

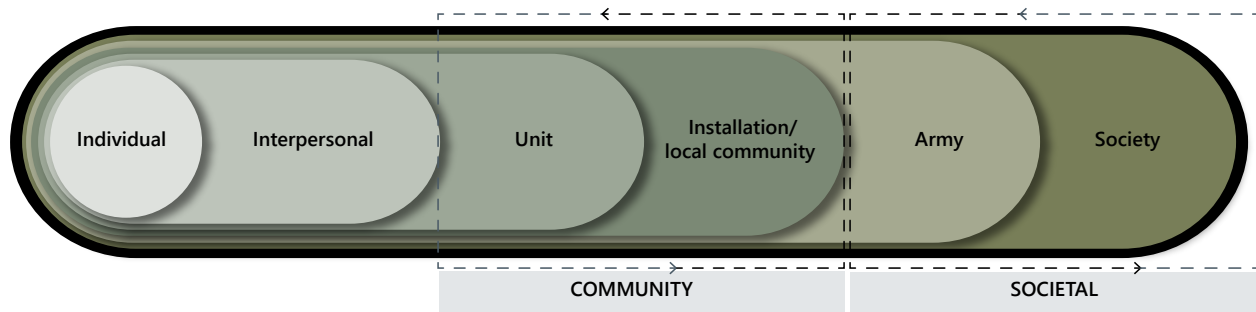


DEVELOPING AN ARMY-FOCUSED, INTEGRATED PREVENTION APPROACH FOR HARMFUL BEHAVIORS

Evidence from a CNA-developed model points to three lines of effort to help the Army deliver an integrated approach to preventing harmful behaviors. These lines of effort include **developing life skills** in professional military education at relevant touchpoints, **reinforcing positive behaviors** in units by merging two existing Army fitness programs, and **sustaining healthy environments** by revitalizing the Army's Commander's Ready and Resilient Council (CR2C) at installations. This approach to integrated prevention addresses high-leverage risk and protective factors identified by the model. And it employs best practices by operating across the range of influences on behavior, from individual to societal influences.

As the Department of Defense and the Services mature their efforts to prevent harmful behaviors, including suicide and sexual assault, they have recognized the enhanced effectiveness of integrated approaches over separate ones. To improve the Army's prevention efforts, the Army Resilience Directorate (ARD) asked CNA to help develop an approach to integrated prevention that targets risk and protective factors shared by multiple harmful behaviors. Our methodology included reviewing the relevant literature and policies, holding discussions with program experts, and performing an opportunities and barriers analysis.

FIGURE 1. IDENTIFIED ARMY-SPECIFIC SEM-LEVELS



We began by developing a **socio-ecological model (SEM) specific to the Army**. The Centers for Disease Control and Prevention recommend this approach for prevention efforts because it recognizes the influences on behavior at multiple levels (e.g., individual, interpersonal, or unit influences), as opposed to focusing on a single level, such as individual influences. The model provides multiple entry points for prevention strategies, which, when used in combination, are likely to increase the success of prevention efforts. The Army SEM we developed includes influences on behavior at six levels: individual, interpersonal, unit, installation and local

community, Army, and society. We leveraged this SEM to examine risk and protective factors for six harmful behaviors: **suicide, substance abuse, domestic violence, sexual harassment or assault, discrimination, and extremism**.

Many factors affect the likelihood that a person will experience or engage in harmful behaviors. Factors associated with an increased likelihood are called **risk factors**. Those factors associated with a reduced likelihood are called **protective factors**.

OUR WORK ANSWERED THE FOLLOWING QUESTIONS

1

Which risk and protective factors are associated with multiple harmful behaviors at each SEM level?

2

Which approaches and strategies have been shown to help prevent multiple harmful behaviors?

3

To what extent do available prevention programs align with:
(1) principles of effective prevention,
(2) the Army SEM's shared risk and protective factors, and
(3) relevant career touchpoints?

4

What are the opportunities for and barriers to developing and implementing an integrated prevention program?

5

How can the Army build on current prevention programs to reduce harmful behaviors more efficiently and effectively through an integrated approach that addresses all SEM levels?

WHICH RISK AND PROTECTIVE FACTORS ARE ASSOCIATED WITH MULTIPLE HARMFUL BEHAVIORS AT EACH SEM LEVEL?

We reviewed over 300 sources and identified risk and protective factors that impact the six target behaviors (suicide, substance abuse, domestic violence, sexual harassment or assault, discrimination, and extremism). We then mapped each SEM level to those **risk and protective factors that are associated with at least three harmful behaviors**. We call these **“high-leverage” factors**. For example, healthy peer relationships protect against domestic violence, suicidal ideation, and substance misuse. Several of these high-leverage factors are built into our integrated prevention approach.

HIGH-LEVERAGE RISK AND PROTECTIVE FACTORS

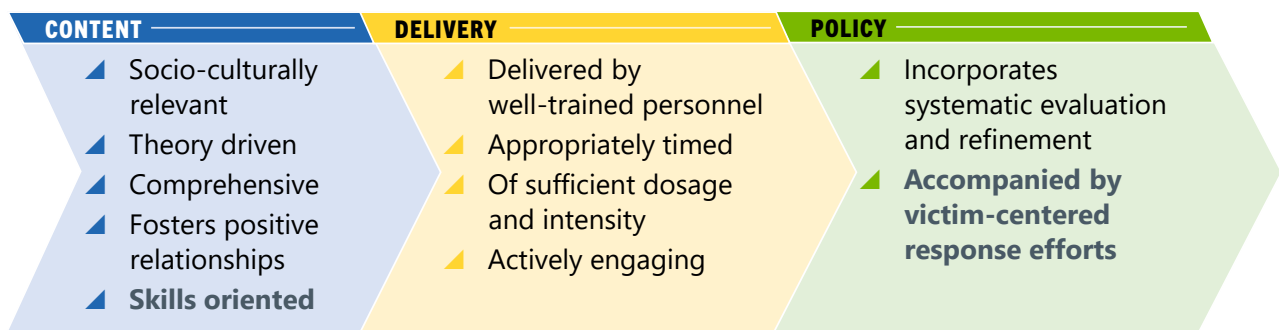
SEM Level	Risk Factor	Protective Factor	
Individual	<ul style="list-style-type: none"> • Age: young adult • Male • Poor mental health • Marital status: unmarried • Low education attainment • Financial stress • Antisocial aggressive behavior • Impulsivity • Past exposure to trauma/abuse 	<ul style="list-style-type: none"> • Alcohol misuse • Unhealthy or dysfunctional parenting • Deployment • Non-heterosexual orientation • Female • Lower rank • Combat exposure • Hostile gender attitudes and beliefs • Previously committed harmful behavior • Enlisted 	<ul style="list-style-type: none"> • Life skill: decision making/problem-solving • Life skill: empathy • High academic achievement
Interpersonal	<ul style="list-style-type: none"> • Association with unhealthy/dysfunctional peer groups • Isolation/lack of social support • Close-relationship stressors 	<ul style="list-style-type: none"> • Social connectedness and support • Family cohesion and support • Healthy peer relationships 	
Unit	<ul style="list-style-type: none"> • Stigma for reporting/help-seeking • Toxic or permissive unit climate 	<ul style="list-style-type: none"> • Unit cohesion and connectedness • Positive leadership engagement • Unit-level policy enforcement 	
Installation/local community	<ul style="list-style-type: none"> • Availability of alcohol • Access to locations or methods 		
Army	<ul style="list-style-type: none"> • Stigma associated with reporting/help-seeking • Harmful norms • Structural barriers to accessing help/resolution 	<ul style="list-style-type: none"> • Prevention policies 	
Society	<ul style="list-style-type: none"> • Weak policy/law • Weak economic conditions 		

WHICH APPROACHES AND STRATEGIES HAVE BEEN SHOWN TO HELP PREVENT MULTIPLE HARMFUL BEHAVIORS?

Next, we reviewed the literature and best practices to identify principles found in effective prevention approaches and strategies. Our review of effective prevention practices for specific harmful behaviors resulted in two additional principles (noted in bold in Figure 2) that are not typically described in the prevention literature.

Several of these principles align with those found in Department of Defense doctrine, including the *Prevention Plan of Action* and the *DOD Policy on Integrated Primary Prevention*.

FIGURE 2. PRINCIPLES OF EFFECTIVE PREVENTION



Note: Each principle is linked to at least 4 harmful behaviors in the literature.

WHAT ARE THE OPPORTUNITIES FOR AND BARRIERS TO DEVELOPING AND IMPLEMENTING AN INTEGRATED PREVENTION PROGRAM?

We analyzed documents, spoke with SMEs (program managers, commanders, and others working in harmful behavior prevention), and visited two Army installations to identify opportunities for and barriers to developing and implementing an integrated prevention approach. Opportunities included enhancing ongoing cross-program coordination and referrals and leveraging CR2Cs as installation-level integration bodies. Barriers included the variability in program implementation and the culture within some Army units that condones excessive drinking.

FIGURE 3. OPPORTUNITIES FOR AND BARRIERS TO INTEGRATED PREVENTION

Opportunities for integrated prevention	Barriers to integrated prevention
<ul style="list-style-type: none"> • Shared risk and protective factors can support integrated prevention efforts. • Existing resilience and fitness programs provide a strong basis to build from. • Chaplain programs have wide-reaching capabilities. • CR2Cs create installation-level integrating bodies. • Risk Reduction Coordinators in Army Substance Abuse Program already monitor trends across harmful behaviors. • Small unit leaders, who have frequent contact with high-risk populations, can be leveraged. • Cross-program coordination and referrals are ongoing and can be enhanced. • Army Core Values highlight positive aspects of Army culture. 	<ul style="list-style-type: none"> • Commander-led approach to prevention creates variability in program implementation. • Perceived competition between integrated prevention and readiness results in deprioritization of prevention efforts. • Reactive approach and mentality leads to a greater focus on response than prevention. • Lack of penetration of prevention efforts to ground level. • Lack of relationship support structures. • Drinking culture in the military. • Program overload. • Physical distance between prevention services. • Siloed administrative structures, resources, and mentality. • Data system issues that impede integration. • Lack of systematic evaluation and program refinement.

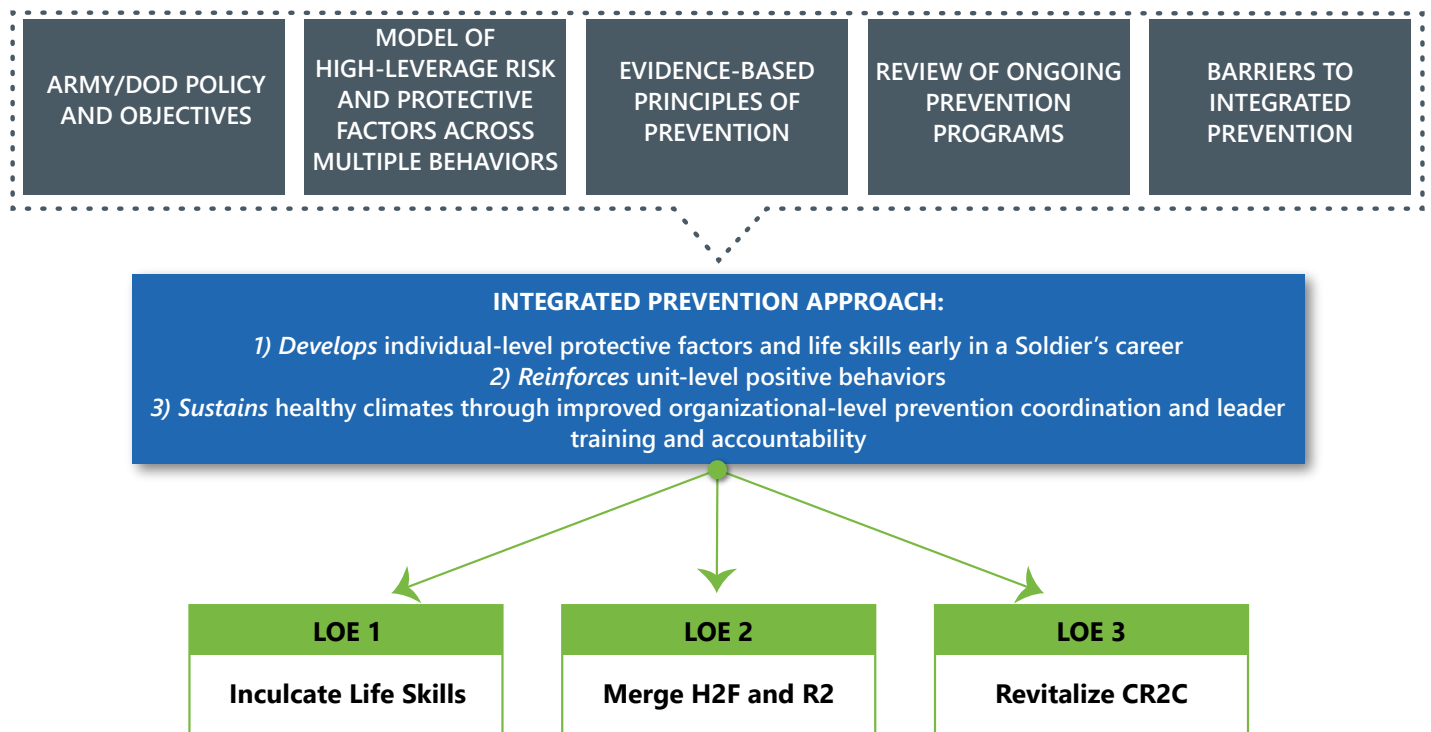
HOW CAN THE ARMY BUILD ON CURRENT PREVENTION PROGRAMS TO REDUCE HARMFUL BEHAVIORS MORE EFFICIENTLY AND EFFECTIVELY THROUGH AN INTEGRATED APPROACH THAT ADDRESSES ALL SEM LEVELS?

Our proposed integrated prevention approach leverages existing programs and reaches all Soldiers at appropriate career touchpoints to develop life skills, reinforce unit-level positive behaviors, and sustain a culture of prevention at installations (Figure 4). It encompasses the following three lines of effort (LOEs):

- LOE 1: Builds a baseline of protective factors by **incorporating life skills into professional military education at relevant touchpoints**. This draws on literature indicating the value of developing life skills early.
- LOE 2: Builds on LOE 1 and bolsters protective factors at the unit level by **integrating existing installation programs targeting resilience and fitness skills**, such as the Army H2F and R2 programs. The merged program should augment and reinforce the expertise of full-time professionals (military, civilian, and contractor) with the distributed presence and relatability of the uniformed R2 Master Resilience Trainers (MRTs) within formations.
- LOE 3: **Revitalize mechanisms for coordinating prevention** and response activities. Systematically assess and refine the Army's CR2C to be a data-driven integration mechanism at installations.

Although these LOEs are mutually supportive, it is possible to implement them independently.


FIGURE 4. RECOMMENDED INTEGRATED PREVENTION APPROACH



H2F – Holistic Health and Fitness

R2 – Ready and Resilient

CR2C – Commander's Ready and Resilient Council



This recommended approach to integrated prevention aligns with the high-leverage risk and protective factors identified in the Army SEM. Together, the LOEs address multiple factors, progressing from individual toward Army levels of influence. The emphasis on skills development in both LOEs 1 and 2 helps develop protective factors and mitigates against risk factors at the individual level. LOE 2's focus on unit-level programs supports connectedness and addresses factors at the interpersonal and unit levels. LOE 3's emphasis on organizational supports addresses factors at the installation and Army levels. Our recommended approach aligns with 10 of the 11 principles of prevention of multiple harmful behaviors that we identified (Figure 2).

The LOEs incorporate several opportunities for integrated prevention of multiple harmful behaviors, including building on existing programs that address protective factors (LOE 1 and LOE 2), bolstering mechanisms for installation-wide prevention and response activities (LOE 3), and addressing high-leverage risk and protective factors at multiple touchpoints (LOE 1 and 2).

CONCLUSION

We consider integrated prevention of harmful behaviors as a system that involves influences and interventions at all levels of the Army SEM to address multiple harmful behaviors. The Army's existing prevention programs sometimes address shared risk and protective factors that apply to multiple harmful behaviors, but they are primarily focused on single behaviors. And the degree of implementation of these programs varies across installations and units.

Although our research indicates that some coordination among these programs is already occurring, more is needed to truly meet the intent of integrated prevention. Our research suggests ways in which these **existing efforts could be leveraged, systematized, and brought into stronger alignment with the evidence base** to create an effective integrated prevention approach. The three LOEs address these leverage points while building on and improving programs and strategies already underway within the Army. Developing the integrated prevention approach around these three LOEs incorporates prior research and existing knowledge and strengths within the Army and helps to address several identified barriers, including **avoiding program overload** and **moving the Army from a reactive to a more proactive, evidence-based prevention approach**.

Implementing these LOEs will require actions by multiple agencies, some of which will require additional resources. In addition, Headquarters, United States Department of the Army (HQDA) will need to make appropriate policy changes and program plans, including revised goals, objectives, and implementation plans and timelines. Moreover, HQDA will need to ensure an appropriate accountability structure that addresses what must be reported or documented and how. If the Army executes this integrated prevention concept, with deliberate emphasis on evaluation from the onset, it will have an evidence-based, integrated prevention approach focused on long-term skills development, installation-level support, and a climate that reinforces healthy behaviors.

ABOUT CNA

CNA is a nonprofit research and analysis organization dedicated to the safety and security of the nation. It operates the Center for Naval Analyses — the federally funded research and development center (FFRDC) of the Department of the Navy — as well as the Institute for Public Research. CNA develops actionable solutions to complex problems of national importance.

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