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.

Assessment, Diagnosis, and Planning

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 and the behavioral and environmental factors contributing to the health needs (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.

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.

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
- Observe family deployment history
- Identify and prioritize family goals
- Discuss differences between parental 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

Evaluation

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.

Evaluation Cont.

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

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References