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TITLE: Supporting Military Families with Young Children throughout the Deployment Lifecycle

PRINCIPAL INVESTIGATOR: Ellen R. DeVoe, PhD

CONTRACTING ORGANIZATION:
TRUSTEES OF BOSTON UNIVERSITY

BOSTON, MA 02215

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14. ABSTRACT U.S. military service since the September 11 th , 2001 terrorist attacks has placed tremendous demands on families. Approximately 43% of the Total Forces are parents and two million children have experienced parental deployment. Of these children, 42% were younger than five years during the deployment-separation period(s). In order to build and maintain strong family relationships that support family resilience and child well-being, Soldier and non-deploying parents must successfully meet the challenges of caregiving throughout the deployment cycle. The primary aim of this research is to adapt and test the efficacy of a preventive intervention program that was originally developed as a reintegration program to reduce parenting stress and promote family resilience in Active Duty military families through all phases of the deployment cycle. The study will be conducted in three phases. In phase 1, qualitative interviews will be administered a sample of 40 with Soldiers (20) and Non-Deploying Parents (20) of young children, and 10 key informants to identify parenting needs in the context of deployment. In phases 2 and 3, we conduct a randomized clinical trial with a sample of 150 Active Duty families who are within 6 months of deployment. Families will be randomized to receive the Strong Families parenting program or the Strong Parents self-care program. Primary outcomes include parenting stress, family resilience, and dimensions of family resilience. Secondary goals of this research are to conduct a prospective examination of coparenting through deployment and cost-effective analysis.					
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1. INTRODUCTION: STRONG FAMILIES STRONG FORCES

Very young children are disproportionately represented among US military families who have served in the post-September 11th wars. Children ages birth to 5 years have unique developmentally-related vulnerabilities in the wake of parental separation, including parental deployment. The length of these wars and reliance upon a voluntary force have required many families to serve in multiple and lengthy deployments. Prolonged separation can constitute a developmental crisis for babies, toddlers and preschool-aged children, although the homefront parent, through sensitive and consistent parenting, may buffer potentially adverse effects. We also know that the non-deployed parent can be overwhelmed with the additional responsibilities during deployment, and may experience chronic worry about the deployed parent's safety. Formal supports that address the full ecology of the military family, specifically parental roles, parenting/coparenting and parent-child relationships, can build resilience in military families as they navigate the complex stresses inherent in the deployment cycle and unique to the parental role. The primary aim of this multi-year intervention study is to adapt and test the efficacy of a family-based parenting intervention to support Active Duty parents and their families with young children (birth to 5 years inclusive) through the full deployment cycle. Secondary goals include examination of coparenting processes across the deployment cycle, and cost-effective analysis.

2. KEY WORDS

Military families, coparenting, young children, family resilience, deployment cycle, parenting intervention, military spouses, cost effectiveness

3. RESEARCH ACCOMPLISHMENTS ASSOCIATED WITH STATEMENT OF WORK: YEAR 5

3.1. What were the major goals of the project?

Phase 1: Conduct Needs Assessment of Military Parents throughout the Deployment Cycle

Qualitative interviews, transcription complete.

Analysis in progress; preparation of manuscripts in progress.

Phase 2: Adapt Strong Families Strong Forces Prevention for Active Duty and Full Deployment Cycle.

Complete. (Strong Families Strong Forces Manual and Strong Parents {active comparison arm} Manual included in appendix.)

Phase 3: Conduct a randomized clinical trial testing the efficacy of Strong Families to Strong Parents in a sample of military families with young children.

Registration closed; randomization complete: N=152 families (goal of N=124 families completion)

Exploratory Aim: To conduct a prospective examination of coparenting, including coparenting alliance and coordination, among contemporary military families with young children across the cycle of deployment.

Coding team trained and hired, October 2018.

Analysis and write up of data, ongoing September 2019

Cost-Effectiveness Analysis (RAND)

To conduct a cost-effectiveness analysis to compare the costs of achieving benefit from *SFSF2* versus Strong Parents program on the primary outcomes of interest including parental reflective capacity, parent-child relationship quality, and parenting stress, as well as self-reported secondary outcomes of health and social service use.

Cost analysis was completed, October 2019.

Final Technical Report – pending from RAND.

3.1.1 Scope of Work Summary

	Original Timeline (months)	Status
Task 1: Adapt SF program for Active Duty Army families	1-12	Completed
Task 2: Develop clinician fidelity protocols for Strong Families and Self-Care	1-9	Completed
Task 3: Adapt research and clinical protocols for implementation at Ft. Hood site	1-6	Completed
Task 4: Hire and train SFSF2 staff at BU and UTHSCSA (for Ft. Hood site) 4a) Provide intensive training on home-based intervention (Strong Families clinicians only) 4b) Provide training on crisis intervention procedures for research/intervention visits for research and clinical staff (both SF & SC control) 4c) Provide training on the conduct of research assessment interviews, data management and clinical documentation protocols (SF and SC control)	3-8	Phase 1 training completed (Y1) RCT training completed (Y2)

Task 5: Commence recruitment for Phase 1 qualitative interviews with key informants (10), service members (20), spouses (20)	7-8	Completed
Task 6: Conduct qualitative interviews (N=20 Soldiers, N=20 at-home parents; key informants) Final sample: N=15 Soldiers, 20 home-front parents, and 9 key informants	8	Completed
Task 7: Submit Phase 3 protocols for HRPO pre-review. Submit protocol to UTHSCSA IRB. Seek Institutional Agreements for IRB Review (IAIRs) from BU & BAMC where they will defer their reviews to UTHSCSA IRB.	9-10	Completed UTHSCSA IRB

Phases 2-3: Randomized clinical trial of Strong Families vs. Self-Care

Phase 2 Tasks 1-3: Open pilot of pre-deployment sessions <i>First 10 SF families for RCT will be pilot cases</i>	8-12	Completed
Task 4: Refine research protocol for RCT based on qualitative interviews; finalize assessment instruments for RCT	10-13	Completed
Task 5: Obtain approvals for amendments to research protocol for RCT	11-12	Completed
PHASE 3: Randomized Clinical Trial of Strong Families vs. Self-Care		
Task 1: Screen families for participation in RCT Actual timeline: Months 13-47		Completed
Task 2: Consent, conduct pretest, and randomize families Actual timeline: Months 13-47		Completed
Task 3: Deliver Strong Families and Strong Parents intervention to families Actual timeline: Months May 2016-August 2019		Completed
Task 4: Conduct posttest assessment interview (+3 months from pretest)		Completed
Task 5: Conduct follow up assessment interview (+6 months from posttest)	19-64	Ongoing
Task 6: Coordinate data transfer between Ft. Hood and BU sites		Ongoing
Task 7: Data entry, cleaning, and analysis		Ongoing

Utilization, Cost and Sustainability Aim

Task 1: Identify cost data to capture on SF and Self-Care Programs to be used to estimate program costs	6-18	Completed
Task 2: Begin to identify additional outcomes to include in analysis or cost impacts related to healthcare and social services utilization, health promotion behaviors, post-partum issues, missed work activities, etc.	6-18	Completed
Task 3: Prepare and submit final technical report	62	Report Pending

3.2. What was accomplished under these goals?

3.2a.

Research Collaboration

The Boston University, UTHSCA-Ft. Hood, and RAND researchers continue to use effective and efficient strategies for communication. BU/UTHSCSA-Ft Hood continue to utilize regular (weekly) team meetings via teleconference to discuss and address ongoing research issues and to invite relevant community members or

experts to the call as needed. Specifically, we hold a weekly team meetings for administrative, manuscript development, and dissemination.

The Strong Families Strong Forces manual was adapted and finalized for implementation in the clinical trial (launched in Year 2; April 2016). Similarly, the Strong Parents program, based on an existing self-care protocol used in another STRONG STAR study, was adapted for implementation with parents of young children in this study (Blankenship).

Outreach and Recruitment-Completed

The leadership team, including Drs. DeVoe, Dondanville, Blankenship, Jacoby, and Acker, meet regularly for planning purposes, and trouble-shooting. Dr. Blankenship has developed a recruitment and outreach infrastructure to increase enrollment in the clinical trial. As of August 2018, recruitment and outreach of new participants was concluded.

Recruitment Strategies for Randomized Clinical Trial (RCT) – Completed

We have completed recruitment, enrollment and randomization for the RCT. Our recruitment and engagement strategy engaged the upper echelon of leadership at Fort Hood as well as the broader active duty service member community. Throughout the enrollment period, we were provided information about when brigades and battalions are mobilizing. We attended their steering committee meetings and worked with the leadership in order to inform their soldiers about our program. These brigade and battalion commanders then allowed us to conduct informational briefings at FRG Meetings and Deployment Townhalls which are held for active duty military families about to experience a deployment. In addition to engaging with leadership we have actively participated in Fort Hood community events, and regularly brief at places in the community where we know there will be a high concentration of military families or service members about to experience a deployment (e.g., SRP, Baby Expo, etc.)

Phase 1 Data Collection-Completed

Research Team received HRPO approval on June 6, 2015. At the end of Year 2, we have completed interviews with 90% of Key Informants, 100% (20) of spouses, and 75% (15) Soldiers. We have closed recruitment for this phase of the study.

Qualitative Interview Coding and Analysis-Completed (Manuscripts under review and in development)

Qualitative data analyses were conducted using NVivo Version 11. Qualitative coding was completed by a doctoral student (rater A) and two bachelor's level research assistants (raters B, C) under the supervision of the PI. We used an iterative process to develop the codebook and ensure good reliability. For the first five interviews, the three independent raters read all transcripts together and coded the material according to the themes of the interview questions. Following that process, all interviews were independently coded by rater A and either rater B or C. The two raters would then discuss any discrepancies in coding and come to an agreement on the final ratings. Open thematic coding, "the interpretive process by which data are broken down analytically" (Strauss & Corbin, 1990) was used. If new codes emerged as coders read through more transcripts, the codebook was appropriately modified and transcripts were recoded according to the new structure. Saturation was achieved when no new codes were identified (Strauss & Corbin, 1998).

Themes emerging from the interview protocol as well as unexpected themes were coded in the following domains: Service member role in the military, the impact of military role on the service member, spousal roles, developmental observations, partner and parent-child communication, and factors influencing each phase of the deployment cycle. See Table 1 for selected descriptions and examples.

Table 1. Selected Themes in Service Member Interviews

Node (Code Family/Theme)	Description	Examples
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SM Role in home	SM description of roles and responsibilities at home	I'm the caretaker of the family.
How military role has affected SM	SM explains how their various roles in the military have affected them	In general, it has made me more resilient and a stronger role model as a parent
How military role has affected spouse	SM describes perceptions of how military service has affected spouse	My wife struggles with this intense job My ranking causes her a lot of concern
Developmental factors affecting child's understanding of military service	Statements or descriptions about developmental status of child	My son, being two, doesn't have much concept of... Well, I would say he probably understand I'm a soldier but I don't think he really knows what that means. That we all kind of dress the same is probably the extent of his perception.
Communication about and during deployment	SM and partner/spouse communication related to phase of deployment	I love hearing about what's going on with my life's life while we're apart I think she wanted it to be as easy to talk as it was before I left, but it wasn't. I struggled to find things I felt like talking about with her.
	SM-child communication about deployment (any phase)	I like to talk to my kids as much as possible when I'm over there. It helps me still feel connected When I came back, I think my son really wanted to jump back into talking to me about everything but it took me a while to catch up on everything going on in his life.
Deployment Experiences	SM deployment experiences	I kind of like being over there and feel like I'm doing my job – what I'm meant to do – and in the zone accomplishing that.
	SM perception of spouse's experience of deployment	It gives her opportunity... if I'm away, for example, it gives her an opportunity to do things pretty much exclusively how she wants to do them and gives her a lot more... I won't say freedom, because I don't necessarily have restrictions for her, but ... there's one less person for her to worry about on a day-to-day basis and so I think that's good for her. I mean she definitely worried about my safety, all day, every day.
Values Example: Gratitude	Expressions of values important to SM	I think the biggest thing about this life overall is you have to appreciate the little things, no matter how stupid or silly. I remember a soldier walking around the city and eh was carrying his little tea cup with him. The other guys were giving him crap about it and he was like, you do it for your daughter. That's what you have to do. If they don't get it, that's their loss.

3.2b. RANDOMIZED CLINICAL TRIAL PROGRESS AND STATUS-Completed

Specific Aims for Randomized Control trial: To conduct a randomized control trial to compare the outcomes of Strong Families Strong Forces (SFSF2) to Strong Parents (Parents only)(SPSC) comparison intervention in a sample of 150 deploying military families with young children.

Objective 1: The overall objective of this research is to compare the SFSF2 program to SPSC throughout the deployment cycle. The SFSF2 program includes children as a small part of the intervention. To standardize the intervention for the research, the youngest child who lives in the home will be identified as the target child and will be present for some SFSF2 sessions and all observational assessment sessions.

Hypotheses:

- 1) At-home parents and deployed parents randomized to the SFSF2 condition will evidence stronger maintenance and/or reductions in parenting stress as assessed by the PSI, compared to their SPSC counterparts.

- 2) At-home and deployed parents randomized to the SFSF2 condition will evidence stronger maintenance and/or gains in parent-child relationship quality, as assessed by the CFRS compared to their SPSC counterparts.
- 3) At-home parents and deployed parents randomized to the SFSF2 condition will evidence stronger maintenance and/or gains in parent reflective capacity, as assessed by the PRFQ, compared to their SPSC counterparts.

Table 1: Demographic Summary (randomized adult participants only) as of 10-28-2019

Gender	Numbers	Race	Numbers
Male	148	White	217
Female	154	Black or African American	38
Unknown or Not Reporting	0	Asian	5
Ethnicity	Numbers	American Indian/Alaska Native	5
Hispanic or Latino	66	Native Hawaiian/Pacific Islander	6
Not Hispanic or Latino	235	Other/More Than One Race	31
Unknown or Not Reporting	1	Unknown or Not Reporting	0

Drop-Out

We are tracking drop-out from the study (see Consort Chart) and have identified multiple reasons for families to leave the study. The most common reason for drop-out is that the family became ineligible because the service member was no longer deployment. The next most frequent reason for dropout during the pre-deployment period is scheduling challenges in the lead up to departure. Other reasons include requests for other types of programs including child-focused program or family-focused program (when randomized to Self-Care condition). At reintegration reasons for dropout included family PCS to another duty station, service member returned and family disengaged. For follow-up dropout included lost contact despite all follow-up efforts.

Please refer to the Consort Chart (separate attachment).

Description: Principal Outcome Measure

Parenting Stress Index- Short Form (PSI): This 36-item self-report measure assesses parenting stress in three domains: parental distress, parent-child dysfunctional interaction, and difficult child. The PSI-SF has demonstrated good reliability and external validity.

Table 2: Principal Outcome Measure (for individual participants):

Intervention Group		BL	Pre	Dep 1	Dep 2	Redep/Reint	Post-Tx	6M FU
# assessed		¹ PSI	PSI	PSI	PSI	PSI	PSI	PSI
Group A BL n = 148* Pre n= 81 Dep 1 n =50 Dep 2 n = 33 Redep/Reint n = 77 Post-Tx n = 41 6M FU n = 22	Mean	66.81	64.7	64.4	66.7	69.2	64.2	66.0
	SD	18.24	16.3	16.8	18.6	18.8	15.6	14.2
Group B BL n = 142* Pre n= 78 Dep 1 n =52 Dep 2 n = 27 Redep/Reint n = 76 Post-Tx n = 43	Mean	65.6	63.4	64.4	63.8	64.8	63.6	64.5
	SD	19.1	17.6	16.0	16.6	17.1	16.4	22.1

6M FU n = 23									
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¹PSI range of scores = 36 – 180 with higher scores indicating lower levels of dysfunction/lower scores indicating higher levels of dysfunction.

For this study, eligibility was determined by phone screen prior to consent and there are no eligibility criteria that are determined by baseline assessment. Thus, participants who consented to the study were usually randomized at the time of consent prior to completion of the baseline assessment. Participants are also not withdrawn from the study due to missed or incomplete assessments at any given time point.

*302 adult subjects were randomized with 290 having complete baseline data that includes the PSI. The remaining 12 participants are accounted for as follows:

- 5 families (10 participants) were expecting their first child at the time of the baseline assessment and the PSI was not administered because they didn't have children yet. Previously reported as 6 families (12 participants), but due to study team error 1 family (2 participants) expecting their first child were administered the PSI.
- 2 participants were deployed at baseline and did not complete a baseline assessment.

3.3. WHAT OPPORTUNITIES FOR TRAINING AND PROFESSIONAL DEVELOPMENT HAS THIS PROJECT PROVIDED?

During the 5th year, BU continued to provide training and supervision on the Strong Families program through in-person workshops, reading assignments, and discussion. Similarly, Dr. Abby Blankenship, developer of the Strong Parents intervention, continued to provide training and supervision through completion of the RCT.

Professional development is ongoing. Specifically, as we have previously described, because the STRONG STAR Consortium research studies typically focus on adult PTSD treatment and related interests, all Strong Families staff are exposed to new models of intervention (home-based; prevention) with a new population (families with young children). Necessarily, staff and clinicians are acquiring new expertise in child development, cycle of deployment, family-level analysis, and community-based approaches to research. All researchers on the team are engaged in additional professional growth activities, including preparation of manuscripts for publication, submission and presentation of research at professional conferences, and participation at professional conferences.

Clinical Training - Complete

- a) Ongoing through weekly group and individual supervision; weekly team teleconference and local (Ft. Hood) in-person meetings

Research Training: Qualitative Coding and Analysis – Complete

- 1) Primary Outcome for exploratory aim (coparenting): Two-day training with Dr. Jamie McHale, University of South Florida, @ USF-St. Petersburg. October 2017
- 2) Qualitative coding and analysis: Analysis of qualitative interview data is complete.

3.3. How were the results disseminated to communities of interest?

- 1) Multiple briefings about the research and Strong Families program by Ft. Hood staff throughout Year 5.
- 2) Professional Presentations/Trainings (see below)

3.4. What do you plan to do during the next reporting period?

- a) Complete data analysis and manuscript submission on primary and secondary outcomes of interest.
- b) Prepare and submit manuscripts for publication based on qualitative interview findings
- c) Prepare and submit manuscripts focused on coparenting analysis

- d) Complete provider training package for Strong Families, including full slide deck, Strong Families manual.
- e) Complete development of Strong Families digital training initiative, including overview of the program, entry modules, reintegration modules.
- f) **Conference Presentations in the next reporting period:**
 1. Boismenu, D., Griffin, F.Y., Sharrieff, A.F., Dondanville, K., Young-McCaughan, S., Peterson, A., DeVoe, E., & Blankenship, A.E. *Parental Self-Care in a Military Context*. (2019, October). Poster presented at the 4th Annual Combat PTSD Conference, San Antonio, TX.
 2. Drew, A. L., et al. (2019, October). *How military fathers' understanding of their children's development influences parenting behavior*. Paper presented at the Council on Social Work Education Annual Program Meeting, Denver, CO.
 3. Nicholson, J. H., DeVoe, E. R., & Drew, A. L. (2019, October). *Reintegration experience of National Guard/Reserve mothers of young children*. Paper presented at the Council on Social Work Education Annual Program Meeting, Denver, CO.
 4. DeVoe, E.R., Blankenship, A., & Jacoby, V. (2019, October). *The deployment cycle and young military families*. In Research Symposium, *Promoting well-being in children facing adversity: What can US military children teach us?* (Chair: Steve Cozza, MD). American Academy of Child & Adolescent Psychiatry 66th Annual meeting. Chicago, IL.
 5. Jacoby, V. (Nov 2019). Understanding Common Coparenting Dynamics for Military Families throughout the Deployment Cycle. Symposium to be presented at the 19th Annual Partners in Prevention Conference, Austin, TX.
 6. Ojeda, A., Zolinski, S., Blankenship, A. E., Jacoby, V., Wolfe, L., Dondanville, K. A., Sharrief, A., Young-McCaughan, S., Peterson, A. L., DeVoe, E. R.; for the STRONG STAR Consortium (Nov, 2019). Predeployment psychological and parental functioning of active duty military homefront caregivers. Poster to be presented at the International Society for Traumatic Stress Studies 35th Annual Meeting, Boston, MA.

4. IMPACT

4.1. What was the impact on the development of the principal disciplines of the project?

Council on Social Work Education: The PI was invited to participate in the Council of Social Work Education (CSWE; Social Work's accrediting body) Taskforces on Military Social Work and Trauma to update social work curricular guides in these areas. (April 2017)

Ellen R. DeVoe, PhD: Appointed to the National Academy of Sciences, Engineering, & Medicine: Committee on the Wellbeing of Military Families
Dates: February 2018-Septembr 2019

4.2. What was the impact on other disciplines?

As noted in previous Annual Reports, this project is the first study focused specifically on Active Duty families with children to be affiliated with the STRONG STAR Consortium. In addition, this is the first Social Work-led project at STRONG STAR and among few funded by the Department of Defense to Social Work Principal Investigators. STRONG STAR has been extremely supportive of this work and interested in

the prevention and family orientation of the study. We continue to have impact on multiple disciplinary areas, including social work, psychology, and public health, through publication of peer-reviewed papers, conference presentations, invited book chapters on military families, and service related to expertise in military families.

4.3. What was the impact on technology transfer?

The Strong Families team is working with the Boston University Center for Digital Learning & Innovation to develop provider training for the program. BU DL&I is working pro-bono with the project. (Details below)

4.4. What was the impact on society beyond science and technology?

Nothing to Report

5. CHANGES/PROBLEMS

Additional time needed to complete the project. We requested and were granted a no-cost extension through 08/28/2019.

5.1. Changes in approach and reasons for change

5.2. Actual or anticipated problems or delays and actions or plans to resolve them

5.3. Changes that had a significant impact on expenditures

5.4. Significant changes in use or care of human subjects

6. PRODUCTS

6.1. Publications, conference papers, and presentations

GRANTS FUNDED

530-16-0013

Jacoby (PD)

06/1/2018-05/3/2023

Funding Agency: Prevention and Early Intervention (PEI) Division of the Texas Department of Health and Human Services Commission.

Strong Families Clinical Services to Military and Veteran Families throughout Military Related Transitions.

Project Director: Vanessa Jacoby, PhD, UT Health.

Aim: To support the Texas DHHS new initiative: Military Families and Veterans Pilot Prevention Program.

This service grant has the mission to improve access to prevention services to military and veteran families who are at risk for child abuse and neglect. If funded, this project would support the dissemination of Strong Families as a clinical intervention at Ft. Hood for 5 years (2018-2023).

No Grant #

Blankenship (PI) & Jacoby (Co-PI)

08/11/2019-8/10/2020

Funding Agency: Division 29 Society for the Advancement of Psychotherapy, Charles J. Gelso, PhD
Psychotherapy Research Grant

Strong Families Strong Forces: Improving Programming for Military Families

Strong Families Training

Acker, M.A., Jacoby, V.M., Blankenship, A.E., & DeVoe, E.R. (Feb 2019). *Strong Families Strong Forces Chaplain Training*. Ft. Campbell Army Base (101st Airborne Division). Fort Campbell, KY. (2-Day In-Person Training)

Digital Training Initiative

As noted above, we are working with the Boston University Digital & Learning Innovation group to develop and launch Strong Families Strong Forces training platform in an online modality. During the final year, we will complete 6 modules of the training program which will be available to qualified providers in combination with in-person and follow-up consultation.

SELECTED PEER-REVIEWED PUBLICATIONS

1. Acker, M., Nicholson* J., DeVoe, E.R. (accepted for publication 10/2019). Where did Mommy go? Case report on single mother deployment and reintegration. Submitted to *Infant Mental Health Journal*
2. DeVoe, E. R., Ross, A. M., Spencer, R., Drew, A. L., Paris, R., & Jacoby, V. M. (Revised and Resubmitted). Coparenting across the deployment cycle: Observations from military families with young children. *Journal of Family Issues*.
3. Kritikos, T.K., DeVoe, E.R., & Emmert-Aronson, B. R. (2018). Relationship quality of recently deployed service members and their partners. *Journal of Orthopsychiatry*. 89(2), 170-180. doi: 10.1037/ort0000344
4. DeVoe, E.R., Kritikos, T.M., Emmert-Aronson, B., Kaufman Kantor, G., & Paris, R. (2018). Young child well-being in military families: A snapshot. *Journal of Child & Family Studies*. Online Publication. doi.org/10.1007/s10826-018-1069-5
5. DeVoe, E.R., Dondanville, K., Blankenship, A., & Hummel, V. (2018). PTSD Intervention with military service member parents: A call for relational approaches. *Best Practices in Mental Health: Special Issue on Military/Veteran-Connected Populations*, 14(1), 40-53.

BOOK CHAPTERS

1. DeVoe, E.R, Dondanville, K., & Blankenship, A., (2019). Military Families. In B. Fiese (Ed.), *APA Handbook of Contemporary Family Psychology*. American Psychological Association.
2. Cozza, S., DeVoe, E.R., Flake, E., Gewirtz, A., Gorman, L., Kees, M., Knobloch, L., Lerner, R., & Lester, P. (2018). Lessons learned and future recommendations for conducting research with military families and children. In S. M. Wadsworth & L. Kirchubel (Eds.), *A Battle Plan for Supporting Military Families in Times of War*. New York: Springer.

OTHER PUBLICATIONS

Non Peer-Review

1. Kritikos, T.M., & DeVoe, E.R. (2018). Parenting on the Homefront through Military Cycles of Deployment. *International Journal of Birth and Parent Education*, 5(4), 7-10.

MANUSCRIPTS UNDER REVIEW

1. Blankenship, A. E., Jacoby, V. M., Zolinski, S. K., Ojeda, A. R., Dondanville, K. A., Sharrieff, A., Acker, M., Blount, T. H., McGeary, C. A., Young-McCaughan, S., Peterson, A. L., Drew, A. L., & DeVoe, E. R. (Revised and Resubmitted). A qualitative examination of homecoming experiences among military fathers during reintegration
2. Drew, A. L., Blankenship, A. E., Kritikos, T. K., Jacoby, V. M., Dondanville, K. A., Nicholson, J. H., Sharrieff, A., Blount, T. H., McGeary, C. A., Young-McCaughan, S., Peterson, A. L., & DeVoe, E. R.; for the STRONG STAR Consortium (Under Review). How active duty U.S. Army fathers' knowledge and attitudes about child development influence parenting practices. *Family Relations*.
3. Kritikos, T.M., DeVoe, E.R., Thompson, M., Spencer, R., & Langer, D. Meaning making, parenting, and child functioning in military-connected families: A longitudinal study of factors of psychological health. *Family Process*.
4. Kritikos, T.M., Nicholson, J.H., DeVoe, E.R., Harbaugh, A.G., & Emmert-Aronson, B. Impact of family-related stressors on deployed fathers' posttraumatic stress symptoms. *Military Psychology*.
5. Nicholson, J.H., & DeVoe, E.R. Thrown back: Reintegration experiences of National Guard/Reserve mothers of young children. *Child & Family Social Work*.

INVITED MANUSCRIPT IN PREPARATION

DeVoe, E.R., et al. Considerations for supporting military-connected families with young children. *Young Children*, National Association for the Education of Young Children.

SELECTED MANUSCRIPTS IN PREPARATION

1. Blankenship, A. E. Psychological resilience among military families.
2. Blankenship, A. Best practices for outreach and recruitment of Active Duty military families.
3. DeVoe, E.R. Impact of a reflective parenting program on Active Duty families.
4. Hall-Clark, B. The Relationship of Identity to Military Family Cohesion and Mental Health.
5. Jacoby, V. Understanding Common Coparenting Dynamics for Military Families throughout the Deployment Cycle.
6. McGeary, C. Couple Satisfaction and Mental Health across the Deployment Cycle.
7. McGeary, C. Couple Satisfaction, Social Support, and Health Behaviors.
8. Pruiksma, K. Prevalence and Correlates of Sleeping Arrangements in Military Families with Young Children Prior to Deployment.
9. Pruiksma, K. Prevalence and Correlates of Sleep Disturbances in Military Families with Young Children over the Course of a Deployment Cycle.

PROFESSIONAL PRESENTATIONS

INVITED

1. DeVoe, E.R. (2019, July). *Supporting Military Families with Young Children: Lessons from Strong Families*. Distinguished Lecture, Military Child Education Coalition Meeting: Exploring Convoys of Social Support. Washington, DC.

2. Cozza, S., DeVoe, E.R., & Markert, J. (2019, July). *Discussion of Fred Rogers Documentary, Won't you be my neighbor?* Applications to military families. Military Child Education Coalition Meeting: Exploring Convoys of Social Support. Washington, DC.
3. Cozza, S. J. & DeVoe, E.R. (July, 2019). *Stress Exposure and Supports for Military Family Well-Being*. World Café & Roundtable Discussion, National Academy of Sciences, Medicine, & Engineering Committee on the Well-being of Military Families. Military Child Education Coalition National Training Seminar, Exploring Convoys of Social Support. Washington, D.C.

PEER-REVIEWED PRESENTATIONS

1. Kilburn, R., Davis, L., Maclean, P., & DeVoe, E.R. (Jan 2019). National Summit on Quality in Home Visiting Programs. Washington, D.C.
2. Blankenship, A. E., Dondanville, K. A., DeVoe, E. R., Hale, W. J., Straud, C., Jacoby, V., Peterson A. L., Williamson, D. E., & for the STRONG STAR Consortium. (Nov 2018). Parental status and PTSD among active duty military personnel. In K. Chard (chair), *PTSD and parenting in veterans and service members from epidemiology to treatment*. Symposium conducted at the 34th Annual Meeting of the International Society for Traumatic Stress Studies, Washington, DC.
3. Kritikos, T.K. Mufti, F.M., Nicholson, J., Tran, V., DeVoe, E.R., & Tompson, M.C. (Nov 2018). *Making meaning after military deployment and service: A mixed-methods examination of benefit-finding amongst service members, their partners, and children*. Poster presented at the 52nd annual convention for the Association for Behavioral and Cognitive Therapies (ABCT). Washington, D.C.
4. Kritikos, T.K. Mufti, F.M., Nicholson, J., Tran, V., DeVoe, E.R., & Tompson, M.C. (Nov 2018). *How do families perceive their military service? A mixed methods study of benefit-finding in service members, their partners, and children*. Poster presented at the 34th annual convention for the International Society for Traumatic Stress Studies (ISTSS). Washington, D.C.
5. Kritikos, Nicholson, J., Mufti, F., Tompson, M., & DeVoe, E.R. (Nov 2018). *Posttraumatic stress symptoms, parenting stress, and parenting behaviors: A longitudinal study of National Guard families who received a post-deployment intervention*. Paper presented at the 52nd annual convention for the Association for Behavioral and Cognitive Therapies (ABCT). Washington, D.C.
6. Ojeda, A., Zolinski, S., Gonzalez-VanWart, A., Sutherland, A., Kaya, R., Blankenship, A. E., Jacoby, V. M., Dondanville, K. A., Young-McCaughan, S., Yarvis, J. S., Peterson, A. L., Acker, M., DeVoe, E. R., & for the STRONG STAR Consortium. (Nov 2018). *Patterns of session attendance and program engagement among military families participating in Strong Families Strong Forces*. Poster presented at the 34th annual meeting of the International Society for Traumatic Stress Studies, Washington DC.
7. Zolinski, S., Ojeda, A., Gonzalez-VanWart, Sutherland, A., Kaya, R., Blankenship, A. E., Jacoby, V. M., Dondanville, K. A., Young-McCaughan, S., Peterson, A. L., Acker, M., DeVoe, E. R., & for the STRONG STAR Consortium. (Nov 2018). *Does evidence-based treatment for posttraumatic stress disorder improve marital, parental, and family functioning?: A literature review*. Poster presented at the 34th annual meeting of the International Society for Traumatic Stress Studies, Washington DC.
8. Gonzalez-Van Wart, A., Zolinski, S., Ojeda, A., Sutherland, A., Blankenship, A. E., Jacoby, V. M., Dondanville, K. A., Young-McCaughan, S., Yarvis, J., Peterson, A. L., Acker, M., DeVoe, E. R., & for the STRONG STAR Consortium. (Nov 2018). *The impact of flexibility of session location on intervention completion*. Poster presented at the 34th annual meeting of the International Society for Traumatic Stress Studies, Washington, DC.

9. Sutherland, A., Kim, B., Zolinski, S., Ojeda, A., Gonzalez-Van Wart, A., Hummel, V., Wolfe, L., Blankenship, A. E., Jacoby, V., Dondanville, K. A., Young-McCaughan, S., Yarvis, J. S., Peterson, A. L. & DeVoe E. (Oct 2018). *Recruitment of Active Duty Military Families into A Longitudinal Primary Prevention Study: Strategies and Lessons Learned*. Poster presented at the 3rd Annual Combat PTSD conference, San Antonio, TX.

PRESENTATIONS IN THE NEXT REPORTING PERIOD

1. Jacoby, V. (Nov 2019). Understanding Common Coparenting Dynamics for Military Families throughout the Deployment Cycle. Symposium to be presented at the 19th Annual Partners in Prevention Conference, Austin, TX.
2. DeVoe, E. R., Blankenship, A. E., & Jacoby, V. M. (Oct 2019). The deployment cycle and young military families. In S. J. Cozza (Chair), *Promoting well-being in children facing adversity: What can U.S. Military children teach us*. Symposium conducted at the 66th Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Chicago, IL.
3. Drew, A. L., Blankenship, A. E., Kritikos, T. K., Jacoby, V. M., Dondanville, K. A., Nicholson, J. H., Sharrieff, A., Blount, T. H., McGeary, C. A., Young-McCaughan, S., Peterson, A. L., & DeVoe, E. R. (Oct 2019). *How military fathers' understanding of their children's development influences parenting behavior*. Paper presented at the Council on Social Work Education Annual Program Meeting, Denver, CO.

APPOINTMENTS & PROMOTIONS

Nothing to report

6.2-6.4: Nothing to Report

7.0 PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

Personnel	Role	Percent Effort
Boston University		
Dr. Ellen DeVoe	PI	1.0%
Dr. Timothy Brown	Co-Investigator	7.0%
Dr. Renee Spencer	Co-Investigator	0%
Dr. Terrence Keane	Consultant	0%
Dr. Brett Litz	Consultant	1%
Dr. Michelle Acker	Training and Clinical Supervisor	2%
Dr. Alison Drew	Qualitative Postdoctoral Fellow	60%
Dr. Eric Boorman	Postdoctoral Fellow	100% (June-Sept '19)
UTHSCSA-STRONG STAR Consortium Key Personnel The Consortium flexes personnel effort across multiple studies in order to maximize work-load and minimize unnecessary expenditures.		
Dr. Alan Peterson	Co-PI	1 %
Dr. Stacey Young-McCaughan	Co-Investigator	.11 %
Dr. Katherine Dondanville	Co-Investigator	1.02%
Dr. Abby Blankenship	Assistant Professor/Research	36.29%
Dr. Brittany Hall-Clark	Assistant Professor/Research	16.67%
Dr. Vanessa Jacoby	Assistant Professor/Research	10.25%
Dr. Tabatha Blount	Assistant Professor/Research	.83%

Dr. Cindy McGeary	Associate Professor/Research	5%
Dr. Kristi Pruiksma	Associate Professor/Research	1.67%
Sophie Zolinski	Research Assistant	65.41%
Autumn Sutherland	Research Assistant	54.71%
Heidi Rathbun-McVeigh	Therapist	34.06%
Lydia Wolfe	Research Assistant	8.25%
Antoinette Brundige	Manager, Research Operations	2.04%
RAND Key Personnel		
Anita Chandra	PI	0.18%
Rebecca Kilburn	Senior Economist, Co-PI	0.11%

7. SPECIAL REPORTING REQUIREMENTS
APPENDIX A: QUAD CHART (Separate Attachment)

8. APPENDICES

Strong Families Strong Forces – Ft. Hood

Graph 1:
Cumulative of Expected, Enrolled (Consented) & Randomized as of Oct 2019 (reflects family units)

