

Military Assessment

The Military Assessment provides a standard format to assess mental health needs of individuals who have served in the United States Armed Forces. This tool is designed to assess traumatic brain injury; military trauma, military sexual trauma, social dynamics as well as supports and resiliency. Please be cognizant of the sensitive nature of this exploration. Empower the service member to refrain from answering questions that make them uncomfortable and assure that any operational details of their missions will not be recorded. Allow for extra time and pace the exploration to provide sufficient time to explore issues as needed. You may consider grounding techniques before identifying triggers to assist the service member. Be sure to pace the exploration so that the individual feels a sense of control and respect during the assessment. This Military Assessment provides a summary of assessed needs that serve as the basis of Goals and Objectives in the Individualized Action Plan.

Data Field	Identifying Information
Organization and Program Name	Record the names of the Organization and the Program if applicable
Individual's Name	Record the first name, last name, and middle initial of the Individual being served. Order of name is at agency discretion.
Record #	Record your agency's established Record number for the Individual.
Date of Birth	Record the date of birth of the Individual. (e.g. MM/DD/YYYY)
Data Field	Military Service History
Dates of Service	Document the dates the individual served in the United States Armed Forces.
Branch of Service	Document the branch of service (i.e. Army, Navy, Air Force, Marines, National Guard, Reserves, Coast Guard).
Location of Service	Record where the individual served. Were they stateside? Were they overseas? Were they in a war-zone?
Service Activity	Record if the individual is still active in the services or if they are no longer in service. Individuals may be home but may be called upon because they are in the Reserves or National Guard. Individuals may have provided a number of years and have completed their obligation for future service.
Discharge Information	Record if the individual has been discharged. This is a highly sensitive area, especially if someone was dishonorably discharged. Their discharge status can impact their receiving of benefits and supports from the government.
Future Deployment	Check if the individual anticipates future deployment. Be mindful of time frames of such potential deployment and how that will impact the course of treatment. Many service members have been on multiple extended tours. Each tour of duty impacts the individual and their support systems uniquely. Preparation for mobilization is crucial for both the individual and their family.
Service Member Occupation	Describe the type of job (s) they have or had. For example, pilot, mechanic, sniper, Commander. Note if the individual was in a leadership position and responsible for others, this may impact their own healing.
Department of Veteran Affairs	Check if the individual has registered with the VA. For individuals who have not registered with the VA, inquire as to why, as their benefits will be impacted if they do not register. Individuals do have a right to seek confidential treatment in the community. Many individuals utilize VA services and it is imperative that coordination of care is discussed and consents completed where applicable. For more information on available resources, call military OneSource at 1-800-342-9647. Veterans' Administration Health Care Links for New York State Military VISN-3 (NYC, Long Island, New Jersey) www.va.gov/visns/visn03

Veteran Service Agency	Indicate if there are entitlement issues and document linkages. Every county in New York State has a local Veteran Service Agency. Veteran Service Officers can help veterans and dependents file for compensation, pension and education benefits from the U.S. Department of Veterans Affairs. The Veteran Service Officer can also assist veterans with enrollment for medical services. Nassau County (516) 572-8450 and Suffolk County Veterans Service Agency is (631) 853-VETS. For information to locate a service agency contact the New York State Division of Veterans' Affairs: 1-(888) VETS NYS (1-888-838-7697) www.veterans.state.ny.us
Stigma and Career Concerns	Indicate if the service member has concerns around disclosing mental health needs because of stigma. Military experts recommend using terms such as psychological distress to help normalize the response to operational and combat stress. It is important to impart that invisible wounds are real and that treatment works. Remind the service member that reaching out is an act of courage and strength. Affirm that post traumatic growth can expand their human potential and enable them to be helpful to others as per the Army Brigadier General Loree K. Sutton, MD, Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.
Prior Treatment of Psychological Distress	Ascertain if the service member has sought treatment before and where. Explore what helped and what did not. Explore if the aim of treatment should include finding meaning, purpose and value in their experiences.
Data Field	Military Health Screen
Physical Health Concerns	Describe any physical health concerns resulting from their military experience. Explore treatment received and need for further medical evaluation.
Pain	Be sure to ask and document referrals and linkages if the service member is in pain and how pain has impacted their functioning. Explore how pain is coped with and impact on mood.
Concerns	Explore and provide details of any somatic complaints reported and recommend medical evaluation.
Exposures	Comment on exposures in the environment. Be mindful that exposures can occur and impact service members from numerous sources which can include infectious agents, toxins and radiological exposure.
Data Field	Traumatic Brain Injury
Prior Assessment	Inquire and note if the individual has been assessed and diagnosed with a TBI. Traumatic Brain Injury is known as the "signature wound" since as many as one in five service members returning from combat are estimated to have a Traumatic Brain Injury. TBI can closely resemble PTSD. It is imperative that we assess for both which are often co-morbid conditions.
Avoidance	Indicate if the service member tends to avoid contact with others, including friends and family. For example, note if the service member prefers to stay in the basement or their room, including special occasions when their presence is expected.
Potential TBI Exploration	Explore and note possible TBI from accidents and blasts which can include those that occurred at some distance. Explore situations in which the service member was injured by bullets or shrapnel. Identify the response following the exposure, which may not necessarily include a change in consciousness. Identify if the individual was somewhat dazed or confused. Explore and note symptoms of concussion which may include headaches, dizziness, irritability, light and noise sensitivity or ringing in the ears. Indicate if the service member was ever injured to their head or face; it is likely that a TBI has occurred when there is a significant injury that impacts the head

	or face. Comment on any details provided regarding known and potential TBI events.
Current Concentration and Recall	Indicate if the service member is having any current difficulty with concentration and recall. Explore difficulty managing time, for example, if they now find themselves running late when it seemed they had plenty of time.
Mood Changes	Indicate if there are mood changes, depression, irritability or anxiety. TBI can impact individuals' moods, which can include bouts of irritability, anxiety, and depression. Comment on current functioning and linkages made.

Data Field	Military Trauma Screen
Combat and Operational Stress Exposure	<p>Indicate if the individual has experienced being in a war-zone. If no, proceed to the next section. If yes, carefully assess episodes of traumatic stress. Identify each element listed and comment below. Identify situations that evoked fear, horror, or helplessness. Inquire and note if the individual thought they would be hurt or killed. Inquire and note about what they witnessed. Oftentimes, service members may minimize the witnessing of events, especially if they survived when others did not. Normalize reactions to trauma. Identify if any friends, buddies or fellow service members died. Indicate if the service member was ever in a situation when they were fired upon or had to return fire. Evaluate and note possible traumatic experiences by inquiring what events they seemed to experience in slow motion or with tunnel vision, as this is the brain's way of sustaining concentration and survival during highly stressful events. Indicate if the individual experienced any hostage or POW situation, and/or witness of torture or abuse. Be mindful of possible withholding as individuals may not be forthcoming with such sensitive topics. If someone is uneasy with exploration, remind the individual that there is no documentation of operations/mission details. Note issues of survival guilt. Many service members do not feel like heroes on the inside and point to their fellow service members who lost their life or limb. Note if surviving without visible wounds when others did not evokes guilt or remorse. Document triggers that may bring on flashbacks and encourage the service member to identify sights, smells, sounds that may trigger a flashback. For example, some triggers may include a car backfiring, fireworks, and black garbage bags which can resemble body bags. Indicate if there are difficulties with anger management and how temper may be impacting his or her life and their loved ones. Note aspects of sleep hygiene such as difficulty falling asleep and staying asleep. Note if the individual prefers to stay up all night or is using alcohol or other means to fall asleep. Explore and note content and frequency of nightmares. Indicate if the service member flinches easily or has an exaggerated startle response. Explore onset and feelings this evokes. Indicate the comfort level of being in public, in crowds, etc. For example, it is not uncommon for service members to position themselves in rooms with their backs against the far wall so they can scan the individuals present for potential threats. Inquire if the service member sleeps with their weapons, or brings weapons with them to places that do not warrant firearms, such as a family picnic. Document if the service member experiences any reliving or flashbacks. For example, note if they find themselves revisiting places that represent or resemble traumatic exposure. Note if the service member plays video war games which re-enact war-zone events. Note if the service members is using prescription, alcohol, or illicit substances to cope with psychic pain. If "Yes" to any current use, or history of any use, complete the Substance Use/Addictive Behavior History Addendum.</p>
Data Field	Military Sexual Trauma
Military Sexual Trauma	<p>Identify areas of military sexual trauma and how that may be impacting the service member at present. Military sexual trauma can evoke feelings of shame and powerlessness. Inquire about the experiences which may have included pressure to fraternize while in the service with fellow members or leadership. Note if the service member was the target of unwanted sexual remarks, touched, cornered or pressured for sexual favors. Indicate if there was use of threats or punishment for sexual contact and comment. Note if the individual has had a change or difficulty with sexual functioning with a check mark next to "Yes" and provide comments.</p>

Data Field	Social Contracts
Tour Extension, Infidelity, Discipline, Lack of Equipment, Employment, Entitlement/Benefit Issues, Shame.	Provide a check mark and describe in the comments section for the following elements: Indicate if the individual had an unexpected tour extension and how this impacted their life. Note issues of infidelity during service by themselves or their partner and the impact this has had on their relations with others. Note if the individual experienced events which include discipline, punishment, mistreatment or discrimination. Note if the service member believed they did not have sufficient equipment to protect themselves. Note if any tours of duty may have had an impact on employment. For example, identify if they are having difficulty finding work or struggling financially. Identify if the individual is having any difficulties with ascertaining benefits from claims, etc. If they are experiencing any entitlement issues, document referral to the local Veteran Service Agency. Indicate if the individual fears that disclosure could impact their career, including in the civilian sector. Note if the individual feels as though their service has been honored or rewarded by others and comment.
Data Field	Community, Social Supports, & Resiliency
Coming Home	Identify what coming home has been like. Note expectations and reality.
Community Response	Note how the service member was received by friends, family, and community. Unfortunately, many Viet Nam era veterans received harsh public reactions, which could have included being spit on, while many Korean War veterans may feel as though they were forgotten.
Relocation Issues	Indicate the impact that relocation has had on their life if applicable.
Impact on Relationships	Note if relationships have become strained or severed because of separation, re-adjustment issues and challenges of the cycles of deployment.
Altercations in Household	Indicate issues of Domestic Violence. Carefully explore interactions during frustrating and angry situations. Indicate if anyone is being hit, spanked, grabbed, or threatened. Document linkages to Domestic Violence programs for batterers and victims and ensure coordination of care.
Worldview	Explore and note any changes in worldview as a result of military experiences. Explore past and present involvement in their local religious or spiritual institutions.
Wellness Self Management	Identify and reinforce healthy wellness self-management skills which may include physical activities, sports, yoga, meditation, etc. While in the service, individuals are very physically active and may benefit from establishing structure with wellness activities if they are not doing so as an objective.
Organizational Involvement	Inquire if the service member is isolating or actively involved with others. Some organizational membership can provide for peer support, such as The American Legion, V.F.W. Posts as well as web-based affiliations such as the IAVA or Iraq and Afghanistan Veterans of America. Note affiliations.
Education	Indicate use of the G.I. Bill. There are many opportunities to advance academic achievement with the G.I. Bill. New York State is offering Veterans Tuition Awards, for eligibility contact 1-888-697-4372.
Data Field	Couples
Intimacy Impact	If the service member is not part of a couple, check not applicable and skip to the next section. If the individual is part of a couple, note if there has been an intimacy impact. Note any instances where physical closeness has been changed because of impairment, injury and relational difficulties as a result of changes.
Separation	Indicate if there are known issues of infidelity and how relationships are impacted by emotional separation.

Conflict Resolution	Note issues with problem solving. While in war-zones, decisions are made at the drop of a dime and action is executed. This style of behavior does not translate very well in the home, resulting in conflicts.
Data Field	Children
Behavior Problems	Describe how stressors have impacted the entire family, including children. Indicate reports of problem behavior at home or in school.
Outbursts	Comment on outbursts experienced or witnessed by children. Unfortunately, traumatic stress can be trans-generational and it is important to explore behavior patterns.
Attachment Issues	Describe attachment issues. Bonding, attachment, and feeling connected to loved ones during and after deployment can be difficult. Note efforts of staying close or distancing. Offer and document plan for collateral or family sessions as needed for psycho-education and support.
Milestones	Explore and comment on thoughts and feelings around missed milestones. For example, birthday, graduation, getting braces, first steps, and first words, etc..
School Contact	Ascertain if the school social worker or teacher has an understanding that this child is from a military family and document linkages as indicated
Data Field	Clinical Formulation
Clinical Formulation	Provide a brief narrative summary and analysis that blends the findings and opinions of the interviewer(s) and the preferences of the individual. Describe the origin of the presenting problem(s), severity and factors contributing to its continuation, where the problem occurs (home, work, in community) and whether it is short or long term. Describe the significance of the problem(s) in the individual's cultural context. Not everyone will meet the full criteria of PTSD; however, individuals still may fall within the spectrum of traumatic stress. Summarize the individual's motivation for treatment and support, readiness for change, and potential barriers to change. Finally, assess individual's strengths and assets in the areas of individual qualities, daily living situation, financial assets, work and education, social support, recreation/leisure skills, and spirituality/religion that can be beneficial toward the goals of treatment.
Data Field	Signatures
Completed By- Print Name/Credentials, Signature and Date	Record printed name of person completing the assessment, credential(s), signature, and date.
Supervisor Print Name/Credentials, Signature and Date	If needed, record the supervisor's printed name and credentials, signature, and date.