



Depression Prevention in Military Spouses: Determining, Implementing, Preventing, Evaluating

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Significance

The spouses of deployed United States Service Members are at risk for the development of depression, both during the deployment, and after the return of the service member. "During deployment, the spouse must temporarily assume the role of a single parent . . . Deployment stress may tax the spouse's resources and can trigger or exacerbate mental health problems such as depression and anxiety" (Verdeli, 2011, p. 489). The US Department of Veteran Affairs will implement a program per our project to prevent the development of depression in this at risk population and enhance the functioning of Military Families. Increasing the functionality of Military Families could lead to reduced stress on military service members and allow them to function better in the adverse environments to which they deploy.

J.H.

Assessment, Diagnosis, and Planning

Assessment

The community is assessed to determine social problems that affect the quality of life of the community and its members. Surveys and community forums will be used for the assessment of the army base community. During assessment the strengths, weaknesses, and resources will be determined. The community is also assessed for specific health issues and the behavioral and environmental factors contributing to the health needs (Pender, Murdaugh, & Parsons, 2011). Thirdly, the assessment focuses on environmental factors beyond individuals' control that are influencing their health outcomes (Pender, Murdaugh, & Parsons, 2011). For the assessment in this scenario, the population that is affected are the spouses of military members who are deployed or are going to be deployed.

Diagnosis

The diagnosis that is most prevalent in the assessed population is depression related to deployment for which it is identified that the FOCUS intervention would be most appropriate for the given population. The committee involved in the planning will then determine the predisposing factors, enabling factors, and reinforcing factors (Pender, Murdaugh, & Parsons, 2011). After ascertaining the aforementioned factors it is necessary to determine resources, budget allocation, organizational barriers and coordination of the program within the community. This intervention, as it is specific to a special population will be implemented on the military base as this location is also specific to the population.

W.S.

Intervention Implementation

Upon learning of an impending deployment, the soon to deploy service member and their spouse/children will be enrolled in a FOCUS program which will continue throughout the deployment and after the return of the service member until the family determines, in conjunction with their counselor/provider(s), that there is no longer any need for the intervention. If symptoms of depression or family behavior indicating the development of maladaptive behavior occur after discontinuing the FOCUS Program, the family could reenter the FOCUS program at any time.

J.H.

Intervention Implementation Cont.

The interventions will follow the theoretical Precede-Proceed Model. According to Lester et al. (2011), "The goal of the FOCUS program is to improve psycho-education, emotional regulations skills, goal setting and problem solving skills, traumatic stress reminder management techniques, and family communications skills" (p. 22).

Parents

- Educate about expected reactions to deployments and how parental distress impacts children
- Highlight parental strength and coping responses
- Obtain family deployment history
- Identify and prioritize family goals
- Discuss differences between parents' experience and interpretation of stressor events
- Discuss differences in communication and parenting
- Address the impact of missed milestones and family events during the deployment period
- Educate on stress and resiliency in children and expectations for children during and after deployment

Children

- Provide information on the impact of deployment on children, parents, and families
- Teach emotional identification awareness and regulation tools
- Identify short and long term goals
- Introduce concept of deployment reminders and practice identifying personal reminders
- Prepare children for family sessions

Family

- Identify and prioritize the major challenges facing the family
- Develop individual and family coping strategies for dealing with stressful events
- Apply a problem solving model to interpersonal and practical problems
- Identify family goals and activities for the weeks and months after the program

C.R.

Evaluation

Intended outcomes

At the end of the FOCUS intervention participants are able to verbalize awareness of depression, its symptoms, and the available treatment options. Patients will have developed ways to be more involved with others, identify healthy coping strategies and establish satisfying relationships. In those with elevated severity scores for depression, there will be a decrease in their depressive symptoms. Overall there will be a decrease in the percentage of participants screening positive for depression.

Evaluating the intervention

The effectiveness of the intervention will be evaluated using pre and post intervention screening. This will be done utilizing a medical interview, the DSM-IV Diagnostic Criteria for Depression, and the Patient Health Questionnaire. The intervention's accessibility will also be evaluated by asking participants to list barriers such as; lack of reliable transport, cost, ease in scheduling appointments, difficulty getting time off work, and limited availability of childcare. Barriers listed will be considered when implementing future interventions..

(John D. and Catherine T. MacArthur Foundation Initiative on Depression and Primary Care, 2009)

Medical Interview. Address emotional issues using open-ended questions while having a high index of suspicion for depression when patients present with complaints. Questions focused on depression mood, effects of symptoms on function, psychological symptoms/suicidal ideation, anhedonia and physical symptoms.

DSM-IV Diagnostic Criteria for Depression

Five of the listed symptoms must be present most of the day, nearly every day, for at least two weeks and at least one of the first two symptoms: Depressed mood, markedly diminished interest in usual activities, significant increase/loss in appetite/weight, insomnia/hypersomnia, psychomotor agitation/retardation, fatigue or loss of energy, feelings of worthlessness or guilt, difficulty in thinking, concentrating, or making decisions, recurrent thoughts of death or suicide.

T.O.

Evaluation Cont.

Patient Health Questionnaire (PHQ-9): The nine symptom depression checklist, is a brief, 9-item, patient self-report depression assessment that comes directly from the nine DSM-IV signs and symptoms of major depression. Prior to patients filling out the PHQ-9, utilize the two question screen: During the past month, have you often been bothered by: 1) Little interest or pleasure in doing things? 2) Feeling down, depressed or hopeless? If yes to either question or both, have participant fill out the Personal Health Questionnaire developed by Robert L. Spitzer, MD.

Severity scores

- <10 Mild or minimal depressive symptoms
- 10-14 Moderate Depressive symptoms
- 15-19 Moderately severe major depression
- >20 Severe major depression

Response after FOCUS intervention

- Drop of 5 points from baseline, adequate response
- Drop of 2-4 points from baseline, possible inadequate response
- Drop of 1 point or no change from baseline, inadequate response

T.O.

PRECEED-PROCEED Model

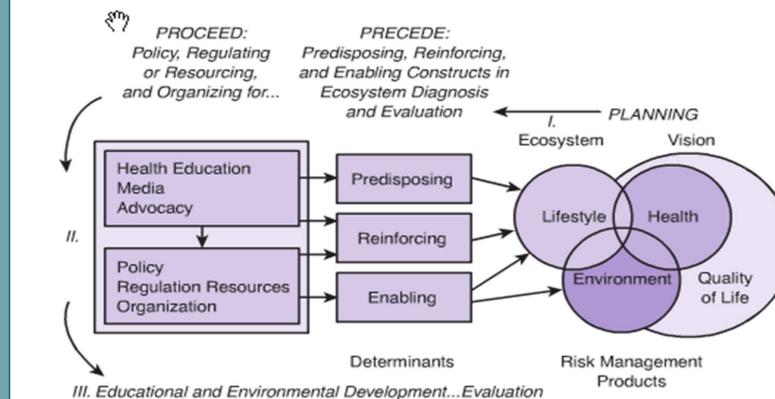
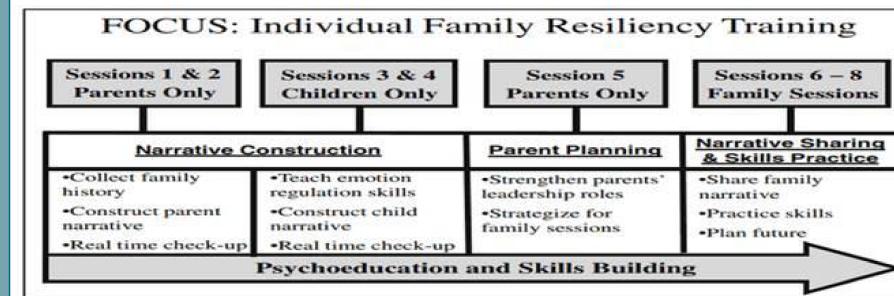


FIGURE 5-4 Precede-Proceed Model of health promotion program planning. Reproduced with permission from Green LW. Health Program Planning: An Educational and Ecological Approach. 4th ed. McGraw-Hill, 2004.

W.S.

FOCUS Intervention



(Lester, Mogil, Saltzman, Woodward, Nash, Leskin, & Beardslee, 2011)

C.R.

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