

Evaluation of a Family-Centered Preventive Intervention for Military Families: Parent and Child Longitudinal Outcomes

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SUMMARY: The study examined the effectiveness of a family-centered preventive intervention for military families. Each family received mental health interventions over eight sessions, and their mental health status were assessed at intake, completion, one month and six months after the program. Results showed improvement in psychological health in both parents and children, and the benefits of the intervention maintained six months after the program finished.

KEY FINDINGS:

- Compared with intake, both military and civilian parents had lower levels of depression and anxiety symptoms after the intervention.
- Similarly, both male and female children experienced an improvement in emotional and behavioral symptoms and prosocial behaviors as a result of the intervention.
- Benefits of the intervention were sustained six months after the program.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide additional family-centered mental health interventions to military families
- Improve the retention rate of families over time by building stronger alliance, offering more individuallytailored services, etc.
- Provide outreach services to military families, noting the availability of potentially useful services and the benefit of getting help early before problems potentially get worse

IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to help military families to receive necessary mental health interventions
- Encourage awareness campaigns regarding the importance of family-centered preventive intervention
- Recommend routine screening for mental health problems in both military/civilian parents and their children

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METHODS

- The longitudinal study recruited Active Duty military families at 15 military installations in the United States and Japan who were enrolled in the Families OverComing Under Stress (FOCUS) intervention program between July 2008 and December 2013; 2,615 out of 3,431 families completed or partially completed the study.
- Intervention was delivered to the families over eight sessions.
- Both parental and child psychological health symptoms were assessed at intake, program exit, and follow-up at one month, and follow-up at six months; longitudinal regression models were used to assess the changes in participants' psychological health over time.

PARTICIPANTS

- The sample included 2,615 families (1,426 military parents, 2,073 civilian parents, and 3,810 children).
- The average age for parents was 33 years (SD = 6.17), and the average age for children was 7 years (SD = 3.52); about 67% of the Service member parents were male, whereas 1% of the civilian parents were male.
- Race and military information of the participants were absent in the article.

LIMITATIONS

- The study was based on an existing data set, therefore the design did not allow for drawing causation conclusions.
- Information about parental characteristics (e.g., marital status) were limited in the data set, so some confounding factors were not controlled for.
- Data on deployment cycle were not available, therefore it is unknown how deployment might influence the effect of intervention.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Use a randomized controlled trial to assign families to different experimental conditions, so that the effect of intervention could be better studied
- Collect more comprehensive data about the participants, such as their marital and socioeconomic status
- Link the deployment data with the intervention data to better study the effect of deployment on mental health intervention outcomes



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