AWARD NUMBER: W81XWH-22-1-0907

TITLE: Development of a Multilevel Clinical Trial to Increase Implementation Knowledge and Skills Within the Army Integrated Prevention Program

PRINCIPAL INVESTIGATOR: Justin Benzer

CONTRACTING ORGANIZATION: University of Texas, Austin

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Development of a Multilevel Clinical Trial to Increase Implementation Knowledge and Skills Within the Army Integrated Prevention Program

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6. AUTHOR(S)

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7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)

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13. SUPPLEMENTARY NOTES

14. ABSTRACT: The objective of this proposal is to prepare for a clinical trial that will test whether additional training and coaching of Sexual Harassment/Assault and Response and Prevention (SHARP) personnel, to carry out prevention programming with high quality, will improve outcomes. The rationale for this proposal is that Department of Defense (DoD) needs a trained prevention workforce, but currently relies of those who have been trained primarily for improving sexual assault reporting. Further, the scope and complexity of the Uniformed Services presents unique challenges to large-scale prevention training. Training and coaching in the Getting To Outcomes (GTO) model is thought to (1) improve ability to critically review prevention programs in order to select those that have the best potential to impact real-world soldier behaviors, (2) improve planning, (3) promote thoughtful adaptations of prevention programs to local needs, (4) increase the impact of leadership support, (5) strengthen self-evaluations and program improvements, and (6) improve ability to sustain prevention programs over time.
We will develop a proposal for a clinical trial that would impact both SHARP personnel and individual soldiers assigned to the same units. SHARP personnel would either implement a prevention program on their own or with the assistance of GTO training and coaching. Soldiers will benefit to the degree that the selected prevention program is effective at influencing attitudes and behaviors, but that is not the primary goal of the study. We believe that GTO training will improve the ability of SHARP personnel to carry out the prevention program with high quality. We will test whether GTO training increases the quality of the prevention practice at each site. We will also test the long-term effects of GTO training. We believe that the knowledge and skills gained through GTO training and coaching will improve the general ability of SHARP personnel to identify gaps in their current prevention programming, select new high-quality programs, and implement them effectively.

15. SUBJECT TERMS

NONE LISTED

16. SECURITY CLASSIFICATION OF:			**17. LIMITATION OF ABSTRACT**	**18. NUMBER OF PAGES**	**19a. NAME OF RESPONSIBLE PERSON**
a. REPORT	**b. ABSTRACT**	**c. THIS PAGE**			USAMRDC
U	U	U	UU	8	**19b. TELEPHONE NUMBER** *(include area code)*

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1. **INTRODUCTION:** The objective of this proposal is to prepare for a clinical trial that will test whether additional training and coaching of Sexual Harassment/Assault and Response and Prevention (SHARP) personnel, to carry out prevention programming with high quality, will improve outcomes.

The rationale for this proposal is that Department of Defense (DoD) needs a trained prevention workforce, but currently relies of those who have been trained primarily for improving sexual assault reporting. Further, the scope and complexity of the Uniformed Services presents unique challenges to large-scale prevention training. Training and coaching in the Getting To Outcomes (GTO) model is thought to (1) improve ability to critically review prevention programs in order to select those that have the best potential to impact real-world soldier behaviors, (2) improve planning, (3) promote thoughtful adaptations of prevention programs to local needs, (4) increase the impact of leadership support, (5) strengthen self-evaluations and program improvements, and (6) improve ability to sustain prevention programs over time.

We will develop a proposal for a clinical trial that would impact both SHARP personnel and individual soldiers assigned to the same units. SHARP personnel would either implement a prevention program on their own or with the assistance of GTO training and coaching. Soldiers will benefit to the degree that the selected prevention program is effective at influencing attitudes and behaviors, but that is not the primary goal of the study. We believe that GTO training will improve the ability of SHARP personnel to carry out the prevention program with high quality. We will test whether GTO training increases the quality of the prevention practice at each site. We will also test the long-term effects of GTO training. We believe that the knowledge and skills gained through GTO training and coaching will improve the general ability of SHARP personnel to identify gaps in their current prevention programming, select new high-quality programs, and implement them effectively. Over a two-year period, we expect this increase in general knowledge and skills to affect rates of sexual harassment and sexual assault as well as changes in the unit 'workplace climate' (i.e., the degree to which soldiers perceive that the workplace is accepting of sexual harassment and sexual assault).

We will develop the clinical trial while working closely with two community advisory boards comprised of SHARP personnel to include Installation Program Managers, Garrison Sexual Assault Response Coordinators, and Victim Advocates. The purpose of the advisory boards is to co-develop the clinical trial by ensuring that the trial will be acceptable to SHARP personnel and service members, and feasible within U.S. Army settings. We will present different high-quality prevention programs and ask the board to select the best program. We will involve the advisory board in reviewing GTO training modifications that will be targeted to the different types of SHARP personnel. We will also ask the advisory board to consider key questions about our clinical trial design such as how to ask SHARP personnel to carry out a prevention program on their own. That is, we will ask how to increase the chance that they will prioritize the prevention program. Finally, we will ask the board to champion the trial to their own commands.

2. KEYWORDS: Implementation Science, Human Resources, Sexual Harassment, Sexual Assault, Training

3. **ACCOMPLISHMENTS:**

a. What were the major goals of the project?

This grant has one specific aim: Design a clinical trial using Community-Based Participatory Research (CBPR) Methodology to rigorously test the effects of training and coaching within the GTO model. There are two major tasks: (1) Develop and implement community advisory boards (CABs), and (2) Design the clinical trial.

The specific subtasks are as follows:

1. Recruit SHARP leaders in 12 installations (**Complete**)
2. Hold Monthly Community Advisory Board Meetings
3. Review GTO training plan and update as needed
4. Determine appropriate GTO control group
5. Define Outcome Measures
6. Conduct power analysis
7. Develop and write the clinical trial protocol

Milestones are as follows:

1. Select Evidence-Based Practice
2. Obtain command commitment to participate in clinical trial
3. Complete GTO training plan
4. Complete Clinical trial protocol
5. Final Report

b. What was accomplished under these goals?

We have successfully completed Subtask 1: Recruit SHARP leaders in 12 installations. We recruited SHARP leaders from 14 unique locations (two more than our goal). From the Active Duty Army, we have SHARP leaders at Eight Army in Korea, United States Army Europe and Africa, Fort Liberty, Fort Huachuca, Aberdeen Proving Ground, and US Army Security Assistance Command. From the Army National Guard we have SHARP leaders in Colorado, New Mexico, Arkansas, New York, and Ohio. From the Army Reserve, we have SHARP leaders at the 88th regional division, 1st Mission Support Command, and the 83d US Army Reserve Readiness Training Center. Our recruitment emphasizes variation in size, mission, and type of unit. This will enhance the capability of the CABs to co-develop a grant proposal that is likely to generalize across the US Army.

We have begun Subtask 2 and are on schedule. For our August 2023 CAB meeting, we oriented the CABs to the project and introduced GTO.

We have begun Subtask 3. We have started subtask 3 for our active duty and reserve SHARP participants. In our September CAB, we realized that we needed to make additional adjustments to our model for what individuals would participate in the National Guard GTO implementation teams. Part of the issue is that the new prevention staffing model is different for National Guard. Another part of the issue is that we are planning to include representatives from lower-level units to provide insight into local capabilities and fit of the program with the local context. Because most National Guard service members are part-time, this was judged to not be feasible.

We have begun Subtask 4. We have begun internal discussions about the GTO control group. We will make a final determination after we choose the sexual assault evidence-based practice.

We have begun Subtask 5. We have requested outcome data from our CAB members and will be following up individually.

Subtask 6 has not yet begun.

Subtask 7 has not yet begun.

Milestones: Our first milestone is due at the end of September 2023. Our second CAB meeting for the month is September 22, 2023. After we receive feedback on the training plan we will finalize it and complete the first milestone.

c. What opportunities for training and professional development has the project provided?

This project has already provided professional development for the participants in terms of exposing them to SHARP leaders across the country and giving them insight into how the new SHARP prevention program is developing. Our scientific team is also responsible for evaluating the Integrated Prevention Advisory Group (IPAG) workforce initiative (in a separate project). This knowledge, combined with the input from our Headquarters Department of the Army (HQDA) CAB member is facilitating knowledge transfer at an important time in the early months of the implementation of the FY23 independent review.

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

After the CAB meeting, we disseminated slides and notes to all participants. We also recorded the presentation from the scientific team and disseminated that link. Notably, we do not record the CAB discussions, only the team presentations, and we announce when we begin and end recording.

e. What do you plan to do during the next reporting period to accomplish the goals?

1. We will submit a no cost extension.
2. We will continue the monthly CAB meetings and select the evidence-based practice
3. We will complete the planned grant proposal to include GTO control group, outcome measures, power analysis, and clinical trial protocol.
4. We will obtain command commitment to participate in the trial

4. **IMPACT:**

There is currently no impact on the principal discipline(s) of the project, other disciplines, technology transfer, or society beyond science and technology.

5. **CHANGES/PROBLEMS:**

a. Changes in approach and reasons for change

The statement of work indicated that we would recruit SHARP leaders from 12 installations, and from those installations we would hold two CABs for a total of 24 participants. The rationale was that our two CABs would include (1) officers and civilians, and (2) NCOs. However, we found that staffing varies greatly, with active-duty SHARP offices not typically having NCOs involved at the appropriate level for them to participate. We were therefore unable to meet the statement of work stated goal of 24 participants. We will be submitting a request to modify the statement of work to specify a recruitment goal of 12 installation representatives. Notably our participants do include NCOs, officers, and civilians, but not separated by CAB. We do have two CABs, but they are oriented to the different time zones as we have participants from both Korea and Europe.

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

We anticipated problems with recruitment. However, we had two areas of strength that resolved the problems. First, our team includes employees at RAND who have worked with the U.S. Army in the past. We were able to use those connections to get the word out across the US Army, including HQDA. Second, we connected with MAJ Paul Lepley from the National Guard Integrated Prevention Office through our other CDMRP-funded research. He provided an opportunity for us to recruit at an in-person integrated prevention training for the National Guard.

c. Changes that had a significant impact on expenditures

We started expending funds in February 2023, which is 6 months after the project start. There were two reasons for this planned delay. First, we knew that recruiting CAB members would be a challenge and we wanted to have the highest likelihood of success. We felt that starting recruiting immediately before the winter holiday season would be a challenge. Our decision resulted in a successful recruitment effort. Second, based on prior announcements, we expect CDMRP to request a new grant proposal sometime between May and October 2024. If we had stared in October, the funding period would end prior to the grant announcement. This could present challenges in obtaining the necessary command letters of support. We are prepared to adjust our timeline as needed to ensure we are ready to submit for the 2024 CDMRP deadline. We intend to request a no cost extension in January 2023.

d. Significant changes in use or care of human subjects.

6. **PRODUCTS:**
   Publications, conference papers, and presentations

   Nothing else to report

1. **PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS**

   - **What individuals have worked on the project?**

     ***Example**:*

Name:	*Justin Benzer*
Project Role:	*Principal Investigator*
Researcher Identifier (e.g. ORCID ID):	*https://orcid.org/0000-0001-5151-2127*
Nearest person month worked:	1.2
Contribution to Project:	*Dr. Benzer is responsible for ensuring that the project results in a high quality proposal to be submitted to CDMRP.*
Funding Support:	*N/A*

   - **Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?**

     Nothing to Report

   - **What other organizations were involved as partners?**

     Nothing to Report

2. **SPECIAL REPORTING REQUIREMENTS**

   - **COLLABORATIVE AWARDS:**
   - **QUAD CHARTS:**

3. **APPENDICES:**
   No Appendices

Development of a Multi-level Clinical Trial to Increase Implementation Knowledge and Skills within the Army Integrated Prevention Program

TP210235

W81XWH-22-1-0907

PI: Justin Benzer, PhD **Org:** Univ. of Texas

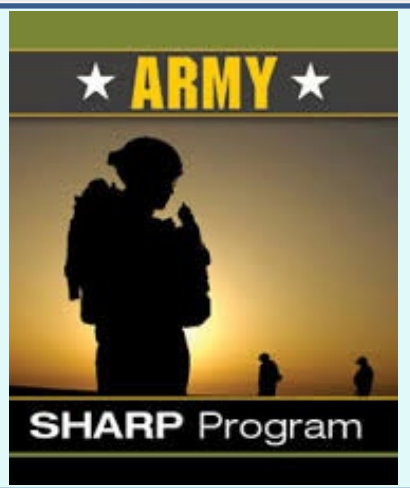
Award Amount: 299,997

Study/Product Aim(s)

- The **primary objective** of this proposal is to design a clinical trial using Community-Based Participatory Research Methodology to rigorously test the short-term and longer-term effects of training and coaching within the GTO model.
- We expect GTO to increase implementation knowledge and skills. These knowledge and skills are generalized prevention skills. Thus, over time we expect intervention sites to be more effective in evaluating their own performance, seeking out EBPs to fill gaps, and effectively implementing them.

Approach

The study uses Community Advisory Boards comprised of leaders in the US Army Sexual Harassment and Assault Response and Prevention program to co-design a future grant proposal.



Accomplishment: Currently presenting evidence-based practices to CAB and receiving feedback regarding feasibility and acceptability.

Timeline and Cost

Activities CY	23	24
Recruit SHARP leaders		
Community Advisory Boards		
Design Clinical Trial		
Estimated Budget ($300K)	**$100**	**$200**

Updated: November 2023

Goals/Milestones (Example)

CY23 Goal – System demonstration

☑ Adapt GTO training and coaching plan

CY24 Goals

❑ Select Evidence-Based Practice

❑ Finalize Clinical Trial Protocol

❑ Obtain Command Commitment to participate in clinical trial

❑ Final Report

Budget Expenditure to Date

Projected Expenditure: 299,997

Actual Expenditure: $81,206