

**Semi-Structured Interview Guide:
Leader Assessment of the DoD's Toolkit for Managing Suicide-Related Events**

AGENCY DISCLOSURE NOTICE

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Sections

- 1. Introduction**
- 2. Details Regarding Suicide-Related Event(s)**
- 3. Lessons Learned and Recommendations**
- 4. DSPO Toolkit**
- 5. Reintegration Experience**
- 6. Clusters**
- 7. Wrapping Up**

[Note: We will not ask all the questions below. We anticipate asking a portion of the questions based on time limitations (e.g., 'optional questions' may not be asked.)]

Section 1: Introduction

"Welcome and thank you for participating in today's interview. My name is [NAME] and I am [INSERT ROLE]. We are conducting this interview to gather information to support military leaders' when suicide-related events occur in their units. We are defining suicide-related events to mean when someone has died by suicide, or when a unit member has attempted suicide or expressed severe enough thoughts of suicide that they were hospitalized. I am going to ask questions about your experiences in your role as a leader after a suicide-related event. If you have more than one experience, I would like you to focus on the most recent event that happened in your unit."

"There are terms that you will hear throughout this interview. Postvention is "any activity following a suicide that promotes recovery and healing among those affected by the death. Postvention can help prevent any negative effects of suicide exposure, such as complicated grief

and suicide contagion.” An easy way to think about “postvention activities” would be all the things that are done to support those impacted by a death by suicide. Postvention activities could be the support provided to peers and unit members, and the support provided to families.”

“Another term is “reintegration.” When I say “reintegration” I am talking about when a service member returns to duty after they have gotten care for a suicide attempt or suicidal thoughts.”

“I would like to emphasize that, in this interview, we want to focus on you in your role as a leader. Your perspective can help other leaders in the future. We are not focused on specific details about the suicide related event itself, so please do not include names or identifying details of others involved in these situations. Instead, we are focused on your experience in the role of leader.”

“I would like to request your consent to record this interview. Audio recordings will help us review information gathered during this interview process. Recordings of the interviews will be saved and stored in secure files accessible only to project staff. The interviews will be transcribed and any identifying information about individuals or units will be deleted. After this transcription occurs, the audio files will also be deleted. This deletion will happen no later than 2 years from now. If you consent to having this interview recorded, you may choose to stop or pause recording at any time throughout the interview.”

“The information sheet was shared with you via email. It is yours to keep.” [Facilitator Note: Information sheet shared via initial email as part of setting up interview time.]

1. Do you give us permission to record this interview?
[If no – thank them for time and end interview]
[If yes – continue with next question]
2. Do you give permission for your interview responses to be used for future research purposes?
[Note their response – yes or no]

[Facilitator Note: Begin recording if participant provides verbal consent.]

3. Let’s start with a brief set of background questions.
 - a. How long have you been in the military?
 - b. What is your age?

[Facilitator Note: Note rank, branch, gender]

Section 2: Details Regarding Suicide-Related Event(s)

“In this first section, I am going to ask you some quick questions about events you have experiences to help guide the rest of the interview. The focus of this section is on the role you played as a leader during postvention and reintegration activities.”

1. Have you been in a unit where somebody has died by suicide?
[If no – move to question 2]
[If yes]
 - a. What role did you play as a leader in providing support to service members in your unit or their family?
2. Have you been in a unit where somebody attempted suicide?
[If no – move to question 3]
[If yes]
 - a. What role did you play as a leader in providing support to that service member, the unit, and the family?
3. How many different events have you experienced as a leader in the past 4 to 5 years?

[Facilitator Note: If someone answered “no” to both question 1 and 2, thank them for time and end interview.]

[Facilitator Note: If someone indicated multiple events ask them to focus on the most recent event for the following questions.]

Section 3: Lessons Learned and Recommendations

“I’d now like to ask you about any lessons learned or recommendations you may have about the role of leaders in managing postvention activities following a death by suicide or attempted suicide. In a later section, I will ask you about your experiences with reintegrating Service members after an attempt or hospitalization.”

1. The postvention period can be a complex time for leaders. In thinking about your response as a leader overall, what do you feel best about? *[Facilitator Note: We are trying to find out what leaders feel like they did well, or right.]*
2. What were the challenges you encountered? *[Optional Prompt: What did you find the hardest?]*
3. How would you describe the climate in your unit following the suicide or attempted suicide?
 - a. How did you handle the unit’s response? *[Optional Prompt: What actions did you take as a result of the unit’s response?]*
4. What specific procedures or tasks following the suicide or attempted suicide were you responsible for at your level of leadership?
5. Are there specific procedures or tasks following the suicide or attempted suicide that

- were especially stressful or taxing for you?
- a. What made these procedures or tasks particularly stressful?
 - b. Do you think there are ways to make these procedures or tasks less stressful?
[Optional Prompts: more support, a team approach, clearer language in the guidelines, more preparation beforehand, etc.]
6. Did you receive effective guidance and support while you were completing procedures and tasks associated with the suicide postvention response?
- a. What are the areas in which you would have liked more guidance or support?
7. Besides managing these procedures or tasks, some leaders end up working directly with family members. Did you have any contact with a family member following the suicide or attempted suicide?
- [If no, skip to next question]*
[If yes]
- i. How did the family respond?
 - ii. Some leaders have mentioned that talking with families is emotionally hard to do. How was it for you? *[Optional Prompt: To what degree did you feel prepared to have conversations with the family?]*
 - iii. Did you receive guidance or training on how to interact with family members in these situations?
8. *[Optional Question]* From your perspective as a leader, who was the person who gave you the best support and assistance?
9. Did you coordinate with any special staff or advisors such as behavioral health or the chaplain in managing the aftermath?
10. *[Optional Question]* What role, if any, should spouses of leaders have in responding to or supporting the unit after an event?
11. Did you receive any suicide postvention training specific to your role prior to the event?
[Facilitator Note: They all have annual training requirements. This question is about training beyond the standard annual requirement.]
[If yes]
- a. Can you please briefly describe that training? *[Optional Prompts: How useful was it?; What stuck with you?]*
[If no]
 - b. *[Optional Question]* Are you aware of any such programs? *[Optional Prompt: If yes, what are these programs?]*
12. What do you think incoming leaders should know about managing the postvention response following a suicide death or suicide attempt in their unit? *[Optional Prompt: What do you wish you had known?]*

Section 4: DSPO Toolkit

“Thank you for sharing those lessons learned and recommendations. In the next set of

questions, we are going to talk about a specific tool designed for postvention.”

1. Prior to being contacted about this interview, had you ever heard of the Defense Suicide Prevention Office, also known as DSPO?
[If no – move to question 2]
[If yes]
 - a. Have you used any DSPO resources?
[If no – move to question 2]
[If yes]
 - i. What resource did you use?
 - ii. How did you get the resource?
 - iii. What did you think of it? *[Optional Prompt: Was there anything useful?]*
2. Were you familiar with the DSPO “Postvention Toolkit for a Military Suicide Loss” before being contacted about this interview?
[If yes]
 - a. Where did you hear about it?
 - b. Have you used it? *[If yes, move to C]*
 - c. Did you use it before, during, and/or after managing the suicide-related event?
*[Optional Prompt: What do you recommend in terms of the timing?]**[If no]*
 - d. Did you have a chance to review the toolkit we sent prior to this interview?
[If yes, move to sharing toolkit PowerPoint]
[If no]
 - i. What were some of the things that got in the way of you reviewing it?
[Optional Prompt: What would have helped you look at it ahead of time?]

[Facilitator Note: Orient the participant to the toolkit. Screenshare PowerPoint and walk them through the toolkit to give a visual primer for the following questions]

3. Thinking about the toolkit, what would be most helpful for leaders?
 - a. Is there something in what I just shared that you think needs to be better highlighted?
4. What do you think about the content of the toolkit?
 - a. What content do you think is especially helpful?
 - b. What content do you think is not necessarily helpful?
 - c. What content do you think might be missing?
 - d. What do you think about the amount of content? *[Optional Prompts: Too detailed, too broad, just right?]*
5. What do you think about the layout of the toolkit?
 - a. How could it be more user-friendly?
 - b. Is there a way the toolkit could be presented in a more effective way? *[Optional*

Prompts: Bigger font, more/fewer visuals, length]

- c. Is there a better format for providing this information to leaders? *[Optional Prompts: App? Pocket card? Training video?]*
 - d. Is there a better way of disseminating this information *[Optional Prompts: Before taking command? In one of the schoolhouse courses? Should there be formal training in using the toolkit? What would be ways to ensure other leaders know about this toolkit?]*
 - e. Are there other recommendations you have for improving the toolkit? *[Optional Prompts: Should the toolkit be specific to each service? Should it include testimonials?]*
6. Sometimes leaders have so much to juggle it helps to leverage support from subject matter experts. To what extent might it be helpful for leaders to rely on others to be familiar with the toolkit?
- a. Who would you want to be familiar with the toolkit? *[Optional Prompts: unit SME, BHO support, Chaplain support]*
7. Would you recommend this toolkit to other leaders? *[Optional Prompt: What are you taking into consideration as you make this recommendation?]*
8. *[Optional Question]* Have you had to deal with a non-suicide death in your role as a unit leader? If yes, to what degree would the same guidance apply? What additional or other information would be helpful?

Section 5: Reintegration Experience

“We are now going to shift our focus to discussing reintegration of a Service member after a non-lethal suicide-related event. In other words, reintegration covers what happens when a service member returns to their unit after hospitalization for suicidal thoughts or a suicide attempt. The reintegration process includes how the Service member is made to feel supported and connected, not just in terms of their medical needs, but also in terms of their duties and relationship with their team.”

1. Do you have experience reintegrating a unit member?
[If no – move to question 2]
[If yes]
 - a. Could you please briefly describe that experience? *[Optional Prompts: What was it like?; How did the reintegration experience go?]* *[Facilitator Note: We do not need details about the person being reintegrated.]*
 - b. What specific procedures or tasks were you responsible for at your level of leadership?
 - c. What was your attitude toward reintegrating the service member? *[Optional Prompt: Was there anything especially stressful for you?]*
 - d. How did the unit respond to reintegration? How would you describe the climate

- in your unit following reintegration? *[Optional Prompt: How did you handle the unit's response?]*
- e. How did the service member respond to reintegration?
 - f. What helped make the reintegration process go better? *[Optional Prompt: What did you feel best about?]*
 - g. What were challenges you encountered during the reintegration process? *[Optional Prompt: What made the reintegration process more difficult?]*
 - h. What are areas in which you would have liked more guidance or support? *[Optional Prompt: Is there information or resources you wish you had had to help you manage reintegration?]*
2. Have you received any specific guidance or training regarding reintegration?
 3. *[Optional Question]* What guidance do you think leaders need to have about reintegration?
 - a. *[Optional Question]* What's the best way to deliver this guidance?
 4. *[Optional Question]* What guidance do you think unit members need to have about reintegration?
 - a. *[Optional Question]* What's the best way to deliver this guidance?
 5. *[Optional Question]* Have you had to deal with integrating a service member back into their unit following serious illness or injury (that was not related to a suicide attempt). If yes, to what degree would the same guidance apply? What additional or other information would be helpful?

Section 6: Clusters

"The next questions are about suicide clusters. In this interview, a suicide cluster is defined as a group of suicides or suicide attempts that occur closer together in time than would normally be expected in a given community. In other words, a cluster is when there are multiple deaths by suicide or suicide attempts happening in one community around the same time."

[Facilitator Note: If the participant asks for clarification regarding the time span, clarify that a cluster can occur within a six-month time span. If the participant asks, clarify that suicidal ideation can be included in the definition of a cluster.]

1. Do you have experience managing a suicide-related cluster as a leader?
[If no – move to question 2]
[If yes]
 - a. Could you please briefly describe that experience? *[Facilitator Note: We do not need details about the individuals in the cluster.]*
 - b. What were some of the barriers or challenges in dealing with the cluster?
[Optional Prompts: was there media coverage, were leaders blamed, was there an impact on unit readiness]

- c. What helped you manage this situation? *[Optional Prompts: were there procedures to follow, did BH providers and chaplains help you]*
 - d. What information or resources do you wish you had had to help you manage the suicide-related cluster?
2. Have you received any specific guidance or training regarding suicide clusters?
3. *[Optional Question]* What guidance do you think leaders need to have about clusters?
 - a. *[Optional Question]* What's the best way to deliver this guidance?
4. *[Optional Question]* What guidance do you think unit members need to have about clusters?
 - a. *[Optional Question]* What's the best way to deliver this guidance?

Section 7: Wrapping Up

"Thank you for your responses to all the questions today. Now we are going to shift to thinking about postvention as a whole."

1. What's the most important thing DSPO should know about postvention from your perspective as a leader? *[Optional Prompt: What do you want DSPO to know?]*
2. *[Optional Question]* Thinking about what we've talked about, what are the biggest opportunities for the Department of Defense when it comes to improving postvention and reintegration responses? *[Optional Prompt: What would you prioritize?]*

"Thank you very much for your time. If you are interested in seeing final results of this project, you can contact DSPO with the contact information provided in the information sheet. We anticipate having results in 2025. Again, thank you. Your responses will help us create better information for leaders to navigate postvention in the future."