effects of Participation in a Mindfulness Program for Veterans with Posttraumatic Stress Disorder: A Randomized Controlled Pilot Study," *Journal of Clinical Psychology*, Vol. 69, No. 1, 2013, pp. 14–27.

Kelloway, E. Kevin, and Julian Barling, "Leadership Development as an Intervention in Occupational Health Psychology," *Work & Stress*, Vol. 24, No. 3, 2010, pp. 260–279.

Kessler, Ron, Maria Petukhova, Keith McInnes, and T. Bedirhan Üstün, "Re: Content and Scoring Rules for the WHO HPQ Absenteeism and Presenteeism Questions," Department of Health Care Policy at Harvard Medical School, 2007. As of September 24, 2019: <https://www.hcp.med.harvard.edu/hpq/ftpd/absenteeism%20presenteeism%20scoring%20050107.pdf>

Kessler, Ronald C., Patricia Berglund, Wai Tat Chiu, Olga Demler, Steven Heeringa, Eva Hiripi, Robert Jin, Beth-Ellen Pennell, Ellen E. Walters, and Alan Zaslavsky, "The U.S. National Comorbidity Survey Replication (NCS-R): Design and Field Procedures," *International Journal of Methods in Psychiatric Research*, Vol. 13, No. 2, 2004, pp. 69–92.

Kline, Marsha L., and David L. Snow, "Effects of a Worksite Coping Skills Intervention on the Stress, Social Support, and Health Outcomes of Working Mothers," *Journal of Primary Prevention*, Vol. 15, No. 2, 1994, pp. 105–121.

Lamontagne, Anthony D., Tessa Keegel, Amber M. Louie, Aleck Ostry, and Paul A. Landsbergis, "A Systematic Review of the Job-Stress Intervention Evaluation Literature, 1990–2005," *International Journal of Occupational and Environmental Health*, Vol. 13, No. 3, 2007, pp. 268–280.

Lazarus, Richard S., and Susan Folkman, *Stress, Appraisal, and Coping*, Springer, 1984.

Lee, Raymond T., and Blake E. Ashforth, "A Meta-Analytic Examination of the Correlates of the Three Dimensions of Job Burnout," *Journal of Applied Psychology*, Vol. 81, No. 2, 1996, p. 123.

Lee, Sang Joon, Sandhya Srinivasan, Trudian Trail, David Lewis, and Samantha Lopez, "Examining the Relationship Among Student Perception of Support, Course Satisfaction, and Learning Outcomes in Online Learning," *The Internet and Higher Education*, Vol. 14, No. 3, 2011, pp. 158–163.

Management of Major Depressive Disorder Working Group, *VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder*, 2016. As of September 24, 2019: <https://www.healthquality.va.gov/guidelines/MH/mdd/VADoDMDDCPGFINAL82916.pdf>

Management of Posttraumatic Stress Disorder Work Group, *VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder*, 2017. As of September 24, 2019: <https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal012418.pdf>

Maslach, Christina, and Susan E. Jackson, "The Measurement of Experienced Burnout," *Journal of Organizational Behavior*, Vol. 2, No. 2, 1981, pp. 99–113.

McCaslin, Shannon E., Ellen D. Herbst, Nicole H. Armitage, Isabel Allen, Thomas Neylan, Colleen Becket-Davenport, Gerard Choucroun, Suzanne Best, and Sabra S. Inslicht, "Deployment Anxiety Reduction Training: A Pilot Study of Acceptability and Feasibility in Current or Recent Active Duty Service Members," *Military Medicine*, Vol. 183, Suppl. 1, 2018, pp. 371–378.

Meadows, Sarah O., Charles C. Engel, Rebecca L. Collins, Robin Beckman, Matthew Cefalu, Jennifer Hawes-Dawson, Molly Doyle, Amii M. Kress, Lisa Sontag-Padilla, Rajeev Ramchand, and Kayla M. Williams, *2015 Department of Defense Health Related Behaviors Survey (HRBS)*, Santa Monica, Calif.: RAND Corporation, RR-1695-OSD, 2018. As of September 24, 2019: https://www.rand.org/pubs/research_reports/RR1695.html

Meadows, Sarah O., Laura L. Miller, and Sean Robson, "Airman and Family Resilience: Lessons from the Scientific Literature," *RAND Health Quarterly*, Vol. 5, No. 3, 2016. As of September 24, 2019: <https://www.rand.org/pubs/periodicals/health-quarterly/issues/v5/n3/10.html>

Meredith, Lisa S., Cathy D. Sherbourne, Sarah J. Gaillot, Lydia Hansell, Hans V. Ritschard, Andrew M. Parker, and Glenda Wrenn, "Promoting Psychological Resilience in the U.S. Military," *RAND Health Quarterly*, Vol. 1, No. 2, 2011. As of September 24, 2019: <https://www.rand.org/pubs/periodicals/health-quarterly/issues/v1/n2/02.html>

Mori, Makiko, Miyuki Tajima, Risa Kimura, Norio Sasaki, Hironori Somemura, Yukio Ito, June Okanoya, Megumi Yamamoto, Saki Nakamura, and Katsutoshi Tanaka, "A Web-Based Training Program Using Cognitive Behavioral Therapy to Alleviate Psychological Distress Among Employees: Randomized Controlled Pilot Trial," *JMIR Research Protocols*, Vol. 3, No. 4, 2014.

Murta, Sheila Giardini, Kristy Sanderson, and Brian Oldenburg, "Process Evaluation in Occupational Stress Management Programs: A Systematic Review," *American Journal of Health Promotion*, Vol. 21, No. 4, 2007, pp. 248–254.

Nahrgang, Jennifer D., Frederick P. Morgeson, and David A. Hofmann, "Safety at Work: A Meta-Analytic Investigation of the Link Between Job Demands, Job Resources, Burnout, Engagement, and Safety Outcomes," *Journal of Applied Psychology*, Vol. 96, No. 1, 2011, pp. 71–94.

Netemeyer, Richard G., James S. Boles, and Robert McMurrian, "Development and Validation of Work–Family Conflict and Family–Work Conflict Scales," *Journal of Applied Psychology*, Vol. 81, No. 4, 1996, pp. 400–410.

Pedersen, Eric R., Layla Parast, Grant N. Marshall, Terry L. Schell, and Clayton Neighbors, "A Randomized Controlled Trial of a Web-Based, Personalized Normative Feedback Alcohol Intervention for Young-Adult Veterans," *Journal of Consulting and Clinical Psychology*, Vol. 85, No. 5, 2017, pp. 459–470.

Pirson, Michael, Ellen J. Langer, Todd Bodner, and Sigal Zilcha-Mano, "The Development and Validation of the Langer Mindfulness Scale-Enabling a Socio-Cognitive Perspective of Mindfulness in Organizational Contexts," Fordham University Schools of Business Research Paper, 2012.

Psychological Health Center of Excellence, "Air Force COSC," undated. As of August 21, 2018: <http://www.pdhealth.mil/topics/deployment-health/air-force-cosc>

Ramstein Air Base, "Deployment Transition Center," 2012. As of August 21, 2018: <https://www.ramstein.af.mil/About/Fact-Sheets/Display/Article/303660/deployment-transition-center/>

RAND Corporation, "Catalog of Programs to Address Psychological Health and Traumatic Brain Injury," undated-a. As of August 21, 2018: <https://www.rand.org/nsrd/ndri/centers/frp/innovative-practices/catalog-of-programs.html>

RAND Corporation, "RAND Online Measure Repository," undated-b. As of August 21, 2018: <https://www.rand.org/nsrd/ndri/centers/frp/innovative-practices/measure.html>

Ravalier, J.M., P. Wegrzynek, and S. Lawton, "Systematic Review: Complementary Therapies and Employee Well-Being," *Occupational Medicine*, Vol. 66, No. 6, 2016, pp. 428–436.

Richardson, Katherine M., and Hannah R. Rothstein, "Effects of Occupational Stress Management Intervention Programs: A Meta-Analysis," *Journal of Occupational Health Psychology*, Vol. 13, No. 1, 2008, p. 69.

Robson, Sean, and Thomas Manacapilli, *Enhancing Performance Under Stress: Stress Inoculation Training for Battlefield Airmen*, Santa Monica, Calif.: RAND Corporation, RR-750-AF, 2014. As of September 17, 2019: https://www.rand.org/pubs/research_reports/RR750.html

Ruwaard, Jeroen, Alfred Lange, Manon Bouwman, Janneke Broeksteeg, and Bart Schrieken, "E-Mailed Standardized Cognitive Behavioural Treatment of Work-Related Stress: A Randomized Controlled Trial," *Cognitive Behaviour Therapy*, Vol. 36, No. 3, 2007, pp. 179–192.

Ryan, Cathal, Michael Bergin, Trudie Chalder, and John S. G. Wells, "Web-Based Interventions for the Management of Stress in the Workplace: Focus, Form, and Efficacy," *Journal of Occupational Health*, Vol. 59, No. 3, 2017, pp. 215–236.

Saadat, H., D. L. Snow, S. Ottenheimer, F. Dai, and Z. N. Kain, "Wellness Program for Anesthesiology Residents: A Randomized, Controlled Trial," *Acta Anaesthesiologica Scandinavica*, Vol. 56, No. 9, 2012, pp. 1130–1138.

SAMHSA—See Substance Abuse and Mental Health Services Administration.

Schaufeli, W. B., M. P. Leiter, and C. Maslach, "Maslach Burnout Inventory-General Survey (MBI-GS)," in C. Maslach, S. E. Jackson, and M. P. Leiter, eds., *MBI Manual*, Palo Alto, Calif.: Consulting Psychologists Press, 1996.

Schell, Terry L., Coreen Farris, Jeremy N. V. Miles, Jennifer Sloan, and Deborah M. Scharf, *The Air Force Deployment Transition Center: Assessment of Program Structure, Process, and Outcomes*, Santa Monica, Calif.: RAND Corporation, RR-918-OSD, 2016. As of September 17, 2019:

https://www.rand.org/pubs/research_reports/RR918.html

Schneider, Kristin G., Serena Bezdjian, Danielle Burchett, William C. Isler, David Dickey, and Howard N. Garb, "The Impact of the United States Air Force Deployment Transition Center on Postdeployment Mental Health Outcomes," *Military Psychology*, Vol. 28, No. 2, 2016, pp. 89–103.

Schwarzer, Ralf, and Matthias Jerusalem, "Optimistic Self-Beliefs as a Resource Factor in Coping with Stress," *Extreme Stress and Communities: Impact and Intervention*, Springer, 1995, pp. 159–177.

Schyns, Birgit, and Jan Schilling, "How Bad Are the Effects of Bad Leaders? A Meta-Analysis of Destructive Leadership and Its Outcomes," *The Leadership Quarterly*, Vol. 24, No. 1, 2013, pp. 138–158.

Sherbourne, Cathy Donald, and Anita L. Stewart, "The MOS Social Support Survey," *Social Science & Medicine*, Vol. 32, No. 6, 1991, pp. 705–714.

Sims, Carra S., Laura L. Miller, Thomas E. Trail, Dulani Woods, Aaron Kofner, Carolyn M. Rutter, Marek N. Posard, Owen Hall, and Meredith Kleykamp, *2017 U.S. Air Force Community Feedback Tool: Key Results Report for Air Force Headquarters*, Santa Monica, Calif.: RAND Corporation, RR-3084-AF, 2019. As of November 22, 2019:

https://www.rand.org/pubs/research_reports/RR3084.html

Sims, Carra S., Christine Anne Vaughan, Haralambos Theologis, Ashley L. Boal, and Karen Chan Osilla, *Navigating the Road to Reintegration: Status and Continuing Support of the U.S. Air Force's Wounded Warriors*, Santa Monica, Calif.: RAND Corporation, RR-599-AF, 2015. As of September 24, 2019:

https://www.rand.org/pubs/research_reports/RR599.html

Sims, Carra S., Christine Anne Vaughan, and Kayla M. Williams, *Continuing Down the Road to Reintegration: Status and Ongoing Support of the U.S. Air Force's Wounded Warriors*, Santa Monica, Calif.: RAND Corporation, RR-1474-AF, 2016. As of September 24, 2019:

https://www.rand.org/pubs/research_reports/RR1474.html

Skakon, Janne, Karina Nielsen, Vilhelm Borg, and Jaime Guzman, "Are Leaders' Well-Being, Behaviours and Style Associated With the Affective Well-Being of Their Employees? A Systematic Review of Three Decades of Research," *Work & Stress*, Vol. 24, No. 2, 2010, pp. 107–139.

Sonnentag, Sabine, and Michael Frese, "Stress in Organizations," *Comprehensive Handbook of Psychology*, 2003, pp. 453–491.

Sparks, Kate, Cary Cooper, Yitzhak Fried, and Arie Shirom, "The Effects of Hours of Work on Health: A Meta-Analytic Review," *Journal of Occupational and Organizational Psychology*, Vol. 70, No. 4, 1997, pp. 391–408.

Spector, Paul E., and Steve M. Jex, "Development of Four Self-Report Measures of Job Stressors and Strain: Interpersonal Conflict at Work Scale, Organizational Constraints Scale, Quantitative Workload Inventory, and Physical Symptoms Inventory," *Journal of Occupational Health Psychology*, Vol. 3, No. 4, 1998, pp. 356–367.

Spitzer, Robert L., Kurt Kroenke, Janet B. W. Williams, and Bernd Löwe, "A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7," *Archives of Internal Medicine*, Vol. 166, No. 10, 2006, pp. 1092–1097.

Spitzer, Robert L., Kurt Kroenke, Janet B. W. Williams, and Patient Health Questionnaire Primary Care Study Group, "Validation and Utility of a Self-Report Version of PRIME-MD: The PHQ Primary Care Study," *JAMA*, Vol. 282, No. 18, 1999, pp. 1737–1744.

Stetz, Melba C., Janalle Y. Kaloi-Chen, David D. Turner, Stéphane Bouchard, Giuseppe Riva, and Brenda K. Wiederhold, "The Effectiveness of Technology-Enhanced Relaxation Techniques for Military Medical Warriors," *Military Medicine*, Vol. 176, No. 9, 2011, pp. 1065–1070.

Substance Abuse and Mental Health Services Administration (SAMHSA), "Continuum of Care," May 29, 2018. As of September 24, 2019:

<https://www.samhsa.gov/prevention#continuum-care>

Tenhula, Wendy N., Arthur M. Nezu, Christine Maguth Nezu, Michael O. Stewart, Sarah A. Miller, Jennifer Steele, and Bradley E. Karlin, "Moving Forward: A Problem-Solving Training Program to Foster Veteran Resilience," *Professional Psychology: Research and Practice*, Vol. 45, No. 6, 2014, pp. 416–424.

Thompson, Elaine A., Leona L. Eggert, and Jerald R. Herting, "Mediating Effects of an Indicated Prevention Program for Reducing Youth Depression and Suicide Risk Behaviors," *Suicide and Life-Threatening Behavior*, Vol. 30, No. 3, 2000, pp. 252–271.

Trail, Thomas E., Laurie T. Martin, Lane F. Burgette, Linnea Warren May, Ammarah Mahmud, Nupur Nanda, and Anita Chandra, *An Evaluation of U.S. Military Non-Medical Counseling Programs*, Santa Monica, Calif.: RAND Corporation, RR-1861-OSD, 2017. As of September 24, 2019:

https://www.rand.org/pubs/research_reports/RR1861.html

Tubre, Travis C., and Judith M. Collins, "Jackson and Schuler (1985) Revisited: A Meta-Analysis of the Relationships Between Role Ambiguity, Role Conflict, and Job Performance," *Journal of Management*, Vol. 26, No. 1, 2000, pp. 155–169.

U.S. Department of Veterans Affairs, "Veteran Training," 2017. As of August 21, 2018:

<https://www.veterantraining.va.gov/movingforward/>

Van der Klink, Jac J. L., Roland W. B. Blonk, Aart H. Schene, and Frank J. H. Van Dijk, "The Benefits of Interventions for Work-Related Stress," *American Journal of Public Health*, Vol. 91, No. 2, 2001, pp. 270–276.

Virgili, Mario, "Mindfulness-Based Interventions Reduce Psychological Distress in Working Adults: A Meta-Analysis of Intervention Studies," *Mindfulness*, Vol. 6, No. 2, 2015, pp. 326–337.

Viswesvaran, Chockalingam, Juan I. Sanchez, and Jeffrey Fisher, "The Role of Social Support in the Process of Work Stress: A Meta-Analysis," *Journal of Vocational Behavior*, Vol. 54, No. 2, 1999, pp. 314–334.

Viverito, Kristen M., Dinesh Mittal, Xiaotong Han, Eric Messias, Lakshminarayana Chekuri, and Greer Sullivan, "Attitudes Regarding Seeking Help for Mental Health Problems and Beliefs about Treatment Effectiveness: A Comparison Between Providers and the General Public," *Stigma and Health*, Vol. 3, No. 1, 2018, pp. 35–41.

Weinick, Robin M., Ellen Burke Beckjord, Carrie M. Farmer, Laurie T. Martin, Emily M. Gillen, Joie D. Acosta, Michael P. Fisher, Jeffrey Garnett, Gabriella C. Gonzalez, Todd C. Helmus, Lisa H. Jaycox, Kerry A. Reynolds, Nicholas Salcedo, and Deborah M. Scharf, *Programs Addressing Psychological Health and Traumatic Brain Injury Among U.S. Military Servicemembers and Their Families*, Santa Monica, Calif.: RAND Corporation, TR-950-OSD, 2011. As of September 24, 2019:

https://www.rand.org/pubs/technical_reports/TR950.html

Williams, Arthur, Bonnie M. Hagerty, Steve J. Brasington, Joseph B. Clem, and David A. Williams, "Stress Gym: Feasibility of Deploying a Web-Enhanced Behavioral Self-Management Program for Stress in a Military Setting," *Military Medicine*, Vol. 175, No. 7, 2010, pp. 487–493.

Wingman Online, "Wingman Day," undated. As of August 21, 2018:

<http://www.wingmanonline.org/Training/Wingman-Day-Training>

Yudko, Errol, Olga Lozhkina, and Adriana Fouts, "A Comprehensive Review of the Psychometric Properties of the Drug Abuse Screening Test," *Journal of Substance Abuse Treatment*, Vol. 32, No. 2, 2007, pp. 189–198.