Revising and Piloting a Healthy Relationships Curriculum
Summary Report

2013 Student Wellness Capstone team

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UNC Honor Pledge: We [2013 Student Wellness Capstone team] certify that no unauthorized assistance has been received or given during the completion of this work.
Acknowledgements

The 2013 Student Wellness Capstone team would like to extend our sincerest gratitude to our preceptor, Robert Pleasants, PhD., for his guidance and dedication to the development of a curriculum that aims to enhance primary prevention efforts to promote safe and healthy dating relationships among all University of North Carolina at Chapel Hill (UNC) undergraduate students. We would also like to thank the UNC Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Center for providing vital feedback that helped to make the curriculum more inclusive to all UNC undergraduate students;

We would like to acknowledge the UNC undergraduate students who volunteered their time to participate in the pilot test sessions. Our efforts would not have been possible without their participation and invaluable input that played a critical role in the refinement of the Healthy Relationships curriculum. We would also like to acknowledge Dr. Silvia Tomaskova, UNC departmental staff, and the leaders of UNC student organizations for supporting our recruitment efforts;

We would like to give a special thanks to the HB 992 Capstone Teaching Team members, Megan Ellenson Landfried, Melissa Cox, Christine Agnew-Brune, and our Faculty Advisor, Vangie Foshee, for offering their insight, experience, and support throughout the development of this project. We would also like to give a special thanks to the 2011-2012 Counseling and Wellness Services Capstone team for its hard work and dedication in developing the curriculum’s first draft.
Acronyms and Public Health Terms

FA — Faculty Advisor

HB — Health Behavior Department

IPV — Intimate Partner Violence

LGBTQ — Lesbian, Gay, Bisexual, Transgender, Queer

SW — Student Wellness*

TT — Teaching Team

UNC — The University of North Carolina at Chapel Hill

* - As of January 2013, Counseling and Wellness Services was renamed Student Wellness
Executive Summary

Significance: Intimate Partner Violence (IPV) is a public health problem, affecting individuals of all backgrounds and genders. IPV is a broad term, encompassing physical, psychological, and sexual abuse inflicted by one member of a partnership on the other member. This form of violence exists in both heterosexual and same-sex relationships and perpetrators and victims can be either male or female. Though IPV prevalence estimates vary, primarily due to the term’s inconsistent definition in the literature, numerous negative health effects, including eating disorders and sexually transmitted infections as well as depression and post-traumatic stress disorder, are associated with IPV victimization among women. Studies on IPV in same sex relationships provide estimates of IPV prevalence in same-sex relationships that closely mirror those of IPV prevalence in different-sex relationships. IPV is a growing concern among college students regardless of gender or sexual orientation.

Project Deliverables: The 2012-2013 Capstone team revised an existing IPV prevention curriculum targeting college students. We conducted a literature review to identify existing curricula inclusive of all romantic relationships, both same-sex and opposite sex. We also edited the curriculum to an appropriate length to be implemented during two-hour meetings once per week, over five weeks. Using this revised curriculum, we created a pilot test plan and developed pilot test instruments to assess the program and its structure’s feasibility prior to implementation. Our team then conducted the pilot test and compiled its findings in this summary report, with recommendations for implementation, and, again, revised the curriculum to reflect the pilot test findings.

Implications: The significance of our curriculum is that it targets undergraduate students and challenges them to identify what they want in a relationship and whether or not a relationship can be considered healthy. We believe this is an important contribution to IPV prevention, as college students have increased autonomy when they enter a university setting and interactive curricula, such as the Healthy Relationships curriculum, allow for participants to contemplate what a healthy relationship would look like in the context of their lives.

As a result of our Capstone project, UNC Student Wellness (SW) will be able to offer a new curriculum in addition to its current IPV prevention programs. As a long-term result, the new curriculum will decrease dating violence among UNC undergraduate students and increase the prevalence of healthy relationships among this population. We are confident that the institutionalization of the Healthy Relationships curriculum will provide a necessary service for UNC SW, by enhancing the utilization of campus resources to prevent IPV.
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Introduction

In the Fall 2012 and Spring 2013 semesters, four graduate students from the University of North Carolina at Chapel Hill’s (UNC) Gillings School of Public Health conducted a Capstone project in fulfillment of their Masters in Public Health (MPH) program requirements. The department of Health Behavior (HB) provides a Capstone program in place of a Master’s thesis for its MPH candidates. Capstone is a group- based project that synthesizes formal classroom training with experiential learning to further prepare students for public health practice. The purpose of this Capstone Summary Report is to provide a summary of our Capstone team’s work. We will highlight the problem of intimate partner violence (IPV) in both same-sex and different-sex romantic relationships and, more specifically, the growing prevalence of IPV among college and university students. This report describes the objectives and action steps undertaken by the UNC Student Wellness (SW) Capstone team as well as provides recommendations to the UNC SW community partner for implementing a Healthy Relationships curriculum.

The UNC SW Capstone team’s project was negotiated and completed in partnership with UNC SW, and given approval by the UNC Institutional Review Board (IRB # 12-2151). The mission of UNC SW is to “create a healthy, safe, and socially just community that fosters student well-being and success” (Campus Health Services, 2013). Our partner organization has previously implemented two successful programs that address IPV prevention and intervention. The success of these two programs prompted UNC SW to expand its efforts to address IPV by promoting safe and healthy relationships among all UNC undergraduate students. In the previous academic year, UNC SW worked with a Health Behavior (HB) Capstone team to develop the Healthy Relationships curriculum. For the 2012-2013 academic year, UNC SW proposed another Capstone project. The project’s major outputs included: revision of the existing curriculum, pilot testing the Healthy Relationships curriculum, and revising the curriculum based on the pilot test findings. An overview of our Capstone project and its intended results is provided in the UNC
Student Wellness Logic Model (See Figure 1).

The remainder of this report will describe IPV as a public health issue and explain how we systematically assessed the available peer-reviewed literature to inform and guide our Capstone project. It will then briefly describe and outline each of our Capstone deliverables, which include: the deliverable’s format, purpose, activities, key findings, and recommendations. We also use the intended impacts and outcomes section of our logic model (See Figure 1) to assess the extent to which we achieved our desired impact, and the greater implications of our work with regard to our community and the public health issue of IPV. Finally, we conclude the report with a discussion section detailing our recommendations on next steps for the Healthy Relationships curriculum and develop strategies for its sustainability. We also identify the strengths and limitations we experienced when engaging stakeholders and our reflection of how this project has contributed to our professional development as public health practitioners and researchers.
UNC STUDENT WELLNESS LOGIC MODEL

Figure 1 – Logic Model

Inputs
- Personnel
  - SW staff
  - LGBTQ Center staff
  - 4 Capstone Team members
  - 1 Preceptor
  - 1 Faculty Advisor
  - 2 HB Teaching Team Mentors
- Materials
  - Previous Capstone Team’s curriculum
  - Handouts
  - Surveys
  - Print and Web-based media
- Equipment
  - Computers
  - Office supplies
  - Recorders
- Technologies
  - Telephone
  - Internet
- Funding
  - $100 from HB Department
- Expenses
  - Incentives

Planned Capstone Project Work

Activities
- Network with UNC community members and stakeholders (LGBTQ Center)
- Build partnerships with SW
- Conduct literature review
- Revise curriculum
- Design a pilot test plan to disseminate Healthy Relationships curriculum
- Design an evaluation plan with tools
- Recruit and train student volunteers
- Recruit pilot test participants
- Coordinate curriculum sessions
- Conduct pilot test of Healthy Relationships curriculum
- Conduct a process evaluation of curriculum pilot test, including focus groups
- Develop final Healthy Relationships curriculum

Outputs
- Literature review
- Revised Healthy Relationships curriculum
- Pilot test plan
- Pilot test results summary report and recommendations
- Finalized Healthy Relationships curriculum

Outcomes
- Demonstrated need for creation and evaluation of inclusive Healthy Relationships curricula
- Increased community readiness to use the curriculum
- Inclusive and effective Healthy Relationships curriculum

Impact
- Increased utilization of campus resources to prevent IPV
- Decrease in dating violence among UNC undergraduate students
- Increase in prevalence of healthy relationships among UNC undergraduate students
- Institutionalization of Healthy Relationships curriculum at UNC

Acronym Key:
- HB: Health Behavior
- IPV: Intimate Partner Violence
- LGBTQ: Lesbian, Gay, Bisexual, Transgender, and Queer
- SW: Student Wellness
- UNC: University of North Carolina at Chapel Hill
**Background: Intimate Partner Violence**

Intimate Partner Violence (IPV) is a public health problem, affecting individuals of all backgrounds and genders. IPV is a broad term, encompassing physical, psychological, and sexual abuse inflicted by one member of a short-term or long-term partnership on the other member (Centers for Disease Control and Prevention-National Center for Injury Prevention and Control, 2010). Research demonstrates this form of violence exists in both heterosexual and same-sex relationships and that perpetrators and victims can be either male or female (McHugh & Frieze, 2006). Though IPV prevalence estimates vary, primarily due to the term’s inconsistent definition in the literature, a review of research on IPV’s consequences on female victims found numerous physical health effects, including eating disorders and sexually transmitted infections, as well as mental health effects, including depression and post-traumatic stress disorder (Campbell, n.d.; Shorey, Cornelius, & Bell, 2008). Studies on IPV in same-sex relationships provide estimates of IPV prevalence in same-sex relationships that closely mirror those of IPV prevalence in different-sex relationships (Ball & Hayes, 2010). A Massachusetts Department of Public Health report found that 14% of gay or lesbian survey respondents reported being threatened with physical violence by an intimate partner, which is very close to the 12.3% of heterosexual respondents and 18.4% of bisexual respondents who said they had been threatened (Landers & Gilsanz, 2009). IPV is also a growing concern among college students; in one study, more than 81% of college students self-reported psychological aggression victimization perpetrated by a romantic partner, and more than 30% of the sample reported being a victim of physical abuse (Bell & Naugle, 2007). As evidence demonstrates, IPV is prevalent in college settings regardless of gender or sexual orientation.

Due to the negative health outcomes associated with IPV, the 2011-2012 Capstone team developed a curriculum to prevent IPV and promote healthy relationships among undergraduate students at UNC, which they titled the Healthy Relationships curriculum. The team collaborated with Interpersonal Violence Prevention and UNC SW within UNC’s Campus Health Services. The 2012-2013
Capstone team has continued this collaborative effort by pilot testing the Healthy Relationships curriculum. Prior to pilot testing the curriculum, our team surveyed the existing research to develop a literature review assessing the use of and need for a pilot test to further develop and refine the curriculum.

Review of Pilot Tests to Develop or Refine Curricula

For our literature review, we sought studies promoting healthy relationships to decrease IPV that conducted a pilot test as part of their program strategy and/or identified a need for pilot testing curricula for such programs. During our review of the literature, we found it necessary to expand our search to studies that conducted pilot testing to develop or refine a curriculum, regardless of population or health issue. The next section summarizes our findings of the available peer-reviewed literature. An exhaustive list of our pilot test methods and search terms is included in the Deliverable 1 table in the Deliverables section.

Review of Findings

Pilot testing to inform curriculum development

Fraser and Galinsky (2010) documented a five-step model of intervention research for social programs. The second step of this model describes that when the draft of a manual is complete, pilot testing should be conducted to assess feasibility of the existing manual. During this phase of program development, assessing implementation should be the focus rather than the outcome (Fraser & Galinsky, 2010). Implementation assessment should include an analysis of program delivery, content, and activities for relevance to the target population (Fraser & Galinsky, 2010). Researchers suggest that pilot testing program materials and measures be continual until implementation feasibility can be empirically demonstrated (Fraser & Galinsky, 2010).

Research demonstrated the use of pilot testing to inform curriculum development. Macy et al. (2012) conducted a feasibility study using qualitative methods for justice-involved victims of IPV who are
also primary caregivers. A five-step model described by Fraser and Galinsky (2010) was used in this study to guide the development process and justify the need for formative data (Macy, Ermentrout, & Rizo, 2012). However, the study only indicates that a pilot test is a necessary next step in conducting feasibility testing to determine relevance and sustainability (Macy et al., 2012). The study also notes that feasibility testing is especially important for designing programs to serve IPV victims given the lack of evidenced-based interventions (Macy et al., 2012). Based on the literature, we found conducting a pilot test is crucial to determining curriculum feasibility.

Pilot testing to refine existing curricula

We found four studies that conducted pilot testing with the goal of improving existing curricula among college students. Hernandez et al. (2006) conducted a pilot test to assess drinking behaviors and alcohol-related consequences among Latino college students with a revised curriculum designed to be more culturally relevant (Hernandez, Skewes, Resor, Villanueva, Hanson, & Blume, 2006). The outcome evaluation of the pilot test showed the effectiveness of having a culturally relevant program, with Latino college students reporting less alcohol consumption and fewer alcohol-related consequences (Hernandez et al., 2006).

Lippincott Williams & Wilkins (2008) described a pilot test conducted to develop protocols and measures for a harm-reduction intervention for African-American HIV serodiscordant couples (Lippincott Williams & Wilkins, 2008). Pilot testing assessed participants’ opinions on clarity and interest of the curriculum’s content (Lippincott Williams & Wilkins, 2008). The study used this information to refine the proposed intervention and improve recruitment methods (Lippincott Williams & Wilkins, 2008).

Sabzwari and colleagues (2011) discussed conducting a pilot test to modify a curriculum and test strategies prior to implementing the curriculum to improve knowledge and attitudes of geriatric populations among undergraduate medical students in Pakistan (Sabzwari, Bhanji, & Zuberi, 2011). Pilot test instruments included items that assessed the quality of teaching and the tools used to deliver the
curriculum (Sabzwari et al., 2011).

Connor and colleagues (2012) conducted a pilot study using a cross-sectional design to assess IPV content exposure during medical school and medical students’ personal exposure to IPV (Connor, Nouer, Mackey, Banet, & Tipton, 2012). Pilot study findings were used to identify gaps in the currently used curriculum. The largest gap identified was knowledge of IPV. The study concluded that recognition of IPV sessions in the current curriculum should be revised to meet the curriculum competencies (Connor et al., 2012). Based on these findings in the literature, conducting a pilot test is necessary to improve existing curricula and refine implementation strategies.

**Conclusion**

Our literature review assessed the existence and/or need to conduct a pilot test to further develop or refine curricula. The findings from our literature review supported our Capstone team’s approach to pilot test the curriculum to identify gaps, improve recruitment efforts, ensure its inclusivity, and refine the curriculum’s content. For refining existing curricula, almost all studies’ pilot test instruments assessed the content, activities, and target populations’ opinions on the presented curriculum. This background supported our assessment of curriculum feasibility using similar pilot test instruments. These instruments included participant and observer feedback forms to assess content and activities, as well as a focus group script to gather opinions from members of the target population on the curriculum.

**Deliverables**

In addition to this report, the UNC SW Capstone team produced five deliverables in place of the Master’s thesis. The Capstone team conducted an LGBTQ-focused literature review to determine if there was anything in the literature about making curricula more inclusive that could be incorporated into the Healthy Relationships curriculum. Our review of the literature found nothing relevant to this objective. However, a stakeholder at UNC’s LGBTQ Center previously made minor revisions that increased the
curriculum’s inclusivity before the Capstone team received it. As a result, the Capstone team did not make edits regarding the curriculum’s inclusivity (Deliverable 1).

The team then edited the curriculum to be delivered by the facilitator in a more appropriate length (Deliverable 2). Using this revised curriculum, our team created a pilot test plan and developed pilot test instruments to assess the curriculum’s feasibility and its content’s usefulness prior to implementation (Deliverable 3). Finally, we conducted the pilot test and compiled its findings in a pilot test summary report. Please note, the purpose of the pilot test summary report differs from this report, in that it reports only the pilot test results, presents our curriculum revisions, and provides recommendations for future implementation of the curriculum (Deliverables 4 & 5).

<table>
<thead>
<tr>
<th>Deliverable 1: LGBTQ Literature Review</th>
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<tbody>
<tr>
<td><strong>Format:</strong> Four-page literature review on healthy relationships curricula that emphasized LGBTQ romantic relationships</td>
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<tr>
<td><strong>Purpose:</strong> To summarize best practices on healthy relationships programs for LGBTQ youth for UNC SW</td>
</tr>
<tr>
<td><strong>Activities:</strong></td>
</tr>
<tr>
<td>• Evaluate the ideas, research methods, and results of each publication</td>
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<tr>
<td>• Write a draft synthesis of the literature addressing both the content and a critical analysis of the materials and present to mentors for feedback</td>
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<tr>
<td>• Finalize literature review</td>
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<tr>
<td><strong>Key Findings:</strong></td>
</tr>
<tr>
<td>• Peer-reviewed literature for healthy relationship curricula that reference same-sex or LGBTQ relationships programs are not effectively represented in peer-reviewed literature</td>
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<tr>
<td>• Review of the literature highlights a gap in research and a need to conduct a pilot test healthy relationships curricula inclusive of both opposite-sex and same-sex relationships</td>
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<tr>
<td><strong>Recommendations:</strong></td>
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<tr>
<td>• Conduct formative research using more qualitative methods, such as key informant interviews with experts in LGBTQ Health and/or IPV, one-on-one interviews or focus groups with members of the LGBTQ community. This may help to address the gap in the literature and substantiate the need for an inclusive curricula with respect romantic relationships and use these findings to inform curriculum development with respect to inclusivity</td>
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<tr>
<td>• Conducting a periodic review of the literature is a necessary step to ensure that they Healthy Relationships curriculum reflects the most current research available</td>
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Deliverable 2: Revised Healthy Relationships Curriculum

<table>
<thead>
<tr>
<th>Format:</th>
<th>104-page Healthy Relationships curriculum</th>
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<tr>
<td>Purpose:</td>
<td>To create a healthy relationships curriculum that is of appropriate length and content for a five-week pilot test for facilitator to facilitate curriculum sessions</td>
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| Activities: | • Incorporate findings from the literature review into the curriculum to include language that is inclusive of all healthy relationships  
• Rehearse curriculum to identify parts of each session that can be reformatted to increase usability by facilitator and altered to decrease the duration of the curriculum sessions  
• Incorporate findings from rehearsal of the curriculum to create an abridged version of the curriculum appropriate for a pilot test |
| Key Findings: | • The original curriculum was neither an appropriate facilitation length nor inclusive of all UNC undergraduate romantic relationship  
• The curriculum revision took approximately 25 hours  
• Rehearsing the curriculum sessions among facilitators is an important step of the revision process to identify parts that can be reformatted, altered, or deleted to create a curriculum with increased facilitator usability and an appropriate facilitation length |
| Recommendations: | • We suggested that approximately 25 hours be allocated to the first curriculum revision  
• Before making any revisions, the original curriculum should be rehearsed to facilitate identification of needed revisions. At least one facilitator, note-taker, and two mock participants should be present to rehearse the original curriculum  
• Stakeholders should be identified and engaged prior to beginning curriculum revisions because revising a curriculum requires a collaborative effort to assess the curriculum content’s appropriateness and the program’s implementation feasibility  
• At least one stakeholder should have content expertise to ensure that the curriculum content is comprehensive |

Deliverable 3: Pilot Test Plan and Tools

| Format: | Seven-page pilot test plan  
Five written assessments |
|---------|---------------------------|
| Purpose: | To outline feasible procedures to pilot test the revised Healthy Relationships curriculum to be used by Capstone team  
To produce five written assessments to serve as data collection instruments to be used during the Healthy Relationships pilot test to be used by Capstone teams and pilot test participants |
### Activities:

**Pilot test plan**
- Conduct a literature review to determine feasibility of various pilot test methodological options
- Draft purpose of the pilot test, including goals, aims, objectives, and questions to be answered by the pilot test
- Develop a budget and identify resources (location, materials, incentives, etc.) needed for the pilot test
- Develop a timeline for the pilot test
- Incorporate feedback from stakeholders to revise the pilot test goals, aims, objectives, and specific questions to be answered by the pilot test

<table>
<thead>
<tr>
<th>Pilot test tools</th>
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<tr>
<td>Develop draft data collection instruments that include:</td>
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<tr>
<td>- Observer form</td>
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<tr>
<td>- Participant Feedback form</td>
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<tr>
<td>- Focus group guide</td>
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<tr>
<td>- Focus group survey</td>
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<tr>
<td>- Dropout survey</td>
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<tr>
<td>- Update the pilot test plan to include methods for conducting the pilot test, including a) recruitment procedures, b) data collection methods (focus groups, survey/questionnaires, etc.), c) draft data collection instruments, d) the data analysis plan, e) roles and responsibilities of staff delivering the curriculum and the evaluation staff</td>
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### Key Findings:
- Review of the literature supported our Capstone team’s approach to the pilot test, reflected in the pilot test plan, to identify gaps, improve recruitment efforts, ensure its inclusivity, and refine the curriculum’s content.
- Despite multiple iterations to refine the pilot test instruments, usability of the instruments could not be determined until the pilot test began. Therefore, pilot test instruments were not finalized until after the pilot test was complete

### Recommendations:
- Pilot test timeline, plan, budget, resources needed, and data collection instruments should all be secured or finalized at least one month prior to conducting the pilot test
- When developing the pilot test plan, use a mix of quantitative and qualitative methods, such as semi-structured surveys and focus groups, to increase the likelihood to obtain richer data and enable facilitators to learn more about the implementation and feasibility of the curriculum from participants
- Pilot test plan should include a detailed description of strategies for recruitment. A follow up to the success of each strategy should be documented in the pilot test summary report

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### Deliverable 4: Pilot Test Results Report and Recommendations

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<tr>
<td>20-page pilot test results report</td>
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<tr>
<th>Purpose:</th>
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<tr>
<td>To summarize findings from piloting the healthy relationships curriculum and recommend improvements to curriculum content to be used by community partner, UNC SW</td>
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### Activities:

- **Recruitment activities**
  - Secure a location for the pilot test
  - Identify at least one observer, Capstone team member, to observe pilot test sessions and who will complete observer forms
  - Recruit 16-25 participants for the pilot test
- **Pilot test/ focus group activities**
  - Conduct pilot test of the Healthy Relationships curriculum
  - Administer Pilot test instruments (observer form and participant feedback) following each session
  - Conduct focus group session with pilot test participants after curriculum sessions have been delivered to pilot test participants
  - Transcribe focus group session
  - Analyze focus group data by transcribing it, reading it, making notes, and pulling out pertinent findings and themes
  - Compile and summarize all pilot test results, including observers’ notes, participants’ feedback forms, and focus group transcript
- **Dropout survey activities**
  - Develop survey to be administered to participants who dropped out, and send to stakeholders for feedback
  - Administer survey to participants who dropped out
- **Pilot test results report activities**
  - After analyzing all pilot test data, draft report containing recommendations for improving the curriculum content, delivery, and feasibility of future implementation, and send to stakeholders for feedback
  - Receive feedback from the stakeholders on the report
  - Incorporate feedback from stakeholders and finalize report

### Key Findings:

- **Recruitment findings**
  - Participants that were offered credit in their respective courses to participate in the pilot test were more likely to attend all or most pilot test sessions
  - It is difficult to recruit male participants because society has historically targeted women or framed IPV as a women’s issue, this is supported in the drop out study and the focus group findings
- **Pilot test/ focus group findings**
  - Participants identified the current curriculum delivery being too didactic as a significant weakness of the curriculum
  - Participants strongly enjoyed the interactive activities and group discussions
  - Participants would have preferred each curriculum sessions be delivered with less time between sessions and the entire curriculum delivered over a shorter period of time
- **Dropout survey findings**
  - Many respondents identified competing priorities and schedule conflicts as a major barrier to participation
  - Some respondents commented that the curriculum did not present information that was new to them
Recommendations:

- Pilot test instruments should be refined during implementation to increase usefulness. This is especially true for the focus group guide because questions may arise that can be explored further during the focus group. This is also true for observer forms because observers can determine extent of usability after using the observer form.
- While pilot testing the curriculum, facilitators can and should continually incorporate participants’ feedback to ensure the curriculum is relevant to and meets their needs, and update curriculum sessions to reflect these needs.
- Innovative strategies to recruit males need to be explored and developed, such as soliciting participants at fraternity houses.
- To reduce attrition, the pilot test sessions should be delivered in a less amount of time and with less time in between each session to avoid competing priorities and schedule conflicts.

Deliverable 5: Finalized Healthy Relationships Curriculum

<table>
<thead>
<tr>
<th>Format:</th>
<th>85-page finalized curriculum with facilitator guide</th>
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<tr>
<td>Purpose:</td>
<td>To revise the healthy relationships curriculum based on pilot test results for use by community partner, UNC SW</td>
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</table>
| Activities:  | • Based on pilot test results report (Deliverable 4), make edits and revisions to existing curriculum
• Receive feedback from the stakeholders and mentors on the curriculum
• Finalize curriculum |
| Key Findings:| • There are many ways to interpret the results of a pilot test in terms of making major and minor edits to a curriculum, such as reformatting content or adding new activities |
| Recommendations: | • To optimize time, the curriculum revisions can begin after a session has been conducted during the pilot test and feedback has been collected using the pilot test instruments to revise that session.
• In order to engage stakeholders, mentors, and consultants, all proposed revisions should be given to for feedback and consensus on revisions
• The curriculum should be interactive, such as incorporating more activities and group discussions
• The curriculum should be structured, such that, it can be delivered with less time between sessions and the entire curriculum delivered over a shorter period of time. This will decrease participant attrition, and increase the usefulness of the curriculum content by improving memory recall |

Discussion

Our Capstone project of revising and piloting the Healthy Relationships curriculum has served as a valuable learning experience for our team and provided an opportunity to work with UNC undergraduate students to develop a healthy relationships curriculum.
Strengths and Limitations of the Capstone project

The success of our learning experience can be largely attributed to the positive experience we had engaging a variety of stakeholders throughout our project. Our stakeholders came from numerous departments on UNC’s campus and included our preceptor, Robert Pleasants, PhD, the Interpersonal Violence Prevention Coordinator with UNC SW, who checked in with our team on a weekly basis to ensure we made steady progress on our deliverables. Before the 2012-2013 Capstone team began its project, our preceptor forwarded the 2011-2012 Capstone team’s version of the curriculum to another stakeholder, Terri Phoenix, PhD, the director of UNC’s LGBTQ Center. Dr. Phoenix then reviewed and revised the curriculum to make it more inclusive of all relationships, including non-heterosexual ones. Our faculty advisor, Vangie Foshee, PhD, served as an expert in both IPV and developing pilot test instruments. Dr. Foshee was also very involved in the curriculum revision and pilot test preparation processes, attending team meetings and continually providing useful feedback via email on drafts of our curriculum and pilot test materials. Lastly, members of our target population, UNC undergraduate students, volunteered to participate in the pilot test after seeing our flyers and/or messages on listservs. They provided feedback at the end of each curriculum session and in the focus group. Their participation and feedback were pivotal to revising the curriculum because they are the intended beneficiaries and provided key insights into the UNC undergraduate experience. The stakeholders strengthened our work because they provided a working knowledge in the topic area, were part of the LGBTQ community, or were members of the target population.

Since the curriculum is part of an initiative led by our community partner, UNC SW, another strength with regard to stakeholder engagement was working primarily with an established UNC organization that will implement the curriculum once the Capstone work is completed. The curriculum and its aims of promoting healthy relationships and reducing IPV among undergraduate students are issues that have implications for the entire UNC community. As stated earlier, UNC SW’s mission
positions the organization as the most appropriate one to increase the likelihood of buy-in from the university in implementing the curriculum among the UNC community.

However, working closely with UNC SW, our primary stakeholder presented some challenges. As described above, our preceptor took the initiative to engage another stakeholder, Dr. Terri Phoenix. We also attempted to engage Dr. Phoenix throughout the curriculum revision process, as continual insight on inclusive relationships could be useful, but we encountered a challenge when attempting to engage Dr. Phoenix during the academic year. Due to Dr. Phoenix’s demanding schedule, we were not able to involve Dr. Phoenix to receive iterative feedback throughout the curriculum revision process. Dr. Phoenix’s expert feedback could have been valuable to establish accountability and ensure the curriculum’s content and language remained inclusive of all relationships during revisions.

Another challenge we encountered was involving members of our target population, UNC undergraduate students, for our pilot test. Despite our best efforts to recruit a diverse group of UNC undergraduates, we were unable to recruit males, and experienced attrition, or loss of participants during the pilot test. As the focus of our Capstone project was to pilot test and edit the curriculum, we did not have sufficient time to identify barriers to recruitment. Since the pilot test’s focus was revising the curriculum, we also refrained from assessing the reasons for attrition until after completing the pilot test. To assess participant attrition, we sent a dropout survey via email to participants who started but did not complete the pilot test.

Overall, while stakeholder engagement allowed for our project to be relevant to and recognized by the UNC undergraduates who participated in the pilot test, we acknowledge there were limitations with the extent of our stakeholder engagement. Our preceptor and his organization are responsible for implementing the curriculum once our Capstone project is complete. The fact that UNC SW was very involved in the project and will implement the curriculum long-term also negated our need to interact
with many stakeholders outside of UNC SW itself. However, we acknowledge that stakeholder engagement could be improved and describe methods for doing so in the recommendations section.

Lessons Learned

The Capstone project allowed our team to acquire valuable skills that enhanced our ability to be effective public health practitioners and researchers. Our team learned how to revise an existing curriculum to increase its usability. In addition, we obtained skills necessary to create a pilot test plan; develop pilot test instruments, such as participant feedback forms; pilot test a curriculum; and incorporate curriculum revisions in accordance with our findings. The Capstone project presented another opportunity to further develop the skill of collecting data using qualitative methods. We conducted a focus group and analyzed the focus group data to identify gaps and/or weaknesses in the curriculum and explored ways to improve the curriculum.

A significant part of our Capstone project was revising an existing curriculum created by a previous Capstone team. Our team determined that the existing curriculum was not an appropriate length and format for facilitation due to the number of planned activities, numerous inconsistencies, and lack of clarity in facilitator directions. As a result, much of our first semester was dedicated to revising the curriculum both for content and feasibility to pilot test it the following semester. We anticipate such obstacles in our future work; pre-existing materials created by other individuals or outside organizations may need to be adapted or tailored for our project’s purposes, and we may have to spend a significant amount of time revising them. Thus, revising the curriculum for pilot testing was a valuable skill to prepare us for our work as public health professionals.

Once we revised the curriculum, we developed a pilot test plan to serve as a guide during the pilot test process. The plan included drafting observer and participant feedback forms, creating a budget for materials needed during the test, securing rooms for the test, recruiting participants, drafting a focus group guide, and organizing a final focus group to qualitatively gather participants’ opinions on the
curriculum. In preparing and conducting this pilot test, we gained the aforementioned skills and others related to organization and preparation that we can use in future projects where we are testing materials to determine their feasibility for use with the target populations.

Another important lesson was that of time management. Revising a preexisting curriculum to make it feasible for pilot testing and conducting multiple iterations of the curriculum to incorporate pilot test findings and preceptor feedback gave us firsthand experience of the extensive time-commitment necessary to develop a curriculum. While some of this process could be accelerated in a full-time position where we might focus on curriculum development, it is still likely that our position will require us to allocate our time to work on multiple projects simultaneously. Thus, in addition to the concrete, public-health related skills of revising and piloting a curriculum, we also gained valuable, pertinent group and time management skills, as well as patience, which will be applicable to public health, or any future field or career path we may pursue.

Finally, completing this Capstone project was a team effort. The team succeeded when working together and communicating properly, yet struggled when individuals worked independently and would not accept critiques of their work. Ultimately, once individuals in the team understood each other’s working styles and the best methods of communicating differing opinions, our team worked the most effectively. Learning how to work in a team was a very important lesson, especially as we pursue careers in a field, such as public health, where collaboration is common.

**Impact**

As a result of our Capstone project, UNC SW will be able to offer our finalized curriculum in its current line of IPV prevention programs. The final version of the curriculum can be conducted in five sessions that can be delivered in one or two days, a format that focus group participants agreed would work better than the piloted curriculum. This reduced amount of time will increase UNC SW’s ability to
conduct the program in a feasible timeframe. Delivering the curriculum in one or two days will also increase the likelihood that students will complete all five sessions.

Additionally, this is the first known curriculum targeting college students that is inclusive of both opposite-sex and same-sex romantic relationships. While we were unable to recruit LGBTQ individuals into our pilot test, a stakeholder in the LGBTQ Center at UNC reviewed all activities and we are confident the curriculum can be implemented with all individuals, regardless of sexual orientation. Furthermore, the curricula identified in our literature review that focus on primary prevention of IPV were performed with participants in middle or high school, and not with undergraduate students.

The Healthy Relationships curriculum emphasizes empowering undergraduates to identify what they want in a relationship and whether or not a relationship can be considered healthy. We believe empowerment is an important contribution to IPV prevention as college students have increased autonomy when they enter a university setting, and curricula on healthy relationships allow students to contemplate what a healthy relationship would look like in the context of their lives.

**Recommendations**

We encourage UNC SW to implement the curriculum with an evaluation study. This evaluation should be conducted with two goals in mind. The short-term goal is to determine the Healthy Relationships curriculum’s effectiveness to increase participants’ ability to identify whether a relationship is healthy or not. The long-term goal is to create an effective primary prevention program to reduce IPV among UNC undergraduates. To achieve these goals, a process and outcome evaluation plan will need to be developed and executed during implementation. We recommend that UNC SW continue to collect data regarding how the curriculum is delivered to ensure that fidelity to the curriculum content and delivery is maintained. Also, outcome evaluation data should continue to be collected to confirm that the anticipated outcomes can and will be replicated each time the curriculum is implemented. Continuing these evaluations should also be considered for the curriculum’s
sustainability. Findings from the data collected from each time the curriculum is implemented can help institute continuous quality improvement by using participants’ feedback to improve the curriculum. Also, the evaluation instruments may be refined to capture additional relevant data to further determine the program’s fidelity and effectiveness. To ensure the curriculum is inclusive of LGBTQ relationships, we also recommend that UNC SW solicit feedback from Dr. Phoenix on the final version of the curriculum after completion of our Capstone project. To accommodate Dr. Phoenix’s busy schedule, we recommend curriculum implementers contact Dr. Phoenix early in the process and come up with a review timeline that fits Dr. Phoenix’s availability.

It also is our recommendation that targeted recruitment strategies be developed to attract a diverse group of participants to the program. Particularly, attention should be given to developing strategies to recruit males and LGBTQ individuals. This could include promoting the curriculum to groups such as fraternities, where membership is primarily made up of male undergraduate students, and the LGBTQ Center, where the membership is primarily made of LGBTQ students. Obtaining feedback on the program from male and/or LGBTQ participants may help increase the relevance of the curriculum’s content and improve its inclusivity. Our recommendation is to make an attempt at equal gender representation to allow for discussions to include both the male and female perspectives. Including equal representation of LGBTQ individuals may be more difficult, but inclusion of those who prefer same-sex relationships is important for determining the curriculum’s inclusivity. Finally, we recommend UNC SW identify and engage more stakeholders during implementation of the curriculum. It may be especially appropriate to engage evaluation experts to prepare for an evaluation of the program. For example, soliciting the expertise of survey methodologists at UNC’s Odum Institute during the development of process and evaluation instruments can be beneficial to ensuring these instruments are well structured and appropriate.
From our research findings and completion of the pilot test, we firmly believe addressing IPV in the UNC undergraduate community is important. Through implementing our revised curriculum, increasing recruitment efforts to ensure that the curriculum is delivered on the same scale as One Act and HAVEN and inclusive of diverse populations, and evaluating the curriculum as it is implemented, UNC SW can use the Healthy Relationships curriculum as a method for educating UNC undergraduate students about identifying and maintaining healthy, safe relationships.
References


Appendix 1: Conceptual Model

(Note: This Conceptual Model was created by the 2011-2012 UNC SW Capstone team)

- **Communication**
  - Relationship expectations
  - Healthy break-ups

- **Dating Attitudes**
  - Previous romantic relationship
  - Acceptance of relationship violence
  - Personal values
  - Relationship values
  - Parental influences
  - Child abuse
  - Peer influences
  - Media

- **Relationship Norms**
  - Gender roles
  - Hook-up culture (sex ratio)
  - Media
  - Role of alcohol

- **Stress Management**
  - Mindfulness
  - Competing demands

- **Conflict Management**
  - Role of alcohol
  - Jealousy
  - Anger

- **Intimate Partner Violence Prevention**
  (physical, emotional and sexual violence perpetration and victimization)
## Appendix 2: Pilot Tests to Develop or Refine Curricula

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