

# **NAMICon 2020**

A Virtual Event • July 13-14

**Together Toward Tomorrow**

# Effective Education for the Families of Veterans

## Anita Herron

Manager, National Education Programs, NAMI

## Lisa Dixon, M.D., MPH

Edna L. Edison Professor of Psychiatry, New York State Psychiatric Institute  
Columbia Univ Vagelos College of Physicians and Surgeons and New York-Presbyterian  
Director, Div. of Behavioral Health Services and Policy Research & Ctr for Practice Innovations

## Suzanne Robinson, MSW

Director, National Education Programs, NAMI

## **NAMICon 2020**

A Virtual Event • July 13-14

**Together Toward Tomorrow**



# Hidden Heroes: America's Military Caregivers

RAND Corporation Study, 2014

## In the United States today:

- There are an estimated 5.5 million military caregivers
- Nearly 20% (1.1 million) are caring for someone who served after the terrorist attacks of September 11, 2001
- Post-9/11 military caregivers are:
  - Younger (40% are between ages 18 and 30)
  - Caring for an individual with a mental health or substance use condition
  - Nonwhite
  - A Veteran of military service
  - Employed
  - Not connected to a support network



**NAMICon 2020**



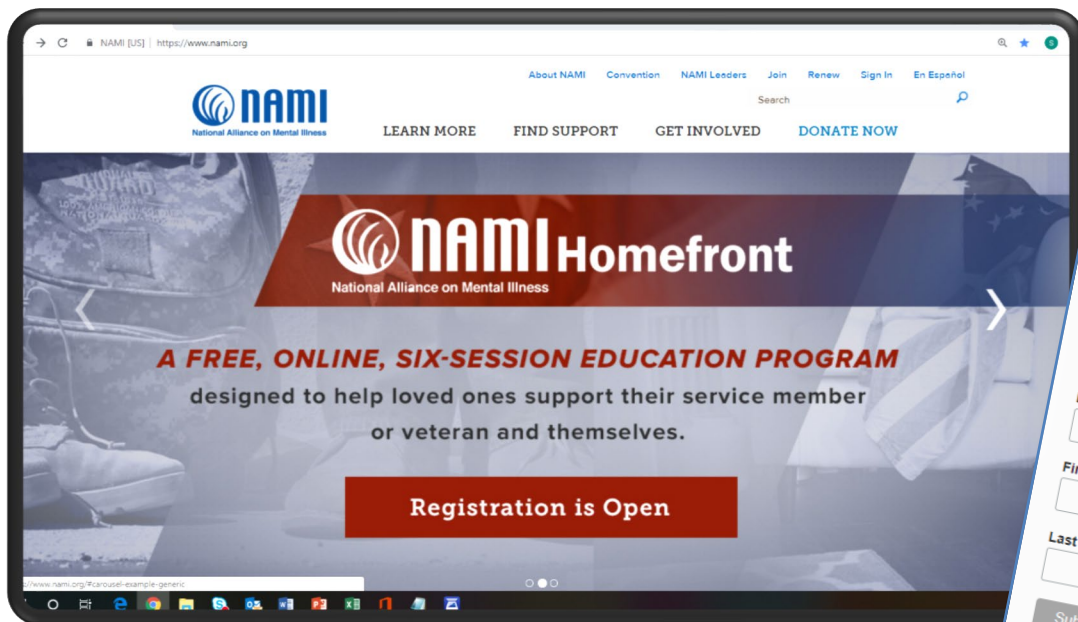
# **NAMI** Homefront

National Alliance on Mental Illness

“ Learning as a family member will allow me to deal with my Dad’s suicide and help my family cope. Learning as a Service Member and with a mental illness, hopefully I will be able to help my wife and family deal with what goes on with me. The training was so helpful! I appreciate the time and effort that went into this class. It was well worth the time. ”



**NAMICon 2020**



**Sign Up For A Class**

Find the **NAMI Homefront nearest to you**. If a class isn't available, **contact your local NAMI Affiliate** about starting one or take NAMI Homefront Online.

**NAMI Homefront is offered online!** We understand that attending an in-person class can be difficult for busy individuals and families. We now offer NAMI Homefront Online. Online classes meet weekly in a virtual classroom, so participants experience the same level of interaction and learning as traditional in-person classes.

**Sign up to receive registration information for NAMI Homefront Online**

Email Address

First Name

Last Name



**NAMICon 2020**

▼ Hosts (1)  
NAMI Homefront Mountain  
▶ Presenters (0)  
▶ Participants (0)

Main Chat (Everyone)

# Welcome to NAMI Homefront

While you wait, please take our tour

See who is here

Check your webcam

Want to say hi or need help,  
type in Main Chat

Download files

Answer the question below



Start My Webcam

## Webcam Instructions



Click on **Start My Webcam**

Adobe Flash may prompt you for permission, please **Allow**

A webcam preview will appear, click **Start Sharing**

- Click **Stop** to stop sharing your webcam



# NAMICon 2020

- ❑ NAMI adapted the NAMI Family-to-Family (FTF) program to create NAMI Homefront specifically for military/veteran families.
- ❑ Reduced to 6 sessions
- ❑ Added content specific to military service member/veteran experiences
- ❑ Created online version

# Online Format

- ❑ The curriculum content is identical in both formats
- ❑ The online program is delivered as a live webinar, with teachers using PowerPoint to present material along with lecture
- ❑ The manuals have built-in stopping points for group discussion; online participants may use a microphone to speak, or type in a communal chatbox which teachers narrate
- ❑ For introductions and sharing personal stories, online teachers and participants use webcams
- ❑ Mirroring the in-person format, the online platform also allows splitting into small groups to facilitate participation in skills workshops



**NAMICon 2020**



# Aims

- ❑ Determine if family members or support persons of service members and veterans with mental illness who participate in the NAMI Homefront program experience benefits after 6 weeks.
- ❑ Test whether program benefits extend three months after program completion.
- ❑ Test for differences between in-person and online formats

Haselden M, Brister T, Robinson S, Covell N, Pauselli L, Dixon L. The Effectiveness of the NAMI Homefront Program for Military and Veteran Families: In-person and Online Benefits. Psychiatric Services. <https://www.nami.org/About-Mental-Illness/Research/Research-on-NAMI-Programs>



**NAMICon 2020**

# Design

- ❑ Inclusion criteria: being a family member or support person of a military service member or veteran with mental illness, English speaking, and age 18 years or older
- ❑ Consent obtained online or verbal consent over phone
- ❑ Participants completed online surveys at baseline, post (6 weeks), and follow-up (3 months after completion)
- ❑ Participants enrolled from Mar. 2015 to Oct. 2017



# Recruitment of Participants

- ❑ Program teachers were asked to inform program participants about the study and provide a copy of the study flyer to participants
- ❑ Study participants enrolled from 22 in-person classes (n=63) and 12 online classes (n=56)
- ❑ The average class sizes for in-person and online classes were 8 and 12 participants respectively
- ❑ We estimate a study enrollment rate of approximately 36% for in-person programs, and 50% for online programs



# Sample Characteristics

- ❑ 119 individuals (n=63, 53% in-person; n=56, 47% online) enrolled in the study and completed a baseline questionnaire
  - ❑ 105 (88%) completed a post-program assessment (n=53, 50% in-person; n=52, 50% online)
  - ❑ 99 participants (94% of those who completed a post) completed the three-month follow-up assessment. 48 (48%) were from in-person classes and 51 (52%) were from online classes
- ❑ On average, participants completed 5.48 (SD=1.03) out of six classes
- ❑ Participants were mostly female (n=108, 91%), non-Hispanic white (n=64, 54%), and spouses or partners of the service member/veteran (n=64, 54%)
- ❑ The family members of very few participants were active duty; most relatives were veterans (n=110, 96%)
- ❑ Per participant report, 81 (68%) of the service members or veterans had PTSD, 62 (52%) had depression or anxiety, 25 (21%) had bipolar, 20 (17%) had TBI, 14 (12%) had schizophrenia or schizoaffective, 10 (8%) had problems with substance use, 6 (5%) had a personality disorder, 3 (3%) had attention deficit disorder, and 11 (9%) were unknown or missing

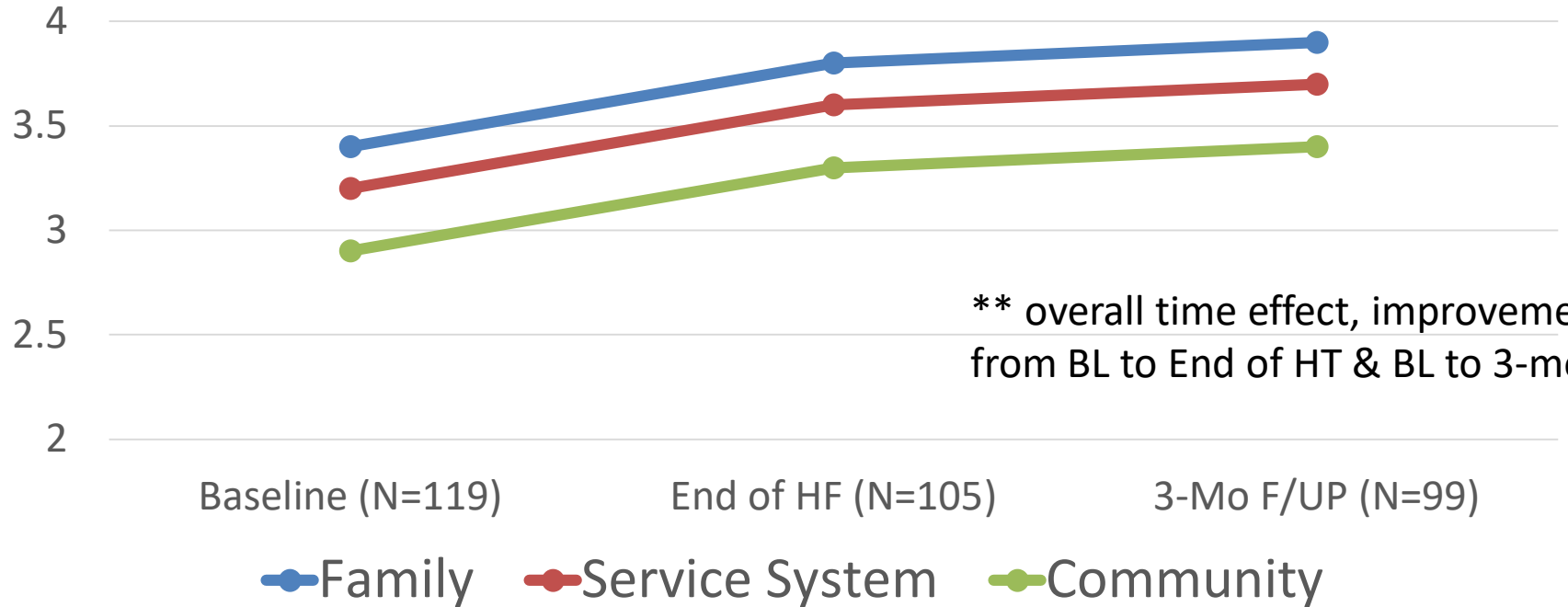


# Results – Consistent with FTF

- ❑ Increased family functioning (FAD General and Problem Solving Scales)
- ❑ Reduced family member distress (BSI Depression and Anxiety)
- ❑ Improved emotion focused coping (COPE Acceptance)
- ❑ Increased empowerment in family, service system, and community
- ❑ Improved knowledge (knowledge scale)
- ❑ Significantly increased positive experience of caregiving



# Family Empowerment Scale\*\*



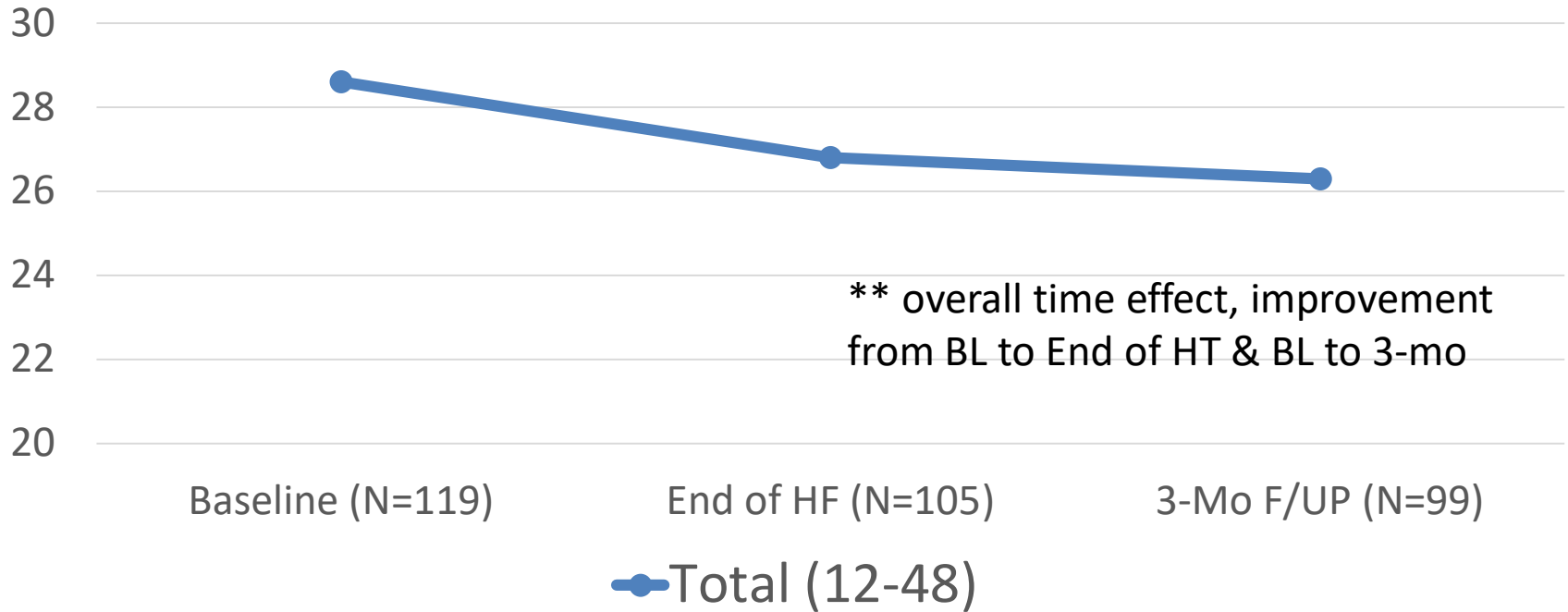
\*\* overall time effect, improvement from BL to End of HT & BL to 3-mo



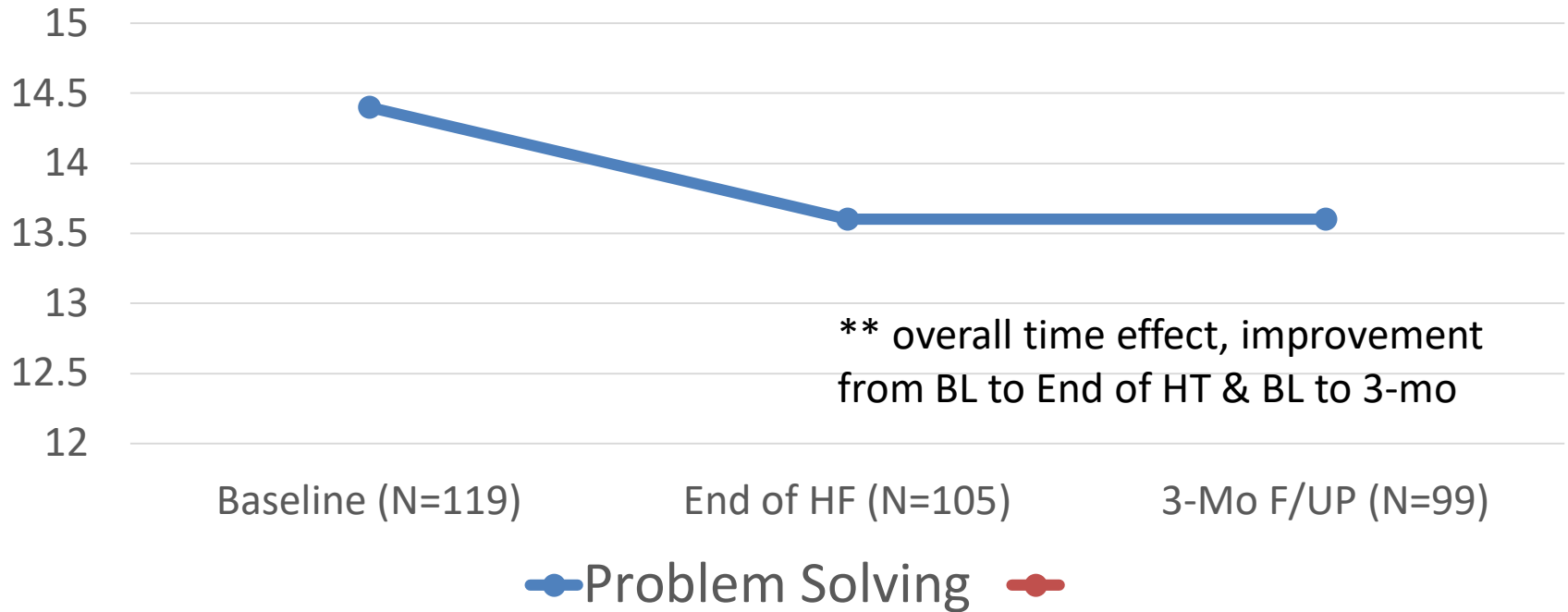
**NAMICon 2020**

Range 1-5

# Family General Functioning (FAD)\*\*

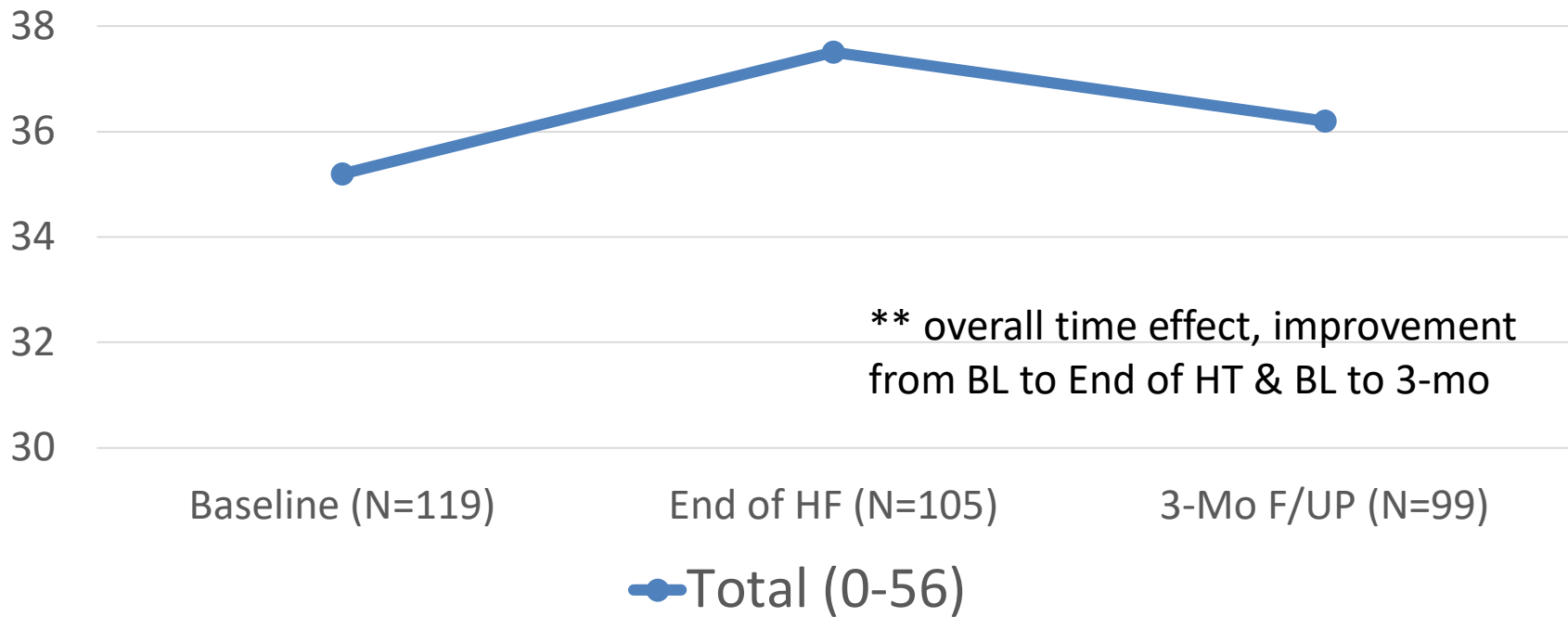


# Family Functioning: Problem Solving (FAD)\*\*



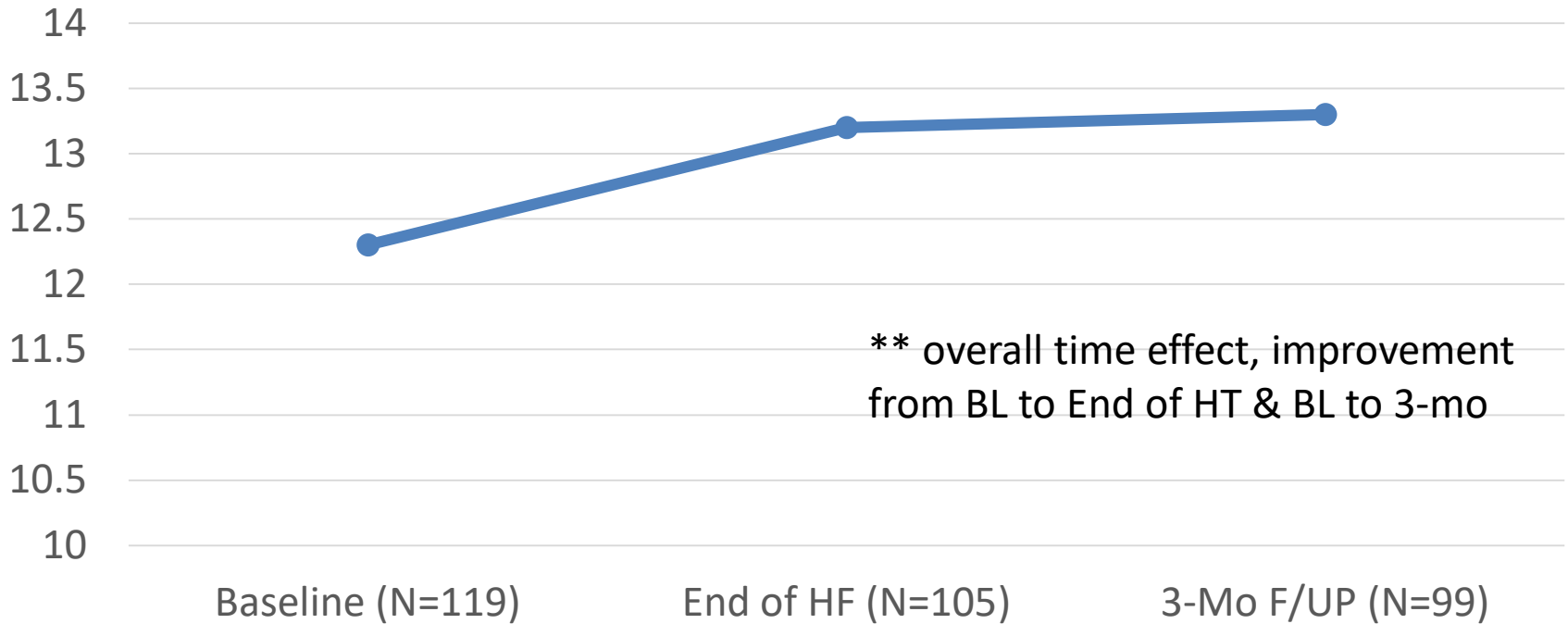


# Experience of Caregiving Inventory: Positive Scale\*\*



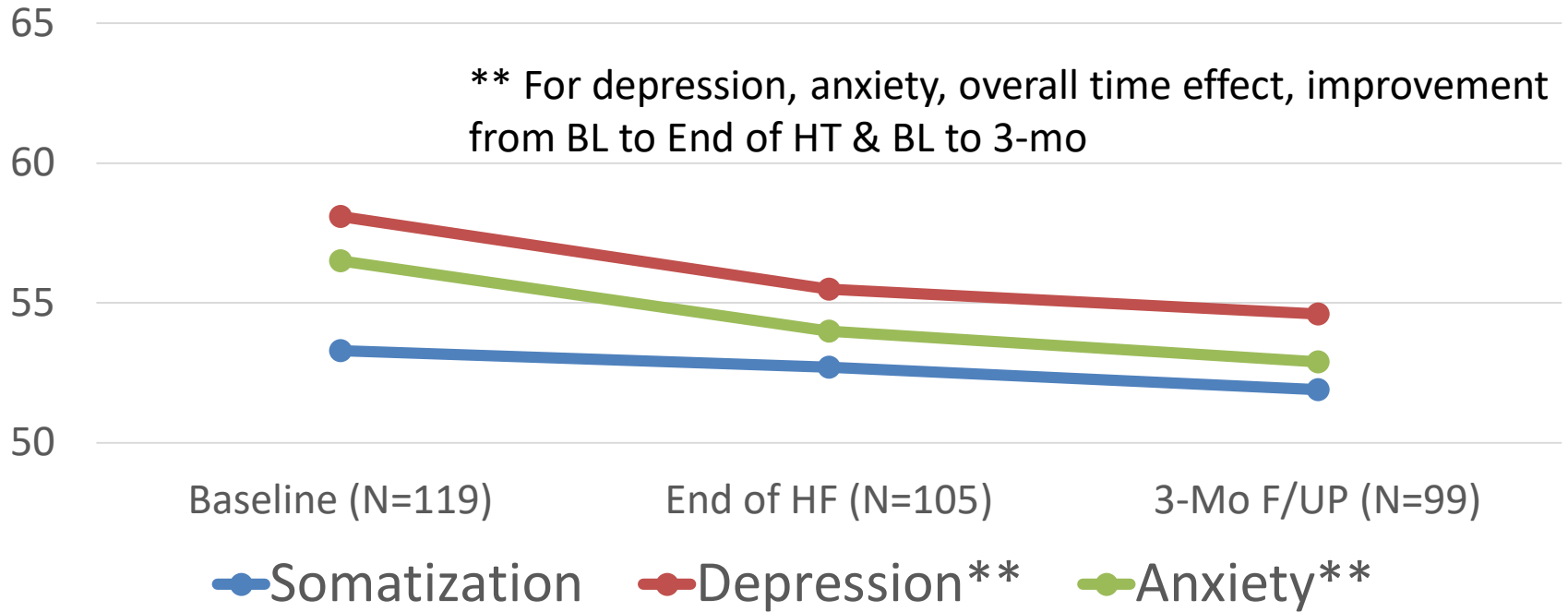
**NAMICon 2020**

# Cope: Acceptance Subscale (4-16)\*\*



**NAMICon 2020**

# Brief Symptom Inventory



**NAMICon 2020**

# Online vs. In-person

- ❑ No statistically significant differences between subsamples
- ❑ Given that our study was not powered to detect small differences between the formats, a larger study is needed to provide more definitive results



# NAMI Homefront vs. FTF Samples

- ❑ Significantly more female
- ❑ More likely to be a spouse (rather than a parent)
- ❑ Less likely to be white
- ❑ Majority of ill family members have PTSD versus bipolar or schizophrenia
- ❑ Homefront group experiencing more distress, less acceptance and more problems with family functioning at baseline assessment; but also
- ❑ More empowerment and less worry than the FTF participants



# Conclusion

This study provides initial data that a six-session peer-taught family education program delivered in-person or online is associated with a range of benefits for family members and support persons of service members and veterans



**NAMICon 2020**

# NAMI Homefront: Qualitative Study

- Participants from quantitative study provided consent to be contacted about a qualitative interview
- Participants of qualitative interviews provided verbal consent over phone
- Teachers also participated in qualitative interviews
- 17 participants were interviewed (10 in-person participants; 7 online participants)
- 17 teachers were interviewed (13 in-person teachers; 4 online teachers)



**NAMICon 2020**

Haselden M, Bloomfield-Clagett B, Robinson S, et al. Qualitative Study of NAMI Homefront Family Support Program [published online ahead of print, 2020 Mar 19]. *Community Ment Health J.* 2020;10.1007/s10597-020-00582-y.  
doi:10.1007/s10597-020-00582-y

# Most Helpful

- Group discussion/feeling not alone
- Instruction on coping skills (communication skills, self-care and crisis planning)
- A focus on veteran-specific information
- Information on mental health diagnoses more broadly (i.e., an overview of the clinical symptoms associated with different mental illnesses)
- Helped cope with the mental health challenges of their veteran—
  - improvement in self-care,
  - improvement in communication skills,
  - greater empathy for their veteran through a better understanding of mental illness
  - feeling less stigmatized about their veteran's mental health issues





# Suggestions for Improvement

- ❑ Lecture-based components of the course contained too much material and that they would have preferred to allow more time for discussion
- ❑ More information on PTSD and navigating the VA
- ❑ Shorten some of information on diagnoses less common in Veterans, particularly schizophrenia



# Course Length

- ❑ Teachers felt that there was too much material to cover in the time allotted--classes often ran overtime to allow for additional discussion. Wanted more classes
- ❑ Some teachers commented that the course length was adequate. They expressed concerns that increasing course length may discourage participants from registering due to the increased time commitment
- ❑ Some students reported that the number of classes was adequate to accommodate the course material, and was already a significant time commitment. Noted that the course might benefit from additional classes, but these should be optional



# Course Format

- Convenience of online class
- Mixed reviews about caliber of group discussion in online class
- Technical difficulties of online class



# Teaching Experience

- ❑ Rewarding experience
- ❑ Course reinforced skills, particularly communication skills and self-care, ultimately helping them to improve their interactions with their own loved ones with mental illness and tolerate stress associated with caregiving
- ❑ Helped them to process their emotions related to caring for their loved one, which could be triggered by material covered in the course
- ❑ Forming connections with their co-instructors valuable



- ❑ Updates to the program since the study
- ❑ Coming in 2021:





# Thank You



**NAMICon 2020**