

We're interested in how the PEER forums got started at this installation, where it fits with other programs, and the impact that you think it's having on participants.

To get started, it would be helpful for me to hear more about how exactly you run your PEER forum sessions.

1. First, how long have you been working at this installation?
 - a. For how long have you been facilitating PEER forums?
 - b. Can you tell me, in your own words, what the purpose of the PEER forums is?
 - c. Did you facilitate PEER forum sessions previously at another installation? Or another similar caregiver peer support group?
2. For the PEER forum you currently facilitate at this installation, can you tell me about when and where the sessions meet?
 - a. Probe for: frequency, regularity, duration of sessions
 - b. Probe for proximity/convenience of meeting space to other installation features, on-base or off-base
3. Is there any type of specific curricula?
 - a. [If yes:] Do you stick to the curricula?
 - b. [If no:] How do you plan for a session? For example, do you select topics in advance? If so, how?
4. Can you give me some examples of recent discussion topics?
 - a. [If not already clear from response to earlier questions:] How are discussion topics chosen? (probe: Are caregivers involved in choosing discussion topics? How do you incorporate their suggestions?)
5. We're interested in the training you've received and resources that you have access to that support you as a facilitator.
 - a. First, we know that there is a seven module training course for PEER forum facilitators.
Did you complete that? Was that helpful?
 - b. Second, we know that there is a community of practice resource for PEER Forum facilitators. Are you familiar with that resource? Do you use it? If so, how? (e.g. getting ideas for sessions, providing printed resources/fact sheets/hand outs for participants, doing research on caregiving)
 - c. In the [time frame] you've been facilitating PEER forums, have you received any additional training or guidance to extend your training or help you improve your facilitation? (probe: clinical supervision, colleagues or other professionals at installation to debrief with, resource people to answer questions or help deal with challenging clients)
 - d. Are there other resources that you have found or prepared on your own?
6. We're interested in the types of interactions that participants have with each other during the session.
 - a. First, how much interaction is there among group members? Do you encourage it in any way?

- b. Second, how would you characterize the ways that participants support each other during the session? (Probes for information, advice, empathic listening, feeling heard/not alone – try to get a sense of dominant mode of group)

That was all a very helpful description of how the sessions are run. Now I have a few questions about who attends the PEER forums.

7. On average, how many participants attend a session? [might not need that]
8. Do the same people attend over time? How much turnover is there in the group?
9. Do you get the sense that participants know each other or interact with one another outside of the group? How do you know that? Have you seen supportive relationships develop between caregivers
10. We understand that the program is intended for caregivers of Service members. Does this accurately capture your participants, or are there others (like Service members who are caregivers)?
Do you restrict your program in any way to screen out other types of caregivers?
11. Who are participants providing care for? (relationship - mostly spouse, but maybe others???)
 - a. What are the most common types of conditions or injuries in the Service members receiving care?
 - b. What are the most common types of care that they provide to the Service members? (probe for assistance provided with activities of daily living, instrumental activities of daily living; add TBI and PTSD types of support needed)
 - c. Thinking of the Service members who are receiving care from the caregivers, are most actively receiving treatment? If so, what stage of treatment are they at? (e.g. acute, post-acute, rehab, separating, etc.)
12. How do participants connect with PEER forums? (probes: Where do they get information? Who refers them?)
 - a. Of the ways that you've mentioned, do you know how most participants heard about or got connected to the group? (probe: have you collected data on...)
 - b. [If needed:] Besides referrals, do you do any advertising or targeted outreach to make caregivers aware of the PEER forum?
13. What strategies/methods are used to encourage caregivers to attend PEER forum sessions?
14. Do you know of people who could use the program but haven't come? Why not?

This next section of questions is about the history of PEER forums at this installation, about when, why, and how it was brought to this installation.

15. Do you recall when the first PEER forums were organized?

16. Thinking about how you were instructed to run the PEER forum meetings, have you made any changes or alterations from how the program is designed?
 - a. [If yes:] Can you tell me more about what the changes are and why you made them?
 - b. [If yes to a:] Did you decide to make these changes on your own, or did you consult with anyone?
 - c. Does everyone who runs PEER forum programs at this installation do them the same way, or [have others/does everyone make] alterations?
17. What do you think are the core components of the PEER forum intervention? That is, what parts of the program should not be altered, or need to be in place in order for the program to be effective?
 - a. What is your answer based on? (e.g. Were you told what the core components are, or are you inferring?)
18. In your opinion, is there a strong need for Peer forums at this installation? Why or why not?
19. We're interested in the extent to which PEER forum was compatible with existing work processes and practices in your setting. Specifically...
 - a. Were staff available to run programs?
 - b. Did it create excessive demand on the facilities?
 - c. Are clients reached through existing communication and referral networks, or did new methods for identifying participants need to be established?
20. Do you know of any [other] issues or complications that arose when the program was being rolled out?
21. To your knowledge, does the PEER forum program currently face any [other] major barriers or obstacles? ([if needed:] ...such as staff, too many participants, too few participants, resistance from providers or referrers, stigma, caregiver barriers?)

Now I want to discuss program outcomes.

22. Why do you think participants come to the PEER forum? That is, what are their motivations for coming?
 - a. Do you think participants distinguish between the types of support they get through PEER forum and support they get through other programs? (If needed: In other words, are there particular things participants feel they can get at PEER forums)

that they can't get anywhere else? Or, do PEER forums duplicate or aggregate information or support for caregivers that they otherwise could have gotten from other sources?)

- b. When people stop coming to sessions, do you know why?

Finally, I have a few questions about the degree to which the PEER forums are being evaluated or could be evaluated at this installation.

23. We know that you submit [info sheets] about group attendance and topics. Do you collect any other types of data about the session? [If so, please tell me about it. ... Besides [type of data collection], are there any other types of data you collect about the PEER forum sessions or participants?]
24. The Department of Defense is interested in evaluating the use and effectiveness of programs that support Service members. This research is a first step toward understanding how the PEER forums work and what effects it has that they might want to measure. I'm curious how you think a few different program evaluation activities would work for PEER forums.
 - a. Do you think participants would be willing to take surveys about their experiences in the sessions? Why or why not?
 - b. Do you think participants would be willing to be followed over their time in the program? For example, to take a baseline assessment when they were referred, then do a follow-up assessment (survey) at a later time?
 - c. What if a researcher observed a PEER forum? Would that be feasible, or problematic in some way?
 - d. And for you, as the facilitator and the person who would likely have to pass out surveys or assess group participants, are there any barriers or issues that you can think of? (e.g. limited time, damaging to therapeutic alliance)
25. Do you now collect or are there plans to collect process information about program itself, such as attendance or program quality?
 - a. If so, what measures will you use?
 - b. How will these be collected and assessed?
 - c. How will this information be used?
26. Do you now collect or are there plans to collect information about program outcomes (i.e., impacts on participating caregivers, like feeling less stressed, or being more knowledge about the caregiving role)?
 - a. If so, what measures will you use?
 - b. How will these be collected and assessed?
 - c. How will this information be used?
 - d. If not, what do you think the impact or benefit of the PEER forum is for participants? (probe: respite, emotional release, information, reduced feelings of

isolation, feeling understood, etc.) [Can be more than one. Probe: Are there any other impacts or benefits for participants?]

27. With regard to the process measures, like attendance, and outcome measures, like participant knowledge or well-being, do you track and analyze these types of information for other programs facilitated by MFLCs?
 - a. If so, who uses this information? (e.g. Do you report it to a supervisory office? Use it for in-house analysis?)