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## Development of an Intensive Outpatient Program (IOP) for Adolescents of American Military Members Deployed Overseas to Support Mental Health

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# Development of an Intensive Outpatient Program (IOP) for Adolescents of American Military Members Deployed Overseas to Support Mental Health

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[Introduction](#)

- The purpose of this capstone was to learn and understand the process of program development and continue to develop clinical practice skills through the development of an Intensive Outpatient Program (IOP) for Adolescents of American Military Members Deployed Overseas to Support Mental Health [Site Description](#)
- Joy Center is an outpatient pediatric and family mental health facility that serve the families of American military families that have been deployed overseas
- The ages range generally from 2-22
- The clinicians include Occupational Therapists, Speech Language Pathologists, Psychologists and contract work with local Psychiatrists, Doctors and other paraprofessionals



Joy Center; 2024

## [Literature Review Summary](#)

- Deployment overseas can cause disruption to military members and their families (Briggs, 2019)
- Military families with adolescents do not seek or use mental health services (Becker et al., 2014)
- Effective service to military families requires an integrated approach that:
  - Considers framing (e.g., describing events in universal terms).
  - Educates the whole family (including the service member) about mental health treatment
  - Offers a wide range of flexible scheduling, cost, and location options
  - Uses a trauma-informed care approach (Becker et al., 2014)
- There is a lack of outcome measures and assessments specific to the military's pediatric population
- An Intensive Outpatient Program (IOP) stands out when looking at helping children of military families and deployed overseas
- Inpatient care is often required for youth experiencing high-acuity mental health symptoms, which restrict their access to occupations (Wise, 2000; Wise, 2003)
- An IOP is a highly structured treatment program that addresses an issue in many different settings decreasing the need for inpatient care (Mosel, 2024)
- Currently, no IOPs are directed at working with the challenges that pediatric military family members endure

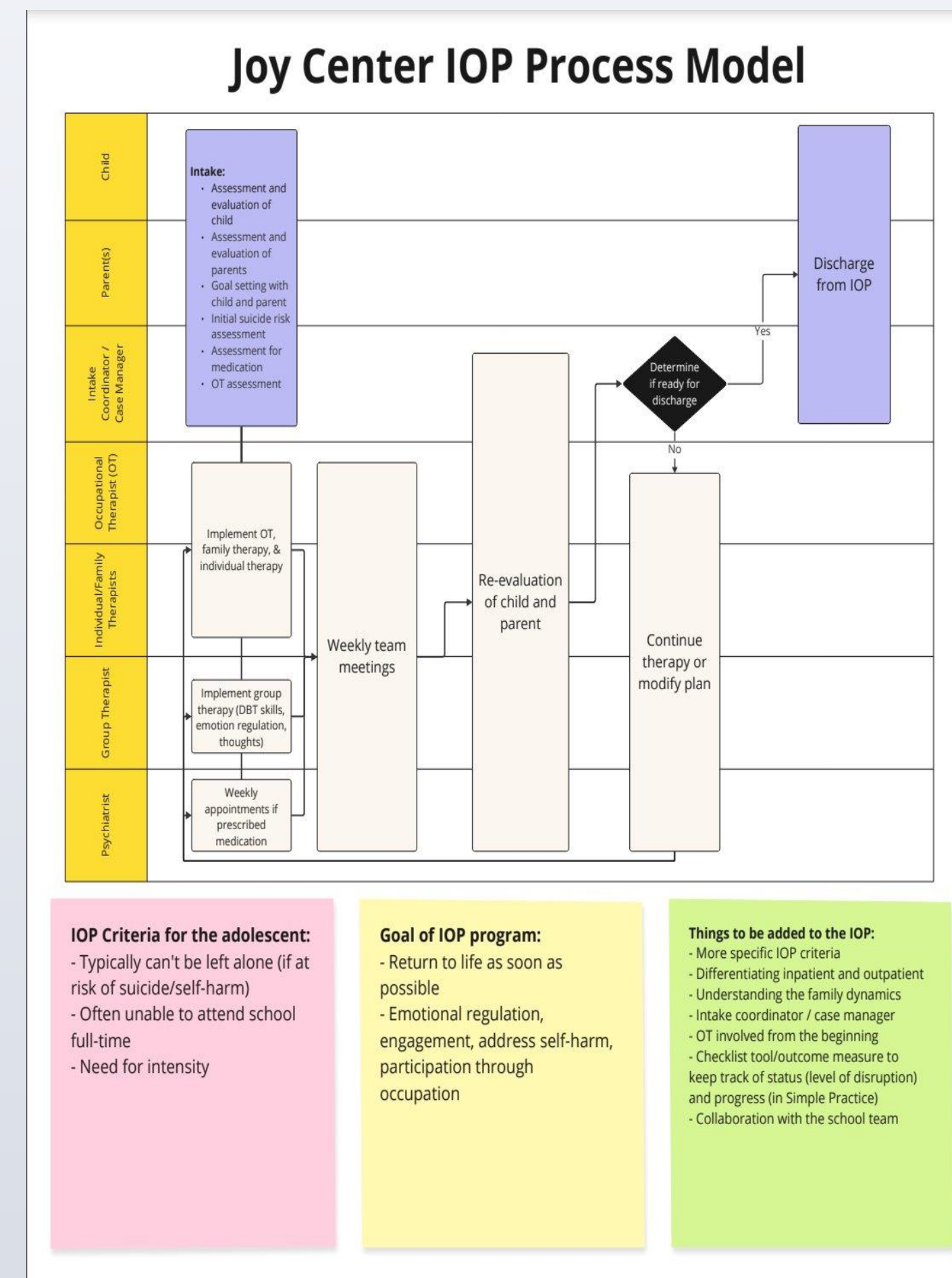


Figure 1.

## [Summary of Needs Assessment](#)

Two surveys were deployed with questions developed by a team at Joy Center that included client-centered, evidenced-based questions along with the Scale of Occupational Disruption to gather more insight into the program's needs

Themes found:

- Emotional Regulation, depression, and anxiety challenges with most clients
- Need for more standardized assessments
- Clinician training and education
- Experiencing difficulties at school
- Time and cost
- No/little services are provided by the military and there is a need for more resources
- Lack of social/familial support

## [Capstone Project Description and Outcomes](#)

- Developed 10 weekly modules on a specific topic with 3-3 hour daily treatment plans (i.e. ADLs, mindfulness, academics, etc.)
- Developed an intensive catalog of clinician resources to be utilized as resources for family and parents in conjunction with the weekly modules
- Developed parent resource flyers to be provided to parents at the beginning of each week

Client Intake Forms/Assessments
Week 1 (ADL/Routine)
Week 2 (Mindfulness and Self-care)
Week 3 (School/Academics)
Week 4 (Emotional Regulation)
Week 5 (Social Relationships)
Week 6 (Family Dynamics)
Week 7 (Self-Directed Sessions)
Week 8 (Leisure and Play Exploration)
Week 9 (Exercise and Nutrition)
Week 10 (Community Resources)

Figure 4.

The flyer titled 'Self-Care Resources' from Joy Center lists various resources categorized into Books, Websites and Articles, Apps and Tools, and YouTube Videos and Podcasts. It also includes 'Overall Strategies' such as Mindful Healthy Behavior, Encourage Open Communication, Physical Activity, Self-Care Routine, and Healthy Eating Habits. A call to action at the bottom asks therapists if they have any questions about these resources.

Figure 5.

## Joy Center Europe

**B I U ☒ ☒**

This survey was developed to better inform Joy Center of the services that will best benefit you and your family as well as provide insight on how well the programs are working.

The survey may work best on a computer or tablet.

ALL RESPONSES REMAIN CONFIDENTIAL AND WILL ONLY BE ACCESSED BY JOY CENTER AND THEIR AFFILIATES

Figure 2.

## Joy Center Clinicians

**B I U ☒ ☒**

As a clinician here at Joy Center, you are the backbone to what we do here every day and are making a difference in all the lives of the clients that you work with. We can not be thankful enough for your hard work and dedication.

As part of our ongoing efforts to improve our services and provide the best quality, family-centered, evidenced-based therapy for our families, we ask that you take this short, anonymous survey to help us gain a better insight of what we can do to provide more client-centered, therapist led interventions and programs.

Thank you for taking part in this survey.

Figure 3.

## [Learning Objectives Achieved](#)

- Created and implemented a needs assessment for the site to determine any gaps or needs
- Researched and understood the different diagnoses that we worked with adolescents with ADHD, anxiety, attempted suicide or ideation, adjustment disorders, and ODD while also researching trauma-informed care and family dynamics to inform our program development better
- We worked alongside the clinicians to develop an Intensive Outpatient Program (IOP) for the Joy Center
- We gained clinical knowledge in a mental health pediatric clinic focusing on military parents and children in Germany
- We utilized the SOD as an outcome measure to indicate the success of the IOP as well as help with the validity and reliability of the measure

## [Implication for OT Practice](#)

- The work that was done during the capstone experience has provided valuable information on how occupational therapists can consider various barriers, limitations, and resources to better navigate mental health well-being, community integration, and overall occupations for this unique population
- It also allowed for an unexplored area of parent education to be included in the development of the IOP which, as a collective team, was found to be the missing link
- By developing the IOP and parent education resources, we have left Joy Center an opportunity to implement a program that is streamlined, evidenced-based, cohesive, and well-planned out to be able to better serve their population

- This is important for the OT profession because it can be used as a base-model for future IOPs that work with military members

## [References and Acknowledgements](#)

- References Available Upon Request
- We would like to thank Joy Center GFH, specifically Alexa Grief, Angela Tenaglia, and Amy Zier for their support and mentorship during the capstone experience
- We would also like to thank Dr. Kane, Dr. Kopp, Mrs. Laurene Bowe, Mr. Williams Ormsby and any others involved in the process for allowing us to be able to have the opportunity to have this experience!

This table lists materials needed for a 3-hour session, including task boxes, a computer, drawing/planning board, pen/marker, personal OT toolbox, materials for ADLs, and links to parent resource flyers. It also provides a detailed agenda for the session, including introduction to the therapist and clinic, introduction to curriculum, check-in, routine checklist, ADL/routine task box, and a final check-out.

Figure 6.