
Chelsey Jones  
*University of North Dakota*

Kayley Knapek  
*University of North Dakota*

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MAKING THE “BETTER HALF” EVEN BETTER: A SUPPORT PROGRAM FOR MILITARY WIVES

By

Chelsey Jones, MOTS and Kayley Knapek, MOTS

Advisor: Mandy Meyer, PhD

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This Scholarly Project Paper, submitted by Chelsey Jones and Kayley Knapek is partial fulfillment of the requirement for the Degree of Master’s of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

____________________________________
Faculty Advisor

____________________________________
Date
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-Kayley
ABSTRACT

The purpose of this project was to develop a program that addresses the needs of military wives and the challenges they experience due to having a spouse in the military. Through utilization of an occupational therapy perspective, this program focuses on the promotion of wellness and increased quality of life for military wives which in turn facilitates overall cohesion and support among military families.

Making the “Better Half” Even Better: A Support Program for Military Wives was influenced by the Person-Environment-Occupation-Performance Model due to the focus on an individual’s valued roles, tasks and activities along with their performance in those occupations, and the notion that person, environment and occupation interact dynamically and affect one another (Cole & Tufano, 2008). This program is designed to be disseminated directly to healthcare professionals and occupational therapists that work closely with military families. The goal of the program is to provide support, education and resources to military wives in order to promote their overall wellness and quality of life, which in turn, positively affects their families.

The resulting program is to be used by occupational therapists to promote the overall wellbeing of military wives through interventions such as education sessions on mental health both regarding themselves and their spouse, the deployment cycle, conflict resolution and communication skills, relationship
development and maintenance, coping and stress management while also
providing information on community resources and how to foster social support.
CHAPTER I
INTRODUCTION

The attack on September 11th will forever be marked as a momentous tragedy in U.S. history. This event impacted the lives of countless Americans, and continues to affect a large number of individuals today. Some most significantly affected include the members and family members of those serving in the U.S. military. Often, those serving overseas and taking heroic roles to protect our nation are young adult men and women that have left families behind. This leaves a population of individuals in need of support, education and resources. Thus, a support program is needed that focuses on providing military wives with the tools they need to promote living healthy and fulfilling lives both socially and emotionally. Furthermore, this program aims to prevent occupational dysfunction pertaining to the mental health concerns related to having a spouse in the military.

A program of this nature would address client factors such as higher level cognitive and thought functions related to emotion according to the *Occupational Therapy (OT) Practice Framework*. This program includes interventions such as education sessions on mental health both regarding themselves and their spouse, the deployment cycle, conflict resolution and communication skills, relationship development and maintenance ad coping and stress management while also providing information on community resources and how to foster social support. This support program will facilitate conversations regarding thoughts, concerns
and feelings pertaining to the experience of having a spouse overseas and will aid in the prevention of mental health issues. With that, the military member themselves will also benefit from the increased knowledge and overall understanding their spouse receives from this support program. This program offers realistic and manageable solutions for the difficulties often faced by military wives. This program will not only help military wives, but will also facilitate cohesion within the family through the skills attained through this program.

An occupational therapist is required to direct this program because of their many qualifications and expertise in evidenced-based practice and theory. Occupational therapists have a skill-set that is both scholarly and client-centered to facilitate the engagement of the individual’s meaningful every day activities that have been compromised due to physical or mental dysfunction. Additionally, occupational therapists have the holistic knowledge to address the interaction of both the art and science as it pertains to the individual’s specific concerns. Occupational Therapy is often considered a, “two-body practice, where OT’s attend to both physical and phenomenological bodies” (Mattingly & Fleming, p. 37). Furthermore, occupational therapists are professionals. The professional skills that occupational therapists possess and make them the right profession to lead this program are that they are trustworthy, personally committed, practice ethically, backed by research, holistically focused and occupation-based.

The model that best fits this program is the Person-Environment-Occupation-Performance Model (PEOP). This model is suited for a variety of
individuals across the lifespan due to its primary focus on occupations that the individual considers their valued roles, tasks and activities, along with their performance in those occupations (Cole & Tufano, 2008). The engagement in these occupations inevitably influences the individual’s life roles. In this model, there is a dynamic interaction between the person, environment, occupation and their performance (Cole & Tufano, 2008). This means that if there is dysfunction in one area, it will affect others as well. According to this model, a person is comprised of physiological, physiological, cognitive, neurobehavioral and spiritual factors (Cole & Tufano, 2008). The environment is made up of physical and natural context, cultural and societal norms, social interactions, and social and economic systems (Cole & Tufano, 2008).

With that, this model applies to this support program because it looks primarily on how an individual’s occupations are affected by having a spouse serve in the military. Additionally and more importantly, how a family unit is affected by having a spouse serving in the military. The environment is affected because the individual’s behaviors will impact the environment such as social interactions with family members as well as the behavior on cultural and societal norms. This program will address topics such as the person (the military spouse and their family), the impact of the military service on the familial environment, the occupations affected by having a vital family member missing, along with their family’s successful occupational performance in valued roles.

The Cognitive Behavioral Therapy (CBT) will be the frame of reference applied to this support program. CBT describes the ability to function successfully
“requires the ability to use cognitive processes to reason, test hypotheses, and develop accurate self-awareness and realistic perceptions of others and the environment” (Cole & Tufano, p. 153). Functional individuals can also manage and control their own “thoughts, feelings, and behavior to cope with stress, manage time, and balance their life roles and occupations” (Cole & Tufano, p. 153). CBT further defines disability as neither a specific symptoms or diagnosis but rather by “the presence of maladaptive behaviors, which are presumed to have been caused by maladaptive learning” (Cole & Tufano, p. 153). Like Person-Environment-Occupation-Performance Model, CBT defines both function and disability by characteristics of both the person, the task, and the environment. (Cole & Tufano, 2008).

Glossary of Commonly Used Terms as they Pertain to this Context

*Occupation*: Activities of everyday life.

*Occupational therapy*: A form of therapy following a mental or physical disruption that encourages rehabilitation through the performance of activities required in daily life.

*Mental health illness*: A medical condition that disrupts a person’s thinking, feeling, mood, ability to relate to others, and daily functioning. Some include, but are not limited to, depression, anxiety, post-traumatic stress disorder, bipolar disorder and personality disorders.

*Depression*: A mood disorder that causes a persistent feeling of sadness and loss of interest, affecting how you feel, think and behave.
**Anxiety:** Intense, excessive worry and irrational fear about everyday situations interfering with daily activities.

**Post-traumatic stress disorder (PTSD):** A mental health condition that is triggered by a traumatizing event. Symptoms may include: flashbacks, nightmares and severe anxiety as well and uncontrollable thoughts about the event.

**Intervention:** Treatment method.

**Military member:** The individual serving in the military; the male spouse.

**Spouse:** The wife of the individual serving in the military.

**Externalizing symptoms:** Behaviors that are directed outward.

**Internalizing symptoms:** Behaviors that are directed inward.

**Deployment:** Military service in a geographical area of need, most commonly away from the individual’s home.

**Prevention:** Promoting a healthy lifestyle through the use of learned skills.

**Maintenance:** To preserve healthy and positive skills at a current state of function.

**Introduction of Chapters**

Chapter II will include the review of literature which affirms the need and reasoning behind this support program. Chapter III is a description of the process used in designing the product including interventions and methodology. Chapter IV is the final product which includes the specific program protocol. Lastly, Chapter V is the conclusion of the project that summarizes the purpose, key information and recommendations for implementation of the program.
CHAPTER II

REVIEW OF LITERATURE

To date, there are upwards of 1.8 million American military personnel that have deployed to serve overseas in the conflicts in Iraq (Operation Iraqi Freedom; OIF) and Afghanistan (Operation Enduring Freedom, OEF); furthermore, many of these individuals have deployed more than once (Department of Defense). According to the American Psychological Association, studies suggest that as many as one third of all OIF and OEF service members return home with mental health concerns. Some of diagnoses experienced most frequently are posttraumatic stress disorder (PTSD), depression, suicidality, and substance abuse disorders (p. 4). Additionally, more than half of military personnel are married and of those married, 75% have dependent children (Verdeli, Baily, Bousoura, Belser, Phil, Singla, & Manos, 2011). Little research and few interventions have focused on the effect of soldiers’ wartime deployments on their spouse or children at home (Chartrand, Frank, White, & Shope, 2008). Having a loved one actively serving in the military increases stress in the lives of those who support them. Although stress is not a direct cause of mental illness, being exposed to excessive stress will increase the likelihood of developing depression, anxiety and other psychological disorders (Herzog, Everson & Whitworth, 2011).
Due to the increase in military involvement, there is a greater need for support and resources for military families. Support for veterans returning from the war often lies in the hands of loved ones. Yet, for most post-deployment veterans, there are several issues that their families and friends do not know about or are not prepared to handle without professional help. Subsequently, the effects of deployment have not only significantly impacted the soldier, but begin to affect those near to them, which in turn puts stress on marriage, parenting, and family relationships (Hayes, Wakefield, Andresen, Scherrer, Traylor, Wiegmann, Denmark & Desouza, 2010).

This review of literature focuses on the effects of the home environment on the mental health of the soldier, the stages of the deployment cycle, spousal communication during deployment, adolescent behavior, the mental health impacts on the spouse, and the need and reasoning for a female support program.

**The Effects of the Home Environment on Mental Health of Deployed Soldier**

Mulligan, Jones, Davies, McAllister, Fear, Wessely, and Greenberg (2012) examined the influence of factors relating to home and family life on the psychological well-being of United Kingdom armed forces while on deployment. Results showed that deployed military personnel reported increased negative views when asked about their satisfaction with the support that the military provides for families. The study also showed that this dissatisfaction was due to the increased household prevalence of mental health stressors and diagnoses (Mulligan et al., 2012). Mulligan et al. (2012) found that there is a reciprocal relationship of home events on the mental health of deployed personnel.
themselves. The number of non-combat events such as death or serious illness of a loved one, financial distress, or problems with children, added to the total deployment stress of the military member. Military personnel who experienced a greater number of home events reported more distress related to family separation and communicating with home (Mulligan et al., 2012). Overall, the authors found an association between dissatisfaction with the perceived family support and poorer mental health of the military personnel.

Verdeli et al. (2011) stated, “deployment stress may tax the spouse’s resources and can trigger or exacerbate mental health problems, such as depression and anxiety. Left untreated, these problems may affect the long-term mental health of the spouse, the well-being of the children, and the service member’s system of support during deployment and reintegration into the family unit and civilian life following the return home” (p. 2). Therefore, a program that reduces and prevents home stress on the spouse of the deployed military member will essentially lessen the stress on the soldier and decrease long-term mental health symptoms due to the increased familial support at home.

Stages of the Deployment Cycle

Past literature has focused on the impact of military deployment and has identified stages of the deployment cycle including: pre-deployment, deployment, reunion, and post-deployment phases (Verdeli et al., 2011). According to Verdeli et al. (2011), each of the deployment phases present with distinct events and challenges for the family at home. During the pre-deployment phase, military members and their families may experience anxiety in anticipation of the
upcoming deployment (Verdeli et al., 2011). The military members may be “physically present while psychologically absent” (Verdeli et al., 2011, p. 2). The deployment phase encompasses the period of time when the military member is physically absent.

Spouses and children endure emotional disorganization. The spouse may experience role shifts in the family dynamics with the absence of the military spouse. Increased financial concerns, life stressors, and fear for the safety of the deployed military member are experienced. The reunion phase is accompanied with feelings of both excitement and apprehension for the military member’s return home. Returning military members are challenged by the adjustment to civilian life while the family must undergo a shift in family dynamics and roles once again. The post-deployment phase continues to present with challenges to family dynamics. Family roles and routines must be redefined with the return of the military member. Spouses may feel a loss of independence and must adjust back to a co-parenting role (Verdeli et al., 2011). According to Verdeli et al. (2011) issues such as emotional stress due to being separated from their significant other, the stress of adjusting to the deployment stages and the difficulty associated with managing life as a single parent have all been observed in families of service members. The deployment cycle plays a central role in the military members’ and the family members’ ability to adapt to the life changes and experiences and should be integrated into program development.
Spousal Communication During Deployment

Social support has a powerful influence on the mental health symptoms of a deployed military member (Carter, Loew, Allen, Stanley, Rhoades, & Markman, 2011). According to Carter et al. (2011), “a caring spouse may fulfill a “therapeutic spouse role,” wherein loving and positive communication can show the veteran he or she is valued and facilitate trauma closure” (p. 352). Carter et al. (2011) sought to examine the frequency of spousal communication and its relationship to post-deployment PTSD symptoms. The authors found that the relationship between the communication that the military members had with their wives during deployment and their level of, post-deployment PTSD symptoms depended on how satisfied they were in their marriages. Bell, Schumm, Knott, & Ender (1999) also found that during U.S. deployment in Somalia, the more difficult it was to communicate with their family back home predicted the level of stress during deployment between spouses. Communication restrictions and familial separation is unavoidable when deployed to austere places. This marks the importance for military personnel and their family members to be instructed and educated on strategies to deal with the challenges of communicating with a loved one overseas due to the evidence that communication is vital.

Mulligan et al. (2012) suggested that comprehensive support for family members of the deployed will in turn, have a positive impact on the mental health of the military members serving overseas. Supplemental pre-deployment
education was also advised for the at-home spouse and the deployed member in order to challenge negative perceptions of family support during the deployment.

**The Effects of Deployment on Adolescent Behavior**

A parent’s departure to fulfill military duties and the return and reintegration after deployment creates significant difficulties for children (Lester, Peterson, Reeves, Knauss, Glover, Mogil, Duan, Saltzman, Pynoos, Wilt, & Beardslee, 2010). Due to the increased number of deployments, many youth from military families are experiencing significant parental absence (Chandra, Lara-Cinisomo, Jaycox, Taboekuab, Burns, Ruder, Han, 2009). It is important to understand the health and well-being of children with a deployed parent to determine if having an absent parent affects their academic, social and family functioning (Chandra et al., 2009). Chandra et al. (2009) found that children from military families reported higher overall levels of emotional stress than those of the general population. The results suggest with increasing age there were a greater number of challenges with parent reintegration (Chandra et al., 2009). Results from the study also showed that there was a positive correlation between the number of months a parent was deployed and the difficulties the child experienced. Thus, the longer the deployment, the more prevalent emotional difficulties were experienced in military children (Chandra et al., 2009).

Extended separations can affect psychological health for the at-home spouse and children (Lester, Saltzman, Woodward, Glover, Leskin, Bursch, Pynoos, Beardslee, 2012). Chandra’s et al. (2009) findings indicate that children with a parent deployed may present with greater risk for behavioral or emotional
problems which can be intensified by family or caregiver stress or reduced emotional well-being.

Chartrand et al. (2008) sought to understand the effect of parental deployment in children younger than 5 years old. It is believed that the time between 18 and 35 months of age is critical for developing attachment relationships. Therefore, having a deployed parent can potentially impact the development of the parent/child relationship (Chartrand et al., 2008). Chartrand et al. (2008) found an interesting difference when comparing children aged 1 ½ to 3 years and 3 to 5 year olds. The authors reported that children of deployed parents age 3 to 5 years experienced greater behavioral symptoms when compared with children without a deployed parent. Additionally, children aged 1 ½ to 3 years with a deployed parent had significantly lower externalizing symptoms when compared with children 3 to 5 years (Chartrand et al., 2008). Chartrand’s et al. (2008) results suggest children between the ages of 1 ½ and 3 years appear to react differently to a parent’s deployment than children aged 3 to 5 years.

Lester et al. (2012) examined the influence of parental deployment and the distress of the at-home parent on the incidence and severity of behavioral and emotional difficulties among children aged 6 to 12 years. It was found that about 1/3 of the children displayed clinically significant anxiety when compared with community norms. Additionally, researchers found there to be an increased risk of childhood depression and externalizing symptoms later in life as the length and number of a parent’s deployments increases.
A constant finding across literatures is that a child’s level of distress is linked to their parent’s level of distress (Lester et al., 2012). A child’s ability to adapt to life stressors such as having a deployed parent also depends on the caregiver’s at-home stress and mental health (Chartrand et al., 2008). Lester et al. (2012) found that both active duty and at-home parents with psychological symptoms predicted child adjustment problems demonstrating the noteworthy impact of parental mental health on their children. Chandra et al. (2010) also reported decreased emotional health of the at-home parent was correlated with increased emotional and behavioral issues displayed by poor academic involvement and social functioning during the deployment and reintegration phase in the child. The results of the study completed by Lester et al. (2012) found that 1/3 of the at-home parents and 40% of the active duty deployed parents experienced increased instances of mental health issues such as anxiety and depression. Thus, developing a family-centered, preventative approach program to reduce mental health symptoms in both parents and children is imperative to improve quality of life and decrease distress in military families.

David Segal, a doctor in sociology at the University of Maryland studying the demography of military families, gave a symposium about the effects of military deployment on family health (2011). In this symposium, Segal discusses the youthfulness of military families. On average, those in the military are more likely to be married at younger ages and have children in the home when compared to their civilian counterparts. With that, it becomes apparent that children are a very large part of the familial equation and their wellbeing is a
significant factor in the welfare of the military member and their spouse. With that, there is a strong hypothesis that indicates that in order to keep homeostasis within a family, all the parts need to be working together cohesively and this includes even the youngest members of the family.

Demonstrating this notion, Herzog, Everson and Whitworth (2011) conducted a study aimed to identify the effects of combat exposure on National Guard soldiers. The researchers also wanted to determine whether or not there were secondary effects on their family members as well. To be eligible for this study, participants had to be a member of the National Guard, have a spouse and children between the ages of 2 and 18. Results from the survey indicated that indeed, children of parents that have PTSD show increased risks of anxiety, depression, and PTSD similar symptoms (Herzog, Everson and Whitworth, 2011). Furthermore, past research has found that children of deployed military members often internalize their feelings. Depression, anxiety and somatization have also been found in these children and are linked to secondary traumatic stress pertaining to a parent’s deployment (Medway, Davis, Cafferty, Chappelle and O’Hearn, 1995).

Of military families with children, 73% of them are under the age of 12. Additionally, when comparing grade school children that have had a parent deployed for 19 months or longer to those who haven’t, research showed that the deployment had negative impacts on academic performance. Furthermore, the families moved 2.4 times more than civilian families, which is approximately every two to three years and they move farther distances (DoD Profile of the
Military Community, 2009; RAND “Effects of Soldiers’ Deployment on Children’s Academic Performance and Behavioral Health”, 2011). When taking into account the effects of family dynamics on the happiness and wellbeing of a military family, it is important to consider all members. Children, especially adolescents, and their behavior in a time of potential familial stress greatly impacts family dynamics as shown in the statistics above. Weber and Weber (2005) state that frequent relocations have been viewed historically as detrimental in the life of a developing adolescent. Thus, many military children are inclined to experience these relocations and other stressors such as a parent’s deployment. These major life events inevitably shift the dynamics of the family causing the adolescent to react and behave in a way to cope with the stressor.

Weber and Weber (2005) conducted a study relating to this topic aiming to find out how much of adolescent behavior can be attributed to relocations. After conducting an interview on a group of 179 study participants, data from statistical analysis showed that the majority of parents did not find these relocations to be harmful, but more so advantageous to their development. With that said, it indicates that there seem to be positive changes occurring with time. This could signify that adolescents become more resilient to these major life changes or it could also mean that the adolescents are internalizing troubling emotions as found in prior stated research. One of the possibilities attributing to this shift is greater parental support and understanding. Ultimately, it can be inferred that when a family works together cohesively, outcomes are better for the entire family. When
a wife of a military member is able to cope with stressors in a healthy way, her behavior in turn affects the way her entire family interacts.

**Psychological and Mental Health Impact on Spouses**

Through research, it has become evident that the health and wellbeing of military members has received a significant amount of attention. However, little is known about military wives and how a spouse’s deployment impacts them and their family. In fact, these military wives have even been described as the “overlooked casualties of war” (RNRMCF, 2009). Furthermore, research has shown that deployment has psychosocial impacts for military spouses (Levy and Sidel, 2009). Anxiety, stress, depression, marital discord and increased violence within the marriage have all been shown to occur at more frequent rates in relationships where a spouse is deployed (Angrist & Johnson 2000; Jensen et al., 1996; Jordan et al., 1992; Riggs et al., 1998; Rosen et al., 1993, 1995).

Additionally, having a spouse with PTSD increases the probability of negative mental health symptoms and marital discord in the military spouse (Mangunon-Mire et al., 2007).

In research conducted by Erbes, Meis, Polusny and Arbisi (2012), the authors’ aim was to study the stressors that spouses underwent prior to their partner’s deployment. Clinically, the purpose of the study was to illustrate that several military members received comprehensive healthcare from medical professionals that were educated in the field. For example, they may have received care primarily from a veteran’s hospital. However, spouses are impacted greatly by their partner’s military lifestyle and need healthcare professionals that
understand what they are going through. A survey was given to the participants about one month pre-deployment. The active duty military personnel filled out the first survey where they instructed to disclose personal feelings about how prepared they felt to deploy along with their level of distress. From there, the active duty military personnel were asked to then nominate their partners to participate in the study by providing their name and address. The individuals nominated then received questionnaires in the mail that inquired about wellbeing, stressors, deployment concerns, and mental health issues (Erbes et al., 2012).

Results from both the military personnel surveys and their partners’ questionnaires were compiled and the data was assessed using statistical analysis. For the military personnel, many reported a greater significance of depression, PTSD symptoms, difficulty interacting in social situations, and higher rates of alcohol usage (Erbes et al., 2012). For the partners, results showed that prior to deployment these individuals experienced high rates of mental health issues. They too showed greater susceptibility to depressed feelings and social functioning which illustrated a strong correlation between partner and military member. In fact, the statistics from the study also showed that 15% of participants were receiving therapy since they learned of the deployment, 28% were taking psychiatric medication, and only 38% attended family readiness groups (Erbes et al., 2012). Thus, there is an obvious need for spousal specific care where the professionals have expertise in dealing with military spouses even prior to their deployment.
It has long been hypothesized that the wellbeing, mental health and relationship quality of military spouses is largely attributed to communicating more frequently. Furthermore, it has been suggested that a wife’s wellbeing is negatively impacted by the length of her spouse’s deployment. This would suggest that the longer the deployment, the greater the chance that the family of military members will need services for support. When this topic was researched by SteelFisher, Zaslavsky & Blendon (2008), there was no scholarly research that showed that extension of deployment is problematic for spouses of active duty military members. The goal of the study was to evaluate the direct impact of these deployments on military wives.

This study was a randomized control trial in which the researchers focused on the responses of 798 military spouses whose partners served overseas anytime after September 1st, 2001. About half of the participants had a spouse that had an extended deployment and the other half did not. The researchers asked questions related too: perceived negative impact of deployment on well being, health, finances, mental health, and employment; perceived deployment induced problems of daily life such as household and car maintenance, safety, childcare and communications with partner; and lastly, perceptions of the military during deployment including overall support and the military’s ability to set expectations during deployment into account when creating the survey (SteelFisher et al., 2008). Research from the study showed that the area in which spouses felt the most impact during a husband’s deployment was its negative impact on their health and mental wellbeing (SteelFisher et al., 2008). Researchers also found that
these spouses experienced a significant increase in loneliness, anxiety and depression along with negative impacts on overall health in general (SteelFisher et al., 2008). Additionally, the participants reported increased problems with their own personal jobs and finances, increased marital issues and problems with other military families in their spouse’s unit (SteelFisher et al., 2008). In summation, this study showed that there are a greater number of problems in families/relationships where the military member experienced an extended deployment. Mental health, household problems, communication, car maintenance, increased rate of leaving their personal jobs and an overall greater dissatisfaction with the Army were all shown in this study to have high correlations with deployments and occur at even higher rates with extended deployments (SteelFisher et al., 2008). This study indicates that there is a need for increased support of spouses of deployed soldiers in the areas that are listed above in order to increase quality of life in the spouse which would in turn positively impact the entire family.

Research by Fields, Nichols, Martindale-Adams, Zuber and Graney (2012) delved into the imperative need for social support of military spouses. The researchers were aiming to discover if adequate social support lessened the negative effects of deployment on military couples. Fundamentally, the researchers illustrated that the stress of being separated is often stifling for military couples and can have considerable negative impacts on both the physical and mental health of military spouses. The objective of the research was to discover the role of social support and its importance when analyzing both mental
and physical health issues. Participants were collected through several different avenues. All in all, 80 were selected to participate in a telephone screening. When data was collected and analyzed through a variety of valid and reliable testing methods, the results indicated that there is a relationship between increased levels of anxiety, physical health issues and social support. To the researchers’ knowledge, they were the first study to examine a relationship between these things. One of the overarching findings was that anxiety disorders were correlated with poor health outcomes and that social support can act as a mediator to assist in resolving some of these issues before, during and after they occur. Researchers suggest that yes, it is important to take into account anxiety related health when working with military spouses and additionally to promote and implement social support to lessen the effects of the anxiety on the partner’s daily lives.

Similarly, Allen, Rhoades, Stanley and Markman (2011) conducted research related to what extent a spouse’s deployment effects family/children, finances, stress, perceived support and marital conflict. Although the objectives of this research are similar to that of which has been discussed prior, these researchers took a more in-depth look at evaluating “(1) status variables (income, education, rank), (2) prior experiences that may help couples adapt to the demands of military life (coming from a military family, more total years in the service), (3) connection and support, and (4) marital quality (such as quality of communication and satisfaction)” (Allen et al., 2011). Researchers also took into account the number of children and behavioral problems experienced (Allen et al., 2011). One of the positives of this study
was the large amount of participants involved. There were 300 married couples involved in the study, all of which needed to be active duty U.S. Army and their civilian wives.

In the study, the researchers measured: stress, combat exposure, status, military experience, connection/support, marital quality, children and psychosocial functioning and lastly, the perceptions of the arm and their mission (Allen et al., 2011). Findings of the study showed that for the males involved, combat, sexual frustration and effects on the children were the highest rated stressors (Allen et al., 2011). Interestingly, wives scored higher on stress variables than their husbands did and on a greater number of scales (Allen et al., 2011). The areas in which the wives found exceptionally stressful were their spouse’s combat, reintegration, feelings of loneliness, staying in touch/communication, fear of their spouse’s death, physical injury or psychological problems, and effects on the children (Allen et al., 2011). This data alone shows a highly significant need for support for wives due to not only the impact, but the number of stressors as well. Additionally, spouse’s stressors were correlated, especially in the area of concern for the children and fear of death (Allen et al., 2011). The results presented in the study suggest there is a need to help military couples and especially military wives, to cope with the challenges of military life and their spouse’s deployment (Allen et al., 2011).
Verdeli et al. (2011) reviewed multiple studies to examine the mental health of spouses of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) deployed military members. The review of studies suggested that multiple and prolonged separations or deployments are correlated with increased mental health symptoms such as anxiety and depression in spouses when compared with the general population (Verdeli et al., 2011). Verdeli et al. (2011) also recognized that spousal depression may progress to marital conflict which can intensify military members’ stress and mental health symptoms providing the rationale for the need of further support for spouses with a deployed military member.

Barriers to proper and effective mental health care in military families can be categorized into three areas: accessibility, availability, and acceptability (Verdeli et al., 2011). A shortage of uniformed mental health professionals and the influx of service members often pushes military families to use civilian, non-military healthcare services which can result in increased wait times, care providers unfamiliar with military-specific experiences and stressors, and increased costs (Verdeli et al., 2011). Navigating the way through a complicated insurance system is difficult in a fully functioning individual let alone in an individual struggling with mental health symptoms with a deployed spouse and a family to care for. Accessibility to outside mental health services such as transportation, requesting time off work, and childcare are barriers military families are faced with (Verdeli et al., 2011). The issue of accessibility is most likely to occur during the service member’s deployment; when the spouse is
acting as a single parent (Verdeli et al., 2011). Lastly, stigma or acceptability to
mental health services or care has hindered military spouses help-seeking
behavior (Verdeli et al., 2011).

Need and Reasoning Behind a Female Spouse Based Program

Researchers DeBurgh, White, Fear and Iverson (2011) reviewed studies
pertaining to military spouses that have already been conducted. In research
appraised by Mansfield et al. (2010) spouses of deployed military personnel were
shown to have higher prevalence of psychiatric diagnoses. Some common
diagnoses include “depression, anxiety, sleep disorders, acute stress reaction and
adjustment disorders” (Mansfield et al., 2010). Furthermore, the longer the
deployment indicated greater chance of increased psychiatric problems.
Researchers also aimed to discover other high stress time periods indicated in
prior research. Another considerable time of stress for spouses is during critical
time periods such as pregnancy. In fact, according to research done by Robrecht
et al. (2008), it shows that postpartum depression multiplies over three times
when a military spouse is not present due to deployment. Additionally, some
researchers have noted there are discrepancies in help seeking behavior and those
who actually seek help when they feel that they need it. To note this, Warner et al.
(2009) researched depression and help seeking behavior. Their research indicated
that over 88% of wives involved in family readiness groups conducted through
the US Army stated they would be agreeable to asking for help if they needed it.
In comparison, a study by Eaton et al. (2008) exhibited that only 68% of
individuals in their study actually sought help for mental health concerns. Reasons
for these disparities included the wife having difficulty getting time off work, difficulty getting an appointment, or the cost of the assessment was too high (Eaton et al., 2008). Furthermore, the stigma of seeking out help for mental health issues has also been studied in military spouses. Some of the words used to describe feelings associated with seeking out mental health help included ‘uncomfortable’, ‘embarrassed’, or even ‘weak’ (Eaton et al., 2008). Additionally, some of the participants researched indicated that they would be worried that if they sought help for mental health issues that it would negatively impact their spouse’s military career (Eaton et al., 2008). It can be inferred that if a spouse admitted to having concerns involving a mental health issue, that the soldier may feel responsible or guilty which would prompt them to shorten their time spent actively serving in the military.

To further this, DeBurgh et al. (2011) also aimed to discover the research on marital relationships between military couples. Research on marital relations in general has been fairly contradicting due to the extraneous variables. However, researchers have found that there is a negative impact on marriage when a military member is diagnosed with PTSD, especially upon time for their reintegration back into their everyday lives (Allen et al., 2011). Those with PTSD typically report problems with dissociation, higher rates of anxiety, sexual problems and sleep disturbances (Allen et al., 2011). These common symptoms are often the contributors of marital dissatisfaction and also cause problems with spousal communication, quality time spent and parenting difficulties (Allen et al., 2011).
Current Programs and Interventions

According to Lester et al. (2012), “treatments that reduce psychological distress by building on family strengths positively effect parent/child adjustment and provide lifelong benefits” (p.2). Interventions that emphasize parent-child relationships encourage effective parenting, and increase family understanding, have consistently exhibited positive outcomes in family development and psychological health over time (Lester et al., 2012). Lester et al. (2012) also recommended support services for military families with children undergoing emotional difficulties, resources involving information for caregiver support, support services that increase familial communication, and programs that are applied across the deployment cycle.

A current approach used by some military families is Filial Therapy. Filial Therapy is focused on the parent-child relationship and helps the parent-child form a stronger bond according to Guerney (2000). Filial Therapy interventions are focused on parents learning to engage their children in therapeutic play and is suggested for children between the ages of 3-10. Parents can develop a variety of skills to assist their children's adjustment to the increased stress that accompanies parent separations and deployments (Chawla & Solinas-Saunders, 2011). Ultimately, Filial Therapy has been recognized to strengthen the parent-child bond during stressful parent separations.
Among all of the stressors and mental health issues explored previously in the literature, domestic violence has also been shown to rise after a spouse’s return from deployment. This is due to the stress that accompanies sharing a living environment again after a lengthy period of being apart (Teten, Sherman & Han, 2009). With that, expressive writing has become an increasingly more prevalent technique to utilize as a healthy coping strategy when dealing with stressors. Some of the benefits of expressive writing include better physical and mental health, longer and healthier relationships, reduction of anger issues and marital dissatisfaction (Slatcher & Pennebaker, 2006). In this study, researchers Baddeley and Pennebaker (2011) aimed to explore the use of expressive writing for couples who had recently been reunited after a deployment. There were 102 couples in the study and they were asked to journal three times daily about their relationship or other non-relationship related things. Results from the study showed that soldiers that engaged in emotional writing experienced an increase in their satisfaction within their relationship and a decrease in verbal fighting. The results suggest that expressive writing may produce promising positive outcomes for military couples (Baddeley & Pennebaker, 2011).

‘Operation READY’ is a program that provides family members that have a loved one deployed with up-to-date resources for support (Winter, 2007). This program takes a “train the trainer” approach that ensured families, commanders and the support staff in both the Army Reserve and the National Guard had current support services available. These individuals are trained to provide resources for military families regarding an extensive amount of needs covering...
everything from where to go for monetary help to how to communicate difficult
news with others about their soldier. ‘Operation READY’ appeals to a diverse
array of people through developing flyers, CDs, guides, handouts, quick
references, and brochures to help get information across effectively.

In 2011 the Department of Defense Task Force on Mental Health sought
to address the psychological health of military families. The Department of
Defense Task Force recognized that to maintain a fully functioning military force
requires support for psychological health, resilience, and recovery of service
members and their families. Families Overcoming Under Stress (FOCUS)
resiliency training was implemented. FOCUS is a resiliency-training program
aimed for military families. The main goals of FOCUS are preventive
interventions to engage in adaptive behaviors and achieve developmental
milestones in the face of stressful events. FOCUS program is presented in eight
modules throughout the deployment cycle for both adults and children with
sessions lasting 30-90 minutes. As previously said, it is known that parents’
coping skills impact their ability to effectively understand and manage their
emotional problems. Drawing on this, FOCUS was developed to support family
communication and understanding and to form the basis for learning and
practicing skills such as problem solving, effective communication, and emotional
regulation to support family resiliency and ultimately provide family cohesion and
increase familial support. Central to the FOCUS program is enhancing
communication among family members. Deployments often contribute to
disruptions in communication and a tendency for family members to become
emotionally isolated by keeping silent about worries, fears, and their needs that could be successfully addressed if shared. The interventions focus on communication in structured family sessions aimed to facilitate understanding and to increase connection between family members to problem solve breakdowns in communication to enhance family cohesion and support. FOCUS is an evidence-based preventative program adapted for military families that addresses the needs of families and children with increased psychological risk due to military deployment.

Summary

Occupational therapy is needed to address the needs of military personnel, veterans and their families as the conflict overseas continues. Significant numbers of military personnel are returning home and often with severe physical and psychological issues (McCormack, 2011). In the review of literature, there was a definite need for a program that provides support, knowledge and resources to equip the family members of those in the military with the tools they need to successfully cope with the effects of deployment on family dynamics. By introducing concepts such as education on common mental health diagnoses associated with deployment, development of stress management and coping skills, conflict resolution skills and communication, and the identification of resources on support and social support from others in similar situations.

More specifically, the current research paints a picture of the definite need for greater support for military wives due to the increased challenges they face related to their spouse’s deployment. The length of the deployment, the mental
health condition of the returning soldier and life events occurring during the time of deployment are all indicators of a higher need for comprehensive, safe, preventative and affordable support for military wives to not only decrease mental health issues, but increase their quality of life which in turn affects the family as a whole. An evidence-based prevention and treatment program may not only potentially reduce stress experienced by the military spouse and children during deployment, but also the service member. Upon review of literature, authors identified a need for a program aimed at families of military members, specifically military wives. The purpose of the proposed program is to facilitate mentorship and collaboration for military families in order to provide solutions for the challenges that may occur as a result of a family member’s deployment. This program would aim to serve as a support program for military wives to cope more effectively with the challenges of military life and their spouse’s deployment throughout the deployment cycle as a prevention and maintenance program.
CHAPTER III

METHODOLOGY

This topic was chosen due to the strong interest that the authors had in serving the military community and incorporating occupational therapy to address the needs of these individuals. Initially, the authors wanted to focus on the needs of the military member but after further research into past and current programming the authors decided that the need was not as strong compared with the needs of the military members’ families. Upon review of prior scholarly projects, the authors narrowed the topic to specifically address the needs of the family of the active military member. From there, the authors conducted an extensive review of literature. The review of literature was completed by using the resources provided at the Harley E. French Library of the Health Sciences at the University of North Dakota. The authors utilized a variety of search engines through the Harley E. French Library of Health Sciences online website. These search engines included: EbscoHost, PubMed, CINAHL, PsycInfo, and OT Search. The key words and phrases searched were: Effects of military deployment on military families, military members, military wives, and military adolescence, mental illness in the military, post-traumatic stress disorder in the military, deployment cycle, support programs for military members and/or families,
stressors and challenges of the military, and spousal communication during deployment.

From there, the authors developed a comprehensive review of literature that displayed a lack of relevant literature, which helped in the formulation of the problem statements: There is currently a lack of a research-based programming that holistically addresses the needs of military wives and most current programming addresses only the needs of the military member, without considering the impact of a military lifestyle on the entire family and more specifically, his spouse. The review of literature indicated a strong need for a program that provides support, education, and resources to military family members and more specifically, military spouses. The current research illustrated a definite need for greater support for military spouses, specifically, due to the increased challenges and responsibilities they face related to their spouse’s deployment. The authors narrowed down the topic of military spouses to only include military wives due to the high percentage of married males in the military that results in their wife taking on additional roles and responsibilities that are often described as stressful and challenging. Topics for group sessions were developed based on a culmination of issues and common themes that arose when the literature review was conducted. Based on that information, the authors were able to identify 6 topics of discussion to be addressed within a group setting to foster support, mentorship, and provision of resources for military wives.

Eight, one-hour sessions were developed using the formatting structure of Cole’s Seven Steps to facilitate a therapeutic process that promotes open
discussion. Group leaders will utilize motivational interviewing skills to foster deeper discussion, self-reflection and overall participation. The activities chosen to supplement the information addressed a variety of adult learning styles and vary from paper and pencil activities to kinesthetic activities that provide the group members with hands on experiences as well as application to everyday life. Finally, two surveys were designed by the authors to gather outcome measures and data regarding the effectiveness of the program. Additionally, group members will be encouraged to provide verbal and written feedback regarding their satisfaction with the program. The eight, one-hour sessions will be further described in the following section.

Theoretical models were reviewed to guide the development of this support program for military wives. The Person-Environment-Occupation-Performance (PEOP) model was found to be the best fit and was ultimately chosen to drive this program. PEOP emphasizes the unique fit of the person, environment, and occupation has on performance in an individuals valued life activities and roles. This model directly applies to this support program because it looks primarily at how an individuals occupational performance is affected by having a spouse serve in the military.
CHAPTER IV
PRODUCT

This program will provide support and resources to decrease the prevalence of mental health issues and facilitate more positive experiences while having a spouse over seas. The goal of this program is to provide mentorship and collaboration for military wives in order to provide solutions for the challenges that may occur as a result of a family member’s deployment.

This program includes interventions such as education sessions on mental health both regarding themselves and their spouse, the deployment cycle, conflict resolution and communication skills, relationship development and maintenance, and coping and stress management while also providing information on community resources and how to foster social support. Eight interventions will be provided in a variety of interactive sessions.

The model that drives this program is the Person-Environment-Occupation-Performance Model (PEOP). This model is suited for a variety of individuals across the lifespan due to its primary focus on occupations that the individual considers their valued roles, tasks and activities, along with their performance in those occupations (Cole & Tufano, 2008). The engagement in these occupations inevitably influences the individual’s life roles. In this model, there is a dynamic interaction between the person, environment, occupation and
their performance (Cole & Tufano, 2008). This means, that if there is dysfunction in one area, it will affect others as well. According to this model, a person is comprised of physiological, physiological, cognitive, neurobehavioral and spiritual factors (Cole & Tufano, 2008). The environment is made up of physical and natural context, cultural and societal norms, social interactions, and social and economic systems (Cole & Tufano, 2008).

This model applies to this support program because it looks primarily at how an individual’s occupations are affected by having a spouse serve in the military. Additionally, and more importantly, how a family unit is affected by having a spouse serving in the military. The environment is affected because the individual’s behaviors will impact the environment such as social interactions with family members as well as the behavior on cultural and societal norms. This program will address topics such as the person (the military spouse and their family), the impact of the military service on the familial environment, the occupations affected by having a vital family member absent, and with their family’s successful occupational performance in valued roles.

Cognitive Behavioral Therapy (CBT) will be the frame of reference applied to this support program. CBT describes the ability to function successfully “requires the ability to use cognitive processes to reason, test hypotheses, and develop accurate self-awareness and realistic perceptions of others and the environment” (Cole & Tufano, p. 153). Functional individuals can also manage and control their own “thoughts, feelings, and behavior to cope with stress, manage time, and balance their life roles and occupations” (Cole & Tufano, p.
153). CBT further defines disability as neither a specific symptom nor diagnosis but rather by “the presence of maladaptive behaviors, which are presumed to have been caused by maladaptive learning” (Cole & Tufano, p. 153). Like Person-Environment-Occupation-Performance Model, CBT defines both function and disability by characteristics of both the person, the task, and the environment. (Cole & Tufano, 2008).

Occupational Therapy
University of North Dakota
School of Medicine and Health Sciences

Chelsey Jones, MOTS, Kayley Knapek, MOTS and Mandy Meyer, PhD
The contents of this curriculum contains a program for military wives that addresses some of the primary issues that they face on a daily basis pertaining to their spouse’s military involvement or deployment. Included in the sessions are:

- An **introduction** session that welcomes the group members, provides reasoning behind the program and has them take a pre-test survey regarding their competency in the aforementioned areas.

- A session on the **deployment cycle** to introduce the group members to the phases of the deployment cycle and the circumstances and challenges that present with each stage. The group will be able to process some of the issues they experience within their own deployment cycle. Group members will discuss how to apply the information they learned from the session in their own lives.

- An **education session on mental health disorders** that informs group members on common mental health issues and diagnoses commonly found among military members and their families. The group members will have the chance to process through their feelings regarding overall mental health and the information presented in the session. The group members will also engage in a True/False activity regarding mental health issues and the facts and myths surrounding them. Resources pertaining to mental health will also be provided for the group members to explore on their own time.

- A session of **communication and conflict resolution** that defines communication, what it means to the group members, and the attributes of good/positive communication versus ineffective or unhealthy communication. Group members will engage in an open discussion about communication and their feelings regarding communication as it pertains to their spouse’s deployment. The group leader will also present military based scenarios. Group members will act out the scenarios in two ways; one way will depict poor communication and the other will depict how the situation could be handled with good communication. The group members will also do a worksheet on deepening relationships that provides a letter format which allows the military wives to get in touch with their current feelings.

- A session on **relationship development and maintenance** that discusses the characteristics of healthy relationships and tips on how to develop and maintain those relationships. Group members will complete a worksheet that evaluates their relationships and then come back together as a large group to share their insights about the activity. Group members will process thoughts and feelings regarding the information provided in the session and discuss how to apply them within their own lives.
• A session on **coping and stress management** where each group member will share their definition of stress. Also, an overall definition of stress will be provided. Group members will discuss current stressors in their lives, how they manage their stress and how to better cope with stress. Group members will complete a stress management worksheet and also be introduced to some coping mechanisms for stress.

• A session of **social support and community resources** which will have group members share where they currently go for support. The group members will be educated on the importance of seeking positive and healthy social support and community resources. Group members will engage in an activity that depicts what it is like to try to carry a large amount of stress on their own and will engage in discussion about how to find social support/community resources and how to apply them in their own lives when necessary.

• A **conclusion/wrap-up session** in which the participants complete a post-group survey regarding their overall feelings about the group and the effectiveness of it. Additionally, group members will be able to share constructive feedback about what they liked or how to make the program better. Group members will process through what they learned during the group sessions and how they will apply what they learned to their lives.
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Session 1: Introduction

**Introduction:** Welcome group members to program.

Warm-up: Have group members introduce themselves and give a brief description of their experience of having a spouse in the military.

Explain the reasoning behind this program:

Upon review of literature, the authors identified a need for a program aimed at families of military members, specifically military wives. The purpose of this program is to facilitate mentorship and collaboration for military families in order to provide solutions for the challenges that may occur as a result of a family member’s deployment. This program aims to serve as a support program for military wives to cope more effectively with the challenges of military life and their spouse’s deployment throughout the deployment cycle as a prevention and maintenance program.

The length of the deployment, the mental health condition of the returning soldier and life events occurring during the time of deployment are all indicators of a higher need for comprehensive, safe, preventative and affordable support for military wives to not only decrease mental health issues, but increase their quality of life which in turn affects the entire family as a whole.

**Activity:** Have group members complete pre-test survey.

**Sharing:** Have the group members share their thoughts about the pre-test survey. Ask questions such as:

- Overall, how familiar and competent do you feel in the areas covered in the pre-test survey?
- What other areas related to having a spouse in the military would be beneficial to cover?

**Processing:** Have the group share and process through their feelings about the group session. Prompt this discussion by asking questions such as:

- How can the instructors and your fellow group members help you to have a good experience in future sessions?
- What did you like or dislike about the session’s process?
**Application:** Help the group to understand how they can use the skills they learn in today’s session as well as future sessions within their real lives. Ask questions such as:

- What part of today’s group had the most impact on you?

**Summary:** Wrap up the session by doing a brief overview of the group. Thank the members for attending. Give them information on what to expect for the next session:

- Next session will cover the ‘Deployment Cycle’.
- Consists of four stages: Pre-deployment stage, deployment stage, reunion stage, and post-deployment stage.
- Will discuss the characteristics of each stage followed by an activity.
Pre-Program Survey

1. Describe your level of comfort discussing mental health diagnoses?

   1  2  3  4  5
   Not Comfortable   Very Comfortable

2. What strategies do you use to cope with the stress of having a spouse actively in the military?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Are you familiar with the deployment cycle and its impact on an individual?

   _____ Yes   _____ No

4. What strategies do you use to communicate with your spouse effectively?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. Do you feel you have strong social support?

   _____ Yes   _____ No

6. Do you know how/where to access community support resources?

   _____ Yes   _____ No
**Session 2: The Deployment Cycle**

**Introduction:** Welcome group members to the session and introduce the topic.

- Warm-up activity: Ask the group members if they have heard of the various stages of the deployment cycle. Ask group members to define what the deployment cycle means to them personally and share these definitions.

**Description of the deployment cycle and associated impacts:**

- Four stages of the deployment Cycle: Each stage presents with unique circumstances and challenges.
  1. Pre-deployment Stage
     - Service members and their families may suffer anxiety in anticipation of the deployment.
     - Service members’ are focusing on the logistics of the upcoming deployment.
     - Spouses experience service members as “physically present while psychologically absent”.
  2. Deployment Stage
     - The period when the service member is physically absent.
     - Spouses and children frequently undergo a period of emotional disorganization and destabilization.
     - The spouse often experiences multiple stressors related to the shift in family dynamics and roles.
     - Feelings of loneliness, role overload, role shifts, financial concerns, changes in community support, and increased parenting demands are experienced.
     - Stressors are intensified by fear for the safety of the deployed service member.
  3. Reunion Stage
     - The service member and family prepare for the service member’s return home.
     - Characterized by both excitement and apprehension
     - Returning service members are challenges by the adjustment to civilian life.
     - The Service member’s family must again undergo a shift in family dynamics in a household where roles have inevitably changed.
  4. Post-deployment Stage
• Working through family role shifts continues throughout post-deployment stage.
• Family roles and routines must be redefined causing uncertainty for all involved.
• Sense of loneliness and isolation military spouses experience may extend into this stage.
• Spouses may feel a loss of independence following the return of the service member.
• Adjustment to a co-parenting role is required.

Psychological issues relating to separation, the stress of adjustment to the various deployment stages, and the challenges associated with coping as a single parent are of the most challenging factors related to deployment.

Reference:

• Present information to group members in power point form and provide handouts.

**Activity:** Introduce the activity

The group leader will ask group members to get into groups based on what phase of the deployment cycle they are currently in. In the small groups, the group members are encouraged to collaboratively discuss their personal challenges, feelings, and/or thoughts towards the particular phase they are in and bring back to the large group a common challenge/thought/feeling/question they are having. (If there is only one person in each of the described stages, have the individuals from different stages group together and describe their experiences and challenges together) Together as a large group, the common challenges/thoughts/feelings/questions will be discussed/problem solved collaboratively.

**Sharing:** Have the group members share their thoughts about the activity. Ask them questions such as:

• What was the most valuable information you learned today?
• What surprised you the most?
• How did this activity and discussion make you feel?
**Processing:** Have the group share and process through their feelings about the group session. Prompt this discussion by asking questions such as:

- In what ways could you relate to some of the statements discussed in this session thus far?
- In what ways did you feel the information learned and discussed today was helpful?
- How will you use this information in the future?

**Application:** Help the group to understand how they can use the skills they learned in the group within their real lives. Ask questions such as:

- What part of today’s activity will you take home with you?
- How can you use the skills you learned today in everyday life?

**Summary:** Wrap up the session by doing a brief overview of the group. Thank the members for attending. Give them information on what to expect for the next session.

- Education on Mental Health Diagnoses
- Prevalence of mental health illness in today’s society
- Seeking support equals better outcomes
- Activity relating to mental health diagnoses facts, statistics, and prevalence
Session 3: Education on Mental Health Diagnoses

Introduction: Welcome group members to the session and introduce the topic.

Warm-up activity: Ask the group members to write down the first word that comes to their mind when they hear the phrase “mental health diagnosis.”

Have the group members share the word they jotted down with the rest of the group. As a group leader, listen for common themes such as negative connotations or stigmas. Then take a moment to explain to the group that mental health issues are not something to be viewed as negatively. Discuss the prevalence of mental health issues in society, and additionally, the prevalence among military members and their spouses. Discuss that seeking help for these issues is not shameful. In fact, it is encouraged. Explain that the more help and social support that is sought out, the better the outcomes.

Activity: Introduce the activity (found on page 48).

Activity name: True or False?

- For this activity have the group members cut a piece of paper in half.
- On one half, have them write a bold and capital “T” for true and on the other, a bold and capital “F” for false.
- The group leader will then read a list of current statistics, facts, or statements regarding mental health in general, mental health diagnoses, and their prevalence.
- Then, the group leader will read the list out loud, statement by statement. The group members should raise their piece of paper whether they think each statement is true or false. The group leader should not confront group members if they are wrong, rather, mentally take note of the responses.
- Group leaders are encouraged to remember some of what the group members did so the leader can ask questions about it later.

Sharing: Have the group members share their thoughts about the activity. Ask them questions such as:
• What did you think about the activity?
• What statements and facts surprised you the most?
• How did this activity make you feel?

**Processing:** Have the group share and process through their feelings about the group session. Prompt this discussion by asking questions such as:

• In what ways could you relate to some of the statements or facts discussed in the activity or session thus far?
• What are some of the stigmas that you’ve heard of, or associated with, mental health and seeking help?
• What about this session has been most helpful?

**Generalizing:** Have the group process through what was learned in the session. Prompt them to generalize the connection between the activity and their own lives. Ask questions such as:

• How is this activity something you can relate to in real life?
• What are some consequences of not seeking help if you or your spouse need it?
• What resources can you envision yourself seeking in the future if you need to?

**Application:** Help the group to understand how they can use the skills they learned in the group within their real lives. Ask questions such as:

• What part of today’s group had the most impact on you?
• How can you use the information you learned today in everyday life?

**Summary:** Wrap up the session by doing a brief overview of the group. Thank the members for attending. Give them information on what to expect for the next session:

• Communication and Conflict Resolution and the impacts of these on relationships
• Discussing positive and negative communication styles
• Activity will be completed and a handout provided to complete at home
**True or False Activity**

Read these statements out loud to the group and have them decipher whether they think it is true or false.

- Both genetics and life stressors are found to be causes of mental health issues.
  - True; both nature and nurture have been direct causal links when determining prevalence of mental health issues.

- It is important to keep mental health issues to yourself.
  - False; if experiencing a mental health issue it is important to seek help.

- Being under large amounts of stress for a prolonged period will end in having a mental health diagnosis.
  - False; everyone’s tolerance to stress is different. We all have varied thresholds. Large amount of stress is a risk factor for developing a mental health disorder, but does not guarantee you will develop one.

- If you or your spouse has a mental health disorder, your children will inherit it.
  - False; just because you or your spouse may have a mental health diagnosis, it does not mean you will pass it on to them or you are bad parents. It may present extra challenges, but it is manageable with help.

- The best way to deal with a mental health diagnosis is with medication.
  - False; medication may be a key component to your overall wellness, but it is often suggested that you employ other health coping strategies such as meeting with your doctor or a mental health professional, having an active social life, joining support groups and engaging in activities you enjoy.

- Post-Traumatic Stress Disorder, depression and anxiety have become increasingly common among military members.
  - True; there is an increased prevalence of these disorders among military members. This is due to being exposed to traumatic events while serving, stressful environments, and worry about their families.

- When someone is diagnosed with a mental health disorder, they will struggle with it for the rest of their lives.
- False; with help, an individual can limit their mental health symptoms and keep them within manageable limits.

- Feeling depressed and lonely means you have clinical depression.
  - False; just like with every mental health diagnosis, there are criteria that you must have to be diagnosed. And the only person that can diagnose you is a doctor or mental health professional.
**Additional Resources**

Introduce the group to the National Alliance on Mental Health (NAMI) and provide them with this website listed below. Encourage group members to use it to address any questions they may have regarding mental health such as diagnostic criteria, research, events, advocacy, online discussion groups, and resources.

http://www.nami.org/template.cfm?section=About_NAMI

Encourage them to read this article on the NAMI website which is entitled: *Beating the Marriage Odds*. The article has personal testimonials from individuals that have a mental health disorder or have a spouse with a mental health disorder.

http://www.nami.org/Template.cfm?template=/ContentManagement/ContentDisplay.cfm&ContentID=41636

*Offer to provide printed copies for individuals that do not have access to a computer.*
Session 4: Communication and Conflict Resolution

Introduction: Welcome group members to the session and introduce the topic.

Warm-up activity: Have the group members define what communication means to them and what attributes to good, positive communication.

Have the group member’s share their definitions of communication and what they see as good, positive communication.

Communication plays such a big part in our lives today. It is hard to think of a single activity that we engage in that doesn’t involve communications in some way. In our busy world, we sometimes forget just how important communications are to our successes, relationships, and, ultimately, happiness in life. Communication plays a major role in achieving all of our goals. Without positive and adequate communication our relationships tend to suffer.

Activity: Introduce the activity

• Have the group members split up into pairs and provide each pair with a short scenario (found on page 53) that is military related as well as a card that says good communication or poor communication. Instruct each pair to make a short role-play depicting good or poor communication based on the scenario provided to them. After the group completes the good or poor communication and a discussion occurs. Have the pair complete the scenario depicting the opposite of the communication style they first did.

Sharing: Have group members present their short role-plays.

• After a pair shares, have the observers
  o Depict whether it was good or bad communication
  o Give examples of what they saw in the scenario that support this
  o Together as a group, have the individuals discuss how the scenario could have been handled differently to make the communication more positive in nature.

Processing: Have the group share and process through feelings about the session. Utilize motivational interviewing. Ask open-ended questions and clarify information. Ask group questions such as:
• How did you feel about the activity?
• In what ways could you relate to some of the statements/scenarios discussed in the activity or session thus far?
• Have you encountered communication issues with your spouse thus far? What are some ways you dealt with these issues (positively or negatively)? Is there any other ways you could have dealt with the communication issues more effectively?
• In what ways did you feel that this activity was helpful or not helpful?

Generalizing: Have group members process through what was learned in this session. Prompt them to generalize the connection between the activity and their own lives. Emphasize again that communication affects virtually everything.

• How can you more effectively communicate?
• What are some consequences of poor communication?

Application: Help the group to understand how they can use the skills they learned in the group within their real lives. Ask questions such as?

• What part of today’s activity will you take home with you?
• How can you use the skills learned today in everyday life?

Provide each group member with the ‘Deepening Relationships’ handout (Life Management Skills IV, p. 28) that can be found on page 54 and describe its benefits. Encourage group members to use this with their partner when they are experiencing communication issues.

Summary: Wrap up the session by doing a brief overview of the group. Thank group members for attending. Give them information on what to expect for the next session:

• Relationship Development and Maintenance
• Discuss personal meanings of maintaining a healthy relationship
• Provide and discuss ‘7 Tips on Developing and Maintaining a Successful Relationship
• Activity to evaluate each group members relationship
Military based Scenarios

1. Spouses deployment gets extended, how do you deal with this and communicate your worries, fears, frustrations?

   Poor communication
   Effective, good communication

2. Spouse is deployed overseas and skypes you to tell you he will only be able to communicate via email once a week for the next 3 months. How do you handle this?

   Poor communication
   Effective, good communication

3. Spouse comes home and tells you he was relocated to a new base across the country and as a family you are expected to pick up and move within the next 4 weeks.

   Poor communication
   Effective, good communication

4. Spouse is deployed overseas, he is four months in, every week he skypes you he is less responsive, communicated less and less, and is displaying symptoms of depression. How do you communicate your worry and concern to him?

   Poor communication
   Effective, good communication

5. Your spouse returned home 2 months ago from deployment over seas, he confides in you that he is having night terrors and is unable to sleep at night. What is the next step?

   Poor communication
   Effective, good communication

6. Your spouse returns from deployment and they do not display excitement to be home. How do you handle this?

   Poor communication
   Effective, good communication
Deepening Relationships

○ Dear ____________________________ ,

I am writing to you to share what has been going on for me this (week, month, etc.)

EMOTIONALLY
I felt ______________ when ___________________________ .
(emotion) (describe event and circumstances surrounding it)

I felt ______________ when ___________________________ .
(emotion) (describe event and circumstances surrounding it)

I felt ______________ when ___________________________ .
(emotion) (describe event and circumstances surrounding it)

PHYSICALLY (Describe how you felt: did you exercise, sleep well, injure yourself, etc.?)

○ MENTALLY (Describe what you thought significantly about and how often)

SPiritually (Describe your recent relations with a power greater than yourself)

PROFESSIONALLY (Describe what has been challenging and/or fulfilling you at school or work as well as your current hopes or desires in that area)

ABOUT FAMILY (Describe how you have related to, or thought about, members of your family)

ABOUT US (Describe how you have related to, thought about, and felt in regards to this person. Cite one quality you love and appreciate about this individual. If you feel a need to improve an aspect of your relationship, cite specifically what you will do to foster such improvement and then specifically what you would like the other person to consider doing).

○ Thank you for taking the time to learn more about me!
Session 5: Relationship Development and Maintenance

Introduction: Welcome group members to the session and introduce the topic.

Warm-up activity: Have each group member jot down their personal meaning of maintaining a healthy relationship.

- Explain: Relationships change over time as both partners mature and develop as individuals. This means that all couples go through difficult phases as they adjust to the newly emerged characteristics of themselves and their partner. Most people try to find a balance between keeping their individuality and being part of a couple. It is often during the transition from one stage to another that conflict occurs. Provide and discuss ‘7 Tips on Developing and Maintaining a Successful Relationship’ handout.

Activity: Introduce activity

- Have each group member complete the ‘Evaluate Your Relationships’ (Life Management Skills VI, p. 36) worksheet found on page 57.

Sharing: Have each group member share their worksheet then complete:

1. Provide input, as able, as to signs of a healthy relationship and signs of an unhealthy relationship.
2. Reconvene as a large group.
3. Write IN-SIGHT on a large piece of paper.
4. Explain to group members that insight provides us with a knowing or realization about a situation, person, etc.
5. Ask group members to share insights gained from this activity.
**Processing:** Have the group share and process through feelings about the group session. Ask open-ended questions and clarify information. Ask questions such as:

- How did you feel while completing the activity?
- What further insight did you gain relating to developing and maintaining healthy relationships?
- In what ways did you feel that this activity was helpful or not helpful?

**Generalizing:** Have group process through what was learned in the session. Ask questions such as:

- What did you learn from today’s session?
- What were some common signs of a healthy and unhealthy relationship?
- What are some possible ways to address unhealthy relationships?

**Application:** Help the group to understand how they can use the skills they learning in the group with their real lives. Ask questions such as:

- What part of today’s activity will you take home with you?
- How will you apply the information learned in your own personal life?

**Summary:** Wrap up the session by doing a brief overview of the group. Thank the members for attending. Give information on what to expect for the next session:

- Overview of coping and stress management
- Developing skills for coping and stress management
- Complete Stress Management worksheet
EVALUATE YOUR RELATIONSHIP

QUESTIONS TO ASK YOURSELF ABOUT YOUR PARTNER

These questions are to help you think about what’s going on in your relationship and how you feel about it. There are no right or wrong answers.

Can you name five things about him/her that you really like?
1. 
2. 
3. 
4. 
5. 

Can you name five things about him/her that you really dislike?
1. 
2. 
3. 
4. 
5. 

Do you think his/her relationships with family and friends are healthy? Why or why not?

Does s/he encourage you to have other friends or discourage you from your friendships? In what ways?

Can you name three things that s/he is interested in besides you?
1. 
2. 
3. 

Can you name three activities that you participate in without him/her?
1. 
2. 
3. 

How does s/he respond that you are doing these things instead of being with him/her?

Does s/he need to know where you’ve been and what you’ve been doing whenever you’ve been apart? If so, how does this feel to you?
7 Tips on Developing and Maintaining a Successful Relationship

1. Get in touch with and understand the needs which affect your reactions and behaviors in a relationship.

   • Needs you are not aware of that might be driving your reactions and behaviors.
   • Are you, driven by the need for love which might drive you to be too submissive within a relationship?
   • These needs affect the way we react and behave in our relationships.
   • When you become aware of your needs you will be able to behave with your partner in a healthy and mature way.

2. Understand the fears that drive your reactions and behaviors.

   • Most people have fears unaware to them which harm relationships such as:
     o The fear of commitment which might drive you to escape from each and every relationship you begin to develop
     o The fear of being alone, which might drive you to jump into a relationship with whoever.
     o The fear of losing your independence which may drive you to be controlling with your partner
     o The fear of being hurt, which may drive you to be cautious with partners, causing you never to open up.
     o Becoming aware of the fears that control you enables you to combat them and not let them interfere with your relationships.

3. Check whether your expectations are realistic.

   • It is great to have expectations and it is natural to expect your partner to be there for you all the time.
   • Often we set unrealistic expectations which cause us to become frustrated, disillusioned, angry and disappointed.
   • If this happens, ask yourself whether the expectations are realistic and attainable.

4. Ensure that your fantasies are realistic.

   • Fantasies are a part of life, they give you sometime to dream about, something to look forward to.
   • But, if your fantasies are unrealistic and you hand on to them you are
likely to harm your relationship.

• Reflect on your fantasies and determine whether they are realistic and attainable.
• You do not want to ruin a relationship over a unrealistic fantasy, but for the sake of a relationship, you want to entertain fantasies, which can materialize.
• The result is an important and attainable fantasy.

5. Understand the messages which drive your interactions with your partner.

• Messages you internalized while growing up affect your attitudes, reactions and behaviors without your being aware of it.
• For example, “A woman should do everything for her partner” (driving you, as a woman, not to demand a mutual give and take with your partner); “Men don’t do housework” (driving you, as a man, never to participate in household chores); “Compromises are most important in life” (driving you never to insist on what’s important to you)
• Becoming aware of the messages that drive you and realizing how they affect your relationships enables you to consciously decide how to react and behave with your partner in ways vital to a healthy and satisfying bond.

6. Be willing to take responsibility for your part in the problems and difficulties, which arise between you and your partner.

• Wherever there are two people there are often two opinions and two perceptions of “how things should be.”
• When you become aware of what drives you to react and behave in your relationship the way you do, and of the ways in which you might harm your relationship, you become more willing to take responsibility for your part in the problems and difficulties which arise between you and your partner.
• Taking responsibility shows that you too might be wrong. Place the relationship in front of “justice”, and be willing to compromise.

7. Develop Self-Awareness.

• Developing self-awareness means getting to know and understand what drives you to react and behave the ways you do in your relationship.
• It means understanding the needs and fears, messages, unrealistic expectations and fantasies which drive you to react and behave the way you do and the price you pay for it.
• It means realizing the ways in which you might harm your relationship, learning how to stop it from happening, and becoming empowered to cultivate a successful intimacy.
Session 6: Coping and Stress Management

Introduction: Welcome group to the session; introduce the topic.

Warm-up activity: Have everyone jot down their personal meaning of stress.

Explain that stress means something different to everyone, so writing it out and identifying it can be helpful.

*Have everyone in the group share their definition.

Explain:
• Developing skills for coping and stress management is something that everyone should have knowledge of.
• As humans, we all experience stress and it’s often on a daily basis whether we realize it or not.
• Some stress is good, because it motivates us to meet life’s challenges. Without stress, life would be boring.
• However, excessive stress or when not knowing how to deal with life stressors can be debilitating.

Activity: Introduce the activity

Have the group member complete the Stress Management Worksheet which can be found on page 62. Read some examples of healthy coping strategies that can be used when experiencing stress. Provide group members with coping strategies and deep breathing worksheets which can be found on page 64.

Sharing: Have group members share their thoughts about the worksheet. Ask them questions such as:

• What are your current stressors?
• How do you manage your stress?
• In what ways could you cope better with your stress?
• Can you think of an example of a time when you dealt with stress poorly?
• Which of the coping strategies discussed would you like to try?

**Processing:** Have the group share and process through feelings about the group session. Utilize motivational interviewing. Ask open-ended questions and clarify information. Ask group questions such as:

- How did you feel about the activity?
- In what ways did you feel that this activity was helpful or not helpful?
- How did you feel about the way that others in the group completed the activity?

**Generalizing:** Have the group process through what was learned in the session. Ask questions such as:

- What did you learn from the session today?
- What were some common stressors that the group brainstormed?
- What are some healthy coping mechanisms when dealing with stress?

**Application:** Help the group to understand how they can use the skills they learned in the group within their real lives. Ask questions such as:

- What part of today’s activity will you take home with you?
- How can you use the skills you learned today in everyday life?

**Summary:** Wrap up the session by doing a brief overview of the group. Thank the members for attending. Give them information on what to expect from the next session:

- Social support and community resources and the importance of seeking positive and healthy social support and resources when needed
- Discussing the group member’s current forms of social support or community resources they’ve contacted
- Engage in a group activity that depicts what can happen if one does not seek support when needed
Stress Management Worksheet

How would you describe your ability to manage stress and maintain control in your life?

__ In control
__ Almost in control
__ Sometimes in control
__ Often out of control
__ Out of control
__ Other ____________________________________________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please identify your current stressors:
1.

2.

3.

4.

List any methods/resources that you have used in the past to gain control and manage stress
1.

2.

3.
4.

What outcomes would you like to achieve by managing your stress more effectively?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Coping Mechanisms for Stress

The Pause Strategy
The pause strategy is simply taking a moment to let your brain and body get on the same page. It can be used when feelings stressed. A benefit is that you can use this coping mechanism at any time of the day.
Stop, pause and assess the situation. Think about it rationally. How do you perceive the stressor? Is this an accurate portrayal of the stressor? Allow yourself time to process. Tuning into your body and these emotions will help you evaluate them and think about them before acting.

Keep a journal
Writing down thoughts and feelings has been proven effective in healthily managing stress. Identify the sources of stress and rate the intensity of these sources. Record a stressful incident and how it affected you. Identify the physical, emotional and behavioral symptoms of your stress.

Establish a plan
Identify the sources of stress you have control over. Prioritize and identify a place to start. Set a measurable goal to manage stress more effectively.

Take care of yourself
• Eat properly, get enough sleep and exercise. When people are busy and under stress, these basic principles often go by the wayside, but they are extremely important to maintain especially under stress.
• Develop a social network; mental and physical wellness can be positively affected by socializing with others.
• Set limits; know your boundaries and learn to say no. Spreading yourself too thin will cause additional stress and affect the quality of what you’re doing.
• Choose your battles wisely; don’t expend too much energy on the petty.
• Develop outlets such as new hobbies; engaging in activities you enjoy or learning something new is an easy way to de-stress.
• Take time for yourself.
• Use meditation and relaxation techniques; these can be helpful in taking a break and gaining insight to a situation.
• Seek help if needed; it’s okay to seek help if you feel like you cannot cope with the stress on your own. There are resources and individuals that are willing to help.
Seek sensory

Some suggestions to assist you when you are stressed involve seeking or avoiding sensory stimuli. We all have different sensory thresholds. Listed are some things to try when experiencing stress:

1. Lie with a blanket on a soft surface.
2. Deep pressure; this can include lying under a heavy blanket or receiving a big hug.
3. Hold a pillow or comfort object to the abdomen.
4. Drink a cup of hot tea.
5. Keep environments free from loud music, chemicals, fluorescent lights, mechanical buzzes and offensive smells.
6. Develop a routine; often people find comfort in routine.
7. Give some attention to yourself; some suggestions would be brushing your hair, massaging your head or painting your nails.
8. Hand massage.
9. Play music; something you find soothing.
10. Comforting aromas.
11. Make a scrapbook of positive memories.
12. Wear soft and comfortable clothing.
13. Seek natural light from outdoors.
14. Engage in outdoor activities.
15. Find a quiet space to clear your mind, meditate or practice a deep breathing exercise.
Breathing Awareness and Deep Breathing

1. Lie down or sit in a comfortable chair, maintaining good posture. Your body should be as relaxed as possible. Close your eyes. Scan your body for tension.

2. Pay attention to your breathing. Place one hand on the part of your chest or abdomen that seems to rise and fall the most with each breath. If this spot is in your chest you are not utilizing the lower part of your lungs.

3. Place both hands on your abdomen and follow your breathing, noticing how your abdomen rises and falls.

4. Breathe through your nose.

5. Notice if your chest is moving in harmony with your abdomen.

6. Now place one hand on your abdomen and one on your chest.

7. Inhale deeply and slowly through your nose into your abdomen. You should feel your abdomen rise with this inhalation and your chest should move only a little.

8. Exhale through your mouth, keeping your mouth, tongue, and jaw relaxed.

9. Relax as you focus on the sound and feeling of long, slow, deep breaths.
**Complete Natural Breathing**

1. Sit or stand with good posture.
2. Breathe through your nose.
3. Inhale, filling first the lower part of your lungs then the middle part, then the upper part.
4. Hold your breath for a few seconds.
5. Exhale slowly. Relax your abdomen and chest.

Practice these two exercises, in whatever combination feels best for you, for ten minutes, twice a day.

(Taken from Davis, Eshelman, and McKay; *The Relaxation and Stress Reduction Workbook*, 2nd edition; New Harbringer Publications, 1982.)

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Session 7: Social Support and Community Resources

Introduction: Welcome group members to the session and introduce the topic.

Warm-up activity: Have the group members jot down a list of places they go when they feel they need support.

Have the group share where they go when they need social support and what community resources they know of that can help them as a military spouse.

- Explain the importance of social support and seeking out resources.
- Express that social support and community resources have been known to help reduce the psychological and physiological consequences of stress.
- Having social support provides a sense of belonging, security and community.
- Explain that when people are under stress, they often feel the urge to withdraw from social interaction for several different reasons.
- However, social support is very crucial in overall wellbeing.
- Additionally, that coming to this program is a step in the correct direction and the group leaders and other members are there to provide social support.

Activity: Introduce the activity

Activity name: When it Gets Too Heavy

- For this activity, the group leader will ask for one volunteer.
- That volunteer will stand up in the front of the room so everyone can see her.
- The group leader will have a bunch of objects. Each object will stand for something different; some examples may include: kids, work, anxiety, loneliness, pressure, finances and symptoms. Some examples of items to use:
• A teddy bear, ball or blanket to signify kids
• A dollar bill, checkbook, or calculator to signify finances
• A box of tissue to signify loneliness
• A stress ball to signify pressure
• Some paperwork to signify work

• One by one, hand the objects to the volunteer and watch as her arms get fuller. She may begin to drop some of the items. As the volunteer struggles, have her choose a few individuals in the group to come help her hold the items. This activity will show that it is easier to manage the stressors of life when we’ve got support from others.

• Take a moment to brainstorm a list of resources. In the end the list should include: family, friends, spiritual leaders or mentors, doctors, psychologists/physiatrists, spouse or significant other, other support programs for military dependents.

Sharing: Have the group members share their thoughts about the activity. Ask them questions such as:

• Think of a time you felt overwhelmed, how did you manage those feelings?
• Why is it important to seek support if you need it?
• What are some of the reason you have for not seeking support?

Processing: Have the group share and process through their feelings about the group session. Prompt this discussion by asking questions such as:

• How did you feel about the group activity today?
• In what ways can you relate to how the volunteer portrayed her stress?
• What are some of the consequences of not seeking social support?
• In what ways did you feel the activity was helpful or not helpful?

Generalizing: Have group process through what was learned in the session. Prompt them to generalize the connection between the activity and their own lives. Ask questions such as:

• How is this activity something you can relate to in real life?
• What are some thoughts or consequences when feeling stressed without support?
• What resources can you envision yourself seeking in the future?
**Application:** Help the group to understand how they can use the skills they learned in the group within their real lives. Ask questions such as:

- What part of today’s activity will you take home with you?
- How can you use the skills you learned today in everyday life?

**Summary:** Wrap up the session by doing a brief overview of the group. Thank the members for attending. Give them information on the last session:

- Conclusion and wrap up session where group members will fill out the post-group survey
- The session will give group members a chance to share their thoughts about the program along with any feedback they have about what could be done to make it better
- The group with process, share and generalize about how the group will use the skills learned in the program within their lives
Session 8: Conclusion/ Wrap-up

**Introduction:** Welcome group members to their last session in the program.

**Activity:** Have group members fill out the participant survey.

- Explain that the participants of the group may remain anonymous for the survey and that it will be used to measure the outcomes and effectiveness of the program.
- It will also give the group members an opportunity to provide feedback along with any suggestions.
- The survey form is attached at the end of this session (page 73).
- Allow group members to put the completed surveys in a manila envelope.
- They may be reviewed at the after the last session privately by the group leaders to gather and interpret the findings from the survey.

**Sharing:** Have the group members share their thoughts about the survey. Ask questions such as:

- How did you feel about the survey?
- Will you describe the ways that the survey was helpful?
- What questions do you feel should be included in the survey?

**Processing:** Have the group share and process through their feelings about the program. Prompt this discussion by asking questions such as:

- How do you feel the program went for you?
- In what ways was this program helpful?
- Will you share with the group some of the benefits of the program?
- What suggestions can you provide to make this program being better for future participants?

**Generalizing:** Have group process through what was learned in the session. Prompt them to generalize the connection between the program and their own lives. Ask questions such as:

- In what ways do you feel this program addressed issues that are important to you?
- What will you do to maintain overall wellness in the future?
- Overall, can you see other individuals that you know having success in this program?
**Application:** Help the group to understand how they can use the skills they learned in the group within their real lives. Ask questions such as:

- How will you be able to use the skills you’ve learned in the program within your own lives?

**Summary:** Wrap up the final session by providing a brief overview of the prior sessions:

- Introduction
- Stages of the deployment cycle
- Education on mental health diagnoses
- Communication and Conflict Resolution
- Relationship Development and Maintenance
- Coping and Stress Management
- Social Support and Community Resources
- Conclusion/Wrap-up

Thank the group members for their participation and ask if there are any finals questions, comments or concerns.
Post Program Survey

1. What was your level of satisfaction with this program?

__________________________________________________________________

____  1 2 3 4 5
Very satisfied Not satisfied

2. What are some suggestions you have to improve this program?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

3. What went well for you in the program?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

4. Was the time conducive with your schedule? If not, what times would work better?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

5. Describe your level of confidence regarding coping strategies and respite care services available to you after participating in this program.

__________________________________________________________________
__________________________________________________________________

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CHAPTER V

SUMMARY

The purpose of this project was to develop a holistic program that addresses the needs of military wives and the challenges they experience due to having a spouse in the military. *Making the “Better Half” Even Better: A Support Program for Military Wives* is a program designed to address the unmet needs of military wives by providing them with the support, education and resources they deserve. Through utilization of an occupational therapy perspective, this program focuses on the promotion of wellness and increased quality of life for military wives, which in turn, facilitates overall cohesion and support among military families.

After an extensive literature review of the common challenges that many military wives face as a result of having a spouse in the military, it became apparent there was substantial lack of assistance for military wives. Some of the concepts uncovered during the literature review indicated some recurring themes. First, there are few interventions that focus on the effect of military members’ military involvement on their wives and families (Chartrand, Frank, White, & Shope, 2008). Furthermore, a spouse’s military involvement has been shown to put stress on marriage, parenting and familial relationships (Hayes et al., 2010). Additionally, the stress caused by deployment and overall military involvement...
often triggers or worsens mental health problems such as depression and anxiety for military spouses and expends their resources (Verdeli et al., 2011). SteelFisher et al. (2008) found that the most substantial stress that military spouses experience was the negative impact their spouse’s deployment had on their overall health and mental wellbeing.

Conduction of the literature review indicated two overarching needs. First, most current programming addresses the needs of the military member without considering the impact of a military lifestyle on the entire family and more specifically, the spouse. Secondly, there is a lack of research-based programming that holistically addresses the needs of military wives. From these findings, a plan was devised to design a program that addressed all of the aforementioned areas of need.

The Person-Environment-Occupation-Performance Model was applied to the program due to the focus on the individuals’ valued roles, tasks and activities along with their performance in those occupations, and the notion that person, environment and occupation interact dynamically and affect one another (Cole & Tufano, 2008). Furthermore, Cognitive Behavioral Therapy (CBT) was the frame of reference applied throughout the program. The aim of utilizing this frame of reference was to promote the participants’ abilities to connect thoughts, feelings, and behavior in order to cope with stress, manage time, and balance their life roles and occupations (Cole & Tufano, 2008).

The resulting program is to be used by occupational therapists to promote the overall wellbeing of military wives through interventions such as educational
sessions on mental health both regarding themselves and their spouse, the deployment cycle, conflict resolution and communication skills, relationship development and maintenance, and coping and stress management while also providing information on community resources and how to foster social support. Eight, one hour sessions were designed. All sessions foster support, mentorship and collaboration for each military wife in order to provide solutions for the challenges that may occur as a result of her spouse’s military involvement or deployment.

Although the developers aimed to make this program extensive and inclusive, there are some limitations. One of the primary limitations is that the program is targeted specifically at military wives. This excludes a population of individuals that consider themselves partners or significant others of a military member, whether it be male or female, from the program developed. Although the concepts addressed in this program can be applied to those individuals, it does not explicitly include them. Another limitation of the program is that it was not a pilot study. Because of this, the program developers did not trial the program or research the effectiveness on a group of individuals. Thus, they cannot say to what extent the program will be beneficial. Furthermore, there is no outcome measure or tool utilized to measure the effectiveness of the program. Due to this, there is no way to precisely determine the validity of the program.

The program is designed to be disseminated directly to occupational therapists that work closely with military families. It is a strong value of the program developers to help as many people as possible with the program and they
are willing to disperse information and the program for those that are interested. The program developers are willing to educate community members and other healthcare professionals about the program by presenting the literature, the program, and how to implement the program upon request of interested individuals.

Furthermore, an electronic copy of the program will be made for others to utilize. It will be easy to use and contain all of the information necessary to implement the program. The program developers have also decided to provide their program and literature to other occupational therapy colleagues, so when they enter practice they have the resource if they should ever need it.

Individuals suited for this program will be accessed through research about communities that have military bases and veteran’s hospitals. These populations will have the best access to military members and their spouses which will increase the number of individuals that could benefit from joining this support program.

This occupational therapy program was developed to support military wives in all stages of the deployment cycle to provide mentorship, resources, and skills to cope and provide solutions to the everyday challenges that occur with having a spouse in the military. The review of literature provided the authors with evidence for a definite need of a program of this nature due to the conflicts in Iraq (Operation Iraqi Freedom; OIF) and Afghanistan (Operation Enduring Freedom, OEF). Military wives are currently facing increased challenges due to their spouse’s deployment and military involvement. The length of the spouse’s
deployment, the mental health condition of the returning soldier and the life events occurring during the time of deployment provide the rationale for safe, comprehensive, preventative, affordable, and evidence-based support program for military wives. It is anticipated that this program will decrease spousal, familial, and service member stress, as well as decrease mental health issues of the military wife, but also increase her quality of life, which affects the family as a whole. Further improvements to the product are necessary. The main improvement would be development or adoption of an assessment tool and outcome measurement to be added to the curriculum to more accurately determine the needs and effectiveness of this program.

This program has potential for further research and program development. It is expected that this scholarly project be implemented as a pilot study after Institutional Review Board approval to demonstrate the effectiveness and the value of a support program of this nature for military wives to: decrease mental health conditions, to develop coping skills, to teach stress management strategies, to offer communication and conflict resolution strategies, and to discuss relationship development and maintenance skills, and finally to increase social support and awareness of community resources. Prior to implementation of the pilot study, it is recommended that an assessment tool and outcome measurement strategy be adopted and added to the curriculum to more accurately determine the needs and effectiveness of this program. This will increase the rigor of the study in showing its effectiveness and value for military wives.
This program can be further developed and adapted in the future to fit the ever-changing needs of military wives. This program will be further developed and adapted biyearly to revamp and assess the fit of this program related to the person-environment-occupation-performance (PEOP) model that was chosen to guide the development of this support program for military wives. Involvement in future wars, changes in deployment status, increased spousal involvement, increased or decreased mental illness, and/or increased development and implementation of preventative and maintenance programs for military members, spouses, and children will affect the needs and areas addressed in this current program.

In summary, through the review of literature and assessing the challenges that present with having a spouse in the military, the authors anticipate this support program for military wives to be effective and successful in decreasing spousal, familial, and service member stress, as well as not only decreasing mental health issues of the military wife, but in turn increasing her quality of life, which affects the family as a whole.
REFERENCES


