

DISCUSSION PROTOCOL 4

LEADERS DP4

Required Materials:

OFR POC Sheet
Resource POC Sheet
Figure 5 – Spectrum of Participation
Leader Survey (QR code, link, and/or paper version)
Pens (if using paper surveys)

Audience: O3-O4 Men; O3-O4 Women; W3-W4 Men; W3-W4 Women (Also use for any O5-O6 or W5 personnel not in command positions)

Guidance to data collectors: Count the number of personnel in the room and tell the note-taker. Annotate the count in Question 1 response box.

Each question corresponds to specific data elements and specific sub-dimensions, which are listed in the boxes to the left.

—START—

DIMENSION 1: PROTECTIVE ENVIRONMENT – PRIORITY

As we mentioned in our introduction, our focus today is on a range of harmful behaviors, including suicide, alcohol misuse, discrimination, sexual assault and harassment, child abuse and neglect, and domestic abuse. First, we would like to talk about how Service members here work together to build a protective environment and healthy climate. A protective environment is one that reduces the effects of stressful life events and increases the ability of Service members to avoid risks and promote healthy behaviors to thrive in all aspects of life.

1.1

1. Does your leadership have any strategies or vision for addressing harmful behaviors such as sexual assault, harassment, discrimination, alcohol misuse, child abuse and neglect, domestic abuse, and suicide? By leadership, we mean the unit or installation commander to whom you report.
 - a. *IF NO:* Proceed to next question.
 - b. *IF YES:*
 - What can you tell us about their strategy or vision?
 - How has your leadership communicated this strategy or vision? How often does your leadership talk to you about having a safe and healthy environment?

1.2.1

2. What tools or reports do you have that allow you to monitor and track harmful behaviors amongst your personnel that help you understand the climate in which

they work and live? For example, indicators of climate might include Service members regularly missing work, disciplinary reports, complaints, or attrition rates. Indicators of harmful behaviors might include assault, harassment, discrimination, bullying, child abuse and neglect, domestic abuse, substance abuse, and suicide. Do you have a method to track these indicators and behaviors? These methods can be for anybody: Service members, Department of Defense (DoD) civilians, military families, or others.

1.3.1

3. Do you motivate Service members and staff to help maintain positive behaviors? How do you encourage them to intervene against harmful behaviors like sexual assault, child abuse and neglect, domestic abuse, discrimination, substance abuse, suicidal thoughts, etc.?
 - a. *IF NO*: Proceed to next question.
 - b. *IF YES*: How do you do this? Are there any reinforcement mechanisms in place? (Examples: Rewarding them with verbal praise, time off, awards, etc. when they promote positive behaviors/intervene. Or, correcting Service members that fail to maintain a safe and healthy environment (e.g., extra duty, counseling).)

1.3.1

4. How much do the following affect your standing with leadership or impact a Service member's chance of being selected for a leadership position?
 - a. Intervening with a peer struggling with a serious problem like alcohol misuse or suicidal thoughts? Or, intervening when you see a peer acting inappropriately, such as telling offensive jokes?
 - b. Do you talk about maintaining a safe and protective environment during performance evaluations?

DIMENSION 2: INTEGRATED PREVENTION – PRIORITY

Next, we're going to ask some questions about what prevention efforts are underway here. Prevention includes stopping self-directed and other-directed harms BEFORE they occur or, in other words, getting out in front of potential problems. In responding, be sure to include ways that you use statistics, programs, or support groups to implement preventive measures. [*INTERVIEWERS*: Give them a couple of seconds to process the question.]

2.3.1

5. Do you track the outcomes of any prevention efforts in order to improve prevention planning and decision-making?
 - a. *IF YES*: Which ones? How do you use the data to improve prevention planning? How do you know if your programs are effective?
 - b. *IF NO*: Does someone else do that? Who?

2.4.1

6. How do you communicate the importance of prevention efforts to your subordinates? These include programs, events, or any services offered here.

DIMENSION 5: INTEGRATED PREVENTION – PREPARATION

5.4.1

7. When there is turnover in people working to prevent the harmful behaviors we just discussed, is there sufficient overlap to allow the needed transition of duties? Or is there a gap in filling that role?

5.4.2

- a. When there is turnover in prevention positions, has the quantity and quality of prevention work remained the same? Or have you noticed a decline? If so, why do you think that is happening?

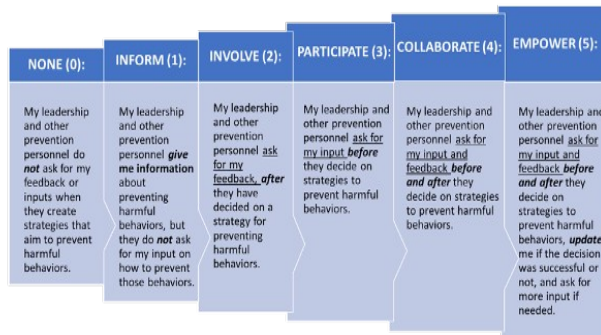
DIMENSION 9: STAKEHOLDER ENGAGEMENT – IMPLEMENTATION

Next, I would like to hear how Service member input is used to inform prevention activities (not all activities – just prevention activities) to address interpersonal violence, substance abuse, sexual assault, harassment, discrimination, suicide, or other harmful behaviors. For example, how is their input used to develop education efforts on prevention resources or to drive improvements in command climate?

9.1

8. Using this handout and thinking about all the efforts here to prevent Service members from dying by suicide; misusing alcohol; assaulting, harassing, discriminating against, or bullying others; and engaging in other forms of interpersonal violence, where do you think they fall on this scale?
- a. Can you explain why you selected this?

Figure 5. Spectrum of Participation



IF NEEDED:

- b. What are some ways that input is solicited? When does this happen?
- c. Can you provide an example of when stakeholder feedback was used to improve prevention or future prevention efforts?
- d. Are Service members informed about why their input was or was not used?
- e. Are all relevant groups of Service members able to share their views? Why or why not? What groups are not represented?

DIMENSION 3: STAKEHOLDER ENGAGEMENT – PRIORITY

3.1.1

9. How do you integrate the feedback of Service members when setting prevention priorities?

3.1.2

10. How do you express how valuable your subordinates' feedback is to combat negative behavior and other issues seen at your unit or installation?

3.2.1 &
3.2.2

11. Similar to receiving rewards for maintaining a healthy and safe environment, have you or anyone you know been credited or rewarded for providing opinions and/or feedback that might have helped change policies?
- a. How have you seen your or others' feedback make a difference in promoting a healthy environment? (e.g., Was your feedback acted on? If so, how?)
12. How do Service members typically access support services related to harmful behaviors? Are there any issues or concerns that you have regarding access to support services?
13. Is there anything else important that you'd like us to be aware of or consider as it pertains to how harm to self or others is prevented or addressed within your unit or across your installation?

CONCLUSION/TRANSITION TO LEADER SURVEY

[DISPLAY QR CODE/SURVEY LINK TO **LEADER SURVEY** OR BEGIN PASSING OUT PAPER COPY AND PENS TO EACH PARTICIPANT.]

Before you leave, we would like to ask you to take about 5-8 minutes to complete a very short survey. The survey is anonymous. [*IF COMPLETING ON PAPER*: Please do not put your name on it.] We will NOT be looking at your individual responses. There are NO right or wrong answers to the survey, so please just respond based on your view. If you could please complete the survey before you leave today, that would be much appreciated. [*IF COMPLETING ON PAPER*: Please place your completed survey in this envelope.]

Thank you very much for spending time with us today and answering our questions. The information you provided is extremely valuable and useful to us.