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DEFENSE PERSONNEL AND SECURITY RESEARCH CENTER



Preventing Targeted Violence at Your Installation

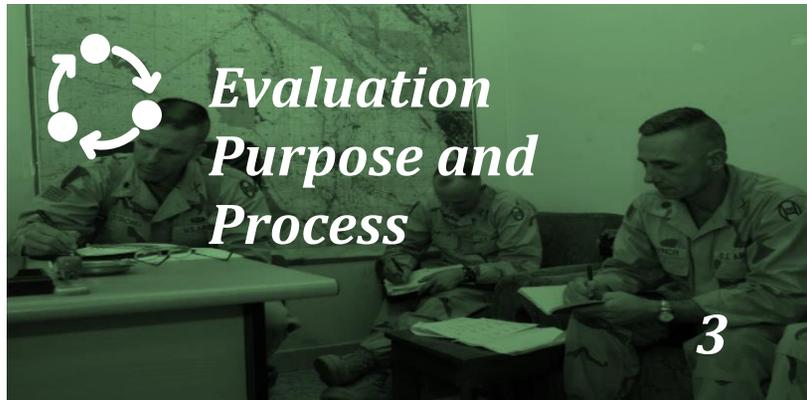
Evaluation Plan

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ANY REFERENCE TO OR LISTING OF NON-GOVERNMENTAL ORGANIZATIONS SHOULD NOT BE CONSTRUED AS ENDORSEMENTS OF THESE ENTITIES BY THE DEPARTMENT OF DEFENSE.





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Evaluation Purpose

The purpose of this evaluation is to determine the extent to which Program Plan activities are implemented and achieve their intended outcomes. Evaluation is important to determine what Program Plan activities work well, what could be improved, and whether the Program Plan would be appropriate to replicate at other installations. Evaluation data will inform improvements and decisions about future implementation, dissemination, and scale up of Program Plan activities. The evaluation will also provide data to report progress towards preventing targeted violence at an installation to the Office of the Deputy Assistant Secretary of Defense for Military Personnel Policy and the Office of the Under Secretary of Defense for Intelligence & Security.

The installation implementing the Program Plan to prevent targeted violence (*Volume I*) is responsible for carrying out activities related to this Evaluation Plan (*Volume II*) to assess implementation and effectiveness of Program Plan activities. The installation may assign staff with evaluation capabilities (such as Integrated Primary Prevention [IPP] staff [DoD, 2023]) or identify a contractor to conduct evaluation activities. Preparation for Program Plan implementation and evaluation should occur concurrently. The evaluation team should review the installation's Program Plan, including any adaptations, to identify an appropriate evaluation design and data collection strategy. This Evaluation Plan provides a framework for the installation to use when creating its own evaluation plan. The installation may add to or modify this Evaluation Plan to address the elements within the installation's Program Plan activities

This Evaluation Plan includes information about the evaluation process, evaluation stakeholders and roles, approvals, evaluability assessment, the Program Plan and logic model, the evaluation purpose and approach, evaluation questions, risk and protective factors that are expected to be impacted by Program Plan activities, the impact of Program Plan activities on targeted violence indicators, and the evaluation timeline. Risk factors are characteristics or behaviors that contribute to an individual's risk of targeted violence perpetration, and protective factors are characteristics or behaviors that lower an individual's risk of targeted violence perpetration. The Program Plan and this Evaluation Plan focus primarily on risk and protective factors related to individual Service members and attitudes, beliefs, and intentions.

Evaluation Process

This Evaluation Plan provides information to guide you through the following steps to evaluate Program Plan activities, but you may need to adapt the information to your installation's activities and priorities. You will need to clarify your evaluation's purpose, evaluation questions, and how results will be used before collecting data. The following is a summary of the evaluation process (adapted from Humanitarian Global, 2022):

1. Assemble an evaluation team and define roles.
2. Conduct an evaluability assessment.
3. Identify and engage evaluation stakeholders to provide input on items 4–9.
4. Plan the scope of the evaluation and review, refine, or create the Program Plan logic model. A logic model is an illustration of all the components in a Program Plan; the illustration shows the pathways between activities and intended outcomes (see page 11).
5. Design the evaluation.
 - a. Adapt or create a list of evaluation questions.
 - b. For each question or sub-question, identify outcomes from the logic model.
 - c. Determine the data source and indicator (or measure) for each outcome.
 - d. Select a design that is appropriate for the evaluation questions.
 - e. Create a data collection strategy that includes instruments and samples for each evaluation question.
 - f. Create a plan for analyzing the data.
 - g. Establish resource and timing constraints.
 - h. Plan for use of evaluation findings.
6. Obtain approvals for data collection.
7. Conduct the evaluation.
 - a. Explain the evaluation design to partners assisting with data collection or providing data.
 - b. Create a work plan that includes drafting protocols, training data collectors, and pilot testing procedures.
 - c. Collect information.
 - d. Clean the data and prepare it for analysis by creating table shells (if not done as part of the evaluation design). A table shell displays the layout of the anticipated data analysis results, without the results filled in.
 - e. Analyze the data.
 - f. Create tables and other visuals showing results.
 - g. Write up your findings.
8. Document the evaluation findings.
 - a. Determine the most important facts and themes: what works, what does not work, and what needs to be improved.
 - b. Elicit input from stakeholders about findings and make any necessary adjustments.
 - c. Complete the evaluation report.
 - d. Inform leadership and other stakeholders of the findings and facts.

Collaborate with IPP personnel, who identify, adapt, implement, and evaluate research-based prevention activities in collaboration with individual(s) or entities responsible for prevention programming (DoD, 2023).

9. Report evaluation results.
 - a. Determine who will receive what type of information (for example, a briefing, a summary, or the entire report) and put the strategy into action.
 - b. Apply results to improve prevention of targeted violence.

Evaluation Team and Roles

Suggested evaluation stakeholders and their roles are described in **Table 1**. It is recommended that the installation enlist assistance by staff with evaluation experience, such as installation prevention staff, university staff, or other contracted evaluation staff.

Table 1. Suggested Evaluation Team and Roles

Evaluation Team Member	Role
IPP staff	IPP staff are skilled in and assist with evaluation planning, implementation, and data access (DoD, 2023).
Installation Commander or Executive Officer	You will need installation commander approvals for all evaluation activities. The installation commander can also assist with engaging partners to help with evaluation planning and data collection.
Institutional Review Boards (IRBs) or human subjects protection offices	Ask about approvals needed to collect data. Each data source may have a different approval process and timeline you will need to coordinate.
Evaluation staff, university staff, or other contractor	Engaging installation staff with experience conducting evaluation will be helpful. A local university may be a source for evaluation staff, or the installation may contract with experienced evaluation staff.
Web survey programmer	If you plan to conduct web surveys, it will be helpful to have someone on your team who is experienced with programming. Free or low-cost web survey tools are available to the public.
Data collection staff	Staff with experience designing data collection instruments, researching and adapting validated measures, and collecting data will be important to include on your team.
Statistician	The items in this Evaluation Plan are intended to be summed or averaged, with percentages calculated before and after Program Plan activities. Evaluation Question 4 requires calculation of correlations between changes in risk and protective factors and implementation of Program Plan activities.
Reporting staff	Staff who can synthesize findings into easy to understand briefs, reports, slides, or presentations will be helpful for disseminating results.

Evaluability Assessment

Evaluability assessment is a pre-evaluation activity to determine the readiness of the installation's Program Plan activities for a productive outcome evaluation (Trevisan & Walser, 2015). Evaluability includes eight steps (Wholey, 1979):

1. Define the installation's Program Plan activities to be evaluated.
2. Collect information on the intended installation program activities through document review and stakeholder interviews.
3. Develop a logic model of installation activities and intended outcomes.
4. Analyze the extent to which installation stakeholders have identified goals, objectives, and activities in measurable terms.
5. Collect information on installation program planning through interviews, observations, and document review.
6. Synthesize findings to determine how realistic the installation's program goals are.
7. Identify options for evaluation based on items 1–6:
 - a. Evaluate only Program Plan components with well-defined goals, objectives, and activities.
 - b. Shore up planning and documentation of goals, objectives, and activities.
 - c. Delay evaluation until goals, objective, and activities are well-defined.
 - d. Begin evaluation of well-defined Program Plan components, shore up definition of remaining components, and then evaluate those components.
8. Make a determination about evaluability and implement one or more options in item 7.

Someone other than the Program Plan implementation staff typically conducts the evaluability assessment to ensure that Program Plan activities are operationalized, organized, and measurable before investing time and labor in an evaluation. Without an evaluability assessment, a premature evaluation could occur, resulting in findings that the Program Plan is not effective due to improper implementation (a Type III error).¹ While it is important to plan the evaluation while preparing the Program Plan activities, evaluation activities must not occur until Program Plan activities can be measured.

¹ A Type I error is a false positive: The evaluation determines the Program Plan is effective, when it is not. A Type II error is a false negative: The evaluation determines the Program Plan is ineffective, when it is effective. A Type III error involves the evaluation determining the Program Plan is ineffective, when it was not implemented as intended (Green & Tones, 1999).

Stakeholder and Partner Involvement in the Evaluation Process

Stakeholder and partner involvement is essential to the evaluation process. Stakeholder and partner involvement during the evaluation process can build communication, ensure that data collection is thorough and complete, and help with using evaluation findings effectively in prevention. Accordingly, you should engage partners in the evaluation design and process.

For example, ask for feedback on activities in the Program Plan logic model (*Figure 1*). Revise the logic model if needed to adapt it to your installation's priorities. Review outcomes and indicators (see *Evaluation Design* section) to determine whether they align with the Program Plan activities at your installation and whether existing data are available to track changes over time.

Ask stakeholders to assess the credibility, applicability to other installation priorities, feasibility, importance, and usefulness of the indicators you select for your evaluation data collection. Ask stakeholders whether they recommend additional or different indicators; then revise the Evaluation Plan to address your installation's data resources.

Continue to engage and collaborate with stakeholders and partners throughout the evaluation process, including

- evaluability assessment (see page 7),
- development of primary data collection instruments (e.g., interview guides and questionnaires),
- recommended improvements to reporting tools and data collection methods,
- sharing of findings, and
- at least quarterly communication to share successes and challenges.

Encourage partners to utilize data for their own prevention efforts. Stakeholder and partner participation in evaluation activities may need to be built into formal agreements, such as memoranda of understanding. Memoranda of understanding will allow stakeholders and partners in prevention to prioritize participation in the evaluation, share data, and pool resources to work with you on evaluation activities that are mutually beneficial.



Program Plan Description and Logic Model

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Problem Addressed by the Program Plan

Targeted Violence

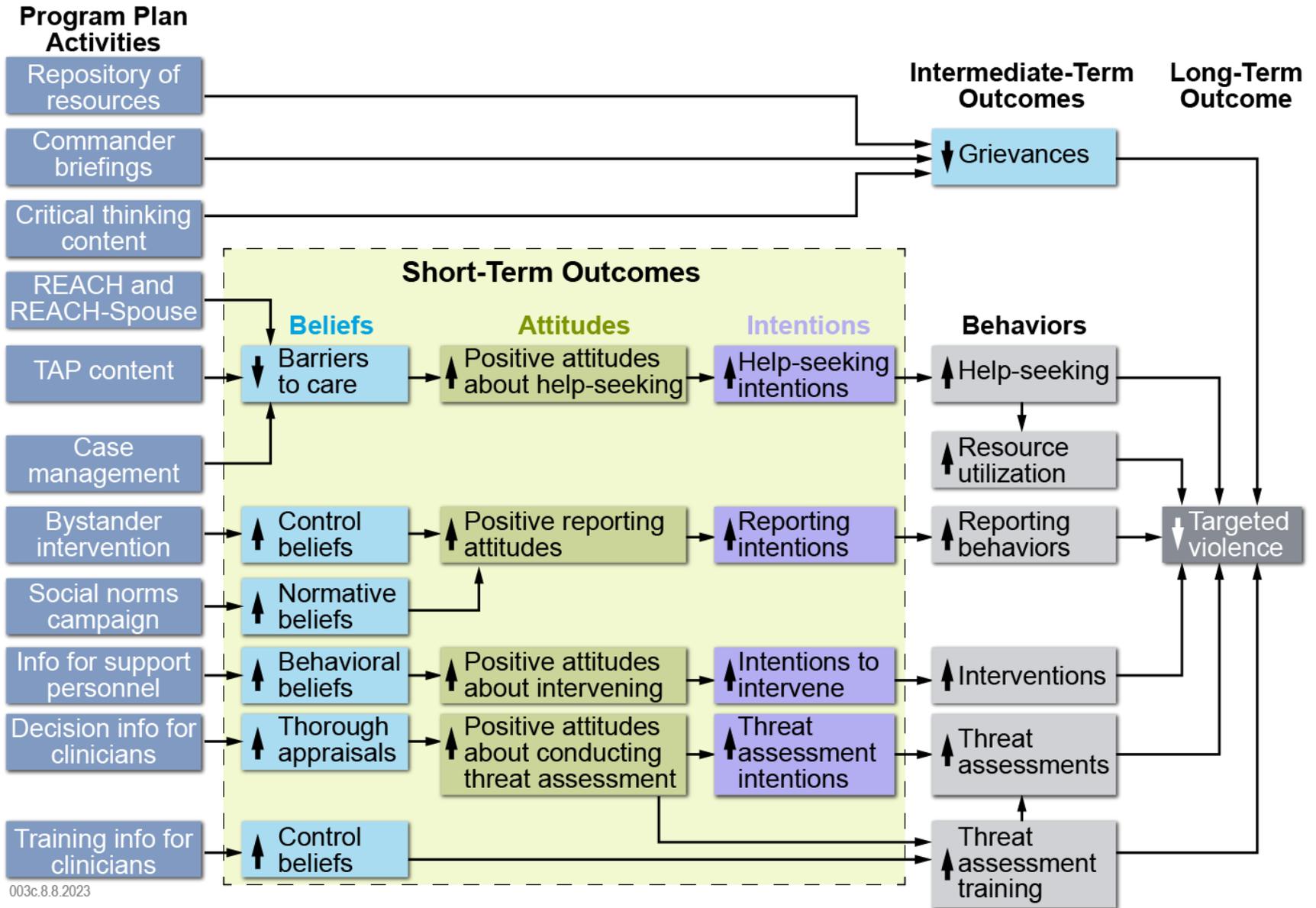
Definition: Premeditated attack against specific individuals, groups, or facilities, with consideration, planning, and preparing that occurs before the attack

Targeted violence affects many people across the United States every year. An estimated 37% of Americans said they experienced severe attacks in 2018, including sexual harassment and stalking (Guynn, 2019). The goal of the Program Plan is to prevent targeted violence using existing installation resources (e.g., psychologists, chaplains, financial staff, and social workers) and resources in the local civilian community. This is accomplished through (a) reducing individual and group grievances, (b) increasing critical assessment of information, (c) reducing co-occurring problem behaviors that may exacerbate grievances or increase risk for targeted violence, (d) promoting help-seeking among transitional Service members (TSMs), (e) reducing barriers to reporting concerning behaviors, (f) improving social norms about reporting concerning behaviors, (g) providing resources to aid detection of concerning behaviors, (h) promoting effective follow-up and monitoring, (i) assisting DoD psychologists (including contractors) in self-evaluation to conduct assessments, and (j) promoting free or low-cost training to conduct targeted violence assessment. By implementing Program Plan activities, positive changes are expected in the short and intermediate term, leading to prevention of targeted violence.

Conditions, Changes, or Effects That Will Be Achieved

As illustrated in the Program Plan logic model (*Figure 1*), providing a repository of resources to Service members, addressing problem-solving in commander briefings, and incorporating content about critical thinking in existing training will reduce *grievances* among Service members. Resources Exist, Asking Can Help (REACH), REACH-Spouse, Transition Assistance Program (TAP), and case management activities will reduce *barriers to care* risk factors for targeted violence, such as concerns about career impact and lack of knowledge of available resources, which will influence Service members' perceptions of stigma and help-seeking *attitudes, intentions, and behaviors*. Bystander intervention training will provide information to positively influence Service members' *control beliefs* (beliefs that they have the opportunity, knowledge, ability, skill, and resources to report concerning behaviors). A social norms campaign will improve Service members' *normative beliefs* that peers think they should report concerning behaviors and their motivation to comply with those peers. Information for support personnel will increase their *behavioral beliefs* that intervening when they identify concerning behaviors will help prevent targeted violence. These behavioral belief protective factors will improve attitudes about intervening, which will influence intentions to intervene and lead to increased intervening to prevent targeted violence. Finally, a handout to help clinicians evaluate their own ability to assess risk for targeted violence will promote thorough and careful appraisals of their capacity, which will lead to effective decision-making. Information about training to conduct violence risk assessments will improve clinicians' control beliefs that they have the knowledge, ability, skill, and resources to conduct violence risk assessments to prevent targeted violence.

Figure 1: Logic Model of Program Plan Activities, Risk and Protective Factors, and Outcomes



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Populations of Focus for Prevention Efforts

Each Program Plan activity identifies one or more intended audiences. *Table 2* identifies the audience(s) for each activity.

Table 2. Audience(s) for Each Program Plan Activity

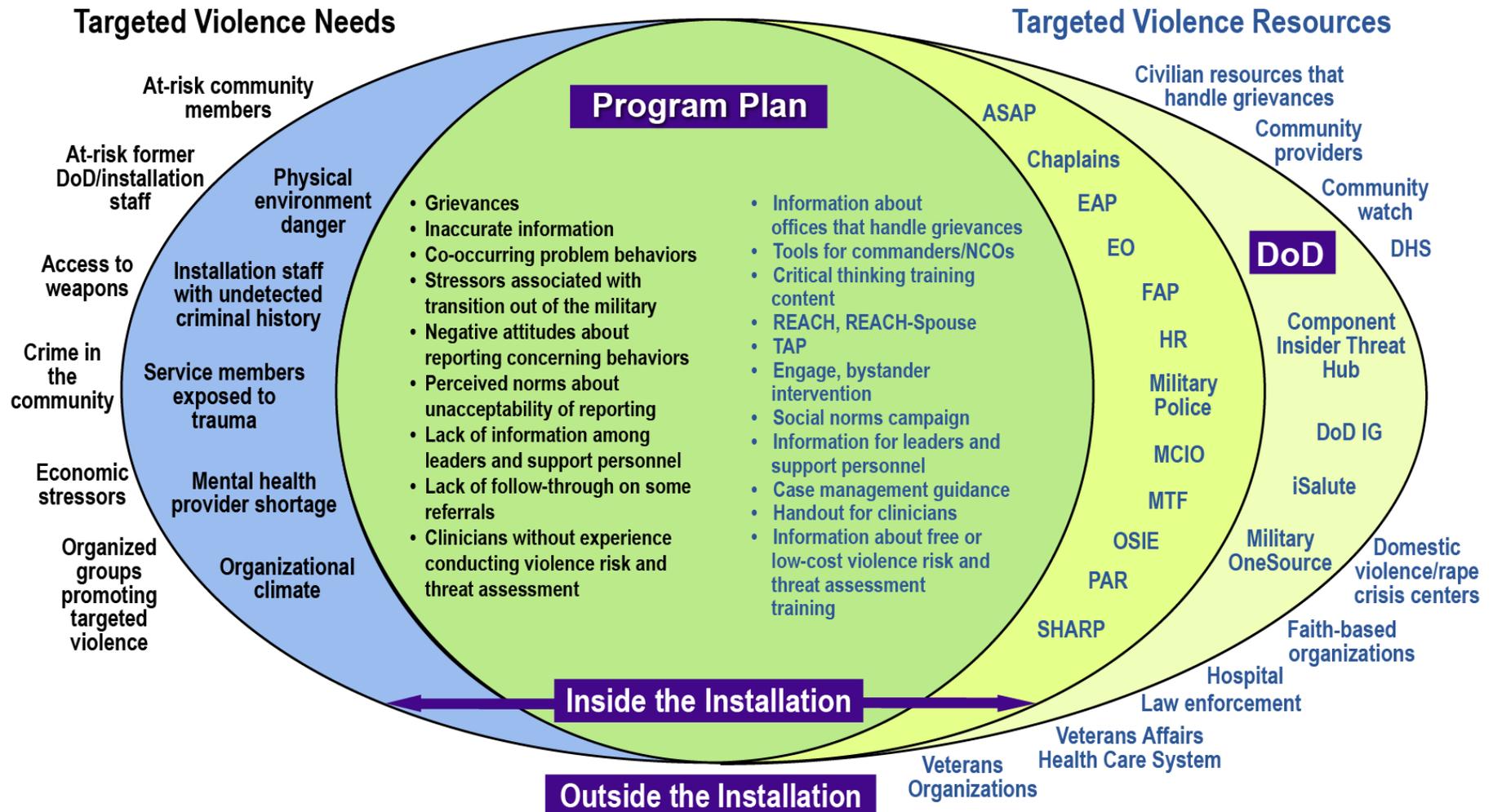
Objective	Activity	Audience(s)
Objective 1: Prevent first occurrence of targeted violence	Activity 1a: Create a central repository of resources to assist Service members in solving problems and addressing grievances	Service members
	Activity 1b: Provide commanders/ Noncommissioned Officers (NCOs) with tools to promote prosocial behavior to address grievances	<ul style="list-style-type: none"> • Commanders/NCOs • Service members
	Activity 1c: Incorporate into existing training evidence-based content about critical thinking and communication	<ul style="list-style-type: none"> • Training staff • Service members
Objective 2: Normalize help-seeking	Activity 2a: Promote delivery of and attendance at DoD programs that encourage help-seeking, such as REACH and REACH-Spouse	Service members
	Activity 2b: Work with TAP facilitators to emphasize TAP course content about resources for TSMs	<ul style="list-style-type: none"> • TAP facilitators • TSMs
Objective 3: Increase reporting of concerning behaviors	Activity 3a: Promote bystander intervention training to increase knowledge and skills for recognizing and responding to concerning behaviors	<ul style="list-style-type: none"> • Training staff • Service members
	Activity 3b: Develop a social norms messaging campaign	Service members
Objective 4: Improve identification of and response to concerning behaviors	Activity 4a: Disseminate information to leaders and support personnel about the link between grievances, concerning behaviors, and targeted violence	<ul style="list-style-type: none"> • Chaplains • Supervisors • Counselors
	Activity 4b: Provide guidance, tools, and strategies for case management	
Objective 5: Enhance capacity decision-making among clinicians	Activity 5a: Disseminate professional practice guidelines to clinicians for conducting targeted violence risk assessment	Clinicians
	Activity 5b: Encourage clinicians to attend violence risk assessment training	

Social, Economic, or Environmental (Contextual) Factors

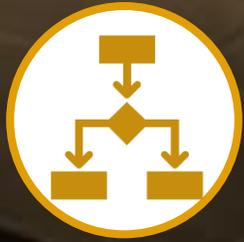
Social, economic, or environmental factors (contextual factors outside the control of Program Plan implementation staff) could either reinforce or hinder the Program Plan's implementation, achievement of objectives/outcomes, or sustainability. For example, social factors include social support from family and friends, who may encourage Service members to proactively address grievances, or relationships with community members who may encourage installation staff to engage in extremist activities. Economic factors include economic challenges, which may make help-seeking difficult because of childcare responsibilities, provider costs, or transportation problems. Environmental factors include organizational climate, staffing levels, and workload, which may influence Service members' willingness to report peers exhibiting concerning behaviors.

External factors also include DoD and installation priorities and changes to policies, regulations, procedures, and timeline; the level of engagement of stakeholders and partners; support from installation leadership; installation staffing capacity related to prevention programming (and availability of technical assistance to support implementation staff); and mandates, policies, federal guidelines, and investigations/press coverage related to targeted violence. Other factors influencing the prevalence of targeted violence may include crime in the community surrounding the installation; former DoD/installation staff; concurrent prevention programming; and installation, DoD, and community resources (*Figure 2*). Although this Evaluation Plan does not include tracking of these types of exogenous factors, you should document contextual events and timing during the evaluation process to inform interpretation of evaluation results.

Figure 2. Factors Influencing Targeted Violence



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Evaluation Design

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Page 17. Evaluation Questions

Page 18. Identify and Select Outcomes and Indicators/Measures

Page 33. Approvals



This Evaluation Plan includes both implementation and outcome evaluation. Implementation evaluation assesses whether Program Plan activities were conducted as intended. Outcome evaluation assesses whether Program Plan activities resulted in changes to targeted risk and protective factors for targeted violence.

This first evaluation of Program Plan activities will utilize implementation evaluation and a preexperimental outcome evaluation design to determine the extent to which Program Plan activities are implemented as intended and achieve their expected outcomes. Pre-experimental evaluation designs collect data from a group receiving Program Plan activities and do not collect data from a comparison group.²

The implementation evaluation will assess the extent to which the 11 Program Plan activities are implemented. The outcome evaluation will focus on (a) whether these Program Plan activities collectively result in changes to short- and intermediate-term beliefs and attitudes and (b) whether in the long term, these efforts correspond to changes in behaviors linked to targeted violence.

² A randomized experimental or quasi-experimental evaluation design comparing installations or units that do and do not receive Program Plan activities offers ideal evidence of the benefits of introducing Program Plan activities relative to current installation activities. In a randomized experimental evaluation design, individuals (or groups) are randomly assigned to a group that receives Program Plan activities (the intervention group) or a comparison group that does not receive Program Plan activities. A quasi-experimental evaluation design uses an intervention group and a comparison group, but not random assignment to the groups.

Evaluation Questions

This Evaluation Plan addresses the following evaluation questions. The evaluation questions you select will depend on the activities implemented. Remember that your installation may implement targeted violence prevention activities not described in the Program Plan.

1. To what extent were the following Program Plan activities implemented?
 - a. Creation or enhancement of a central repository of resources to assist Service members in solving problems and addressing grievances
 - b. Provision of tools to commanders/NCOs to promote prosocial behaviors to address grievances
 - c. Incorporation of evidence-based content about critical thinking and communication into existing training
 - d. Promotion of REACH and REACH-Spouse delivery and attendance
 - e. Work with TAP facilitators to emphasize TAP course content about resources for TSMs
 - f. Promotion of bystander-to-upstander intervention
 - g. Development of a social norms messaging campaign
 - h. Gathering and dissemination of Information to leaders and support personnel about the link between grievances, concerning behaviors, and targeted violence
 - i. Provision of guidance, tools, and strategies for case management
 - j. Dissemination of professional practice guidelines to clinicians for conducting targeted violence risk assessment
 - k. Encouragement of clinicians to attend violence risk assessment training
2. If targeted violence prevention activities occurred before Program Plan activities began, to what extent were the activities in #1 enhanced?
3. To what extent have risk and protective factors for targeted violence changed at the installation?
4. Are changes in risk and protective factors for targeted violence related to implementation of activities in #1?

To answer the implementation and outcome evaluation questions, the installation will develop a clear evaluation reporting system, drawing on data sources outlined on pages 22-32.

Identify and Select Outcomes and Indicators/Measures

Risk and protective factor outcomes derive from the Program Plan logic model on page 11, and indicators (or measures) will come from existing sources of data or primary data collection described below. You may identify additional data sources available to your installation. The evaluation will track and report on the indicators at baseline before Program Plan activities begin and again after 12 to 18 months of implementation of Program Plan activities.

Secondary Data Sources

1. **Defense Organizational Climate Survey (DEOCS)** is a survey conducted by the DoD Office of People Analytics to provide commanders and leaders with information they can use to improve their unit or organizational climate. It asks questions about an individual's experiences within their unit or organization (U.S. DoD, 2023). The survey also asks questions about an individual's immediate supervisor, unit commander, organizational leader, or Senior NCO/Senior Enlisted Leader. The combined responses to these questions provide commanders and other leaders with important feedback about the current climate and help to identify emerging or existing challenges that may negatively impact their unit. DEOCS is typically fielded after a change in command and annually thereafter.
2. **Status of Forces Surveys (SOFS)** are a series of annual web-based surveys of the active duty and Reserve component populations (Office of People Analytics, n.d.). The SOFS assess retention, satisfaction, tempo, stress, and readiness among military members. The results are used to evaluate existing programs and policies, establish baselines before implementing new programs and policies, and monitor progress of programs and policies and their effects.
3. **Health Related Behavior Survey (HRBS)** is DoD's flagship survey for understanding the health, health-related behaviors, and well-being of Service members (Meadows et al., 2021). The HRBS includes content areas that could negatively impact force readiness and prevent Service members from being able to perform their duties and accomplish their missions. In the past, this survey has been conducted every 2 or 3 years.

Primary Data Collection³

4. **Survey about awareness and usefulness of resources.** The installation will need to survey installation staff before Activity 1a begins and again 3 months later to measure awareness and usefulness of resources.
5. **Survey about barriers to care and help-seeking.** The installation will need to survey Service members before **Activity 2a** begins and again 12 months later to measure help-seeking attitudes, intentions, and behaviors (Osborn et al., 2020). TSMs should receive a survey about perceived barriers to care and help-seeking attitudes and intentions before **Activity 2b** begins and immediately after TAP attendance.
6. **Survey about bystander intervention.** The installation will need to survey Service members before **Activity 3a** begins and again 12–18 months later to measure changes in beliefs, attitudes, intentions, and behaviors related to reporting concerning behaviors.

³ Pages 22-32 and the *Appendix* include example survey questions.

7. **Social norms survey.** The installation will need to survey a sample of Service members before *Activity 3b* begins and again 6–12 months after *Activity 3b* begins to measure changes in actual and perceived norms related to bystander intervention and/or reporting of concerning behaviors.
8. **Leader and support personnel survey.** The installation will need to survey support personnel (i.e., leaders, clinicians, and chaplains) before *Activity 4a* begins and again 3–12 months later to measure changes in understanding of connections between grievances and targeted violence.
9. **Qualitative data collection.** Interviews and/or focus groups with audience members (*Table 1*) and resources you engage to reach audience members (e.g., *Activity 1a* resource list personnel who address grievances) will provide information about receptivity to Program Plan activities, implementation, outcomes, and areas for improvement.

Outcomes and Indicators⁴

The outcomes to be captured by these primary and secondary data sources include:⁵

1. **DEOCS: Grievances.** Indicators include:
 - a. Grievances about work-life balance (question 7)
 - b. Grievances about workplace hostility (question 9)
 - Someone intentionally interferes with work performance
 - Someone takes credit for work or ideas that were yours
 - Someone uses insults, sarcasm, or gestures to humiliate you
 - c. Grievances about sexually harassing or sexist behaviors (question 10)
 - d. Grievances about racially harassing behaviors (question 11)
 - e. Grievances about fairness (question 15)
 - f. Grievances about toxic leadership (question 22)
2. **SOFS: Perceived barriers to care/help-seeking.** Indicators include:
 - a. Preference for self-reliance
 - b. Loss of privacy or confidentiality
 - c. Fear of being perceived as “broken”
 - d. Negative career impact
 - e. Not knowing which resource to use
 - f. Lack of confidence in available resources

⁴ Changes in violence indicators, such as arrests, Uniform Code of Military Justice violations, reports of domestic violence, child abuse, sexual assault, and counseling/disciplinary actions for misconduct, may require more time and saturation of installation personnel with exposure to Program Plan activities. In addition, not all of these violent behaviors may reflect targeted violence.

⁵ The installation may modify these indicators to meet its needs. For example, the installation may use simpler metrics to assess whether implementation of Program Plan activities occurred and how often.

3. **HRBS**
 - a. Perceived barriers to care (Indicator: Reasons for lack of needed mental healthcare)
 - b. Resource utilization
4. **Survey about barriers to care and help-seeking**
 - a. Perceived barriers to care (adapted from item 2)⁶
 - b. Attitudes about help-seeking
 - c. Intention to seek help
 - d. Help-seeking
 - e. Resource utilization
5. **Survey about bystander intervention**
 - a. Control beliefs (self-efficacy) about bystander intervention and/or reporting of concerning behaviors
 - b. Attitudes about bystander intervention and/or reporting of concerning behaviors
 - c. Intention to intervene and/or report concerning behaviors
 - d. Bystander intervention and/or reporting behavior
6. **Social norms survey:** Normative beliefs (perceived norms) related to bystander intervention and/or reporting of concerning behaviors
7. **Leader and support personnel survey**
 - a. Behavioral beliefs (belief that intervening will help) about intervening
 - b. Attitudes about intervening
 - c. Intention to intervene
 - d. Intervention behaviors
8. **Support personnel survey**
 - a. Thorough appraisal (reasons for positive or negative intention related to conducting threat assessment)
 - b. Attitudes about conducting threat assessment
 - c. Intention to conduct threat assessment
 - d. Control beliefs (self-efficacy) about acquiring threat assessment skills/knowledge
 - e. Receipt of threat assessment training

If existing data are available at your installation for any of the above outcomes, consider using those data sources instead. Some considerations for utilizing the above indicators include the following:

⁶ TSMs will need a separate survey from SOFS because they will leave the military shortly after receiving TAP classes.

1. **Data availability:** Timing of secondary data collections may not map to the Evaluation Plan timeline, and installation-level findings may not be available in a timely manner to then assess changes over time during the evaluation period (12–18 months). However, baseline data from these secondary data sources may be available corresponding to before Program Plan activities begin, and primary data collection during the evaluation period could be used for comparison. Secondary data sources also include validated measures that could be added to primary data collection surveys. Validated measures have been used and tested in research studies, demonstrating that they measure what they are intended to measure with known psychometric properties (such as reliability across individuals or across items if multiple items are used to measure one outcome, such as a composite measure of barriers to care).
2. **Data interpretation and possible unintended consequences:** DEOCS data and data from resources are based on reports from Service members about grievances, so changes over time may reflect changes in the number of grievances but may also reflect increased activity by Service members to address grievances. This challenge will be addressed by discussing changes in data about grievances with stakeholders, partners, and resources who may be able to provide contextual information to help with accurate interpretation.
3. **Several data sources are self-reported:** These may reflect biases of the respondents and should be interpreted with caution. For example, Service members will complete surveys about their help-seeking behaviors and resource utilization. Depending on their understanding of the confidentiality of their responses and willingness to disclose sensitive and personal information, they may underreport on some measures.
4. **Sampling bias:** The sources of primary data will rely on self-report data and convenience sampling and therefore may suffer from socially desirable responding and sampling bias. For example, Service members who are interested in violence prevention and bystander intervention may be more likely to participate in a survey about this topic than Service members who are not interested or do not believe that bystander intervention is appropriate or effective. This may reduce the validity and generalizability of the evaluation findings.
5. **Stakeholder perceptions:** Service members, stakeholders, partners, and resources may not consider the selected indicators as credible or important. It will be important to get their input about the measures to ensure buy-in about evaluation findings.
6. **Sample size:** Data collectors may use different approaches to sampling and methodology. Data collected may come from small sample sizes based on a convenience sampling design. These data may limit generalizability to the larger installation population.

A series of 11 tables is presented on pages 22-32 that identifies for each Program Plan activity in Evaluation Questions 1a–1k and 3:

- implementation and outcomes examined,
- potential data sources,
- the indicators, and
- any considerations affecting each outcome.

Modify the indicators to address Evaluation Question 2 (whether prevention activities were in place before Program Plan activities began and, if so, to what extent prevention activities were enhanced). Evaluation Question 4 (to what extent changes in risk and protective factors are related to Program Plan activities) will require (a) analysis of changes in risk and protective factors and changes in implementation to assess correlations and (b) discussion with stakeholders, partners, and resources to learn their input.

Table 3. Evaluation of Activity 1a: Create a Central Repository of Resources

Evaluation Question 1a: To what extent has a central repository of resources been created to assist Service members in solving problems and addressing grievances?				
Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?				
Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Resource list development	Program Plan implementation staff	Notes about successes and challenges	<ul style="list-style-type: none"> Types of resources gathered Number of resources contacted to assess availability Frequency of implementation staff contact with resources Frequency of updates to resource list 	
Resource list distribution	<ul style="list-style-type: none"> Program Plan implementation staff Resource list website analytics Survey 	Notes about receptivity, relevance, and usefulness among resource list recipients	<ul style="list-style-type: none"> Efforts to promote the list Number of resource list online views Number and types of personnel resource list distributed to Awareness of the list among installation personnel (adapt items in the <i>Appendix</i>) Usefulness of resources among Service members 	Ask resource list personnel to collect data about usefulness of resources, such as through a brief telephone or web survey, from Service members who contact them
Grievances	<ul style="list-style-type: none"> Resource list personnel Resource list office records DEOCS version 5.1 	Interviews with resource list personnel who address grievances	<ul style="list-style-type: none"> Number of grievances reported to resource list personnel during the past 30 days Number of grievances resolved by resource list personnel during the past 30 days DEOCS question 7 (work-life balance) DEOCS question 9 (workplace hostility) <ul style="list-style-type: none"> Someone intentionally interferes with work performance Someone takes credit for work or ideas that were yours Someone uses insults, sarcasm, or gestures to humiliate you DEOCS question 10 (sexually harassing or sexist behaviors) DEOCS question 11 (racially harassing behaviors) DEOCS question 15 (fairness) DEOCS question 22 (toxic leadership) 	<ul style="list-style-type: none"> Requires access to de-identified administrative data DEOCS is typically fielded after a change in command and annually thereafter Alternatively, ask resource list personnel to collect data, such as through a brief telephone or web survey, from installation staff who contact them about grievances

Table 4. Evaluation of Activity 1b: Provide Tools to Commanders/NCOs to Promote Prosocial Behaviors to Address Grievances

Evaluation Question 1b: To what extent were tools provided to commanders/Noncommissioned Officers (NCOs) to promote prosocial behaviors to address grievances?				
Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?				
Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Development of tools	Program Plan implementation staff	Notes about successes and challenges	Number and types of tools gathered or developed	
Distribution of tools		Notes about receptivity among commanders/NCOs	<ul style="list-style-type: none"> Number and types of tools distributed Number and types of commanders/NCOs receiving tools Frequency of distributions 	
Commander/Noncommissioned Officer briefings	Commanders/Noncommissioned Officers	<ul style="list-style-type: none"> Feedback from commanders/NCOs Reasons for not conducting briefings Receptivity of Service members 	<ul style="list-style-type: none"> Number and types of commanders/NCOs conducting briefings Number and length of briefings conducted Number and types of Service members attending briefings 	When asking commanders/ NCOs to participate in Activity 1b , include the request for evaluation data; however, if commanders/NCOs agree to conduct briefings but cannot provide evaluation data, do not withhold tools.
Grievances	See <i>Table 2</i>			

Table 5. Evaluation of Activity 1c: Incorporate Evidence-Based Content About Critical Thinking and Communication into Existing Training

Evaluation Question 1c: To what extent was evidence-based content about critical thinking and communication incorporated into existing training?				
Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?				
Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Development of content about critical thinking and communication	Program Plan implementation staff	Notes about successes and challenges	Amount and types of evidence-based content gathered or developed	Document the source of the content and any research evidence about its origin and/or effectiveness with other populations
Distribution of content		Notes about receptivity among trainers	<ul style="list-style-type: none"> Amount and types of content distributed Number and types of trainers receiving content Frequency of distributions 	
Incorporation of content into existing training	Trainers	<ul style="list-style-type: none"> Feedback from trainers Reasons for not incorporating or delivering content Receptivity of Service members 	<ul style="list-style-type: none"> Number and types of trainers incorporating content into training materials Number and types of trainers delivering incorporated content Number and types of trainings conducted with incorporated content Length of incorporated content delivered Number of Service members attending trainings with incorporated content 	When asking trainers to participate in Activity 1c , include the request for evaluation data; however, if trainers agree to conduct briefings but cannot provide evaluation data, do not withhold content.
Grievances	See <i>Table 2</i>			

Table 6. Evaluation of Activity 2a: Promotion of REACH and REACH-Spouse Delivery and Attendance

Evaluation Question 1d: To what extent were REACH and REACH-Spouse delivery and attendance promoted?				
Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?				
Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Promotion of REACH and REACH Spouse	<ul style="list-style-type: none"> Program Plan implementation staff REACH and REACH-Spouse facilitators Partners Service members 	<ul style="list-style-type: none"> Receptivity among REACH and REACH-Spouse facilitators Receptivity among and assistance from partners Receptivity among Service members 	<ul style="list-style-type: none"> Number and types of facilitators contacted^a Number and types of partners who assisted with promoting REACH and REACH-Spouse Number and types of promotional communications Number and types of Service members and spouses receiving communication 	If promotional communication is distributed via website, social media, or email, request information about number of views, subscribers, or recipients
REACH and REACH-Spouse delivery	REACH and REACH-Spouse facilitators	Feedback from facilitators	Number, lengths, locations, dates, and times of REACH and REACH-Spouse sessions	
REACH and REACH-Spouse attendance		Engagement of Service members and spouses during REACH and REACH-Spouse sessions	Number and types of Service members and spouses attending REACH and REACH-Spouse sessions	
Barriers to care	Service members	Training evaluation feedback ^b	HRBS and/or SOFS questions about <ul style="list-style-type: none"> preference for self-reliance loss of privacy or confidentiality fear of being perceived as “broken” negative career impact not knowing which resource to use lack of confidence in available resources HRBS questions about <ul style="list-style-type: none"> reasons for lack of needed mental health care resource utilization 	Supplement or replace HRBS and SOFS data with short web surveys that include HRBS and/or SOFS questions (see Osborn et al. [2020] or the <i>Appendix</i>)
Help-seeking attitudes				
Help-seeking intentions				
Help-seeking behaviors				
Resource utilization				

^aREACH and REACH-Spouse are delivered by many types of installation personnel. Learning the type of personnel may be important for understanding effectiveness outcomes. ^bAsk REACH and REACH-Spouse facilitators whether they collect training evaluation feedback. If not, consider requesting a brief web survey, verbal feedback, or email to learn what Service members liked most, liked least, and suggest for future promotion of REACH and REACH-Spouse delivery and attendance.

Table 7. Evaluation of Activity 2b: Work with TAP Facilitators to Emphasize TAP Content About Resources for TSMs

Evaluation Question 1d: To what extent were TAF Facilitators Engaged to Emphasize TAP Content About Resources for TSMs				
Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?				
Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Work with TAP facilitators	Program Plan implementation staff	<ul style="list-style-type: none"> Notes about successes and challenges Receptivity among TAP facilitators 	<ul style="list-style-type: none"> Number of TAP facilitators contacted Number of TAP facilitators who agreed to emphasize content about resources for TSMs Type of content they agreed to emphasize 	
TAP content about resources for TSMs emphasized	TAP facilitators	Feedback from facilitators	<ul style="list-style-type: none"> Number, lengths, locations, dates, and times of TAP classes including content about resources for TSMs Type and length of content emphasized 	
		Engagement of TSMs during TAP classes	Number and types of TSMs attending TAP classes including content about resources	
Barriers to care	TSMs	TAP evaluation feedback ^a	Survey about barriers to care and help-seeking attitudes and intentions, including items from <ul style="list-style-type: none"> Table 6 Osborn et al. (2020) the Appendix 	<ul style="list-style-type: none"> Select or adapt items that map to your Program Plan activities. Measurement of help-seeking behaviors and resource utilization outcomes require longer follow-up periods that will occur after TSMs leave the military.
Help-seeking attitudes				
Help-seeking intentions				

^aAsk TAP facilitators whether they collect training evaluation feedback. If not, consider requesting a brief web survey, verbal feedback, or email to learn what TSMs liked most, liked least, and suggest for future improvements.

Table 8. Evaluation of Activity 3a: Promote Bystander-to-Upstander Intervention

Evaluation Question 1f: To what extent was bystander-to-upstander intervention promoted?				
Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?				
Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Promotion of bystander intervention	<ul style="list-style-type: none"> Program Plan implementation staff Training staff Partners Service members 	<ul style="list-style-type: none"> Receptivity among training staff Receptivity and assistance from partners Receptivity among Service members 	<ul style="list-style-type: none"> Number and types of trainers contacted Number and types of partners who assisted with promoting bystander intervention Number and types of promotional communications Number and types of Service members receiving communication 	If communication is distributed via website, social media, or email, request information about number of views, subscribers, or recipients
Incorporation of bystander intervention content into existing training	Trainers	Feedback from trainers	<ul style="list-style-type: none"> Number, length, and types of content incorporated Number and types of existing trainings incorporating content 	
Bystander intervention content delivery			Number, lengths, locations, dates, and time of trainings including bystander intervention content	
Training attendance			Engagement of Service members during training	Number and types of Service members attending training including bystander intervention content
Control beliefs	Service members	Training evaluation feedback	Survey about bystander intervention, including items from <ul style="list-style-type: none"> Readiness to Help assessment (Banyard et al., 2014) National Governor’s Association (n.d.) Program Plan Activity 3b 	Select or adapt items that map to your Program Plan activities
Attitudes about reporting concerning behaviors				
Intention to report concerning behaviors				
Reporting behaviors				

^aAsk trainers whether they collect training evaluation feedback. If not, consider requesting a brief web survey, verbal feedback, or email to learn what Service members liked most, liked least, and suggest for future promotion of bystander to upstander intervention.

Table 9. Evaluation of Activity 3b: Develop a Social Norms Messaging Campaign

Evaluation Question 1g: To what extent was a social norms messaging campaign developed?				
Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?				
Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Development of social norms messaging campaign	<ul style="list-style-type: none"> Program Plan implementation staff Partners Service members 	<ul style="list-style-type: none"> Notes about successes and challenges Partner involved in development 	<ul style="list-style-type: none"> Number and types of partners contacted Number and types of partners who assisted with development Number, types, and frequency of planned message delivery methods Social norms survey to collect data to inform messages (see Program Plan Activity 3b for example measures) 	
Delivery of social norms messaging campaign	<ul style="list-style-type: none"> Program Plan implementation staff Partners 	<ul style="list-style-type: none"> Notes about successes and challenges Feedback from partners 	<ul style="list-style-type: none"> Number, types, dates, and frequency of communications Number and types of Service members receiving communications 	If communication is distributed via website, social media, or email, request information about number of views, subscribers, or recipients
Normative beliefs	Service members	Service member feedback	<ul style="list-style-type: none"> Social norms survey, including items from Program Plan Activity 3b Survey about bystander intervention, including items from <ul style="list-style-type: none"> – Readiness to Help assessment (Banyard et al., 2014) – National Governor’s Association (n.d.) 	Select or adapt items that map to your Program Plan activities.
Attitudes about reporting concerning behaviors				
Intention to report concerning behaviors				
Reporting behaviors				

Table 10. Evaluation of Activity 4a: Gather and Disseminate Information to Leaders and Support Personnel About Links Between Grievances, Concerning Behaviors, and Targeted Violence

Evaluation Question 1h: To what extent was information about links between grievances, concerning behaviors, and targeted violence gathered and disseminated to leaders and support personnel?				
Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?				
Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Gathering of information	Program Plan implementation staff	Notes about successes and challenges	Number and types of information gathered	
Dissemination of information		Notes about receptivity among leaders and support personnel	<ul style="list-style-type: none"> • Number and types of information distributed • Number of leaders and support personnel receiving information • Frequency of distributions 	
Behavioral beliefs	Leaders and support personnel	Feedback from leaders and support personnel	Leader and support personnel survey <ul style="list-style-type: none"> • Readiness to Help assessment (Banyard et al., 2014) • National Governor’s Association (n.d.) 	<ul style="list-style-type: none"> • When asking leaders and support personnel to participate in <i>Activity 4a</i>, include the request for evaluation data, but these are separate requests. If leaders and support personnel agree to review information but not cannot provide evaluation data, do not withhold information. • Adapt survey items to your Program Plan activities.
Attitudes about intervening				
Intention to intervene				
Intervention behaviors				

Table 11. Evaluation of Activity 4b: Provide Guidance, Tools, and Strategies for Case Management

Evaluation Question 1i: To what extent were guidance, tools, and strategies for case management provided?				
Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?				
Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Gathering and development of guidance, tools, and strategies		Notes about successes and challenges	<ul style="list-style-type: none"> Number and types of guidance, tools, and strategies gathered Number and types of guidance, tools, and strategies developed 	Document the sources of the guidance, tools, and strategies you gather and develop
Dissemination of guidance, tools, and strategies	<ul style="list-style-type: none"> Program Plan implementation staff Partners 	<ul style="list-style-type: none"> Notes about receptivity among support personnel Focus group about case management steps and principles being used 	<ul style="list-style-type: none"> Number and types of guidance, tools, and strategies disseminated Number of support personnel receiving guidance, tools, and strategies Frequency of distributions 	
Barriers to care	Service members	Feedback from leaders and support personnel	<ul style="list-style-type: none"> HRBS and/or SOFS preference for self-reliance loss of privacy or confidentiality fear of being perceived as “broken” negative career impact not knowing which resource to use lack of confidence in available resources HRBS questions about <ul style="list-style-type: none"> reasons for lack of needed mental healthcare resource utilization (help-seeking) 	Alternatively, consider asking Service members to complete short web surveys that include HRBS and/or SOFS questions (see Osborn et al. [2020] or the <i>Appendix</i>)
Attitudes about help-seeking				
Intention to seek help				
Help-seeking behaviors				

Table 12. Evaluation of Activity 5a: Disseminate Professional Practice Guidelines to DoD Clinicians for Conducting Targeted Violence Risk Assessment

Evaluation Question 1j: To what extent were professional practice guidelines for conducting targeted violence risk assessment disseminated to DoD clinicians?

Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?

Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Gathering and development of professional practice guidelines	<ul style="list-style-type: none"> Program Plan implementation staff Partners 	Notes about successes and challenges	Number and types of professional practice guidelines gathered	Document the sources and dates of the professional practice guidelines
Dissemination of professional practice guidelines		<ul style="list-style-type: none"> Notes about receptivity among partners Note about receptivity among clinicians 	<ul style="list-style-type: none"> Number and types of professional practice guidelines disseminated Number of support personnel receiving guidance, tools, and strategies Frequency of distributions 	
Thorough appraisals	Clinicians	Feedback from partners and clinicians	Support personnel survey	Select and adapt items that map to your Program Plan activities
Attitudes about conducting threat assessment			<ul style="list-style-type: none"> Decisional conflict scale (O'Connor, 1995) 	
Threat assessment intentions			<ul style="list-style-type: none"> Intention to conduct threat assessment Reasons for positive or negative intention 	
Threat assessment behaviors			<ul style="list-style-type: none"> Number of threat assessments conducted 	

Table 13. Evaluation of Activity 5b: Encourage Clinicians to Attend Violence Risk Assessment Training

Evaluation Question 1k: To what extent were clinicians encouraged to attend violence risk assessment training?				
Evaluation Question 3: To what extent have risk and protective factors for targeted violence changed at the installation?				
Outcome	Potential Data Sources/Collection Methods	Indicators		Considerations
		Qualitative	Quantitative	
Gathering of information about violence assessment training	<ul style="list-style-type: none"> Program Plan implementation staff Partners 	Notes about successes and challenges	Number and types of professional practice guidelines gathered	Document the sources, cost, length, and dates of the violence assessment training
Dissemination of information about violence assessment training		<ul style="list-style-type: none"> Notes about receptivity among partners Note about receptivity among clinicians 	<ul style="list-style-type: none"> Number and types of professional training disseminated Number of clinicians receiving training information Frequency of distributions 	
Control beliefs	Clinicians	Feedback from partners and clinicians	<ul style="list-style-type: none"> Support personnel survey measuring <ul style="list-style-type: none"> perceived ability to complete training training certificates number of threat assessments conducted 	Select and adapt items that map to your Program Plan activities
Threat assessment training				

Approvals

Data collection may need to be approved by one or more IRBs or other organizations at your installation or at DoD. For example, you may need to apply for a Report Control Symbol to collect survey data (Executive Services Directorate, n.d.). IPP staff and your Service's primary prevention research coordinator can assist with obtaining approvals (DoD, 2023).

Ask each partner you request or would like to collect data from (e.g., resources in Program Plan **Activity 1a**) about the approval process and timeline. Explain that you will collect data for the purpose of program evaluation, since program evaluation may not be considered human subjects research and may require only an application for determination of exemption (see 45 C.F.R. § 46, subpart A).

IRBs or other approval organizations may require that you comply with human subjects protection procedures in your data collection and management. Training in human subjects protection procedures is available from the Collaborative Institute Training Initiative Program (n.d.) or for free from the U.S. Department of Health and Human Services Office of Human Resources Protection (U.S. Department of Health and Human Services, n.d.).



Evaluation Timeline

In this section

Page **36**. Use of Evaluation Findings

The evaluation team will engage in the evaluation activities described in *Table 14*. The installation should tailor the timeline to meet its needs and budget. The evaluation team could create a Gantt chart to visually depict tasks, sequence, durations, and dependencies within the evaluation timeline. Weekly or regular meetings between evaluation team members will ensure timely completion of tasks, as well as identification of any delays or barriers.

Table 14. Timeline for Evaluation Activities

Evaluation Activities	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Coordinate on a weekly basis between team members	X	X	X	X	X	X	X	X
Coordinate with key stakeholders on an as-needed basis	X	X	X	X	X	X	X	X
Conduct evaluability assessment	X							
Select outcome indicators	X	X						
Seek approvals for data collection	X	X						
Create indicator tracking spreadsheet(s)/database		X						
Update indicator tracking spreadsheets/database with data			X	X	X	x	X	
Develop primary data collection surveys	X	X						
Engage stakeholders to report on evaluation progress and get input	X	X	X	X	X	X	X	X
Collect implementation data	X	X	X	X	X	X		
Collect outcome data	X	X	X	X	X	X		
Analyze data				X	X	X	X	
Report and disseminate findings					X	X	X	X

Because leaders regularly receive permanent change of station assignments, planning a warm handoff from current leadership to new leadership will be important to ensure continuity throughout your evaluation. The warm handoff should include an overview of evaluation goals, activities, information about why the evaluation is important, and accomplishments and findings to date. Documenting this information will assist new leadership in understanding and continuing evaluation efforts.

Use of Evaluation Findings

Share de-identified evaluation findings with key partners, including the following:

- Commanders
- Installation threat assessment personnel
- IPP personnel
- Prevention, Assistance, and Response coordinators
- Resources you promote to Service members
- DoD clinicians
- Chaplains
- Engage program delivery staff
- REACH and REACH-spouse facilitators
- Suicide prevention program managers
- TAP facilitators

Your evaluation results may help installation partners with their own reporting requirements. Evaluation findings likely correspond to their missions and priorities. Ensuring use and sharing of lessons learned from the evaluation will help with refining and sustaining Program Plan activities and other targeted violence prevention efforts. Findings can inform policies, practice, and future research or evaluation. Partners may be able to use your evaluation results to seek funding for additional prevention efforts. Your partners can also help to further disseminate and facilitate use of the evaluation findings. Finally, sharing evaluation findings with partners will encourage their engagement in future prevention and evaluation activities, including sharing of data you may need for your work.

Acronyms Used in This Evaluation Plan

DEOCS	Defense Organizational Climate Survey
HRBS	Health Related Behavior Survey
IPP	Integrated Primary Prevention
IRB	Institutional Review Board
NCO	Noncommissioned Officer
REACH	Resources Exist, Asking Can Help
SOFS	Status of Forces Surveys
TAP	Transition Assistance Program
TSM	Transitional Service Member

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Appendix: Barriers to Care and Help-Seeking Items

Items in this appendix address constructs from SOFS and other measures of barriers to care and help-seeking.

1. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

There is sufficient information available for people to be able to help themselves.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

2. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

I know how to help myself.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

3. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

Strong people can resolve psychological problems by themselves.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

4. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

I would prefer to manage my problems on my own.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

5. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

I would rather get information on how to deal with the problem on my own.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

6. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

Seeking help would negatively impact my career.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

7. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

Seeking help would cause others to see me as broken.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

8. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

I don't know where to get help.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

9. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

Seeking help for a stress, emotional, alcohol, or family problem will make a positive difference. (reverse code)

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree



10. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

If I felt trapped or stuck in a stressful situation, I would deal with it on my own to try and fix it.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

11. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

I worry that my mental health problems might not stay private if I seek help.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

12. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever have a problem:

There are effective resources out there that can help me with a mental health problem. (reverse code)

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree



13. What is your level of knowledge of the following support service?

Chaplains and Enlisted Religious Affairs Personnel

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service

14. What is your level of knowledge of the following support service?

Military & Veterans Crisis Line

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service

15. What is your level of knowledge of the following support service?

Military OneSource

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service

16. What is your level of knowledge of the following support service?

Military & Family Life Counselors (MFLCs)

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service



17. What is your level of knowledge of the following support service?

Mental Health Clinic/Military Treatment Facility

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service

18. What is your level of knowledge of the following support service?

Financial Counselors

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service

19. What is your level of knowledge of the following support service?

Embedded Behavioral Health Providers

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service

20. What is your level of knowledge of the following support service?

DSTRESS Line

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service



21. What is your level of knowledge of the following support service?

Deployed Resilience Counselors

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service

22. What is your level of knowledge of the following support service?

Family Readiness Programs

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service

23. What is your level of knowledge of the following support service?

Emergency Room

- I have never heard of this service
- I have heard of this service, but I do not really know what it is
- I have heard of this service, but I only superficially understand it
- I know a lot about this service

24. In the past 3 months, have you used Military OneSource? [Mark all that apply]

- No
- Yes, visited www.MilitaryOneSource.mil
- Yes, emailed Military OneSource
- Yes, talked to a Military OneSource consultant on the phone
- Yes, contacted Military OneSource using the chat feature
- Yes, contacted Military OneSource using the text feature



25. How likely is it that you will use Military OneSource the next time you have a concern?

- Very unlikely
- Unlikely
- Not sure
- Likely
- Highly unlikely

26. In the last 3 months, have you experienced a problem that has caused you significant stress?

- Yes
- No

27. Did you seek help for this issue?

- Yes
- No, but I considered it
- No, and I did not consider it

28. Who did you seek help from? [Mark all that apply]

- Spouse or significant other
- Parent or sibling
- Friend who is not in the military
- Military friend not in my chain of command
- Someone in my chain of command
- Military & Family Life Counselors (MFLCs)
- Mental health professional in a military facility (e.g., psychologist, psychiatrist, clinical social worker, other mental health counselor)
- Civilian mental health professional (e.g., psychologist, psychiatrist, clinical social worker, other mental health counselor)
- Chaplain, pastor, rabbi, or other spiritual counselor
- Someone at Military and Veterans Crisis Line
- Someone at a civilian-run crisis line (e.g., National Suicide Prevention Lifeline)
- Someone at Military OneSource
- Mental health mobile app(s)
- Some other individual/resource not listed above
- If other, please specify _____

