Appendix E. Program Evaluation

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Program Evaluation can play an important role in the development and maintenance of new programs by providing: (1) valuable feedback, not otherwise available to program developers, and (2) accountability, and therefore legitimacy, to higher-level administrators. It may thus be of value, as we begin to provide services to a new generation of war-zone veterans from the Iraq conflict, to implement program evaluation strategies early in the course of program development.

The strategies employed may vary substantially depending on the availability of data collection resources and the analytic skills and capabilities of staff in the involved clinicians' units. We review program evaluation methods at several levels of intensity that may be appropriate for clinical programs developed to address the as yet unknown psychological adjustment problems of returning veterans of the Iraq war.

At a minimum, statistics should be gathered on the numbers of veterans presenting for services, the dates of their initial request for help, the dates of their first contact, the total number of contacts and the dates of their final contact. With such basic data on access and continuity of care it is possible to identify problems in providing services in a timely manner or with premature termination – either of which could potentially signal unacceptability or ineffectiveness of the treatment regimen being offered.

A second level of program evaluation, that would also require only limited resources, is to conduct satisfaction surveys. It is possible to obtain standard satisfaction measures such as the Client Satisfaction Questionnaire (Attkisson & Greenfield, 1996) which has versions ranging from 8 to 30 items and can be administered either at a standard, fixed point in treatment, for example after one month, or at the time of termination. Such a questionnaire will allow assessment of whether veterans who terminate early were dissatisfied in specific ways with their treatment and whether those who completed treatment felt they had been well served.

A third level of assessment would require additional resources and analysis but would yield also a richer set of information. At this third level specific questionnaires would be administered to document the sociodemographic characteristics, military history, and clinical characteristics of patients when they enter treatment. Through the use of such measures it would be possible to: (1) obtain more detailed information on the status and needs of veterans being served, (2) compare them with other veterans who are being treated with PTSD, such as those reported in the Long Journey Home Series (Fontana et al., 2001), and (3) to link these data with satisfaction and continuity data as described above. Thus it would be possible to identify which kinds of veterans in particular are least satisfied with treatment or are most prone to early drop-out, and therefore whose treatment needs the most intensive attention.

The fourth level of program evaluation involves the collection of periodic outcome data in addition to base-line intake data. Forms similar to those used in the base-line assessment can be administered at follow-up, either at regular intervals such as at 4, 8 and 12 months after entry into outpatient treatment (Rosenheck et al., 1996), or at the time of conclusion of inpatient treatment, or both (Fontana & Rosenheck, 1997). Such data would allow one to determine the amount of improvement observed with the treatment in question, as well as to identify subgroups of veterans

for whom treatment is either especially effective or problematic and for whom new treatment modalities may need to be implemented or developed. The more intensive levels of program evaluation, while yielding the most useful information, also require the most extensive resources, especially in staff time to administer and collate the data, but also in terms of the analytic skills needed to make full use of the data. A set of PTSD evaluation forms for inpatient treatment is currently being used to evaluate specialized intensive VA PTSD programs and is available from the Northeast Program Evaluation Center. Another set of PTSD evaluation forms, appropriate for outpatient clinic use, is being developed by the Northeast Program Evaluation Center and the National Center for PTSD and other VA colleagues and current drafts could be made available to interested VA staff.

The Northeast Program Evaluation Center is happy to work with sites to identify the evaluation strategy most appropriate for them, to identify benchmark data from other VA program evaluations that can be used to compare data from these new service interventions, and to provide analytic consultation and support in making use of program evaluation as a tool for program improvement and performance monitoring.

References

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