

INTERVIEW/GROUP GUIDE

Note: This is a general guide for the interviews/groups and should be utilized flexibly. It is expected that not all questions will be asked, and that the interviewer will need to ask to follow up questions to gain clarity on the responses from participants. Note that some questions may be especially relevant for Stakeholders.

I. Introduction

- a. Hello, my name is [INSERT] and I am a researcher with NHRC working on this project.
- b. This study is being done at NHRC and is approved by the Institutional Review Board (IRB) at NHRC.
- c. This study is carried out by Kristen H. Walter, Ph.D. She is a co-principal investigator on the study and is responsible for the on-site implementation and supervision of the study.

II. Purpose

- a. The purpose of this study is to learn about healthy lifestyles and social behaviors among Sailors so that we can use this information to adapt a training program that has been used among civilians for use among Sailors. The training addresses alcohol use, social situations, as well as nonconsensual sexual experiences. We know that not all Sailors drink, are sexually active, or encounter situations where there is a risk for a nonconsensual sexual experience. We will not be asking you about your own experiences. We will also be asking you about what you think might be needed to make a training that addresses these topics more useful for Sailors.
- b. If you decide to be in this research, you will participate in a 90 minute individual interview/group/stakeholder interview.

III. During the Session

- a. During the session we will ask you to tell us about how you think most sailors act in dating and social experiences that may or may not include sexual activity and alcohol; **we will NOT ask you to share your personal experiences.**
- b. We will use a digital voice recorder (e.g., Webex) to audio-record the interview, which will be transcribed (i.e., we will write out exactly what was recorded during the interview) after the session.

IV. Voluntary Participation

- a. Your participation in this study is completely voluntary. This means you do not have to participate if you do not want to. Not participating will not experience any negative consequences for not participating. Not participating will not impact your military service.
- b. You have the right to stop participation at any point during the study if you choose. If you do agree to participate, you have the right to only answer the questions that you want to answer.

V. Protections of Privacy

- a. Your name will not be associated with the paper files; rather we will use a random number to file your records.

- i. Any paper files that result from the study will be stored in locked file cabinets. Only study members will have access.
- b. Digital audio files will be kept on a secure server that is password-protected to protect the anonymity of each participant.
- c. We might share what we learn from this study with others, and we might publish scientific reports or articles describing the study. However, we will never include your individual name in those or any other research publications.

VI. Risks or Discomforts from being in this Study

- a. The following could happen to you if you choose to be in this study:
 - i. You could experience discomfort answering sensitive questions.
 - ii. Professional disciplinary action. If you share that you have committed, or assisted in the commission of, a sexual crime or that you plan to commit or participate in a sexual crime in the future the research assistant may notify military police or other law enforcement authorities. If you disclose personal criminal behavior, you could also be subject to administrative or disciplinary action under the [Uniform Code of Military Justice].
 - iii. Loss of Anonymity or Confidentiality. It's possible that after the research session ends, you could see or meet the research staff someplace else. If this happens, the research staff will protect your privacy by not letting anyone know that you were in the study.

VII. Situations in which we would have to break confidentiality.

- a. If you tell us about child/elder/disabled person abuse, suicide or homicide.
- b. If you talk to us about wanting to hurt or kill yourself or others.
- c. If you tell us specific details about committing sexual assault.

Note that we cannot guarantee your confidentiality in a group setting. Please share only what you are comfortable with others knowing, and do not share personal experiences. We ask that other group members maintain confidentiality but cannot guarantee that they will do so.

VIII. This study may not give you any direct benefits. It could, however, benefit other Sailors in the future, because what we learn in this study could help people learn more about stopping sexual assault in the Navy.

IX. If you agree to participate in the individual interview, you will be compensated with a \$40 Amazon gift card for your time.

X. After signing this document, you can change your mind and:

- a. Send an email to Dr. Kristen H. Walter, to inform her of your decision.
- b. If you withdraw the Authorization, you will not be allowed to continue to participate in the research, and you will not receive the \$40 gift card.

XI. Should you be injured as a result of your participation in this study, you will be given medical care for that injury at no cost to you.

- a. Medical care is limited to the care normally allowed for Department of Defense health care beneficiaries (patients eligible for care at military hospitals and clinics).

XII. There are no consequences for deciding to withdraw in the research.

- a. The decision to take part in this research study is completely voluntary on your part.
- XIII.** If you have questions or concerns regarding this research, you can contact the Principal Investigator Dr. Kristen H. Walter at 619-540-4108 (military cell phone).
- XIV.** If you have any questions about your rights as a research subject, or if you have concerns or complaints about the research study, please contact the Naval Health Research Center

Interviewer: Thank you for doing this interview. We are going to start with some general questions, and then review materials that we are hoping to modify to address the topics of alcohol use and nonconsensual sexual experiences among Sailors. We want to make sure that we learn what you like and don't like about the materials that we can make them better.

A. GENERAL INFORMATION ABOUT SUBSTANCE USE, SEXUAL ASSAULT, AND SEXUAL RISK PREVENTION PROGRAMMING

1. What kinds of scenarios come to mind when you think about problematic alcohol use among Sailors?
 - a. Follow up questions: How do Sailors get in trouble with alcohol? What goes wrong?
 - b. What kinds of situations do you think would be most important to address in a training program?
 - c. How do you think that Sailors could be involved in helping other Sailors who are struggling with their alcohol use?
2. What kinds of scenarios come to mind when you think about how nonconsensual sexual experiences happen among Sailors?
 - a. Follow-up questions: How do sexual assaults tend to happen among Sailors?
 - b. How is alcohol a part of these situations?
 - c. What kinds of situations do you think would be most important to talk about in a training program?
 - d. What kinds of skills would Sailors need in order to be able to help another Sailor who appeared to be at risk for being involved in a sexual assault?
3. We want to know about how to prevent harms relating to alcohol use and sexual assault. Can you tell us about the prevention programs that you've had in the military? Specifically: tell me about training programs that you have received in the military for: *(ask for specific details and clarifications if needed)*
 - a. Sexual assault
 - b. Alcohol use
 - c. Bystander intervention
4. What do you think that Sailors take away from these programs (i.e., what specific skills do they learn? In what ways to Sailors make use of the information or apply it?)

5. What do you like about the prevention programming you've had? (*probe to get better understanding of why they liked certain aspects of the program[s]; what did they find helpful, etc...?*)
6. What don't you like? (*probe to get better understanding of why they did not like the specific aspects of the program[s]; what aspects seemed to be not helpful/necessary and why, etc...?*)
7. What do you think Sailors need to know about alcohol use and sexual assault in order to prevent these harms among themselves and their peers? (*follow up with clarifying statements/questions*)

B. KEY CONTENT FOR APPLICATION

Each Content Area:

We will go through each content area and I'd like for you to tell me what you think about each of these content areas.

1. First, tell me, what are you thinking about as you look at this page? (*Prompt for opinions on color, font, font size*)
2. Can you tell me what you are getting from this page? (*ask for clarification as needed to understand the information they are getting and the content*)
3. What do you like about this page? (*prompt for more feedback regarding why they liked certain aspects*)
4. What don't you like about this page? (*ask follow-up questions to discuss concerns*)
5. How can we improve this? (*follow-up with questions about their suggestions and why they think it would be more interesting/helpful to the intervention*)

Additional prompts for follow-up:

- *In what you have seen, to what extent do you think that the materials convey support for victims? Blame for victims?*
- *Do you think anyone might react negatively to this information? If so, how can we improve it?*
- *What concerns do you have about this information?*
- *What do you think about the tone of the information? To what extent will individuals be open to it vs. defensive? What could we do to improve the tone of the material so that individuals are open to hearing it?*
- *To what extent would this be relevant to individuals of varying identities (i.e., race, ethnicity, age, gender). How could it be improved?*
- *To what extent would this be relevant to individuals of different ranks (i.e., JR and SR enlisted, JR and SR Officers)? How could it be improved?*

Great. Thank you for your help. Now, let's take a moment to look at the next content area (*continue to ask similar questions at each page*).

Discussion Probes:

1. What do you think about this intervention program?
2. What do you like about it? (*prompt for more feedback regarding why they liked certain aspects*)
3. What don't you like about it? (*ask follow-up questions to discuss concerns*)
4. Is this something that you would like to use? Do you think this would be useful? Why or why not?
5. Do you think other people will like it? Why or why not?
6. How do you think other Sailors would receive the information presented in this program?
7. How do you think someone who has experienced sexual assault would view this information? Is there any language in here that you are concerned might be blaming the victim?
8. How do you think people who have experienced sexual assault would respond to these materials?
9. How do you think Sailors would view this information? In what ways do you think they'd be receptive? In what ways do you think they'd be defensive?
10. Do you feel that this program is inclusive?
11. Do you think other people will use it? Why or why not?
12. How can we improve this program to make it more useful/helpful for Sailors like you?
13. How does this compare to other trainings you have done/Sailors do? Do you like it more/less? Why so?

CFIR Relevant questions:

Evidence Strength & Quality

1. What kind of information or evidence are you aware of that shows whether or not the intervention would work in your setting?

Relative Advantage

Coding between Tension for Change, Relative Advantage, and Needs and Resources of Those Served by the Organization will be nuanced but here are some general guidelines:

- *Tension for Change:*
Statements that demonstrate a strong need for the intervention and/or that the current situation is untenable.
- *Relative Advantage:*
Statements that demonstrate the intervention is better (or worse) than existing programs.

- *Needs and Resources:*
Statements regarding specific needs of individuals that demonstrate a need for the intervention, but do not necessarily represent a strong need or an untenable status quo.
1. How does the intervention compare to other similar existing programs in your setting?
 - o What advantages does the intervention have compared to existing programs?
 - o What disadvantages does the intervention have compared to existing programs?
 2. How does the intervention compare to other alternatives that may have been considered or that you know about?
 - o What advantages does the intervention have compared to these other programs?
 - o What disadvantages does the intervention have compared to these other programs?
 3. Is there another intervention that people would rather implement?
 - o Can you describe that intervention?
 - o Why would people prefer the alternative?

Adaptability

1. What kinds of changes or alterations do you think you will need to make to the intervention so it will work effectively in your setting?
2. Are there components that should not be altered?
 - o Which ones should not be altered?

Complexity

- *This construct addresses the complexity of the intervention, not the complexity of the implementation. Challenges related to implementation should be coded to the appropriate CFIR code, e.g. challenges with engaging staff should be coded to Engaging: Key Stakeholders or challenges related to making the intervention a priority for leadership should be (double) coded to Leadership Engagement and Relative Priority.*
1. How complicated is the intervention?
 - o Please consider the following aspects of the intervention: duration, scope, intricacy and number of steps involved and whether the intervention reflects a clear departure from previous practices.

Design Quality & Packaging

1. What is your perception of the quality of the supporting materials, packaging, and bundling of the intervention for implementation?
 - o Why?
2. What supports, such as online resources, marketing materials, or a toolkit, might need to be available to help you implement and use the intervention?

Patient Needs & Resources

Coding between Tension for Change, Relative Advantage, and Needs and Resources of Those Served by the Organization will be nuanced but here are some general guidelines:

- *Tension for Change:*
Statements that demonstrate a strong need for the intervention and/or that the current situation is untenable.
 - *Relative Advantage:*
Statements that demonstrate the intervention is better (or worse) than existing programs.
 - *Needs and Resources:*
Statements regarding specific needs of individuals that demonstrate a need for the intervention, but do not necessarily represent a strong need or an untenable status quo.
1. To what extent were the needs and preferences of the individuals served by your organization considered when deciding to implement the intervention?
 - o Can you describe specific examples?
 - o Will the intervention be altered to meet their needs and preferences?
 2. How well do you think the intervention will meet the needs of the individuals served by your organization?
 - o In what ways will the intervention meet their needs? E.g. improved access to services? Reduced wait times? Help with self-management? Reduced travel time and expense?
 3. How do you think the individuals served by your organization will respond to the intervention?
 4. What barriers will the individuals served by your organization face to participating in the intervention?

For stakeholders:

External Policies & Incentives

- *In an organizational setting, external policies and incentives may include clinical performance measures and pay for performance, where as in an education setting, this may include standardized testing performance measures and funding allocation.*
1. What kind of Department of Defense, or other local, state, or national performance measures, policies, regulations, or guidelines might influence the decision to implement this kind of intervention?
 - o How would the intervention affect your organization's ability to meet these measures, policies, regulations, or guidelines?