

Military Assessment for Significant Others

The Military Assessment for Significant Others provides a standard format to assess mental health needs of individuals who have family members significant others who are serving or have already served in the United States Armed Forces. This tool is designed to assess the impact of military service on others which may include issues related to traumatic brain injury; military trauma, military sexual trauma, social dynamics as well supports and resiliency. Please be cognizant of the sensitive nature of this exploration. Empower the significant other of the service member to refrain from answering questions that make them uncomfortable and assure that any operational details of their loved one's missions will not be recorded. Allow for extra time and pace the exploration to provide sufficient time to explore issues as needed. This Military Assessment for Significant others provides a summary of assessed needs that serve as the basis of Goals and Objectives in the Individualized Action Plan.

Data Field	Identifying Information
Individual's Name	Record the first name, middle initial and last name of the individual being served.
Record Number	Record the agency's record number for the individual.
Date	Indicate current date-date that assessment initiated.
Data Field	Military Service History
Identify Relationship	Identify the relationship between the person served and the service member. Example: The person served is the parent or sibling of a Marine, who has returned from Iraq in 2005.
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, and Coast Guard.
Service Activity	Record if the individual is still active in the services or if they are no longer in service. Their discharge status can impact benefits received by the service member and their family. If the individual was discharged, record the type of discharge received. 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. Indicate where the individual has served.
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. Service members and their families may be eligible for services at Vet Centers if psychological distress is connected to military service. 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	Note any benefits issues and linkages made. 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 Veterans service Officer can also assist veterans and guide their significant others 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
Deployment Status	Indicate if the service member is currently deployed.
Deployment Dates of Return	Indicate anticipated return of the service member. Be mindful that the cycles of deployment are stressful with a lot of anticipatory anxiety. Explore feelings that may range from excitement to dread.
Future Deployment	Check if the individual served 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.
Deployment History	Indicate how many deployments have occurred and any significant history related to cycles of deployment. For example, his wife has had three deployments and had sustained an injury while serving in Afghanistan.
Prior Treatment of Psychological Distress	Note if the service member or significant other has sought treatment before and where for psychological distress related to military service. Explore what helped and what did not.

Data Field	Military Families/Significant Other Screen
Seeking Help	Indicate if the individuals may fear that disclosure could impact on their loved one's career, including in the civilian sector.
Physical Health Concerns	Describe any physical health concerns resulting from their military experience. Explore treatment received and need for further medical evaluation including Traumatic Brain Injury.
Deployment Impact	Describe the psychological and social impact that deployment has had on significant others.
Relocation Impact	Indicate if military service has required the family or significant other to re-locate and describe the impact on individual served.
Mood Changes	Describe any mood changes, depression, irritability or anger management of the service member and/or significant others.
Domestic Violence	Describe any difficulties around violence in the household. Indicate if anyone being hit or threatened with force. Provide land document linkages for Domestic Violence when indicated.
Roles	Comment if there any difficulties with roles or tasks? When service members are deployed, loved ones must figure out a way to share responsibilities in the service members' absence. For example, grandparent has been picking up the child every day after school while Mommy is away. During re-integration upon the loved one's return, roles and assignments have to be re-negotiated.
Trauma Screen	Indicate if the individual ever thought that their loved one might be injured or killed.
Injury or Death	Indicate if the individual knows anyone who was injured or killed. Example, one of the men in the service members' unit was killed by a road-side bomb.
Traumatic Content	Explore and comment if the service member share stories or did others overhear statements involving death or serious injuries.
Reliving	Indicate whether the service member or significant other experiencing flashbacks or reliving of traumatic events.
Triggers	Provide details of known triggers (<i>identify sights, sounds, smells, situations</i>) that the service member or others identified as triggers. Examples could include media coverage of the wars or the sound of one's own child crying could be a trigger.
Nightmares	Indicate if there any screaming during the night due to nightmares or difficulty coping.
Lethality	Identify if anyone in the household is experiencing frequent thoughts of death, suicide or homicide. 1800 273-TALK 8255 National Suicide Hotline, press 1 for veterans.
Access to Weapons	Explore and note weapons access, including if the service member or others sleep with weapons.
Data Field	Couples
Intimacy Impact	If the individual served is part of a couple with a service member complete this section. Indicate if there are difficulties with intimacy or sexual functioning.
Infidelity	Specify known issues of infidelity or emotional separation.
Conflict Resolution	Indicate if there is an increase in disputes, arguments, etc. Explore and comment if the partners need skill building with problem solving or conflict resolution.
Data Field	Children
Problem Behaviors	Complete this section if military service has impacted significant others that are children. Keep in mind that this may include siblings, nieces, nephews and cousins of service members besides their own children. Describe any problem behaviors at home or in school as it relates to any readjustment issues or stressors.
Uncontrollable Behavior	Indicate and describe episodes in which the child witnessed or experienced uncontrollable outbursts.
Attachment	Describe the impact service has had on relationships including if there are any difficulties with bonding, attachment or connection. For example, is a child very clingy, or panics every time Mom leaves the house or is a child isolating in their room.
Milestones	Indicate if there were significant milestones that were missed or impacted, such as birthdays, graduations, first steps or words.

Supports	Indicate if there are community or school supports, for example, the school social worker and teacher know the child is from a military family.
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 including military culture. 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	Staff Signatures
Provider – Print Name/Credential	Legibly print name and credential(s) of individual completing the Comprehensive Assessment.
Date	Record the date of printing name/credential.
Team Leader/Clinical Supervisor – Print Name/Credential (if needed)	Legibly print name and credential(s) of Team Leader/Supervisor reviewing the Comprehensive Assessment.
Date	Record the date of printing name/credential.
Provider Signature	Legible signature of individual completing the Military Assessment for Significant Others.
Date	Record the date of the signature.
Team Leader/Clinical Supervisor Signature (if needed)	Legible signature of Team Leader/Clinical Supervisor reviewing the Military Assessment for Significant Others.
Date	Record date of signature.