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An Intervention to Increase Identification and Referral of Families at High Risk for Child Maltreatment in
a Military Community

Tavia M. Wilkinson

Submitted as Partial Fulfillment for the Doctor of Nursing Practice Degree

Regis University

October 12, 2015

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Executive Summary

An Intervention to Increase Identification of Families at High Risk for Child Maltreatment in a Military Community

Problem

According to Gibbs, Martin, Clinton-Sherrod, Walters, and Johnson (2011), child maltreatment in the military community has become a significant issue. Initial interaction and assessment of expectant and post-partum mothers takes place in the labor and delivery and mother-baby units at a hospital in a western state where families at high risk for child maltreatment are initially identified. Current methods of recognizing high risk families include visual assessment of parent-child bonding, family dynamics, and involvement of the father. However, these methods have proven to be ineffective in adequately identifying families at risk for child maltreatment prior to incident. The PICO (problem, intervention, comparison, and outcome) problem statement associated with this capstone project is: In (P) registered nurses in a labor and delivery and mother-baby expectant and post-partum care units of a military hospital (I) will an evidence-based, educational intervention related to child maltreatment prevention and administration and interpretation of the Abbreviated Family Needs Screener (AFNS), (C) when compared with no formal educational intervention, result in (O) enhanced knowledge of administering and interpreting the Abbreviated Family Needs Screener and understanding of child maltreatment prevention methods to include referral of families at risk for child maltreatment?

Purpose

This Capstone project served to provide an education program for registered nurses caring for expectant and post-partum mothers on the use and administration of the abbreviated Family Needs Screener screening instrument, and to examine the impact of the program on nursing knowledge and competency related to child maltreatment prevention.

Goal

The goal of this project was to measure the efficacy of the educational intervention in aiding nurses to administer the Abbreviated Family Needs Screener as well as develop and maintain knowledge regarding child maltreatment prevention.

Objectives

Project objectives include: developing the Abbreviated Family Needs Screener, designing and implementing an educational intervention to educate staff on the administration and interpretation of the abbreviated needs screener and determining if the educational intervention had a statistically significant effect on nursing knowledge regarding methods of child maltreatment prevention as well as administration and interpretation of the Abbreviated Family Needs Screener.

Plan

After an extensive literature review was conducted, it was determined that risk assessments which identify risk factors for child maltreatment had been proven to be effective in child maltreatment prevention. An abbreviated families at risk for child maltreatment assessment tool, which derived from the 57 question United States Army Community Service New Parent Support Program Family Needs Screener used by the New Parent Support Program, was then created. The instrument identified risk factors for child maltreatment. Based on this instrument, an educational program was designed for registered nurses. Following approval from the Institutional Review Board at Regis University, the project was implemented including an educational session pre and post-test. A pre- and post-test was coded, information was entered into spreadsheets and Excel was utilized to process the data.

Outcomes and Results

Twenty (20) participants completed both the pre- and post-test intervention. A statistically significant improvement ($p < 0.05$) in mean knowledge scores was identified. It was determined that the knowledge of the nurses regarding administering and interpreting the Abbreviated Family Needs Screener and understanding methods of preventing child maltreatment significantly improved after undergoing the education program designed.

Acknowledgements

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An Intervention to Increase Identification and Referral of Families in a Military Community at High Risk for Child Maltreatment

This manuscript provides a description of an education intervention presented to registered nurses in the labor and delivery and mother-baby units at a military hospital in a western state. The education is evidence-based and presented with the goals of enhancing nursing competency of administration of the Abbreviated Family Needs Screener (AFNS) and increasing understanding of methods of child maltreatment prevention to include referrals of families at risk for child maltreatment. Knowledge and competency were measured with a pretest and posttest before and after the educational intervention.

Problem Recognition and Definition

For many years child maltreatment was considered a social issue as opposed to a medical issue until the publication of a 1962 article by Dr. C. Henry Kempe, a Pediatrician who was the first member of the health care community to identify and recognize child abuse, and the phenomenon was termed battered child syndrome at that time (Kempe et al., 1962). Kempe identified and labeled the physical abuse experienced by children. Kempe also established that physicians had a direct responsibility to protect children against child maltreatment even from parents (Kempe et al, 1962). This newfound information was monumental for the health care industry as it inspired various laws and regulations that protected children against child abuse. Since Kempe's 1962 publication, the understanding of child abuse, to include long-term effects, has greatly expanded. In addition, as indicated in the 1962 publication by Kempe, three trends have led to more productive interventions for child maltreatment. These three changes in intervention include greater sophistication in diagnosing child abuse, an increase in child prevention initiatives, and the use of multidisciplinary teams to deter child maltreatment and to treat victims of child maltreatment from a multidisciplinary perspective.

Child maltreatment is all too common, and the situation can be deemed a national crisis.

According to Child Protective Service Agencies, there are approximately 900,000 confirmed cases of child maltreatment annually in the United States (Department of Health and Human Services, 2004). Of the confirmed cases of child maltreatment, children under the age of three are at greatest risk. It is reported that approximately 1,825 children die each year as a direct result of child maltreatment; many more suffer the effects of neglect which is a form of maltreatment that is far more serious than some acknowledge (Child Help, 2009). Handy & Rodgers (2011) asserted that there were ten child fatalities directly related to child maltreatment in Colorado Springs in 2011, and of those ten, seven were military dependents. According to Gibbs, Martin, Clinton-Sherrod, Walters, and Johnson (2011), child maltreatment has been recognized as a significant issue in the military community with approximately 6,500 substantiated incidents annually. Child fatalities are increasing at an alarming rate nationally especially among the military community due to the complexity of issues facing military families to include domestic violence, increased mental illness and PTSD, ineffective stress management, lack of education regarding normal child development, and social isolation (Handy & Rodgers, 2011).

There is a substantial amount of information that associates child maltreatment with a range of emotional, behavioral, and physical health problems (Briere et al., 2003; Caspi et al., 2002; Chapman et al., 2004). It is clear that child maltreatment is a significant issue in the United States. Research has proven that effective identification of families at risk for child maltreatment aids in early and adequate recognition, referral, prevention, and treatment of child maltreatment (Thomas et al, 2003; Segal & Dalziel, 2011; Handy & Rodger, 2011; Lecroy & Krysik, 2011; DHHS, 2011). There are a number of programs existing that identify families at risk for child maltreatment such as Parents as Teachers, Visiting Nurses Association (VNA), and Nurse-Family Partnership. However, they do not specifically focus on military families. Introducing a new baby in the home proves to be both a pleasure and a challenge for most parents, but the added stresses of military life, including distance from extended family, frequent moves and deployments can create special concerns.

Due to the significance of the issue of child maltreatment in the military community, the focal point of this Capstone Project was the labor and delivery and mother-baby units at a military hospital in a western state, so early intervention and prevention strategies could be introduced.

Problem Statement

Expectant mothers and post-partum mothers are encountered on the labor and delivery and mother-baby units at a military hospital in a western state when delivering and after delivery. This is usually where families at high risk for child maltreatment are initially identified (Lecroy & Krysik, 2011). Current methods of recognizing high risk families include visual assessment of parent-child bonding, family dynamics, and involvement of the father. However, these methods are proven ineffective if not inclusive of extensive criteria to include, but not limited to, amount of deployments, social isolation, and education which is currently not included in the initial intake assessment (Kantor & Straus, 1999). The core problem is that a formal method of identification of high risk families does not currently exist.

New Parent Support Program. Currently, the New Parent Support Program (NPSP), an early prevention program that caters to military families with children 0-3 years of age and utilizes a home visitation model, is the primary child maltreatment prevention program for military installations throughout the United States. The program is regarded as the most effective well-received prevention model in the Department of Defense (DoD) (Kantor & Straus, 1999). The prevention model advocated by DoD draws on the models of Healthy Families America Programs, and Hawaii Healthy Start and has as its centerpiece the program elements of risk assessment, and provision of intensive home visitation services to at-risk families (Kantor & Straus, 1999; Kantor & Kendall-Tackett, 2000). The program's services are available at no cost to active-duty service members and their families who are expecting their first child or have at least one child under 3 years old (5 years old in the Marine Corps). Service members who have separated from active duty may still be eligible for the program depending on the nature of the separation. The program is voluntary and focuses on stress management and education in child development. It addresses appropriate expectations of children in addition to many other concepts lacking

at times in military families that contribute to child abuse and domestic violence (Hill & Philpot, 2011). The primary objective of the NPSP is to enhance the knowledge and skills required of new parents to form healthy relationships and to provide safe, nurturing environments for their children (Military Homefront, 2000). Each service branch must provide home visits for at-risk families, but installations may also offer New Parent Support Program services that reflect the needs of military families in the area. Overall, the program provides information, support and guidance by helping parents: build strong, healthy bonds with their infants and toddlers that will lay the foundation for their social and emotional development, and manage the demands of parenting, especially when impacted by deployments and other military operations, remain flexible and responsive when managing the stressors of daily life, build a strong support network, respond to infant and toddler behavior sensitively and be attuned to their developmental needs, and find concrete services in the local community in time of need. The extent of the New Parent Support Program is far reaching, and research has been conducted regarding the effects of child maltreatment which has impelled governments to implement the New Parent Support Program at various installations throughout the country to include Hawaii and Germany (Kantor & Kendall-Tackett, 2000, Kantor & Straus, 1999; McCarroll et al., 2000). The NPSP utilizes various tools to assess risk factors for child maltreatment and to determine the needs of each family. These tools include, but are not limited to, the United States Army Community Service New Parent Support Program Family Needs Screener screening instrument.

Family Needs Screener. The United States Army Community Service New Parent Support Program Family Needs Screener (FNS) is a 57 question tool that has been utilized as a screening measure for risk of both child maltreatment and intimate partner violence (IPV) since 1988 (Kantor & Straus, 1999). The United States Army Community Service New Parent Support Program Family Needs Screener (FNS) was developed with three uses in mind: (1) to assist the NPSP staff in making classification decisions about the allocation of services based on family needs, (2) to provide a means to better assess, plan, and conduct clinical interventions for the NPSP families, and (3) to provide a more

systematic means of assessing family well-being at program entry (Kantor & Straus, 1999). The FNS was not developed to comprehensively assess all of the characteristics associated with multiple types of maltreatment, but was developed to capture those major characteristics of families that are particularly associated with physical assaults on parents or young children, with the assumption that many of these characteristics are associated with other types of maltreatment as well (Kantor & Straus, 1999).

According to Kantor and Strauss (1999), the United States Army Community Service New Parent Support Program Family Needs Screener was implemented and proven to effectively decrease child maltreatment in various military communities. The screener is based on risks and needs of pregnant family members and families with young children and covers several subscale areas: demographics (1-13), stress (14-16, 21, 22), relationship discord (17-20, 23), support (24-25, 39, 45-51), substance abuse (26-28), violence approval (29-32), family of origin violence and neglect (33-38), self-esteem (40-44), depression (52-55), and prior family violence (56-57) (Kantor & Strauss, 1999). The following questions are five questions derived from the FNS and included: #22 (at times I feel out of control like I'm losing it), #23 (uncontrolled anger can be a problem in my family), #54 (There are times when I feel life is not worth living), #56 (Have you or your partner been involved in a suspected or verified case of child abuse or neglect) and, #57 (Have you or your partner been involved in a suspected or verified case of spouse abuse). According to Kantor and Strauss (1999), these questions were targeted as “high point” questions which indicated the respondent was at risk for child maltreatment or IPV if they responded positively (yes or agree) to the questions. The project director proposed that an abbreviated screening instrument that incorporated these “high point” questions be created. Consequently, the five question Abbreviated Family Needs Screener (AFNS) was developed. It was also proposed that the nursing staff on the labor and delivery and mother-baby units at a military hospital in a western state be educated on the screening instrument as well as on understanding methods of preventing child maltreatment to include the referral process after risk factors have been identified.

PICO Statement. Population, intervention, comparison, and outcome (PICO) is utilized to describe the problem statement for this project as follows: In (P) registered nurses in a labor and delivery and mother-baby expectant and post-partum care units of a military hospital (I) will an evidence-based, educational intervention related to child maltreatment prevention and administration and interpretation of the Abbreviated Family Needs Screener (AFNS), (C) when compared with no formal educational intervention, result in (O) enhanced knowledge of administering and interpreting the Abbreviated Family Needs Screener and understanding of child maltreatment prevention methods to include referral of families at risk for child maltreatment?

Project Significance, Scope, and Rationale

During the author's tenure as a home visitor with the NPSP in the military community associated with the hospital, it was discovered that many families at high-risk for maltreatment were not identified upon assessment on the labor and delivery and mother-baby units due to inadequate identification methods as methods of identifying risk factors entailed visual assessment and a vague social history and history of domestic violence. During a two day introduction to the labor and delivery and mother-baby units in this military hospital, the author asked the nurses and chief nurse of the units: how risk factors for child abuse or child maltreatment were identified? The chief nurse of the Obstetric and Gynecology Department, at the time, asserted that the nurses identified risk factors for abuse by "visually examining the relationships between the mothers and babies and the other siblings and by gathering a social history and history of domestic violence by asking three questions specific to feeling safe in the home, feeling as if needs are being met, and feelings of depression" (D. Handley, personal communication, December 10, 2010). The families were subsequently identified by NPSP staff utilizing the Family Needs Screener only after they volunteered to participate in the NPSP, and often after an incident had already occurred. The staff on the labor and delivery and mother-baby units verbalized concern regarding an informal method of identifying high needs families, and New Parent Support Program (NPSP) staff, who were encountering

the families after discharge from the mother-baby unit, also recognized the lack of formal assessment as a problem.

This Capstone project served to provide an education program to train registered nurses on the labor and delivery and mother-baby units on the use and administration of the Abbreviated Family Needs Screener as well as provide the nurses with methods of preventing child maltreatment such as identification of risk factors and referral to the NPSP. Scientific evidence supports the assumption that early identification of risk factors for child maltreatment deters incidence of child maltreatment (CDC, 2013). The rationale for the project was that if identification of families at risk for child maltreatment occurred on the labor and delivery and mother-baby units, more families at risk for child maltreatment would be identified early, and more families could be adequately assessed for inadequate coping, inadequate parent-child attachment, concerns with family dynamics, and ineffective stress management which have been proven to be risk factors for child maltreatment. It was hypothesized that implementation of the Capstone project would ensure that more at-risk families in need of parent support services would be identified.

Theoretical Foundation

Implications of knowledge for nursing practice relate to the production of various conceptual or theoretical models of nursing, which have become the foundation of professional nursing practice and embody all aspects of knowledge. Thorne et al. (1998) asserted it was assumed that conceptual models and theories could perhaps generate instruments by which nurses could communicate in a universal language, provide a “moral/ethical structure”, and a measure of organized methodical thinking (p. 1258). Conceptual models and theories are viewed as representative illustrations of concepts utilized to incorporate theory into practice. There are two main theories that served as frameworks for the current Capstone project.

The Theory of Prevention as Intervention. One theory that was effectively applied to the current project is the middle-range theory of prevention as intervention. The theory is consistent with

Betty Neuman's System Model which is a theory based on an individual's relationship to stress, the reaction to it, and various factors influencing stress (Memmont et al, 2000). The theory was developed by Betty Neuman, a community health nurse, professor and counselor. The central core of the model consists of energy resources (normal temperature range, genetic structure, response pattern, organ strength or weakness, ego structure, and knowns or commonalities) that are surrounded by several lines of resistance, the normal line of defense, and the flexible line of defense. The lines of resistance represent the internal factors that help the patient defend against a stressor, the normal line of defense represents the person's state of equilibrium, and the flexible line of defense depicts the dynamic nature that can rapidly alter over a short period of time. The purpose of the nurse is to retain this system's stability through the three levels of prevention:

Primary prevention to protect the normal line and strengthen the flexible line of defense.

Secondary prevention to strengthen internal lines of resistance, reducing the reaction, and increasing resistance factors.

Tertiary prevention to readapt and stabilize and protect reconstitution or return to wellness following treatment.

According to August-Brady (2000) prevention as intervention is the "process through which the nurse acts to accomplish the goal of client system stability" and "optimal client system stability is obtained by preventing stress and intervening to provide support" (p. 1304). Prevention is the ultimate resolution to resolving issues of child maltreatment. Applying the theory of prevention as intervention, the goals of educating the nursing staff on the administration and use of the Abbreviated Family Needs Screener as well as methods of preventing child maltreatment were achieved. The definitive goal, which will succeed the project, is an overall reduction in incidents of child maltreatment and child fatalities related to child maltreatment. Early and effective identification of risk factors for child maltreatment has

been scientifically proven to prevent incidents of abuse (DHHS, 2011; Eckenrode et al., 2000, Lecroy & Krysik, 2011).

The Adult Learning Theory. The Adult Learning theory (Andragogy) was also effectively applied to the current Capstone project as its application was imperative to the effective comprehension and competency regarding knowledge on administration of the Abbreviated Family Needs Screener and methods for preventing child maltreatment. The Adult Learning Theory aids educators in understanding how adults learn which is significant to efficiently introducing and implementing new information. The theory incorporates six assumptions specific to adult learning. Malcolm Knowles, theorist of adult education, identified these six assumptions which include: self-concept, experience, readiness to learn, orientation to learn, motivation to learn, and relevance (Knowles, 1984; Boeve, 2012). An explanation of these assumptions is presented in the table below.

Table 1 – Knowles Assumptions about Adult Learners with Relevant Application

Learning Characteristic	Assumption: Pedagogy	Assumption: Andragogy	Application
Self-Concept	The learner is a dependent personality and is directed by a teacher whose societal responsibility is to determine the conditions and outcomes of learning.	As a person matures, he/she moves from being a dependent personality toward being a self-directed human being whose movement a teacher encourages and nurtures.	What do you observe of students' self-concepts and where they are on the spectrum of dependence/independence or being other-versus self-directed?
Experience	A learner's own experience is limited, of little worth, and may be only a starting point. Valuable experience is that of the teacher, content author/producer, and expert. Teaching methods are didactic and focus on transmission.	As a person matures, he/she accumulates a growing reservoir of experience that becomes an increasing resource for learning. Teaching methods are more experiential and encourage incorporating experience into education.	How are students drawing upon the various reservoirs of experience available to them, either their own or those of others within their spheres? Are they applying experience as an educational resource? How might you encourage them to do so?
Readiness to Learn	Readiness to learn is determined by a learner's age and developmental stage; learning and curriculum are organized around a standardized, uniform progression for all learners (learning what society and school expects one to know).	As a person matures, his/her readiness to learn becomes orientated increasingly to the developmental tasks of his/her social roles (learning what one needs to know to fulfill particular roles).	Are students ready to learn and apply knowledge to their wide range of roles and tasks? How might you assist students in the process, being open to new information and integrating and applying new knowledge?
Orientation to Learning	Learners see education as a process of acquiring subject matter content, the greatest application of which is sometime in the future.	As a person matures, his/her time perspective changes from one of postponed application of knowledge to immediacy of	How might you assist students with their application of knowledge, whether intended for later application or directed to present, more

	Accordingly, curriculum is organized into subject matter units following the logic of the subject. Learners are subject-centered in their orientation to learning.	application, and accordingly his/her orientation toward learning shifts from one of subject-centeredness to one of task- or problem-centeredness.	immediate life situations? Do your course materials focus on either subject knowledge or problem solving- or do you maintain a focus on both concerns?
Motivation to Learn	Learners are motivated by external rewards and punishment.	As a person matures, the motivation to learn is internal.	Do you know what motivates students to learn? How might you discover, tap into, and support their motivations?
Relevance	Learners may be less inclined to question why they need to learn something.	As a person matures, he/she increasingly needs to know why he/she needs to learn something.	Do students know why they need particular courses or content? Are they able to answer this for themselves, or do you inform and guide their understanding of content relevance?

* Adapted from Boeve, J. (2012). An overview of Malcolm Knowles concept of Andragogy.

The theories allowed the educator to compile a curriculum conducive for adequate retention and implementation.

Review of Evidence

Literature Review

Searches for publications related to early identification of risk factors, prevention of child maltreatment in the military community, and the Family Needs Screener were completed using CINAHL, Medline, Pub Med, and Cochrane library which were the data bases most effective in yielding the best results for the desired topic. Searches were completed using subject heading searches for home visitation, child maltreatment, child maltreatment in the military, child maltreatment prevention, New Parent Support Program, nurse education, nurse education programs, educational interventions, and clinical education. The search included articles written in the English language only and excluded those not written in the English language. The search also included articles written between 1999-2015. The search produced 9,385 articles, and was narrowed down to 38 articles in the final literature review. When all key terms were used together, employing the various data bases, an average of 22 articles were generated as opposed to 40 – 4,000 which were generated using the terms individually. When the specific terms were utilized concurrently, the results yielded fewer articles making it easier to narrow down searches. The 38

articles utilized as resources for the Capstone Project consisted of 8 randomized controlled trials, 8 qualitative studies, 11 descriptive studies, 1 two-level multilevel analysis, 1 controlled trial without randomization, 1 cross-sectional study, 2 quasi-experimental studies, 1 pilot study, 1 longitudinal community-based study, and 3 well designed non-experimental studies.

Definitions of Child Maltreatment. Maltreatment includes child abuse and child neglect. Child abuse can be defined as any non-accidental trauma, failure to meet basic needs or abuse inflicted upon a child by the caretaker that is beyond the acceptable norm of childcare in American culture (Paavilainen et al., 2003; Higgins, 2004; Meghna et al., 2012). Abuse may cause serious injury to the child and may even cause death. Child neglect referred to a failure of providing necessary items such as food, clothing, shelter, education, or medical care when reasonable able to do so, or failure to protect a child from conditions or actions that endanger the child's physical or mental health, when reasonable able to do so (Meghna et al., 2012). Maltreatment syndrome is considered when a child is treated in a way that is unacceptable for certain culture at a given time. Such acts include physical, sexual, or emotional abuse, as well as physical neglect, inadequate supervision and emotional deprivation. Abuse can range from habitually humiliating a child to refusing the necessary care and from excessively shaking a child to rape (Herrenkohl & Herrenkohl, 2009; Higgins, 2004). There are a multitude of risk factors for child maltreatment which cannot be adequately identified without appropriate assessment (Adams, 2005; Newton & Vandeven, 2005; Lecroy & Krysik, 2011).

Early Identification of Risk Factors. A question asked by many government programs in regards to child maltreatment, including the United States Preventative Services Task Force (USPSTF), is: is it possible to identify risk factors before it is too late (Kelleher et al., 2012; Ko&Cosden, 2001; Douglas & McCarthy, 2011)? A vast amount of studies have demonstrated that not only is it possible, but when risk factors for child maltreatment are identified promptly, timely intervention can occur, and incidents of child maltreatment are significantly reduced (Rubin et al., 2001; Wider, 2012; Wulczyn, 2009; Mikton & Butchart, 2009). The ultimate goal of child maltreatment prevention programs is to

recognize risk factors prior to the occurrence of child maltreatment (Barth, 2009; Hedges et al., 2005).

Early identification of risk factors for child maltreatment prevents incidence of child maltreatment (Thompson & Wyatt, 1999; Berlin et al., 2011, Kumpfer, 2008; Jabley et al., 2011; Grahm et al., 2009).

The NPSP is the prevention program utilized in the military community. The program utilizes a comprehensive assessment to readily identify risk factors for child maltreatment. Researchers found that parents who took part in risk assessments and received social work referrals or referrals to other prevention programs, if necessary, had decreased incidences of abuse, and fewer reports to Child Protective Services (CPS) (Jabley et al., 2011; Grahm et al., 2009). The U.S Army Community Service New Parent Support Family Needs Screener is based on the literature on risks and needs of pregnant family members and families with young children. The terms “high needs” and “low needs” are utilized to identify families after scoring. The screener is a questionnaire that consists of several subscales to include demographics, stress, relationship discord, support, substance abuse, violence approval, family of origin violence and neglect, self-esteem, depression, and prior family violence (Poon & Knight, 2012). These specific subscales are significant in understanding if a family is at risk for child maltreatment and how great the risk is. The United States Army Community Service New Parent Support Program Family Needs Screener has proven to be a reliable tool in identifying high needs families (Poon & Knight, 2012, Kantor & Straus, 1999). In addition, individuals administering the United States Army Community Service New Parent Support Program Family Needs Screener must be effectively educated on scoring and indications in order for the tool to be effective (Jakupcevic & Ajdukovic, 2011). This also applies to the Abbreviated Family Needs Screener. If the tool is implemented incorrectly, significant risk factors can be overlooked and an incorrect score could be calculated resulting in the possible misidentification of high and low needs families.

Home Visitation Programs. There is extensive research on the benefits of home visitation programs in the prevention of child maltreatment. Home visitation is a service

delivery approach that specifically influences a plethora of outcomes such as child maltreatment and parent-child attachment (Lecroy & Krysik, 2011; Krugman et al, 2007; Segal et al, 2012). Home visitation has been proven to aid in identifying risk factors of child maltreatment prior to incident due to the thorough assessment procedures utilized to include the family needs screener (Adams, 2005; Newton & Vandeven, 2005, Kumpfer et al., 2012). Primary intervention is the goal of all child maltreatment prevention programs, and home visitation is an effective method of primary prevention. Home visitation is effective during the time period of 0-3 years of age due to the critical periods of development occurring during this age range; however, the programs are most effective during the initial intake assessment in early pregnancy (Adams, 2005; Newton&Vandeven, 2005; Kantor & Strauss; Segal & Dalziel, 2011; Olds, 2002).

In regards to implementing home visitation in an effort to effectively reduce incidence of child maltreatment and child fatalities, Eckenrode et al. (2000) examined home visitation programs and declared that families receiving home visitation during pregnancy and infancy had fewer incidents of child maltreatment than families not receiving home visitation; however, the treatment effect decreased as domestic violence and mental illness, to include PTSD, increased. Mental illness and domestic violence, which have been proven to increase the incidence of child maltreatment, are prevalent in the military community partially due to the multiple deployments experienced (Adams, 2005; Chemtob et al, 2011; McFarlane, 2009). Similar results were observed when mental illness to include PTSD was examined. When mental illness was present, child maltreatment increased. In addition, the authors also concluded that for families that continued intervention from pregnancy through the child's second year, displayed fewer incidents of child abuse. Olds (2002) asserts that home visitation prior to pregnancy and early in the life cycle improves parental performances and prevents a multitude of maternal-child health

issues to include child maltreatment. In addition, he found that home visitation programs provide many benefits to parents and children and ultimately reduce incidents of child abuse. Lecroy & Krysik (2011) assessed the impact of the Healthy Families Arizona home visitation program on a broad range of outcomes. It was determined that violent behavior within families decreased, parent-child attachment increased, family support increased, empathy increased, awareness of the impact of child maltreatment increased, confidence in parenting increased, and child abuse decreased in families who participated in home visitation programs. In addition, if the home visitation program was not properly implemented, there was a reduction in effectiveness of the program in adequately reducing child maltreatment. Harder (2005) conducted research in which the purpose was to examine the secondary and tertiary prevention of child abuse and neglect through an evaluation of the Parent Aide Program at the Child Abuse Prevention Center in Dallas. The researcher discovered that parents who completed the Parent Aide Program, which is also a home visitation model, had fewer subsequent, substantiated reports to child protective services of child abuse or neglect than those parents who refused to participate or dropped out of the Parent Aide Program.

Educational Interventions. A multitude of modalities exists in regards to best practices for educating nurses. Despite the availability of multiple education delivery options, research supports the theory that competent performance should be emphasized through active and competency-based learning (Voorhees, 2002; Borglin & Richards, 2010; Falk, 2015; Bloom, 2005; Meakim et al., 2013). Competency-based learning measures the skill and proficiency of the learner and competency-based education programs have been proven to have positive effects on targeted outcomes (Falk, 2015). This is evident in a multitude of peer-reviewed journals (Voorhees, 2002). Nurses are “practice or experiential learners” who learn best by hands on

methods of learning. So, an educational intervention in which the nurse is able to practice specific skills is ideal. Furthermore, assessing the competency of those skills is required to ensure the best possible patient outcomes. Moreover, Falk (2015) found that “studies have shown that a variety of educational interventions may have an impact on patient assessment and patient outcomes” (p. 171). Regarding child maltreatment prevention, assessment and maternal-child outcomes are a reflection of the efficacy of the intervention. Falk’s assertion supports the theory that education programs have a profound effect on outcomes of the patient rendering effective program delivery vital. An additional ideal that resonates throughout all studies is that for an educational intervention to be effective, it must take into consideration and reflect the learning style of the participants (Frankel, 2009). This also means that the program director must be aware of any factors that may impede successful learning.

Project Plan and Evaluation

Market Risk Analysis

Project Strengths, Weaknesses, Opportunities, Threats. Strengths are internal attributes of a project which allot it an advantage over other projects. The capstone project offered several strengths. First, the program is competency-based. Since competency-based education has been proven to be effective in educating nurses, the education intervention is evidence-based. Additionally, the intervention raises awareness of the issue of child maltreatment in the military community. It also increased the knowledge and ability of the nurses on the labor and delivery and mother-baby units in conducting risk assessments. Furthermore, the nurses were well trained professionals with extensive knowledge and experience in recognizing deficits in parent-child attachment and bonding. This allowed for the effortless introduction of new material on the same subject matter.

Weaknesses are internal characteristics of a project that hinder its achievement. There were various weaknesses that presented as effectiveness was contingent on the actions of the nursing staff. One such weakness is the small sample size, which was greatly influenced by the amount of staff members available to participate. In addition, the timeframe allotted to present the material proved inopportune as the first shift was just ending. This hindered learning, as fatigue can be a barrier to retaining information. Moreover, due to the need for standardizing screening instruments in all military installations, decisions regarding executing the screening tool are reliant on commanding officers. Therefore, primary reliance on the commanders of the installation to implement the AFNS is also a significant weakness.

External conditions which aid in the achievement of a project are considered opportunities. The project design afforded several opportunities including the introduction of several new methods for identifying risk factors for child maltreatment. One method presented is the Abbreviated Family Needs Screener, a risk assessment tool. Risk assessments have proven to aid in early identification of risk factors for child maltreatment which dramatically decreases overall incidence of child maltreatment. Competency of the Abbreviated Family Needs Screener was also increased. Understanding how to correctly interpret and administer the AFNS will ensure that the AFNS screening instrument is accurately directed. Moreover, the educational intervention also presented the process by which referrals can be sent to the New Parent Support Program in hopes of increasing referrals to the program. An increase in referrals will lead to an increase in more effective interventions for families at risk for child maltreatment.

Zaccagnini and White (2011) assert that project leaders should contemplate and anticipate potential threats to a project. Threats are external in nature and could potentially devastate the project. The author identified several threats to the project including opposition to change and criticism of new methods of identifying child maltreatment. Because receptiveness of the information could have been greatly decreased, these barriers could have had a profound effect on the outcome. In addition, the need for follow-up to reinforce training was also identified as a threat. Follow-up is a vital aspect of implementing change, as it ensures maintenance of the change. A multitude of internal and external

factors were identified. This analysis, in its entirety, was crucial to completion of the project as it identified various factors that affected the project.

Driving and Restraining Forces. There were multiple factors that acted as the impetus behind the capstone project. The need to recognize families at risk for child maltreatment and the need to strengthen prevention and treatment services are the main influences that drove the project. In addition, the goal to reduce the incidence of child maltreatment in the military community also propelled this project. Conversely, just as there are factors that drove the project, there were elements that posed as barriers to the implementation of the project. Primarily, staff availability, the project implementation time frame, the inability to implement the AFNS at the current time, and staff that were unable to attend either session were restraining factors. In addition, the restriction on instituting non-standardized screening tools in military installations was also a restraining force. Due to required standardization of all screening tools and risk assessments, the AFNS was unable to be implemented at this time.

Need, Resources, and Sustainability. There is an established need for this project with the development of an Abbreviated Family Needs Screener Screening Instrument and providing education on methods for identifying child maltreatment. This will aid in effectively identifying families at high risk for maltreatment. After proper identification of high needs families, they will be referred to the New Parent Support Program, as directed in the education program. Through this program, families will receive various interventions structured to prevent primary and secondary incidents of child maltreatment. Currently, there are no set standards or assessment tools for effectively identifying families at risk for child maltreatment on labor and delivery and mother-baby units. Continuing with current practice poses the risk of overlooking significant risk factors that can contribute to child maltreatment (Kumpfer, 2008; Wider, 2012). The project was employed on the labor and delivery and mother-baby-units of a military hospital in a western state during the day shift. Staff members were educated on administering and interpreting the Abbreviated Family Needs Screener, evaluating families for risk factors of child maltreatment, and referring families identified as high risk for child maltreatment to the New Parent

Support Program. The Abbreviated Family Needs Screener screening instrument derived from the Family Needs Screener. The United States Army Community Service New Parent Support Program Family Needs Screener is used by the New Parent Support Program to effectively identify risk factors associated with child maltreatment and includes ten subscales (demographics, stress, relationship discord, support, substance abuse, violence approval, family of origin violence and neglect, self-esteem, depression, and prior family” violence) (Kantor & Straus, 1999). The screener is based on the literature on risk and needs of pregnant family members and families with young children, and is a questionnaire that is completed by the primary caretaker, generally the mother or expectant mother (Kantor & Straus, 1999). Resources and inputs included active and full participation of the registered nurses on the labor and deliver and mother-baby-units, computer software capable of inputting and scoring data, time allotted for staff to train, and supplies (PowerPoint documents).

Cyclic trends anticipated included difficulty planning a time for intervention pertaining to staff members. The sustainability of this project is highly likely given the benefits of implementing this project. Due to the fact that research has proven that adequate assessment of risk factors can effectively reduce incidence of child maltreatment (Wider, 2012; Newton & Vandeven, 2005). Implementation of this project can drastically enhance the knowledge of the nursing staff and drastically reduce child maltreatment in the military community. It is possible for the project to function indefinitely and adapt according to the needs of the facility.

Stakeholders and Project Team. Those who the organizations actions affect are regarded as stakeholders (Marquis & Huston, 2012). In relation to the current project, the government, hospital staff, families, soldiers, and the military community are all considered stakeholders. They overwhelmingly affect the success of this project.

The Project team was compiled to implement the project and each member plays an integral role in completing the project. The team included the project director, the deputy nursing commander at the military hospital, the chief nurse of the labor and delivery and mother-baby-units, and the New Parent

Support Program director. The project leader (DNP student) was responsible for the project design, the subject matter presented, and directing the education program. The deputy nursing commander was responsible for consulting with the General of the installation for approval. She was also responsible for consulting with the head nurse of the departments to determine project feasibility. The head nurse was responsible for scheduling the sessions and informing the nursing staff of the project in addition to the informational letter and the flyers posted on the units. The New Parent Support Program acted as the community partner to which families would be referred to after needs are identified. The project director consulted with the New Parent Support Program director to determine feasibility of the project and to ensure an increase in referrals could be accommodated. The NPSP is an outreach program that caters to the military community to deter child maltreatment, as previously noted. In addition, Dr. Diane Ernst, Associate Professor of Loretto Heights Nursing Program at Regis University, was the project chair and aided significantly in guiding the project.

Cost-Benefit Analysis. The cost to implement the Capstone project refers to the materials and human resources required to complete the project. All resources utilized at the military hospital were government funded. The total estimated cost for the project was \$40,051.00 (Appendix I). Material costs includes copier paper for handouts, informational letter, and flier (170 pages at \$0.10 per page), use of the facility computer, software (Power Point), and software for data analysis (Excel) estimated at \$400 for two hours, and overhead expenses such as utilities and internet usage estimated at \$200 for two hours. They also include the cost to reserve the facility space for two hours which is estimated at \$50/hr. or \$100 total, as verbalized by the deputy nursing commander of the hospital. Human resources include the time of the registered nurses of the labor and delivery and mother baby units (donated paid time) estimated at \$30/hr. (at half an hour) x20 which totaled \$300. They also include time donated by the deputy nursing commander estimated at \$750 for fifteen hours and time donated by the chief nurse of the obstetrics and gynecology department estimated at a total of 64 hours, for each chief nurse since 2012, for a total of \$2,304. In addition, human resources time includes the time the project director and the capstone chair

dedicated to the completion of the project estimated at a \$32,000 for the project director for 1000 hours and \$3,600 for the capstone chair for an estimated 80 hours. The estimated average cost per living victim of child maltreatment is \$210,012 per victim, and the estimated average lifetime cost per death is \$1,272,900 (Fang et al., 2012). To expound, the costs of child maltreatment are substantial, and it was discovered that the costs of approximately one year of confirmed cases of child maltreatment was estimated at \$124 billion (Fang et al., 2012; CDC, 2014). Estimated costs include hospital costs, foster care costs, burial fees (if death resulted), lifelong mental health treatments, and imprisonment costs. Research demonstrates that prevention and early intervention programs are proven to be effective in decreasing child fatalities and negative effects of improper parenting including foster care placement and psychological treatment (NRCPPFC, 2011). Long-term effects of the project could prove to be both drastic and positive. There is credible evidence that certain well implemented programs can achieve significantly more benefits than costs. (WSIPP, 2004).

Project Objectives

Mission and Vision

According to Zaccagnini and White (2011), a mission statement is a brief passage which provides a description of why the project is being conducted, and also clarifies the purpose of a project. The mission of this project was to enhance the knowledge of the nursing staff on the labor and delivery and mother-baby units by teaching them how to administer and interpret the Abbreviated Family Needs Screener and providing preventative measures for child maltreatment. The projected effect of enhancing the knowledge of the nursing staff on the labor and delivery and mother-baby units is the decrease in child maltreatment in the military community, reduction in fatalities directly related to child maltreatment, improved methods for evaluating risk factors, and primary prevention as the primary focus.

The vision statement is a brief passage which describes the sophisticated goals for the future, or what can be achieved if the mission of the project is fulfilled (Zaccagnini and White, 2011). The vision of

this project was that the capstone project would be effectively implemented. By educating the nursing staff on how to administer and interpret the Abbreviated Family Needs Screener, it was the vision of this author that the Abbreviated Family Needs Screener would ultimately be utilized throughout all military installations in the United States as a risk assessment used to identify risk factors for child maltreatment.

Goals

The main goals of this project were to assist nurses to a) effectively administer and interpret the Abbreviated Family Needs Screener screening instrument, and b) understand multiple methods for preventing child maltreatment to include referring families at risk for child maltreatment to the New Parent Support Program. The NPSP utilizes the United States Army Community Service New Parent Support Program Family Needs Screener to further assess risks and incorporates home visitation which has been proven to be approximately ninety-nine percent effective in preventing child maltreatment (Lecroy & Krysik, 2011) .

Process and Outcome Objectives

There were three process objectives for this project which were to a) develop the Abbreviated Needs Screener (AFNS), b) design and implement an educational intervention related to the AFNS, and c) evaluate the effectiveness of the intervention. The main outcome objective was to determine if the educational intervention had a statistically significant effect on nursing knowledge in relation to administration and interpretation of the Abbreviated Family Needs Screener and understanding child maltreatment methods of prevention to include referral to the NPSP. A 20-item knowledge assessment instrument developed by the author was utilized to measure knowledge in the pre- and post- intervention intervals (Appendix D). Mean knowledge scores were determined in the pre- and post-intervention intervals and a dependent groups t-test was utilized to determine if a statistically significant difference in means existed in the post-intervention interval.

Logic Model

According to Alligood and Tomey (2002), conceptual models “project a purposive, systematic view of phenomena by designing specific inter-relationships among concepts for the purposes of describing, explaining, predicting, and /or prescribing”. Furthermore, Earp & Ennett (1991) assert that a conceptual model is a “diagram of proposed causal linkages among a set of concepts believed to be related to a specific public health problem” which guides a specific project (p. 164). The logic model for this project provides a reflection of these descriptions (Appendix A).

The first step of the conceptual model describes the identified practice problem, increased incident of child maltreatment in the military community. According to Elser, McClanahan, and Green (1996), the advanced practice nurse is crucial in facilitating change in the clinical setting through research utilization. The author observed the lack of an effective identification of risk factors of child maltreatment at a military hospital in a western state particularly on the labor and delivery and mother-baby units where expectant and post-partum mothers are encountered, some of which are at a high risk for child maltreatment. In an environment in which staff turnover is increased due to the employment of service members who often deploy or PCS, it is easy to neglect specific processes crucial to meeting the needs of the population served on the labor and delivery and mother-baby units. Furthermore, it is even more understandable that there would be resistance to change in an area where the staff sees no genuine reason to learn and retain new information that can soon change.

Steps two and three address the needs of the community and the expected results of the project, respectively. Awareness of the issue of child maltreatment is vital to understanding why a change is needed. Education is the primary method of disseminating the seriousness of the issue of child maltreatment faced in the military community. Moreover, education is required to achieve the expected results of educating the nursing staff on the Abbreviated Family Needs Screener and understanding methods of identifying risk factors for child maltreatment and preventing child maltreatment.

Step four describes the various factors that may influence the project such as staff availability, staff communication, and resistance to change. All factors had the potential of hindering the effects of the project. In addition, step five addresses the strategic methods utilized to address the issue. These methods include development of the Abbreviated Family Needs Screener and presentation of an educational intervention on the administration and interpretation of the AFNS and understanding child maltreatment prevention methods. Step six addresses the various assumptions about the project. The first assumption is that the Abbreviated Family Needs Screener is effective in identifying high needs families. This information derives from evidence-based research that supports the theory that risk assessments aid in drastically reducing child maltreatment (Jabley et al., 2011; Grahm et al., 2009). The last assumption is that early intervention is most effective in preventing incidents of child maltreatment (Olds, 2002). As prevention prior to the occurrence of child maltreatment, or primary prevention, is vital in eradicating the issue, particularly in the military community.

Population/Sampling Parameters

For this evidence based practice improvement project, the target population was the nursing staff on the labor and delivery and mother-baby units at a military hospital in a western state. The projected number of participants was equal to 30. The sample size consisted of 20 registered nurses (N=20). As this is a convenience sample of 20 participants, a power-analysis was not completed. The sample chosen was based on availability of staff meeting the inclusion criteria, registered nurses on the labor and delivery and mother-baby units. All other staff members were excluded from this project as they will not have been assessing risk factors for child maltreatment.

Setting

The study participants and population of focus were registered nurses on the labor and delivery and mother-baby units at a military hospital in a western state. Inclusion criteria for this project was that nurses participating must work on the Labor and Delivery Unit or Mother-Baby Unit. Staff members who were not registered nurses and did not work on the Labor and Delivery or Mother-Baby-unit were be

excluded. Training was conducted during the day shift between the hours of 1730 and 1830, in 30 minute sessions, on two days (July 20, 2015 and July 22, 2015)

EBP Design Methodology and Measurement

This project is an evidence-based practice improvement project. The project was designed to enhance nursing staff's ability to correctly administer and interpret an instrument for screening families at risk for child maltreatment and to make appropriate referrals. There were three components to this project: a) development of the Abbreviated Family Needs Screener, b) developing and implementing an educational intervention related to the AFNS, and c) evaluating the effectiveness of the intervention.

For the first component of the project, the Abbreviated Family Needs Screener had to first be created. The AFNS was created by the author. The instrument is a 5 question screener derived from the 57 question United States Army Community Service New Parent Support Program Family Needs Screener (FNS). See Appendix C for the AFNS. Questions 1-3 are 4 point Likert scale questions which measure the level of agreement or disagreement. Questions 4-5 are closed ended questions. These questions limit respondents to "yes" or "no" responses. The following questions are the five questions derived from the FNS and included in the AFNS: #22 (at times I feel out of control like I'm losing it), #23 (uncontrolled anger can be a problem in my family), #54 (There are times when I feel life is not worth living), #56 (Have you or your partner been involved in a suspected or verified case of child abuse or neglect) and, #57 (Have you or your partner been involved in a suspected or verified case of spouse abuse). According to Kantor and Strauss (1999), all five questions are considered "high point" questions that directly aid in identifying risk factors for child maltreatment if answered positively with an agree, strongly agree, or yes response. Within the 57 question Family Needs Screener, there are 10 subscales to include: demographics, stress, relationship discord, support, substance abuse, violence approval, family-of-origin; violence & neglect, self-esteem, depression, and prior family violence. The Abbreviated Family Needs Screener screening instrument includes 4 of the 10 subscales. Question # 1 (stress), question #2 (relationship discord), question #3 (depression), and question #4-5 (prior family violence). If at least one

question in the AFNS is answered yes or agree, then the family will be referred to the New Parent Support Program.

The second component of this project was to develop and implement an educational intervention that consisted of a 30 minute presentation addressing the Abbreviated Family Needs Screener screening instrument, case scenarios to practice and evaluate administration and interpretation of assessment results, and explanation of the referral process. The presentation also addressed various methods of prevention of child maltreatment. A teaching plan was developed outlining the education session. See Appendix E. An information letter for participants attending the education session was provided at the beginning of the session. See Appendix F. The process for referring families identified as high-risk for child maltreatment to the New Parent Support Program, as a result of the Abbreviated Family Needs Screener results, was explained to nursing staff as part of the education session.

The third component of the project was to evaluate the staff's competency in administering and interpreting the Abbreviated Family Needs Screener as a result of the education session, a pre-test and post-test, developed by the DNP student was utilized. The pre-test and post-test contained twenty questions developed by the project author covering indications, administration, and interpretation of the Abbreviated Family Needs Screener. See Appendix D for the pre-test/post-test. Staff had to answer all questions correctly after training was complete in order for the nurses to be considered competent in administering the questions. If questions were not answered correctly, a plan to provide follow-up education was implemented on an individual basis. If after remediation, post-test questions were answered incorrectly, reeducation of the entire program would have been considered. Statistical analysis on the pre-test and post-test results using a dependent group t-test in Excel was completed to determine the differences between responses on the pretest and posttest.

Protection of Human Rights Procedure

According Seiber (1992), ethic principles and guidelines are vital to human research and include the main ethical principles of respect for persons, beneficence, and justice. In the role as a researcher, the

responsibilities as a researcher are a vital aspect to conducting ethical research involving human subjects. The National Center for Juvenile Justice (2011) declares that among being trained in research methods and human subject protection methods and regulations, the researcher must also protect the rights and welfare of participants, comply with state and federal regulations, ensure confidentiality of private information, and comply with Institutional Review Board (IRB) approval decisions and regulations. These responsibilities are included by not limited to the responsibilities as a researcher in this project. Collaborative Institutional Training Initiative (CITI) certification was completed (Appendix K).

The target population was not a vulnerable population, participation was voluntary, and risks were minimal. According to Regis University's Basis for Exempt request (2011), "exempt studies will not involve members of vulnerable populations; data collection related to Federal Departments, their employees, nor eligible beneficiaries; nor international studies" (p.3). Therefore, the project is considered an exempt study.

The identities of the participants in this study were confidential. No names were utilized. All tests were pre- and posttests were coded with corresponding numbers labeled "a" and "b". For instance, the first pretest was "1a" and the first posttest was "1b". Participants were placed in designated seating to track which test was provided as they were distributed in order from first to last chair until the end of testing and remediation if it was needed. The results of the study do not include any identifiable information. Information was stored in an encrypted file system on a secured computer. These records will be kept protected for five years and then destroyed as permitted by law.

Instrumentation Reliability/Validity and Intended Stats

The Abbreviated Family Needs Screener derived from the U.S Army Community Service New Parent Support Program Family Needs Screener (FNS) which is utilized to assist the NPSP staff in evaluating family needs and any potential for maltreatment. The FNS also gives an indication of the extent of needs of a prospective family. The FNS covers various subscales indicative of the potential for child maltreatment (Kantor, 2003). These subscales include demographics, stress, support, substance

abuse, violence approval, family-of-origin, violence and neglect, self-esteem, depression, and prior family violence. Scores that are “9” or greater indicate likely high needs and require further assessment. The FNS cutting point of a score of “9” is set so that it is likely to identify all prospective participants who have high needs and require parent support services (Kantor, 2003). Scores for each subscale are computed. There are five questions within the complete FNS that if answered positively with yes or agree, automatically indicate a high risk for child maltreatment (Kantor & Straus, 1999). These questions are #22 (loss of control), #23 (uncontrolled anger), #54 (feeling like life isn't worth living), #56 (self or spousal involvement in a child abuse case), and #57 (self or spousal involvement in a spouse abuse case). The Abbreviated Family Needs Screener is comprised of these five questions

The comprehensive 57-question FNS has proven to be a reliable and valid method in identifying risk factors for child maltreatment (Kantor & Kendall-Tackett, 2000, Kantor & Straus, 1999; McCarroll et al., 2000; Mollerstrom, Patchner, & Milner, 1995; Wyse, 2007). The reliability measure used for the FNS was Cronbach's Alpha (Kantor & Straus, 1999). This common estimate of reliability assesses the extent to which items on a scale are measuring the same underlying construct. According to Wyse (2007), The Alpha coefficient for the total FNS based on the initial Pilot sample was .91 (Kantor & Straus, 1999). Although a wide range of alphas have been considered adequate, some authors have suggested that a .80 alpha minimum is needed in research situations and at least .90 alpha is needed in clinical situations (Cohen, 1992; Kantor & Straus, 1999). Research was also conducted which identified a correlation between the presence of various subscale factors and child maltreatment demonstrating concurrent validity (Kantor & Straus, 1999). Reliability of the five questions standing alone as identifiers of risk factors of child maltreatment could not be found in the literature. However, if the questions are answered positively, families will be referred to the New Parent Support Program and identified as families at risk for child maltreatment.

Although the pre/post- test did not have any formal reliability and validity testing, it was developed for the project based on the education program and the informal testing process it underwent.

Questions focused on the primary course objectives. Only questions to which there were clear answers were provided during the education program. The instrument was informally tested prior to implementation. The first step in the testing process included requesting that 4 local staff members take the test. The test was taken by the deputy commander and the chief nurse of the Obstetrics and Gynecology department at the military hospital previously mentioned, the New Parent Support Program Director, and the project director. Participants in the testing process were asked to mark any questions that were unclear when they were taking the test. Staff discussed the answers and responses with the project director. The understanding of the participants was as intended. Based on the feedback of the training participants, the questions did not have to be rewritten or amended.

Project Findings and Results

Project Objective One

The Abbreviated Family Needs Screener was developed by the project author, and Dr. Glenda Kaufman Kantor was contacted for permission educate on and develop the screener. See Appendix L. The AFNS will not be incorporated into the assessment documentation system of the labor and delivery and mother-baby units at the military hospital as this time due to the ongoing approval process. The deputy nursing commander and the chief nurse of the obstetrics and gynecology department desired to incorporate the assessment; however, it could not be done at this time due to standardization mandates. All military installations must be standardized. This means if a screening tool is used at one military installation, it must be used at all military installations. This process is extremely extensive and can take up to an additional twenty-four months for approval as the Nurse Practice Council and the Commanding Board must also approve the use of the screening instrument on the units. This process is currently ongoing.

Project Objective Two

The educational intervention was designed and implemented as described in the Teaching Plan. See Appendix E. The nurses were notified of the educational session by email from the chief nurse of the

units as well as an informational letter detailing the project. This informational letter was posted on the bulletin board of both the labor and delivery and mother-baby units. See Appendix F. The total number of nurses on both units is 30; however, not all nurses were able to attend the session. The chief nurse of the units asked that an additional session be provided by the project director after the Commanding Board decides if the instrument will be incorporated into the documentation system on the units. The number of participants per department specialty was as follows: labor and delivery = 9 and mother-baby=11. Information reflective of demographics was not collected.

Project Objective Three

The main objective of this project was to determine if the educational intervention had a statistically significant effect on nursing knowledge. Excel software in Microsoft Office was utilized to analyze data. All subjects were coded utilizing a number as the data was entered. The means of each data set in both the pre-test and post-test were then calculated. Alpha was set at 0.05. In conducting data analysis, t-test paired tow sample for means was selected. The mean difference, standard deviation of difference, standard error of difference, t alpha half 95% CI, lower confidence level and upper confidence level were also calculated.

The mean, variance, and observations for the pre-test and post-test score variables are noted in Table 2 below. There was a significant difference in the post-test score from the pre-test score at the $p < 0.05$ level. Using Excel, the p-value for a one tailed test was 6.37898E-12 which is 0.00000000637 as Excel presents p values using scientific notation with the “E” interpreted as 10 and the “-12” an exponent of 10 (Broussard, 2015). The t-value was 14.29 and the critical t was 1.729 which indicated that the t value was almost 14 times more than what was needed to achieve the 1.729 critical value. The author was 95% confident that the mean post-test scores were between 24.1% and 30.7% higher than the pre-test scores after the education intervention was presented. The results of the test were reported to the chief nurse for the units as well as the deputy nursing commander for the hospital.

Table 2 – Results of t-Test

t-Test: Paired Two Sample for Means		
	<i>Post-test Score</i>	<i>Pre-test Score</i>
Mean	100	72.58
Variance	0	73.56063158
Observations	20	20
Hypothesized Mean Difference	0	
df	19	
t Stat	14.29748744	
P(T<=t) one-tail	6.37898E-12	
t Critical one-tail	1.729132812	

PICO Question Results

The PICO question for the project was In (P) registered nurses on the labor and delivery unit and registered nurses on the mother-baby unit caring for expectant and post-partum mothers in a military hospital, (I) will an evidence-based, educational intervention related to child maltreatment prevention and administering and interpreting the Abbreviated Family Needs Screener (AFNS), (C) when compared with no formal educational intervention, result in (O) enhanced knowledge of administering and interpreting the Abbreviated Family Needs Screener and understanding child maltreatment prevention methods including referral of families at risk for child maltreatment? This question was answered according to the review of the pre-test and post-test results and the feedback received after implementation of the educational intervention. The project director is confident that the nurses on the two units can correctly administer and interpret the AFNS. In addition, according to the results and feedback received, the nurses understand child maltreatment prevention methods including the referral process after risk factors have been identified.

Limitations, Recommendations, and Implications for Change

Limitations

There were several limitations to this project. Whether or not the AFNS can accurately identify families at-risk for child maltreatment is not confirmed as reliability and validity of this instrument has not been completed. Although reliability and validity of the U.S Army Community Service New Parent Support Program Family Needs Screener, which the Abbreviated Family Needs Screener was derived from, had been well established through various research studies, the reliability and validity for the Abbreviated Family Needs Screener has not been established. However, each of the 5 questions in the AFNS risk assessment have been vested as a risk factor indicator by the U.S Army Community Service New Parent Support Family Needs Screener. Further testing of the AFNS needs to be completed. In addition, not all nurses completed the educational session, and follow-up data on whether or not referrals have increased to the NPSP and whether or not the referral are appropriate has not been generated. Therefore, it is unclear if the project resulted in an increase in referrals to the NPSP. The pre-test and post-tests used for determining the effectiveness of the educational intervention did not have established reliability and validity. Whether or not these tests can accurately demonstrate nurse competency in the completion and interpretation of the AFNS may need further verification.

Recommendations

This project provide the building blocks for developing a comprehensive program for early identification of families at-risk for child maltreatment in a military hospital. Recommendations for future work in this are includes a) future testing of reliability and validity of the AFNS instrument as a quick screening instrument for referring families for more comprehensive evaluation, b) completing comprehensive skill checks following the educational session based on the intervention teaching plan to determine if and how the teaching plan and pre-test and post-test should be modified for a larger audience, c) collection of referral data to determine changes in referral patterns before and after completion of the educational session, and d) have educational session participants complete an

evaluation of the intervention. In addition, it is also recommended that case managers designated to the labor and delivery and mother-baby units follow up with the pediatric providers of the patient's identified as being at risk for child maltreatment. The case managers will need to notify the provider of findings and alert providers to the potential of child maltreatment in order for adequate monitoring and further follow up to occur after the family is determined to be at-risk.

Implications for Nursing Practice

Evidence-based practice has significant benefits for both patients and nurses. This project provides the underpinnings for the development of an evidence-based screening and educational intervention that could be utilized by other health care settings. Research strongly supports that risk assessments greatly improve early recognition of risk factors for child maltreatment. In the military community where there are a number of factors present which contribute to the presence of child maltreatment in the military community, it is imperative that risk factors be identified prior to incidence to aid in decreasing overall occurrences of child maltreatment. Conducted appropriately, the AFNS may yield a referral to the New Parent Support Program which utilizes home visitation in addition to the comprehensive U.S Army Community Service New Parent Support Program Family Needs Screener. Extensive research has shown that home visitation is the most effective intervention for child maltreatment prevention and it reduces the overall risk for maltreatment (Lecroy & Krysik, 2011; Krugman et al, 2007; Segal et al, 2012). In addition, home visitation has been proven to aid in identifying risk factors of child maltreatment prior to incident due to the thorough assessment procedures utilized to include the U.S Army Community Service New Parent Support Program Family Needs Screener (Adams, 2005; Newton & Vandeven, 2005, Kumpfer et al., 2012).

Summary

The focus on improvement in maternal-child outcomes and the awareness of the devastating impact of child maltreatment in the military community demands improved methods for identifying risk factors for child maltreatment. Early identification aids in providing timely intervention. This project

provided the groundwork needed to begin developing a well designed educational program in enhancing nursing knowledge. Knowledge regarding administration and interpretation of the Abbreviated Family Needs Screener as well as preventative measures for child maltreatment was improved. Standardized implementation of the educational program as well as use of the Abbreviated Needs Screener in all military hospitals could prove to be monumental in deterring child maltreatment.

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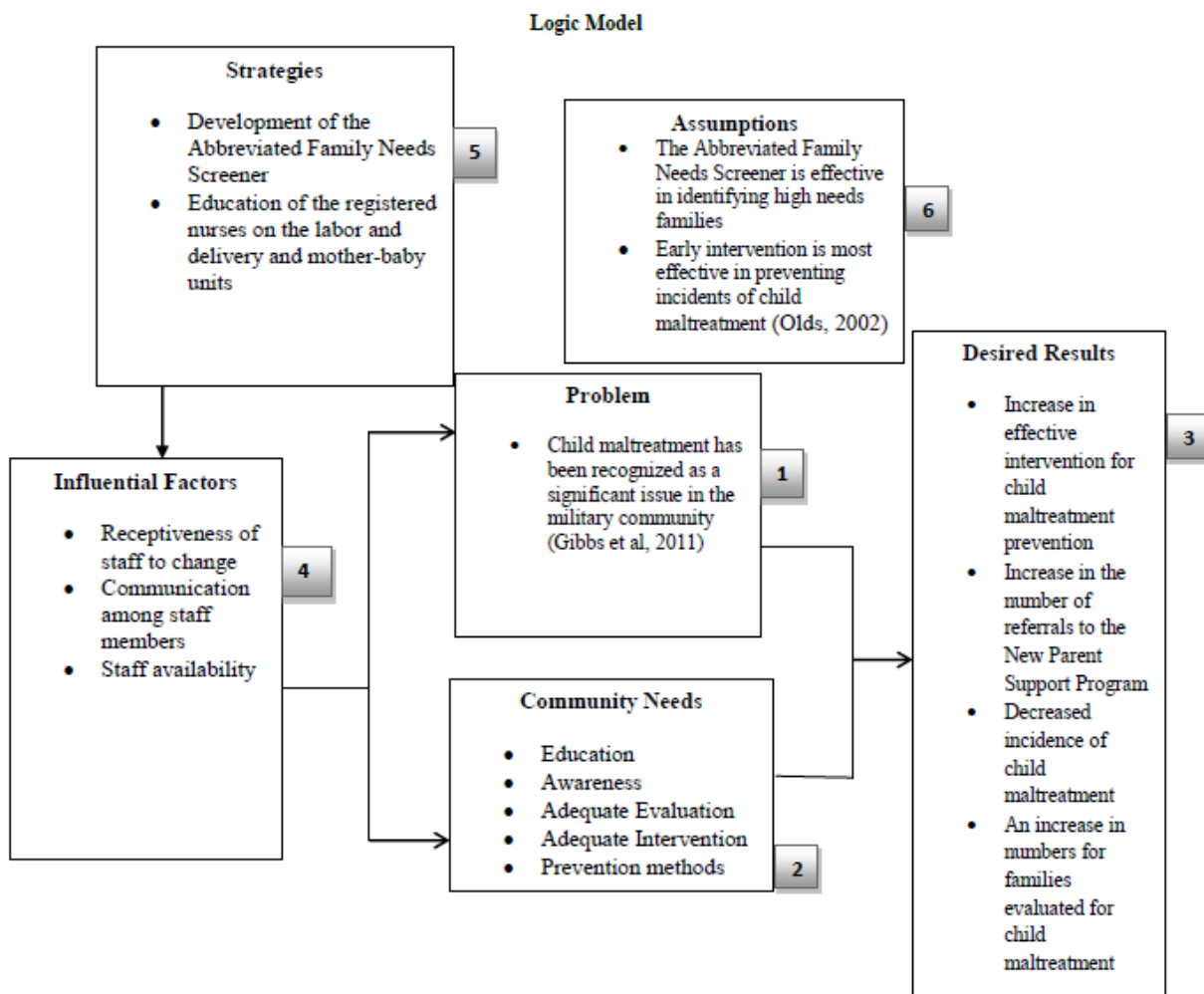
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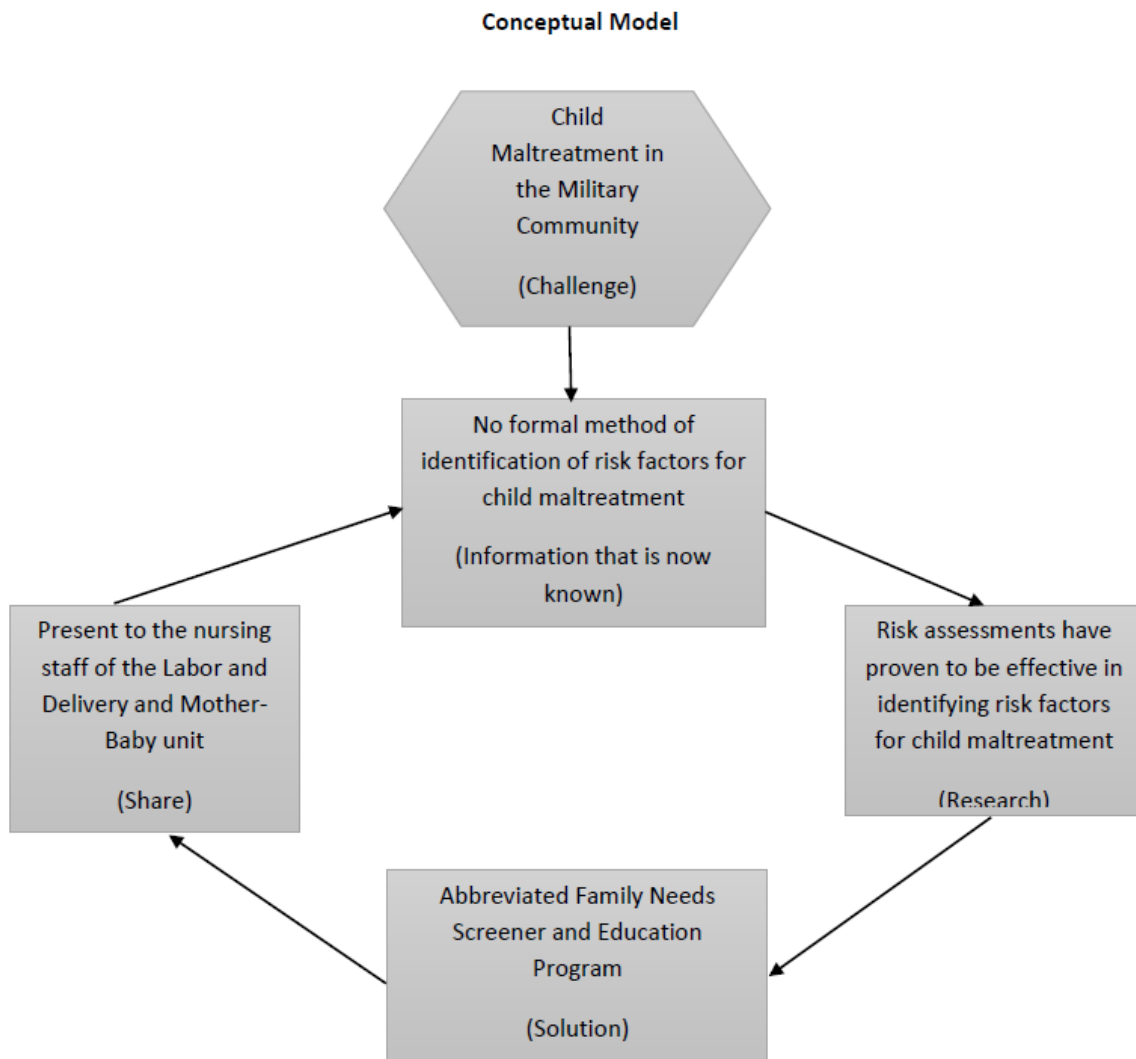
Appendix A

Logic Model



Appendix B

Conceptual Model



Appendix C

Abbreviated Family Needs Screener Screening Instrument

Date ____/____/____

Abbreviated Family Needs Screener Screening Instrument

Instructions: For each question, please read the following statements and circle the best response

1. At times I feel out of control, like I'm losing it.

Strongly Disagree/Disagree/Agree/Strongly Agree

2. Uncontrolled anger can be a problem in my family.

Strongly Disagree/Disagree/Agree/Strongly Agree

3. There are time when I feel like life is not worth living.

Strongly Disagree/Disagree/Agree/Strongly Agree

Please answer Yes or No.

4. Have you are your partner been involved in a suspected or verified case of child abuse or neglect?

Yes/No

5. Have you or your partner been involved in a suspected or verified case of spouse abuse? Yes/No

Note: A response of agree, strongly agree, or yes to ANY of the questions presented above requires a referral to the New Parent Support Program

Appendix D

Measurement Instrument/Pretest and Posttest

Packet Letter and Number _____
Date _____

Abbreviated Family Needs Screener Screening Instrument Pretest/Posttest

This is a 20 question test consisting of multiple choice questions. The questions will assess your understanding of child maltreatment principles and administering and interpreting the Abbreviated Family Needs Screener instrument.

Child Maltreatment (5 questions)

1. Which statement is correct?
 - a. Maltreatment includes child abuse only
 - b. Maltreatment includes child neglect only
 - c. Maltreatment includes child abuse and child neglect
 - d. None of the above

2. Child abuse can be defined as any non-accidental trauma, failure to meet basic needs or abuse inflicted upon a child by the caretaker that is beyond the acceptable norm of childcare in American culture.
 - a. True
 - b. False

3. What is the most common form of child maltreatment?
 - a. Physical abuse
 - b. Sexual abuse
 - c. Emotional Abuse
 - d. Neglect

4. Which type of child maltreatment is defined as failure of providing necessary items such as food, clothing, shelter, education, or medical care when reasonable able to do so, or failure to protect a child from conditions or actions that endanger the child's physical or mental health, when reasonable able to do so?
 - a. Physical abuse
 - b. Sexual abuse
 - c. Emotional abuse
 - d. Neglect

5. What factors contribute to the presence of child maltreatment in the military community?
 - a. Social isolation, PTSD, ineffective stress management
 - b. PTSD
 - c. Being a new parent
 - d. All of the above

6. What are some consequences of child maltreatment?
- Mental health issues
 - Cycle of abuse
 - Hospital and foster care
 - All of the above

Early Detection of the risk factors for child maltreatment (5 questions)

7. Is it possible to identify risk factors prior to the incidence of child maltreatment?
- Yes
 - No
8. What intervention has been highly effective in aiding in identifying risk factors of child maltreatment prior to incident due to thorough assessment, extensive intervention, and referrals?
- Welfare checks by the local police department
 - Home visitation by a public health nurse or social worker
 - The "Shaken baby" prevention initiative
 - Child protective service visitation after an incident has occurred
9. What is the significance of identifying risk factors for child maltreatment prior to incidence?
Choose the best answer
- Reduction in the costs related to treatment of injuries related to child maltreatment
 - Prevention of overall incidence of child maltreatment
 - Community awareness of the effects of child maltreatment
 - Reduction in fatalities directly related to child maltreatment
10. Researchers found that parents who took part in risk assessments and received social work referrals or referrals to other prevention programs, if necessary, had decreased incidences of abuse, and fewer reports to Child Protective Services
- True
 - False
11. What are 3 risk factors for child maltreatment? (Short Answer)
- _____
 - _____
 - _____

Abbreviated Family Needs Screener Screening Instrument (10 questions)

12. What topics are targeted in the Abbreviated Family Needs Screener screening instrument?
- Family counseling, parenting styles, child maltreatment prevention methods
 - Stress, relationship discord, depression, prior family violence
 - National statistics pertaining to child maltreatment
 - None of the above

13. The Abbreviated Family Needs Screener screening instrument consists of ____ questions
- 5
 - 7
 - 9
 - 6
14. When is the BEST time to administer the Abbreviated Family Needs Screener Instrument and why?
- After maltreatment has occurred; to act as a secondary intervention
 - After Child Protective Services has been notified
 - Prior to an occurrence of child maltreatment to detect risk factors for child maltreatment early
 - None of the above
15. Which instrument has been identified as an effective tool in identifying risk factors for child maltreatment? Hint: The Abbreviated Family Needs Screener screening instrument derived from this tool.
- Temperament and Atypical Behavior Scale (TABS screener)
 - Mental Health Screening Tool (MHST)
 - The New Parent Support Program Family Needs Screener (FNS Screener)
 - Behavior Assessment System for Children, 2nd Edition (BASC-II)
16. What is the New Parent Support Program?
- A program which targets child maltreatment among the homeless community
 - An outreach program which serves military communities and is regarded as the most effective and well-received prevention model in the Department of Defense
 - A program which details caters ONLY to military servicemen to aid in the treatment of PTSD
 - A program which caters to children 15-18 years of age in the military community
17. Which terms are used to identify families by the New Parent Support Program regarding the need for child maltreatment intervention?
- High demand; low demand
 - High needs; low needs
 - Urgent need; routine need
 - At risk family; family not at risk
18. If a family is identified as a family at risk for child maltreatment, what is the next step taken to ensure the family receives adequate intervention and referral after completion of the referral form?
- Refer the family to the New Parent Support Program (NPSP)
 - Refer the family to the Department of Human Services (DHS)
 - Immediately notify Child Protective Services (CPS)
 - Immediately notify Adult Protective Services (APS)

19. Which participant completes the Abbreviated Family Needs Screener screening instrument?
- a. The parents
 - b. The father
 - c. The nanny
 - d. The expectant mother
20. Which group of individuals qualifies for services with the New Parent Support Program?
- a. Military Families with children 0-3 years of age which includes single mothers, expectant mothers, single fathers, blended families
 - b. Any military family
 - c. Expectant mothers only
 - d. All families

Appendix E

Teaching Plan

Teaching Plan

Topic: Abbreviated Family Needs Screener Screening Instrument

Presenter: Tavia Wilkinson

Target Audience Characteristics: Registered Nurses on the Labor and Delivery Unit and Mother-Baby-Unit at Evans Army Community Hospital

Location: Evans Army Community Hospital Mother Baby Unit

Description: The purpose of the session is to educate staff members of the components and usage of the Abbreviated Family Needs Screener screening instrument and to evaluate the effectiveness of the information presented

Content Outline: The content will cover the following topics:

1. The issue of child maltreatment
 - A. Definition
 - B. Child maltreatment in the military community
2. The impact of early detection of risk factors for child maltreatment
3. The impact of home visitation on child maltreatment
4. The Abbreviated Family Needs Screener (AFNS) screening instrument
 - A. Guidelines for administering the AFNS
 - B. General information about the AFNS
 - C. Benefits of the AFNS
 - D. AFNS scoring criteria
5. New Parent Support Program

Resources:

1. Power Point documents
2. Computer hardware and software (Power Point)
3. Time allotted for education
4. Pretest and posttest documents

Behavioral Objectives: The learner will be able to do the following:

1. Explain the impact of early detection of risk factors for child maltreatment
2. Effectively administer the AFNS
3. Effectively score the AFNS
4. Explain the significance of the AFNS as an intervention to child maltreatment prevention
5. Explain the benefits of the New Parent Support Program

Guiding Theory:

Knowles' Adult Learning Theory

Six Assumptions:

1. Self-concept
2. Experience
3. Readiness to learn
4. Orientation to learning

5. Motivation to learn
6. Relevance

Methodology:*Evidence-based practice improvement project*

1. *Sample:* All available staff members meeting criteria
2. *Inclusion Criteria:* Registered Nurses on the Labor and Delivery Unit and Mother-Baby- Unit
3. *Exclusion Criteria:* Support personnel (Certified Nursing Assistants, Medical Support Assistants, Medics), military dependents

Evaluation:

- *Evaluating staff understanding:* Pre-test and post-test consisting of 20 questions regarding identification of the risk factors for child maltreatment and administration of the Abbreviated Family Needs Screener screening instrument (6 questions: child maltreatment, 5 questions: early detection of risk factors, 9 questions: FNS)
- *Evaluating effectiveness of the education program:* Pretest and Posttests will be compared to determine if participants gained an understanding of the topics presented

Appendix F

Informational Letter

Abbreviated Family Needs Screener Screening Instrument and Pretest/Posttest Letter Dear

Mother Baby Unit and Labor and Delivery Nursing Staff:

In partial fulfillment of my Doctor of Nursing Practice Degree at Regis University in Denver, I am completing a project titled: *An Educational Intervention to Increase Effective Identification of High Needs Families in the Fort Carson Community*. There are two components to this project which include: 1) educating staff on the Labor and Delivery Unit and staff on the Mother-Baby-Unit staff at Evans Army Community Hospital on how to correctly administer and interpret the abbreviated Family Needs Screener (FNS), and 2) evaluating the effectiveness of the education utilizing a pretest and posttest.

At this time, you and your colleagues are being asked to receive education on the abbreviated Family Needs Screener screening instrument. The 5 question screening instrument can be used to identify families at risk for child maltreatment and to refer these families to the New Parent Support Program. Referral to the New Parent Support Program will ensure that timely intervention will occur in order to prevent incidence of child maltreatment in the military community.

The 5 question screening instrument is an abbreviation of the 57 question Family Needs Screener which is a tool that has been utilized as a screening measure for risk of both child maltreatment and intimate partner violence (IPV) since 1988. The Family Needs Screener (FNS) was developed with three uses in mind: (1) to assist the NPSP staff in making classification decisions about the allocation of services based on family needs, (2) to provide a means to better assess, plan, and conduct clinical interventions for the NPSP families, and (3) to provide a more systematic means of assessing family well-being at program entry (Kantor & Straus, 1999).

The staff members conducting the initial admission assessment on the Labor and Delivery Unit and staff of the Mother-Baby-Unit are being asked to participate in the 30 minute Abbreviated Family Needs Screener Screening Instrument Education Program. This program will ensure successful administration and interpretation of the abbreviated Family Needs Screener screening instrument. The program will be implemented July 20, 2015 and July 22, 2015 at 5:30pm – 6:30pm. As a part of the education program, there will be pretest and posttest to complete. Additional information about the education program and pretest and posttest will be provided the day of the program. The pretest will be administered prior to the education program and the posttest will be administered after the education program. The test should take about 10-15 minutes to complete.

Your responses to the 20 question pretest and posttest will be used to evaluate the effectiveness of the Abbreviated Family Needs Screener screening instrument educational program. Completion of the posttest must be at the 100% achievement level. You will be given an opportunity to complete the posttest more than once in order to achieve the expected competency. I will be the only person viewing the individual pretest/posttest responses. All results from these questionnaires will only be reported as grouped information and no individual results will be reported other than notifying the Head Nurse of individuals who successfully completed the final posttest. A final report will be provided to the Mother Baby Unit administration on the effectiveness of the education program.

Refusal to complete the pretest and posttest will in NO way affect your employment status on the Mother Baby Unit or Evans Army Community Hospital. There are no foreseeable risks involved in participating in this program beyond those experienced in everyday life.

If you have any questions about the questionnaires, please feel free to call me at 719-354-1810 or email at taviawilkinson@yahoo.com or you may call my Capstone Chair, Dr. Diane Ernst, Ph.D., at Regis University, Loretto Heights School of Nursing, 303-964-5768 (o) or email at dernst@regis.edu

Your participation is greatly appreciated

Tavia Monte' Wilkinson

Appendix G

Timeline

Project Timeline and Phasing

	2013												2015					
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Project Phases																		
<u>Step 1: Problem</u>																		
Identified Need																		
Problem Statement																		
Literature Review																		
<u>Step 2: Needs Assess.</u>																		
Identify population																		
Sponsor/Stakeholders																		
Organizational Assess.																		
Available Resources																		
Desired Outcomes																		
Team Selection																		
Cost/Benefit Analysis																		
Define Scope																		
<u>Step 3: Goals, Obj, MS</u>																		
Goals																		
Process/Outcome Obj.																		
Mission Statement																		
<u>Step 4: Theoretical Underpinnings</u>																		
Theories of Change																		
Theories to support																		
<u>Step 5: Work Planning</u>																		
Project Proposal																		
Project Management																		
<u>Step 6: Evaluation</u>																		
Evaluation Plan																		
Logic Model																		
<u>Step 7: Implementation</u>																		
IRB approval																		
Threats/Barriers																		
Monitoring Implementation																		
Project Closure																		
<u>Step 8: Meaning of Data</u>																		
Qualitative Data																		
Quantitative Data																		
<u>Step 9: Use of Results</u>																		
Written Dissemination																		
Oral Dissemination																		
Electronic Dissem.																		

Legend

Work in Progress 

Initial Milestone 

Tentative Milestone Completion 

Tavia M. Wilkinson

Appendix H

Budget and Resources

	Quantity	Unit	Cost	Total Cost
Materials				
Copier Paper	170	page	\$ 0.10	\$ 17.00
Capital – Facility computer /Software(PowerPoint)/Software for data analysis	3	hour	\$ estimated	\$ 400.00
Facility space, chairs, tables	2	hour	\$ 50	\$ 100.00
Overhead expenses – utilities, internet usage	2	hour	\$ estimated	\$ 200.00
Total Material Costs				\$ 717.00
	Total Time	Unit	Pay Rate per hour	Total Cost
Human Resources				
Registered Nurses (20)	10	½ hour	\$ 30.00	\$ 300.00
Deputy Nursing Commander	15	hour	\$ 50.00	\$ 750.00
Chief Nurse of Obstetrics and Gynecology Departments				
CPT L. Place (2015-present)	6	hour	\$ 36.00	\$ 216.00
L. Jennings (2013-2015)	22	hour	\$ 36.00	\$ 792.00
D. Handley (2012-2013)	36	hour	\$ 36.00	\$ 1,296.00
NPSP Program Director	10	hour	\$ 38.00	\$ 380.00
Project Director (developing education program, developing AFNS, developing pre/post-test, statistical analysis of data, meetings/consultations, 3 year time period)	1,000	hour	\$ 32.00 est	\$ 32,000.00
Capstone Chair	80	hour	\$ 45.00 est.	\$ 3,600.00
Total Cost				\$ 39,334.00
Total Combined Cost				\$ 40,051.00

Appendix I

IRB Approval Letters



Academic Grants

3333 Regis Boulevard, H-4
Denver, Colorado 80221-1099

303-458-4206
303-984-5528 FAX
www.regis.edu

IRB – REGIS UNIVERSITY

September 2, 2014

Tavia Wilkinson
2609 Hatch Circle
Colorado Springs, CO 80918

RE: IRB #: 14-246

Dear Ms. Wilkinson:

Your application to the Regis IRB for your project, "An Intervention to Increase Identification and Referral of Families at High Risk for Child Maltreatment in a Military Community," was approved as an exempt study on September 1, 2014. This study was approved per exempt study category of research 45CFR46.101.b(#2).

The designation of "exempt" means no further IRB review of this project, as it is currently designed, is needed.

If changes are made in the research plan that significantly alter the involvement of human subjects from that which was approved in the named application, the new research plan must be resubmitted to the Regis IRB for approval.

Sincerely,

Patsy McGuire Cullen, PhD, PNP-BC
Chair, Institutional Review Board
Professor & Director
Doctor of Nursing Practice & Nurse Practitioner Programs
Loretto Heights School of Nursing
Regis University

cc: Dr. Diane Ernst

Appendix J

Facility Letters of Support to Complete the Project



DEPARTMENT OF THE ARMY
Iron Horse Family Medicine Clinic
1650 Cochrane Circle
Fort Carson, Colorado 80913

MCXE-PC-IHFMC

21 February 2014

MEMORANDUM FOR RECORD

SUBJECT: FACILITY LETTER OF APPROVAL

1. Tavia Wilkinson is a Regis University Doctoral candidate conducting research and education at Evans Army Community Hospital in Fort Carson, Colorado. Evans Army Community Hospital is a military training facility caring for both inpatient and outpatient soldiers and dependents. We do not have an Institutional Review Board.
2. This memorandum serves as approval for Tavia Wilkinson to conduct training and research with staff employed at Evans Army Community Hospital. She will conduct educational interventions and programs for nursing staff. Her efforts will focus on process improvement and development of best practices. She will not be conducting a clinical trial or research requiring informed consent and approval from our regional IRB.
3. For any questions or concerns I can be contacted at 719-526-5070.

A handwritten signature in black ink, reading "Robert C. Price, MD".

ROBERT C. PRICE, MD
LTC, MC, FS, DMO
Clinical Investigations and Regulatory Compliance
Officer

Appendix K

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI) HUMAN RESEARCH CURRICULUM COMPLETION REPORT Printed on 12/03/2013

LEARNER	Tavia Wilkinson (ID: 3217928)
DEPARTMENT	Nursing
EMAIL	twilkinson@regis.edu
INSTITUTION	Regis University
EXPIRATION DATE	11/25/2015

SOCIAL BEHAVIORAL RESEARCH INVESTIGATORS AND KEY PERSONNEL

COURSE/STAGE:	Basic Course/1
PASSED ON:	11/25/2012
REFERENCE ID:	9226213

REQUIRED MODULES	DATE COMPLETED
Introduction	11/25/12
History and Ethical Principles - SBE	11/25/12
The Regulations - SBE	11/25/12
Assessing Risk - SBE	11/25/12
Informed Consent - SBE	11/25/12
Privacy and Confidentiality - SBE	11/25/12
Regis University	11/25/12

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI Program participating institution or be a paid Independent Learner. Falsified information and unauthorized use of the CITI Program course site is unethical, and may be considered research misconduct by your institution.

Paul Braunschweiler Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Program Course Coordinator

Collaborative Institutional
Training Initiative
at the University of Miami

CITI Training Certificate

Appendix L

Permission to Educate on Abbreviated Family Needs Screener from the Author of the U.S Community Service New Parent Support Program Family Needs Screener

From: Kantor, Glenda
Sent: Thursday, September 03, 2015 1:41:49 PM (UTC-07:00) Mountain Time (US & Canada)
To: Wilkinson, Tavia M
Subject: RE: Permission for Education

Tavia

Certainly you have my permission to educate the staff about the FNS items. I hope you will be able to incorporate those items within the context of other health status questions as we discussed.

Do you have the full report on the development and testing of the screener? If not, let me know and I can send it on to you.

Best Regards,
 Glenda

Glenda Kaufman Kantor, Ph.D.
 Research Associate Professor (Ret.)
 Family Research Lab and Crimes Against Children Research Center
 University of New Hampshire
 (Cell) 603-828-8059
 (Home) 845-684-5570

From: Wilkinson, Tavia M [mailto:twilkinson@regis.edu]
Sent: Thursday, September 03, 2015 3:16 PM
To: Kantor, Glenda <Glenda.Kantor@unh.edu>
Subject: Permission for Education

Dr. Kaufman Kantor,

Before I can present the project to the board I need your permission to EDUCATE the staff members on the 5 questions from the Family Needs Screener (abbreviated screener). This does not pertain to implementation. It includes an education presentation only. Do I have your permission to educate the staff members at Evans Army Community Hospital?