

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Provider, Veteran, and Family Perspectives on Family Education in Veterans Affairs Community-Based Outpatient Facilities

Sherman, M. D., & Fischer, E. P. (2012). Provider, veteran, and family perspectives on family education in Veterans Affairs community-based outpatient facilities. *Psychological Services, 9*(1), 89-100. doi:10.1037/a0027103

SUMMARY: Focus group and interview data were utilized to examine perceptions of the benefits, feasibility, barriers and logistical considerations of implementing a family education program (SAFE: Support And Family Education) in rural outpatient clinics (CBOCs). The SAFE program focuses on the understanding of mental illness/posttraumatic stress disorder (PTSD) and coping strategies. Results indicate that although logistical concerns (e.g., childcare) and lack of training were seen as barriers, Veterans, their family members (spouses or parents), and service providers (psychologists or social workers) endorsed family education programs.

KEY FINDINGS:

- Veterans, their family members, and service providers all strongly endorsed education programs for family members of Veterans with mental illness/PTSD.
- Family members and Veterans stressed the importance of programs to help children and adolescents understand mental illness. They identified the lack of child care, travel cost, time commitment, and Veterans fear of disclosure by family members as barriers to participation in family programs.
- Service providers expressed a need for more training in family education and the need for administrative support in order to implement family programs (i.e., scheduled time for training and facilities to hold meetings).

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Offer online or telephone-based programming to meet the needs of military families living in rural communities
- Provide education to military children and adolescents about mental health issues Service members may experience
- Offer concurrent groups for children and for Service members and families to provide more family-oriented programming

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend that service providers working with military families receive additional training before implementing family education programs
- Continue to support research focused on evaluating the effectiveness of family education programs for military families
- Continue to support childcare services to help remove some barriers to participation in services and programs.

This product is the result of a partnership funded by the Department of Defense between the Office of Military Community and Family Policy and the USDA's National Institute of Food and Agriculture through a grant/cooperative agreement with The University of Minnesota.



Putting Research to Work for Military Families



METHODS

- Semi-structured interviews were conducted in the context of separate focus groups with Veterans and their family members. Individual interviews were conducted with service providers.
- Service providers were purposely selected from two CBOCs affiliated with the Oklahoma City VAMC, and Veterans and family members were recruited from three sites CBOCs of the VAMC.
- To be eligible, Veterans had to have a mental health diagnosis, be receiving mental health services, live 90 miles from Oklahoma City, and have a family member willing to participate in the study.

PARTICIPANTS

- The participants in the study included 26 Veterans and 23 family members (20 wives or live in female partners, one husband, one parent, one adult child).
- Both Veterans and family members were mostly middle-aged (69% between the ages of 50 and 69 years) and White (69%). The majority of Veterans were male (96%) and the majority of family members were female (96%).
- Service providers including one psychiatrist, one psychologist, two social workers, and a licensed practical nurse.

LIMITATIONS

- Veterans who participated were primarily from the Vietnam-era; younger Service members may have different barriers to seeking services.
- Lack of diversity in the participants may affect how the findings apply to other groups who may differ in their perceived benefits and barriers to family services.
- Researcher subjectivity may have influenced the findings (i.e. the primary researcher of this study was also the person who developed the SAFE program that was evaluated).

AVENUES FOR FUTURE RESEARCH

Future research could:

- Conduct a similar study with Veterans from more recent conflicts (i.e., Iraq and Afghanistan) as they may differ due to their age and family composition (i.e., have more minor children at home)
- Assess family education needs of Service members and their families who are not currently receiving mental health services
- Continue to evaluate the effectiveness of family education programs, like SAFE, with military families

ASSESSING RESEARCH THAT WORKS



For more information about the Assessing Research that Works rating scale visit:
<https://reachmilitaryfamilies.umn.edu/content/assessing-research-that-works>