

# **GETTING TO OUTCOMES®**

OPERATIONS GUIDE FOR

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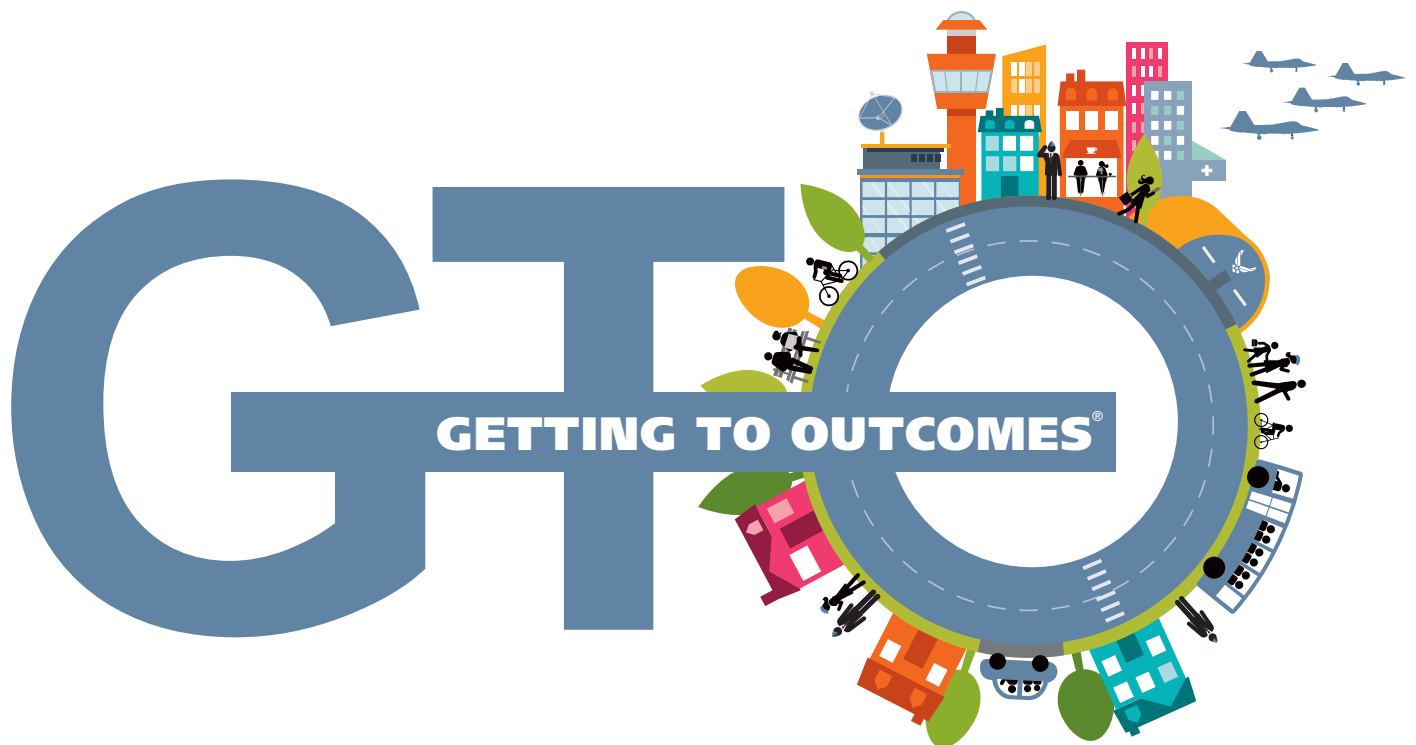
## **AIR NATIONAL GUARD COMMUNITY ACTION TEAMS**

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## Preface

Getting To Outcomes® (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 less-effective implementation of the same programs outside a research setting.

The *GTO Operations Guide for U.S. Air Force Community Action Teams* and four companion content area modules (CAMs) are designed for use by U.S. Air Force Community Action Teams (CATs) to aid each wing in developing its 2019–2020 Community Action Plan (CAP) for Integrated Resilience and Violence Prevention, as directed in Air Force Instruction (AFI) 90-5001 (and to aid the development of CAPs in future years). The guide and the CAMs contain tools that will help each wing's Community Support Coordinators, Air Force Reserve Command Community Action Team Chairs, Violence Prevention Integrators, CATs, and the Community Support Program Managers at the major command (MAJCOM) level complete each GTO step. GTO is part of an Air Force initiative to increase the quality and effectiveness of CAPs while enabling each wing to address its unique needs.

This guide, the Operations Guide for Air National Guard Community Action Teams, is a streamlined version adapted from the Air Force guide to meet the unique needs of the Air National Guard (ANG). It provides guidance on how to plan, implement, and evaluate various types of programs, policies, practices, and processes—what we call P<sup>4</sup>. The guidance includes examples of evidence-based brief P<sup>4</sup> and measures for how to evaluate them in the ANG. Each chapter has tools that provide guidance on how to make the many decisions needed to plan and evaluate P<sup>4</sup>. These tools then serve as a written record of those decisions that can be reviewed later. This guide is not specific to any content area because the CATs are expected to identify P<sup>4</sup> across many different content areas. However, we have included process and outcome evaluation measures specific to three Air Force ANG priority areas: work-life balance, responsible alcohol use, and healthy relationships and communication.

There are other GTO guides on many other topic areas (see <http://www.rand.org/gto>), but this guide is streamlined and tailored specifically for the ANG's efforts to enhance resilience and well-being. Although this GTO guide has been designed for use in the ANG, the GTO steps and instructions for completing them that are included in this guide could be used by all Air Force installations and MAJCOMs and other types of community coalitions and organizations to plan, evaluate, and improve P<sup>4</sup>.

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 2018 project, "Getting To Outcomes for Integrated Violence Prevention and Resilience in the Military: Phase 3 Follow-on Support."

### **RAND Project AIR FORCE**

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Manpower, Personnel, and Training; and Resource Management. The research reported here was prepared under contract FA7014-16-D-1000.

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This report documents work originally shared with DAF in January 2020. The draft report, issued in July 2020, was reviewed by formal peer reviewers and DAF subject-matter experts.

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We would like to acknowledge and are particularly indebted to Lt. Col. Mary Rysavy for her support and guidance in developing this guide and reviewing drafts. Her feedback was most valuable. We also thank the many representatives from ANG wings who attended GTO training and provided important insights that were incorporated into the guide.

Reviewers of interim and final drafts included Lt. Col. Rysavy for ANG and Laura Miller for RAND. Their thoughtful comments and suggestions contributed to an improved final product. We would also like to thank RAND Project AIR FORCE program staff who coordinated the review and publications process and our editor, Nora Spiering.

## Abbreviations

|                  |                                                                              |
|------------------|------------------------------------------------------------------------------|
| ADAPT            | Alcohol and Drug Abuse Prevention and Treatment                              |
| A&FRC            | Airman and Family Readiness Center                                           |
| AFCCARS          | Air Force Chaplain Corps Activity Reporting System                           |
| ANG              | Air National Guard                                                           |
| CAB              | Community Action Board                                                       |
| CAT              | Community Action Team                                                        |
| CAP              | Community Action Plan                                                        |
| CFT              | Community Feedback Tool                                                      |
| CQI              | continuous quality improvement                                               |
| DEOCS            | Defense Equal Opportunity Management Institute Organizational Climate Survey |
| DUI              | driving under the influence                                                  |
| EBP <sup>4</sup> | evidence-based P <sup>4</sup>                                                |
| FTE              | full-time equivalent                                                         |
| GTO              | Getting To Outcomes®                                                         |
| HRA              | Human Resources Advisor                                                      |
| JA               | Judge Advocate                                                               |
| MAJCOM           | major command                                                                |
| N/A              | not applicable                                                               |
| NIAAA            | National Institute on Alcohol Abuse and Alcoholism                           |
| P <sup>4</sup>   | programs, policies, practices, and processes                                 |
| PTSD             | posttraumatic stress disorder                                                |
| SMART            | specific, measurable, achievable, realistic, and time-based                  |

# Introduction

Every two years, Air Force installations and Air National Guard (ANG) wings are required to develop Community Action Plans (CAPs) to address the resilience and well-being needs of their communities of Airmen and Guard members. Since 2018, the Air Force has been offering installations and wings an evidence-based approach called Getting To Outcomes (GTO). GTO can help identify, select, plan, and evaluate the strongest P<sup>4</sup> (programs, policies, practices, and processes) to enhance resilience and well-being.

To assist ANG wings with completing their CAPs, ANG asked the RAND Corporation to develop a more streamlined version of the GTO process that recognizes the unique needs and time and staffing constraints in the ANG compared with installations. For example, many effective P<sup>4</sup> require multiple sessions over several weeks with significant interaction time among participating Airmen. However, members of ANG wings are geographically dispersed and usually meet only once per month and two weeks a year for active-duty training. They spend most of their time in their communities and on civilian jobs. This guide, therefore, includes a list of brief but effective P<sup>4</sup> that better accommodate the schedule of Guard members. It also streamlines some of the CAP planning process by offering lists of generic process and outcome evaluation measures to reduce measurement selection time involved with evaluation planning. Its content and example tools focus on three AF ANG priority areas: work-life balance, responsible alcohol use, and healthy relationships and communication.

The responsibility for the ANG CAP in each wing is overseen by the Community Action Team (CAT) Chair and Co-Chair. They head overall CAP development, leading discussion of the Community Feedback Tool and selection of resilience priorities, compiling other wing data, and completing the CAP GTO tools and CAP Face Sheet. Other personnel focus on different parts of the CAP development process. CAT members participate in meetings, collaborate and share needs data, and bring prevention and resilience activities forward to ensure alignment with the CAP. Completed CAPs must be approved by wing commanders.

## WHAT IS GETTING TO OUTCOMES?

GTO lays out ten steps (see Figure I-1) needed to plan and implement any P<sup>4</sup> at any stage (i.e., with new and existing P<sup>4</sup>). In 2020, ANG contracted with the developers of GTO to support wings with concrete help—written templates, training, ongoing coaching (called technical assistance), and quality assurance to complete each step and develop a CAP that addresses wings' needs. GTO is not an additional step; it is a process to complete your work. GTO helps leaders at any level and supporting staff make better decisions on what P<sup>4</sup> to use and how to ensure that future investments in new or existing P<sup>4</sup> lead to the desired results. For this guide, several GTO steps and tools are combined to streamline CAP development and evaluation.

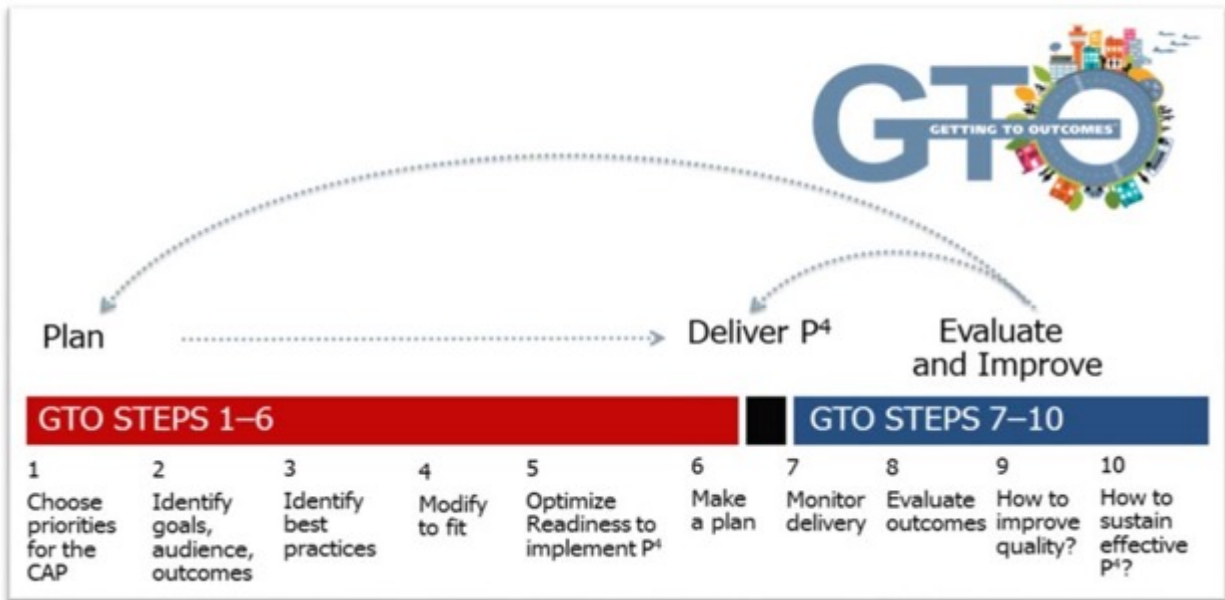


**Figure I-1. The Ten GTO Steps**

### **How Does Using GTO Benefit My Wing?**

- GTO moves wings to adopt the strongest P<sup>4</sup> possible.
- GTO can be applied to any type of P<sup>4</sup> intended to create positive change in a community or wing.
- GTO can be used to show you, your wing, your community, and your chain of command the progress you are making without having to wait several months or years.
- GTO builds and sustains the capacity and the resources needed to implement P<sup>4</sup>.
- GTO helps wings continuously evaluate and improve P<sup>4</sup>.
- GTO helps wings get positive outcomes from effective P<sup>4</sup>.
- GTO can help sustain your P<sup>4</sup>.

### **How to Use This Guide to Complete Your CAP**

Although GTO has ten steps, it is the first six steps that will be used by each CAT to create its CAP. Learning the GTO steps and completing the tools in this guide will help each wing develop its CAP.

1. First, the CAT will use the guide to help **identify the priority problems or challenges** to address with the CAP (GTO Step 1).
2. Next, the CAT will **set goals and specific desired outcomes** to reach through its CAP for each priority (GTO Step 2).

3. The guide then helps the CAT **select P<sup>4</sup> with evidence of effectiveness**; that fit their organization's target population, community, and wing; and for which they have staff capacity and resources needed for implementation (GTO Steps 3–5).
4. The CAT then uses the work plan and process and outcome evaluation planner tools in the guide to **lay out the details for the implementation and evaluation** of each P<sup>4</sup> to be included in its CAP (GTO Step 6).
5. Finally, the whole **CAP is presented in the form of a logic model** by completing the CAP Overview Tool (GTO Step 6). Work on this tool actually begins with Step 1. By the end of Step 6, you have all the pieces of the logic model and can copy them into the overview tool.

Although you will need to complete the GTO steps 1–6 tools to develop your CAP, **each wing's finalized CAP will only include the following documents** (see Figure B-1 in Appendix B):

- ✓ a CAP Face Sheet
- ✓ a brief CAP narrative overview
- ✓ a CAP overview tool
- ✓ a set of the GTO Step 6 tools for **each** P<sup>4</sup> you include in your CAP (work plan tool, process evaluation planner, and outcome evaluation planner).

All of the GTO tools are available in electronic form. They are included in a Word document, in fillable format, that is located with the guide at [www.rand.org/t/tl311](http://www.rand.org/t/tl311). We recommend that you use the fillable form tools to create your drafts and final documents, which can then be used to easily assemble your CAP.

GTO steps 7–10 will be useful to you after you have your P<sup>4</sup> and its evaluation underway.

**Note About GTO Tools and P<sup>4</sup>:** All the tools in this guide were originally designed for programs (because they often require the most detail), but this GTO guide can also accommodate policies, practices, and processes.

## Organization of the GTO Guide

Each chapter contains

- ✓ a brief overview of the step(s) and their importance, including key definitions
- ✓ helpful tips  and resources for completing the steps
- ✓ detailed instructions for completing each tool 
- ✓ a hypothetical scenario in which a wing CAT team works on their CAP. This hypothetical team is addressing responsible alcohol use, and examples of each of the completed tools for a P<sup>4</sup> addressing alcohol misuse are included in each chapter.

The GTO guide also includes a series of appendixes with important information about evidence-informed P<sup>4</sup> and outcome evaluation measures for **three content areas** that were selected by ANG leadership:

1. healthy relationships and communication

2. responsible alcohol use
3. work-life balance.

These P<sup>4</sup> and measures have been specially selected for ANG's unique context, which often includes a geographically dispersed workforce with limited availability for face-to-face training. Therefore, **P<sup>4</sup> included in this guide are either brief or can be implemented remotely** (i.e., online or through a smartphone application). The P<sup>4</sup> and measures were selected after an extensive expert review process in which researchers, P<sup>4</sup> staff, and ANG staff provided input on their feasibility and relevance.

### **The ANG CAP Process: Tips for Using the GTO Guide**

- **Who leads the GTO process at my wing?** The GTO tools and final CAP will be the responsibility of the wing CAT, headed by the CAT Chair and Co-Chair. It will be important for the CAT to use their regular meetings to work together to go through the GTO process. Each member of the team will likely have different knowledge and experience that, when brought together, will enrich the final CAP. AFI 90-5001, January 2019, provides additional guidance on the role of the CAT.
- **How much time will GTO take?** Completing these tools takes time, thought, and consideration. The CAT should meet monthly while working on the GTO tools for its CAP because coordination and collaboration are critical for optimal results. In addition, the CAT Chair and Co-Chair should plan to allocate a few hours to work on the GTO process. More time might be required for the initial steps than for the subsequent steps, depending on the experience of the staff involved.
- **How should the CAB be engaged?** Leadership buy-in is critical to the success of the CAP. Therefore, we recommend that the GTO work be completed in collaboration with the local Community Action Board (CAB) and wing leadership who will ultimately sign off on the wing's CAP. The guide highlights points in the course of CAP development at which to contact the CAB.
- **What goes in the GTO tools?** Each tool has instructions and a hypothetical scenario displayed in a shaded space to show how the tools could be completed within this scenario. In this scenario, the wing is an ANG wing commanded by Col Jane Smith that is trying to promote responsible alcohol use. Col Smith has tasked Wing Vice Commander Lt Col Robert Jones with leading a team to use GTO to plan, implement, and evaluate an alcohol prevention program, which was identified as a concern given the recent increase in driving under the influence (DUI) incidents. To complete the CAP, Lt Col Jones forms a GTO team composed of several CAT members, including Chaplain Margot Johnson; Human Resources Advisor (HRA) Sylvia Hernandez; and Captain Gilbert Lily from the Medical Group, who is a nurse. Col Smith has given the GTO team 18 months to find a program, implement and evaluate it, and present findings about its effectiveness and recommendations for improvement.



## Chapter One

# ***GTO Step 1—Identifying Priority Problems to Address***

### **What is GTO Step 1, and why is it important?**

Step 1 is the process of gathering information about problems or challenges related to Guard members' resilience and what is already being done (e.g., existing P<sup>4</sup>) to address these problems. Knowing the current level or rate of problems and their associated risk and protective factors will help with prioritizing among them and setting realistic CAP goals and desired outcomes. Tip 1-1 suggests data sources with information about levels of local and Air Force–wide problems.

Based on the Community Feedback Tool and other data, ANG has identified three priority areas: work-life balance, responsible alcohol use, and healthy relationships and communication. Each wing has to consider how common problems in these areas are for their wing compared with others, whether these problems involve violence among Guard members or impact resilience, whether these problems appear to be increasing or are a greater problem than in other wings, and why.

Learning about what is already being done, including how effective it has been, can avoid duplication and help identify whether there is an opportunity to partner with existing resources.

Step 1 lays the foundation for your CAP and shows that you understand the problem(s) your CAP will address.

By having data about the current level of your priority problem(s) (a baseline), you will be able to gauge the change in the problem(s) after your CAP has been implemented.

#### **IN BRIEF**

Step 1 helps you identify and document the priority problems at your wing and existing resources to address them.

### **Definition**

In GTO, a **priority problem** refers to a challenge or problem that leads to violence or fails to promote Guard members' resilience and that the wing CAT Chair and Co-Chair have determined to be the most important to address in the CAP. This could be in one of the three ANG priority areas or could be a problem of local priority.



***Tip 1-1. Links to existing local data sources to help identify priority problems to address with your CAP***

**Wing-level data sources:**

1. The **Defense Equal Opportunity Management Institute Organizational Climate Survey (DEOCS)** provides periodic installation surveys and reports on organizational effectiveness, equal opportunity and fair treatment, and sexual assault prevention and response. You can view sample surveys and reports, request new assessments, and get help interpreting reports and creating and executing an action plan at [www.deocs.net](http://www.deocs.net).
2. The **Airman and Family Readiness Center (A&FRC)** provides quarterly trends data on support services offered to Airmen and their family members (i.e., financial, transition, relocation, etc.). Information about concerns identified through leadership consultations, unit networking, and community partnerships is provided on an as-needed basis.
3. The **Chaplain Corps** provides quarterly data on the top five counseling trends from the Air Force Chaplain Corps Activity Reporting System (AFCCARS); aggregated quarterly data on suicide ideation, sexual harassment and assault, bullying (all types), and domestic violence (all types and financial problems); and additional data upon request.
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 aggregated military justice data, such as the number of Article 15s, court martials, and other relevant installation data and trends.
6. The **Director of Psychological Health or Suicide Prevention Program Manager (SPPM)** can provide quarterly aggregated data on suicides and suicide-related data trends, risk factors, and known warning signs; the number of psychiatric inpatient hospitalizations; and the number of high-interest patients being treated within the Mental Health Flight.
7. The **Sexual Assault Response Coordinator (SARC)** provides quarterly aggregated data on sexual assault trends, demographics, risk factors, and unrestricted and restricted report referrals. Reports on the top five trends are provided semiannually.
8. **CAT and CAB meeting minutes** are another source of information on the issues and experiences of your installation community.
9. **The Chief's Council, First Sergeant's Council and Junior Enlisted Council**, as well as any other bodies or advisory councils that meet with enlisted or members on a regular basis, often hear from members about ongoing and pressing issues and might be able to provide verbal feedback about the challenges and priority problems that members are facing.
10. **Human Resources Advisors (HRAs)** who deal with diversity and inclusion issues often collect information to self-assess the current state and monitor progress toward aligning their diversity and inclusion plans with unit goals, messaging, and priorities.

## Step 1 instructions: Identifying Your Priority Problem Tool

**Purpose:** To identify and prioritize problem(s) to address with your CAP.

### 1. Review problem data (column 1).

- Review data from the various local data sources (Tip 1-1) and any other information you can pull together.
- If you have limited data available to you, data that do not represent your population well, or data that include only a few individuals or incidences:
  - Talk to your CAT members. They might have additional data sources to share or could be aware of specific problems faced by Guard members.
  - Solicit feedback and suggestions from Guard members through a suggestion box, online poll, conference call, or other method.
  - Conduct a focus group with Guard members (and, potentially, their family members). A focus group can bring to light issues that other surveys and data sources might not ask about. You could even ask the group to rank the top five or top ten problems to understand their priorities. Consider these results in conjunction with other data you may have.
  - Consider whether the limited data you DO have appear to be pointing toward a specific issue or issues (triangulation).
- Some problems you might be interested in addressing, such as suicide or workplace harassment, could be low-base-rate problems (meaning that there were only a few incidences of the problem in a given time period). This makes it difficult to interpret trends in the data. (For example, is the problem of suicide decreasing if a wing experiences two suicide deaths in one year and one in the next? It is not possible to say.) Instead, review data on the risk and protective factors for those problems, which can be measured in greater numbers. We recommend reviewing Chapter 1 of the GTO guide content area modules on workplace harassment prevention and suicide prevention in the Air Force, available at [www.rand.org/t/tl311](http://www.rand.org/t/tl311), to learn more about those risk and protective factors.
- Use each row of the tool to address different types of problem areas (e.g., sleep problems, alcohol misuse).

### 2. Summarize data, list available resources, and identify any trends (columns 2–4).

- Summarize the data for each problem listed and specify the data source.
- Next, list any resource that is already attempting to address the problem.
- Then comment about the data trends (i.e., is the problem getting better, worse, or staying the same?).

### 3. Decide on Community Action Plan Priorities (column 5). Complete this task *after* you have completed tasks 1 and 2 for all problems you have identified.

- **Decide on one or two *high* priorities** to address with your CAP. Review the information in this tool with your CAT to determine whether it is a low, medium, or high priority (the last column).
- **Be sure you have consensus** from your CAT about the one or two high priorities that your wing should address in its CAP before moving on to GTO Step 2.

Below is an example of the type of information that should be entered into each column. This is only an example, and you should tailor your responses to the problems affecting your wing.

The GTO team finds that alcohol misuse has become more of a problem lately, and local data and CAT discussions persuade the team that this should be the priority problem for their CAP.

|  <b>EXAMPLE GTO Step 1: Identifying Your Priority Problem Tool</b> |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Completed by:</b> <u>Lt Col Jones</u> <b>Date:</b> <u>January 2020</u>                                                                           |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                        |
| <b>Risk factors or problem areas to decrease or protective factors to promote</b>                                                                   | <b>What do various data sources say about these risk and protective factors?</b><br>List the <u>data</u> and the <u>source</u> .                                                                                                                                                    | <b>List any resources that currently address this risk or protective factor.</b><br>Include<br>- resource name<br>- target population<br>- any data that show whether it is or is not impacting the risk or protective factor.                                                                                                                                   | <b>Is there any data to suggest the issue is getting <u>better</u>, <u>worse</u>, or <u>staying the same</u>?</b><br>If available, look at previous years of data (from column 2). | <b>Is addressing this risk factor a low, medium, or high priority?</b><br>Consider leadership priorities, duplication with other initiatives, and available resources. |
| Alcohol misuse                                                                                                                                      | - Chaplain Corps Activity Reporting System data show that chaplains have seen 38 cases of alcohol misuse this year.<br><br>- According to JA quarterly reports, there have been five incidents of Guard members being arrested for DUI during drill weekend over the past 6 months. | The Chaplain Corps serves the whole wing. Chaplains feel overwhelmed and unprepared for the alcohol misuse issues.<br><br>The Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program serves all Airmen. Staff report that it is typically only utilized after an offense has occurred, and Airmen rarely engage voluntarily or for prevention purposes. | Data show that it has gotten worse—compared with last year, there were 4 more DUIs and 15 more reports of alcohol misuse cases from chaplains.                                     | High                                                                                                                                                                   |

## **Before moving on to Step 2**

You will use the priorities you've identified in Step 1 to develop specific goals and desired outcomes. These priorities, goals, and desired outcomes will form the basis for selecting the P<sup>4</sup> you could implement at your wing and the outcomes you eventually plan to measure. Before you move on, double-check that you will be addressing wing and ANG priority problems.

## Chapter Two

# ***GTO Step 2—Setting Goals and Desired Outcomes***

### **What is GTO Step 2, and why is it important?**

Step 2 is important because setting broad goals and specific changes, called desired outcomes, ensures that

- everyone involved “is on the same page” with what you are trying to accomplish
- you have benchmarks so that you know when your P<sup>4</sup> is working as planned
- you are collecting the right evaluation data to assess progress.

#### **IN BRIEF**

Step 2 prompts you to develop a goal and specific desired outcomes to reach the goal.

Step 2 is also important because it forces you to **state in detail** what you want to accomplish with your CAP for each priority problem you have decided to tackle. A desired outcome might need to be adjusted later based on what the best P<sup>4</sup> you can find has achieved in the past.

### **Definitions**

A **goal** for a CAP is a broad statement that represents the overall impact you would like to achieve to reduce your CAP priority problem(s)—for example, reduce alcohol misuse.

A **desired outcome** is a way to make goals more specific—for example, a reduction of a specified percentage of alcohol misuse (e.g., binge drinking) within a defined time frame for a target population.

**Specific, measurable, achievable, realistic, and time-based (SMART)** is an acronym that includes all the characteristics of a well-stated desired outcome. See the SMART checklist in the SMART Desired Outcomes Tool below for definitions.

## Step 2 instructions: SMART Desired Outcomes Tool

**Purpose:** To help you create SMART desired outcomes for each of your broader goals.

1. **Copy and paste your identified priority problem(s)** from column 1 of the Step 1 tool into the first column of the SMART Desired Outcomes Tool.

2. **Write at least one goal and one desired outcome for each priority problem.**

- a. Make sure that your desired outcome statements are SMART and specify (1) the change you want to achieve (i.e., a change in knowledge, attitudes, or behaviors), (2) how much change you expect to achieve (often a percentage) and how you will measure it, and (3) when you expect to see or measure that change (a time-based component—for example, immediately after implementation or 30 days after the policy goes into effect).
- b. You might have multiple goals and desired outcomes for each priority problem—repeat or merge the cells in the SMART Desired Outcomes Tool as needed to fit your plan. For example, if you have more than one goal, you could simply repeat the priority problem in another row and add your additional goal.

Given the increasing number of DUIs, the GTO team decides to target the quantity and the frequency of binge drinking, which are related to DUIs. They use this tool to document their broad goals and specific desired outcomes to address binge drinking.



## EXAMPLE GTO Step 2: SMART Desired Outcomes Tool

Completed by: Lt Col Jones

Date: January 2020

| Priority Problem (from Step 1)                                                                                                                              | Goal                                                                                                                                                                                 | SMART Desired Outcome                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alcohol misuse                                                                                                                                              | Reduce the <i>quantity</i> of drinking among all Guard members                                                                                                                       | By six months after participating in the P <sup>4</sup> , participants will show a one-third average decrease in the number of drinks consumed, as measured by the Daily Drinking Questionnaire.                                                                                                                                                                                                                                                                     |
| <b>SMART Checklist</b>                                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| What <b>SPECIFIC</b> knowledge, skills, attitude, or behavior are we expecting to change?                                                                   | Number of drinks consumed                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| How much change is expected, and how will change be <b>MEASURED</b> ?                                                                                       | Decrease in number of drinks by one-third, as measured by the Daily Drinking Questionnaire <sup>1</sup>                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| How do you know this change is <b>ACHIEVABLE</b> (i.e., possible) in terms of what we are attempting to change?                                             | Brief interventions have shown that drinking quantity can be reduced by one-third.                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| How do you know this change is <b>REALISTIC</b> ? I.e., is the specific change logically related to the problem(s) identified (from a content perspective)? | It is reasonable to expect that a brief intervention targeting alcohol use can reduce quantity.                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| By when, or in what <b>TIME FRAME</b> , is this change expected to occur?                                                                                   | Six months after participating in the P <sup>4</sup>                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Priority Problem                                                                                                                                            | Goal                                                                                                                                                                                 | SMART Desired Outcome                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Alcohol misuse                                                                                                                                              | Reduce the <i>frequency</i> of binge drinking among Guard members                                                                                                                    | By six months after participating in the P <sup>4</sup> , at least 50% of participants who participated in binge drinking in the past month before the P <sup>4</sup> will have decreased the frequency of their binge drinking.*                                                                                                                                                                                                                                    |
| <b>SMART Checklist</b>                                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| What <b>SPECIFIC</b> knowledge, skills, attitude, or behavior are we expecting to change?                                                                   | Episodes of binge drinking                                                                                                                                                           | * Measured by a decrease in response to the following National Institute on Alcohol Abuse and Alcoholism (NIAAA) question: How often have you had 5 or more (for males) or 4 or more (for females) drinks containing any kind of alcohol within a two-hour period? Choose only one: Every day, 5 to 6 days a week, 3 to 4 days a week, 2 days a week, 1 day a week, 2 to 3 days a month, 1 day a month, 3 to 11 days in the past year, 1 or 2 days in the past year. |
| How much change is expected, and how will change be <b>MEASURED</b> ?                                                                                       | At least 50% of participants who have participated in binge drinking in the past month will decrease their binge drinking by one level on the binge drinking question. <sup>1*</sup> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| How do you know this change is <b>ACHIEVABLE</b> (i.e., possible) in terms of what we are attempting to change?                                             | Brief programs have resulted in reductions in the maximum amount of drinks in a single setting.                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| How do you know this change is <b>REALISTIC</b> ? I.e., is the specific change logically related to the problem(s) identified (from a content perspective)? | It is reasonable to expect that a brief intervention targeting alcohol use can reduce binge drinking.                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| By when, or in what <b>TIME FRAME</b> , is this change expected to occur?                                                                                   | Six months after participating in the P <sup>4</sup>                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

<sup>1</sup> At Step 2, you might not know yet exactly how you will measure the change; the measure name(s) can be added later as you work your way through the remaining steps.

## Before moving on to Step 3

Now you are ready to take the information from Steps 1 and 2 and use it to start assessing and choosing P<sup>4</sup> to implement. The next three GTO steps (3 through 5) lead you through selecting the most evidence-based and feasible P<sup>4</sup> possible to achieve your goals and desired outcomes.



### Connecting with your CAB

At this point, it is important to communicate with your CAB to ensure its support for the priority problem, goals, and desired outcome you have set. Reviewing Step 1 and 2 tools with the CAB will allow you to demonstrate how you are being systematic and accountable in your planning. Once the CAB has weighed in, update any tools, as needed.



## Chapter Three

# ***GTO Steps 3, 4, and 5—Assessing and Selecting Effective P<sup>4</sup>***

### **What are GTO Steps 3, 4, and 5, and why are they important?**

In Step 3, you find one or more candidate P<sup>4</sup> designed to address your priority problem and determine how much evidence there is that the P<sup>4</sup> are effective. There are no “magic bullet” P<sup>4</sup> to select, but your CAP should include evidence-based P<sup>4</sup> (EBP<sup>4</sup>), if possible (see Appendixes C–E for a listing of P<sup>4</sup>), or P<sup>4</sup> that follow best-practice principles for achieving results. Using an EBP<sup>4</sup>

- increases the likelihood of achieving goals and desired outcomes
- promotes confidence among Air Force leadership and others that you are using the best approach possible
- usually comes with features that newly created, untested approaches do not have, such as tools to track outcomes.

In Step 4, the list of candidate P<sup>4</sup> are narrowed through assessment of fit with your wing. Regardless of how effective a P<sup>4</sup> is in one setting, it must be a good fit for your wing. P<sup>4</sup> are most effective when they are used in settings similar to those in which they were found to be effective or where there is a good fit with the target population, the community, and the organization. Assessing fit *before* doing a P<sup>4</sup> is important because it

- increases the chances that it will be accepted by, and good for, the target population
- helps avoid duplication of efforts (P<sup>4</sup> that target the same problem might not be needed)
- reduces the possibility of the P<sup>4</sup> failing because it was a mismatch (a poor fit) with your target population, your community, and/or your wing
- rules out P<sup>4</sup> when there are fit problems that cannot be resolved
- helps to select among several candidate P<sup>4</sup> (choose the one with the best fit).

In Step 5, you consider and decide whether you have several kinds of needed capacity, or resources (e.g., bandwidth), to implement the candidate P<sup>4</sup> in your wing. Knowing about your capacity strengths and limitations ahead of time gives you the opportunity to fill the gaps and do a better job of implementation.

#### **IN BRIEF**

Steps 3, 4, and 5 guide you through the assessment of P<sup>4</sup> and CAT capacity to narrow down your selection of P<sup>4</sup> for each goal and desired outcome that you identified in Step 2.

## Definitions

**Best practices** are those that are generally accepted among practitioners and other experts in the field to be the most effective, but, unlike evidence-based P<sup>4</sup>, they have not been rigorously evaluated using research methods.

An **EBP<sup>4</sup>** is a program, policy, practice, or process that has rigorous research evidence that it achieves a desired outcome (e.g., it reduces binge drinking frequency).

**Fit** means that you have a good and close match between the P<sup>4</sup> as designed and (1) your own target population (e.g., military personnel) and its problems; (2) your wing's culture, mission, and schedule; and (3) values shared in your broader community.

**Capacities** are the resources (staff, skills, facilities, finances, and others) that your wing has to implement and to sustain a P<sup>4</sup>.

## Step 3 Instructions: P<sup>4</sup> Evidence Scorecard Tool

**Purpose:** To help you compare the evidence for each P<sup>4</sup> under consideration, so you make the most informed decision about what to implement.

1. **Save a copy of the tool for each P<sup>4</sup> under consideration** and enter the name of the P<sup>4</sup> in the space provided at the top.
2. **Search the intervention tables in Appendixes C, D, and E** to find new EBP<sup>4</sup> or to find evidence about a P<sup>4</sup> you are currently implementing.
3. **In row 1, summarize the evidence** behind the P<sup>4</sup>: What outcomes has it been known to achieve? What kinds of results could be expected, and for whom? What are the strengths and limitations of the P<sup>4</sup>? List the source of the information.

**Note:** If there is no formal evidence available, see whether the P<sup>4</sup> at least has experiential evidence (colleagues have successfully used the P<sup>4</sup>) or adheres to best practices (participants receive sufficient “dose” or exposure, targets known risk factors, builds skills, based on good theory).

4. **In row 2, copy the goal and desired outcome** from the SMART Desired Outcomes Tool (GTO Step 2) that this P<sup>4</sup> addresses. The P<sup>4</sup> should clearly address and align with the goal and desired outcome(s).
5. **In row 3, work through each consideration**, summarizing or taking notes as needed and deciding whether the P<sup>4</sup> has the necessary materials and activities clearly defined, whether it has interactive components to engage the participants, and whether it is intensive enough to have the desired outcomes. This information will be useful in the next GTO step, Fit.
6. When you have completed an Evidence Scorecard Tool for each P<sup>4</sup> under consideration, compare the tools. **Eliminate from consideration P<sup>4</sup> that**
  - a. lack evidence of sufficient effectiveness
  - b. don't relate to your desired outcomes or don't address your priority problem
  - c. would need impractical or unfeasible changes to meet your wing's needs.

In looking for a best practice P<sup>4</sup> that reduces binge drinking, the GTO team reviewed a program called eCHECKUP TO GO (<http://echeckuptogo.com>) and found that it had a great deal of evidence of effectiveness among participants who completed the program. It would need to be tailored for ANG, however.

|  <b>EXAMPLE GTO Step 3: P<sup>4</sup> Evidence Scorecard Tool</b> |           |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Completed by:</b> <u>Lt Col Jones</u> <b>Date:</b> <u>January 2020</u> <b>P<sup>4</sup> Being Considered:</b> eCHECKUP TO GO                    |           |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>1. Evidence rating from online registry and registry name:</b><br><i>(if available, or N/A)</i>                                                 |           | Rated three out of three stars by CollegeAIM (NIAAA's rating of the effectiveness of college drinking prevention programs) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>2. Summary of main findings:</b> <i>(outcomes that changed, major strengths or limitations)</i>                                                 |           |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Source 1:</b><br><i>(name or citation)</i>                                                                                                      | GTO guide | <b>Source 1 main findings:</b>                                                                                             | Seven studies demonstrate the program's efficacy with the general college freshman population and at the population level (Hustad et al., 2010; Doumas et al., 2011; Doumas and Andersen, 2009; Lane and Schmidt, 2007; Wilson, Henry, and Lange, 2005; Steiner et al., 2005; Henry, Lange, and Wilson, 2004). Outcomes improved include heavy drinking, general alcohol use, alcohol-related problems, and alcohol-related consequences. Outcomes were generally stronger for those who were heavy drinkers. |
| <b>Source 2:</b><br><i>(name or citation)</i>                                                                                                      | GTO guide | <b>Source 2 main findings:</b>                                                                                             | Two studies show the efficacy of eCHECKUP TO GO with heavy drinkers (Walters et al., 2009; Walters, Vader, and Harris, 2007).<br><br>One study shows eCHECKUP TO GO's efficacy at reducing heavy drinking in first-year intercollegiate athletes (Doumas, Haustveit, and Coll, 2010).                                                                                                                                                                                                                         |
| <i>Duplicate the rows above as needed to accommodate additional sources</i>                                                                        |           |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

### EXAMPLE GTO Step 3: P<sup>4</sup> Evidence Scorecard Tool (continued)

|                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>3. Goals and/or desired outcomes addressed</b><br><i>(copy and paste all that apply from Step 2, or write "None"):</i>                                      | <p>By six months after participating in the P<sup>4</sup>, participants will show a one-third average decrease in the number of drinks consumed, as measured by the Daily Drinking Questionnaire.</p> <p>By six months after participating in the P<sup>4</sup>, at least 50% of participants who have participated in binge drinking in the past month will have decreased the frequency of their binge drinking.</p> |                                                                                         |
| <b>4. Does the P<sup>4</sup> . . . (mark Yes or No and explain)</b>                                                                                            | <b>YES</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>NO</b>                                                                               |
| <b>. . . provide necessary activities and materials?</b>                                                                                                       | Yes. Purchasing the program gives access to the online materials.                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |
| <b>. . . employ varied teaching methods to actively involve participants?</b><br><i>(e.g., not just lectures or not just informational materials)</i>          |                                                                                                                                                                                                                                                                                                                                                                                                                        | No. But the program is designed to be brief. Can add a one-on-one component if desired. |
| <b>. . . provide a sufficient dosage?</b><br><i>(e.g., intervention is not a one-off, participants receive repeated and/or reinforced messaging over time)</i> | Yes. The program is designed so that participants "check up" on their drinking behaviors.                                                                                                                                                                                                                                                                                                                              |                                                                                         |
|                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |

### Step 4 Instructions: P<sup>4</sup> Fit Assessment Tool

**Purpose:** To help you compare the fit of P<sup>4</sup> under consideration and identify adaptations that can be made to increase their fit.

- 1. Save a copy of the tool for each P<sup>4</sup> under consideration** and write the name of the P<sup>4</sup> in the space provided at the top.
- 2. Work through the questions in the tool** to consider the fit of the P<sup>4</sup>. You might need to talk to several different people to get the answers (e.g., members of target group, helping agency colleagues, CAT and CAB members).
- 3. Decide whether adaptations are needed to improve poor fit.**
  - If the fit is good, then no adaptations are needed, and you can do the P<sup>4</sup> as is.
  - If the fit is poor, then adaptations will be needed. Enter your adaptation ideas in the column labeled, "What adaptations, if any, need to be made to increase the fit?"

- c. Determine how large an adaptation is needed to improve fit. Definitions and examples of each type of adaptation are provided in Tip 4-1. Determine whether the adaptations are acceptable (i.e., smaller in scope, called green-light or yellow-light adaptations) or unacceptable (much larger in scope, called red-light adaptations).
- d. Rule out any P<sup>4</sup> that would require red-light adaptations.



**Tip 4-1. Types and examples of adaptations to improve P<sup>4</sup> fit**



**Red-light adaptations** could greatly weaken the P<sup>4</sup> and generally would not be advised.

**Examples of Red-Light Adaptations**

- |                                                                                    |
|------------------------------------------------------------------------------------|
| Shortening a program (for example, deleting an activity or whole session)          |
| Reducing or eliminating activities that allow participants to personalize material |
| Reducing or eliminating opportunities for skill practice or certain topics         |
| Replacing interactive activities with lectures or individual work                  |



**Yellow-light adaptations** are complex, so you should proceed with caution. They often require expert assistance from the developer or someone experienced with using the P<sup>4</sup>.

**Examples of Yellow-Light Adaptations**

- |                                                                                    |
|------------------------------------------------------------------------------------|
| Changing the order of sessions or sequence of activities                           |
| Adding or replacing activities to address additional topics or reinforce learning  |
| Replacing or supplementing videos (with other videos or activities)                |
| Using other models or tools that teach the same skill                              |
| Implementing the program with a new population (e.g., an ethnic or cultural group) |
| Adapting a program to the Air Force that has no prior use in the military          |



**Green-light adaptations** are considered safe, minor changes that can make a P<sup>4</sup> better connect with the audience (i.e., to fit a program to the culture and context) without reducing its effectiveness.

**Examples of Green-Light Adaptations**

- |                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| Updating or customizing statistics and other information included in the curriculum or handouts |
| Adjusting the location of the program to one familiar and convenient for participants           |
| Adding debriefing or processing questions                                                       |
| Making activities more interactive and appealing to different learning styles                   |

The GTO team reviews the eCHECKUP TO GO materials and decides that although eCHECKUP TO GO fits in some respects (targets alcohol problems, fits with the schedule of ANG), it was designed for college students and would need to be tailored to ANG members.



### EXAMPLE GTO Step 4: P<sup>4</sup> Fit Assessment Tool

Completed by: Lt Col Jones      Date: January 2020      P<sup>4</sup> Being Considered: eCHECKUP TO GO

| Does the P <sup>4</sup> fit with the                                                                                                                                                                                                   | Yes/No | What adaptations, if any, need to be made to increase the fit?                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Target population's</b> <ul style="list-style-type: none"><li>Needs</li><li>Demographics (e.g., gender, pay grade, race/ethnicity)</li><li>Other important characteristics (e.g., education level, work schedules)</li></ul>        | No     | It fits overall; however, the program was designed for college students and would likely need some adaptation for ANG |
| <b>Community's</b> <ul style="list-style-type: none"><li>Cultural norms and values</li><li>Other important characteristics (e.g., rural or urban, U.S. or international)</li></ul>                                                     | Yes    | None                                                                                                                  |
| <b>Wing's</b> <ul style="list-style-type: none"><li>Leadership priorities</li><li>Current programming (e.g., Wingman Day, training schedule, other activities)</li><li>Other important characteristics (e.g., duty schedule)</li></ul> | Yes    | None                                                                                                                  |

### Step 5 Instructions: Capacity Assessment Tool

**Purpose:** To assess your wing's capacity to implement P<sup>4</sup> you are considering for your CAP.

1. **Save a copy of the tool for each P<sup>4</sup> still under consideration** and write the name of the P<sup>4</sup> in the space provided at the top.
2. **Go through each section in the tool and answer the questions** to determine whether your wing's capacity is adequate and then, as needed, explain your plan to increase capacity.
  - Be sure to include any capacities that are required for each P<sup>4</sup> you are considering. For example, if two staff are required to facilitate, you would list this as a needed capacity.
3. **If you discover that your wing lacks the necessary capacities to deliver a P<sup>4</sup>**, it might be better to delay implementation of the P<sup>4</sup> while you take time to build the capacities that are lacking, or you might want to select another P<sup>4</sup>.

The GTO team concludes that eCHECKUP TO GO does not require a great deal of capacity to implement. The wing would have to purchase it and encourage its use.



## EXAMPLE GTO Step 5: Capacity Assessment Tool

Completed by: Lt Col Jones    Date: January 2020    P<sup>4</sup> Being Considered: eCHECKUP TO GO

| 1. Staff capacities                                                                                                                                                                                                                                                           | What is needed?                                                                                                                                    | Is there sufficient capacity?                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Availability:</b><br>Do you have the number of staff recommended for the P <sup>4</sup> ?<br>Do they have the needed time available?<br>Consider any additional staff that might be needed—for example, to serve as backup in case of a facilitator's absence or transfer. | Need Guard members to complete the program online. Need someone to monitor the completion rate and encourage completion.                           | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No → What is the plan to increase capacity?                                                                                           |
| <b>Qualifications:</b><br>Are all staff (primary and backup) adequately qualified to deliver the P <sup>4</sup> ? Consider <ul style="list-style-type: none"> <li>• education and training</li> <li>• experience or skills</li> <li>• comfort with the topic</li> </ul>       | Expertise is not needed to deliver the program because it is online. Need some training on how to monitor the program and encourage participation. | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No → What is the plan to increase capacity?                                                                                           |
| 2. Leadership capacities                                                                                                                                                                                                                                                      | What is needed?                                                                                                                                    | Is there sufficient capacity?                                                                                                                                                                             |
| <b>Commitment:</b><br>How committed is your organization leadership (at all levels) to the P <sup>4</sup> you are considering?<br>Does leadership support prevention staff?<br>Is there a prevention champion who will help introduce and sustain new P <sup>4</sup> ?        | Somewhat committed. Leadership knows about the program but has not officially announced their support.                                             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No → What is the plan to increase capacity?<br>Need to have leadership announce their expectation that all will complete the program. |
| <b>Communication:</b><br>Are there clear channels of communication in place between levels of leadership (e.g., in case orders are needed to ensure participation)?                                                                                                           | Leaders need to announce expectation to complete program.                                                                                          | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No → What is the plan to increase capacity?<br>Communication is usually clear once leaders decide on a course of action.              |

### EXAMPLE GTO Step 5: Capacity Assessment Tool (continued)

| 3. Technical capacities                                                                                                                                                                                                                     | What is needed?                                                                                                                                                                                                                                                                                                                                                        | Is there sufficient capacity?                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are any specific materials, equipment or technology needed (e.g., smartphones or computers with internet access)?                                                                                                                           | <p>Minimal needs. Just need to access program from an internet-ready device and inform participants that they should use eCHECKUP on their personal device for privacy and because network computers will not allow access to the site.</p> <p>Will also ask Air Force information security personnel to review the data privacy and use policy of eCHECKUP TO GO.</p> | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No → What is the plan to increase capacity?                                                                                       |
| <b>4. Financial and resource capacities</b> (include in Step 6 budget tool)                                                                                                                                                                 | <b>What is needed?</b>                                                                                                                                                                                                                                                                                                                                                 | <b>Is there sufficient capacity?</b>                                                                                                                                                                  |
| <p>Is there a cost or fee to use the P<sup>4</sup>?</p> <p>Are printed materials needed (including curriculum and recruiting flyers)?</p> <p>Are there any other needs (e.g., transportation, space, evaluation materials and efforts)?</p> | The program does cost money, and leadership needs to approve that purchase.                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No → What is the plan to increase capacity?<br>Need to reach out to the developers to get a final quote on the cost for our wing. |
| <b>5. Collaboration or partnership capacities</b>                                                                                                                                                                                           | <b>What is needed?</b>                                                                                                                                                                                                                                                                                                                                                 | <b>Is there sufficient capacity?</b>                                                                                                                                                                  |
| What relationships with other organizations are needed to do this P <sup>4</sup> ? Are memoranda of understanding or memoranda of agreement or MOAs for collaboration with nonmilitary entities needed?                                     | It could be beneficial to have substance abuse treatment options available in case the program identified a serious drinking problem that requires more intense services.                                                                                                                                                                                              | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No → What is the plan to increase capacity?                                                                                       |

### **Before moving on to Step 6**

You have now reviewed one or more P<sup>4</sup> to see whether they meet your goals and desired outcomes, to assess their evidence of effectiveness and fit with your wing, and to determine your capacity to implement them well. If you have decided that one or more of these P<sup>4</sup> is right for your wing, you are ready to develop a P<sup>4</sup> implementation and evaluation plan (Step 6) and to complete the CAP Overview Tool.

It is possible that none of the new or existing P<sup>4</sup> you considered were feasible, given their poor fit or capacity gaps that you cannot fill. If this is the case, circle back to Step 3 to find more suitable P<sup>4</sup>.



## Chapter Four

# ***GTO Step 6—Planning for P<sup>4</sup> Implementation and Evaluation***

### **What is GTO Step 6, and why is it important?**

In this step, you will use the P<sup>4</sup> Work Plan Tool, Process Evaluation Planner Tool, and Outcome Evaluation Planner Tool to create a detailed plan for running each P<sup>4</sup>, which includes

- a written list of all P<sup>4</sup> activities, from preparations through evaluation
- a timeline showing who is responsible and what, where, when, and how activities should be implemented.

In GTO Step 6, you also create a logic model outlining the key components of your overall CAP. A logic model

- is a visual map that allows you to clarify assumptions about how each step builds on the preceding step until the desired outcome is reached (e.g., problems to goals to desired outcomes to P<sup>4</sup>)
- allows you to easily see whether there are any gaps in the logic of your CAP. For example, say that the results of your needs assessment show that many at your wing are stressed by their personal finances and the CAP includes P<sup>4</sup> aimed at reducing stress. While the P<sup>4</sup> might help, there could be a gap if the CAP does not have a P<sup>4</sup> that builds skills in managing personal finances.

### **IN BRIEF**

Step 6 helps you make a detailed work plan for delivering and evaluating each P<sup>4</sup> you selected at the end of Step 5 and a logic model overview of your whole CAP.

GTO Step 6 is important because having a detailed plan for implementation and evaluation

- ensures that no key implementation tasks are left out
- improves teamwork and partner communication
- identifies the need for changes as things begin to run counter to the plan
- reduces lost time, wasted energy, and turmoil from turnover (e.g., generates documentation useful to transitioning responsibility for implementation to new individuals).

The tools you complete for Step 6 become the documents you include in your CAP (see Appendix B). As a reminder, GTO tools were originally created with programs in mind, and not all tool content will be relevant to other types of P<sup>4</sup> (i.e., policies, practices, or processes). Enter “Not applicable” as needed. In addition, questions in the Work Plan Tool are intended to be customized by the GTO team as needed to increase relevance to your P<sup>4</sup>.

## Definitions

The **work plan** is the organized, formal documentation of tasks (for example, recruitment) necessary to implement a P<sup>4</sup>, broken down by resources, personnel, delivery dates, and accomplishments. The work plan specifies who will do what, when, where, and how.

**Process evaluation** assesses the degree to which a P<sup>4</sup> is implemented well and as planned. It includes monitoring the activities, who participated, and how often, as well as the strengths and weaknesses (the quality of the implementation).

**Outcome evaluation** tests whether a P<sup>4</sup> achieved an improvement among its participants on specific areas of interest (for example, whether there was a reduction in incidents of workplace harassment) and by how much.

## Step 6 Instructions: P<sup>4</sup> Work Plan Tool

**Purpose:** To document all the tasks that will need to be completed to implement each P<sup>4</sup>.

### BEFORE YOU BEGIN:

- **Save a copy of the tool for each P<sup>4</sup> you plan on implementing** and write the name of the P<sup>4</sup> in the space provided at the top.
- **Assemble the tools you developed in the five previous steps** so that you can refer to them as you complete a P<sup>4</sup> Work Plan Tool for each P<sup>4</sup>.

### TO COMPLETE THIS TOOL:

1. **Starting on the left, under Tasks, list each task that needs to be accomplished** to implement and evaluate the P<sup>4</sup>. Include as much detail as possible. The tool is divided into several categories of tasks. The tool has some suggested tasks. Include these if relevant to your P<sup>4</sup>, as well as other tasks that you know will need to be completed. Add additional rows to the tool for additional tasks as needed.
  - **Administrative**
    - Prepare budget (see P<sup>4</sup> Budget Tool).
    - Complete job descriptions.
    - Complete memoranda of understanding with partnering agencies, if any.
  - **Policies and Procedures**
    - Obtain any required permissions or approvals needed (e.g., to purchase a curriculum, hire a certified trainer, conduct a survey)
    - For a formal installation policy change, have legal and the wing commander review and approve.
  - **P<sup>4</sup> Preparation**
    - Designate the CAT Chair or Co-Chair or helping agencies, or recruit volunteers to be the facilitator(s), as needed.
    - Train facilitators, if applicable.
    - Develop installation community support through outreach (if needed).
    - Confirm the location for the P<sup>4</sup> (at the installation or at a community-based organization).
    - Get needed materials (e.g., copy worksheets needed for P<sup>4</sup> modules, acquire and test audio/video equipment).
    - Organize transportation for facilitators and participants.
    - If the P<sup>4</sup> is a policy change, ensure that all relevant Guard members are informed about the change and its consequences.

- **P<sup>4</sup> Recruitment and Retention**
    - Develop and test participant recruitment and retention plans and materials.
    - Notify the eligible population.
    - Confirm dates, time, and space, and send reminders.
  - **Implementation**
    - Create a detailed schedule for implementing the P<sup>4</sup> (where and when each part of the P<sup>4</sup> will be conducted—e.g., dates of program sessions; when and how each component of a media campaign will be rolled out).
  - **Evaluation**

Note: Appendixes C, D, and E have outcome measures useful for evaluation planning.

    - Collect, enter, and analyze data.
2. For each task, **list the date by which the task will need to be completed and the person responsible** for the task. Seek feedback from your CAT and the persons responsible for each task before finalizing the document to ensure that everyone agrees to the timelines.
  3. These tools are meant to be living documents. **Regularly review your plans** while you prepare and implement each P<sup>4</sup> to ensure that tasks have not been neglected.
  4. **Fill in the Date Done column** when activities are complete, and update the tool as new tasks arise.

The GTO team divided up tasks to plan eCHECKUP TO GO. As the P<sup>4</sup> progresses, the team will fill in the “Date Done” column. The version below is the first draft of the work plan that they will share with the CAT for further input and revisions.



## EXAMPLE GTO Step 6: P<sup>4</sup> Work Plan Tool

Completed by: Lt Col Jones

Date: January 2020

P<sup>4</sup>: eCHECKUP TO GO

| Tasks: Administrative                                                                                                                                                                                      | When Will It Be Done?<br>(Time Frame)                                                                                | Who Is Responsible?         | Date Done |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------|
| Prepare budget (see P <sup>4</sup> Budget Tool)                                                                                                                                                            | Within 1 month                                                                                                       | HRA Hernandez               |           |
| Meet with program developers to deliver program at the wing                                                                                                                                                | Program becomes available within 6 months                                                                            | Lt Col/Vice Commander Jones |           |
| Tasks: Policies and Procedures                                                                                                                                                                             | When Will It Be Done?<br>(Time Frame)                                                                                | Who Is Responsible?         | Date Done |
| Obtain any required permissions or approvals needed—for example, approval to purchase a curriculum, hire a certified trainer, buy ad space, or conduct a survey                                            | Within 2 months                                                                                                      | Lt Col/Vice Commander Jones |           |
| Tasks: P <sup>4</sup> Preparation                                                                                                                                                                          | When Will It Be Done?<br>(Time Frame)                                                                                | Who Is Responsible?         | Date Done |
| Secure wing leadership support for the program                                                                                                                                                             | Within 1 month                                                                                                       | Lt Col/Vice Commander Jones |           |
| Secure funding for the program                                                                                                                                                                             | Within 2 months                                                                                                      | HRA Hernandez               |           |
| GTO team reviews the program materials and works with developers to make changes for ANG                                                                                                                   | Within 3 months                                                                                                      | GTO team                    |           |
| Have wing leadership announce the availability of the program and the expectation that all wing members are to complete it                                                                                 | Within 5 months                                                                                                      | Lt Col/Vice Commander Jones |           |
| Tasks: P <sup>4</sup> Recruitment and Retention                                                                                                                                                            | When Will It Be Done?<br>(Time Frame)                                                                                | Who Is Responsible?         | Date Done |
| Develop participant recruitment (and retention) plan and materials                                                                                                                                         | Within 3 months                                                                                                      | Chaplain Johnson            |           |
| Notify the wing about the program and how to access it and deadline for its completion                                                                                                                     | Within 5 months                                                                                                      | Chaplain Johnson            |           |
| Send reminders to wing about how to access and complete the program                                                                                                                                        | Within 6 months                                                                                                      | Chaplain Johnson            |           |
| Tasks: Implementation                                                                                                                                                                                      | When Will It Be Done?<br>(Time Frame)                                                                                | Who Is Responsible?         | Date Done |
| Create a detailed schedule for implementing the P <sup>4</sup> (where and when each part of the P <sup>4</sup> will be conducted—e.g., when and how each component of a media campaign will be rolled out) | First draft by month 2, with updates occurring on an ongoing basis as more detail is obtained and decisions are made | HRA Hernandez               |           |

**EXAMPLE GTO Step 6: P<sup>4</sup> Work Plan Tool (continued)**

| <b>Tasks: Evaluation</b>                                                                                                                                                                                                                                                                                                                                                                 | <b>When Will It Be Done? (Time Frame)</b>                                                                                                                                                                    | <b>Who Is Responsible?</b>                                                         | <b>Date(s) Done</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------|
| Design the evaluation and complete the GTO Process Evaluation Planner Tool and Outcome Evaluation Planner Tool                                                                                                                                                                                                                                                                           | Within 4 months                                                                                                                                                                                              | Captain Lily                                                                       |                     |
| Collect process data                                                                                                                                                                                                                                                                                                                                                                     | During months 6–12                                                                                                                                                                                           | Captain Lily                                                                       |                     |
| Administer baseline outcome measures                                                                                                                                                                                                                                                                                                                                                     | At month 5 (pre-survey)                                                                                                                                                                                      | Captain Lily                                                                       |                     |
| Administer follow-up outcome measures                                                                                                                                                                                                                                                                                                                                                    | At month 12 (i.e., 6 months after implementation begins)                                                                                                                                                     | Captain Lily                                                                       |                     |
| Enter the collected data into a spreadsheet or other analysis program, review data quality and make adjustments as needed (e.g., spot-checking for data entry errors, eliminating duplicate entries, etc.), and analyze data                                                                                                                                                             | Within 14 months                                                                                                                                                                                             | Captain Lily                                                                       |                     |
| Review process evaluation data from the relevant data collection tools and complete the GTO Step 7 summary tool                                                                                                                                                                                                                                                                          | Some data will be reviewed monthly (such as adherence to work plan); others (e.g., user completion) will be reviewed quarterly (at months 9 and 12); satisfaction will be measured at month 12 (post-survey) | Captain Lily                                                                       |                     |
| Review outcome evaluation data (including pre- and post-survey data) and complete the GTO Step 8 summary tool                                                                                                                                                                                                                                                                            | Within 14 months                                                                                                                                                                                             | Captain Lily                                                                       |                     |
| If the evaluation results are adequate enough to continue the P <sup>4</sup> , decide which changes to make to improve the performance and outcomes, using the GTO Step 9 continuous quality improvement (CQI) process and tools. Adjust goals and outcomes and reassess fit and capacity in light of implementation; update the Work Plan Tool with lessons learned from implementation | Within 16 months                                                                                                                                                                                             | GTO team, individual task assignments to be determined depending on changes needed |                     |
| Finalize documentation, inventory any supplies, and begin planning the next round or next steps                                                                                                                                                                                                                                                                                          | Within 18 months                                                                                                                                                                                             | Captain Lily, supported by GTO team as needed                                      |                     |

## Step 6 Instructions: Optional P<sup>4</sup> Budget Tool

**Purpose:** This is an optional tool that can be used to set budgets for tasks that will need to be completed to implement and evaluate each P<sup>4</sup>.

### BEFORE YOU BEGIN:

- **Save a copy of the tool for each P<sup>4</sup> you plan on implementing** and write the name of the P<sup>4</sup> in the space provided at the top.
- **Assemble the Work Plan tools for each of your P<sup>4</sup>** so that you can refer to them as you complete a Budget Tool for each of your P<sup>4</sup>.

### TO COMPLETE THIS TOOL:

1. **Enter the resources required** to implement each of your P<sup>4</sup> in each of the categories shown in the tool:
  - **Personnel:** For some P<sup>4</sup>, such as programs, personnel costs will mostly involve delivering the program. For other P<sup>4</sup>, such as changes in policies, part of the personnel costs will involve securing support at the installation for the change and getting approval for it by legal and leadership. Unlike other areas of cost, it might be most useful to think about personnel costs in terms of percentage of effort or hours of effort rather than a dollar amount. Other personnel costs could include consultants, such as the program developer's trainer, a supervising social worker or counselor, a marketing expert, or someone who has successfully implemented your desired policy change at another installation. Carefully consider the amount of time required for evaluation as well, such as liaising with outside evaluators, training staff to collect or analyze data, collecting surveys, leading focus groups or in-person interviews, transcribing interviews, or creating presentations or briefs of results for leadership or others. Strong evaluations can often take as much time to execute as the P<sup>4</sup> itself. Any other personnel costs unique to your installation should also be included in this section.
  - **Program materials, equipment, and supplies:** If the P<sup>4</sup> is a program, expenses should include the program's curriculum and any other purchases needed to run the program (laptop or DVD player, projector, easels, flip chart paper for facilitating activities, markers, pencils, etc.). In addition, costs could include those related to evaluation—for example, printing surveys; paying for transcription services for interviews; or providing participant incentives, such as gift cards or snacks and refreshments.
  - **Other** (e.g., travel, transportation): If the P<sup>4</sup> requires travel for the participants, expenses should include the cost of traveling to and from the site where the P<sup>4</sup> is being conducted. Travel costs could also include those associated with sending the selected P<sup>4</sup> facilitators to any training required to deliver it.

Add extra lines or categories, if necessary. You might want to create a rough draft of the P<sup>4</sup> Budget Tool as you gather the information necessary to determine the costs. Consult the Step 5 section that you completed on fiscal capacities and resources to make sure all costs are included.
2. **Subtotal the costs** by category.
3. **Enter a total** of the nonpersonnel costs on the line provided at the end of the tool.
4. Be sure to **update your budget periodically** to account for changing costs. You might also need to complete different budgets for subsequent years. For example, the equipment costs might not repeat from year to year.

The GTO team decides to use this optional tool. They need some time devoted to eCHECKUP TO GO to manage its rollout, evaluation, and quality improvement. eCHECKUP TO GO charges \$1,075 per year per college campus (the GTO team needs to reach out to the developers to assess the cost for a wing). Captain Lily will need more time budgeted than the other team members to lead the evaluation efforts.

|  <b>EXAMPLE GTO Step 6: Optional P<sup>4</sup> Budget Tool</b> |                                 |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------|
| <b>Completed by:</b> <u>HRA Hernandez</u>                                                                                                       |                                 | <b>Date:</b> <u>January 10, 2020</u>        |
|                                                                                                                                                 |                                 | <b>P<sup>4</sup>:</b> <u>eCHECKUP TO GO</u> |
| Item by Category                                                                                                                                | Calculation                     | Cost Estimate                               |
| <b>Personnel</b>                                                                                                                                | % of effort or hours            |                                             |
| Lt Col Jones                                                                                                                                    | 0.10 full-time equivalent (FTE) |                                             |
| HRA Hernandez                                                                                                                                   | 0.10 FTE                        |                                             |
| Captain Lily                                                                                                                                    | 0.30 FTE                        |                                             |
| Chaplain Johnson                                                                                                                                | 0.10 FTE                        |                                             |
| <b>Personnel subtotal:</b>                                                                                                                      | <b>0.6 FTE</b>                  | No cost, covered by Wing                    |
| <b>Materials, Equipment, and Supplies</b>                                                                                                       |                                 |                                             |
| eCHECKUP TO GO annual subscription                                                                                                              |                                 | <b>\$1,075</b>                              |
| <b>Materials, Equipment, and Supplies subtotal:</b>                                                                                             |                                 | <b>\$1,075</b>                              |
| <b>Other (e.g., travel, transportation)</b>                                                                                                     |                                 |                                             |
| None                                                                                                                                            |                                 |                                             |
| <b>Other subtotal</b>                                                                                                                           |                                 | <b>\$0</b>                                  |
| <b>Total of nonpersonnel category subtotals:</b>                                                                                                |                                 | <b>\$1,075</b>                              |
|                                                                                                                                                 |                                 |                                             |

**Process and outcome evaluation planning:** The remainder of this chapter will help you plan for the evaluation, including a process evaluation (how well the P<sup>4</sup> ran relative to your plan) and an outcome evaluation (how the results compare with your desired outcomes) before you launch your P<sup>4</sup>. See Tip 6-1 to better understand the difference between process and outcome evaluation.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Tip 6-1. The difference between process and outcome evaluation in GTO</b>                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                       |
| <p>Process evaluation tracks <i>quality</i> of a P<sup>4</sup></p> <p>★★★</p> <ul style="list-style-type: none"> <li>• Who participates in a P<sup>4</sup> (Did we reach the right target population?)</li> <li>• How much do participants use the P<sup>4</sup> (Did target population get right “dose”?)</li> <li>• How well the P<sup>4</sup> was delivered (adhered to curriculum, faithful to P<sup>4</sup> model)?</li> <li>• How satisfied are participants?</li> </ul> | <p>Outcome evaluation tracks <i>change</i> in participants</p> <p>🧠🧠🧠</p> <ul style="list-style-type: none"> <li>• How much did P<sup>4</sup> participants change on the outcome of interest (actual behaviors or behavioral risk and protective factors)?</li> </ul> |

## Step 6 instructions: Process Evaluation Planner Tool

**Purpose:** To plan how you will evaluate how well your P<sup>4</sup> was implemented. This tool is part of your completed CAP.

### BEFORE YOU BEGIN:

- **Save a copy of the tool for each P<sup>4</sup> you plan on implementing** and enter the name of the P<sup>4</sup> in the space provided at the top.

### TO COMPLETE THIS TOOL:

1. **Consider each process question** listed (and any you add), and note your measures and other considerations for data needed in the column labeled “What will you measure?” For example, for Question 1, you might enter age and gender if you are interested in these characteristics. See Tip 6-2 for suggested process measures.
2. **Enter the evaluation methods and data collection tools** that you will use to address the following process evaluation questions:
  - **Program participant characteristics**, such as age and gender, can be gathered in the pre-survey or via sign-in sheets.
  - **Attendance.** For multi-session P<sup>4</sup>, rosters should be designed to capture the percentage of time that participants attend each session or module. You can also sum how many of the sessions each registered participant attended. Online P<sup>4</sup> often can track the completion level of each participant.
  - **Level of delivery quality achieved** can be determined by outside observers or those completing monitoring logs, checklists of required activities and core elements, or simple notes about the actual delivery compared with the agenda or curriculum.
  - **Participant satisfaction** can be determined through participant focus group discussions, general observations, or a post-P<sup>4</sup> evaluation survey that asks open-ended questions. Some evidence-based P<sup>4</sup> have their own satisfaction surveys that you can adapt.
  - **Implementer perception** can be determined by asking program staff or facilitators questions about what they believed to be the successes, challenges, and opportunities related to the implementation.
  - **Work plan adherence** can be determined by reviewing the initial Step 6 Work Plan to see how closely it was followed. This could include tracking the timeliness of carrying out various tasks or the extent to which you served the number or type of expected participants.
3. Enter the **anticipated schedule for data collection and analysis** (i.e., when the data will be collected and the frequency of collection) and when the results will be available. Transfer key dates into the evaluation section of the Step 6 Work Plan for each P<sup>4</sup>.

*Note about different P<sup>4</sup>:* Although this tool has questions that are useful for programs, some of these questions can also be used to track other P<sup>4</sup>, such as changes in policies. For example, to conduct a process evaluation on a policy change, collect data about the extent to which Guard members know about the policy, the extent to which the policy is consistently implemented, the extent to which the policy is monitored for compliance, and the extent to which consequences for policy violation are consistently applied. The rows in this tool can be applied to these questions.

In this scenario, the GTO team decides that they will collect basic demographic data and log in to the eCHECKUP TO GO system to monitor how much of the P<sup>4</sup> the Guard members completed. They will also give all members of the wing a short survey about their satisfaction with eCHECKUP TO GO.



### Tip 6-2. Examples of process evaluation measures

| Types of Measures                                                                                                                                                            | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Source                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>Characteristics of participants compared with the target population</b> (e.g., compare demographics of actual participants with those of the intended target population). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |
| Gender                                                                                                                                                                       | Do you describe yourself as male or female?<br><i>Response options: Male, Female</i>                                                                                                                                                                                                                                                                                                                                                                                                            | ANG leadership                                   |
| Age                                                                                                                                                                          | What is your age?<br><i>Response options: Number</i>                                                                                                                                                                                                                                                                                                                                                                                                                                            | National Health Promotion Associates, 2018       |
| Ethnicity                                                                                                                                                                    | What is your ethnicity?<br><i>Response options: Hispanic or Latino, not Hispanic or Latino</i>                                                                                                                                                                                                                                                                                                                                                                                                  | Office of Management and Budget, 1997            |
| Race                                                                                                                                                                         | What is your race? Select all that apply.<br><i>Response options: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White</i>                                                                                                                                                                                                                                                                                                      |                                                  |
| Pay grade                                                                                                                                                                    | What was [is] your highest pay grade?<br><i>Response options: E1–E4, E5–E8, O1–O3, O4 and above</i>                                                                                                                                                                                                                                                                                                                                                                                             | ANG leadership                                   |
| <b>Brief interventions: Level of delivery the P<sup>4</sup> achieved and whether all planned components were delivered</b>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |
| Program attendance and dosage                                                                                                                                                | How many sessions a participant attended within a given time period<br>How many minutes a participant received of the program within a given time period                                                                                                                                                                                                                                                                                                                                        | Gamarra et al., 2015<br>Christensen et al., 2006 |
| Training fidelity and quality                                                                                                                                                | Staff observations of whether the trainer covered all the training elements or whether some were skipped or not given adequate time<br>Staff perceptions of how prepared the trainer was—for example, whether they were able to present material without reading verbatim from script or slides; whether they brought all necessary materials with them, such as handouts or props                                                                                                              | Farris et al., 2019                              |
| Attention and participation                                                                                                                                                  | Staff observations of whether trainees appeared attentive (for example, nodding, active posture, looking at trainer or slides)<br>Self-report of whether trainees were able to pay attention—for example, asking how much participants agree with the statement “I was able to pay attention during the training”<br>Staff observations of the number of trainees who actively participated—for example, by asking or responding to questions or making productive contributions to discussions | Farris et al., 2019                              |
| Participant-program staff interactions                                                                                                                                       | Number and quality of documented accounts of collaboration between participants and program facilitator or provider                                                                                                                                                                                                                                                                                                                                                                             | Gamarra et al., 2015                             |



**Tip 6-2. Examples of process evaluation measures**

| <b>Types of Measures</b>                                                                                                    | <b>Description</b>                                                                                                                                                                        | <b>Source</b>                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Attrition rate of participants involved in program                                                                          | The number of participants who were still participating at the end of the program divided by the number who enrolled at the start of the program to determine the percentage of attrition | Shear et al., 2016                                                        |
| <b>Remote interventions: Level of delivery the P<sup>4</sup> achieved and whether all planned components were delivered</b> |                                                                                                                                                                                           |                                                                           |
| Reach of the intervention                                                                                                   | Number of website sessions: A session is a group of interactions that take place on a website within a given time frame (also described as the number of visits made to a website).       | Acosta et al., 2020                                                       |
| Engagement with the intervention                                                                                            | Bounce rate: The percentage of total website sessions that are single-page visits<br>Average session duration: The total duration of all sessions divided by the number of sessions       | Acosta et al., 2020                                                       |
| <b>Remote and brief interventions: Participant perceptions</b>                                                              |                                                                                                                                                                                           |                                                                           |
| Likelihood to recommend                                                                                                     | How likely participants would be to recommend the program to others—for example, how much participants agree with the statement “I would recommend this program to others”                | Tompkins and Witt, 2009<br><br>Lee, Lee, and Choi, 2011; Lee et al., 2011 |
| Perceived usefulness of the material                                                                                        | Participant ratings of the usefulness of the material covered in the program                                                                                                              | Thomas and Taylor, 2015                                                   |



### ***Tip 6-2. Examples of process evaluation measures***

| <b>Types of Measures</b>                                                                           | <b>Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Source</b>       |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Understanding of factors that contribute to participants' use (or lack of use) of the intervention | Open-ended questions on post-program evaluation survey asking: <ul style="list-style-type: none"><li>• What factors contributed to your use of the intervention (e.g., the intervention is easy to access throughout the day)?</li><li>• What factors made it difficult to use the intervention (e.g., the material was hard to navigate, the technology did not work well)?</li><li>• Did the material help you to think of ways the recommendations could be incorporated into your daily life? Why or why not?</li><li>• What obstacles did you experience in trying to incorporate the recommendations into your daily life (e.g., it was difficult to fit the recommendations into the demands of my military job; I don't think it is an important issue or concern for me)?</li><li>• In what ways could the intervention be modified to increase the chances that you will use the recommendations in your daily life?</li></ul> |                     |
| Participant satisfaction                                                                           | The proportion of participants indicating that they were satisfied or very satisfied with <ul style="list-style-type: none"><li>• the program content</li><li>• the exercises or interactive pieces of the program</li><li>• the user friendliness of the program material</li></ul> The extent to which participants indicated they incorporated strategies from the program into their daily life<br>Participant ratings of how knowledgeable the trainer was (for example, was the trainer able to easily answer trainee questions?)                                                                                                                                                                                                                                                                                                                                                                                                  | Farris et al., 2019 |
| Satisfaction with an online course                                                                 | Participant responses to the Telecourse Evaluation Questionnaire to understand important factors for satisfaction in the online environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Bolliger, 2004      |



### ***Tip 6-2. Examples of process evaluation measures***

| <b>Types of Measures</b>                                                                                             | <b>Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Source</b>                  |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>System Usability Scale</b><br>A ten-item scale to assess the usability of a website or web-based system           | <p>For more information:<br/>This scale is available for free to use at <a href="https://www.usability.gov/how-to-and-tools/methods/system-usability-scale.html">https://www.usability.gov/how-to-and-tools/methods/system-usability-scale.html</a></p> <p>This scale uses a 5-point Likert scale to assess agreement from “strongly disagree” to “strongly agree.” Items ask about the complexity and consistency of the system, whether users would use the system frequently, and their confidence using the system.</p>                                                                                                    | Brooke, 1996                   |
| <b>Mentoring Event Evaluation</b><br>A 7-point Likert scale with 6 questions to evaluate satisfaction with the event | <p>For more information:<br/>This scale was developed specifically for use with this specific type of mentoring event and is available in the reference listed.</p> <p>Mentors and mentees were asked their level of agreement with items that asked about the extent to which their time was well spent, whether the discussions were stimulating, whether they would recommend the event to a colleague, and whether one-on-one mentoring was better than paired mentoring. Mentees were also asked whether their key questions were answered and whether they would be pursuing a relationship with one of the mentors.</p> | Cooke, Bahn, and Menaker, 2010 |



## EXAMPLE GTO Step 6: Process Evaluation Planner Tool

Completed by: Captain Lily

Date: January 2020

P<sup>4</sup>: eCHECKUP TO GO

| Process evaluation topics                                                                                                                                                            | What will you measure?                                                                                                    | How will you measure it? (Evaluation methods and data collection tools)                                   | Anticipated schedule for data collection and analysis                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Characteristics of participants compared with the target population (e.g., compare demographics of attendance, utilization, exposure, etc., with those of the target population). | eCHECKUP TO GO collects basic demographic questions (age, race, gender)—could explore asking about rank and tenure in ANG | eCHECKUP TO GO has a portal that allows leaders to view the data collected                                | eCHECKUP TO GO has each user complete the demographic questions first                                                                     |
| 2. Level of delivery the P <sup>4</sup> achieved, and whether all planned components were delivered (e.g., adherence to the curriculum)                                              | eCHECKUP TO GO allows leaders to monitor completion of its components by targeted users                                   | Logging into the eCHECKUP TO GO system after the completion deadline                                      | After 3 months from when eCHECKUP TO GO was announced                                                                                     |
| 3. Participant perceptions (e.g., satisfaction, perceived relevance, likelihood to recommend, etc.)                                                                                  | Satisfaction with eCHECKUP TO GO; perceived relevance of the program to participants                                      | Satisfaction and relevance survey                                                                         | After 6 months, will ask all of those who participated to take survey (this question will be added to the outcome evaluation post-survey) |
| 4. Staff and volunteer perceptions (e.g., whether trainees appeared engaged, suggestions for improvement, etc.)                                                                      | Not applicable                                                                                                            |                                                                                                           |                                                                                                                                           |
| 5. Adherence to the GTO Step 6 Work Plan                                                                                                                                             | Will track timeline adherence and percentage of completion in the wing                                                    | GTO team meets each month to check on timeline. Percentage of completion will come from eCHECKUP TO GO.   | GTO meetings each month. At the meetings, GTO team will log into eCHECKUP TO GO to assess completion rate                                 |
| 6. Other                                                                                                                                                                             | Frequency of reminders provided by wing leadership                                                                        | Check-in meeting with leadership will ask how many times they reminded Guard members about eCHECKUP TO GO | Quarterly                                                                                                                                 |

## Step 6 instructions: P<sup>4</sup> Outcome Evaluation Planner Tool

**Purpose:** To help you plan how to carry out your outcome evaluation for each P<sup>4</sup> you have selected. This tool should be included in the CAP.

### BEFORE YOU BEGIN:

- **Save a copy of the tool for each P<sup>4</sup> you are planning to implement** and enter the name of the P<sup>4</sup> in the space provided at the top.

### TO COMPLETE THIS TOOL:

1. **Copy each desired outcome** you identified in GTO Step 2 into the first column (one desired outcome per row).
2. Check the appropriate box in the Evaluation Design column to **indicate your choice of evaluation design** for each outcome. Design has to do with what data you will collect and when. There are three types that are the most appropriate for wings:
  - **Post- only:** Data are collected only after Guard members participate in the P<sup>4</sup>. This only indicates that the group reached some benchmark; it does not indicate change over time.
  - **Pre-/post-:** Data are collected before Guard members participate in the P<sup>4</sup> and after. This design allows you to gauge change over time.
  - **Pre-/post- with comparison group:** Data are collected before Guard members participate in the P<sup>4</sup> and after. In addition, the same data are collected at the same timepoints from a similar group of Guard members not participating in the P<sup>4</sup>. This design lets you assess change over time and whether the P<sup>4</sup> may have been responsible for that change.
3. Next, **identify the measure name or metric** that you will use to measure each of your desired outcomes statements. Include the source (link or citation). Although it is possible to create your own outcome evaluation survey items, we recommend that, whenever possible, you choose measures that already exist and have been used to evaluate programs like yours. **To find measures**, see the resources specified in Appendixes C, D, and E of this guide. Some evidence-based P<sup>4</sup> might have their own established outcomes surveys. You might be able to request measures by contacting the developer.
4. In the last column, list the questions or survey items that you plan to use from the measure that directly assess your stated desired outcome.
5. You can use this tool to construct your outcome survey questionnaire or identify which data to collect from existing databases. These outcome measures can be combined with any process measure questions from your process evaluation planner, such as demographics or level of participation or satisfaction, that you also decide to measure.

In this scenario, the GTO team will give all members of the wing a short survey on drinking amount and binge drinking. The wing will then take the same survey about six months later after implementation of the P<sup>4</sup>. The team will look for change over time.



## EXAMPLE GTO Step 6: P<sup>4</sup> Outcome Evaluation Planner Tool

Completed by: Captain Lily

Date: January 2020

P<sup>4</sup>: eCHECKUP TO GO

| Desired Outcome<br>(copy and paste from Step 2)                                                                                                                                                                                                                   | Evaluation Design                                                                                                                                  | Measure Name and Source                                                                                                                                                                                                                           | Questions or Items to Include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| By six months after participating in the P <sup>4</sup> , participants will show a one-third average decrease in the number of drinks consumed, as measured by the Daily Drinking Questionnaire.                                                                  | <input type="checkbox"/> Pre-/post- with comparison group<br><input checked="" type="checkbox"/> Pre-/post-<br><input type="checkbox"/> Post- only | Daily Drinking Questionnaire<br><br>R. Lorraine Collins, Ph.D.<br>Department of Community Health and Health Behavior<br>University at Buffalo, the State University of New York<br><a href="mailto:lcollins@buffalo.edu">lcollins@buffalo.edu</a> | Respondents answer for each day of the week for both questions:<br><br>Typical drinking amounts in a given week in the past month<br><br>Heaviest drinking amounts in a given week in the past month                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| By six months after participating in the P <sup>4</sup> , at least 50% of participants who participated in binge drinking in the past month before the P <sup>4</sup> will have decreased their binge drinking by one level on the NIAAA binge drinking question. | <input type="checkbox"/> Pre-/post- with comparison group<br><input checked="" type="checkbox"/> Pre-/post-<br><input type="checkbox"/> Post- only | NIAAA binge drinking question<br><br><a href="https://www.niaaa.nih.gov/research/guidelines-and-resources/recommended-alcohol-questions">https://www.niaaa.nih.gov/research/guidelines-and-resources/recommended-alcohol-questions</a>            | Question about frequency of binge drinking in past 6 months:<br><br>During the last 6 months, how often did you have 5 or more (for males) or 4 or more (for females) drinks containing any kind of alcohol within a two-hour period? (That would be the equivalent of at least 5 [for males] or 4 [for females] 12-ounce cans or bottles of beer, 5 [or 4] five-ounce glasses of wine, or 5 [or 4] drinks each containing one shot of liquor or spirits.) Choose only one response:<br>every day, 5 to 6 days a week, 3 to 4 days a week, 2 days a week, 1 day a week, 2 to 3 days a month, 1 day a month, 3 to 11 days in the past year, 1 or 2 days in the past year |

## Step 6 instructions: Community Action Plan Overview Tool

**Purpose:** This is the most important tool because it presents an overview of your whole CAP. It is a summary of your work from each GTO step and an overview of your CAP (your plan at a glance). The column headings specify which GTO steps are linked to each column on this tool. It can be completed by copying key information from the other tools that you have already completed.

### TO COMPLETE THIS TOOL:

**Column 1:** Copy and paste your identified priority problem(s) from GTO Step 1 into the first column of the Community Action Plan Overview Tool (one problem per row).

**Column 2:** Copy and paste your goal(s) for each priority problem from GTO Step 2 into column 2. The combined efforts of the P<sup>4</sup> you decide to implement should help to contribute to your goal, but, by themselves, they might not be sufficient to achieve it.  
Note: You may have multiple goals and desired outcomes for each priority problem—repeat or merge the cells in the Community Action Plan Overview Tool as needed to fit your plan.

**Column 3:** Copy and paste your desired outcome(s) for each goal from GTO Step 2 into column 3.

**Column 4:** Write in the P<sup>4</sup> you identified to address your priority problem(s) and produce your goals and desired outcomes. You will have finalized this choice by going through GTO Steps 3–5. Ensure that there is a strong link between the chosen P<sup>4</sup> and the goals and desired outcomes (e.g., does the P<sup>4</sup> target your priority problem? will the P<sup>4</sup> have a chance to achieve the goal and desired outcomes?).

**Column 5:** Summarize the process evaluation measures and instruments you identified on the Process Evaluation Planner Tool in GTO Step 6.

**Column 6:** Summarize the outcome evaluation measures and instruments you identified on the Outcome Evaluation Planner Tool in GTO Step 6.

**Column 7:** Specify how you will monitor any population-level changes in the problem over time. This type of tracking looks at longer-term or overall impacts and can cut across multiple P<sup>4</sup>. Data for this tracking usually come from sources that wings can easily access on a regular basis (e.g., DEOCS). You can compare these data to the data collected in GTO Step 1 to observe any changes that might have occurred.

In one page, the GTO team summarizes their whole approach, pulled from the other GTO tools. They were able to use this document, the Community Action Plan Overview Tool, to communicate with leadership and other stakeholders about their plans.



## EXAMPLE GTO Steps 1–6: Community Action Plan Overview Tool

Completed by: Lt Col Jones

Date: January 2020

| 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? <i>Specifically include: What will change (knowledge, attitude or behavior), by how much, for whom, and when change is expected</i>                                                                          | What P <sup>4</sup> are you using to achieve these desired outcomes? (finalized by GTO Step 6) | How will you assess the quality of your P <sup>4</sup> ? <i>PROCESS EVAL</i> (from GTO Step 6)                                                                                                                                       | How will you assess the outcomes of your P <sup>4</sup> ? <i>OUTCOME EVAL</i> (from GTO Step 6)                         | How will you monitor population changes in the initial problem over time? (see GTO Steps 1 and 6)            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Alcohol misuse.</b><br>Chaplain Corps Activity Reporting System data show that Chaplains have been seeing more cases of alcohol misuse. There have also been several incidents of Guard members being arrested for DUI during drill weekend. | Reduce the quantity of drinking among Guard members                  | By six months after participating in the P <sup>4</sup> , participants will show a one-third average decrease in the number of drinks consumed, as measured by the Daily Drinking Questionnaire.                                             | eCHECKUP TO GO                                                                                 | Using the eCHECKUP TO GO system, we will measure<br>- the demographics of participants<br>- the completion rate of the wing.<br><br>We will assess satisfaction with participation with a satisfaction question on the post- survey. | Daily Drinking Questionnaire (pre- and post- survey), measured before and six months after the start of eCHECKUP TO GO  | Monitor DUI arrests and reports of alcohol misuse in the Chaplain Corps Activity Reporting System over time. |
|                                                                                                                                                                                                                                                 | Reduce the frequency of binge drinking among Guard members           | By six months after participating in the P <sup>4</sup> , at least 50% of participants who have participated in binge drinking in the past month will have decreased their binge drinking by one level on the NIAAA binge drinking question. | eCHECKUP TO GO                                                                                 |                                                                                                                                                                                                                                      | NIAAA binge drinking question (pre- and post- survey), measured before and six months after the start of eCHECKUP TO GO |                                                                                                              |

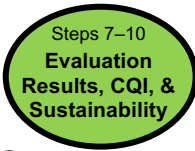


## Connecting with your CAB

At this step, showing the CAB a completed draft of all tools (including your Community Action Plan Overview Tool and the P<sup>4</sup> Work Plan Tool, Process Evaluation Planner Tool, and Outcome Evaluation Planner Tool for each P<sup>4</sup>) would be an excellent way to obtain feedback and buy-in from this group. Showing the CAB how you will fit the specific P<sup>4</sup> into your wing (from GTO Step 4) and how you will ensure P<sup>4</sup> capacity (from GTO Step 5) could allow for leadership input that secures their support. Reviewing all the tools with the CAB will allow you to demonstrate how you are being systematic and accountable in your planning. Once the CAB has weighed in, make sure to update any tools you changed, as needed.

### **Before moving on to Step 7**

With the guidance provided in Appendix B, you are ready to assemble your CAP document, using the completed Step 6 tools for each P<sup>4</sup> included in your CAP.



## Chapter Five

# ***GTO Steps 7, 8, 9, and 10—Using Evaluation to Improve P<sup>4</sup>***

### **What are GTO Steps 7, 8, 9, and 10, and why are they important?**

These steps can be completed when you have collected process and outcome data and are ready to consider P<sup>4</sup> changes intended to improve the P<sup>4</sup> and sustain it over time. Evaluation *planning* is part of step 6, where process and outcome evaluation are both covered in detail.

Steps 7 and 8 guide you through organizing and analyzing your data and *recording the results* on the Process Evaluation Summary Tool and the Outcome Evaluation Summary Tool.

Process evaluation (which is an evaluation of the implementation quality) and outcome evaluation (which is an evaluation of effectiveness) go together because:

1. Poor implementation results could explain poor outcomes.
2. Good implementation results with poor outcomes might indicate the need to change the P<sup>4</sup>.

The results summarized in the Steps 7 and 8 tools do not stand alone. Their entire purpose is to inform decisionmaking about how to improve a P<sup>4</sup> or maintain its effectiveness going forward.

To make such decisions, GTO Step 9 guides the user through a systematic CQI process that is driven by your evaluation results and is intended to identify strategies for improving the P<sup>4</sup> performance and progress toward desired outcomes and long-term goals. As part of CQI, you also reevaluate the need for the P<sup>4</sup>, the fit, and your capacity to implement the P<sup>4</sup>. These considerations are covered in the earlier GTO steps.

The Step 9 CQI Review Tool will help you create a snapshot of your P<sup>4</sup>'s successes and shortcomings and prompt you to identify and plan to start necessary improvements or discontinue using the P<sup>4</sup>. Using CQI represents an emphasis by the organization on the quality of its services.

### **IN BRIEF**

Steps 7–10 help you analyze and document your process and outcome evaluation results and make changes suggested by the results to improve and sustain the P<sup>4</sup> you evaluated.

Step 9 is important because:

- CQI takes advantage of what you have learned over time from your process and outcome evaluations to improve the P<sup>4</sup> for the future without starting over.
- It puts the investment made in evaluation to work by using the results to make changes and understand their effects as you continue to implement your P<sup>4</sup>.
- It helps all staff to keep the P<sup>4</sup> fresh and ensures that it is still a good fit for your participants, your organization, and your community.

Step 10 assumes that you have decided to continue using, or sustain, a P<sup>4</sup> that you have evaluated. (If you are changing P<sup>4</sup>, this step does not apply.)

Step 10 helps you review staffing, training, and other factors (such as promoting the P<sup>4</sup> and sustaining champions, or advocates) so that the P<sup>4</sup> retains its value and is ready for future or ongoing implementation. These issues require planning and updating of GTO tools over time. The Sustainability Review Tool asks you to consider and record your plans for needed next steps.

## Definitions

**Process evaluation** assesses the degree to which a P<sup>4</sup> is implemented well and as planned. It includes monitoring the activities, who participated, and how often, as well as the strengths and weaknesses (the quality of the implementation).

**Outcome evaluation** tests whether a P<sup>4</sup> achieved an improvement among **its participants** on specific areas of interest (for example, did their knowledge, attitudes, skills, or behavior change?). Longer-term goals, such as reducing workplace harassment by monitoring trends in ongoing indicators, are part of outcome evaluation.

**CQI** is a process for deciding what changes should be made to improve implementation and outcomes and determining what difference they make.

**Sustainability** refers to the integration of an effective P<sup>4</sup> into the routine operations of an organization over the long term.

## Step 7 instructions: P<sup>4</sup> Process Evaluation Results Summary Tool

By the time you have come to this step, you should have already completed the GTO **Process Evaluation Planner Tool** for each P<sup>4</sup> you included in your CAP (in GTO Step 6).

Once you have collected the data called for in that tool, use it to complete the **Process Evaluation Results Summary Tool** for each P<sup>4</sup>, following these instructions:

1. Complete a Process Evaluation Results Summary Tool for *each* P<sup>4</sup> you have process data for.
2. Ask the person(s) you identified to collect and analyze the data in **the Process Evaluation Planner Tool** to provide the results for which they were responsible.

3. Enter the results that answer the evaluation questions in the **Process Evaluation Summary Tool**. Be sure that the questions in the Process Evaluation Summary Tool are the ones you included in your Process Evaluation Planner Tool. **Definitions and data collection methods are included in the Step 6 instructions for the Process Evaluation Planner Tool.**
4. Complete the fields describing P<sup>4</sup> dates and target population (this part of the tool is mostly designed for programs, but it can still be adapted for other P<sup>4</sup>, such as policies). The lettered fields are asking for (A) total target population, (B) total number of participants who attended at least one session of the program, (C) total number of participants who attended every session of the program, and (D) total number of participants included in the P<sup>4</sup> process evaluation. You can then calculate the percentage of your target population that attended at all (B divided by A) and the percentage of participants who will be included in the evaluation (D divided by B). For assessing other P<sup>4</sup>, such as policies, you could change the prompt about Adherence/Delivery (Total P<sup>4</sup> participants who attended at least one session) to one that assesses knowledge of the policy (knowledge of the policy assesses the degree to which those implementing the new policy adequately promoted it, a key aspect of delivery for this type of P<sup>4</sup>).

In this scenario, the GTO team evaluated implementation by collecting data from the eCHECKUP TO GO portal on who used the system and how much.



## EXAMPLE GTO STEP 7: P<sup>4</sup> Process Evaluation Results Summary Tool

Completed by: Captain Lily

Date: November 2020

P<sup>4</sup>: eCHECKUP TO GO

### Target Population

Who did you want your P<sup>4</sup> to reach?

A. How many people did you target for this P<sup>4</sup>: 902

What characteristics defined your target population (e.g., gender, age, rank, unit, etc.)?

|                 |     |       |     |
|-----------------|-----|-------|-----|
| 17–20 years old | 48  | E1–E4 | 292 |
| 21–24 years old | 80  | E5–E6 | 356 |
| 25–30 years old | 212 | E7–E9 | 188 |
| 31–40 years old | 337 | O1–O3 | 41  |
| 41+ years old   | 225 | O4–O6 | 55  |
|                 |     | O7+   | 0   |

### Participants' Utilization

What was the participants' P<sup>4</sup> utilization compared with the P<sup>4</sup> plan?

P<sup>4</sup> dates: Ongoing from April to November 2020

B. Total P<sup>4</sup> participants who attended at least one session: 608\*

C. Total who attended every session: 443

D. Total participants in the P<sup>4</sup> evaluation: 404

% of target population  
that got at least some  
of the P<sup>4</sup>:  
 $608 \div 902 \times 100 =$   
67%  
( $B \div A \times 100$ )

% of participants  
included in the  
evaluation (i.e.,  
representativeness  
of results):  
 $404 \div 608 \times 100 =$   
66%  
( $D \div B \times 100$ )

Evaluation participants (check all that apply): ☐ Facilitators or staff

☐ Participants (all) ☒ Participants (some) ☐ Others \_\_\_\_\_

How well does the evaluation represent the population of P<sup>4</sup> participants? (check one):

☐ Not at all well ☒ Somewhat well ☐ Very well

Participant characteristics (e.g., gender, age, rank, unit, etc.) compared with the target population characteristics: Good representation across age and rank at the wing

| P <sup>4</sup> Process Evaluation Results Summary Tool (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>P<sup>4</sup> Adherence/Delivery</b><br>What level of delivery did the P <sup>4</sup> achieve, and did all planned components get delivered?<br>How closely did the P <sup>4</sup> implementation follow the GTO Step 6 Work Plan? <u>Most elements were followed, except leadership did not announce the availability of eCHECKUP TO GO as many times as expected (only twice instead of monthly). Greater specificity on the frequency of leadership communications would be helpful next time.</u><br>Was the P <sup>4</sup> delivered as planned? <u>About two-thirds of the wing did some of the program. About half of the wing did all of it.</u><br>If not, why not? <u>The wing did not hear about it enough from leadership.</u><br>What level of P <sup>4</sup> adherence did you achieve (offered activities according to P <sup>4</sup> requirements or curriculum), and what evidence do you have to document this level of adherence?<br><u>In this case, adherence means completing the eCHECKUP TO GO program. About two-thirds of the wing did some of the program. About half of the wing did all of it.</u> |
| <b>Participant and Staff Perceptions</b><br>What did participants think about the P <sup>4</sup> (satisfaction, utility, would recommend to others)?<br><u>Overall, the wing participants were satisfied with eCHECKUP TO GO. They thought that the program was helpful and not too much work. Having the program being available on their smartphones got high marks. Those who did all of the program had higher satisfaction than those who did not complete it.</u><br>What was the staff's (including volunteers) perception of the P <sup>4</sup> ?<br><u>Leaders liked that the program was easy to do and mobile.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

\* For assessing a new policy, this question could ask how many Guard members know about the new policy.

## Step 8 instructions: P<sup>4</sup> Outcome Evaluation Results Summary Tool

**Analyzing outcome evaluation data.** Now that you have gathered your data, the next step involves analyzing them. It could be worthwhile to consult an expert in data analysis procedures to ensure that you are using appropriate techniques. When using quantitative data collection methods, such as surveys, it is common to use quantitative data analysis methods, such as comparing averages and frequencies, or distributions. Sometimes, your analysis might simply involve comparing your results on some indicator with the amount of change you stated in your desired outcomes in GTO Step 2. If you are using evaluation measures from the P<sup>4</sup> developers, the measures might have scoring criteria or might tell you what values are expected from P<sup>4</sup> participants so that you can assess whether the P<sup>4</sup> is having the intended effect. The P<sup>4</sup> Outcome Evaluation Results Summary Tool can help you analyze and summarize quantitative data.

This tool helps document and interpret your quantitative outcome data to see how much impact each of your P<sup>4</sup> has had on the desired outcomes. With this tool, you can summarize your data (including post- only or both pre- and post- scores if you have both) for your P<sup>4</sup> participants and a comparison group (if you have one). Although much of this guidance is appropriate for surveys, it can also be used to summarize other kinds of quantitative data (e.g., number of referrals to mental health services, number of incidents of harassment reported).

1. Copy over your measures (scales of questions, other indicators) from the P<sup>4</sup> Outcome Evaluation Planner Tool. Refer to Appendixes C, D, and E for information about scoring any measures or scales you selected from them.
2. Enter the results from your measures in the remaining columns.
3. If you have pre-P<sup>4</sup> data, calculate the pre-P<sup>4</sup> averages for the participants:
  - Calculate averages across all participants for each scale, item, or other type of data. Add the scores for each participant together, then divide by the number of participants. Place this final number into the Pre-P<sup>4</sup> Score column of the tool in the space labeled “P<sup>4</sup>.” Do the same for each different data source.
4. Repeat the same procedure to generate post-P<sup>4</sup> averages, if you have post-P<sup>4</sup> data.
5. If you have data for a comparison group, you will need to calculate pre- and post- averages for each scale, item, or other type of data and enter them into the tool in the space labeled “Comparison” (below the participants’ scores) or write in “Not applicable” (N/A).
6. For each scale, item, of other type of data, calculate the percentage change from the pre- to post- averages:
  - Subtract the pre-P<sup>4</sup> average from the post-P<sup>4</sup> average.
  - Divide the result by the pre-P<sup>4</sup> average.
  - Convert to a percentage (you can do this by multiplying by 100).
7. If you used a comparison group, calculate the percentage change for that group as well (for each scale, item, or other type of data), and enter it in the appropriate column.
8. Indicate whether your outcome missed, reached, or exceeded your desired outcome statement.
9. Briefly summarize the meaning of each result in the Interpretation column.

- Consider how big the change was overall. In general, small movement in either direction should not be taken to mean that a genuine change has occurred. In general, the bigger the change, the more confident one can be that it is genuine (although there are several caveats to this rule of thumb, including if you have a very small sample size, or if an external event impacts participants between the pre- and post- timepoints). Although it might be challenging, measuring against a comparison group can be helpful. For example, a 20-percent increase in the number of Guard members getting adequate sleep might or might not be a genuine change. But considered against a 10-percent decrease over the same time period in a comparison group, this result could suggest that there was a genuine positive change because of the P<sup>4</sup>. However, if individuals were not randomly assigned to participate in the intervention or be in the control group, we cannot say with certainty that the intervention *caused* the change; in fact, it could be that individuals who choose to participate in the intervention already differed from those who did not (for example, in their willingness to participate in the first place).

**Interpreting evaluation results.** Whatever the outcomes, you will need information from both GTO Step 7 (Process Evaluation) and 8 (Outcomes Evaluation) to tell you what is happening with your P<sup>4</sup> and how it might be improved. That is because, in order to reach desired outcomes, the P<sup>4</sup> needs to be both implemented well (assessed by GTO Step 7) and based on good evidence (assessed by GTO Step 3). In other words, good evidence + good implementation = results. A poorly designed P<sup>4</sup>, even if implemented perfectly, will not produce desired outcomes. Conversely, a strong P<sup>4</sup> that is implemented poorly will not produce desired outcomes. Therefore, if you do not achieve the outcomes that you hoped for, a process evaluation can give you clues about why: If the process evaluation shows that the implementation was good, maybe the P<sup>4</sup> was not ideal. If the process evaluation shows that the implementation was poor, maybe it was the poor implementation that led to poor outcomes. You can only conclude this with information from both types of evaluations. Interpreting your results in a thoughtful way helps you see what's working and what you need to change. The CQI Review Tool is intended to help guide you through this process.

The GTO team next organized their outcome evaluation survey results to see whether they met their desired outcomes.



## EXAMPLE GTO Step 8: P<sup>4</sup> Outcome Evaluation Results Summary Tool

**Completed by:** Captain Lily

**Date:** December 2020

**P<sup>4</sup>:** eCHECKUP TO GO

| Metric/Item/<br>Scale/Other<br>Data Name<br>(copied from<br>Outcome<br>Evaluation<br>Planner Tool) | Pre-P <sup>4</sup> Score                                                                                                                                                                                                                                                                                                                                                                          | Post-P <sup>4</sup> Score                                                                                                                                                                 | Percentage<br>Change<br>[(post- minus<br>pre-) divided<br>by pre-]                                                                                                                                                 | Progress on<br>Desired<br>Outcome                                                                                   | Interpretation,<br>Including<br>Whether Any<br>Action Is<br>Needed                                                                                                                                                                    |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|-------------|----|--------------------|----|--------------|----|-----------------|----|-------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|-------------------|---|--------------|----|-------------|----|--------|----|-------------|---|--------------|---|-----------------|----|-------------------|--|--|--|--|
| Daily Drinking<br>Questionnaire                                                                    | <p>P<sup>4</sup>:<br/>Number of drinks in the<br/>past month during a typical<br/>week: 10</p> <p>Number of drinks in the<br/>past month during the<br/>heaviest drinking week: 20</p>                                                                                                                                                                                                            | <p>P<sup>4</sup>:<br/>Number of drinks in the<br/>past month during a<br/>typical week: 7</p> <p>Number of drinks in the<br/>past month during the<br/>heaviest drinking week:<br/>12</p> | <p>P<sup>4</sup>:<br/>Number of<br/>drinks in the<br/>past month<br/>during a typical<br/>week: –30%</p> <p>Number of<br/>drinks in the<br/>past month<br/>during the<br/>heaviest<br/>drinking week:<br/>–40%</p> | <input type="checkbox"/> Exceeded<br><input checked="" type="checkbox"/> Reached<br><input type="checkbox"/> Missed | <p>Among those<br/>who completed<br/>the program,<br/>there was a<br/>percentage<br/>change drop by<br/>the amount<br/>specified in the<br/>desired outcome<br/>for both the<br/>typical and the<br/>heaviest drinking<br/>weeks.</p> |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
|                                                                                                    | Comparison group:<br>None                                                                                                                                                                                                                                                                                                                                                                         | Comparison group:<br>None                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| NIAAA Binge<br>drinking<br>question                                                                | <p>P<sup>4</sup>: % who<br/>participated in binge<br/>drinking</p>                                                                                                                                                                                                                                                                                                                                | <p>P<sup>4</sup>: % who<br/>participated in<br/>binge drinking</p>                                                                                                                        | <p>% who<br/>dropped by<br/>at least one<br/>level of<br/>binging<br/>frequency:<br/>50%</p>                                                                                                                       | <input type="checkbox"/> Exceeded<br><input checked="" type="checkbox"/> Reached<br><input type="checkbox"/> Missed | <p>Among those<br/>who completed<br/>the program,<br/>50% dropped by<br/>at least one level<br/>of frequency of<br/>binge drinking.</p>                                                                                               |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
|                                                                                                    | <table border="1"> <tr><td>5 to 6 days/week:</td><td>10</td></tr> <tr><td>3 to 4 days/week:</td><td>10</td></tr> <tr><td>2 days/week:</td><td>15</td></tr> <tr><td>1 day/week:</td><td>20</td></tr> <tr><td>2 to 3 days/month:</td><td>20</td></tr> <tr><td>1 day/month:</td><td>10</td></tr> <tr><td>3–11 days/year:</td><td>15</td></tr> <tr><td>1 or 2 days/year:</td><td>0</td></tr> </table> | 5 to 6 days/week:                                                                                                                                                                         | 10                                                                                                                                                                                                                 | 3 to 4 days/week:                                                                                                   | 10                                                                                                                                                                                                                                    | 2 days/week: | 15 | 1 day/week: | 20 | 2 to 3 days/month: | 20 | 1 day/month: | 10 | 3–11 days/year: | 15 | 1 or 2 days/year: | 0 | <table border="1"> <tr><td>5 to 6 days/week:</td><td>5</td></tr> <tr><td>3 to 4 days/week:</td><td>5</td></tr> <tr><td>2 days/week:</td><td>10</td></tr> <tr><td>1 day/week:</td><td>10</td></tr> <tr><td>2 to 3</td><td>10</td></tr> <tr><td>days/month:</td><td>5</td></tr> <tr><td>1 day/month:</td><td>5</td></tr> <tr><td>3-11 days/year:</td><td>50</td></tr> <tr><td>1 or 2 days/year:</td><td></td></tr> </table> | 5 to 6 days/week: | 5 | 3 to 4 days/week: | 5 | 2 days/week: | 10 | 1 day/week: | 10 | 2 to 3 | 10 | days/month: | 5 | 1 day/month: | 5 | 3-11 days/year: | 50 | 1 or 2 days/year: |  |  |  |  |
| 5 to 6 days/week:                                                                                  | 10                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 3 to 4 days/week:                                                                                  | 10                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 2 days/week:                                                                                       | 15                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 1 day/week:                                                                                        | 20                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 2 to 3 days/month:                                                                                 | 20                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 1 day/month:                                                                                       | 10                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 3–11 days/year:                                                                                    | 15                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 1 or 2 days/year:                                                                                  | 0                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 5 to 6 days/week:                                                                                  | 5                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 3 to 4 days/week:                                                                                  | 5                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 2 days/week:                                                                                       | 10                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 1 day/week:                                                                                        | 10                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 2 to 3                                                                                             | 10                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| days/month:                                                                                        | 5                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 1 day/month:                                                                                       | 5                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 3-11 days/year:                                                                                    | 50                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
| 1 or 2 days/year:                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |
|                                                                                                    | Comparison group:<br>None                                                                                                                                                                                                                                                                                                                                                                         | Comparison group:<br>None                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                       |              |    |             |    |                    |    |              |    |                 |    |                   |   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |   |                   |   |              |    |             |    |        |    |             |   |              |   |                 |    |                   |  |  |  |  |

## Assessing Goals Specified in the Community Action Plan Overview Tool

By the time you get to GTO Step 8, you might have had the opportunity to collect some follow-up data on the overall trends in your priority problem (i.e., additional timepoints of the data you used to identify your priority problem in Step 1). You will need to be careful when interpreting these types of data. Desired outcomes tied directly to P<sup>4</sup> are generally easier to improve than the type of data you used in your needs assessment. Thus, your P<sup>4</sup> might be working well, but you still might not see change in your overall goals. This result could mean that not enough Guard members went through the P<sup>4</sup> to improve the whole wing's goals. It could also mean that you need more time for the P<sup>4</sup> to have an impact or that an outside event (such as mobilization) interfered with the P<sup>4</sup>'s effects. Another explanation could be that different P<sup>4</sup> are needed. A good example is awareness-building events. A wing could be very successful at running awareness-building events about the consequences of alcohol abuse (i.e., the wing could meet the desired outcomes of building awareness), but if that is all the wing is doing, then it is unlikely that the wing will address the overall goal of having fewer DUI incidents. In Step 9, you will look at all of your data to brainstorm ways to improve your P<sup>4</sup>.

**Long-term outcomes.** Another consideration in interpreting outcome data is reconciling the conclusions from tracking both short-term and long-term outcomes. The evaluation of short-term outcomes might show that the P<sup>4</sup> was successful—for example, Guard members improved their knowledge of the dangers of DUI. However, it is possible that tracking long-term outcomes—actual incidents of DUI on and near the wing—shows that the long-term outcome is unchanged. How can you reconcile those two results? One possibility is that not enough Guard members were exposed to the P<sup>4</sup> to improve the long-term outcome. Another possibility could be that simply improving knowledge does not translate into actual behavioral changes. As you can see from this example, long-term outcomes are more difficult to improve than short-term outcomes. The conclusions that you come to using the data that you collect will help you develop a plan for CQI. For example, in the above example, if the P<sup>4</sup> seems to be working for those exposed to it, the improvement might simply be to increase the P<sup>4</sup> delivery to more Guard members. Alternatively, maybe the P<sup>4</sup> needs to be strengthened beyond improving knowledge to have a chance at improving long-term outcomes.

## Step 9 instructions: P<sup>4</sup> CQI Review Tool

### BEFORE YOU BEGIN:

This tool prompts you to review your evaluation results and prior GTO steps and consider whether changes are needed for next time. If your answers suggest that changes are needed, you can rework the relevant planning tools to inform your next round of implementation, including the possible selection of a different P<sup>4</sup>.

If you decide that you need to make changes in any GTO step, go back and update the relevant GTO tools. For example, if you need to change your goal or desired outcomes, you might need to make changes to the measures in your Outcome Evaluation Planner Tool and your Community Action Plan Overview Tool, in addition to changes in GTO Step 2.

Discuss and answer each of the questions honestly, and, where needed, **create strategies for improvement for your next implementation.**

- Include as many stakeholders (e.g., CAT members) as possible in this review.
  - Use your completed GTO tools, including the process and outcome results summary tools and notes containing additional process and outcome evaluation data gathered during the course of the P<sup>4</sup>.
1. Answer items 1–4 using your evaluation results.
  2. Document your conclusion from the evaluation results in item 5.
  3. Next, use the probes in items 6–11 to think about any changes in priority problems to address, whether changing goals or desired outcomes is appropriate, alternative P<sup>4</sup> with a stronger evidence base, how fit and capacities might be different now, and why and how changes in your Step 6 planning tools could make an improvement in outcomes.
  4. Finally, in item 12, document your decision about whether or not to continue with the P<sup>4</sup> and what to change to attempt to achieve needed improvements.

The GTO team reviewed their data so that they could draw overall conclusions about what occurred and next steps. They completed this tool to document what happened and will share it with the CAT to facilitate discussion of their conclusions and recommendations.



## EXAMPLE GTO Step 9: CQI Review Tool

Completed by: Lt Col Jones

Date: January 2021

P<sup>4</sup>: eCHECKUP TO GO

### Step-by-step review

### Response, including any changes for next time

#### How effectively did the P<sup>4</sup> help us reach our desired outcomes? (GTO Step 8)

|                                                                                                                                                                                       |                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 1. Which, if any, desired outcomes were not met or not completely met? Were any of unmet outcomes critically important (i.e., must be met to justify continuing the P <sup>4</sup> )? | Both desired outcomes were met.                                                        |
| 2. Which desired outcomes were reached or exceeded? Was there progress toward your long-term goals?                                                                                   | The change in number of drinks and amount of binge drinking desired outcomes were met. |

#### How well did we implement the P<sup>4</sup>? (GTO Step 7)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. What does the data tell you about what you need to do next time to improve implementation of the P <sup>4</sup> in terms of the following aspects? <ul style="list-style-type: none"> <li>a. reaching the right target population</li> <li>b. ensuring engagement or utilization of the P<sup>4</sup></li> <li>c. ensuring that all components are implemented as planned</li> <li>d. increasing participant satisfaction</li> <li>e. making staff suggestions for improvement</li> </ul> | The biggest problem was the reach of eCHECKUP TO GO. Only about half of the wing completed the program because there was insufficient awareness of the program. Next year, plan to have leaders increase their communication about the program and the need to complete it. |
| 4. Which, if any, of 3a through 3e above were likely to have impacted your desired outcomes? How and why? These will be critical components to improve (or sustain) the next time you implement the P <sup>4</sup> .                                                                                                                                                                                                                                                                         | Leader communication was not intense and consistent enough. This is what needs to be improved next year.                                                                                                                                                                    |

#### Determination based on evaluation results

|                                                                                                                                                                                                                                                                                                               |                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. <b>Are your process and outcome evaluation results overall good enough to continue implementing the P<sup>4</sup>?</b><br>If YES, what adjustments, if any, will be critical to its improvement?<br>If NO, how and why was this decision made? Which missed outcomes were most important to this decision? | Definitely! Those who completed eCHECKUP TO GO were very satisfied and exhibited important drops in drinking frequency overall and drops in binge drinking. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### Determination based on other considerations

|                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. <b>Were the problems identified the right needs to be addressing with our P<sup>4</sup>? (GTO Step 1)</b><br>Was there any improvement in the overall trend of the priority problem? Review the original problem data from Step 1 and compare with any newer updates to the data, if available.<br>Have the needs changed or remained?<br>Are there new priorities now that should be addressed? | It looks like the right needs were identified. The numbers of cases of alcohol misuse (Chaplain Corps Activity Reporting System) and DUI arrests (JA quarterly reports) are lower than the same time last year, but they are still too high. Working on the alcohol issue is still a priority. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| P <sup>4</sup> CQI Review Tool (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step-by-step review                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Response, including any changes for next time                                                                                                                                                                                                                                                                |
| <b>7. Do we need to change goals and desired outcomes or potential participants? (GTO Step 2)</b><br>Target different conditions or behaviors?<br>Reset benchmarks up or down?                                                                                                                                                                                                                                                                                                                                                                                       | No. Meeting the desired outcomes appears to be pushing the amount of alcohol incidents and DUIs down.                                                                                                                                                                                                        |
| <b>8. Should we consider another P<sup>4</sup>? (GTO Step 3)</b><br>Or are there other improvements we need to make?                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No. eCHECKUP TO GO appears to be working for those who complete it.                                                                                                                                                                                                                                          |
| <b>9. Does the P<sup>4</sup> still philosophically and logistically fit our installation, community, and participants? (GTO Step 4)</b><br>If not, why not? What adaptations could be made? Were any adaptations made? How did that go?                                                                                                                                                                                                                                                                                                                              | Yes! The wing members like the brevity and mobility of the program.                                                                                                                                                                                                                                          |
| <b>10. Do we have the readiness (willingness and capacities) to do the P<sup>4</sup> well? (GTO Step 5)</b><br>Has there been a shift in resources? Are new staff capacities needed? How can we better utilize our champion to support the P <sup>4</sup> ?                                                                                                                                                                                                                                                                                                          | Some. Leaders did not consistently encourage participation in the program. Other than that, the readiness is there.                                                                                                                                                                                          |
| <b>11. How well did we plan? (GTO Step 6)</b><br>Any suggestions for improvement? Anything missing? Are additional funds needed to run the P <sup>4</sup> well? Do we need to make any changes to staff assigned to implementation or evaluation tasks? How can we keep staff trained in the P <sup>4</sup> ? The more staff are trained, the more likely you will be able to continue the P <sup>4</sup> .                                                                                                                                                          | Moderately well. To help leaders consistently encourage participation in the program next time, we could help prepare more messages in advance for dissemination and look for events where we could request that leaders announce it. Also, we could seek additional channels for encouraging participation. |
| <b>12. Review and discuss your responses above with your CAT and leadership and reach a conclusion about continuing implementation of the P<sup>4</sup>:</b><br><br><input checked="" type="checkbox"/> <b>We plan to continue with this P<sup>4</sup> (with improvements as needed).</b> <i>Complete the GTO Step 10 P<sup>4</sup> Sustainability Review Tool.</i><br><br><input type="checkbox"/> <b>We do not plan to implement this P<sup>4</sup> again.</b> <i>GTO Step 10 is not applicable (N/A) if you do not plan to continue using this P<sup>4</sup>.</i> |                                                                                                                                                                                                                                                                                                              |

**If you do not plan to implement the P<sup>4</sup> again:**

After you have gone through the evaluation and quality improvement steps, you might determine that your P<sup>4</sup> is not performing well enough to continue with it. For example, if the implementation of the P<sup>4</sup> was done well but the outcomes were still not achieved, and no other exacerbating factors can be identified, that would suggest that the program might not be effective in your setting. Thus, you might have concluded to discontinue the P<sup>4</sup>. Although this can be disappointing and disruptive, discontinuing a P<sup>4</sup> based on sound data analysis can be the best decision. A key point is that it will be important to inform your key stakeholders about how you came to this decision. If leaders understand that it was a data-driven decision, they will likely be supportive. After discontinuing a P<sup>4</sup>, it will be important to restart the GTO process to select another P<sup>4</sup> that can address the problems and achieve the goals and desired outcomes you set.

**Step 10 instructions: P<sup>4</sup> Sustainability Review Tool**

Step 10 applies only when you have decided to continue implementing the P<sup>4</sup> that you have been using and have evaluated.

1. The members of your team who have had the most involvement with implementing the P<sup>4</sup> are key to this review. The tool can be completed by an individual or as a group with one person as the recorder.
2. Collect your completed GTO tools. You will also want any written guidance (for example, a program manual or policy guidance) that came with your chosen P<sup>4</sup> to help you complete this tool.
3. Follow the questions and the guidance provided in each row. By answering each question, you will address how you want to do things that are critical to sustainability in the future.

With the endorsement of the CAT, the GTO team makes a sustainability plan by completing the P<sup>4</sup> Sustainability Review Tool. This document will be a useful record over time as members of the CAT change.



## EXAMPLE GTO Step 10: P<sup>4</sup> Sustainability Review Tool

Completed by: Lt Col Jones

Date: February 2021

P<sup>4</sup>: eCHECKUP TO GO

| Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Response, including any next steps                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Updating GTO Step 6 (work plan, budget, and evaluation tools) is a critical sustainability task, including identifying who will be in charge of implementation and evaluation going forward. Who will update the GTO tools based on the improvements identified on the CQI tool? Do they need support or training on GTO, and, if so, who can provide this? (GTO overview, planning and evaluation training videos are available at <a href="http://www.RAND.org/t/TL311">www.RAND.org/t/TL311</a>.)</b> | The full GTO team will review the plan to make improvements (Jones, Hernandez, Johnson, and Lily). All members expect to continue in the ANG and thus do not need more GTO training.                          |
| <b>How can we keep staff trained in the P<sup>4</sup>?</b><br>The more staff are trained, the more likely you will be able to continue the P <sup>4</sup> . Look back at the P <sup>4</sup> materials and what is required of facilitators. Consider who could be trained and who would be responsible for doing the training.                                                                                                                                                                              | eCHECKUP TO GO does not require any training. It is self-administered. Some training is needed to get usage data from the system, but eCHECKUP TO GO developers provide extensive guidance on how to do that. |
| <b>What particular result can we use to justify the P<sup>4</sup>?</b> Any goal or desired outcome that you achieved could be a good result to share with stakeholders to justify the P <sup>4</sup> . Look at the Outcome Evaluation and CQI tools to see what desired outcomes were reached or exceeded. Highlight any dramatic improvement from your data. Make a plan to share these results.                                                                                                           | There were large drops in the overall frequency of drinking and binge drinking, and both desired outcomes were met for those who completed the program.                                                       |
| <b>Who knows the P<sup>4</sup> and supports keeping it going here?</b> Consider which individuals at the installation are champions of this P <sup>4</sup> —i.e., influential people who really like the P <sup>4</sup> —and are enthusiastic about it, including leadership. Should someone else be brought on? Who is going to take the lead?                                                                                                                                                             | The current GTO team will manage the program going forward. Need to consider bringing someone from the leadership team to be part of the GTO team so that they will communicate more about it to everyone.    |
| <b>Where will the GTO tools, the P<sup>4</sup> evaluation, and the P<sup>4</sup> manual and materials be kept?</b><br>Decide who will have access to them and consider how this is the same or different from other P <sup>4</sup> materials at your installation.                                                                                                                                                                                                                                          | HRA Hernandez maintains all the completed GTO tools. Lt Col Jones has access to the eCHECKUP TO GO data. This will be the same going forward.                                                                 |



### ***Checklist Completion of Steps 7–10***

When you finish working on this step, you should have:

- ☐ Carried out the process and outcome evaluation data collection and analysis specified in your P<sup>4</sup> Process Evaluation Planner Tool and Outcome Evaluation Planner Tool (from GTO Step 6)
- ☐ Completed the Step 7 Process Evaluation Results Summary Tool for each P<sup>4</sup> for which you have data
- ☐ Completed the Step 8 Outcome Evaluation Results Summary Tool for each P<sup>4</sup> for which you have data
- ☐ Completed the Step 9 Continuous Quality Improvement Tool for each P<sup>4</sup> you evaluated and decided whether or not to continue using the P<sup>4</sup>
- ☐ Completed the Step 10 Sustainability Review Tool for any P<sup>4</sup> you have decided to continue using

## APPENDIX A

### GTO Glossary of Terms

*(When relevant, the GTO step associated with that term is provided in parentheses.)*

**Activities** are the important parts of an EBP<sup>4</sup> that need to be implemented to reach the desired outcomes (GTO Step 6—Planning for P<sup>4</sup> Implementation and Evaluation).

**Adaptation** is the process of changing an EBP<sup>4</sup> to make it more suitable to a particular population or an organization's capacity without compromising or deleting the activities of the P<sup>4</sup> that make it effective (often called core components) (GTO Steps 3, 4, and 5—Assessing and Selecting Effective P<sup>4</sup>).

**Best practices** are those that are generally accepted among practitioners and other experts in the field to be the most effective, but, unlike EBP<sup>4</sup>, they have not been rigorously evaluated using research methods.

**Capacities** are the resources (staff, skills, facilities, finances, and others) that an organization has to implement and sustain a P<sup>4</sup> (GTO Steps 3, 4, and 5—Assessing and Selecting Effective P<sup>4</sup>).

**Continuous quality improvement (CQI)** is a systematic assessment using feedback from evaluation information about planning, implementation, and outcomes to improve P<sup>4</sup> (GTO Step 9—Continuous Quality Improvement).

**Culture** can be thought of as a person's or an organization's values, practices, beliefs, religion, customs, rituals, or language, for example, and there can be subcultures or countercultures within an overarching culture (GTO Steps 3, 4, and 5—Assessing and Selecting Effective P<sup>4</sup>).

**Desired outcomes** are specific changes in behaviors and risk and protective factors that you expect to result from a specific P<sup>4</sup>. They make a broad goal—such as reducing suicide rates—more concrete. Well-written desired outcomes are specific, measurable, appropriate, realistic, and time-based (SMART) (GTO Step 2—Setting Goals and Desired Outcomes).

**Dosage** is a way to show how much of a P<sup>4</sup> a participant receives. Depending on the P<sup>4</sup>, the dosage can be the amount of time, the number of sessions or modules completed, or the number of activities in which a participant actually takes part (GTO Step 6—Planning for P<sup>4</sup> Implementation and Evaluation, GTO Step 7—Process Evaluation).

An **evidence-based program** or **evidence-based P<sup>4</sup> (EBP<sup>4</sup>)** has been demonstrated through rigorous research methods to achieve positive outcomes.

**Fiscal, resource, and technical capacities** include adequate funding and other basics needed to implement a P<sup>4</sup> as planned (e.g., transportation, food, printed materials, and evaluation resources). Technical capacities are the expertise factors needed to address all aspects of P<sup>4</sup> planning, implementation, and evaluation; access to special materials needed for implementation; and the technology appropriate to the implementation, such as computers (GTO Steps 3, 4, and 5—Assessing and Selecting Effective P<sup>4</sup>).

**Fit** expresses the overall compatibility between a P<sup>4</sup> and the target population, organization, and stakeholders (GTO Steps 3, 4, and 5—Assessing and Selecting Effective P<sup>4</sup>).

The **goal** is the overarching big picture of the impact that a CAP seeks to achieve through its included P<sup>4</sup>. Goals reflect the anticipated impact in the future. Each CAP should include goals for addressing the problems it is targeting (GTO Step 2—Setting Goals and Desired Outcomes).

**Logic models** illustrate how a goal to address a specific need will be reached. Like a flow chart, a logic model shows needs; goals; and, for each goal, desired outcome(s), P<sup>4</sup> to achieve the desired outcome, and how the quality of the P<sup>4</sup> and its actual outcomes will be assessed (GTO Step 2—Setting Goals and Desired Outcomes).

**Measures** are individual questions or scales on a survey designed to obtain information about the behavior and/or risk, protective, and resilience factors being examined (see Appendix C for examples and repositories of measures) (GTO Step 6—Planning for P<sup>4</sup> Implementation and Evaluation, GTO Step 7—Process Evaluation, GTO Step 8—Outcome Evaluation).

A **needs and resources assessment** is a systematic way to identify current problems that suggest the potential need for improvement and to identify related community resources (GTO Step 1—Identifying Priority Problems to Address).

A **P<sup>4</sup>** is a policy, program, practice, or process in your CAP.

**P<sup>4</sup> capacity** refers to the degree to which a team or wing is ready and able to develop and implement a P<sup>4</sup>. It is a combination of motivation (commitment) and capacity (ability) and other resources. (GTO Steps 3, 4, and 5—Assessing and Selecting Effective P<sup>4</sup>).

**Partnership and collaboration capacities** involve connections with other service providers who can help implement and support a P<sup>4</sup> (GTO Steps 3, 4, and 5—Assessing and Selecting Effective P<sup>4</sup>).

The **priority population** is the group(s) determined to be most in need of an EBP<sup>4</sup> (GTO Step 1—Identifying Priority Problems to Address, GTO Step 2—Setting Goals and Desired Outcomes, GTO Steps 3, 4, and 5—Assessing and Selecting Effective P<sup>4</sup>).

A **program** is a purposeful organized set of activities designed to improve knowledge, awareness, or skills; change attitudes; or change behavior.

A **scale** is a grouping of individual survey questions that work together to assess a single attribute or concept. Individual questions are designed to be averaged together and interpreted as a group (GTO Step 8—Outcome Evaluation).

**Staff and volunteer capacities** refer to staff with appropriate credentials, training, experience, and commitment to a P<sup>4</sup>—trained and committed volunteers (GTO Step 5—Capacities to Implement P<sup>4</sup>).

**Stakeholders** are the individuals invested in the delivery and results of a P<sup>4</sup>. Stakeholders include participants, their families, wings, community members and organizations, leadership, volunteers, funders, and CAB and CAT members (GTO Step 4—Fit).

**Sustainability** refers to the continuation of a P<sup>4</sup> after initial startup has been completed (GTO Step 10—Sustainability).

**Tasks** encompass all the broader actions needed to prepare for and carry out a P<sup>4</sup>. They include such aspects as preparation, training, and debriefings of implementers, among others (GTO Step 6—Planning for P<sup>4</sup> Implementation and Evaluation).

**Tools** are the worksheets and templates associated with each GTO step that prompt GTO users to make and record decisions (GTO Steps 1–10).

## APPENDIX B

### Assembling Your CAP Document

#### Checklist for Assembling Your CAP Document:

- ☐ One CAP Face Sheet (see next page)
- ☐ One CAP Overview Tool (see GTO Step 6)

and

a set of the following tools for **each P<sup>4</sup> you include in your CAP**:

P<sup>4</sup> name: \_\_\_\_\_

- ☐ P<sup>4</sup> Work Plan Tool (see GTO Step 6)
- ☐ Optional P<sup>4</sup> Budget Tool (see GTO Step 6)
- ☐ P<sup>4</sup> Process Evaluation Planner Tool (see GTO Step 6)
- ☐ P<sup>4</sup> Outcome Evaluation Planner Tool (see GTO Step 6).

P<sup>4</sup> name: \_\_\_\_\_

- ☐ P<sup>4</sup> Work Plan Tool (see GTO Step 6)
- ☐ Optional P<sup>4</sup> Budget Tool (see GTO Step 6)
- ☐ P<sup>4</sup> Process Evaluation Planner Tool (see GTO Step 6)
- ☐ P<sup>4</sup> Outcome Evaluation Planner Tool (see GTO Step 6).

## Community Action Plan Face Sheet

Name of wing: \_\_\_\_\_

Demographics of wing: Complete as much of this table as possible.

|                                                         |                                                    |        |
|---------------------------------------------------------|----------------------------------------------------|--------|
| Total Air National Guard members assigned: [TOTAL HERE] |                                                    | Number |
|                                                         | 17–20 years old                                    |        |
|                                                         | 21–24 years old                                    |        |
|                                                         | 25–30 years old                                    |        |
|                                                         | 31–40 years old                                    |        |
|                                                         | 41+ years old                                      |        |
| Air National Guard members assigned by rank             |                                                    |        |
|                                                         | E1–E4                                              |        |
|                                                         | E5–E6                                              |        |
|                                                         | E7–E9                                              |        |
|                                                         | O1–O3                                              |        |
|                                                         | O4–O6                                              |        |
|                                                         | O7+                                                |        |
| Marital status                                          |                                                    |        |
|                                                         | Single (includes divorced, separated, and widowed) |        |
|                                                         | Married: not dual military                         |        |
|                                                         | Married: dual military                             |        |
|                                                         | Declined to answer                                 |        |
| Nonspouse dependent status                              |                                                    |        |
|                                                         | Has nonspouse dependent(s)                         |        |
|                                                         | No nonspouse dependent(s)                          |        |
|                                                         | Declined to answer                                 |        |
| Total DoD Title 5 civilians (non–dual status)           |                                                    |        |
| Unemployment rate in local civilian community (%)       |                                                    |        |
| Unemployment rate of wing personnel (%)                 |                                                    |        |

Community Action Plan Overview. Below, briefly write a narrative summarizing your CAP. You can include a brief description of your problems and goals, which P<sup>4</sup> you chose and why, and how you plan to evaluate your P<sup>4</sup>.

## APPENDIX C

### Healthy Relationships and Communication Interventions and Measures

#### Interventions<sup>2</sup> (7 total)

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mode             | Target audience                                     | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                | References                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <p><b>Meditation:</b> A recent study (Kohlenberg et al., 2015) experimented with the effect of meditation and meditation with social awareness on mindfulness and social connectedness. There were 3 groups: a control group that watched a nature video; an intrapersonal group that participated in Phase 1, an intrapersonal meditation; and an interpersonal group that experienced Phase 1 and Phase 2, expanding from intrapersonal meditation to begin to consider others in the group. The intervention ran approximately 1 hour total, with 2 additional assessments at 48 hours and 2 weeks post-intervention. The meditation used was particular to this study. This study's mediation was built on</p> <ol style="list-style-type: none"> <li>1) contextual behavioral theory of mindfulness (Sisti, Stewart, and Kohlenberg, 2014; Tsai et al., 2009)</li> <li>2) therapeutic model of social connectedness derived from functional analytic psychotherapy (Kohlenberg and Tsai, 1991).</li> </ol> <p>For more information:<br/>Contact the developer, Robert Kohlenberg (<a href="mailto:fap@u.washington.edu">fap@u.washington.edu</a>).</p> | Brief, in person | Adults, not tested with military personnel          | Results found that mindfulness increased for all three groups. Only the intra- and interpersonal meditation saw an increase in social connectedness measures. The Inclusion of the Other in the Self Scale found that social connectedness was greater for both inter- and intrapersonal meditation. Prior studies found similar results.                                                                                                                                                     | Kohlenberg et al., 2015; Bowen et al., 2012               |
| <p><b>The Marriage Checkup:</b> Seeks to assist in outreach for couples who would usually be excluded from marital therapy for an assortment of reasons by reframing the treatment to fall in line with the concept of a medical or dental checkup. Participants received 4 sessions over 2 years, each lasting around 2 hours. Each year, 1 assessment session and 1 feedback session would occur, with 2 weeks between the assessment and feedback sessions. Both the control group and the treatment group received 2-week, 6-month, and 1-year follow-up questionnaires. The Marriage Checkup includes assessment and feedback sessions of about 2 hours, each including social support interactions, problem-solving interactions, and therapeutic interviews. The feedback session was approximately 2 weeks after the assessment session. This intervention requires a clinician to implement.</p> <p>For more information:<br/>Information on the program itself can be found in two sources: Córdoba, 2009; and Córdoba, 2014.</p>                                                                                                                 | Brief, in person | Married couples, not tested with military personnel | There were significant effects in the levels of intimacy and acceptance with the couples. Intimacy significantly increased. Acceptance similarly significantly increased, but they had a significant bump following intervention points and a decreasing effect throughout follow-up. For women, the effect was largely sustained over the 2 years, whereas for men the effect began to disappear between 6–12 months. Early increases in acceptance led to long-term satisfaction increases. | Hawrilenko, Gray, and Córdoba, 2016; Córdoba et al., 2014 |

<sup>2</sup> Some of these interventions could be triggering for individuals who are experiencing moderate or severe anxiety and depression, as they can cause an individual to reflect on troubling circumstances (possibly for the first time). Participants should always be provided contact information and additional resources for traditional mental health care in conjunction with any of these interventions.

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mode   | Target audience                                                                            | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | References                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <p><b>Family of Heroes:</b> An internet-based intervention focused on psychoeducation and simulated conversations about postdeployment stress and mental health treatment. A visual meter allows the user to see how their side of the interactive conversation is going, with a focus on de-escalation of the conversation. The intervention takes about 1 hour, with surveys at baseline and one 2-month follow-up survey.</p> <p>For more information:<br/> <a href="https://www.familyofheroes.com/">https://www.familyofheroes.com/</a>. Organizations can contact Kognito to purchase a license to make the training available to families in their area. Kognito can be reached at 212-675-9234 or <a href="mailto:info@kognito.com">info@kognito.com</a>.</p>                                                                                                             | Remote | Military veterans                                                                          | The study looked at 103 veteran significant-other pairs. It found that the veterans' reactivity to criticism significantly decreased. Veterans also reported a decrease in their perceived family member's reactivity.                                                                                                                                                                                                                                                                                                                                   | Interian et al., 2016                                                                               |
| <p><b>ePREP:</b> This intervention focuses on improving relationship functioning by building communication and problem-solving skills, based on cognitive behavioral therapy (CBT) delivered via computer. The intervention consisted of 1-hour computer sessions are followed by weekly standardized emails over 8 weeks.</p> <p>An individual license is \$34.95, and the purchase is good for six months. The program can be completed in one to three hours depending on the time you want to spend on each concept. You will be able to stop, start, and review the program as often as you need in that six-month period.</p> <p>For more information:<br/> <a href="https://www.lovetakeslearning.com/">https://www.lovetakeslearning.com/</a><br/> Email: <a href="mailto:contact@lovetakeslearning.com">contact@lovetakeslearning.com</a><br/> Phone: (800) 366-0166</p> | Remote | Adults, not tested with military personnel                                                 | Initial trials found that ePREP showed promise in improving key outcomes, such as problematic communication, intimate partner violence, depression, and anxiety, and maintained these at the 2-month follow-up. At a 10-month follow-up, participants in the ePREP condition experienced improved mental health (less anxiety) and relationship outcomes (greater reduction in physical assaults, fewer incidences and greater reductions of psychological aggression). These positive impacts were also found to remain even if the relationship ended. | Davies, Morriss, and Glazebrook, 2014; Braithwaite and Fincham, 2009; Braithwaite and Fincham, 2007 |
| <p><b>Emotional Reappraisal:</b> Couples in both groups were asked to report fact-based summaries of their most significant disagreement with their spouse on 7 different occasions over 24 months. In waves 4–6, the study group participated in a 7-minute writing task in which they reappraised the conflict by writing as a third-person observer to the conflict.</p> <p>For more information, contact the developer, Eli Finkel:<br/> <a href="https://www.psychology.northwestern.edu/people/faculty/core/profiles/eli-finkel.html">https://www.psychology.northwestern.edu/people/faculty/core/profiles/eli-finkel.html</a></p>                                                                                                                                                                                                                                          | Remote | Couples, not tested with military personnel                                                | The control group saw a decrease in overall marital quality over time, whereas the intervention group did not. The intervention group also saw a significant decrease in conflict-related marital distress.                                                                                                                                                                                                                                                                                                                                              | Finkel et al., 2013                                                                                 |
| <p><b>Acceptance and Commitment Therapy:</b> A web-based intervention based on <i>Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma-Related Problems</i> (Follette and Pistorello, 2007). The initial assessment was done in person, but the intervention was 6 hour-long multimedia interventions from acceptance and commitment (ACT) therapy.</p> <p>For more information:<br/> <a href="https://contextualscience.org/list_of_resources_for_learning_act">https://contextualscience.org/list_of_resources_for_learning_act</a><br/> The site contains free practical audio exercises and videos about learning and applying ACT, as well as additional references.</p>                                                                                                                                        | Remote | Women who have experienced sexual or physical violence, not tested with military personnel | Significant positive correlations were found across all outcome and process measurements. Participants had decreased posttraumatic stress disorder (PTSD), depression, and anxiety scores. Process measures found a significant decrease in psychological inflexibility.                                                                                                                                                                                                                                                                                 | Fiorillo et al., 2017; Ahtinen et al., 2013; Ly et al., 2012                                        |

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mode   | Target audience                                              | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | References                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <p><u>OurRelationship</u> is a web-based counseling program for individuals or couples. Programs take 7–8 hours to complete over the course of 2 months. They include brief videoconference calls with a staff coach to help couples apply what they've learned to their relationship. OurRelationship is an online adaptation of Integrative Behavioral Couple Therapy, a well-validated in-person couple therapy (Christensen et al., 2004; Christensen et al., 2010).</p> <p>For more information:<br/> <a href="https://www.ourrelationship.com/">https://www.ourrelationship.com/</a></p> | Remote | Adults in relationships (enrolled as individuals or couples) | Several well-designed studies have shown positive outcomes: 300 heterosexual couples (600 individuals) participated in a waitlisted randomized control trial (Doss et al., 2016). Compared with the control group, couples participating in the intervention had significant improvements in relationship satisfaction and relationship confidence and a decrease in negative relationship quality. Couples also improved in individual domains, including symptoms of anxiety and depression, perceived health, work functioning, and quality of life. In one study, OurRelationship was even more effective than in-person couple therapy (Salivar et al., 2018). | Doss et al., 2016; Nowlan, Roddy, and Doss, 2017<br>Doss et al., 2019; Salivar et al., 2018 |

## Measures (6 total)

| Sample measure                                                  | Brief description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Reference(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1. Postdeployment Social Support Scale                         | A subscale of the Deployment Risk and Resilience Inventory, this 15-item subscale uses a 5-point Likert scale to assess perceived availability of social support since returning home from the war zone. This scale has demonstrated good internal consistency (0.87) in prior research with veterans.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | King et al., 2006<br><br>For more information:<br>This scale is available for free at<br><a href="https://www.ptsd.va.gov/professional/assessment/deployment/postdeployment-support.asp">https://www.ptsd.va.gov/professional/assessment/deployment/postdeployment-support.asp</a>                                                                                                                                                                                                                                     |
| C2. Perceived Relationship Quality Components Inventory (PRQCI) | Consists of 6 3-item subscales that measure the components of relationship quality: satisfaction, commitment, intimacy, trust, sexual passion, and love. Items such as "How satisfied are you with your relationship?" (satisfaction; $\alpha = 0.96$ ), "How committed are you to your relationship?" (commitment; $\alpha = 0.90$ ), "How intimate is your relationship?" (intimacy; $\alpha = 0.89$ ), "How much do you trust your partner?" (trust; $\alpha = 0.93$ ), "How passionate is your relationship?" (sexual passion; $\alpha = 0.90$ ), and "How much do you love your partner?" (love; $\alpha = 0.87$ ) are scored on a 7-point scale ranging from 1 (not at all) to 7 (extremely). Consider using just one or two relevant subscales (3 questions each) to reduce respondent burden. | Ratelle et al., 2013<br><br>For more information:<br>Scale available for free here:<br><a href="http://socialinteractionlab.psych.umn.edu/sites/socialinteractionlab.dl.umn.edu/files/behavioral_scales/Behavioral%20Scales/Perceived%20Relationship%20Quality%20Components%20Inventory%20%28PRQC%29.doc">http://socialinteractionlab.psych.umn.edu/sites/socialinteractionlab.dl.umn.edu/files/behavioral_scales/Behavioral%20Scales/Perceived%20Relationship%20Quality%20Components%20Inventory%20%28PRQC%29.doc</a> |
| C3. Perceived Criticism Scale                                   | Participants are asked, "How critical is your spouse of you?" Responses on a 10-point Likert-type scale range from 1 (not at all critical) to 10 (very critical indeed). In addition, participants are asked to rate "How critical are you of your spouse?" on the same scale. Prior studies found test-retest reliability for perceived criticism to be 0.75 over intervals of 2 weeks and approximately 20 weeks, respectively. Perceived criticism is negatively correlated with marital satisfaction.                                                                                                                                                                                                                                                                                             | Chambless and Blake, 2009<br><br>For more information:<br>The 2-question scale was developed by Hooley and Teasdale, 1989.                                                                                                                                                                                                                                                                                                                                                                                             |
| C4. Quality of Marriage Index (QMI)                             | A 6-item Likert-scale to assess a partner's evaluation of the quality of her or his marriage. The first five items in the measure are each ranked on a 7-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Examples of these items include "we have a good relationship" and "my relationship with my partner makes me happy." The final question asks participants to rate their overall level of happiness from 1 (not at all happy) to 10 (extremely happy). The sum of the items was used, with a possible range from 6 to 45. The measure has been extensively validated and was found to be reliable in evaluation studies of relationship interventions (Cronbach's 0.97).                                                                                                | Norton, 1983; Cigrang et al., 2016<br><br>For more information:<br>QMI developed by Norton, 1983. The brevity of the instrument in comparison with other tools can be a considerable advantage because large populations can be assessed in a short period of time. The six items are available in their entirety here:<br><a href="https://bmcrenotes.biomedcentral.com/articles/10.1186/s13104-019-4438-2/tables/1">https://bmcrenotes.biomedcentral.com/articles/10.1186/s13104-019-4438-2/tables/1</a>             |
| C5. Inclusion of the Other in the Self Scale (IOS)              | A single-item pictorial measure with Venn diagrams measuring the perceived closeness of the self and another person (X). The item has 7 response options and shows the circles as separate to almost entirely overlapping and asks participants to select the pair of circles that best describes their relationship with X. Prior studies have shown this to be a reliable measure of relationship closeness.                                                                                                                                                                                                                                                                                                                                                                                        | Aron, Aron, and Smollan, 1992; Gächter, Starmer, and Tufano, 2015<br><br>For more information:<br>The Venn diagram images are available for free online at<br><a href="http://spargtools.org/mobility-measure/inclusion-of-other-in-the-self-ios-scale/">http://spargtools.org/mobility-measure/inclusion-of-other-in-the-self-ios-scale/</a>                                                                                                                                                                          |
| C6. Couples Satisfaction Index (CSI-4)                          | Very brief (4-item) measure of couples' satisfaction with their relationship. Participants rate their happiness in the relationship, warmth, and satisfaction with the relationship. Scores are summed and can range from 0 to 21, with greater scores indicating higher satisfaction. This brief measure was originally 32 items and has been psychometrically optimized.                                                                                                                                                                                                                                                                                                                                                                                                                            | Funk and Rogge, 2007<br><br>Copy of the measure available here:<br><a href="http://couples-research.com/wp-content/uploads/2017/06/CSI-4.docx">http://couples-research.com/wp-content/uploads/2017/06/CSI-4.docx</a>                                                                                                                                                                                                                                                                                                   |

## APPENDIX D

### Responsible Alcohol Use Interventions and Measures

#### Interventions<sup>3</sup> (6 total)

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mode                   | Target audience | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | References                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <p>Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use. SBIRT consists of three major components:</p> <ol style="list-style-type: none"> <li>1. Screening—A health care professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any health care setting.</li> <li>2. Brief Intervention—A health care professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.</li> <li>3. Referral to Treatment—A health care professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.</li> </ol> <p>SBIRT is not a proprietary model; it is a general approach using the three components described above. There are many free resources on how to implement SBIRT:</p> <p>“A Pocket Guide for Alcohol Screening and Brief Intervention” is a detailed flowchart also created by NIAAA for alcohol screening and brief interventions: <a href="https://www.integration.samhsa.gov/clinical-practice/sbirt/NIAAA_SBIRT_Pocket_Guide_-2-.pdf">https://www.integration.samhsa.gov/clinical-practice/sbirt/NIAAA_SBIRT_Pocket_Guide_-2-.pdf</a></p> <p>There is free online training through Medscape (registration is free): <a href="https://www.medscape.org/viewarticle/830331">https://www.medscape.org/viewarticle/830331</a></p> <p>Providers can download a free app (search for “OHN SBIRT” in the Apple app store) that provides screening tools and specific advice that providers can give.</p> <p>The University of Colorado has extensive training resources: <a href="https://bigsbirteducation.webs.com/">https://bigsbirteducation.webs.com/</a></p> <p>The Substance Abuse and Mental Health Services Administration (SAMHSA) also has a long list of resources: <a href="https://www.integration.samhsa.gov/clinical-practice/sbirt">https://www.integration.samhsa.gov/clinical-practice/sbirt</a></p> | Brief 1-on-1 in person |                 | <p>SBIRT has been positively evaluated in several studies. A recent study (Babor, Del Boca, and Bray, 2017) of more than 1 million people who were screened for drug and alcohol use disorders over a 5-year period evaluated the effectiveness of SBIRT in a variety of medical and community settings. The study, funded by SAMHSA, found SBIRT to be an innovative and effective way to integrate the management of substance use disorders into primary care and general medicine. Substantial numbers of patients received recommendations for intervention or treatment, with greater intervention intensity associated with larger decreases in substance use. Patients receiving SBIRT demonstrated significant reductions in substance use, with some caveats that raise questions about the best ways to implement SBIRT as a public health program. It was also associated with improvements in treatment system equity (the provision of care to patients varying in economic status, race/ethnicity, and setting) and efficiency and was found to be cost-effective.</p> | Babor, Del Boca, and Bray, 2017 |

<sup>3</sup> Some of these interventions could be triggering for individuals who are experiencing moderate or severe anxiety and depression, as they can cause an individual to reflect on troubling circumstances (possibly for the first time). Participants should always be provided contact information and additional resources for traditional mental health care in conjunction with any of these interventions.

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mode                                              | Target audience                                                            | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | References                                                       |
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| <p><b>Brief Alcohol Screening and Intervention for College Students (BASICS)</b>, a Harm Reduction Approach, is a preventive intervention for college students 18 to 24 years old. It targets students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems, such as poor class attendance, missed assignments, accidents, sexual assault, and violence. BASICS is designed to help students make better alcohol-use decisions based on a clear understanding of the genuine risks associated with problem drinking, enhanced motivation to change, and the development of skills to moderate drinking. The program is conducted over the course of two brief interviews that prompt students to change their drinking patterns. The program's style is empathetic, nonconfrontational, and nonjudgmental, and it aims to (1) reduce alcohol consumption and its adverse consequences, (2) promote healthier choices among young adults, and (3) provide important information and coping skills for risk reduction. Staffing expertise needed: Health professional and coordinator who knows motivational interviewing.</p> <p>Information about this program (costs, etc.) can be found here: <a href="https://www.blueprintsprograms.org/programs/brief-alcohol-screening-and-intervention-for-college-students-basics/">https://www.blueprintsprograms.org/programs/brief-alcohol-screening-and-intervention-for-college-students-basics/</a></p> <p>There are two separate groups that provide training, and costs could differ between them:</p> <p>George A. Parks, Ph.D., Caring Communication<br/>(206) 930-1949; <a href="mailto:geoaparks@earthlink.net">geoaparks@earthlink.net</a><br/>Or:<br/>Jason Kilmer, <a href="mailto:jkilmer@uw.edu">jkilmer@uw.edu</a><br/><a href="http://depts.washington.edu/abrc/basics.htm">http://depts.washington.edu/abrc/basics.htm</a></p> | Brief 1 on 1 in person. Assessment can be online. | Individuals or specific groups. Has not been done with military personnel. | The initial study done at the University of Washington (Marlatt et al., 1998; Baer et al., 2001) screened high school students intending to attend the university and selected 348 students-to-be who were predicted to be at high risk for drinking problems in college. After random assignment, the treatment group but not the control group underwent the brief intervention during the freshman year. Assessments at baseline, 6 months, 2 years, and 4 years measured both drinking rates and harmful consequences. A separate group of normal students not at high risk was followed for comparison. Participants who received BASICS demonstrated a significantly greater deceleration of drinking rates and problems over time in comparison with control participants. These results were sustained at the 2- and 4-year follow-ups. Multiple other studies have found similar outcomes (e.g., Borsari and Carey, 2000), although the program appeared to work somewhat better in combination with a parent-based intervention (Turrisi et al., 2009). | Baer et al., 2001; Borsari and Carey, 2000; Marlatt et al., 1998 |

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mode                           | Target audience                                                                             | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | References                                                              |
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| <p><u>Check Your Drinking</u> is a brief web-based program that provides personalized feedback designed to reduce high-risk drinking and normative data regarding drinking and the associated risks. The program is free to the public.</p> <p>For more information:<br/> <a href="http://www.checkyourdrinking.net/CYD/CYDScreenerP1_0.aspx">http://www.checkyourdrinking.net/CYD/CYDScreenerP1_0.aspx</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Online assessment and feedback | Young adults (ages 18–24) who are problem drinkers. Has not been used in military settings. | This study evaluated the efficacy of an alcohol-related web-based personalized feedback program delivered in the workplace to young adults. Participants (N = 124) were randomly assigned to one of three conditions: web-based feedback (WI), web-based feedback plus a 15-minute motivational interviewing session (MI), or a control group. Results indicated that participants in the intervention group (WI and MI conditions combined) reported significantly lower levels of drinking than those in the control group at a 30-day follow-up. This was particularly true for participants classified as high-risk drinkers at the baseline assessment. Similar results were found when comparing the WI condition with the control group. No differences were found between the WI and MI conditions, indicating that the addition of a 15-minute motivational interviewing session did not increase the efficacy of the web-based feedback program.                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Doumas and Hannah, 2008                                                 |
| <p><u>CheckUp &amp; Choices</u> (formerly Drinker's Checkup and College Drinker's Checkup) is a confidential, evidence-based digital program created to assist those who want to assess their drinking or substance use through a series of questionnaires and personalized solutions. CheckUp &amp; Choices uses the elements of motivational interviewing to determine the user's stage of change and then create a customized plan that provides detailed feedback and is anonymous. Once a user has engaged in the full assessment phase, the choices modules in CheckUp &amp; Choices ask subscribers to set up customized e-mail and text messages reminding them of the change plan. These can be empowering messages, encouraging change, and positive feedback supporting wise decisions. Subscriptions are offered at three-month increments or one year, with a 100% money-back guarantee. CheckUp &amp; Choices has a significant Facebook presence with daily articles, posts, and shares.</p> <p>For more information:<br/> <a href="https://checkupandchoices.com/">https://checkupandchoices.com/</a></p> | Online                         | College students or adults who are problem drinkers; has not been used in military settings | <p>In Experiment 1, 144 students were randomized to either the computer-delivered intervention (CDI) or an assessment-only control group with follow-ups at 1 and 12 months. Participants in both groups significantly reduced their drinking at both follow-ups. Compared with the control group, the CDI group reduced their drinking significantly more at 1 and 12 months on three drinking measures. Using a more conservative criterion yielded one significant difference in a measure of heavier drinking at the 1-month follow-up. The mean between-groups effect sizes were <math>d = 0.34</math> and <math>0.36</math> at 1 and 12 months, respectively.</p> <p>In Experiment 2, 82 students were randomized to either the CDI or a delayed-assessment control group with follow-up at 1 month. Compared with the delayed assessment control group, the CDI group significantly reduced their drinking on all consumption measures. These results support the effectiveness of the CDI with heavy drinking college students when used in a clinical setting. An earlier study had 61 adult problem drinkers who were randomly assigned to either immediate treatment or a 4-week wait-list control group. Overall, participants reduced the quantity and frequency of drinking by 50% and had similar reductions in alcohol-related problems that were sustained through 12-month follow-up.</p> | Hester, Delaney, and Campbell, 2012; Hester, Squires, and Delaney, 2005 |

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mode   | Target audience                                       | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | References                                                                                                                                                                                                                                                                         |
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| <p>The eCHECKUP TO GO programs (alcohol, marijuana, sexual violence, and tobacco) are personalized, online behavior interventions that assess the problem and provide concrete feedback and solutions. The alcohol version was developed first and has the most evidence. eCHECKUP TO GO was designed to decrease alcohol use by reducing risk factors associated with drinking (e.g., positive alcohol beliefs and expectancies, high normative perceptions about peer drinking) and to increase protective behavioral strategies (e.g., strategies to limit drinking and risky drinking behavior) to reduce alcohol-related consequences. eCHECKUP TO GO provides personalized normative feedback on peer drinking, positive alcohol beliefs, and positive alcohol expectancies, as perceptions of peer drinking. The alcohol program costs \$1,075 per campus per year (includes all students). There is a practitioner package for those who want to work in person and 1-on-1 that includes all the programs (\$3,500 per year). The assessment takes about 6–7 minutes to complete, is self-guided, and requires no face-to-face contact time with a counselor or administrator.</p> <p>For more information:<br/> <a href="http://www.echeckuptogo.com/">http://www.echeckuptogo.com/</a></p> | Online | See Evaluation Findings; was not used in the military | <p>eCHECKUP TO GO has been evaluated in several studies, in several populations.</p> <p><b>College freshmen:</b> Seven studies demonstrate the program's efficacy with the general college freshman population and at the population level (Hustad et al., 2010; Doumas et al., 2011; Doumas and Andersen, 2009; Lane and Schmidt, 2007; Wilson, Henry, and Lange, 2005; Steiner et al., 2005; Henry, Lange, and Wilson, 2004). Outcomes improved include heavy drinking, general alcohol use, alcohol-related problems, and alcohol-related consequences. Outcomes were generally stronger for those who were heavy drinkers.</p> <p><b>Integrated into alcohol education:</b> Two studies demonstrate reductions in alcohol use and related harms and improvement in retention rates and grade point average when eCHECKUP TO GO is integrated with 3rd Millennium Classroom's knowledge-based curriculum (Lane and Schmidt, 2007; Salafsky, Moll, and Glider, 2007).</p> <p><b>Added to alcohol education:</b> Three studies demonstrate significant improvements in outcomes when eCHECKUP TO GO is added to existing alcohol education programs (Lane and Schmidt, 2007; Wilson, Henry, and Lange, 2005; Henry, Lange, and Wilson, 2004).</p> <p><b>As a stand-alone intervention:</b> Two studies show the efficacy of eCHECKUP TO GO as a stand-alone intervention (Walters, Vader, and Harris, 2007; Steiner et al., 2005).</p> <p><b>Heavy drinkers:</b> Two studies show the efficacy of eCHECKUP TO GO with heavy drinkers (Walters et al., 2009; Walters, Vader, and Harris, 2007).</p> <p><b>Athletes:</b> One study shows eCHECKUP TO GO's efficacy reducing heavy drinking in first-year intercollegiate athletes (Doumas, Haustveit, and Coll, 2010).</p> | <p>Doumas et al., 2011; Doumas and Andersen, 2009; Henry, Lange, and Wilson, 2004; Hustad et al., 2010; Lane and Schmidt, 2007; Salafsky, Moll, and Glider, 2007; Steiner et al., 2005; Walters, Vader, and Harris, 2007; Walters et al., 2009; Wilson, Henry, and Lange, 2005</p> |

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mode   | Target audience    | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | References         |
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| <p><u>VetChange</u> is a free app for veterans and service members who are concerned about their drinking and how it relates to posttraumatic stress after deployment, as well as for all people who are interested in developing healthier drinking behaviors. This app provides tools for cutting down or quitting drinking, tools for managing stress symptoms, education about alcohol use and how it relates to PTSD symptoms, and guidance to find professional treatment.</p> <p>For information, search for “VetChange” in the app store.</p> | Online | Used with veterans | <p>A randomized clinical trial evaluated VetChange's impact on drinks per drinking day, average weekly drinks, percentage of heavy drinking days, and PTSD symptoms. Six hundred participants were randomized to either an initial intervention group (n = 404) or a delayed intervention group (n = 196) that waited 8 weeks for access to VetChange. Initial intervention group participants had greater reductions on each drinking measure and PTSD symptoms between baseline and the end of the intervention than did delayed intervention group participants between baseline and the end of the waiting period. Delayed intervention group participants showed similar improvements to those in the initial intervention group following participation in VetChange. Alcohol problems were also reduced within each group between baseline and 3-month follow-up. Results indicate that VetChange is effective in reducing drinking and PTSD symptoms in Operation Enduring Freedom and Operation Iraqi Freedom veterans.</p> | Brief et al., 2013 |

## Measures (6 total)

| Sample measure                                                                                                                                                                                                                                                                                                    | Brief description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Reference(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p>D1. Protective Behavioral Strategies Scale-20</p> <p>For a listing of the 20 items, see Table 2 in Richards et al., 2018:<br/> <a href="https://www.sciencedirect.com/science/article/pii/S2352853218300075?via%3Dihub">https://www.sciencedirect.com/science/article/pii/S2352853218300075?via%3Dihub</a></p> | <p>Protective behavioral strategies are most commonly defined as behaviors that are used while drinking to reduce alcohol use (e.g., stop drinking at set time) or limit alcohol-related problems (e.g., use a designated driver). The Protective Behavioral Strategies Scale-20 lists 20 such behaviors and asks the degree to which respondents engage in protective behavioral strategies when using alcohol or "partying" on a 6-point response scale ranging from 1 (never) to 6 (always). The Protective Behavioral Strategies Scale has demonstrated internal consistency, convergent validity, and construct validity.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Treloar, Martens, and McCarthy, 2015</p>                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>D2. NIAAA measure of binge drinking</p> <p>For more information:<br/> <a href="https://www.niaaa.nih.gov/research/guidelines-and-resources/recommended-alcohol-questions">https://www.niaaa.nih.gov/research/guidelines-and-resources/recommended-alcohol-questions</a></p>                                    | <p>NIAAA has developed a 3-, 4-, 5-, or 6-item set of questions that assess drinking, including heavy drinking. The 3-item set asks about the frequency of past-12-month drinking, the number of drinks consumed on a typical drinking day in the past 12 months, and the frequency of binge drinking in the past 12 months to capture information about both level of consumption and drinking patterns, as recommended. The 4-item set adds a question about the maximum number of drinks consumed in a 24-hour period in the past 12 months. This question is important because it provides additional information about drinking patterns and because it is highly correlated with alcohol use disorders. It is inserted before the binge drinking question, which then becomes question 4 in the 4-item set. The 5-item set adds a question about maximum drinks in a 24-hour period in the respondent's lifetime as the last question in the set. Finally, the 6-item set adds, as the fourth question immediately following the item about maximum drinks in a 24-hour period in the past 12 months, an item that asks about the frequency of consuming this maximum number of drinks in the past 12 months. The 12-month time frame can be changed depending on the needs of the evaluation.</p> | <p>Caetano et al., 1997; Cherpitel et al., 1995; Greenfield and Rogers, 1999; Midanik et al., 1996; Rehm and Bondy, 1996; Rehm, Greenfield, and Rogers, 2001; Room, Bondy, and Ferris, 1995</p>                                                                                                                                                                                                                                                                            |
| <p>D3. Alcohol Use Disorders Identification Test (AUDIT)</p> <p>For more information:<br/> <a href="https://auditscreen.org/">https://auditscreen.org/</a></p>                                                                                                                                                    | <p>The AUDIT is a 10-item measure that enquires about the three key domains of alcohol intake, potential dependence on alcohol, and experience of alcohol-related harm. Its reliability and validity have been established in research conducted in a variety of settings and in many different nations. It is considered to be a highly suitable screening instrument for the whole range of unhealthy alcohol use in primary care and other health care settings. AUDIT has been used in primary care research and in epidemiological studies for the estimation of prevalence in the general population as well as specific institutional groups (e.g., hospital patients, primary care patients).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Hundreds of studies have been conducted assessing the AUDIT or using the AUDIT with various populations.</p> <p>The link provides access to multiple references organized into the following categories: primary publications, systematic and other reviews, AUDIT derivatives, validation in different populations and comparison with other instruments.</p> <p><a href="https://auditscreen.org/about-validation/">https://auditscreen.org/about-validation/</a></p> |

| Sample measure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Brief description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Reference(s)                                                                                                                       |
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| <p>D4. Brief Young Adult Alcohol Consequences Questionnaire (B-YAACQ)</p> <p>For a copy of the actual measure and scoring guidelines:<br/> <a href="https://arlbuffalo.com/the-young-adult-alcohol-consequences-questionnaire/the-brief-yaacq/">https://arlbuffalo.com/the-young-adult-alcohol-consequences-questionnaire/the-brief-yaacq/</a></p> <p>For more information, contact:<br/> Christopher Kahler, Ph.D.<br/> Center for Alcohol and Addiction Studies, Brown University<br/> Box G-BH<br/> Providence, RI 02912<br/> <a href="mailto:christopher_kahler@brown.edu">christopher_kahler@brown.edu</a></p>                                                                                                                             | <p>This scale can help assess alcohol problems among college students, track changes in alcohol problems throughout college, and measure the response to alcohol interventions. It consists of 24 items and was derived from the 48-item Young Adult Alcohol Consequences Questionnaire. The B-YAACQ has items that cover the full range of the alcohol problems continuum from signs of excessive drinking to symptoms consistent with alcohol abuse and alcohol dependence.</p> <p>The tool can be used for a number of purposes: by college students as a self-assessment, by community and educators to monitor alcohol problems on their local college campus, and to identify treatment needs. Its brevity and good resolution across a range of drinking problems support its clinical utility.</p> <p>Raw scores on the brief scale can range from 0 to 24.<br/> Validity/reliability: In Kahler et al., 2008, the B-YAACQ showed excellent distributional properties, had items adequately matched to the severity of alcohol problems in the sample, covered a full range of problem severity, and appeared highly efficient in retaining all of the meaningful variance captured by the original 48 items in the Young Adult Alcohol Consequences Questionnaire.</p> | <p>Kahler, Strong, and Read, 2005; Read et al., 2006; Kahler et al., 2008; Devos-Comby and Lange, 2008; Verster et al., 2009</p>   |
| <p>D5. Daily Drinking Questionnaire</p> <p>For more information, contact:<br/> R. Lorraine Collins, Ph.D., Department of Community Health and Health Behavior, University at Buffalo, the State University of New York<br/> <a href="mailto:lcollins@buffalo.edu">lcollins@buffalo.edu</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>The Daily Drinking Questionnaire assesses weekly alcohol consumption. It is a condensed version of Calahan's Drinking Habits Questionnaire, which assesses the volume, quantity, and frequency of alcohol consumption. On the Daily Drinking Questionnaire, respondents fill in a series of seven boxes indicating their typical pattern of alcohol use on each day of the week in the past month. A modified version of the Daily Drinking Questionnaire that includes a second set of boxes for the typical number of hours spent drinking for each day in a typical week has also been developed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Collins, Parks, and Marlatt, 1983; Dimeff et al., 1999</p>                                                                      |
| <p>D6. Drinking Norms Rating Form (DNRF)</p> <p>The DNRF is simply an extension of the Daily Drinking Questionnaire. Thus, when using this measure, a reference group would be chosen (e.g., other members of your unit) and the Daily Drinking Questionnaire would be used (e.g., how many drinks do you think other members of your unit drink on a given day?). Actual amounts of drinking can be compared with perceived drinking and used in prevention—e.g., people often overestimate how much others actually drink.</p> <p>For information, contact:<br/> John Baer, Ph.D., Alcohol &amp; Drug Abuse Institute, University of Washington<br/> (206) 616-3397; <a href="mailto:jsbaer@u.washington.edu">jsbaer@u.washington.edu</a></p> | <p>The DNRF is an extension of the Daily Drinking Questionnaire, which obtains subjects' estimates of typical alcoholic drinks on each day of the week. The DNRF asks people to rate themselves and also to consider different groups of people and rate "typical" or "average" drinking for persons in that group (e.g., people in your unit or wing). People are asked to think about the days of the week those individuals usually drink and then estimate the number of standard drinks typical individuals in each group drink on those days. They are instructed to try to average across members in each reference group and to think back over the past 3 months when making their estimates.</p> <p>Studies of the DNRF have found it to be valid, predictive of drinking behavior, and reliable (Broadwater et al., 2006).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Baer, Stacy, and Larimer, 1991; Broadwater et al., 2006; Kypri and Langley, 2003; Larimer et al., 1997; Dimeff et al., 1999</p> |

## APPENDIX E

### Work-Life Balance Interventions and Measures

#### Interventions<sup>4</sup> (12 total)

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mode           | Target audience                                            | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | References                                                                                                                               |
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| <p><b>Headspace</b> is a mindfulness intervention delivered through a smartphone application, offering 10-minute guided meditations (audio only), occasional animated videos (audio and video), and longer and focused meditations. Meditations use techniques such as body scanning, guided breathing, and focus. The intervention has been used in the following ways:</p> <ul style="list-style-type: none"> <li>Daily mindfulness exercises from the Take 10 feature for 10 minutes a day over 10 days; control condition listened to 10 excerpts from the audiobook <i>The Headspace Guide to Meditation and Mindfulness</i> (Economides et al., 2018)</li> <li>Participants used app as desired over four weeks (no minimum use required) (Wen et al., 2017)</li> <li>30-day program of daily guided meditations that increase in duration, beginning with 10 minutes a day for the first 10 days, 15 minutes a day for the next 10 days, and 20 minutes a day for the next 10 (Bennike, Wieghorst, and Kirk, 2017)</li> <li>One session of self-guided mindfulness meditation per week for 4 weeks (Wylde et al., 2017)</li> <li>Daily mindfulness exercises from the Take 10 feature for 10 minutes a day over 10 days (Howells, Ivtzan, and Eiroa-Orosa, 2016)</li> </ul> <p>For more information:<br/> <a href="https://www.headspace.com/">https://www.headspace.com/</a></p> | Smartphone app | Adults (see evaluation findings); no reported military use | <p>Numerous studies have shown promising outcomes in increasing mindfulness skills and reducing stress. For example:</p> <p><b>Self-selected adults who had not meditated in the last 6 months</b> (Economides et al., 2018) were randomly assigned to the Take 10 mindfulness Headspace feature or to a Headspace audiobook featuring an introduction to the concepts of mindfulness and meditation. Although both interventions were effective at reducing stress associated with personal vulnerability, only the mindfulness intervention had a significant positive impact on irritability, affect, and stress resulting from external pressure.</p> <p><b>Medical residents</b> (Wen et al., 2017): 30 primarily female (90%) medical residents completed this study, showing significant increase in mindfulness at week four but no significant changes in positive or negative affect (mood). However, both positive affect and mindfulness scores increased with increasing use of the smartphone app (negative affect did not change).</p> <p><b>Novice pediatric nurses</b> (Wylde et al., 2017): Nurses using the Headspace smartphone app showed improvements in certain mindfulness skills (acting with awareness and nonreactivity to inner experience) and marginal improvements in compassion satisfaction and burnout compared with those participating in a traditional mindfulness intervention. The traditional mindfulness group had significantly less of the “acting with awareness skills” than the smartphone group. Other differences between the smartphone and traditional mindfulness intervention groups were not significant.</p> <p><b>Self-selected adults</b> (Howells, Ivtzan, and Eiroa-Orosa, 2016): 121 predominantly female (87%) participants showed significant increases in positive affect with a medium effect size and reduced depressive symptoms with a small effect size, although no statistically significant differences in satisfaction with life, flourishing, or negative affect were found. No statistically significant gains were observed in the control condition.</p> | Economides et al., 2018; Wen et al., 2017 Bennike, Wieghorst, and Kirk, 2017; Wylde et al., 2017; Howells, Ivtzan, and Eiroa-Orosa, 2016 |

<sup>4</sup> Some of these interventions could be triggering for individuals who are experiencing moderate or severe anxiety and depression, as they can cause an individual to reflect on troubling circumstances (possibly for the first time). Participants should always be provided contact information and additional resources for traditional mental health care in conjunction with any of these interventions.

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mode                       | Target audience                            | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | References                                                                                                                                                                                                                         |
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| <p><b>Mental Health Guru</b> is a brief online training targeted to workplaces. Employees complete two modules that include information, interactive exercises, videos, quizzes, and personalized feedback intended to increase knowledge about depression and anxiety, destigmatize mental health, and encourage help-seeking.</p> <p>For more information:<br/> <a href="https://mhguru.com.au/info/about">https://mhguru.com.au/info/about</a></p>                                                                                                                                                                                                                                                                                                                                                              | Modular website            | Adults; not tested with military personnel | <p>Only one published study is available (randomized controlled trial) with promising results.</p> <p><b>Employees of a large multidepartmental government agency</b> (Griffiths et al., 2016): Mental Health Guru participants showed significantly greater improvements in knowledge about depression and anxiety compared with a control group. Participants also had significantly greater reductions in depression, anxiety, and personal stigma. There was no effect on help-seeking intentions or help-seeking attitudes. However, self-reported help-seeking behavior was significantly greater in the Mental Health Guru group at posttest. Participants also had greater intentions to seek help for depression from the internet at 6-month follow-up.</p> | Griffiths et al., 2016                                                                                                                                                                                                             |
| <p><b>Learning2Breathe</b> is a mindfulness program originally developed for use in schools with adolescents, but it has been adapted for use with college students and educators. The purpose of the program is to build emotion regulation skills by practicing principles of mindfulness. The program comes with sample outcome measures, teacher narratives, audio files, posters, wallet cards, and customizable workbooks. It can be delivered in 6, 12, or 18 sessions.</p> <p>For more information:<br/> <a href="https://learning2breathe.org/">https://learning2breathe.org/</a></p>                                                                                                                                                                                                                     | Brief, in person           | Adolescents, college students, educators   | <p>Several studies have shown promising outcomes. Learning2Breathe has been recognized in the 2015 Collaborative for Academic, Social, and Emotional Learning Guide as meeting research criteria for effective social-emotional learning programs. For example:</p> <p><b>Female high school seniors</b> (Broderick and Metz, 2009): Compared with the control group, participants had a significant reduction in negative affect (mood) and a significant increase in feeling calm/relaxed/self-accepting.</p>                                                                                                                                                                                                                                                       | <p>Broderick and Metz, 2009; Mahfouz et al., 2018</p> <p>Many more references available here:<br/> <a href="https://learning2breathe.org/list-of-l2b-publications/">https://learning2breathe.org/list-of-l2b-publications/</a></p> |
| <p><b>Stress Free Now</b> is an 8-week mindfulness-based stress management intervention. The intervention is delivered through weekly web page views and 5- to 10-minute video clips of key concepts, audio guided meditations (20–25 minutes) that participants are encouraged to practice five times a week, daily articles about the research and benefits of the week's mindfulness theme, and daily tips on managing stress and incorporating mindfulness.</p> <p>For more information:<br/> <a href="http://www.clevelandclinicwellness.com/Pages/StressFreeNow.htm">http://www.clevelandclinicwellness.com/Pages/StressFreeNow.htm</a><br/> Smartphone app: <a href="https://my.clevelandclinic.org/mobile-apps/stress-free-now-app">https://my.clevelandclinic.org/mobile-apps/stress-free-now-app</a></p> | Website and smartphone app | Adults; not tested with military personnel | <p>Preliminary evidence suggests positive outcomes.</p> <p><b>Adults age 18 and over recruited at clinics (patients with psychosis excluded)</b> (Morledge et al., 2013): This 12-week randomized controlled trial found significant positive effects for stress, mindfulness attention, psychological well-being, and other outcomes for participants who remained active in the intervention for 6 to 8 weeks. Change scores were larger for the more active participants compared with all participants.</p>                                                                                                                                                                                                                                                       | Morledge et al., 2013; Alexandre et al., 2016                                                                                                                                                                                      |

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mode            | Target audience                                                     | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | References                                                                                                                                                                              |
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| <p><b>Moodgym</b> is an online self-help intervention for anxiety and depression management. The intervention consists of 5 online cognitive behavioral training modules (30 minutes weekly) and quizzes and exercises with visual aids and detailed feedback focusing on thoughts, moods, problem-solving, and coping methods.</p> <p>For more information:<br/> <a href="https://moodgym.com.au/">https://moodgym.com.au/</a></p>                                                                                                           | Modular website | Adults, including employees and undergraduate and graduate students | <p>At least 4 studies using randomized control trial designs have shown improvements in anxiety and depressive symptoms. Examples include:</p> <p><b>Employees in transportation, health, and communications sectors</b> (Phillips et al., 2014): Randomized control trial showed reduction in depressive symptoms, as measured by the Patient Health Questionnaire-9 (PHQ-9).</p> <p><b>Undergraduate university students</b> (Ellis et al., 2011; Sethi, Campbell, and Ellis, 2010): This randomized control trial found improvements in anxiety and depression compared with the control group and compared with the control intervention. Anxiety and depression were measured using the Depression, Anxiety, and Stress Scale-21.</p> | Phillips et al., 2014; Ellis et al., 2011; Sethi, Campbell, and Ellis, 2010; Guille et al., 2015; Christensen, Griffiths, and Jorm, 2004; O'Kearney et al., 2006; Lintvedt et al., 2013 |
| <p><b>MoodPRISM</b> is a smartphone app that helps participants understand their emotional health through daily tracking and colorful, detailed feedback reports on their wellness, anxiety, and depression symptoms. It provides health information based on daily mood and links to mental health resources.</p> <p>For more information:<br/> <a href="http://www.moodprismapp.com/">http://www.moodprismapp.com/</a></p>                                                                                                                  | Smartphone app  | Universal (ages 13+); not tested with military personnel            | <p><b>App users age 13 and over</b> (Bakker et al., 2018): This study compared users of three different apps with a waitlisted control group. Compared with the control group, there was a positive improvement within the group as well as against the control group for a range of mental health indicators. MoodPrism had a significant positive impact on psychological well-being and emotional self-awareness. Compared with the control group, MoodPrism did not show a significant improvement in generalized anxiety scores.</p>                                                                                                                                                                                                  | Bakker et al., 2018                                                                                                                                                                     |
| <p><b>MoodMission</b> is a smartphone app designed to help individuals cope with feelings of anxiety and depression. Users input information about their current mood and are provided with a tailored list of five simple, quick, and effective "missions" (activities) that can help improve mood. Users can track what does and does not work for their specific feelings, obtaining more accurate feedback the more they use the app.</p> <p>For more information:<br/> <a href="http://moodmission.com/">http://moodmission.com/</a></p> | Smartphone app  | Universal (ages 13+); not tested with military personnel            | <p><b>App users age 13 and over</b> (Bakker et al., 2018): This study compared users of three different apps with a waitlisted control group. Compared with the control group, MoodMission had a significant positive impact on depression symptoms (measured using the PHQ-9), on mental well-being, and on coping self-efficacy, but users did not show a significant improvement in generalized anxiety scores.</p>                                                                                                                                                                                                                                                                                                                     | Bakker and Rickard, 2018; Bakker et al., 2018                                                                                                                                           |
| <p><b>MoodKit</b> encourages users to engage in mood-enhancing activities, identify and change unhealthy thinking, rate and chart their mood over time, and create journal entries to promote well-being. MoodKit was developed by clinical psychologists and uses principles of CBT.</p> <p>For more information:<br/> <a href="http://www.thriveport.com/products/moodkit/">http://www.thriveport.com/products/moodkit/</a></p>                                                                                                             | Smartphone app  | Universal (ages 13+); not tested with military personnel            | <p><b>App users age 13 and over</b> (Bakker et al., 2018): The randomized control trial shows that there is a positive improvement within group as well as against the control group for a range of mental health indicators. Relative to the control, MoodKit had a significant positive impact on depression symptoms (measured using the PHQ-9), on mental well-being, and on coping self-efficacy, but users did not show a significant improvement in generalized anxiety scores.</p>                                                                                                                                                                                                                                                 | Bakker et al., 2018                                                                                                                                                                     |

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mode                           | Target audience                                                                                                                                                          | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | References                                                                                                                                                                       |
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| <p><b>myStrength</b> is a smartphone app based on principles of CBT designed to help users with feelings of anxiety and depression as well as insomnia and chronic pain through mood tracking, targeted activities, and a library of wellness resources.</p> <p>For more information:<br/> <a href="https://mystrength.com/">https://mystrength.com/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Web- and mobile-based platform | Adults; not tested with military personnel                                                                                                                               | <p>Several white papers and case studies on the <a href="https://mystrength.com/outcomes">https://mystrength.com/outcomes</a> website suggest evidence of effectiveness. Peer-reviewed papers show a return on investment and reductions in anxiety and depression.</p> <p><b>Patients of a rural community health center</b> (Abhulimen and Hirsch, 2018): Medical claims from a large sample of app users were matched to a control group. The return-on-investment (ROI) study demonstrated an incremental cost reduction of \$382 per user (an ROI between 142% and 695%).</p>                                                                                                                                                                                                          | Abhulimen and Hirsch, 2018; Hirsch et al., 2017                                                                                                                                  |
| <p><b>SuperBetter</b> is a free website and smartphone app in which users play games and accomplish challenging goals to increase social support, build resilience, and improve mental health. SuperBetter is based on principles of CBT. Recommended game time is five minutes twice a day.</p> <p>For more information:<br/> <a href="https://www.superbetter.com/">https://www.superbetter.com/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Website and smartphone app     | Adults, college students, adolescents; not tested with military personnel                                                                                                | <p>Some studies have shown promising outcomes, including:</p> <p><b>Adult iPhone users with significant depression symptoms</b> (Roepke et al., 2015): SuperBetter users had greater reductions in depression scores than the waitlisted control at posttest and at longer-term follow-up. The sample was self-selected, and there was high attrition.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                  | Roepke et al., 2015; Chou, Bry, and Comer, 2017<br><br>Other references available here:<br><a href="https://www.superbetter.com/science">https://www.superbetter.com/science</a> |
| <p><b>Team Resilience (web-based)</b> is an online adaptation of an evidence-based intervention. The e-learning module aims to increase the participant's ability to be resilient in the workplace, knowledge about resilience, awareness of helping resources, and willingness to use those resources. The online program consists of video, audio, interactive exercises, and quizzes. The program consists of 55 slides that participants can view on a computer or mobile device at their own pace (viewed over 4 to 6 weeks)</p> <p>For more information, contact:<br/> Joel B. Bennett, Ph.D.<br/> Organizational Wellness &amp; Learning Systems<br/> (817) 921-4260; <a href="mailto:owls@organizationalwellness.com">owls@organizationalwellness.com</a><br/> <a href="https://organizationalwellness.com/pages/evidence-based-curriculum">https://organizationalwellness.com/pages/evidence-based-curriculum</a></p> | Modular website                | Adults (not tested with military personnel); previous studies with restaurant workers (Bennett et al., 2010) and employees of an engineering firm (Bennett et al., 2018) | <p>The original in-person Team Resilience training was rated by the National Registry for Evidence-Based Programs and Practices as a <i>promising practice</i>. The web-based version was developed later and evaluated by the developers:</p> <p><b>Employees of a national engineering firm</b> (Bennett et al., 2018): In this nonrandomized quasi-experimental study with a convenience sample, participants increased their workplace resilience compared with the control group. There was no difference in stress between participants and control. Participants significantly improved in several areas from pre- to post-: perception of ability to be resilient, knowledge of how to be more resilient, knowledge of where to get help, and willingness to use the resources.</p> | Bennett et al., 2018                                                                                                                                                             |

| Policy/program name and description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mode                                                                                                                        | Target audience                                                   | Summary of evaluation findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | References                                                                                                                                                                             |
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| <p><b>Mindfulness-Based Stress Reduction (MBSR)</b> is a mindfulness training program designed to reduce stress and help participants improve coping skills. In-person training is provided by a trained facilitator who completes an 8-week or 9-day fundamentals course (approx. \$4,850 to \$5,390) conducted by the University of Massachusetts Center for Mindfulness. The implementation approach has varied slightly in published studies and has included</p> <ul style="list-style-type: none"> <li>a 30-minute session once a week for 4 weeks (Mackenzie, Poulin, and Seidman-Carlson, 2006)</li> <li>a daily exercise for 15 consecutive days, with 15 minutes each day to practice each exercise (Halamová, Kanovský, and Pacúchová, 2018)</li> </ul> <p>For more information contact:<br/>The Center for Mindfulness<br/>(508) 856-2656<br/><a href="mailto:mindfulness@umassmed.edu">mindfulness@umassmed.edu</a><br/><a href="http://www.umassmed.edu/cfm/">www.umassmed.edu/cfm/</a></p> | Typically brief in-person sessions, but has included remote (emailed instructions; Halamová, Kanovský, and Pacúchová, 2018) | Numerous civilian adult populations, including veterans with PTSD | <p>MBSR is designated as a <i>promising practice</i> by the Penn State Military Families Clearinghouse. Several studies have shown improvements in physical and psychological symptoms, life satisfaction, and mental health-related quality of life (<a href="https://www.continuum.militaryfamilies.psu.edu/program/factsheet_680">https://www.continuum.militaryfamilies.psu.edu/program/factsheet_680</a>). Evaluation findings include:</p> <p><b>Nurses and nurse aides in geriatric teaching hospital in Canada</b> (Mackenzie, Poulin, and Seidman-Carlson, 2006): Significant improvements in burnout symptoms, relaxation, and life satisfaction for the intervention group. Size effects were small for emotional exhaustion and life satisfaction and insignificant for depersonalization and relaxation.</p> <p><b>Convenience sample of adults</b> (Halamová, Kanovský, and Pacúchová, 2018): MBSR participants reported significantly decreased self-criticism and self-uncompassionate responses with effects present at two-month follow-up. There was a short-term increase in self-compassion, but this was not present at the two-month follow-up. Participants had decreased feelings of inadequacy and self-uncompassionate responses at the post-test survey, but these did not persist to the longer-term follow-up. Participants had decreased self-criticism for both the posttest survey and the follow-up survey.</p> | McIndoo et al., 2016; de Vibe et al., 2013; de Vibe et al., 2015; Mackenzie, Poulin, and Seidman-Carlson, 2006; Call, Miron, and Orcutt, 2014; Halamová, Kanovský, and Pacúchová, 2018 |

## Measures (9 total)

| Measure                                                                                                                                                                                                                                                                                                                                                                                                                  | Brief description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Reference(s)                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mindfulness*</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                       |
| * Mindfulness interventions teach participants skills to ultimately improve mood, stress, and other outcomes. The measures in this category just determine whether participants have learned the mindfulness skills. In your outcome evaluation, be sure to use measures in the other sections of the table as well to assess your ultimate desired outcomes (e.g., improved mood, decreased stress, decreased burnout). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                       |
| E1. Five Facet Mindfulness Questionnaire (FFMQ)                                                                                                                                                                                                                                                                                                                                                                          | Measures the five facets of mindfulness (subscales): observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience. The scale is constructed of 39 statements rated on a 5-point scale (1 = never or very rarely true to 5 = very often or always true), with higher scores indicating greater mindfulness. Each of the five subscales has good internal consistency (Cronbach's $\alpha$ ranging from 0.75 to 0.91). To reduce participant burden (i.e., the length of the survey), consider using only one or two subscales at a time. Subscales are listed at the end of the PDF link on the right under "Scoring Information." | Baer et al., 2006<br><br>Copy of the measure available here:<br><a href="https://goamra.org/wp-content/uploads/2014/06/FFMQ_full.pdf">https://goamra.org/wp-content/uploads/2014/06/FFMQ_full.pdf</a>                                                                                                                 |
| E2. Mindful Attention to Awareness Scale–State (MAAS)                                                                                                                                                                                                                                                                                                                                                                    | 5-item unidimensional scale of "state" (or current) mindfulness. This measure assumes that respondents are receiving a page or text to rate their immediate experiences. Respondents rate statements such as "I was finding it difficult to stay focused on what was happening" on a 7-point Likert scale from 0 (not at all) to 6 (very much). Scores are calculated as an average across the scale, with higher scores indicating greater dispositional mindfulness. MAAS has demonstrated good internal consistency ( $\alpha = 0.92$ ).                                                                                                                                              | Brown and Ryan, 2003; Carlson and Brown, 2005<br><br>Copy of the measure available here:<br><a href="https://ggsc.berkeley.edu/images/uploads/The_Mindful_Attention_Awareness_Scale_-_State.pdf">https://ggsc.berkeley.edu/images/uploads/The_Mindful_Attention_Awareness_Scale_-_State.pdf</a>                       |
| E3. Cognitive and Affective Mindfulness Scale–Revised (CAMS-R)                                                                                                                                                                                                                                                                                                                                                           | 12 items measuring mindfulness. Participants rate statements such as "I can accept things I cannot change" on a 4-point Likert scale from 1 (rarely/not at all) to 4 (almost always). This measure is valid and reliable, and experts recommend it because it is easier to score and easier for participants to understand than some other measures of mindfulness.                                                                                                                                                                                                                                                                                                                      | Feldman et al., 2007<br><br>Copy of the measure available here:<br><a href="https://ggsc.berkeley.edu/images/uploads/The_Cognitive_and_Affective_Mindfulness_Scale_%E2%80%933_Revised.pdf">https://ggsc.berkeley.edu/images/uploads/The_Cognitive_and_Affective_Mindfulness_Scale_%E2%80%933_Revised.pdf</a>          |
| <b>Mental health and mood</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                       |
| E4. Kessler-10 (K-10)                                                                                                                                                                                                                                                                                                                                                                                                    | The K-10 is a very well-established 10-item measure of psychological distress. Respondents rate on a 5-point Likert scale how often they experienced symptoms of depression and psychological distress in the last 30 days. Scores are summed on a range from 10 to 50, with higher scores indicating greater distress. Cut points have been established that indicate levels of severity.                                                                                                                                                                                                                                                                                               | Kessler et al., 2002<br><br>Examples of studies using this measure: Ellis et al., 2011; Anderson et al., 2013<br><br>Copy of the measure available here:<br><a href="https://www.tac.vic.gov.au/files-to-move/media/upload/k10_english.pdf">https://www.tac.vic.gov.au/files-to-move/media/upload/k10_english.pdf</a> |

| Measure                                                                                                                                                                                                                                                                                                        | Brief description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Reference(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Stress and coping</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| E5. Coping Self-Efficacy Scale (CSES)                                                                                                                                                                                                                                                                          | This 26-item measure is widely used to measure ability to cope with stress. Respondents rate how confident they are that when things are not going well they can engage in 26 different coping actions (e.g., "Take your mind off unpleasant thoughts") from 0 (cannot do at all) to 10 (certain can do). Items are summed to create a CSES score ( $\alpha = 0.95$ ; scale mean = 137.4, standard deviation = 45.6).                                                                                                                                                                   | Chesney et al., 2006<br><br>Examples of studies using this measure: Bakker and Rickard, 2018<br><br>Copies of the measure available here:<br><a href="https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/CopingSelf-EfficacyScale.pdf">https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/CopingSelf-EfficacyScale.pdf</a><br><a href="https://prevention.ucsf.edu/research-project/coping-self-efficacy-scale-scoring">https://prevention.ucsf.edu/research-project/coping-self-efficacy-scale-scoring</a> |
| E6. Perceived Stress Scale (PSS-10 and PSS-4)                                                                                                                                                                                                                                                                  | This 4- or 10-item measure is perhaps the most widely used measure of perceived stress. Respondents rate how often in the last month they experienced stress-related feelings or circumstances, such as "In the last month, how often have you found that you could not cope with all the things that you had to do?" on a five-point scale from 0 (never) to 4 (very often). The PSS is scored by reversing responses to the four positively phrased items and then summing across all scale items. An even briefer 4-item scale can be made from items 2, 4, 5, and 10 of the PSS-10. | Cohen, Kamarck, and Mermelstein, 1983; Cohen and Williamson, 1988<br><br>Examples of studies using this measure: Hinkle, 2015; Radhu et al., 2012; Arpin-Cribbie, Irvine, and Ritvo, 2012; Rose et al., 2013; Chiauzzi et al., 2008<br><br>Copy of the measure available here:<br><a href="http://www.mindgarden.com/documents/PerceivedStressScale.pdf">http://www.mindgarden.com/documents/PerceivedStressScale.pdf</a>                                                                                                     |
| <b>Life satisfaction*</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| * Brief and remote interventions are not likely to change participants' satisfaction with life, but you might consider measuring this to understand overall life satisfaction within your wing (i.e., for context, with the expectation that it is not likely to change through the intervention listed here). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| E7. Satisfaction with Life Scale; also called Life Satisfaction Scale                                                                                                                                                                                                                                          | A widely used five item self-report scale assessing respondents' satisfaction with life (e.g., "I am satisfied with my life"). Respondents rate statements on a seven-point Likert scale (1 = strongly disagree, 7 = strongly agree). Scores are summed, with higher scores indicating greater life satisfaction. It has shown high test-retest reliability ( $r = 0.82$ ) and high internal consistency ( $\alpha = 0.87$ ).                                                                                                                                                           | Diener et al., 1985<br><br>Examples of studies using this measure: Howells, Ivztan, and Eiroa-Orosa, 2016; Mackenzie, Poulin, and Seidman-Carlson, 2006; Foster et al., 2018; Roepke et al., 2015<br><br>Copy of the measure available here:<br><a href="http://www.hkcass.org.hk/uploadfile/Mgmt/0_201443011362.pdf">http://www.hkcass.org.hk/uploadfile/Mgmt/0_201443011362.pdf</a>                                                                                                                                         |
| <b>Job satisfaction and burnout</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| E8. Job Satisfaction Scale                                                                                                                                                                                                                                                                                     | Consists of 9 subscales each with 4 items (34 items total): Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance-based rewards), Operating Procedures (required rules and procedures), Coworkers, Nature of Work, and Communication. Respondents rate their agreement with statements such as "My supervisor is quite competent in doing his/her job" on a six-point Likert scale. Internal consistency ranges from 0.6 to 0.82 for subscales and was 0.91 overall in a community sample of 2,870 respondents.                                                 | Spector, 1985<br><br>Examples of studies using this measure: Mackenzie, Poulin, and Seidman-Carlson, 2006<br><br>Copy of the measure available here:<br><a href="http://shell.cas.usf.edu/~pspector/scales/jsspag.html">http://shell.cas.usf.edu/~pspector/scales/jsspag.html</a>                                                                                                                                                                                                                                             |
| E9. Maslach Burnout Inventory                                                                                                                                                                                                                                                                                  | One of the most well-established measures of burnout, the Maslach Burnout Inventory consists of 22 items assessing work-related burnout, such as "I doubt the significance of my work." Different survey versions are available depending on the population being assessed (e.g., human services professionals, physicians, etc.). Manuals and survey licenses are available to purchase from the developers.                                                                                                                                                                           | Maslach and Jackson, 1981<br><br>Examples of studies using this measure: Mackenzie, Poulin, and Seidman-Carlson, 2006<br><br>Purchase different forms of the survey from the developers here:<br><a href="https://www.mindgarden.com/117-maslach-burnout-inventory">https://www.mindgarden.com/117-maslach-burnout-inventory</a>                                                                                                                                                                                              |

## APPENDIX F

### Bibliography

Abhulimen, Sese, and Abigail Hirsch, "Quantifying the Economic Impact of a Digital Self-Care Behavioral Health Platform on Missouri Medicaid Expenditures," *Journal of Medical Economics*, Vol. 21, No. 11, November 2018, pp. 1084–1090.

Acosta, Joie D., Jennifer L. Cerully, Eunice C. Wong, Elizabeth L. Petrun Sayers, Mikhail Zaydman, Lisa S. Meredith, Ilana Blum, Nupur Nanda, Terri Tanielian, Rachel Ross, and Asa Wilks, *Cross-Agency Evaluation of DoD, VA, and HHS Mental Health Public Awareness Campaigns: Analysis of Campaign Scope, Content, and Reach*, Santa Monica, Calif.: RAND Corporation, RR-1612-OSD, 2020. As of March 26, 2021:  
[https://www.rand.org/pubs/research\\_reports/RR1612.html](https://www.rand.org/pubs/research_reports/RR1612.html)

Air Force Instruction 90-5001, Integrated Resilience, 2019.

Ahtinen, Aino, Elina Mattila, Pasi Välikkynen, Kirsikka Kaipainen, Toni Vanhala, Miikka Ermes, Essi Sairanen, Tero Myllymäki, and Raimo Lappalainen, "Mobile Mental Wellness Training for Stress Management: Feasibility and Design Implications Based on a One-Month Field Study," *JMIR mHealth and uHealth*, Vol. 1, No. 2, July 2013, p. e11.

Alexandre, 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, March 2016, pp. 254–264.

Anderson, Tracy M., Matthew Sunderland, Gavin Andrews, Nickolai Titov, Blake F. Dear, and Perminder S. Sachdev, "The 10-Item Kessler Psychological Distress Scale (K10) as a Screening Instrument in Older Individuals," *American Journal of Geriatric Psychiatry*, Vol. 21, No. 7, July 2013, pp. 596–606.

Aron, Arthur, Elaine N. Aron, and Danny Smollan, "Inclusion of Other in the Self Scale and the Structure of Interpersonal Closeness," *Journal of Personality and Social Psychology*, Vol. 63, No. 4, October 1992, pp. 596–612.

Arpin-Cribbie, Chantal, Jane Irvine, and Paul Ritvo, "Web-Based Cognitive-Behavioral Therapy for Perfectionism: A Randomized Controlled Trial," *Psychotherapy Research*, Vol. 22, No. 2, 2012, pp. 194–207.

Babor, Thomas F., Frances Del Boca, and Jeremy W. Bray, "Screening, Brief Intervention and Referral to Treatment: Implications of SAMHSA's SBIRT Initiative for Substance Abuse Policy and Practice," *Addiction*, Vol. 112, February 2017, pp. 110–117.

Baer, John S., Daniel R. Kivlahan, Arthur W. Blume, Patrick McKnight, and G. Alan Marlatt, "Brief Intervention for Heavy-Drinking College Students: 4-Year Follow-Up and Natural History," *American Journal of Public Health*, Vol. 91, No. 8, August 2001, pp. 1310–1316.

Baer, J. S., A. Stacy, and M. Larimer, "Biases in the Perception of Drinking Norms Among College Students," *Journal of Studies on Alcohol*, Vol. 52, No. 6, November 1991, pp. 580–586.

Baer, Ruth A., Gregory T. Smith, Jaclyn Hopkins, Jennifer Krietemeyer, and Leslie Toney, "Using Self-Report Assessment Methods to Explore Facets of Mindfulness," *Assessment*, Vol. 13, No. 1, March 2006, pp. 27–45.

Bakker, David, Nikolaos Kazantzis, Debra Rickwood, and Nikki Rickard, "A Randomized Controlled Trial of Three Smartphone Apps for Enhancing Public Mental Health," *Behaviour Research and Therapy*, Vol. 109, October 2018, pp. 75–83.

Bakker, David, and Nikki Rickard, "Engagement in Mobile Phone App for Self-Monitoring of Emotional Wellbeing Predicts Changes in Mental Health: MoodPrism," *Journal of Affective Disorders*, Vol. 227, 2018, pp. 432–442.

Bennett, Joel B., Charles A. Aden, Kirk Broome, Kathryn Mitchell, and William D. Rigdon, "Team Resilience for Young Restaurant Workers: Research-to-Practice Adaptation and Assessment," *Journal of Occupational Health Psychology*, Vol. 15, No. 3, 2010, p. 223.

Bennett, Joel B., Michael Neeper, Brittany D. Linde, Gale M. Lucas, and Lindsay Simone, "Team Resilience Training in the Workplace: E-Learning Adaptation, Measurement Model, and Two Pilot Studies," *JMIR Mental Health*, Vol. 5, No. 2, April–June 2018.

Bennike, Ida H., Anders Wieghorst, and Ulrich Kirk, "Online-Based Mindfulness Training Reduces Behavioral Markers of Mind Wandering," *Journal of Cognitive Enhancement*, Vol. 1, No. 2, June 2017, pp. 172–181.

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.

Borsari, Brian, and Kate B. Carey, "Effects of a Brief Motivational Intervention with College Student Drinkers," *Journal of Consulting and Clinical Psychology*, Vol. 68, No. 4, August 2000, pp. 728–733.

Bowen, Sarah, Kevin Haworth, Joel Grow, Mavis Tsai, and Robert Kohlenberg, "Interpersonal Mindfulness Informed by Functional Analytic Psychotherapy: Findings from a Pilot Randomized Trial," *International Journal of Behavioral Consultation and Therapy*, Vol. 7, No. 2–3, 2012, pp. 9–15.

Braithwaite, Scott R., and Frank D. Fincham, "ePREP: Computer Based Prevention of Relationship Dysfunction, Depression and Anxiety," *Journal of Social and Clinical Psychology*, Vol. 26, No. 5, 2007, pp. 609–622.

Braithwaite, Scott R., and Frank D. Fincham, "A Randomized Clinical Trial of a Computer Based Preventive Intervention: Replication and Extension of ePREP," *Journal of Family Psychology*, Vol. 23, No. 1, 2009, pp. 32–38.

Brief, Deborah J., Amy Rubin, Terence M. Keane, Justin L. Enggasser, Monica Roy, Eric Helmuth, John Hermos, Mark Lachowicz, Denis Rybin, and David Rosenbloom, "Web Intervention for OEF/OIF Veterans with Problem Drinking and PTSD Symptoms: A Randomized Clinical Trial," *Journal of Consulting and Clinical Psychology*, Vol. 81, No. 5, October 2013, pp. 890–900.

Broadwater, Kelly, Lisa Curtin, Denise M. Martz, and Mark C. Zrull, "College Student Drinking: Perception of the Norm and Behavioral Intentions," *Addictive Behaviors*, Vol. 31, No. 4, 2006, pp. 632–640.

Broderick, Patricia C., and Stacie Metz, "Learning to BREATHE: A Pilot Trial of a Mindfulness Curriculum for Adolescents," *Advances in School Mental Health Promotion*, Vol. 2, No. 1, 2009, pp. 35–46.

Brooke, John, "SUS—A Quick and Dirty Usability Scale," *Usability Evaluation in Industry*, Vol. 189, No. 194, 1996, pp. 4–7.

Brown, Kirk Warren, and Richard M. Ryan, "The Benefits of Being Present: Mindfulness and Its Role in Psychological Well-Being," *Journal of Personality and Social Psychology*, Vol. 84, No. 4, April 2003, pp. 822–848.

Caetano, Raul, Tammy Tam, Tom Greenfield, Cheryl Cherpitel, and Lorraine Midanik, "DSM-IV Alcohol Dependence and Drinking in the U.S. Population: A Risk Analysis," *Annals of Epidemiology*, Vol. 7, No. 8, November 1997, pp. 542–549.

Call, David, Lynsey Miron, and Holly Orcutt, "Effectiveness of Brief Mindfulness Techniques in Reducing Symptoms of Anxiety and Stress," *Mindfulness*, Vol. 5, No. 6, 2014, pp. 658–668.

Carlson, Linda E., and Kirk Warren Brown, "Validation of the Mindful Attention Awareness Scale in a Cancer Population," *Journal of Psychosomatic Research*, Vol. 58, No. 1, January 2005, pp. 29–33.

Chambless, Dianne L., and Kimberly D. Blake, "Construct Validity of the Perceived Criticism Measure," *Behavior Therapy*, Vol. 40, No. 2, June 2009, pp. 155–163.

Cherpitel, Cheryl J., Tammy Tam, Lorraine Midanik, Raul Caetano, and Thomas Greenfield, "Alcohol and Non-Fatal Injury in the U.S. General Population: A Risk Function Analysis," *Accident Analysis & Prevention*, Vol. 27, No. 5, October 1995, pp. 651–661.

Chesney, Margaret A., Torsten B. Neilands, Donald B. Chambers, Jonelle M. Taylor, and Susan Folkman, "A Validity and Reliability Study of the Coping Self-Efficacy Scale," *British Journal of Health Psychology*, Vol. 11, No. 3, September 2006, pp. 421–437.

Chiauzzi, Emil, Julie Brevard, Christina Thum, Stacey Decembrele, and Sarah Lord, "MyStudentBody–Stress: An Online Stress Management Intervention for College Students," *Journal of Health Communication*, Vol. 13, No. 6, September 2008, pp. 555–572.

Chinman, Matthew, Patricia A. Ebener, Amy L. Shearer, Joie D. Acosta, and Sarah B. Hunter, *Getting to Outcomes® Operations Guide for U.S. Air Force Community Action Teams*, Santa Monica, Calif.: RAND Corporation, TL-311-AF, 2020. As of March 26, 2021: <https://www.rand.org/pubs/tools/TL311.html>

Chou, Tommy, Laura J. Bry, and Jonathan S. Comer, "Overcoming Traditional Barriers Only to Encounter New Ones: Doses of Caution and Direction as Technology-Enhanced Treatments Begin to 'Go Live,'" *Clinical Psychology: Science and Practice*, Vol. 24, No. 3, 2017, pp. 241–244.

Christensen, Andrew, David C. Atkins, Brian Baucom, and Jean Yi, "Marital Status and Satisfaction Five Years Following a Randomized Clinical Trial Comparing Traditional Versus Integrative Behavioral Couple Therapy," *Journal of Consulting and Clinical Psychology*, Vol. 78, No. 2, April 2010, pp. 225–235.

Christensen, Andrew, David C. Atkins, Sara Berns, Jennifer Wheeler, Donald H. Baucom, and Lorelei E. Simpson, "Traditional Versus Integrative Behavioral Couple Therapy for Significantly

and Chronically Distressed Married Couples,” *Journal of Consulting and Clinical Psychology*, Vol. 72, No. 2, April 2004, pp. 176–191.

Christensen, Helen, Kathy Griffiths, Chloe Groves, and Ailsa Korten, “Free Range Users and One Hit Wonders: Community Users of an Internet-Based Cognitive Behaviour Therapy Program,” *Australian & New Zealand Journal of Psychiatry*, Vol. 40, No. 1, January 2006, pp. 59–62.

Christensen, Helen, Kathleen M. Griffiths, and Anthony F. Jorm, “Delivering Interventions for Depression by Using the Internet: Randomised Controlled Trial,” *BMJ*, Vol. 328, No. 7434, January 2004, pp. 265–268.

Cigrang, Jeffrey A., James V. Córdova, Tatiana D. Gray, Elizabeth Najera, Matt Hawrilenko, Crystal Pinkley, Matthew Nielsen, JoLyn Tatum, and Kristen Redd, “The Marriage Checkup: Adapting and Implementing a Brief Relationship Intervention for Military Couples,” *Cognitive and Behavioral Practice*, Vol. 23, No. 4, November 2016, pp. 561–570.

Cohen, Sheldon, and Gail M. Williamson, “Perceived Stress in a Probability Sample of the United States,” in Shirlynn Spacapan and Stuart Oskamp, eds., *The Social Psychology of Health: The Claremont Symposium on Applied Social Psychology*, Newbury Park, Calif.: Sage Publications, Inc., 1988, pp. 31–67.

Cohen, S., T. Kamarck, and R. Mermelstein, “A Global Measure of Perceived Stress,” *Journal of Health and Social Behavior*, December 1983, pp. 385–396.

Collins, R. Lorraine, George A. Parks, and G. Alan Marlatt, “Social Determinants of Alcohol Consumption: The Effects of Social Interaction and Model Status on the Self-Administration of Alcohol,” *Journal of Consulting and Clinical Psychology*, Vol. 53, No. 2, April 1983, pp. 189–200.

Cook, David A., Rebecca S. Bahn, and Ronald Menaker, “Speed Mentoring: An Innovative Method to Facilitate Mentoring Relationships,” *Medical Teacher*, Vol. 32, No. 8, 2010, pp. 692–694.

Córdova, James V., *The Marriage Checkup: A Scientific Program for Sustaining and Strengthening Marital Health*, Lanham, Md.: Jason Aronson, Inc., 2009.

Córdova, James V., *The Marriage Checkup Practitioner’s Guide: Promoting Lifelong Relationship Health*, Washington, D.C.: American Psychological Association, 2014.

Córdova, James V., C. J. Eubanks Fleming, Melinda Ippolito Morrill, Matt Hawrilenko, Julia W. Sollenberger, Amanda G. Harp, Tatiana D. Gray, Ellen V. Darling, Jonathan M. Blair, Amy E. Meade, and Karen Wachs, “The Marriage Checkup: A Randomized Controlled Trial of Annual Relationship Health Checkups,” *Journal of Consulting and Clinical Psychology*, Vol. 82, No. 4, August 2014, pp. 592–604.

Davies, E. Bethan, Richard Morriss, and Cris Glazebrook, “Computer-Delivered and Web-Based Interventions to Improve Depression, Anxiety, and Psychological Well-Being of University Students: A Systematic Review and Meta-Analysis,” *Journal of Medical Internet Research*, Vol. 16, No. 5, May 2014, pp. 18–39.

de Vibe, Michael, Ida Solhaug, Reidar Tyssen, Oddgeir Friberg, Jan H. Rosenvinge, Tore Sørli, and Arild Bjørndal, “Mindfulness Training for Stress Management: A Randomised Controlled Study of Medical and Psychology Students,” *BMC Medical Education*, Vol. 13, No. 1, August 2013, p. 107.

de Vibe, Michael, Ida Solhaug, Reidar Tyssen, Oddgeir Friberg, Jan H. Rosenvinge, Tore Sørli, Even Halland, and Arild Bjørndal, "Does Personality Moderate the Effects of Mindfulness Training for Medical and Psychology Students?" *Mindfulness*, Vol. 6, No. 2, 2015, pp. 281–289.

Devos-Comby, Loraine, and James E. Lange, "Standardized Measures of Alcohol-Related Problems: A Review of Their Use Among College Students," *Psychology of Addictive Behaviors*, Vol. 22, No. 3, September 2008, pp. 349–361.

Diener, Ed, Robert A. Emmons, Randy J. Larsen, and Sharon Griffin, "The Satisfaction with Life Scale," *Journal of Personality Assessment*, Vol. 49, No. 1, 1985, pp. 71–75.

Dimeff, Linda A., John S. Baer, Daniel R. Kivlahan, and G. Alan Marlatt, *Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach*, New York: Guilford Press, 1999.

Doss, Brian D., Larisa N. Cicila, Emily J. Georgia, McKenzie K. Roddy, Kathryn M. Nowlan, Lisa A. Benson, and Andrew Christensen, "A Randomized Controlled Trial of the Web-Based OurRelationship Program: Effects on Relationship and Individual Functioning," *Journal of Consulting and Clinical Psychology*, Vol. 84, No. 4, April 2016, pp. 285–296.

Doss, Brian D., McKenzie K. Roddy, Kathryn M. Nowlan, Karen Rothman, and Andrew Christensen, "Maintenance of Gains in Relationship and Individual Functioning Following the Online OurRelationship Program," *Behavior Therapy*, Vol. 50, No. 1, January 2019, pp. 73–86.

Doumas, Diana M., and Lorna L. Andersen, "Reducing Alcohol Use in First-Year University Students: Evaluation of a Web-Based Personalized Feedback Program," *Journal of College Counseling*, Vol. 12, No. 1, Spring 2009, pp. 18–32.

Doumas, Diana M., and Elizabeth Hannah, "Preventing High-Risk Drinking in Youth in the Workplace: A Web-Based Normative Feedback Program," *Journal of Substance Abuse Treatment*, Vol. 34, No. 3, April 2008, pp. 263–271.

Doumas, Diana M., Tonya Haustveit, and Kenneth M. Coll, "Reducing Heavy Drinking Among First Year Intercollegiate Athletes: A Randomized Controlled Trial of Web-Based Normative Feedback," *Journal of Applied Sport Psychology*, Vol. 22, No. 3, 2010, pp. 247–261.

Doumas, Diana M., Camille Workman, Diana Smith, and Anabel Navarro, "Reducing High-Risk Drinking in Mandated College Students: Evaluation of Two Personalized Normative Feedback Interventions," *Journal of Substance Abuse Treatment*, Vol. 40, No. 4, June 2011, pp. 376–385.

Economides, Marcos, Janis Martman, Megan J. Bell, and Brad Sanderson, "Improvements in Stress, Affect, and Irritability Following Brief Use of a Mindfulness-Based Smartphone App: A Randomized Controlled Trial," *Mindfulness*, Vol. 9, No. 5, October 2018, pp. 1584–1593.

Ellis, Louise A., Andrew J. Campbell, Suvena Sethi, and Bridianne M. O'Dea, "Comparative Randomized Trial of an Online Cognitive-Behavioral Therapy Program and an Online Support Group for Depression and Anxiety," *Journal of CyberTherapy and Rehabilitation*, Vol. 4, No. 4, January 2011, pp. 461–467.

Farris, Coreen, Terry L. Schell, Margaret Tankard, Lisa H. Jaycox, Barbara Bicksler, Angela Clague, and Dionne Barnes-Proby, *Measures of Performance and Effectiveness for the Marine Corps' Sexual Assault Prevention Programs*, Santa Monica, Calif.: RAND Corporation, RR-2220-USMC, 2019. As of March 17, 2021:

[https://www.rand.org/pubs/research\\_reports/RR2220.html](https://www.rand.org/pubs/research_reports/RR2220.html)

Farris, Coreen, *Getting To Outcomes® Operations Guide for U.S. Air Force Community Action Teams: Content Area Module for Air Force Sexual Harassment Prevention*, Santa Monica, Calif.: RAND Corporation, TL-311/3-AF, 2020. As of March 28, 2021: <https://www.rand.org/pubs/tools/TL311z3.html>

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.

Finkel, Eli J., Erica B. Slotter, Laura B. Luchies, Gregory M. Walton, and James J. Gross, "A Brief Intervention to Promote Conflict Reappraisal Preserves Marital Quality Over Time," *Psychological Science*, Vol. 24, No. 8, August 2013, pp. 1595–1601.

Fiorillo, Devika, Caitlin McLean, Jacqueline Pistorello, Steven C. Hayes, and Victoria M. Follette, "Evaluation of a Web-Based Acceptance and Commitment Therapy Program for Women with Trauma-Related Problems: A Pilot Study," *Journal of Contextual Behavioral Science*, Vol. 6, No. 1, January 2017, pp. 104–113.

Follette, Victoria M., and Jacqueline Pistorello, *Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma-Related Problems*, Oakland, Calif.: New Harbinger Publications, 2007.

Foster, Kim, Ian Shochet, Astrid Wurfl, Michael Roche, Darryl Maybery, Jane Shakespeare-Finch, and Trentham Furness, "On PAR: A Feasibility Study of the Promoting Adult Resilience Programme with Mental Health Nurses," *International Journal of Mental Health Nursing*, Vol. 27, No. 5, October 2018, pp. 1470–1480.

Funk, Janette L., and Ronald D. Rogge, "Testing the Ruler with Item Response Theory: Increasing Precision of Measurement for Relationship Satisfaction with the Couples Satisfaction Index," *Journal of Family Psychology*, Vol. 21, No. 4, December 2007, pp. 572–583.

Gächter, Simon, Chris Starmer, and Fabio Tufano, "Measuring the Closeness of Relationships: A Comprehensive Evaluation of the 'Inclusion of the Other in the Self' Scale," *PLoS ONE*, Vol. 10, No. 6, June 12, 2015.

Gamarra, Jennifer M., Matthew T. Luciano, Jaimie L. Gradus, and Shannon Wiltsey Stirman, "Assessing Variability And Implementation Fidelity of Suicide Prevention Safety Planning in a Regional VA Healthcare System," *Crisis*, Vol. 36, No. 6, 2015, pp. 433–439.

Greenfield, Thomas K., and John D. Rogers, "Alcoholic Beverage Choice, Risk Perception and Self-Reported Drunk Driving: Effects of Measurement on Risk Analysis," *Addiction*, Vol. 94, No. 11, November 1999, pp. 1735–1743.

Griffiths, Mark D., Daria J. Kuss, Joël Billieux, and Halley M. Pontes, "The Evolution of Internet Addiction: A Global Perspective," *Addictive Behaviors*, Vol. 53, February 2016, pp. 193–195.

Guille, Constance, Zhuo Zhao, John Krystal, Breck Nichols, Kathleen Brady, and Srijan Sen, "Web-Based Cognitive Behavioral Therapy Intervention for the Prevention of Suicidal Ideation in Medical Interns: A Randomized Clinical Trial," *JAMA Psychiatry*, Vol. 72, No. 12, December 2015, pp. 1192–1198.

Halamová, Júlia, Martin Kanovský, and Monika Pacúchová, "Self-Compassion Scale: IRT Psychometric Analysis, Validation, and Factor Structure—Slovak Translation," *Psychologica Belgica*, Vol. 57, No. 4, 2018, pp. 190–209.

Hardison, Chaitra M., Christine Anne Vaughan, Lisa S. Meredith, Sarah Weiland, and Rachel Ross, *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*, Santa Monica, Calif.: RAND Corporation, TL-311/2-AF, 2020. As of March 28, 2021: <https://www.rand.org/pubs/tools/TL311z2.html>

Hawrilenko, Matt, Tatiana D. Gray, and James V. Córdova, "The Heart of Change: Acceptance and Intimacy Mediate Treatment Response in a Brief Couples Intervention," *Journal of Family Psychology*, Vol. 30, No. 1, 2016, pp. 93–103.

Henry, Susan, James Lange, and Leslie Wilson, "Evaluation of e-CHUG Integrated into Two Classroom-Based Alcohol Interventions," paper presented at the U.S. Department of Education 18th Annual National Meeting on Alcohol, Other Drug Abuse and Violence Prevention in Higher Education, Washington, D.C., 2004.

Hester, Reid K., Harold D. Delaney, and William Campbell, "The College Drinker's Check-Up: Outcomes of Two Randomized Clinical Trials of a Computer-Delivered Intervention," *Psychology of Addictive Behaviors*, Vol. 26, No. 1, March 2012, pp. 1–12.

Hester, Reid K., Daniel D. Squires, and Harold D. Delaney, "The Drinker's Check-Up: 12-Month Outcomes of a Controlled Clinical Trial of a Stand-Alone Software Program for Problem Drinkers," *Journal of Substance Abuse Treatment*, Vol. 28, No. 2, March 2005, pp. 159–169.

Hinkle, Julie F., "The Stress Gym: An Online Intervention to Improve Stress and Depressive Symptoms in Adults," *Issues in Mental Health Nursing*, Vol. 36, No. 11, 2015, pp. 870–876.

Hirsch, Abigail, Jason Luellen, Jared M. Holder, Gregory Steinberg, Teresa Dubiel, Anna Blazejowskyj, and Krista Schladweiler, "Managing Depressive Symptoms in the Workplace Using a Web-Based Self-Care Tool: A Pilot Randomized Controlled Trial," *JMIR Research Protocols*, Vol. 6, No. 4, April 4, 2017, p. e51.

Hooley, Jill M., and John D. Teasdale, "Predictors of Relapse in Unipolar Depressives: Expressed Emotion, Marital Distress, and Perceived Criticism," *Journal of Abnormal Psychology*, Vol. 98, No. 3, August 1989, pp. 229–235.

Howells, Annika, Itai Ivztan, and Francisco Jose Eiroa-Orosa, "Putting the 'App' in Happiness: A Randomised Controlled Trial of a Smartphone-Based Mindfulness Intervention to Enhance Wellbeing," *Journal of Happiness Studies*, Vol. 17, No. 1, 2016, pp. 163–185.

Hustad, John T. P., Nancy P. Barnett, Brian Borsari, and Kristina M. Jackson, "Web-Based Alcohol Prevention for Incoming College Students: A Randomized Controlled Trial," *Addictive Behaviors*, Vol. 35, No. 3, March 2010, pp. 183–189.

Interian, Alejandro, Anna Kline, Deborah Perlick, Lisa Dixon, Ann Feder, Marc D. Weiner, Marjorie F. Goldstein, Kerry Hennessy, Lauren St. Hill, and Miklos Losonczy, "Randomized Controlled Trial of a Brief Internet-Based Intervention for Families of Veterans with Posttraumatic Stress Disorder," *Journal of Rehabilitation Research and Development*, Vol. 53, No. 5, 2016, pp. 629–640.

Kahler, Christopher W., John Hustad, Nancy P. Barnett, David R. Strong, and Brian Borsari, "Validation of the 30-Day Version of the Brief Young Adult Alcohol Consequences Questionnaire for Use in Longitudinal Studies," *Journal of Studies on Alcohol and Drugs*, Vol. 69, No. 4, July 2008, pp. 611–615.

Kahler, Christopher W., David R. Strong, and Jennifer P. Read, "Toward Efficient and Comprehensive Measurement of the Alcohol Problems Continuum in College Students: The Brief Young Adult Alcohol Consequences Questionnaire," *Alcoholism: Clinical and Experimental Research*, Vol. 29, No. 7, July 2005, pp. 1180–1189.

Kato, Takahiro A., Yuriko Suzuki, Ryoko Sato, Daisuke Fujisawa, Kumi Uehara, Naoki Hashimoto, Yasunori Sawayama, Jun Hayashi, Shigenobu Kanba, and Kotaro Otsuka, "Development of 2-Hour Suicide Intervention Program Among Medical Residents: First Pilot Trial," *Psychiatry and Clinical Neurosciences*, Vol. 64, No. 5, October 2010, pp. 531–540.

Kessler, R. C., G. Andrews, L. J. Colpe, E. Hiripi, D. K. Mroczek, S.-L. Normand, E. E. Walters, and A. M. Zaslavsky, "Short Screening Scales to Monitor Population Prevalences and Trends in Non-Specific Psychological Distress," *Psychological Medicine*, Vol. 32, No. 6, August 2002, pp. 959–976.

King, Lynda A., Daniel W. King, Dawne S. Vogt, Jeffrey Knight, and Rita E. Samper, "Deployment Risk and Resilience Inventory: A Collection of Measures for Studying Deployment-Related Experiences of Military Personnel and Veterans," *Military Psychology*, Vol. 18, No. 2, 2006, pp. 89–120.

Kohlenberg, Robert J., and Mavis Tsai, *Functional Analytic Psychotherapy: Creating Intense and Curative Therapeutic Relationships*, New York: Springer, 1991.

Kohlenberg, Robert J., Mavis Tsai, Adam M. Kuczynski, James R. Rae, Elizabeth Lagbas, Jianne Lo, and Jonathan W. Kanter, "A Brief, Interpersonally Oriented Mindfulness Intervention Incorporating Functional Analytic Psychotherapy's Model of Awareness, Courage and Love," *Journal of Contextual Behavioral Science*, Vol. 4, No. 2, 2015, pp. 107–111.

Kypri, Kypros, and John D. Langley, "Perceived Social Norms and Their Relation to University Student Drinking," *Journal of Studies on Alcohol*, Vol. 64, No. 6, November 2003, pp. 829–834.

Lane, David J., and James A. Schmidt, "Evaluating Personalized Alcohol Interventions," poster presented at the annual meeting of the Midwestern Psychological Association, Chicago, Ill., May 2007.

Larimer, Mary E., Daniel L. Irvine, Jason R. Kilmer, and G. Alan Marlatt, "College Drinking and the Greek System: Examining the Role of Perceived Norms for High-Risk Behavior," *Journal of College Student Development*, Vol. 38, No. 6, 1997, pp. 587–598.

Lee, Jin-Soo, Choong-Ki Lee, and Youngjoon Choi, "Examining the Role of Emotional and Functional Values in Festival Evaluation," *Journal of Travel Research*, Vol. 50, No. 6, 2011, pp. 685–696.

Lee, Sang Joon, Sandhya Srinivasan, Trudian Trail-Constant, and David Lewis, "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, July 2011, pp. 158–163.

Lintvedt, Ove K., Kathleen M. Griffiths, Kristian Sørensen, Andreas R. Østvik, Catharina E. A. Wang, Martin Eisemann, and Knut Waterloo, "Evaluating the Effectiveness and Efficacy of Unguided Internet-Based Self-Help Intervention for the Prevention of Depression: A Randomized Controlled Trial," *Clinical Psychology & Psychotherapy*, Vol. 20, No. 1, January–February 2013, pp. 10–27.

Ly, Kien Hoa, JoAnne Dahl, Per Carlbring, and Gerhard Andersson, "Development and Initial Evaluation of a Smartphone Application Based on Acceptance and Commitment Therapy," *SpringerPlus*, Vol. 1, No. 1, 2012, p. 11.

Mackenzie, Corey S., Patricia A. Poulin, and Rhonda Seidman-Carlson, "A Brief Mindfulness-Based Stress Reduction Intervention for Nurses and Nurse Aides," *Applied Nursing Research*, Vol. 19, No. 2, May 2006, pp. 105–109.

Mahfouz, Julia, Joseph Levitan, Deborah Schussler, Trish Broderick, Kami Dvorakova, Mark Argusti, and Mark T. Greenberg, "Ensuring College Student Success Through Mindfulness-Based Classes: Just Breathe," *College Student Affairs Journal*, Vol. 36, No. 1, 2018, pp. 1–16.

Marlatt, G. Alan, John S. Baer, Daniel R. Kivlahan, Linda A. Dimeff, Mary E. Larimer, Lori A. Quigley, Julian M. Somers, and Ellen Williams, "Screening and Brief Intervention for High-Risk College Student Drinkers: Results from a 2-Year Follow-Up Assessment," *Journal of Consulting and Clinical Psychology*, Vol. 66, No. 4, August 1998, pp. 604–615.

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

McIndoo, C. C., A. File, T. Predy, C. Clark, and D. Hopko, "Mindfulness-Based Therapy and Behavioral Activation: A Randomized Controlled Trial with Depressed College Students," *Behaviour Research and Therapy*, Vol. 77, February 2016, pp. 118–128.

Midanik, Lorraine T., Tammy W. Tam, Thomas K. Greenfield, and Raul Caetano, "Risk Functions for Alcohol-Related Problems in a 1988 US National Sample," *Addiction*, Vol. 91, No. 10, October 1996, pp. 1427–1437.

Morledge, Thomas J., Didier Alexandre, Emily Fox, Alex Z. Fu, Mitchell K. Higashi, Denise T. Kruzikas, Sissi V. Pham, and Pat Ray Reese, "Feasibility of an Online Mindfulness Program for Stress Management—A Randomized, Controlled Trial," *Annals of Behavioral Medicine*, Vol. 46, No. 2, October 2013, pp. 137–148.

National Health Promotion Associates, *Cadet Healthy Personal Skills (CHiPS): An Adaptation of Botvin LifeSkills Training*, U.S. Air Force, 2018. As of April 9, 2021:  
<https://clinicaltrials.gov/ct2/show/NCT03839797>

Norton, Robert, "Measuring Marital Quality: A Critical Look at the Dependent Variable," *Journal of Marriage and the Family*, February 1983, pp. 141–151.

Nowlan, Kathryn M., McKenzie K. Roddy, and Brian D. Doss, "The Online OurRelationship Program for Relationally Distressed Individuals: A Pilot Randomized Controlled Trial," *Couple and Family Psychology: Research and Practice*, Vol. 6, No. 3, September 2017, pp. 189–204.

Office of Management and Budget, "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity," *Federal Register*, Vol. 62, No. 210, 1997, pp. 58782–58790. As of March 21, 2021:  
<https://www.gpo.gov/fdsys/pkg/FR-1997-10-30/pdf/97-28653.pdf>

O’Kearney, Richard, Mal Gibson, Helen Christensen, and Kathy M. Griffiths, "Effects of a Cognitive-Behavioural Internet Program on Depression, Vulnerability to Depression and Stigma in Adolescent Males: A School-Based Controlled Trial," *Cognitive Behaviour Therapy*, Vol. 35, No. 1, 2006, pp. 43–54.

- Phillips, R., J. Schneider, I. Molosankwe, M. Leese, P. Sarrami Foroushani, P. Grime, P. McCrone, R. Morriss, and G. Thornicroft, "Randomized Controlled Trial of Computerized Cognitive Behavioural Therapy for Depressive Symptoms: Effectiveness and Costs of a Workplace Intervention," *Psychological Medicine*, Vol. 44, No. 4, March 2014, pp. 741–752.
- Radhu, Natasha, Zafiris J. Daskalakis, Chantal A. Arpin-Cribbie, Jane Irvine, and Paul Ritvo, "Evaluating a Web-Based Cognitive-Behavioral Therapy for Maladaptive Perfectionism in University Students," *Journal of American College Health*, Vol. 60, No. 5, 2012, pp. 357–366.
- Ratelle, Catherine F., Noémie Carbonneau, Robert J. Vallerand, and Geneviève Mageau, "Passion in the Romantic Sphere: A Look at Relational Outcomes," *Motivation and Emotion*, Vol. 37, No. 1, 2013, pp. 106–120.
- Read, Jennifer P., Christopher W. Kahler, David R. Strong, and Craig R. Colder, "Development and Preliminary Validation of the Young Adult Alcohol Consequences Questionnaire," *Journal of Studies on Alcohol*, Vol. 67, No. 1, January 2006, pp. 169–177.
- Rehm, Jürgen, and Susan Bondy, "Risk Functions, Low Risk Drinking Guidelines, and the Benefits of Moderate Drinking," *Addiction*, Vol. 91, No. 10, 1996, pp. 1439–1441.
- Rehm, Jürgen, Thomas K. Greenfield, and John D. Rogers, "Average Volume of Alcohol Consumption, Patterns of Drinking, and All-Cause Mortality: Results from the US National Alcohol Survey," *American Journal of Epidemiology*, Vol. 153, No. 1, January 2001, pp. 64–71.
- Richards, Dylan K., Reyna P. Puentes, Rubi Gonzales, Juliana Cardoso Smith, Craig A. Field, and Osvaldo F. Morera, "A Psychometric Evaluation of the Protective Behavioral Strategies Scale-20 Among Internet Samples of Adult Drinkers," *Addictive Behaviors Reports*, Vol. 8, December 2018, pp. 71–78.
- Roepke, Ann Marie, Sara R. Jaffee, Olivia M. Riffle, Jane McGonigal, Rose Broome, and Bez Maxwell, "Randomized Controlled Trial of SuperBetter, a Smartphone-Based/Internet-Based Self-Help Tool to Reduce Depressive Symptoms," *Games for Health Journal*, Vol. 4, No. 3, June 2015, pp. 235–246.
- Room, Robin, Susan J. Bondy, and Jacqueline Ferris, "The Risk of Harm to Oneself from Drinking, Canada 1989," *Addiction*, Vol. 90, No. 4, April 1995, pp. 499–513.
- Rose, Raphael D., Jay C. Buckey Jr., Tomislav D. Zbozinek, Sarosh J. Motivala, Daniel E. Glenn, James A. Cartreine, and Michelle G. Craske, "A Randomized Controlled Trial of a Self-Guided, Multimedia, Stress Management and Resilience Training Program," *Behaviour Research and Therapy*, Vol. 51, No. 2, February 2013, pp. 106–112.
- Salafsky, David, Carlos Moll, and Peggy Glider, "Comparison of an In-Class vs. Online Alcohol Diversion Program to Reduce Alcohol Consumption and Negative Consequences Among College Students: Findings from a 2-Year Study," presented at the U.S. Department of Education's 21st Annual National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education, 2007.
- Salivar, Georgia, Emily J., McKenzie K. Roddy, Kathryn M. Nowlan, and Brian D. Doss, "Effectiveness of the Online OurRelationship Program for Underserved Couples," *Couple and Family Psychology: Research and Practice*, Vol. 7, No. 3–4, 2018, pp. 212–226.
- Sethi, Suvena, Andrew J. Campbell, and Louise A. Ellis, "The Use of Computerized Self-Help Packages to Treat Adolescent Depression and Anxiety," *Journal of Technology in Human Services*, Vol. 28, No. 3, 2010, pp. 144–160.

Shear, M. Katherine, Charles F. Reynolds, III, Naomi M. Simon, Sidney Zisook, Yuanjia Wang, Christine Mauro, Naihua Duan, Barry Lebowitz, and Natalia Skritskaya, "Optimizing Treatment of Complicated Grief: A Randomized Clinical Trial," *JAMA Psychiatry*, Vol. 73, No. 7, July 1, 2016, pp. 685–694.

Shearer, Amy L. and Patricia A. Ebener, *Getting To Outcomes® Operations Guide for U.S. Air Force Community Action Teams: Content Area Module for Air Force Suicide Prevention*, Santa Monica, Calif.: RAND Corporation, TL-311/1-AF, 2020. As of March 28, 2021: <https://www.rand.org/pubs/tools/TL311z1.html>

Sisti, Mark, Jason M. Stewart, and Barbara Kohlenberg, "Contextualist Bridges Through the Looking Glass: Relational Psychoanalysis and Functional Analytic Psychotherapy," in Jason M. Stewart, ed., *Mindfulness, Acceptance, and the Psychodynamic Evolution: Bringing Values Into Treatment Planning and Enhancing Psychodynamic Work with Buddhist Psychology*, Oakland, Calif.: New Harbinger Publications, Inc., 2014.

Spector, Paul E., "Measurement of Human Service Staff Satisfaction: Development of the Job Satisfaction Survey," *American Journal of Community Psychology*, Vol. 13, No. 6, December 1985, pp. 693–713.

Steiner, John, W. Gill Woodall, Jill Anne Yeagley, and Moises Venegas, "The E-Chug: A Randomized, Controlled Study of a Web-Based Binge Drinking Intervention with College Freshman," *Society for Prevention Research*, 2005.

Thomas, Kate Hendricks, and Sarah Plummer Taylor, "Bulletproofing the Psyche: Mindfulness Interventions in the Training Environment to Improve Resilience in the Military and Veteran Communities," *Advances in Social Work*, Vol. 16, No. 2, 2015, pp. 312–322.

Tompkins, Tanya L., and Jody Witt, "The Short-Term Effectiveness of a Suicide Prevention Gatekeeper Training Program in a College Setting with Residence Life Advisers," *Journal of Primary Prevention*, Vol. 30, No. 2, March 2009, pp. 131–149.

Treloar, Hayley, Matthew P. Martens, and Denis M. McCarthy, "The Protective Behavioral Strategies Scale–20: Improved Content Validity of the Serious Harm Reduction Subscale," *Psychological Assessment*, Vol. 27, No. 1, March 2015, pp. 340–346.

Troxel, Wendy M., Stephanie Brooks Holliday, Regina A. Shih, and Patricia A. Ebener, *Getting To Outcomes® Operations Guide for U.S. Air Force Community Action Teams: Content Area Module for Air Force Sleep Health Promotion*, Santa Monica, Calif.: RAND Corporation, TL-311/4-AF, 2020. As of March 28, 2021: <https://www.rand.org/pubs/tools/TL311z4.html>

Tsai, Mavis, Robert J. Kohlenberg, Madelon Y. Bolling, and Christeine Terry, "Values in Therapy and Green FAP," in Mavis Tsai, Robert J. Kohlenberg, Jonathan W. Kanter, Barbara Kohlenberg, William C. Follette, and Glenn M. Callaghan, *A Guide to Functional Analytic Psychotherapy: Awareness, Courage, Love, and Behaviorism*, Boston: Springer Science + Business Media, 2009, pp. 199–212.

Turrisi, Rob, Mary E. Larimer, Kimberly A. Mallett, Jason R. Kilmer, Anne E. Ray, Nadine R. Mastroleo, Irene Markman Geisner, Joel Grossbard, Sean Tollison, Ty W. Lostutter, and Heidi Montoya, "A Randomized Clinical Trial Evaluating a Combined Alcohol Intervention for High-Risk College Students," *Journal of Studies on Alcohol and Drugs*, Vol. 70, No. 4, July 2009, pp. 555–567.

U.S. Census Bureau, "The American Community Survey," 2020a. As of March 28, 2021: <https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2020/quest20.pdf>

U.S. Census Bureau, "Questions Asked on the Form," 2020b. As of March 28, 2021: <https://2020census.gov/en/about-questions.html>

Verster, Joris C., Jessica van Herwijnen, Berend Olivier, and Christopher W. Kahler, "Validation of the Dutch version of the Brief Young Adult Alcohol Consequences Questionnaire (B-YAACQ)," *Addictive Behaviors*, Vol. 34, No. 5, May 2009, pp. 411–414.

Walters, Scott T., Amanda M. Vader, and T. Robert Harris, "A Controlled Trial of Web-Based Feedback for Heavy Drinking College Students," *Prevention Science*, Vol. 8, No. 1, March 2007, pp. 83–88.

Walters, Scott T., Amanda M. Vader, T. Robert Harris, Craig A. Field, and Ernest N. Jouriles, "Dismantling Motivational Interviewing and Feedback for College Drinkers: A Randomized Clinical Trial," *Journal of Consulting and Clinical Psychology*, Vol. 77, No. 1, February 2009, pp. 64–73.

Wen, Louise, Timothy E. Sweeney, Lindsay Welton, Mickey Trockel, and Laurence Katznelson, "Encouraging Mindfulness in Medical House Staff Via Smartphone App: A Pilot Study," *Academic Psychiatry*, Vol. 41, No. 5, October 2017, pp. 646–650.

Wilson, L., S. Henry, and J. Lange, *Evaluation of e-CHUG Integrated into Two Classroom Interventions*, paper presented at the 4th annual CSU Alcohol Education Conference, San Jose, Calif., 2005.

Wylde, Chelsey Morrison, Nicole E. Mahrer, Rika M. L. Meyer, and Jeffrey I. Gold, "Mindfulness for Novice Pediatric Nurses: Smartphone Application Versus Traditional Intervention," *Journal of Pediatric Nursing*, Vol. 36, September–October 2017, pp. 205–212.

### **Related Reading on Military Resilience**

Brown, Ryan Andrew, Grant N. Marshall, Joshua Breslau, Coreen Farris, Karen Chan Osilla, Harold Alan Pincus, Teague Ruder, Phoenix Voorhies, Dionne Barnes-Proby, Katherine Pfrommer, Lisa Miyashiro, Yashodhara Rana, and David M. Adamson, *Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S.*, Santa Monica, Calif.: RAND Corporation, RR-578-OSD, 2015. As of March 1, 2021: [https://www.rand.org/pubs/research\\_reports/RR578.html](https://www.rand.org/pubs/research_reports/RR578.html)

Bonanno, George A., Anthony D. Mancini, Jaime L. Horton, Teresa M. Powell, Cynthia A. LeardMann, Edward J. Boyko, Timothy S. Wells, Tomoko I. Hooper, Gary D. Gackstetter, and Tyler C. Smith, "Trajectories of Trauma Symptoms and Resilience in Deployed U.S. Military Service Members: Prospective Cohort Study," *British Journal of Psychiatry*, Vol. 200, No. 4, 2012, pp. 317–323.

Griffith, James, and Courtney West, "Master Resilience Training and Its Relationship to Individual Well-Being and Stress Buffering Among Army National Guard Soldiers," *Journal of Behavioral Health Services and Research*, Vol. 40, 2013, pp. 140–155.

Hawkins, Stacy Ann, Annie Condon, Jacob N. Hawkins, Kristine Liu, Yxsel Melendrez Ramirez, Marisa M. Nihill, and Jackson Tolins, *What We Know About Military Family Readiness:*

*Evidence from 2007–2017*, Monterey, Calif: Research Facilitation Laboratory, Army Analytics Group, Office of the Deputy Under Secretary of the Army, March 30, 2018. As of March 1, 2021: <https://apps.dtic.mil/dtic/tr/fulltext/u2/1050341.pdf>

National Guard Bureau Warrior Resilience and Fitness Division, *Response/Recovery (RE) Leadership Integrated Engagement Framework*, 2020. As of March 28, 2021: <https://www.nationalguard.mil/Leadership/Joint-Staff/J-1/Warrior-Resilience-Fitness/>

Pietrzak, Robert H., Douglas C. Johnson, Marc B. Goldstein, James C. Malley, and Steven M. Southwick, “Psychological Resilience and Postdeployment Social Support Protect Against Traumatic Stress and Depressive Symptoms in Soldiers Returning from Operations Enduring Freedom and Iraqi Freedom,” *Depression and Anxiety*, Vol. 26, No. 8, August 2009, pp. 745–751.

Saltzman, William R., Patricia Lester, William R. Beardslee, Christopher M. Layne, Kirsten Woodward, and William P. Nash, “Mechanisms of Risk and Resilience in Military Families: Theoretical and Empirical Basis of a Family-Focused Resilience Enhancement Program,” *Clinical Child and Family Psychology Review*, Vol. 14, September 2011, pp. 213–230.

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 March 1, 2021: [https://www.rand.org/pubs/research\\_reports/RR3084.html](https://www.rand.org/pubs/research_reports/RR3084.html)

Werber Castaneda, Laura, Margaret C. Harrell, Danielle M. Varda, Kimberly Curry Hall, Megan K. Beckett, and Stefanie Stern, *Deployment Experiences of Guard and Reserve Families: Implications for Support and Retention*, Santa Monica, Calif.: RAND Corporation, MG-645-OSD, 2008. As of March 1, 2021: <https://www.rand.org/pubs/monographs/MG645.html>