

## **Program Satisfaction**

The extent to which this program meets the participants' needs is assessed on an ongoing basis. Modifications are made to the program based on participants' feedback.

### Attendance

The number of participants in attendance in the first 8 years of the program ranged from 4 to 25, with an average of 10-12 people per session in recent months. Some family members attend every session, but others attend when their schedule permits or when they are especially interested in the session topic. Some participants live several hours away, so transportation and weather conditions have also been important factors. Some family members have anecdotally reported that their loved ones have discouraged them from attending the program because of paranoia or other fears. As awareness of the program has increased, the number of participants has grown considerably.

### Development of Group Cohesion

Even though the program meets once a month and participants differ each session, group cohesion develops quickly among family members. Participants freely provide support to one another during sessions, and some have exchanged telephone numbers and met socially outside the group. Given the sense of isolation that many family members feel, they likely bond quickly to one another out of shared experiences and high levels of need for identification and support.

### Response from Providers

Providers have responded very well to the availability of the program, and the referral base has expanded to include many different units across the medical center. Several providers have expressed the sentiment that "We should have had this program a long time ago," given the high level of needs of these family members. Many providers have endorsed the program and indicated that the family members who attend the SAFE Program are more involved in their loved one's care, as evidenced by attending appointments with their loved one and calling the provider when problems arise.

### Heterogeneity of Mental Illnesses

A significant question in the development of this program was whether sessions should focus on a specific mental illness or address mental illness more generally. Given the similar needs among family members, the bulk of this program is geared to dealing with mental illness in general (although two sessions focus on the specific diagnoses of PTSD and schizophrenia). This format has worked well, as family members with quite different backgrounds are able to apply the general didactic material to their specific situation and learn from one another. Participants are reminded that each person's situation is unique and has its own set of challenges.

## Satisfaction Questionnaire

At the end of each session, participants complete an anonymous, brief satisfaction questionnaire (see [Handout HH](#)). The measure contains four five-point Likert scale items, one “check all that apply” item, and two open-ended qualitative items.

Based on over 8 years of data (March 1999 through October 2007) collected monthly at the Oklahoma City VAMC, the means for each five-point Likert scale item are (n = 875):

Overall quality of presentation:	4.7
Style of presenter:	4.7
Relevance of topic:	4.6
Amount of new information learned:	4.4
 Overall mean (out of possible 20.0):	 18.4

In response to the item about how the workshop has been helpful, the percentage of participants that indicated that the following needs were met (collapsed across all sessions) included (n = 685):

Received handouts and a list of resources that apply to my situation	92%
Had opportunity to talk to other families who face similar issues	83%
Felt that my role as family is recognized and valued by the VAMC	78%
Had opportunity to ask doctors questions about mental illness	75%
Learned new ideas about how to help my family member	74%
Learned more about the treatments of mental illness	70%
Learned more about the definitions of mental illness	69%
Increased my awareness of various resources at the VAMC	63%
Learned more about the causes of mental illness	61%
Increased my awareness of community resources (e.g., NAMI)	45%