



FINAL REPORT

Submitted By

**LOUISIANA DEPARTMENT OF SOCIAL SERVICES
OFFICE OF COMMUNITY SERVICES**

Executive Summary

The Louisiana Healthy Marriage “Knapsack” Project was a three-year Children’s Bureau funded demonstration initiative which was added to the existing menu of services offered to families served by the Louisiana Department of Social Services, Office of Community Services’ (DSS/OCS) Family Resource Centers (FRC’s). The Knapsack Project’s goals were to enhance and stabilize the environment in which children live by training their caregivers in skills to improve their relationships. With improved communication, understanding and negotiation, caregiver stress would be reduced and mutual support may increase, thereby reducing the risk of child maltreatment.

The concept of the Knapsack project was to implement a program with two elements through the FRC’s in each of the nine (9) regions of the state of Louisiana. The two elements include the “Knapsack,” a cadre of marriage education resources intended to provide the FRC staff with tailored materials relative to the family’s individual issues. The second element was a workshop based on the formalized teaching model of the Prevention and Relationship Enhancement Program (PREP). Facilitators (paraprofessionals, B.S., M.S., LCSW and/or LPC) in each of the FRC’s, along with DSS/OCS staff were trained and delivered the PREP workshops.

The project found that there was overwhelming participation and buy-in on the “Knapsack” element. The PREP component produced challenges for the project during the first two years, but showed significant signs of improvement in its last year. The FRC and DSS/OCS staff had difficulty understanding the PREP concept and its fit to the needs of their service population. The use of the project’s available technical assistance resources and its program staff proved successful in clarifying the misunderstandings and produced significant movement with this component. Challenges were also associated with consistent data collection. Originally, there were 28 targeted FRC’s, but after the department revised its requirements for the FRC’s and Hurricanes Katrina and Rita, only 15 FRC’s remained by project’s end. The hurricanes also contributed to agency and FRC staff turnover, which was already significant.

We found it encouraging that the staff who used the Knapsack and PREP interventions all reported that they found them to be useful and were excited about incorporating them into their already existing services. Unfortunately, many of the FRC’s did not fully embrace the healthy marriage services, not because they did not recognize the potential value of the services, but in most cases for logistical reasons. Being short-handed, frequent staff turnover, perceived lack of support from administrators, and difficulty identifying referrals were among the most frequently cited reasons for lack of participation.

Overall, the Knapsack Project proved a worthwhile initiative. Findings indicate that participants overwhelmingly reported the interventions to be helpful and reported more positive attitudes toward healthy relationships. Certainly, this is an area that has been lacking in many social services agencies and the project's interventions both PREP and Knapsack, offered a tool for agencies to incorporate healthy marriage intervention into already existing services. The innovative and flexible Knapsack curriculum and the adapted PREP curriculum both effectively fill a gap that exists in healthy relationship education. Such education not only provides a primary benefit by specifically addressing partner issues but also provides related benefits in areas such as parenting, social skills, self-esteem, anger management, and stress management. The potential benefits of these interventions are far reaching. There were many lessons, as you will read in the following report, which only stands to enrich and benefit others as they embark on establishing healthy marriage programs in their states and communities.

Table of Contents

Chapter I. Introduction.....	5
A. Background Information	5
B. Program Model	5
a. Collaborative Efforts	
b. Special Issues	
c. Funding Information	
C. Overview of Methodology	6
Chapter II. Process Evaluation	8
A. Implementation Objective No.1	8
B. Implementation Objective No. 2	8
C. Implementation Objective No. 3	9
D. Implementation Objective No. 4	9
E. Implementation Objective No. 5.....	9
F. Implementation Objective No. 6.....	10
G. Implementation Objective No. 7.....	11
H. Implementation Objective No. 8.....	11
I. Implementation Objective No. 9.....	13
J. Implementation Objective No. 10.....	13
K. Implementation Objective No. 11.....	14
Chapter III. Outcome Evaluation	16
A. Participant Outcome	16
B. Data Analysis	16
C. Results	17
D. Long-term System Objectives	19
Chapter IV. Recommendations for Future Policies, Program, and Evaluations	
A. Lessons Learned	21
Appendix A. Examples of Successes	23
Appendix C. Data Collection Instruments	28

Chapter 1. Introduction

Background Information

The Louisiana Healthy Marriage “Knapsack Project,” was created to add marriage education to the existing menu of services offered to families served by the Louisiana Department of Social Services, Office of Community Services’ (DSS/OCS), the state’s public child welfare agency. The service was provided by the Family Resource Centers (FRC). The goal of the Knapsack Project was to utilize marriage education to enhance and stabilize the environment in which children live, by training their caregivers in skills to improve upon their relationships. With improved communication, understanding and negotiation, caregiver stress may be reduced and mutual support may be increased, thereby reducing the risk of child maltreatment. The project’s objective was to increase the capacity of the FRC’s, by training its staff along with DSS/OCS staff, to become marriage education facilitators. Once trained, these facilitators worked individually and in groups to teach marriage education skills to families touched by the state’s child welfare agency. To ensure that the facilitators were prepared to help all types of families, two curriculums were used by the project—The Prevention and Relationships Enhancement Program (PREP) and Knapsack, a marriage education curricula developed especially for the project and its multiple family structures.

Program Model

The project’s target population was families touched by the state’s child agency. The project consisted of two (2) components, service delivery and research. Two (2) service delivery models were utilized: the Prevention Relationship Enhancement Program (PREP) and Knapsack. The Prevention Relationship Enhancement Program (PREP) curriculum was the primary intervention of this initiative. PREP is a nationally-renown, researched-based, relationship enhancement curriculum designed to be administered in group settings. Among some of the skills utilized were:

- Communication Styles
- Communication Techniques
- Conflict Resolution Skills
- Negotiation Skills

DSS/OCS contracted with PREP, Inc. to deliver trainings to the FRC and agency staff that were responsible for administering this element of the intervention and making appropriate referrals to the FRC’s for participation. Only those staff trained in PREP could administer the curriculum. The first training occurred on May 3, 4, and 5, 2004 in Baton Rouge, Louisiana, where sixty-five (65) participants were trained. The second training occurred on July 11, 12, and 13, 2006, where forty-six (46) participants from the agency and the FRC’s were trained.

The second service delivery model was Knapsack. To facilitate this process, a 31-member committee, comprised of the FRC's and DSS/OCS personnel selected and submitted a collection of educational products, such as videotapes, books, workbooks, newsletters, pamphlets, audio tapes, etc, to be utilized with the Knapsack concept. Additional material was selected each subsequent year of the project. These materials were utilized to stock the following Knapsack, which were explicit to family structure and issues: Married Couples, Cohabiting Couples, Stepfamilies, African American, and Teens.

The Knapsack curriculum was developed for group or in-home settings. In addition, the curriculum functioned as a stand-alone skills training or as supplementary material to PREP. All materials were sensitive to learning styles, cultural diversity, and/or social issues.

The Research component of the project was headed by June Williams, Ph.D., professor with the Southeastern Louisiana University in Hammond, Louisiana. This information will be discussed in detail in latter sections of this report. The initial researcher left the university after the first year of the project and after a few months search, Ms. Williams was hired.

Collaborative Efforts

The project was a collaborative effort between DSS/OCS, the funded entity, the (12) twelve Family Resource Centers, the service delivery agent, and Southeastern Louisiana University, the researcher.

Special Issues

The project targeted families who were impacted by the state's public child welfare agency (DSS/OCS) and the Families in Need of Supervision program, which is administered through the local juvenile court systems. All of these families are served by the DSS/OCS FRC.

Funding Information:

The Knapsack Project was funded for three (3) years at a total cost of \$600,000.00, \$200,000.00 each year of funding. The project's duration was October 1, 2003 through September 30, 2006.

Overview of Methodology

The following is a detailed description of the evaluation procedures followed in the Healthy Marriages Knapsack Project.

Subjects

One thousand eighty (1080) families comprised the contracted sample for this study. However at project's end, two thousand six-hundred and fifty nine (2659) families were served by either one or both components of the project. Subjects consisted of families and pre-adjudicated adolescents who were referred for an array of services to the DSS/OCS sponsored FRC's located around the state of Louisiana. Participants agreed to participate in either PREP intervention, Knapsack intervention, or both, as well as to participate in the program evaluation research of these interventions. There were seven groups of subjects: 1) families with allegations of abuse, 2) families with allegations of neglect, 3) families with abuse and neglect allegations, 4) foster care families 5) kinship care families, 6) adoptive families, and 7) pre-adjudicated adolescents.

Assessment Instruments

Instruments used to gather demographic and evaluative data were developed by the PE (June Williams, Ph.D). The instruments are attached in Appendix C.

In addition to demographic data, rating scales were used to assess the perceived impact of the PREP and Knapsack interventions in dealing with the parental stress on number of family structures, i.e.; abuse/neglect families or foster/adoptive families, and/or kinship care families. Two of the scales used were the Marital Satisfaction Inventory and Parenting Stress Index; both were psychometrically well-developed, standardized assessment instruments. The Project Director collected the data from FRC staff on a routine basis, compiled the data and submitted it to the Project Evaluator. As the data was accumulated, it was PE's responsibility to set up and maintain the data entry system and perform the data analysis.

Chapter II. Process Evaluation

This chapter discusses the implementation of the project and provides a detailed picture of how it was operationalized.

Implementation Objective No. 1

The first implementation was to initiate a contract between the DSS/OCS and the Discovery Family Resource Center, the lead FRC, to develop and manage the Healthy Marriage Knapsack Project.

The DSS/OCS requested the Director of Discovery FRC to draft and submit a proposal on how the state could best implement a Healthy Marriage Program that would utilize the Louisiana Network of Family Resource Centers to serve the fragile families of the child welfare caseloads. The drafted proposal became the vision for the Louisiana Healthy Marriage Knapsack Project.

The project envisioned a state-wide initiative with three components: 1) the utilization of the Prevention & Relationship Enhancement Program (PREP) a stand alone family appropriate tool, 2) the management of the program by Discovery FRC with oversight by the DSS/OCS, and 3) a researcher to design and/or select data forms, analyze and assess the implementation of the project, and submit the final research findings.

Implementation Objective No. 2

After the vision was discussed and agreed upon, and the funding announced, the next task was to hire and house a Project Director for the Healthy Marriage Knapsack Project, via the Discovery FRC.

After hiring the Project Director, Monic Tao, the next step was to identify and enter in to a contract for the Project Evaluator (PE). Fortunately, the Discovery FRC's parent agency was the Southeastern Louisiana University (SLU). A PE was found through the university's Department of Counseling and Human Development. The project was able to contract with Dr. Sandra Loucks, a visiting professor in the Counseling Program. Dr. Loucks worked closely with the initial Project Director, Monic Tao, in creating the research design and instruments for the project. She also hired a research Graduate Assistant, George Huang, to work with her to input and help analyze the data.

One of the challenges that arose at the end of first year of the project was that Dr. Loucks' visiting professorship expired, and the project was forced to hire another research consultant. The Project's affiliation with the Department of Counseling and Human Development was definitely a benefit, as Dr. Loucks' colleague, Dr. June Williams, also from the Counseling Program, agreed to complete the remaining two years of the project. Transitioning program evaluators was not a huge barrier, but did interrupt the flow of the project. In addition, shortly afterwards, there was a change in

the Project Director. Sheila Spears replaced Monic Tau in this capacity. These two combined turnovers resulted in delays in the implementation of the project.

One of the lessons learned from the experience was that contracting with a temporary employee of the university was risky. Even though the original PE was eminently qualified, having to change PE's after the first year of the project made for a difficult transition. This process lengthened the implementation of the evaluation component of the project.

Implementation Objective No. 3

Contact all of the FRC's to gain their commitment to participate in the project:

When the DSS/OCS made a decision to apply for the healthy marriage grant, it was discussed with the FRC's and all interested centers were asked to submit a letter of support if they were willing to provide services. Only one FRC did not submit a letter of interest. After the grant was awarded, the concept of the initiative was introduced at a Family Resource Centers Network Meeting and all of the Family Resource Centers eventually gave commitments to participate in the project.

Implementation Objective No. 4

Enter into a contract with PREP to provide the three-day Leadership Training for FRC and DSS/OCS staff on the use of the PREP model:

On January 1, 2004, the DSS/OCS entered in a contract with PREP to provide the aforementioned training. On May 3 – 5, 2004, Sixty-five (65) individuals were trained from the FRC's and the DSS/OCS. An additional contract was executed in year three (3) on July 1, 2006. On July 11 – 13, 2006 (45) additional staff was trained on the PREP curriculum.

PREP's traditional group approach was used in working with foster and adoptive homes and with pre-adjudicated "at risk" teens. The PREP curriculum was also adapted for in-home use with very fragile families. Only personnel trained in PREP Leadership Training used the PREP materials.

Implementation Objective No. 5

Convene the Knapsack Committee to select and provide supplemental marriage education material to the FRC's:

A committee of members from the Family Resource Center Network, DSS/OCS, and FINS were brought together to review and select supplemental material to be placed in individual knapsacks to be provided to the participating Centers. The Knapsack Committee met on March 31, 2004 to review resource material and make recommendations for inclusion in the Knapsacks. From this meeting, Knapsack

materials were purchased, each FRC received a set of Knapsacks. The Knapsacks were individualized to meet the needs of specific family types (e.g., two parent families, single parent families, blended families, families with “at-risk” adolescents, and kinship care/foster care families). In addition, the materials could be further individualized along racial and cultural lines. A Knapsack curriculum was also created and training was provided to the FRC staff on its use. This training was provided in each FRC by the Project Director.

The Knapsack Committee met again on December 15, 2004 to review resource material and make recommendations for inclusion in the second year’s Knapsacks. It did not meet in the third year, as it was felt that no additional materials were needed.

Implementation Objective No. 6

The Project Director will provide initial training, updates and consultation to each Resource Center with quarterly site visits, e-mails, and phone consultations:

On July 13, 2004, a videoconference was held with DSS/OCS staff to provide education/awareness opportunities about Knapsack and the referral process. Flyers marketing the project were developed for DSS/OCS line staff and distributed. The first referrals were received in mid August 2004.

A critical problem discovered during the first year was the education and implementation of the PREP component of the project. We learned early on that FRC staff were delivering pieces of the curriculum and terming it PREP. We corrected that misunderstanding and made staff aware that PREP was to be delivered as trained. We also learned that many of the FRC staff did not have a clear understanding of the curriculum and encountered some resistance to its use. We utilized our technical assistance with the Lewin Group to address this issue.

On September 29, 2004, a consultation was held with Mary Myrick of Public Strategies. The project members: Anthony Ellis, DSS/OCS Program Manager; Jerry Patton, Discovery FRC Director and Monic Tao, Project Director. The meeting with Ms. Myrick was to discuss and develop strategies and tactics for marketing the project to the FRC’s. The focus was to target several FRC’s to provide on-site technical assistance on how to incorporate the Knapsack Project into already existing service delivery system. The most critical discussion centered on PREP and its implementation in the FRC’s. Additional training was agreed upon, with Public Strategies (Ms. Myrick) retraining first year FRC and select DSS/OCS staff.

The DSS/OCS convened two days of training in Baton Rouge on February 17, 2005 and New Orleans on February 18, 2005. Challenges to implementation discussed during these trainings were the focus of discussion at a second consultation meeting that occurred on May 19, 2005. The group identified the following overarching issues/challenges that were subsequently addressed during the life of the project:

- Difficulty recruiting couples and engaging fathers
- Strategies for adapting PREP and “marketing” it to the child welfare population
- Strategies for applying PREP to foster/adoptive couples
- Importance of fostering collaboration between OCS and FRC staff so that a unified message about the healthy marriage program is being presented

The Program Manager provided on-going technical assistance as needed on implementation issues as they were being addressed by the Project Director.

Implementation Objective No. 7

The Project Director will establish a website to provide updates and links to other related sites:

With the assistance of the research graduate assistant, the Project Director successfully developed a website for the project: www.selu.edu/orgs/frp/knapsack . The website provided general information about the project and also included the required forms and survey instruments for the FRC’s to use as a resource. Although the website provided a great deal of information and resource information for the FRC staff to use in carrying out the project, we are unsure of the extent to its use, as very few FRC’s reported its use with any consistency.

One barrier to the utilization of the website was that it was very difficult to find. All of the FRC staff was provided with the website address; however, if they lost it and/or did not bookmark it, finding it again was quite difficult. In addition, the pace of work at the FRC, as well as the lack of available computers for all staff members, often made it difficult for the staff to use the web as a resource. Certainly the web site can be a resource; however, we realized that it should not be used as a primary source of information. More direct methods of communicating with staff were necessary to convey necessary information. This task was assumed and carried out by the Project Director.

Implementation Objective No. 8

The Program Evaluator (PE) will develop/adapt and use pre and post test instruments to measure the participants’ attitudes regarding healthy relationships:

This objective was among the most challenging objectives. The original PE, along with the research graduate student and in consultation with the original Project Director, developed pre and post test instruments to measure the participants’ attitudes. Basically the same items were used for adults and adolescents, but the items for the adolescents were worded to apply to adolescents rather than adults. The PE carefully reviewed the initial program proposal, identifying areas of focus for the project, and used her background in assessment to develop instruments that measured a variety of attitudes regarding relationships. The primary difference between the adult

instruments and the adolescent instruments was that the adult instruments addressed attitudes regarding current relationships and the adolescent instruments addressed attitudes about relationships in general, possibly projecting into the future.

Once the instruments were developed by the PE, they were provided to the Project Director to distribute to the FRC's. After several weeks of using the instruments, problems arose. Primarily, the length of the instruments, as well as the number of instruments required, were identified as issues. Also, during this time there was a turnover in the position of the PE. Shortly after the current PE joined the project, there was also a change in the position of project director. The new (current) PE and Project Director worked closely with the research graduate assistant to revise the instruments and lessen the required number of forms participants completed.

Once the instruments were revised, they were shared with the Project Director to distribute to the FRC staff to use with the participants. One major problem that occurred at this step was that several of the FRC's continued to use the old forms rather than replacing them with the new ones. As we realized what was happening, the Project Director contacted the FRC's, re-sent the forms, asking them to discard the previous forms and use the new ones. The PE developed instruction sheets for the FRC's, providing step by step directions regarding which forms to use and when. In spite of our best efforts to ensure the use of the new forms, several of the FRC's continued to return completed assessments that used the previous instruments.

Another parallel development during this period was the requirement of a demographic form for the participants. The original intent was to use existing demographic forms of the FRC's; however, each FRC used slightly different demographic forms and also did not collect some of the data that we were seeking. Therefore, a demographic form was developed by the original PE. Similar to the pre and post tests, the demographic form proved to be too lengthy for the participants to complete. At the same time that the assessment instruments were revised, the demographic form was revised as well. Unfortunately, we encountered the same problems with completion of the demographic form as we did with some of the assessment instruments. In spite of our efforts to get the revised demographic forms to everyone, some of the FRC's continued to use the old form. Another problem with the form was that it was one page front and back. Often, even when the correct demographic forms were used, they were incomplete because only the front page was completed. In hindsight, we recommend using a one page demographic form or, if two pages must be used, consider stapling the pages rather than using front and page. While this may result in higher printing costs, it would help to assure that the forms are completely filled out.

Regarding the actual administration of the pre and post test instruments, we experienced many challenges in follow-up with participants who completed the pre test instruments. Only a very small percentage of clients served actually completed both the pre and post test instruments. In addition, one adaptation was to administer the pre and post test for the PREP participants immediately before the training and

then immediately afterwards. We realize that this certainly was not an ideal situation and may result in our results being questionable as very little time elapsed between the pre and post test administrations. In addition, this resulted in a much higher percentage of useable data from participants who went through the PREP training as opposed to those who experienced the Knapsack training. The reality was that with the PREP trainings we had a group who were physically in one place at the same time, and we could more easily administer the instruments (Refer to Appendix C to view forms).

If we were to conduct this study again, we are well aware of the need to increase the percentage of participants who complete both the pre and post test instruments. Perhaps we would develop and incorporate a better plan/system to work with FRC staff to ensure that this critical process is successfully executed.

Implementation Objective No. 9

The PE will develop/adapt and use post test instruments to measure the participants' satisfaction with the intervention(s) provided:

The original PE developed an evaluation form to assess satisfaction with both Knapsack and PREP interventions. This relatively brief instrument was designed to assess how helpful the participants felt that the sessions were. Designing the instrument was the easiest part; ensuring that the participants completed it was the more difficult task. Because the evaluation form was to be completed after the post test instrument was administered, only a small percentage (those who completed the post-test) of the participants actually completed the evaluation form.

In hindsight, we would have also built into the design a system for getting some feedback from participants who dropped out of the program or did not complete the post-test instruments. Likely, this would need to be via phone interview, as many of the participants may not be able to be contacted in person to complete another instrument. Such qualitative data certainly would have been helpful throughout the project.

Implementation Objective No. 10

The PE will develop/adapt and use instruments to assess both family and worker satisfaction of material in increasing stability of adult relationships:

The original PE with the assistance of the original Project Director developed a staff evaluation form, which was a one page Likert-type scale. The intention was that the staff member would complete the evaluation form for each of the families with whom the staff member worked. After the new PE and the new Project Director came aboard, they realized that the amount of forms that the staff members would have to complete was excessive. In addition, most of the information on the evaluation forms was repetitive and not necessarily specific to the families. Therefore, the PE

discontinued the use of the Likert-scale staff evaluation form and developed a qualitative evaluation form that would be administered periodically to the FRC staff.

Implementation Objective No. 11

To Develop and Implement a Domestic Violence Protocol:

The development of the Knapsack Domestic Violence Protocol represents an important multi-disciplinary effort of national, state and community agency representatives to develop a protocol which would standardize the practice of OCS-contracted Family Resource Centers in Louisiana in serving families experiencing co-occurring child welfare and domestic violence issues (see Fig 1). Once completed and approved by Ann Menard, DV consultant for the Healthy Marriage Initiative, the project embarked on an extensive training with the FRC's on its implementation. Vonnie Hawkins, Discovery FRC student intern took the lead, along with the Project Director on conducting the trainings. The training consisted of a 3-hour slide presentation that contained prevalence statistics, basic concepts about domestic violence, current research and theories about typologies of abuser, victim and high-conflict couples behavior, information to dispel common myths, lethality assessment and safety planning, and where possible, a representative from the local domestic violence organization provided a summary of their services and procedures for making referrals. The purpose of the presentation was:

- to provide basic initial domestic violence information and concepts as context to the domestic violence protocol;
- to formally implement the protocol as a standard of practice throughout the state;
- to clarify the roles and activities of family resource center staff and OCS staff as defined by the protocol;
- to emphasize increased attention to client safety and increase referral and advocacy; and
- to encourage future collaborations between family resource centers and domestic violence agencies for continuing education about domestic violence

The presentation also included material and concepts from peer-reviewed journal articles, training materials from the domestic violence community, the Knapsack Domestic Violence Protocol Decision Tree, and a step-by-step analysis of the domestic violence protocol with scenarios and experiential examples to support practice with the new protocol. A 25-page packet of handouts was provided which included information to expand concepts touched on in the training, copies of the slides for future reference, the pre and post-tests, and the feedback form.

The educational program, slide presentation and packet materials were developed during the Fall of 2005. The presentation was delivered to 86+ FRC staff in various locations of the state-Lake Charles (23), Monroe (13), Shreveport (including Many) (15), Alexandria (including Jena and Leesville) (11), Baton Rouge (including VOA

and Hammond) (20), Thibodaux (4) and Lafayette (7)-from February to April 2006. New Orleans FRC's were not included in this phase due to Hurricane Katrina. A pre-test/post-test design was used to measure the effectiveness of the training. There were additional community providers in attendance at some of the locations, but were not included in the pre/post test data. The number of completed pre/post test sets was 79. The attached chart (Fig. 3) indicates the average scores (out of 22 possible) for each family resource center for the pre and post-tests. Question no. 1 was eliminated as unreliable, resulting in 22 final possible correct answers. A copy of the fill-in-the-blank pre/post test is also attached for your reference. This test was developed to include some general information about domestic violence, to address some commonly held myths, and to measure retention of some of the concepts initiated by the domestic violence protocol. All of the questions were addressed during the slide presentation and discussions.

Statistical analysis indicates that there was significant improvement on the post-test which suggests that the improvement is linked to the training presentation.

Feedback was also collected from the attendees about the quality and effectiveness of the presentation and was generally positive. Some agencies felt the protocol simply documented their existing practices, which serves to support the need to standardize practice throughout the centers. One agency reported encountering some cases of situational couple violence and no intimate terrorism type, which suggests the training they received on typologies is helping them to identify and categorize the behavior they are seeing in client families to support lethality assessment and choice of interventions. One of the most common comments was that the presentation included dense information that was a lot to absorb in a short amount of time. Constructive critiques will be used to improve the next phase of this implementation for greater engagement and improved program evaluation tools, to make the material more interesting and interactive, and to insert activities after educational pieces to allow time for absorption and promote synthesis and integration.

The next phase of implementation of the Domestic Violence Protocol will consist of a recap of the Knapsack DV Protocol, and additional skills training for practical application, which will include role play and exercises which will support the FRC staff day-to-day activities in working with families experiencing domestic violence. Development of the next educational module took place in the Fall of 2006) and another state-wide round of trainings will likely take place in the summer of 2007 onsite at the FRC's.

Chapter III. Outcome Evaluation

The vision of the Knapsack Project was to increase the capacity of the Family Resource Centers' service providers in helping fragile families strengthen their significant relationships and, as a result, provide safer home environments for their children. As detailed in our revised logic model, Appendix C, Fig The Knapsack Project sought to accomplish several objectives, including immediate/intermediate participant objectives as well as system level long-term outcome objectives. As we will discuss in the following section, the project was more successful at accomplishing the participant objectives rather than the long-term system objectives. We learned many lessons about program design and implementation that others may benefit from considering as they plan future projects.

In hindsight, one suggestion for future projects would be to pilot the program. If we were to do this again, we would identify one or two of the FRC's located geographically near the Project Director to use as a pilot project and work closely with them throughout the duration of the project. Another of the major challenges was that the FRC's were spread throughout the state, making communication difficult at times. Such a pilot project would have hopefully identified some of the problems early so that they could be corrected.

Participant Objectives

The following are the identified participant objectives:

Parents in fragile families (including foster parents) receiving the PREP and/or supplemental material, in their homes will demonstrate a statistically significant increase in healthy attitudes towards relationships as measured by pre- and post- test attitude surveys. Adolescents participating in the healthy marriage training will demonstrate a statistically significant increase in healthy attitudes towards relationships as measured by pre- and post- test attitude surveys.

At least 75% of the adult caregivers receiving the PREP training, Knapsack intervention, or both, will report on the post-services evaluation that the intervention was effective in providing helpful information on healthy relationships.

At least 75% of at-risk adolescents referred by FINS receiving PREP relationship training will report the training was helpful in making more appropriate choices in their peer relationships and in better understanding the consequences of their dating behavior and in resolving conflicts and improved communication skills.

Data Analysis

For the first two objectives, the hypothesis is that the participants' (adult or adolescent) post-test scores showed significant gains from their pre test score, indicating that their attitudes post intervention were more positive or healthier than before the intervention.

The pre and post test attitude scale consists of 34 Likert-type items, which are scored on a five-point scale, with 5 (Strongly Agree) indicating a healthy, positive attitude and 1 (Strongly Disagree) representing a low or negative attitude. Several items were negatively worded, and these items were adjusted prior to the summation and averaging of the scores. The pre- and post- test scores represent the mean scores on the pre- and post – test administrations.

Paired t-tests were used to measure the differences between the pre and post test scores for the adult caregivers and the adolescents. Since the groups were viewed separately and not as comparison groups, paired t-tests were the appropriate statistical analysis. However, in order to provide some additional information, additional t-tests were performed on each of the groups who received the various treatments (e.g., PREP, Knapsack, and both PREP and Knapsack).

For the last two objectives, the hypothesis is simply that at least 75% of the participants’ (adult or adolescent) indicated on a post-services evaluation that they found the intervention helpful. The evaluation consisted of 10 Likert-type items, scored on a five-point scale, with 5 (Strongly Agree) indicating the intervention was very helpful and 1 (Strongly Disagree) indicating that the intervention was not helpful at all. Several items were negatively worded, and these items were adjusted prior to the summation and averaging of the scores. Frequencies were run on the evaluation score averages.

Results

Paired t -tests were performed on the pre- and post- test attitude scores for both the adult participants and the adolescent participants. A comparison of the attitude scale scores of the adult caregivers before treatment and after treatment revealed that the increases in the scores were significant, $t(181) = -10.75, p < .05$ (see Table 1).

Table 1: Comparison of Pre- and Post- Test for Adult Participants

	M	SD	t
Pre-Test	3.88	.40	-10.75*
Post-Test	4.05	.36	
* p<.05			

Similarly, for the adolescent participants, the paired t-test results revealed significant increases from pre- to post-test, $t(12) = -4.08, p < .05$ (see Table 2).

Table 2: Comparison of Pre- and Post- Test for Adolescent Participants

	M	SD	t
Pre-Test	3.75	.26	-4.08*
Post-Test	4.04	.31	
* p<.05			

Additional paired t-tests were conducted on the subgroups of the adult sample based upon the intervention received (PREP, Knapsack, both PREP and Knapsack). Overall, the results for the different groups were quite similar, and all groups had higher post-test scores (See Tables 3-5). The results indicate that both PREP and Knapsack seem to be effective in increasing the participants' attitudes towards healthy relationships.

Table 3: Comparison of Pre- and Post- Test for Adult PREP Participants

	M	SD	t
Pre-Test	3.82	.41	-6.44*
Post-Test	3.99	.39	
* p<.05			

Table 5: Comparison of Pre- and Post- Test for Adult Knapsack Participants

	M	SD	t
Pre-Test	3.94	.42	-7.52*
Post-Test	4.11	.35	
* p<.05			

Table 5: Comparison of Pre- and Post- Test for Adult Knapsack & PREP Participants

	M	SD	t
Pre-Test	3.90	.29	-4.84*
Post-Test	4.06	.27	

*
p<.05

Two of the study’s objectives were that at least 75% of the participants (both adults and adolescents) would report on post-services evaluations that they found the interventions to be helpful in increasing their knowledge of and attitudes towards healthy relationships. The results are consistent with the results of the pre- and post-tests in that 92% of the adolescents (N=13) and 87% of the adults (N=181) rated the success of the program at either a 4 (Agree) or 5 (Strongly Agree) on a 5-point Likert scale. The range of evaluation scores was 3.5 – 5.0 for both the adolescent and adult participants. None of the participants’ mean scores was less than a 3.5, indicating that on most of the items, the participants found the healthy marriage interventions to be helpful.

Long-term System Level Objectives

Several long-term, system-level objectives were identified in our original proposal; however, as we progressed through the project, it was not possible to determine whether or not these objectives were met. These objectives are as follows: (a) that children in foster care where foster parents received PREP training have fewer disruptive placements and unplanned removal from the home; (b) that “at-risk” adolescents receiving the training are less likely to be adjudicated and/or to reenter the system following case closure; (c) that adult caregivers receiving in-home relationship training will have higher case closure with their children remaining in the home, fewer re-referrals to child protection for abuse or neglect, fewer disruptions in the couple relationships, more reunifications of children returned to the home from alternate care when compared to data collected on similar families previous to the implementation of the healthy marriage and relationship training or to those families in nonparticipating Centers; (d) that there will be a decrease in CAN referrals to DSS/OCS; (e) that participants receiving one of the interventions will experience increased stability in foster care and adoptive placements; and (f) that there will be an increase in reunification of families. Unfortunately, we have no data to report on the outcome-related objectives outlined above (see Discussion section for more explanation).

Two additional objectives included (a) improved capacity of FRC's to provide healthy relationship services and (b) FRC service providers will report on post-survey evaluations that they are more competent working on relationship matters with adults in fragile families. The fact that many of the FRC's were able to incorporate healthy marriage services as a part of their existing menu of services indicates that we were at least somewhat successful in achieving this first objective.

In actuality, the Staff Evaluation Form did not actually address the service provider's competence in working on relationships with family members, rather it asked open-ended questions about their experiences in using Knapsack, PREP, or both (e.g., what they liked, problems). In addition, the evaluation asked for them to mark whether they considered the services to be Very Effective, Somewhat Effective, or Not Very Effective. Of the 20 forms returned, none of the staff said that the services were not very effective. Most (N=15) indicated that the services were Somewhat Effective, and a few (N=5) indicated that the services were Very Effective.

A review of the Staff Evaluation Forms revealed that most of the staff found the Knapsack services easier to provide because they could provide the services without forming a group and they also could tailor the materials to meet the unique needs of the clients. Those who used PREP tended to rate it as Very Effective; however, some of the problems with PREP included not having enough trained staff to provide the sessions and having difficulty getting enough participants to form the groups.

For those who used Knapsack, the materials that were most often mentioned as being particularly helpful were the Communication Skills, Anger Management, and Relationship Building materials. The staff indicated that it was easier to incorporate the Knapsack materials into their existing services. Some of the problems, however, included lack of referrals and lack of interest from OCS and from clients.

Chapter V. Recommendations for Future Policies, Program, and Evaluations

Discussion and Lessons Learned

The results of the data analysis are encouraging and validate that the Knapsack Project was a worthwhile demonstration project. The participants overwhelmingly reported that they found the interventions to be helpful and also reported more positive attitudes towards healthy relationships. Certainly, this is an area that has been lacking in many social services agencies, and the Knapsack interventions, both PREP and Knapsack, offer a tool to agencies to incorporate healthy marriage intervention into already existing services.

Even though the results indicated an increase in post test scores, it is interesting to note that the pre test scores were already close to 4.0 for both the adolescent and adult groups. In future studies, it will be helpful to validate the pre and post test instrument to determine how effective it is in reporting an accurate measure of participant attitudes and behaviors. The original intent was to compare the pre and post test results with the standardized MSI and PSI instruments; however, since we did not receive pre and post test administrations of these instruments and were unable to link those we received with the appropriate participant, we were not able to use those scores.

Although the participants' mean scores were helpful in providing a glimpse of the attitude changes of the participants, an in-depth item analysis would have been very helpful in identifying the particular areas in which the participants' attitudes changed or did not change. This perhaps would assist in identifying the strengths and weaknesses of the program. This would also have been helpful in analyzing the participants' evaluation forms to determine which aspects of the program that they found the most helpful.

Another recommendation for future studies would be to incorporate a qualitative component that would allow the clients to report, in their own words, their experience of the program. Such rich data would likely provide invaluable information, and would also likely be helpful in marketing the program and recruiting new participants. Including follow-up interviews with clients who drop out of the program, although a logistical challenge, would also provide information that may be useful in attracting and retaining participants.

We found it encouraging that the staff who used the Knapsack and PREP interventions all reported that they found them to be useful and were excited about incorporating them into their already existing services. Unfortunately, many of the FRC's did not fully embrace the healthy marriage services, not because they did not recognize the potential value of the services, but in most cases for logistical reasons. Being short-handed, frequent staff turnover, perceived lack of support, and difficulty identifying referrals were among the most frequently cited reasons for lack of participation.

In addition, we experienced a serious break in our momentum and progress when Hurricanes Katrina and Rita destroyed much of South Louisiana in late summer of 2005. The focus of the FRC's at this point changed, and while the healthy marriage interventions were important, other issues took precedence as the aftermath of the hurricanes created chaos in the lives of many of the Centers' clients.

In the original research design, we stated that we would use existing databases through the DSS/OCS to track the long-term, system-wide objectives outlined previously; however, we experienced several roadblocks in obtaining this information. Our primary challenge was that the FRC's were not consistent with the use of the required Knapsack identification method for the clients they served. This information should have been reported to the DSS/OCS Program Manager for handling. However, even if we had been able to access the follow-up information, incomplete demographic information on many of the forms would have presented another challenge in obtaining the follow-up information.

Certainly we learned some difficult lessons throughout the process related to measuring long-term objectives. We realized that consistent communication and simplistic processes among all parties are crucial to the success of a project such as this, particularly in the attempts to gather useable data. All of the FRC's report data on a regular basis to the DSS/OCS through a data based reporting system. Early in the project there were some misconceptions of what data was being reported. As a result many forms were created to capture information that could have been easily obtained from the DSS/OCS FRC data base. We realized that in the transition of the project's PE and Project Director that much of this information was not passed on and lost in the process. As earlier stated, there were many challenges in getting FRC staff to accurately complete these forms. If we were to conduct such a study again, we would explicitly limit the number of forms and surveys to only what the FRC data base could not capture. In addition, we would ensure greater coordination for data gathering at the agency, project management, and program evaluation levels in order to obtain the appropriate follow-up information. while simultaneously assuring participant anonymity.

We are confident that the results validate the Knapsack Project, as a Healthy Marriages demonstration initiative, and were effective in providing healthy marriage education to caregivers and adolescents in fragile families. The innovative and flexible Knapsack curriculum and the adapted PREP curriculum both effectively fill a gap that exists in healthy relationship education. Such education not only provides a primary benefit by specifically addressing partner issues but also provides related benefits in areas such as parenting, social skills, self-esteem, anger management, and stress management. The potential benefits of these interventions are far reaching. Our lessons learned stand to aide other programs as they embark on developing marriage educations programs for their states and communities.



Appendix A: Examples of Success

Fig. 1

Proposed Logic Model for Louisiana Healthy Marriage project

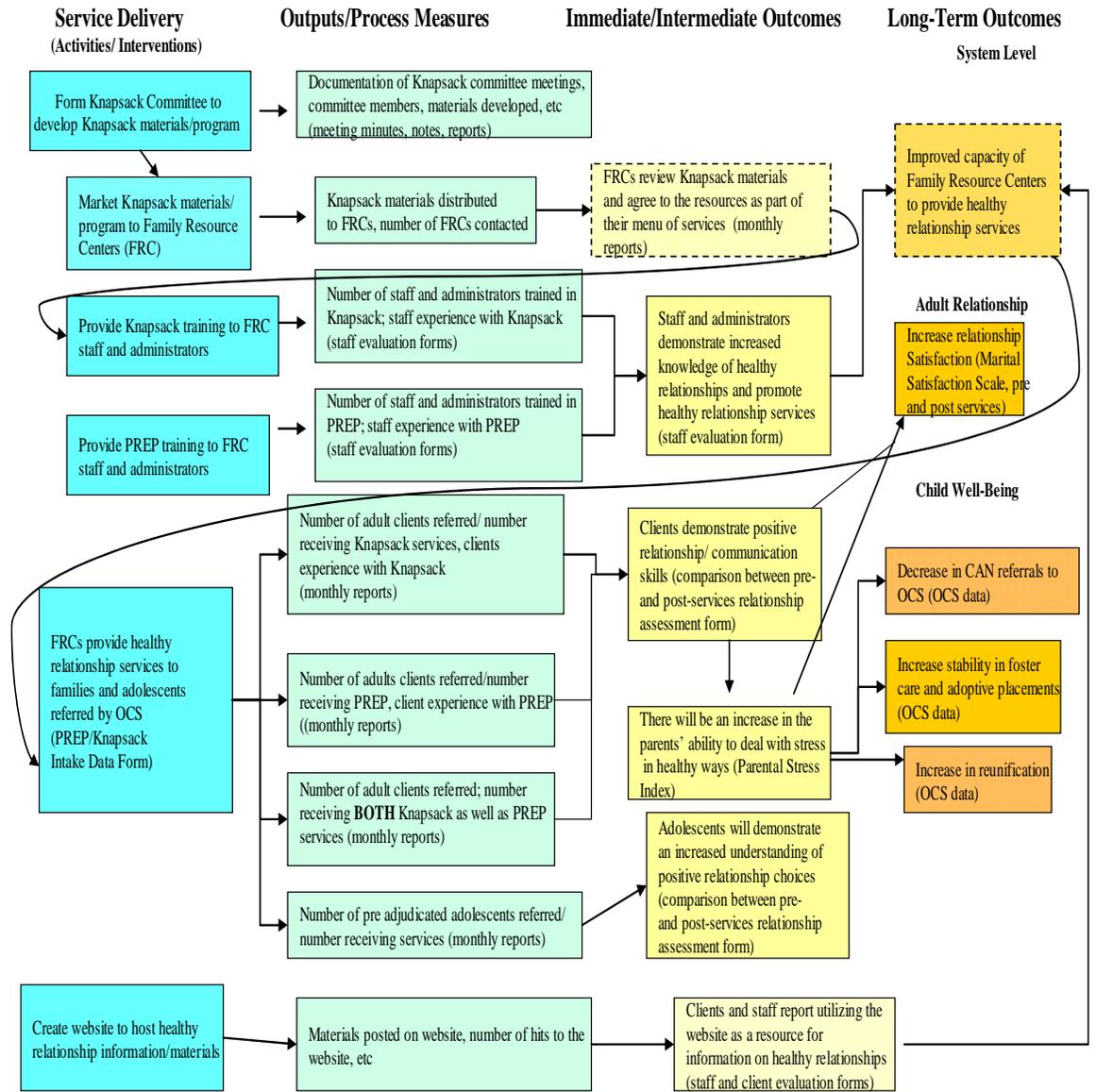
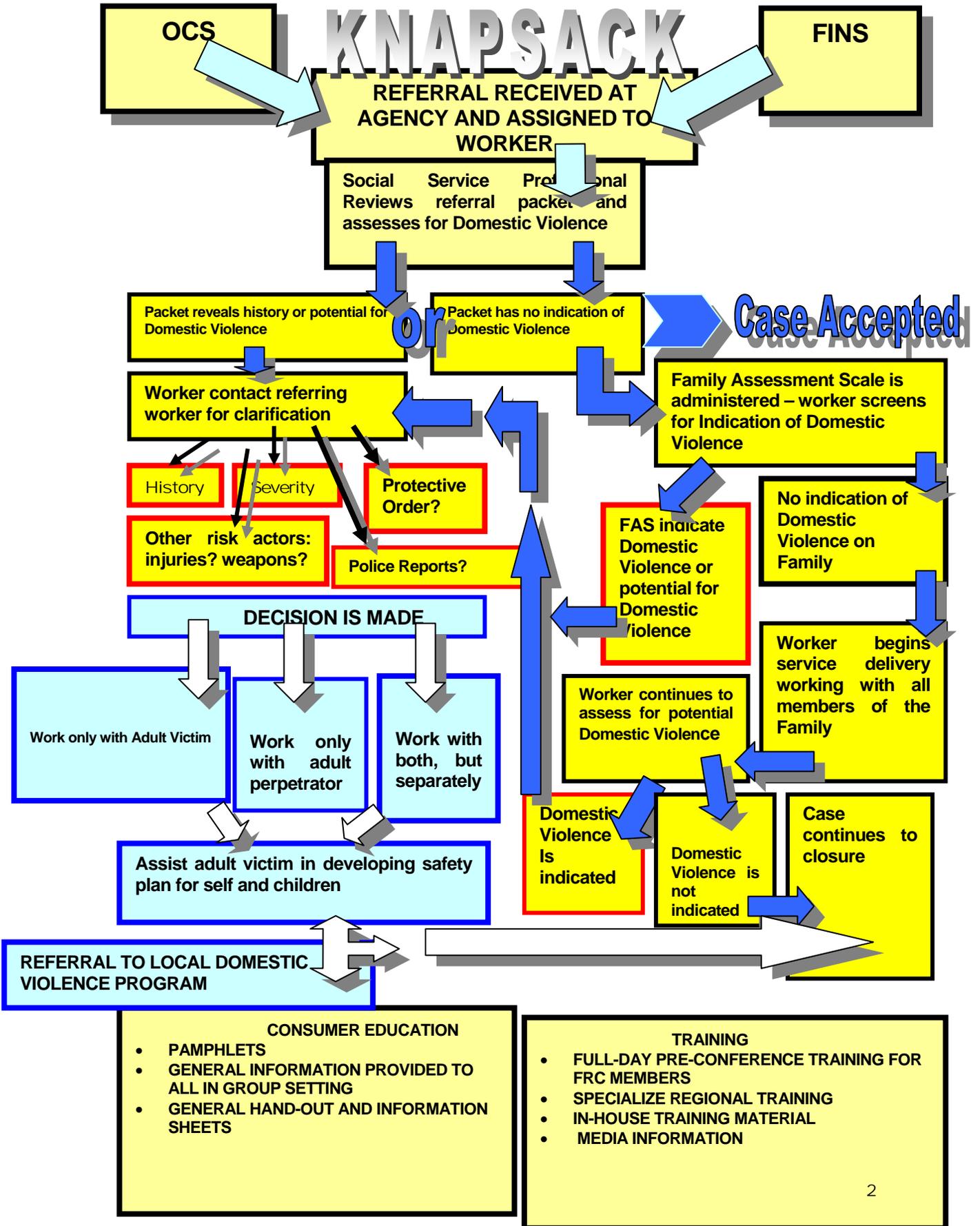


Fig. 2



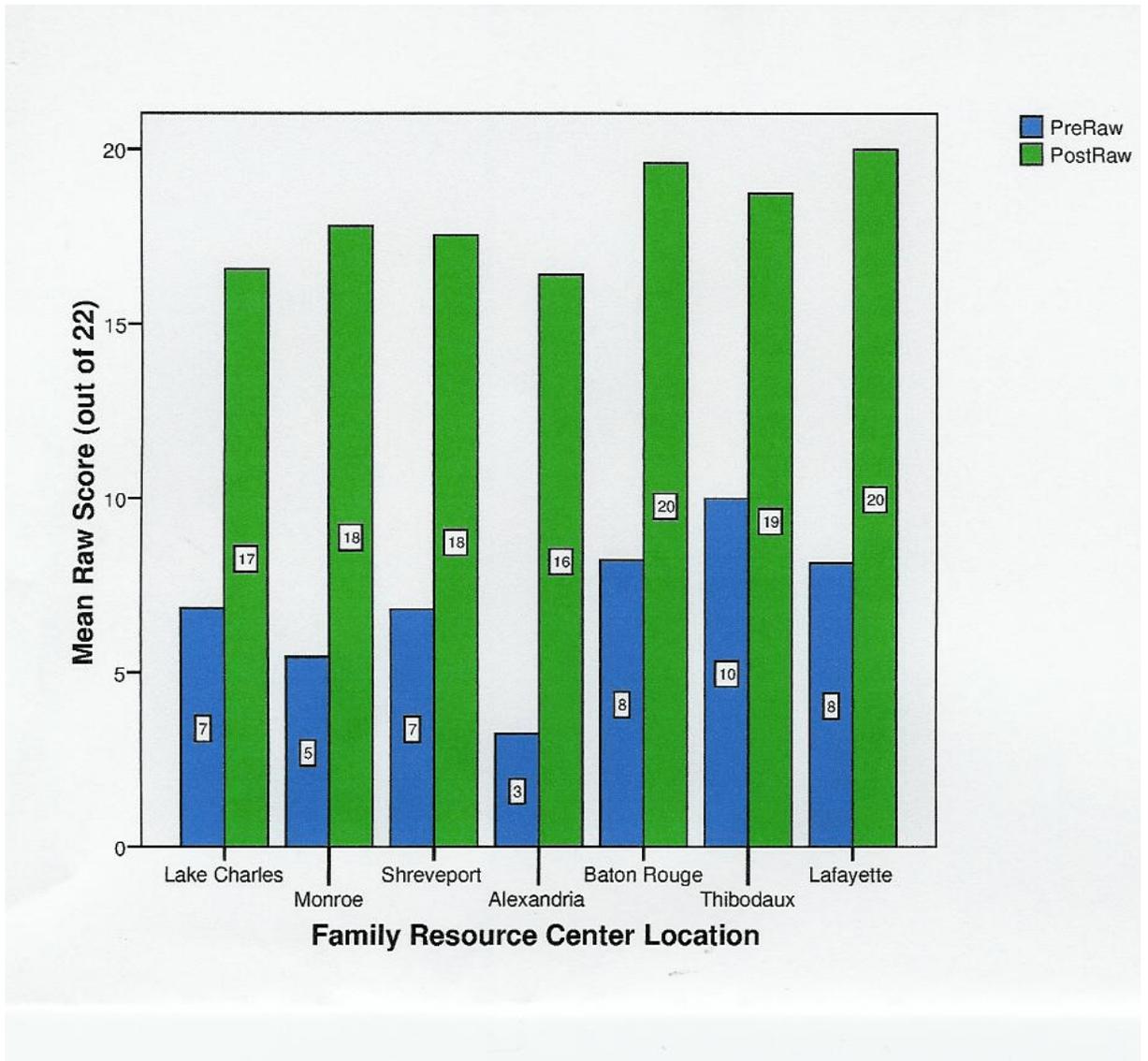


Fig. 3

(Circle One)

PreTest Post Test

Participant# _____ Location: _____

KNAPSACK DOMESTIC VIOLENCE PROTOCOL AND SENSITIVITY TRAINING KNOWLEDGE INVENTORY

1. Name two examples of control.
a. _____ b. _____
2. What is a common statistic of Domestic Violence? _____
3. List two areas of life in which control of a victim by an abuser can occur?
a. _____ b. _____
4. What is the difference between intimate terrorism and situational couple violence? _____
5. Why is it important to understand the difference between intimate terrorism and situational couple violence?

6. What are the 3 scenarios under which services are provided when DV has been identified in a client family?
a. _____
b. _____
c. _____
7. List two risk factors and two protective factors for domestic violence.
a. Risk _____
b. Risk _____
c. Protective _____
d. Protective _____
8. List 2 reasons victims stay in abusive relationships.
a. _____
b. _____
9. Why is "why do they stay" the wrong question to ask about victims of DV?

10. What is the primary role of FRC counselors in the DV protocol?

11. List 2 considerations for lethality assessment.
a. _____
b. _____
12. List 2 things to include in a safety plan.
a. _____
b. _____
13. When is client confidentiality addressed and how?

14. When is a referred case assessed for domestic violence by an FRC counselor?

Thank you!

1

Fig. 4



Appendix C: Data Collection Instruments

CLIENT DEMOGRAPHIC FORM (KNAPSACK & PREP)

NOTE: Clients for these programs are those parents and/or their significant others (e.g., spouse, partner, relative,) who are the primary person or persons referred to the Family Resource Center. Please check the appropriate categories below.

1. Individual TIPS # _____ Family TIPS # _____ OR FINS # _____

2. Beginning Date of Relationship Services: _____

3. Type of Case Referred for Services:

OCS: Type of Case () Abuse () Neglect () Abuse & Neglect () Family Services (Voluntary)

Type of Family () Biological Family () Foster Family () Kinship Care Family () Adoptive Family

FINS: () Caregivers or () Adolescent

4. Client to Receive: () PREP Program () Knapsack Program () Both

5. Referred Clients' relationship to child or youth

Client 1: () Father () Step-Father () Father's significant other () Foster Father () Grandfather
() Mother () Step-Mother () Mother's significant other () Foster Mother () Grandmother
() Kinship care _____ () Other _____

Client 1's Race: () African-American () Asian () Caucasian () Hispanic () Native American () Pacific islander

Client 2: () Father () Step-Father () Father's significant other () Foster Father () Grandfather
() Mother () Step-Mother () Mother's significant other () Foster Mother () Grandmother
() Kinship care _____ () Other _____

Client 2's Race: () African-American () Asian () Caucasian () Hispanic () Native American () Pacific islander

6. Service Delivery:

In-home: () Individual or () couple

Family Resource Center or Office: () Individual () Couple () Group

7. If applicable, how long have clients lived together? _____ Year(s) _____ Months

8. Estimated Annual Income of Family: (Money coming to clients.)

Under \$5,000 () \$5,000-12,000 () \$12,001-25,000 () \$25,001- 50,000 () \$50,001-75,000 () Over \$75,000

9. Other services client(s) are currently receiving or received during past six months:

() Parenting Classes () Individual Counseling () Family Counseling/Education () Anger Management

() Individual Counseling/Therapy () Supportive Services () Other:

10. Family lives in which type of area:

() City or City Suburb () Town () Rural Area

If abuse or neglect, please answer the following:

11. Number of previous validations of abuse or neglect during the past year: _____

If client type is foster, kinship care, or adoptive placement, please answer the following:

12. Length of time child or children have been in current placement: ____ Year(s) ____ Months ____ Weeks
13. Number of disruptions of placement of currently placed child/children during the past year: _____
14. Number of disruptions of placement of **any** child/children during the past year: _____

17. Children raised in one-parent families are healthier than children in two-parent families 5 4 3 2 1
18. I am able to share my feelings with my partner on a regular basis. 5 4 3 2 1
19. My partner and I are good at listening to each other. 5 4 3 2 1
20. I am unsure whether my partner/spouse and I will be together in the future. 5 4 3 2 1
21. My partner and I can argue without saying hurtful things to each other. 5 4 3 2 1
22. I am not satisfied with how my partner/spouse and I share housework & child care. 5 4 3 2 1
23. My partner and I make important family decisions together. 5 4 3 2 1
24. I feel loved and cared for by my partner/spouse. 5 4 3 2 1
25. I can always count on my partner/spouse to be there when I need him/her. 5 4 3 2 1
26. I am sometimes afraid of my partner/spouse's temper. 5 4 3 2 1
27. My marriage or primary partnership (relationship) works well most of the time. 5 4 3 2 1
28. My marriage or primary partnership (relationship) sometimes becomes violent. 5 4 3 2 1
29. Relationship strengthening counseling is not much help. 5 4 3 2 1
30. I know if my husband/wife/boyfriend and I have a problem, we can work it out together. 5 4 3 2 1
31. I take comfort and strength from my relationship with God. 5 4 3 2 1
32. I enjoy the help and support of the people in my church. 5 4 3 2 1
33. I believe that couples should often put each other's needs ahead of their own needs. 5 4 3 2 1
34. My parents' marriage was/is a happy one. 5 4 3 2 1

Please answer the following questions.

35. Were you abused in some way as a child? Yes No
36. If yes, how? (Circle all that apply) None Physically Sexually Neglected
37. By who were you abused? (Circle all that apply) Mother Father Other Relative Acquaintance Stranger
38. Did your parents divorce when you were a child? Yes No
39. When you and your partner/girlfriend/boyfriend argue, what is the argument most often about?
(Check the three most frequent.)

Money _____ Children _____ Sex _____ Housework _____
Affection _____ Friends _____ Time Together _____ How to Spend Time _____

17. Children raised in one-parent families are healthier than children in two-parent families. 5 4 3 2 1
18. I am able to share my feelings with my partner on a regular basis. 5 4 3 2 1
19. My partner and I are good at listening to each other. 5 4 3 2 1
20. I am unsure whether my partner/spouse and I will be together in the future. 5 4 3 2 1
21. My partner and I can argue without saying hurtful things to each other. 5 4 3 2 1
22. I am not satisfied with how my partner/spouse and I share housework & child care. 5 4 3 2 1
23. My partner and I make important family decisions together. 5 4 3 2 1
24. I feel loved and cared for by my partner/spouse. 5 4 3 2 1
25. I can always count on my partner/spouse to be there when I need him/her. 5 4 3 2 1
26. I am sometimes afraid of my partner/spouse's temper. 5 4 3 2 1
27. My marriage or primary partnership (relationship) works well most of the time. 5 4 3 2 1
28. My marriage or primary partnership (relationship) sometimes becomes violent. 5 4 3 2 1
29. Relationship strengthening counseling is not much help. 5 4 3 2 1
30. I know if my husband/wife/boyfriend and I have a problem, we can work it out together. 5 4 3 2 1
31. I take comfort and strength from my relationship with God. 5 4 3 2 1
32. I enjoy the help and support of the people in my church. 5 4 3 2 1
33. I believe that couples should often put each other's needs ahead of their own needs..5 4 3 2 1
34. My parents' marriage was/is a happy one. 5 4 3 2 1

Please answer the following questions.

35. Were you abused in some way as a child? Yes No
36. If yes, how? (Circle all that apply) None Physically Sexually Neglected
37. By who were you abused? (Circle all that apply) Mother Father Other Relative Acquaintance Stranger
38. Did your parents divorce when you were a child? Yes No
39. When you and your partner/girlfriend/boyfriend argue, what is the argument most often about?
(Check the three most frequent.)

Money _____ Children _____ Sex _____ Housework _____
Affection _____ Friends _____ Time Together _____ How to Spend Time _____

PRE-SERVICE RELATIONSHIP EVALUATION FORM FOR ADOLESCENTS

Individual TIPS # _____ Family TIPS # _____ OR FINS # _____

Read each of the following statements carefully. For each statement, please circle the response that best matches your opinion about the statement.

- Circle **5** if you strongly agree with the statement.
- Circle **4** if you agree with the statement.
- Circle **3** if you are not sure or do not have strong feelings about the statement.
- Circle **2** if you disagree with the statement.
- Circle **1** if you strongly disagree with the statement.

For example, if you sometimes enjoy watching television, you would circle 4 in response to the following statement:
I enjoy watching television. **5 4 3 2 1**

While you may not exactly agree or disagree with a statement, please circle the response that comes closest to describing how you feel. **YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.** Please do not discuss your answer with anyone. However, if you have trouble understanding the question itself, feel free to ask the examiner. You may be asked to answer about what you will do when you have a close loved one or partner in the future if you do not have one now. Please circle only one answer per statement.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------|------------------|
| 1. Most children do just as well with one parent as with two. | 5 4 3 2 1 |
| 2. It is important for couples to talk to each other about their feelings. | 5 4 3 2 1 |
| 3. Whether couples get along has little effect on the children. | 5 4 3 2 1 |
| 4. Children in one-parent families usually as well in school as children in two-parent families. | 5 4 3 2 1 |
| 5. There are good ways and bad ways for couples to argue. | 5 4 3 2 1 |
| 6. It is important for couples to share child-rearing activities. | 5 4 3 2 1 |
| 7. Couples should share household chores pretty equally. | 5 4 3 2 1 |
| 8. It is better for only one adult, the father, to make family decisions. | 5 4 3 2 1 |
| 9. Success in life is partly due to how much family love & support someone has. | 5 4 3 2 1 |
| 10. It is important for couples to spend fun time together often. | 5 4 3 2 1 |
| 11. Children raised in one-parent families usually have fewer teenage pregnancies than children raised in two-parent families. | 5 4 3 2 1 |
| 12. Children raised in one-parent families are less likely to be as poor as children raised in two-parent families. | |
| 13. Having more than one parent helps decrease the stress of child care. | 5 4 3 2 1 |
| 14. It is important for couples to compromise when they disagree on how to do things at home or how to solve a problem. | 5 4 3 2 1 |
| 15. After an argument, it is important for couples to apologize and make up. | 5 4 3 2 1 |
| 16. Being married instead of just living together has little effect on a relationship. | 5 4 3 2 1 |

5=strongly agree 4=Agree 3= Not sure/no strong feelings 2=Disagree 1= Strongly disagree

17. Children raised in one-parent families are healthier than children in two-parent families. 5 4 3 2 1
18. I am able to share my feelings with someone I trust on a regular basis. 5 4 3 2 1
19. I realize the importance of listening to & confiding in my girlfriend/boyfriend/partner. 5 4 3 2 1
20. You can't really count on anyone to be there for you when you need them. 5 4 3 2 1
21. My partner and I will argue without saying hurtful things to each other. 5 4 3 2 1
22. It is important for a couple to share values in common, such as goals for the future, what they want out of life. 5 4 3 2 1
23. My partner and I will make important family decisions together. 5 4 3 2 1
24. I will be sure I feel loved and valued by my future partner/spouse. 5 4 3 2 1
25. I realize that it is important that I am there to help and emotionally comfort my boyfriend, girlfriend, or partner when they need me. 5 4 3 2 1
26. It is natural for couples to have physical fights once in a while. 5 4 3 2 1
27. My marriage or primary partnership will work well most of the time. 5 4 3 2 1
28. My marriage or primary partnership will probably sometimes become violent. 5 4 3 2 1
29. Relationship strengthening counseling is not much help. 5 4 3 2 1
30. I know if my husband/wife/boyfriend/girlfriend and I have a problem, we can or will work it out together. 5 4 3 2 1
31. I take comfort and strength from my relationship with God. 5 4 3 2 1
32. I enjoy the help and support of the people in my church. 5 4 3 2 1
33. I believe that couples should often put each other's needs ahead of their own needs. 5 4 3 2 1
34. My parents' marriage was/is a happy one. 5 4 3 2 1

Please answer the following questions.

35. Were you abused in some way as a child? Yes No
36. If yes, how? (Circle all that apply) None Physically Sexually Neglected
37. By who were you abused? (Circle all that apply) Mother Father Other Relative Acquaintance Stranger
38. Did your parents divorce when you were a child? Yes No
39. When you and your partner/girlfriend/boyfriend argue, what is the argument most often about?
(Check the three most frequent.)

Money _____ Children _____ Sex _____ Housework _____
Affection _____ Friends _____ Time Together _____ How to Spend Time _____

POST-SERVICE RELATIONSHIP EVALUATION FORM FOR ADOLESCENTS

Individual TIPS # _____ Family TIPS # _____ OR FINS # _____

Read each of the following statements carefully. For each statement, please circle the response that best matches your opinion about the statement.

- Circle **5** if you strongly agree with the statement.
- Circle **4** if you agree with the statement.
- Circle **3** if you are not sure or do not have strong feelings about the statement.
- Circle **2** if you disagree with the statement.
- Circle **1** if you strongly disagree with the statement.

For example, if you sometimes enjoy watching television, you would circle 4 in response to the following statement:
I enjoy watching television. **5 4 3 2 1**

While you may not exactly agree or disagree with a statement, please circle the response that comes closest to describing how you feel. **YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.** Please do not discuss your answer with anyone. However, if you have trouble understanding the question itself, feel free to ask the examiner. You may be asked to answer about what you will do when you have a close loved one or partner in the future if you do not have one now.

Please circle only one answer per statement.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------|------------------|
| 1. Most children do just as well with one parent as with two. | 5 4 3 2 1 |
| 2. It is important for couples to talk to each other about their feelings. | 5 4 3 2 1 |
| 3. Whether couples get along has little effect on the children. | 5 4 3 2 1 |
| 4. Children in one-parent families usually as well in school as children in two-parent families. | 5 4 3 2 1 |
| 5. There are good ways and bad ways for couples to argue. | 5 4 3 2 1 |
| 6. It is important for couples to share child-rearing activities. | 5 4 3 2 1 |
| 7. Couples should share household chores pretty equally. | 5 4 3 2 1 |
| 8. It is better for only one adult, the father, to make family decisions. | 5 4 3 2 1 |
| 9. Success in life is partly due to how much family love & support someone has. | 5 4 3 2 1 |
| 10. It is important for couples to spend fun time together often. | 5 4 3 2 1 |
| 11. Children raised in one-parent families usually have fewer teenage pregnancies than children raised in two-parent families. | 5 4 3 2 1 |
| 12. Children raised in one-parent families are less likely to be as poor as children raised in two-parent families. | 5 4 3 2 1 |
| 13. Having more than one parent helps decrease the stress of child care. | 5 4 3 2 1 |
| 14. It is important for couples to compromise when they disagree on how to do things at home or how to solve a problem. | 5 4 3 2 1 |
| 15. After an argument, it is important for couples to apologize and make up. | 5 4 3 2 1 |

16. Being married instead of just living together has little effect on a relationship. 5 4 3 2 1
 5=strongly agree 4=Agree 3= Not sure/no strong feelings 2=Disagree 1= Strongly disagree
17. Children raised in one-parent families are healthier than children in two-parent families. 5 4 3 2 1
18. I am able to share my feelings with someone I trust on a regular basis. 5 4 3 2 1
19. I realize the importance of listening to & confiding in my girlfriend/boyfriend/partner. 5 4 3 2 1
20. You can't really count on anyone to be there for you when you need them. 5 4 3 2 1
21. My partner and I will argue without 1ying hurtful things to each other. 5 4 3 2 1
22. It is important for a couple to share values in common, such as goals for the future, what they want out of life. 5 4 3 2 1
23. My partner and I will make important family decisions together. 5 4 3 2 1
24. I will be sure I feel loved and valued by my future partner/spouse. 5 4 3 2 1
25. I realize that it is important that I am there to help and emotionally comfort my boyfriend, girlfriend, or partner when they need me. 5 4 3 2 1
26. It is natural for couples to have physical fights once in a while. 5 4 3 2 1
27. My marriage or primary partnership will work well most of the time. 5 4 3 2 1
28. My marriage or primary partnership will probably sometimes become violent. 5 4 3 2 1
29. Relationship strengthening counseling is not much help. 5 4 3 2 1
30. I know if my husband/wife/boyfriend/girlfriend and I have a problem, we can or will work it out together. 5 4 3 2 1
31. I take comfort and strength from my relationship with God. 5 4 3 2 1
32. I enjoy the help and support of the people in my church. 5 4 3 2 1
33. I believe that couples should often put each other's needs ahead of their own needs. 5 4 3 2 1
34. My parents' marriage was/is a happy one. 5 4 3 2 1

Please answer the following questions.

35. Were you abused in some way as a child? **Yes** **No**
36. If yes, how? (Circle all that apply) None Physically Sexually Neglected
37. By who were you abused? (Circle all that apply) Mother Father Other Relative Acquaintance Stranger
38. Did your parents divorce when you were a child? **Yes** **No**
39. When you and your partner/girlfriend/boyfriend argue, what is the argument most often about? (Check the three most frequent.)

Money _____ Children _____ Sex _____ Housework _____
 Affection _____ Friends _____ Time Together _____ How to Spend Time _____

CLIENT KNAPSACK EVALUATION

Individual TIPS # _____ Family TIPS # _____ OR FINS # _____

Approximately how many hours of Knapsack (relationship) services have you received? _____

Approximately how many Knapsack (relationship) sessions have you received? _____

Please circle the letter(s) that best represents how much you agree or disagree with the following statements.

5 – Strongly Agree 4 – Agree 3 – Not Sure 2 – Disagree 1 – Strongly Disagree

- | | | | | | |
|--------------------------------------------------------------------|---|---|---|---|---|
| 1. The KNAPSACK program was very helpful to me. | 5 | 4 | 3 | 2 | 1 |
| 2. I found the KNAPSACK program interesting and useful. | 5 | 4 | 3 | 2 | 1 |
| 3. I found the KNAPSACK program too hard to understand. | 5 | 4 | 3 | 2 | 1 |
| 4. I learned a lot about having a good relationship with KNAPSACK. | 5 | 4 | 3 | 2 | 1 |
| 5. I can use many of the things I learned in KNAPSACK. | 5 | 4 | 3 | 2 | 1 |
| 6. I found the KNAPSACK program too short. | 5 | 4 | 3 | 2 | 1 |
| 7. I think KNAPSACK will make me a better parent. | 5 | 4 | 3 | 2 | 1 |
| 8. It was hard for me to stick with the KNAPSACK sessions. | 5 | 4 | 3 | 2 | 1 |
| 9. I feel the KNAPSACK program was worth the time I spent. | 5 | 4 | 3 | 2 | 1 |
| 10. I have made changes based on what I've learned from KNAPSACK. | 5 | 4 | 3 | 2 | 1 |

Feel free to provide additional comments regarding the Knapsack (relationship) services you received:

CLIENT PREP EVALUATION FORM

Individual TIPS # _____ Family TIPS # _____ OR FINS # _____

Please circle the letter(s) that best represents how much you agree or disagree with the following statements.

5 – Strongly Agree 4 – Agree 3 – Not Sure 2 – Disagree 1 – Strongly Disagree

- | | | | | | |
|----------------------------------------------------------------|---|---|---|---|---|
| 1. The PREP program was very helpful to me. | 5 | 4 | 3 | 2 | 1 |
| 2. I found the PREP program interesting and useful. | 5 | 4 | 3 | 2 | 1 |
| 3. I found the PREP program too hard to understand. | 5 | 4 | 3 | 2 | 1 |
| 4. I learned a lot about having a good relationship with PREP. | 5 | 4 | 3 | 2 | 1 |
| 5. I can use many of the things I learned from PREP. | 5 | 4 | 3 | 2 | 1 |
| 6. I found the PREP program too short. | 5 | 4 | 3 | 2 | 1 |
| 7. I think PREP will make me a better parent. | 5 | 4 | 3 | 2 | 1 |
| 8. It was hard for me to stick with the PREP sessions. | 5 | 4 | 3 | 2 | 1 |
| 9. I feel the PREP program was worth the time I spent. | 5 | 4 | 3 | 2 | 1 |
| 10. I have made changes based on what I've learned from PREP. | 5 | 4 | 3 | 2 | 1 |

Feel free to provide additional comments regarding the PREP sessions:

Agency Code _____

Staff Evaluation of Knapsack/PREP

Which services has your agency been providing?

Knapsack PREP Both Not started yet

In your opinion, how effective have these services been in helping your clients to build healthy relationships?

Very effective Somewhat effective Not very effective

If you have been using both PREP and Knapsack, which of the two services do you think is the most beneficial to clients? Why?

If you are using Knapsack, which of the materials are you finding most helpful in working with your clients?

What problems (if any) have you had in implementing PREP and/or Knapsack?

What additional assistance do you need that will assist you in providing Knapsack and/or PREP services to clients?

Have you found the domestic violence protocol helpful in identification and referral of clients? If not, please identify any problems that you have had.

Additional comments? Questions? Concerns?

Please return this form to **Sheila Spears** FAX (225) 925-4368 E-mail: Sheila.spears@selu.edu