

Helpful Resources

**Marine and Family Services
Counseling Services Program**

Military One Source

800-342-9647

Behavioral Healthcare

**Combat Operational Stress Control
(COSC)**

703-432-9563, cosc@usmc.mil

www.manpower.usmc.mil/cosc

www.usmc-mccs.org/cosc

Self-Assessment

*How Are You Doing
Since your Reunion ?*



Combat Operational Stress and PTSD Can Impact Many Areas of Your Life.

Notes

What is Combat Stress?

A natural reaction to difficult or dangerous military situations.

It is a normal response by normal people to an abnormal situation.

Use this self-assessment as a guide to see where you stand in your relationships, work functions, spirituality, finances, physical/mental health, public behavior, roles in life, and substance use/abuse.

Family Transition II Guide 60/120 Day Follow-up

When you are anxious, tense, or feeling stressed:

- Breathe – slow, deep, rhythmic
- Think – meditate, listen, center yourself
- Talk – with someone who understands
- Write – record events, express your feeling
- Move – walk, run, get some air

When things need a little work:

- Time away with self, spouse, family
- Seminars: stress or anger management, self-improvement, career counseling, marriage enrichment/communication
- Evaluate physical condition, eating, smoking, drinking, sleep, finances
- Get involved in church, hobbies, volunteer

When it's more than you can manage on your own:

- Talk to a chaplain or make an appointment with medical and ask for a mental health referral
- If you are afraid you might hurt yourself or someone else, call 911

Our spouses have been back from deployment for several months now, and more than likely things are getting back to normal. Yet you may find -- most people do -- that a few areas in your life could use some improvement. And some people, understandably enough, might still be struggling and recognize that it's time to start the ball rolling on getting some help.

This guide gives you a low-risk, high-benefit way to evaluate how you're doing after your reunion. Use it honestly during the presentation and you'll be able to celebrate the progress you've made, identify areas for growth, and even figure out where you may need help.

Make a mark in the appropriate column on the table inside this guide for each indicator mentioned in the brief. The stress continuum shows you the scale from being healthy to suffering from a stress injury or illness. If you find it difficult to talk about yourself, you may find showing your card to another will help them understand you better and may even assist you in getting help for yourself or in a relationship.

Relationships

Okay	Needs Work	Needs Help
<input type="checkbox"/> Good communication <input type="checkbox"/> Feeling close <input type="checkbox"/> Looking forward to seeing each other <input type="checkbox"/> Cooperating well <input type="checkbox"/> Good sex <input type="checkbox"/> Good conversation <input type="checkbox"/> Affection <input type="checkbox"/> Openness <input type="checkbox"/> Responsiveness	<input type="checkbox"/> Trouble communicating <input type="checkbox"/> Occasional fights and disagreements <input type="checkbox"/> Uncomfortable being together <input type="checkbox"/> Somewhat uncooperative <input type="checkbox"/> Difficult or rare sex <input type="checkbox"/> Complaints from partner <input type="checkbox"/> Ambivalence <input type="checkbox"/> Guardedness	<input type="checkbox"/> Poor communication <input type="checkbox"/> Frequent fighting <input type="checkbox"/> Dreading contact <input type="checkbox"/> Emotional coldness <input type="checkbox"/> No sex <input type="checkbox"/> Criticism <input type="checkbox"/> Contempt <input type="checkbox"/> Defensiveness



Combat Operational Stress Continuum for Families



READY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> • Good to go • Prepared for deployment • Functioning OK socially, emotionally, vocationally, academically 	<ul style="list-style-type: none"> • Mild or transient distress or impairment • Anxious or irritable • Behavior change 	<ul style="list-style-type: none"> • More serious distress or impairment that can change personality • Can't sleep, disruptive nightmares • Panic attacks, rage • Addictive behaviors 	<ul style="list-style-type: none"> • Severe stress injuries that impact your job or relationships (Depression, Anxiety, Addictive Disorders, PTSD) • Requires professional help to heal • May get worse without early intervention
Individual Responsibility			Chaplain and Medical Responsibility
Leader Responsibility			

Family Transition: 60/120-Day Follow-Up

This card is designed so you can do a quick - and private - self-check after your reunion. Make a mark for each indicator in the category that applies best to you in each of the following areas. Use the notes area to jot down anything specific you want to look into further. To the right is a stress continuum matrix that will help you understand where you or your loved one might be, ranging from healthy and resilient to injured or ill, and what action is needed.

Okay Need Work Need Help

Relationships			
Work/Unit			
Public Behavior			
Substance Use			
Financial			
Self			
Roles in Life			
Spiritual			

Work Function

<p>Okay</p> <ul style="list-style-type: none"> <input type="checkbox"/> Achieving <input type="checkbox"/> Feeling like a team <input type="checkbox"/> Mentoring subordinates <input type="checkbox"/> Career goals progressing <input type="checkbox"/> Job satisfaction <input type="checkbox"/> Enjoying going to work <input type="checkbox"/> Respected by subordinates 	<p>Needs Work</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cutting corners <input type="checkbox"/> Needing a lot of supervision <input type="checkbox"/> Animosity toward peers or leaders <input type="checkbox"/> Being apathetic or unmotivated <input type="checkbox"/> Unrewarding <input type="checkbox"/> Stagnating <input type="checkbox"/> Indifferent 	<p>Needs Help</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not doing the job <input type="checkbox"/> Defying authority <input type="checkbox"/> Being a tyrant to subordinates <input type="checkbox"/> Don't care about job <input type="checkbox"/> Totally dissatisfied with job <input type="checkbox"/> Don't want to go to work <input type="checkbox"/> Feel abandoned
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Public Behavior

Okay	Needs Work	Needs Help
<input type="checkbox"/> Comfortable in public <input type="checkbox"/> Appropriate in public <input type="checkbox"/> Good and careful driver <input type="checkbox"/> Patient in frustrating situations <input type="checkbox"/> Calm, even with rude people <input type="checkbox"/> Friendly <input type="checkbox"/> No police involvement	<input type="checkbox"/> Avoiding going out in public <input type="checkbox"/> Suspicious of strangers <input type="checkbox"/> Driving too fast <input type="checkbox"/> Getting frustrated easily <input type="checkbox"/> Impatient with people <input type="checkbox"/> Occasionally angry or irritable <input type="checkbox"/> Been stopped or approached by police	<input type="checkbox"/> Paranoid in public <input type="checkbox"/> Picking fights <input type="checkbox"/> Road-rage driver <input type="checkbox"/> Easily angered in many situations <input type="checkbox"/> Often rude with people <input type="checkbox"/> Anger outbursts occur for little reason <input type="checkbox"/> Been arrested by police

Spirituality

Okay	Needs Work	Needs Help
<input type="checkbox"/> Enjoy worship <input type="checkbox"/> Happy with fellowship <input type="checkbox"/> Happy with spiritual expression <input type="checkbox"/> Able to give and receive love <input type="checkbox"/> Appreciating beauty <input type="checkbox"/> Comfortable with your place in world <input type="checkbox"/> Connected, peaceful	<input type="checkbox"/> Less tolerant of different beliefs <input type="checkbox"/> Feeling distant from God; want to get closer <input type="checkbox"/> Neutral on spiritual expression <input type="checkbox"/> Feeling distant from others <input type="checkbox"/> Not seeing much beauty in life <input type="checkbox"/> Not sure where you fit in <input type="checkbox"/> Something's missing	<input type="checkbox"/> No reverence for anything outside self <input type="checkbox"/> Alone and wandering aimlessly <input type="checkbox"/> Spiritually empty <input type="checkbox"/> Don't care about others <input type="checkbox"/> Nothing seems important <input type="checkbox"/> Feel out of touch <input type="checkbox"/> Loss of purpose

Roles in Life

Okay	Needs Work	Needs Help
<input type="checkbox"/> Comfortable in roles <input type="checkbox"/> Meeting your own expectations in roles <input type="checkbox"/> Able to balance competing demands <input type="checkbox"/> Fulfilled <input type="checkbox"/> Energized	<input type="checkbox"/> Some strain in roles <input type="checkbox"/> Not meeting own expectations in roles <input type="checkbox"/> Not able to fit the pieces together <input type="checkbox"/> Out of balance <input type="checkbox"/> Drained	<input type="checkbox"/> Pulled apart <input type="checkbox"/> Too many demands <input type="checkbox"/> Tension between roles <input type="checkbox"/> Serious conflict with others over roles <input type="checkbox"/> Exhausted

Substance Use/Abuse

Okay	Needs Work	Needs Help
<input type="checkbox"/> Good control over intake of alcohol <input type="checkbox"/> Not tempted to use drugs <input type="checkbox"/> Not smoking chewing more <input type="checkbox"/> Nobody who knows you thinks you are abusing <input type="checkbox"/> Good control over sugar and fat intake	<input type="checkbox"/> Get drunk when didn't intend to <input type="checkbox"/> Been in the company of those using drugs <input type="checkbox"/> Smoking or chewing more <input type="checkbox"/> People have expressed some concern <input type="checkbox"/> Occasionally over-indulge in sugar or greasy food	<input type="checkbox"/> Frequent drinking to intoxication <input type="checkbox"/> Using illegal drugs <input type="checkbox"/> Need to smoke or chew all through the day <input type="checkbox"/> Angry when others complain about drinking <input type="checkbox"/> Totally binge eat

Money and Finances

Okay	Needs Work	Needs Help
<input type="checkbox"/> Saving money <input type="checkbox"/> Bills paid up to date <input type="checkbox"/> Keeping to budget <input type="checkbox"/> Debt under control <input type="checkbox"/> Working a financial plan <input type="checkbox"/> Spending in sync with spouse <input type="checkbox"/> Finances doing fine	<input type="checkbox"/> Minimal savings <input type="checkbox"/> Bills past due <input type="checkbox"/> Financial worries <input type="checkbox"/> Uncomfortable debt <input type="checkbox"/> Vague financial plan <input type="checkbox"/> Conflict with spouse over spending <input type="checkbox"/> Monthly concern over finances	<input type="checkbox"/> No savings <input type="checkbox"/> Collection notices <input type="checkbox"/> Major financial stress <input type="checkbox"/> Large debt load <input type="checkbox"/> Creditors contacting command <input type="checkbox"/> Total disagreement over spending <input type="checkbox"/> Financial trouble

Physical/Mental Health

Okay	Needs Work	Needs Help
<input type="checkbox"/> Sleeping well <input type="checkbox"/> No bad nightmares <input type="checkbox"/> Working out regularly <input type="checkbox"/> Good nutrition <input type="checkbox"/> Good energy level <input type="checkbox"/> Good emotional control <input type="checkbox"/> Able to enjoy life <input type="checkbox"/> Not troubled by memories <input type="checkbox"/> Feeling good about self	<input type="checkbox"/> Trouble getting to sleep <input type="checkbox"/> Keep waking up <input type="checkbox"/> Work out infrequently <input type="checkbox"/> Sometimes eat too much or too little <input type="checkbox"/> Loss of interest in life <input type="checkbox"/> Feeling anxious or worried <input type="checkbox"/> Feeling irritable <input type="checkbox"/> Painful memories <input type="checkbox"/> Feeling guilty	<input type="checkbox"/> Can't sleep enough <input type="checkbox"/> Repeated disturbing thoughts <input type="checkbox"/> Totally out of shape <input type="checkbox"/> Very bad eating habits <input type="checkbox"/> Feel lethargic alot <input type="checkbox"/> Rage outbursts <input type="checkbox"/> Depressed mood <input type="checkbox"/> Keep blaming self <input type="checkbox"/> Thoughts of suicide or homicide