

UMAPIT 2.0

January 30

2017

Unit Marine Awareness and Prevention Integrated Training (UMAPIT 2.0)
required unit-level annual training.
Training Event Code: B9
Master Trainer Code: BI
Trainer Code: BJ

Facilitator's
Guide

Table of Contents

FACILITATOR PREPARATION.....	2
The UMAPIT 2.0 Concept.....	2
Selecting Facilitators.....	2
Facilitator Instructions and Materials.....	3
Preparing to Train the Material.....	3
Read This Facilitator Guide From Beginning To End– At Least Twice.....	3
How Does The Marine Corps Focus Its Prevention Efforts?	4
What Makes This Training Effective?.....	5
Presenting The Material.....	7
Suicide Safe Messaging.....	9
COURSE.....	12
Introduction.....	12
Promote Strength & Resilience.....	15
Manage Challenges Before They Become Overwhelming.....	17
Identify Issues Early.....	28
Connect With Help.....	54
Support After Assistance Is Received.....	56
Conclusion.....	57
APPENDIX.....	58
Alternate Scenarios	58
Alternate Exercise: Decision Making (1).....	58
Alternate Exercise: Decision Making (2).....	59
Alternate Exercise: Peer Support.....	60
Alternate Exercise: Identifying Stress	62
Alternate Exercise: Identify.....	63
R.A.C.E. Practice Scenarios (handout 1).....	66
R.A.C.E. Practice Scenarios (handout 2).....	68
R.A.C.E. Demo Scenario	70
Optional Gain Attention Videos.....	72
Glossary.....	73

FACILITATOR PREPARATION

The UMAPIT 2.0 Concept

Unit Marine Awareness and Prevention Integrated Training (UMAPIT), pronounced “you-map-it,” is prevention-focused and fulfills the current MCBUL 1500 calendar year requirement. This course covers substance misuse prevention, suicide prevention, and intimate partner abuse and child maltreatment prevention. Combat and Operational Stress Control (COSC) concepts are taught throughout this course as related to behavioral health issues, however UMAPIT does not achieve the policy requirements related to or pertaining to Operational Stress Control and Readiness (OSCAR) training.

All Marines and personnel attached to Marine units will get UMAPIT 2.0 which builds on behavioral health training received throughout a Marine’s career. The objectives of this unit-level training are:

- To raise awareness about common risk factors and warning signs associated with a range of behavioral health issues, including combat and operational stress, substance misuse, intimate partner abuse, child maltreatment, and suicide.
- To identify common protective factors and practice skill-building techniques that can protect against behavioral health issues.
- To ensure Marines understand their responsibility to intervene when a fellow Marine shows signs/symptoms of behavioral health issues.
- To increase acceptance and practice of help-seeking behaviors and willingness to refer and/or report behavioral health incidents.

You may be familiar with the 2015 UMAPIT materials; UMAPIT 2.0 goes live on 1 January 2017. UMAPIT 2.0 is updated to include more on resiliency, coping, self-support skills, decision making, peer intervention, and intervention via social media. This material is designed for the entire force, the sequence coordinates with the COSC core leader functions, and it’s divided into five parts:

- *Promote Strength & Resilience*
- *Manage Challenges Before They Become Overwhelming*
- *Identify Issues Early*
- *Connect With Help*
- *Support After Assistance Is Received*

Throughout the course, UMAPIT 2.0 gives Marines practice with skills and tools that aid in reducing incidents of behavioral health issues. This prevention-focused material does not take the place of professional medical help when a behavioral health concern is identified; this annual training is not treatment or therapy. Marines displaying warning signs of behavioral health issues should seek and be offered professional help.

Recognize that any audience may include individuals at elevated risk for suicide. In 2013, an estimated 9.3 million U.S. adults reported having suicidal thoughts in the past year— this equals 1 in 20 U.S. adults, according to a U.S. Department of Health and Human Services survey. You will most effectively deliver the UMAPIT 2.0 course by using the script/talking points throughout and safe messaging guide.

Selecting Facilitators

UMAPIT 2.0 facilitators should be selected for their maturity, should be an E-5 and above, possess an interest in behavioral health concepts, and/or possess excellent communication skills, and should undergo training by a UMAPIT master trainer or Embedded Preventive Behavioral Health Capability (EPBHC) staff member. OSCAR trainers and team members who meet the above suggested requirements would also be ideal as facilitators.

Headquarters Marine Corps (HQMC) staff will conduct a series of UMAPIT 2.0 master trainer courses from November 2016 through January of 2017 at I, II, and III Marine Expeditionary Forces (MEF), MARFORRES,

MCB Quantico, and Henderson Hall. All installations may receive master trainer or facilitator training by requesting support via the closest EPBHC Director (East Coast– II MEF, West Coast– I MEF). Master trainers will receive the training code: BI and trainers will receive the training code: BJ.

Trainer courses are designated to enhance implementation of UMAPIT, improve delivery of the training, and increase the outcomes associated with the learning objectives. Based on the 2015 qualitative evaluation of UMAPIT, it is highly encouraged that subordinate commands locally mandate the requirement that facilitators receive master trainer and train-the-trainer training. This significantly increases the quality of delivery and validity of the training. HQMC does not mandate the requirement that UMAPIT 2.0 facilitators be trained via master trainer or train-the-trainer courses.

Facilitator Instructions and Materials

Facilitate this training in small groups of no more than 30. UMAPIT 2.0 is accomplished in no less than 90 minutes and may with quality execution take up to 120 minutes or more.

It is vital that facilitators follow the UMAPIT 2.0 talking points in this facilitator guide (starting on page 12) and the UMAPIT 2.0 PowerPoint presentation to conduct this training. UMAPIT 2.0 materials are in line with policy and current subject matter expertise; these materials must not be altered. The audience may benefit from hearing your personal stories at relevant times throughout the course– recognizing that this improves course delivery, it also adds time.

Team teaching allows easier facilitation of group discussions on difficult topics. Discussions and hands-on learning activities are the core of this course– it is critical that facilitators involve all participants. Encourage as much audience participation as possible; give Marines the opportunity to share leadership skills and experiences.

This facilitator guide now includes:

- **“Did you know?”** call-out boxes providing facilitators more information, these do not need to be read aloud
- A suicide safe-messaging guide on pages 9, 10, and 11
- Additional scenarios for alternate years or to alternate throughout the year on pages 58-64
- Recommended videos to be used as attention gainers when time and interest permit on page 72
- A glossary of terms on pages 73 and 74

This guide has both notes for the facilitator and a script to aid discussions. Notes for the facilitator are in *blue brackets* and *italics*; do not read these aloud. An example of facilitator notes, *[Pause for answers.]* Each PowerPoint slide has script/talking points, below the slide, after **“Script:”** in bullets for guiding the discussion.

Each slide has an icon to the upper left indicating the slide’s purpose. For example, you will facilitate a guided discussion or group exercise on slides marked with:



Preparing to Train the Material

Read This Facilitator Guide From Beginning To End– At Least Twice.

The first reading should include viewing the multimedia materials at the appropriate point in the course. Facilitators should make note of points in the course where personal anecdotes or unit-specific information would benefit the audience. After the first reading, the facilitator or facilitator team should develop a specific plan for adding personal anecdotes or unit-specific information to the training and draft those additions in the guide.

Facilitators should also be aware of behavioral health trends within their units so they can tailor the training to address specific concerns. These may be obtained by contacting the installation behavioral health staff or

EPBHC prevention specialists within the MEF for assistance. For example, one unit may have noticed an increase in alcohol related incidents, another may have an increase in domestic conflicts resulting in PMO visits to housing, and another may have seen an increase in suicide attempts.

The facilitator should also collect information about resources available on their installation by going to the installation Marine Corps Community Services website (example: www.mccscp.com for Pendleton and www.mccsokinawa.com for Okinawa). This may include counseling services, new parent and couples classes, and other resources.

To learn more about the DSTRESS Line, the facilitator should visit www.dstressline.com (domestic and international 1-877-476-7734), an important confidential resource for Marines and family members. Note for Okinawa and MCAS Iwakuni (DSN 645-7734 and local cell/land line 098-970-7734).

If unfamiliar with policies referenced in this training, facilitators should review the appropriate policies. Links to policies are provided throughout this guide and include:

- MCRP 6-11C COSC Doctrine
- MCO 1720.2_ Marine Corps Suicide Prevention Program
- MCO 1754.11_ Marine Corps Family Advocacy and General Counseling Program
- MCO P1700.29_ Marine Corps Semper Fit Program Manual
- MCO 5300.17_ Marine Corps Substance Abuse Order
- MCO 5351.1_ Combat and Operational Stress Control Program
- MARADMIN 652/16 Implementation of Unit Marine Awareness And Prevention Integrated Training

If any part of the guidance is unclear, facilitators should seek clarification by visiting the Marine and Family Gear Locker at www.thegearlocker.org, MCCS Forward at <http://www.usmc-mccs.org/>, MCCS counseling facilities, or other installation behavioral health resources to learn more about behavioral health topics. Consult personnel who will maximize the effectiveness of this training, including OSCAR team members, chaplain and medical staff, members from the Substance Abuse Counseling Center (SACC), suicide prevention officer, Military Family Life Counselors (MFLC), and EPBHC prevention specialists.

How Does The Marine Corps Focus Its Prevention Efforts?

Headquarters Marine Corps has increased focus on the total fitness of all Marines and developed numerous activities to enhance Marines’ fitness and resilience. The Behavioral Health Branch, Marine and Family Programs Division, adapted a framework from the Institutes of Medicine to ensure all Marines have the training and skills to expedite identification and referral of behavioral health issues, which promotes total fitness.

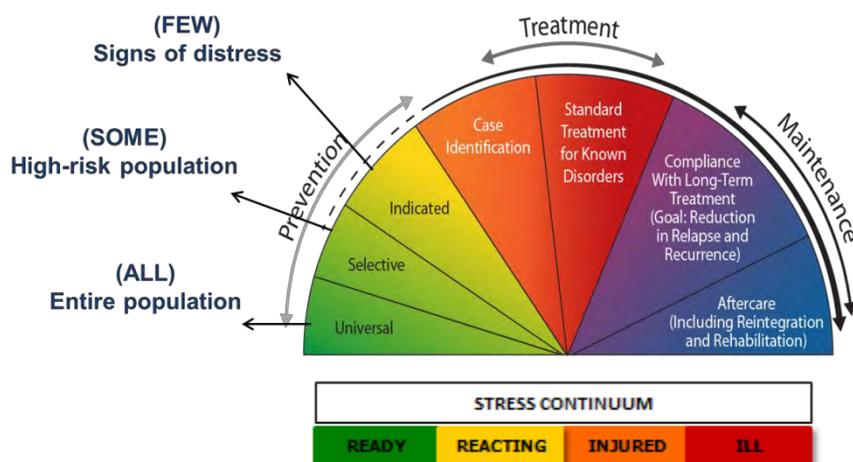


Figure 1.

The framework, in Figure 1, notes that not all people or populations are at the same risk of developing behavioral health issues. Preventive interventions are most effective when they are appropriately matched to their target population's level of risk. Prevention is featured on the left third of the spectrum. This is where UMAPIT 2.0 training takes place. Universal training, such as this unit-based requirement, is intended for all Marines. Selective training is for some Marines who are in a higher-risk population, such as those who have been exposed to prolonged deployment-related stress. Indicated training is for few Marines who have shown signs of distress, such as an alcohol-related incident, but who have not been diagnosed with an illness or disorder.

Though individual responsibility is continuous across the continuum, Marines are never alone while facing challenges. The resources referenced in this training map to coordinated roles in supporting a Marine experiencing difficulty: peers, the chain of command, chaplains, medical/MCCS services, and the DSTRESS Line (domestic and international 1-877-476-7734). Note for Okinawa and MCAS Iwakuni (DSN 645-7734 and local cell/land line 098-970-7734).

A holistic approach to behavioral health is implemented through Marine Awareness and Prevention Integrated Training (MAPIT), a tiered initiative which intends to improve the total fitness of all Marines, thereby improving mission readiness. MAPIT consists of tailored curricula, Entry Level Training (ELT), Continuing Education (CE), and Sustainment at the unit level conducted as Marines progress in their career.

(1) MAPIT ELT introduces and reinforces behavioral health matters through 1000 and 2000 level Training & Readiness standards at entry level schools.

(2) MAPIT CE, under development, consists of tailored curriculum that integrates managing behavioral health matters with leadership and values based training at Enlisted Professional Military Education courses and Expeditionary Warfare School.

(3) MAPIT Sustainment consists of two elements. The first element is UMAPIT 2.0. The second element is the MAPIT Dashboard which is a repository of additional "selective" behavioral health training material that commanders deliver, as required, to tailor training to the needs of the unit. For instance, if Marines' knowledge of low-risk drinking practices seems weak during the course of UMAPIT 2.0 training, the Dashboard offers short courses— about low-risk drinking (and other behavioral health issues). Access the MAPIT Dashboard from SharePoint at https://ehqmc.usmc.mil/sites/family/mfc/MAPIT/SitePages/MAPIT_Splash.aspx.

What Makes This Training Effective?

MAPIT is based on the best available evidence-based practices and knowledge about the causes and treatment of behavioral health issues. Common risk factors, triggering events, and warning signs have been identified across behavioral health issues. Common protective factors have been shown to protect individuals from the risk of behavioral health issues. The risk and protective factors taught in MAPIT have been adapted for the Marine Corps from the National Institutes of Health and the Substance Abuse and Mental Health Services Administration (see Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities, Institute of Medicine, 2009.)

This piece of training, UMAPIT 2.0, aims to give Marines practice with skills that protect against multiple behavioral health issues. There are many skills Marines can use, and what works for one individual may not work for another. This training is focused on those skills shown to have the broadest protective effect. For example, emotional self-regulation skills like tactical breathing can reduce incidences of combat/operational stress injuries, intimate partner abuse, child maltreatment, and substance use disorder.

These skills are presented in a way that is appropriate for a universal audience (i.e., individuals who are not presently displaying heightened risk for issues). This training is not therapy or treatment; requiring Marines to

take this training does not mean Marines need therapy or treatment. Prevention-focused skills taught in this training do not take the place of professional medical help when a behavioral health concern is identified. Marines displaying warning signs of stress injuries or substance use disorder and those who may be at risk for intimate partner abuse, child maltreatment, or suicide should seek or be offered professional help.

Be confident in this training material, it was systematically developed using journal articles and studies from academia and the Department of Defense (DoD), existing training programs, recent media clips, and DoD and Marine Corps publications and data. References for additional information are provided throughout this guide and include:

- Defense Centers of Excellence, “Best Practices Identified for Peer Support Programs”
- Institute of Medicine, “Preventing Mental, Emotional, and Behavioral Disorders among Young People”
- RAND, “Promoting Psychological Resilience in the U.S. Military”
- CMC General James Amos, “Commandant’s Planning Guidance 2010”
- Timothy Wilson, PhD, Redirect: The Surprising New Science of Psychological Change
- Office of the Surgeon General, U.S. Army Medical Command; Office of the Command Surgeon HQ USCENTCOM; Office of the Command Surgeon U.S. Forces Afghanistan, “Joint Mental Health Advisory Team, version 7”
- George Mangual, “Substance Abuse and Post Traumatic Stress: The Prevalence of Co-Existing Disorders,” 2011 COSC Conference
- Dr. Nina Shattuck, “Sleep: Stress Moderator and Force Multiplier,” 2011 COSC Conference
- Dr. Robert Astur, “Resilience Training for About-to-Be-Deployed Submariners,” 2011 COSC Conference
- LCDR Bonnie Chavez, “Applied Resilience Principles: Tools for Leaders,” 2011 COSC Conference
- Richard Westphal, William Nash, Patricia Watson and Brett Litz, “Combat Operational Stress First Aid,” 2011 COSC Conference
- MAPIT Guide
- UMAPIT Facilitator Guide, February 2015

Presenting The Material

Effective facilitators:

- Are prepared.
- Speak in clear, direct language.
- Treat all participants with respect.
- Set expectation that all Marines will participate and take training seriously.
- Foster an atmosphere of trust.
- Listen to all comments, validating those that are good, correcting misinformation, referring to resources or subject matter experts for more information, and keeping the discussion on track.

Ineffective facilitators:

- Let discussions ramble without proper closure.
- Let misinformation go uncorrected.
- Are insensitive to the experiences of individuals in the class.
- Talk so much that it discourages group participation.
- Allow one or more Marines to dominate the discussions.
- Lose sight of the objectives or control of the discussion.
- Fail to monitor time and maintain pacing.

The logistics, know the material and do the following in advance:

- Print “R.A.C.E. Practice Scenarios,” pages 66-69 double-sided. You’ll need one copy for every two Marines in the class, as they’ll team up in the exercise.
- Print 3 copies of “R.A.C.E. Demo Scenario,” pages 70 and 71.
- Write the local installation POC information into slide 44 and unhide it.
- Make sure the audiovisual equipment is working properly.

On the day of training:

- Arrive early with handouts, disc, facilitation guide, extra paper, pens, and a way to keep track of time.
- Retest the audiovisual equipment, ensuring the video and sound components are working properly.

Required materials:

- DSTRESS line pocket cards
- Blank scrap paper– several sheets per attendee
- “R.A.C.E. Practice Scenarios” handouts (pages 66-69, one copy for every two Marines in the class) and “R.A.C.E. Demo Scenario,” handouts (pages 70 and 71, 3 copies).
- Pens and pencils for the group
- A/V equipment to play course video and slide deck

Training tools:

This training package includes a PowerPoint file with a linked video in Windows Media Video (WMV) format and this facilitator guide, the course is intended for execution with both components. You will copy a folder containing 3 files from https://ehqmc.usmc.mil/sites/family/mfc/MAFIT/SitePages/MAFIT_Splash.aspx, select “For UMAPIT 2.0 annual training, click here” then double click “UMAPIT 2.0” and save onto your desktop. It may take up to 30 minutes for the folder to copy to your desktop. Keep all files in the folder.

Did you know?

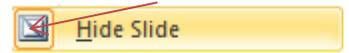
Facilitators must stay neutral on content and never impose opinions on the group. Side conversations on topics not covered in the script will degrade the course. Everyone has different opinions and experiences. When side conversations arise, the facilitator must refer individuals to the appropriate resources.

End unproductive conversations by using one of these statements:

- *“I can’t speak to that but a good reference or resource to use is....” For example, a side conversation on what constitutes child maltreatment must be ended and the group can be referred to FAP for a definitive answer.*
- *“The most important matter at hand is this...”*
- *“Let’s focus on the facts...”*

To play the course:

1. Make sure your classroom has a projector, a surface to project on, speakers, and lights that can be dimmed or turned off.
2. Open the PowerPoint presentation from the desktop. If you plan to use any of the alternate slides, currently in hide mode, on slides 10, 11, 14, 24, and 35, right click and select “Hide Slide” to reinstate.



3. Test the embedded videos on slide 2 and 40 to ensure both play correctly and can be heard well in all parts of the room: go to slide 2 and 40, scroll over the still-frame image and hit the play button in lower left of the video screen.



4. When the video is over, click outside of the still-frame image to advance to the next slide 3 and 41. Raise the volume on your computer loud enough so all participants can hear clearly (use of external speakers is recommended for best volume).
5. If you plan on playing any “Optional Gain Attention Videos,” in the appendix on page 72, ensure that you can connect to YouTube.

Suicide Safe Messaging

Review the next three pages of suicide safe messaging to familiarize with the approved language for suicide prevention and response. These pages can also be found at on the Marine and Family Gear Locker at <https://ehqmc.usmc.mil/sites/family/mfc/PrevClin/ComCounPrev/SitePages/Home.aspx>.

SAFE AND EFFECTIVE

Practices for Suicide Prevention and Response

Suicide Communication Standard Rules of Engagement



All communication regarding suicide influences attitudes, perceptions, and behaviors.

Specifically, care must be taken to promote health and wellness, mitigate risk, and maintain a supportive and winning mindset which enhances total fitness.



We must maintain the momentum we have gained as an institution in addressing death by suicide, a serious and preventable problem that affects the entire Corps. The following guidance is to describe practices critical in keeping the faith with Marines, attached Sailors, and their families.



Use these Standard Rules of Engagement (SROE) when addressing death by suicide to any audience; under any circumstance; in any forum (e.g., articles, policy, briefs, training, safety stand downs, and unit musters).



This standardization is critical to minimize misperceptions and correct myths, which can encourage those who are at risk to seek help—deviations from the below practices can negatively influence behavior and increase risk. **Any audience can include someone who may be considering suicide or know someone who is considering suicide.**

1

Use standardized terms¹. Suicidal ideation, suicide attempt, and died by suicide are terms approved by the Centers for Disease Control and Prevention.

2

Emphasize prevention. Suicides are preventable and timely intervention can stop many suicides. Actions must be taken if an individual is having thoughts of suicide or might be at risk. Promote use of the Marine Corps suicide prevention method R.A.C.E. (Recognize, Ask, Care, and Escort), described in MAPIT/UMAPIT².

3

Promote identification of warning signs. Sometimes those considering suicide will only display very subtle signs; we have to be alert to see them. It's important for friends, family, and leaders to talk to each other to get a more complete picture. Red flags include withdrawal or social isolation, talk of feeling hopeless or worthless, sudden mood changes, reckless behavior, talk of death or dying, and loss of interest in activities or things that used to be enjoyable

4

Address risk factors and triggering events. Those who die by suicide may experience risk factors and triggering events; many experience a diagnosable stress illness, substance abuse disorder, or both. The likelihood of suicide can be reduced by identifying those who may be at risk and implementing protective factors, resources, and ongoing social support. Risk factors and triggering events are described in MAPIT/UMAPIT³.

5

Promote help-seeking. Provide concrete steps for connecting with resources. Make the following information widely available, anyone who has thoughts of suicide or know others who are or might be at risk can:

- Walk-in or call any Community Counseling Center, Mental Health Clinic or Military Treatment Facility, Military Family Life Consultants (MFLC), as well as established local service providers and crisis centers
- Call the DStRESS Line (1-877-476-7734 or use www.dstressline.com), Okinawa and MCAS Iwakuni call 098 970 7734 or DSN 645 7734, Military OneSource (1-800-342-9647 and use www.militaryonesource.mil), National Suicide Prevention Lifeline (1-800-273-8255 and Press 1 or text to 838255 and use www.veteranscrisisline.net), Europe call 00800 1273 8255 or DSN 118, Korea call 0808 555 118 or DSN 118

6

Remove means of suicide. After identifying those at risk, remove any means of suicide such as weapons or stockpiled pills.



TERMS

1. **Suicide Attempt:** A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.
2. **Suicidal Ideation:** Thinking about, considering, or planning suicide.
3. **Died/Death by suicide:** A person who attempts suicide or dies by suicide is experiencing deep emotional pain, hopelessness, or mental illness - or all of the above. Such pain does not make someone a criminal. But the word "commits" makes suicide sound like a crime.⁴



UNACCEPTABLE TERMS

1. **Committed suicide:** Think of what else the word "commits" is used for. Somebody commits murder. Or commits rape. Or commits robbery. What is the common denominator? The word "commits" in combination with a noun often signifies a crime or another act of wrongdoing, such as "adultery."⁵
2. **Failed Attempt:** This terminology gives a negative impression of the person's action, implying an unsuccessful effort aimed at achieving death. Alternate terms: suicide attempt or suicidal self-directed violence.
3. **Nonfatal suicide:** This terminology portrays a contradiction. "Suicide" indicates a death while "nonfatal" indicates that no death occurred. Alternate term: suicide attempt.
4. **Successful suicide:** This term also implies achieving a desired outcome whereas those involved in the mission of "reducing disease, premature death, and discomfort and disability" would view this event as undesirable. Alternate term: suicide.
5. **Suicide gesture:** Manipulative act, and Suicide threat - Each of these terms gives a value judgment with a pejorative or negative impression of the person's intent. They are usually used to describe an episode of nonfatal, self-directed violence. A more objective description of the event is preferable such as non-suicidal self-directed violence or suicidal self-directed violence.

MARINE
&
Family

 www.usmc-mccs.org

ONLINE RESOURCES

¹ Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements, Feb 2011 at <http://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf>

^{2,3} MAPIT/ UMAPIT facilitator guide is available at <https://ehqmc.usmc.mil/sites/family/mfc/MAPIT/SitePages/Home.aspx>

^{4,5} Language about Suicide (Part 1): The Power of Words. (2013) Retrieved June 27, 2016, from <http://www.speakingofsuicide.com/2013/04/13/language>

Suicide Prevention Resource Center at www.sprc.org

SAFE AND EFFECTIVE

Practices for Suicide Prevention and Response

Standard Rules of Engagement

Use the Standard Rules of Engagement (SROE) when addressing death by suicide to any audience; under any circumstance; in any forum (e.g., articles, policy, briefs, training, safety stand downs; and unit musters).

This standardization is critical to minimize misperceptions and correct myths, which can encourage those who are at risk to seek help — deviations from the below practices can negatively influence behavior and increase risk. Any audience can include someone who may be considering suicide or know someone who is considering suicide.



DISCRETION

Explicitly describing the suicide method (how or where a person died), using dramatic images, or glamorizing a death increases the risk of suicide. Individuals at-risk may identify with details of someone who died by suicide and consider the same method.

PROTECT

Protection of personally identifiable information is paramount, therefore all communication must be encrypted. As required by policy, some communication is not redacted, such as 8-day briefs, SIRS, OPRP-3s, and PCRS.

02



Redact and encrypt suicide attempt (SA), suicide ideation (SI), and death by suicide related documents, including files and emails.

Limit the distribution list of 8 day briefs to key personnel who require access for completion of specific actions.

INFORM

It is unsafe to present suicide as common, normal, or acceptable. Don't present suicide as if it occurred "without warning" or as only a result of stress.

03



Speak about SA, SI, and death by suicide as a public health issue. Consider quoting a suicide prevention expert. Call Headquarters Marine Corps, Behavioral Health Branch 703-784-1286.

COMMUNICATE

Communicating judgmentally about suicide is detrimental to those at risk. Suggesting that SI/SA is dishonorable, cowardly, weak, malingering, or a UCMJ violation increases risk for Marines who can be helped. Command initiated investigations for an SA is risky.

04



Inform audiences of both the complexity and preventability of suicide. Oversimplification of suicide is misleading and increases risk.

For additional information:

- UMAPRT facilitator guide is available at <https://ehqmc.usmc.mil/sites/family/mfc/UMAPRT/SteP-Ages/Home.aspx>
- Suicide Prevention Resource Center at www.sprc.org

COURSE Introduction



Script:

- Welcome to Unit Marine Awareness and Prevention Integrated Training (UMAPIT 2.0).
- Every Marine will get UMAPIT 2.0, an interactive 90 to 120 minute course.
- This annual training addresses the following behavioral health topics: combat and operational stress, substance misuse, intimate partner abuse, child maltreatment, and suicide. Any Marine can experience these issues and this training is about prevention and early intervention.

[At this time, note any recent behavioral health issues at the installation, if appropriate. A recent increase in DUIs, calls to PMO, or alcohol-related incidents are examples. These incidents show the behavioral health issues that still need to be addressed. On the other hand, if these kinds of incidents have occurred less frequently, recognize this and commend your Marines for doing well, but mention that efforts to address behavioral health are never finished. Consult your EBHPC staff for assistance. You can also consult your unit Commanding Officer and/or FRO, and may include materials such as the current calendar of events (COE).]

Transition: Today you're receiving skills and tools to proactively manage challenging situations.
[Click to the next slide, Take a Breather.]





Proactive Strategies



Script:

- Today we'll discuss some skills and tools to proactively manage challenging situations; this will improve our ability to address behavioral health issues before they become unmanageable.
- We'll cover:
 - Self and peer support, conversation and decision making skills
 - And the stress continuum and R.A.C.E. tools.
- Consciously we'll incorporate these in more situations.
- We're going to watch a quick video. Watch for the action that manages the situation.
[Play "Video 1." If the video does not play, read the "Transition" and click to the next slide.]
- **Question:** Anybody ever have days or moments like that? *[Pause for answers.]*
- **Answer:** It's normal to experience this sometimes— it's how you manage that out-of-control situation that matters— for your total fitness and the total fitness of the unit.
- **Question:** What was the primary action that managed the situation? It happened at the end of the video.
- **Answer:** The Marines took several deep breaths/a long pause, and things calmed down. Before that pause, we heard the Marines getting more and more stressed.
- We'll talk more about these tactics today.

Transition: First, let's talk about your role in enhancing overall readiness.

[Click to the next slide, Your Role.]

Enhance Overall Readiness For Yourself & Others



Promote Strength & Resilience



Manage Challenges Before They Become Overwhelming



Identify Issues Early



Connect With Help



Support After Assistance Is Received

Script:

- This training is about being proactive for yourself and others. We'll discuss ways to:
 - Promote strength and resilience
 - Identify issues early
 - And connect with help.
- You'll notice this course is slightly different from previous years; it's still discussion-based.
- Your participation is encouraged throughout the course. Share your experiences and leadership skills.
- I'm going to make a statement; tell me what you think. ***"Asking for help will make you appear weak and/or less of a Marine."*** *[Pause for answers.]*
- **The original statement is a MYTH.**
 - **The truth is:** it's your responsibility, and part of the commitment you made to the Corps, to be ready to handle whatever the Marine Corps needs of you at any time. You can only do this by being at your best, and sometimes that means asking for and accepting help. We perform corrective and preventive maintenance on equipment. Why wouldn't we do that for ourselves and our fellow Marines?
- You have a role in enhancing overall readiness. Throughout your career, you'll use the information we cover to:
 - Protect yourself and others against behavioral health issues and
 - Take action to prevent incidents.

Transition: We'll move into the best available prevention techniques.
[Click to the next slide, Promote: Total Fitness & Protective Factors.]

Promote Strength & Resilience



Script:

- **Question:** What does resiliency mean to you? *[Pause for answers.]*
- **Answer:** We rarely, if ever, have days completely free of challenges. Resiliency is the process of preparing for, recovering from, and adjusting to life in the face of stress, adversity, trauma, or tragedy.
- **Question:** Can you build resiliency by working on physical fitness? *[Pause for answers.]*
- **Answer:** The Marine Corps is committed to total fitness, which requires every Marine to be more than physically fit. The Marine Corps expects 100% effort towards fitness of body, fitness of mind, fitness of spirit, and social fitness.
- Strengthening ourselves, our peers, units, and families is a continuous effort.
- Achieving total fitness takes self-awareness and self-optimization. This means you:
 - Embody core values
 - Maintain a healthy lifestyle
 - Do things you enjoy
 - Challenge yourselves and
 - Strive for healthy relationships.
- We'll review protective factors, because when those are strong, Marines are more likely to:
 - Grow from stressful situations and
 - Develop and maintain total fitness.
- The graphic shows protective factors, the characteristics that make us most resilient against behavioral health issues.
- Protective factors reduce the effects of stressful events and increase the ability to avoid risks.
- The factors on the left of the Marine– marked Mind, Body, Spirit, Social– are internal to us, such as positive attitude, good decision-making, healthy perspective, sense of humor, and communication skills. We're responsible for developing and sustaining these attributes.
- The factors on the right of the Marine– marked External– are influenced by others, including our peers and leaders.

[Script continues on the next page.]

- We have a responsibility to help others develop and sustain protective factors by:
 - Promoting strong connections to unit, family, and community
 - Teaching problem-solving and conflict resolution skills
 - Promoting healthy behaviors by setting conditions of adequate sleep, nutrition, exercise, etc.
 - Facilitating individual achievement
 - Promoting access to effective treatment and relationships with local support assets.

Transition: Let's talk about what raises the risk for behavioral health issues.

[Click to the next slide, Manage: Risk Factors.]

Manage Challenges Before They Become Overwhelming



Manage: Risk Factors

- + Bad decision making or poor coping
- + Peers engaging in problem behavior
- + Financial, legal problems
- + NJP, administrative action
- + Poor unit cohesion
- + Relationship issues
- + Loss of loved one
- + Substance misuse
- + Risk taking, sensation seeking
- + Social isolation, low self-esteem
- + Hazing or bullying
- + Unresolved anger
- + Feeling trapped
- + Humiliation, embarrassment



Script:

- Risk factors are an individual's characteristics, circumstances, history, and experiences that raise the risk of behavioral health issues. Examples are: *[Read the following sub-bullet, also on the slide.]*
 - Poor unit cohesion, poor problem-solving skills, low self-esteem, lack of focus, stressful life situations, NJP or administrative action, relationship issues, financial or legal problems, risky behavior, isolation, anxiety, traumatic brain injury, post-traumatic stress disorder, sexual assault, history of substance misuse, or suicide attempt.
- These are the opposite of protective factors.
- Research suggests that the greater the number of risk factors, the greater the chances of negative outcomes. Risk factors may not be a direct cause of the issue, but are associated.
 - For example, high blood pressure is a risk factor for heart disease. One factor (high blood pressure) raises the risk of developing the other (heart disease). Having high blood pressure does not always lead to heart disease.
- Not all risk factors can be removed. Whenever possible we should lessen the force and intensity of the risk for ourselves and our fellow Marines. We can produce better outcomes when we:
 - Spot the risk factors and
 - Apply the protective factors, we talked about.

Transition: Let's discuss specific skills that help us stay at our best
[Click to the next slide, Skill: Self-Support.]



Skill: Self-Support



Preparing for challenges and managing situations as they arise is **OUR RESPONSIBILITY**.

- + Take a pause
- + Visualize a better outcome
- + Know your triggers
- + Say positive coping statements
- + Use (4-count) breathing
- + Use progressive muscle relaxation

Script:

- Preparing for challenges and managing situations as they arise is our responsibility. To do this we use self-support, also called coping skills which includes: *[Read the following bullets that coordinate with the slide.]*
 - Taking a pause from stressful situations
 - Visualizing a better outcome
 - Knowing your triggers
 - Saying positive coping statements
 - Using relaxing breathing techniques
 - And progressive muscle relaxation.
- Info on these self-support skills is available on the MAPIT dashboard, located on the Marine and Family Gear Locker at <https://ehqmc.usmc.mil/sites/family/mfc/MAPIT/SitePages/Home.aspx>.
[Click to the next slide, Exercise: Self-Support & Coping.]



Exercise: Self-Support & Coping

Discuss

- + What are some ways you unwind, relax, and prepare yourself for challenges? Think about mental, physical, spiritual, and social ways.



Script:

- **Question:** What are some ways you unwind, relax, and prepare yourself for challenges? Think about mental, physical, spiritual, and social ways. *[Pause for answers.]*
- **Answer:**
 - Get active, PT, play a sport, go running, take walks, ride a bike, hike, go to the ocean, do yoga
 - Use Semper Fit resources, such as competitive sports, nutrition and fitness expertise, and outdoor recreation activities
 - Make time to relax
 - Let go of the things you cannot control
 - Reflect on the things you have control over and make plans to lessen the impact of any issues
 - Read or learn, MCIs, PMEs
 - Spend time with family
 - Talk with a close friend
 - Invest in supportive friendships
 - Go to the movies or do something else you enjoy
 - Connecting with others via social media.
- Knowing and using self-support or coping skills helps us avoid using negative options, like substance misuse and other high risk behavior.

[If anyone answered alcohol or gaming, this is a good time to refer to them as a protective factor in moderation and a risk factor when used in excess.]

Transition: Remaining healthy also takes good decision making skills, we'll review a decision making framework.

[Click to the next slide, Skill: Decision Making.]



Skill: Decision Making



Script:

- We make decisions every day.
- You may be familiar with OODA Loop which is: Observe, Orient, Decide, and Act; we will use this framework for our discussion.
- First, we **Observe** by collecting new information. This is where you ask yourself:
 - How does this decision directly affect me or others?
 - Is there a time constraint?
 - Is there someone else who should have input in making this decision?
 - Is my perception of the situation accurate?
 - What are the potential consequences of this decision?
- Next, we **Orient** ourselves by reflecting on previous experiences and the outcomes of our choices, including:
 - Thinking about our biases, perceptions, values, ethics, morals, and beliefs
 - As well as advice we've received.
- Now, we take our observations and orientation and **Decide** what we should do.
 - Deciding is a continuous cycle; it's making the best judgment based on the things we know.
- As things change, so will the course of how we **Act**. Acting is the last step, we follow through with the decision and monitor the outcome, good or bad, and when needed, we can cycle back to orient.

Transition: Let's apply with a scenario. Divide into groups of five, as a team you'll apply OODA Loop and you'll make one selection out of three choices. After three minutes, I'll ask a couple of groups to share their OODA Loop final decision.

[Click to the next slide, Exercise: Decision Making.]

[“Alternate Exercise: Decision Making” scenarios are hidden in the PowerPoint on slides 10 and 11. The accompanying script for these alternate scenarios is in the appendix, pages 58 and 59.]



Exercise: Decision Making

- + On leave, you and four friends rent a sailboat off the coast of Florida. You have some sailing experience that goes way back but, this is the first time in a while that you've been out for a multi-day sail.
- + After a day and a half of sailing the boat's navigation system and lights fail.
- + You go for your bag of essentials but it's knocked off the boat by strong wind before you can reach it.
- + To gain your bearing, you check your watch and the location of the sun above, you look out across the bow and notice what looks like some type of landmass on the horizon.
- + By a quick check of your map, you think you've identified where you are. You realize you have three options, you may only choose one to get back on course.

- A) Use the sun and stars as your navigation system.
- B) Use the landmass as a point of reference.
- C) Measure the current to predict/plot the course to your destination.

Script:

[Have a participant read aloud the scenario on the slide.]

- You'll have three minutes to use OODA Loop and choose either A, B, or C:
 - **Observe** the situation and determine what decision needs to be made.
 - **Orient** yourself to what factors or personal values will influence your decision, like personal experiences, knowledge, morals and who should be involved in the decision making or who will be affected.
 - **Decide** possible best choice based on available information.
 - **Act** based on the desired outcome.

[Start the timer and let groups discuss for three minutes.]

- Raise your hand if you chose A. *[Pause, check audience.]* Raise your hand if you chose B. *[Pause, check audience.]* Raise your hand if you chose C. *[Pause, check audience.]* Here are the consequences of those decisions:
 - **A)** A day later you come in contact with a diving group doing a deep water dive and learn that you are 60 miles SE of your original destination. You are able to hang out with the dive team until you can get back to a nearby port to have the navigational system repaired. You then travel northward to your original starting point.
 - **B)** You sail toward the landmass and discover it was not what you thought it was. After a day you regain your bearings and set sail again, bump into the Coast Guard, and are then escorted back to the original port.
 - **C)** Your sailboat runs aground on a small island in which you later learn is part of the Bermuda Triangle. Twenty days after your original departure date you've consumed all of the fresh coconuts on the island. You identify an aircraft flying your way. You quickly assemble flares and reflective blankets from the boat cabin and you're able to get them to identify your location. Fourteen days after you were supposed to check in from leave, you check into your unit and go to see your company 1stSgt.
- **Question:** Were you surprised with your outcome? *[Pause for answers.]*
[Script continues on the next page.]

- *Recap:* Like this scenario, you may not always have perfect knowledge of every outcome. Some of us make decisions grounded by value systems. Many look at spiritual aspects of their lives to guide choices. Some outside influences impact our decisions, for example friends that may or may not have the same values or morals.
 - Our decision making affects us and others; this can be stressful because every decision has consequences, good or bad.
 - We have an inherent desire to safeguard our life-long investments, those most-valued hard-earned achievements, not the least which is the title “Marine.”
 - We’re accountable for making good decisions and owning our actions. We can also positively influence others to make good decisions.

Transition: We’re moving into peer support. When peers come together to prevent challenges and manage situations this benefits both the receiver and the provider.

[Click to the next slide, Skill: Peer Support.]



Skill: Peer Support

- + Positively influence
- + Lead by example
- + Offer insight
- + Share valuable experience
- + Know the available resources
- + Get peers to assistance



Script:

- Peers are a source of information and motivation; they can help us prepare for and manage challenges before they become overwhelming. They also offer new ways of thinking about an issue.
- Peer support can be seen in routine efforts like offering encouragement, spending time together (especially helpful if you're staying active, like going on runs together), listening, mentoring or supporting peers in making good decisions.
- Being a peer support means:
 - You're a positive influence. You lead by example.
 - You offer insight, you may have valuable experience and can offer a "been there, done that" perspective.
 - You're willing to help a peer address issues.
 - And you'll get a peer to assistance when they're in difficult situations.
 - While one person may be willing to speak to a peer, chaplain, or someone in their chain of command about what they're experiencing, another may not see the value in it. For this reason it is very important to know the available options.

- Conversation skills can help us support our peers, especially if they are in a difficult situation.

[You can give an example of how you connect with peers who are experiencing difficulty, like sending a funny meme via text, or seeing a friend's post on social media and sending them advice and support, or spending time kneecap to kneecap talking through a situation.]

- **Question:** What are some things we need to consider when having a difficult conversation? Where would you have the conversation? How would you start the conversation? *[Pause for answers.]*
 - **Answer:** You may pull the person aside to have the conversation in private; you'll be non-judgmental; you might ask the person if they would like to talk.
- We have three best practices for conversations with peers experiencing difficulty.

[Script continues on the next page.]

- **Step one: Ask permission.**
 - **Question:** What do you think I mean by that? *[Pause for answers.]*
 - **Answer:** You might start the conversation by saying, **“Hey, I saw your post on Facebook this weekend, are you up for talking about what’s going on?”** or **“Can we talk about _____ (your drinking/your relationship/or whatever subject)?”** Rather than stating, **“You need to stop drinking,”** or **“I don’t like the person you’re dating.”**
 - Some situations do call for stating clearly that there is a problem. It depends on the situation and on your relationship with the person.
 - Usually, people are more willing to talk about a hard situation or think about changing when you ask rather than tell them to do so.
- **Step two: Open-ended questions are good.**
 - You may already know how to help or get this person to assistance, but it is important to listen first.
 - The intent is to understand what they’re experiencing. Open-ended questions cannot be answered with a simple yes or no, or with a single piece of information.
 - Use open-ended questions to let the other person do most of the talking; these questions keep the conversation going.
 - **Question:** What’s an example of an open-ended question? *[Pause for answers.]*
 - **Answer:** Examples are, **“What do you think?”** or **“What leads you to think that?”** or **“After that happened, what did you do next?”**
 - Open-ended questions can be as broad or as specific as necessary. **“What’s going on with you?”** is a broad question, and **“What happened last weekend?”** is a specific one.
 - In most situations, asking several closed questions in a row is going to shut down the conversation.
- **Step three: Make it ok.**
 - Communicate empathy and respect.
 - Let the person know:
 - It’s OK to talk about what they’re going through
 - You hear what they’re saying and
 - They’re not alone in finding solutions or getting the help needed.
 - You can paraphrase what they’ve said, that could sound like, **“I hear you saying you feel frustrated, regretful, angry, (or whatever it is they’ve said).”**
 - Never respond by being judgmental or defensive, it’s not productive. You might say, **“That sounds challenging.”**
 - You can ask, **“How can I help?”** or **“What do you suggest we do?”**
 - You’ll also make it known that you’re open to revisiting the issue later.

Transition: Let’s practice with a scenario.
[Click to the next slide, Exercise: Peer Support.]

[An “Alternate Exercise: Peer Support” scenario is hidden in the PowerPoint on slide 14. The accompanying script for this alternate scenario is in the appendix, page 60.]



Exercise: Peer Support

- + You find a friend pacing his room, ranting about a text he got from someone back home. The text says his girlfriend, the mother of his 2 year old, left the mall with another guy, and they looked, “pretty friendly.” He freaks out and busts his cell phone against the wall.
- + This isn’t the first rumor he has heard about his girlfriend. He once told you no one else would play father to his daughter and he can’t understand why she won’t just marry him so they can all be together.
- + Your friend’s roommate tries to get him out to blow off some steam. He says there’s a party in town, there will be a lot of girls there, and your friend just needs to get laid and show his girlfriend that two can play that game. Your friend is pissed and you can tell he’s tempted by the offer.

Script:

[Have a participant read aloud the scenario on the slide.]

- I’m going to ask you a couple of questions about this scenario.

[Click to the next slide, Exercise: Peer Support.]



Exercise: Peer Support

Discuss

- + What issues do we see? Just the facts.
- + What are the less apparent issues?
- + How do you start a conversation with this friend?
- + How do you immediately support this friend?
- + Days, weeks, and months in the future, how do you continue supporting this friend?

Script:

- **Question:** What issues do we see? Just the facts. *[Pause for answers.]*
- **Answer:** Your friend is upset about a rumor he heard via text, he smashed his phone, his roommate is not a good influence, he's thinking about making poor decisions.
- **Question:** What are the less apparent issues? *[Pause for answers.]*
- **Answer:** Your buddy might be in an unhealthy relationship that lacks trust and respect. It's possible that the guy at the mall is not a threat, maybe just a friend or family member. Unhealthy relationships are not good for a child's welfare. Going out drinking while upset can worsen the situation. And trying to seek revenge, "two can play that game," will compound the relationship issues.
- **Question:** How do you start a conversation with this friend? *[Pause for answers.]*
- **Answer:** Ask permission, use open-ended questions, and make it ok (communicate empathy and respect).
- **Question:** You won't want to let the situation get worse. What other actions do you take immediately to support this friend? *[Pause for answers.]*
- **Answer:**
 - Think about the self-support or coping skills you use to unwind, relax, and prepare yourself for challenges, get this friend to manage their stress before it gets overwhelming.
 - Be a positive influence,
 - Share solutions you've used,
 - Help him make good decisions and work through the issue,
 - Talk to him about getting assistance from peers, a chaplain, or the chain of command, especially for the larger issues that have long-term consequences.
- There are other resources too, like trusted leaders, the Single Marine Program, Marine Corps Leadership Development, OSCAR team members, Family Advocacy Program (FAP), and the New Parent Support Program (NPSP) for couples counseling, parenting and anger management seminars. Marine Corps Family Team Building (MCFTB), Community Counseling and Prevention Program (CCP), and Military Family Life Counselors (MFLC) are also available to assist.

[Script continues on the next page.]



- **Question:** What actions might you want to take days, weeks, and months in the future to continue supporting this friend? *[Pause for answers.]*
- **Answer:** Check in with him, help him develop and sustain protective factors, and make sure he's managing the issues. Maybe check his social media to make sure he's coping well, because posts on social media can often tell you someone's state of mind.

Transition: Before moving forward, let's do a quick recap. We've covered boosting resiliency and mitigating risk to protect against behavioral health issues.

- **Question:** What were the prevention techniques we reviewed? *[Pause for answers.]*
- **Answer:**
 - Developing and sustaining protective factors
 - Reducing risk factors
 - Using self-support or coping skills, and good decision making skills (remember the OODA Loop)
 - Positively influencing others through peer support and conversation skills.

[Click to the next slide, Identify.]

Identify Issues Early



Script:

- Because Marines have tough and challenging duties– even the best efforts may not eliminate all issues that can:
 - 1) Interfere with a Marine’s ability to do his or her job and
 - 2) Negatively affect home life.
- We’ll talk about the specific signs of combat and operational stress, substance misuse, intimate partner abuse, child maltreatment, and suicide risk.
- It’s critical to identify the signs early, in yourself, in another Marine, or even family members.

Transition: We’ll start with combat and operational stress.
[Click to the next slide, Combat and Operational Stress.]

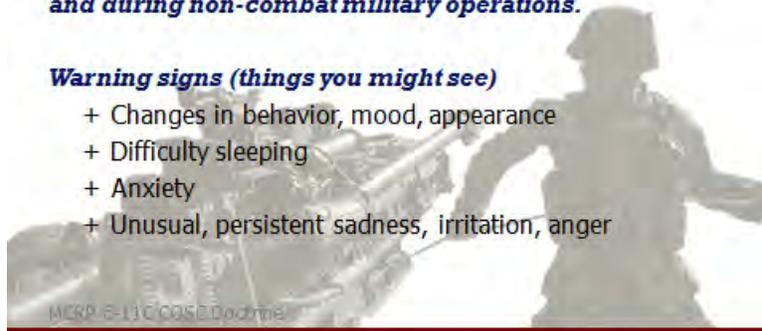


Identify: **Combat and Operational Stress**

Changes in physical, mental functioning, or behavior resulting from the experience of combat, its aftermath, or from stress that may impact us at home, in garrison, and during non-combat military operations.

Warning signs (things you might see)

- + Changes in behavior, mood, appearance
- + Difficulty sleeping
- + Anxiety
- + Unusual, persistent sadness, irritation, anger



Script:

[Read aloud the definition (top paragraph) on the slide.]

- Stress can occur during peacetime or war. Examples are Special Purpose Marine Air Ground Task Force, crisis response, humanitarian aid/disaster relief, and high op tempo in garrison.
- **Common sources of stress are work, financial, and relationship related**– this includes relationships with partners or with family members.
- **Positive events can be sources of stress.**
 - **Question:** What examples come to mind? *[Pause for answers.]*
 - **Answer:** Being in a new relationship, moving, buying a car or house, marriage, promotion, having a child, PCS, EAS, deployment.
- A Marine's ability to manage stress is dependent on the intensity and duration of the stress, and available resources, such as the Marine's:
 - Level of self, peer, and leader support, as well as
 - Protective and risk factors. Remember some risk factors may be from many years ago (an example is abuse experienced earlier in life).
- Effects of stress can be felt immediately or later in response to reminders of a stressful event.
- Some signs of stress can be seen by others such as leaders, peers, or family members, while other signs may only be apparent to the individual experiencing stress.
- You might see these warning signs: *[Read the following sub-bullets, also on the slide.]*
 - Changes in behavior, mood, or appearance. *Examples include changed appetite or weight, and increased substance use or risk taking behaviors.*
 - Difficulty sleeping,
 - Anxiety,
 - Unusual or persistent sadness, irritation, or anger.
- Individuals react to stress in a variety of ways and some signs of stress require immediate attention.
- **Question:** What are ways you assess the severity of someone's stress? *[Pause for answers.]*
- **Answer:** Use Observe and Orient from OODA Loop. Also use the peer support skills we talked about earlier, talk to him or her; ask opened-ended questions, etc.

Transition: The Stress Continuum Model is designed to help identify levels of stress, let's look at it now. *[Click to the next slide, Tool: The Stress Continuum.]*

[The unit may be familiar with the stress continuum—from OSCAR training or another training, this review is peer support oriented.]



Script:

- This model helps us identify levels of stress in units and individuals.
- **This tool also provides a common language to talk about stress** in four zones: ready, reacting, injured, and ill.
- **Individuals are personally responsible for knowing where they are on the Stress Continuum** and proactively working toward the Green Zone.
- It's our primary responsibility to support fellow Marines in the Green and Yellow Zones, where peer support is effective.
- We continue peer support in the Orange and Red Zones by identifying signs and getting Marines assistance from experienced professionals. Even at the handoff to a professional, our role doesn't end. Remaining engaged and letting that Marine know you are interested in their welfare reinforces a sense of belongingness and aids in their recovery.
- Chaplain and medical responsibility is strong in the Orange and Red Zones, where professionals have the most impact, but they can provide assistance for Marines in any zone.

Transition: Let's talk about the actions we can take to assist Marines in each stress zone.

[Click to the next slide, Green Zone bullets.]



Tool: The Stress Continuum

Green (Ready) Zone

+ Good to go + Well trained + Prepared
+ Fit and tough + Cohesive units + Ready families

+ Promote strong connection to unit, family, community
+ Teach problem-solving and conflict resolution
+ Express disapproval of risky activities
+ Monitor for signs of distress or loss of function

If there is a **CHANGE IN BEHAVIOR** from the Marine's usual patterns proceed to Yellow Zone.

Script:

- Green (Ready) Zone:

[Have a participant read aloud the Green Zone bullets on the slide.]

- Marines in the Green Zone cope with stressors and continue to function well.
- This is not the absence of stress, but Marines here are resilient and good to go with sound mental health.
- Proactively working towards the Green Zone is done by using the prevention techniques we covered earlier, like self-support (those mental, physical, spiritual, and social ways we relax, unwind, and prepare for challenges) and good decision making (using OODA Loop).
- A change in behavior from a Marine's usual patterns (like the warning signs we covered in a previous slide) indicates movement out of the Green Zone.

Transition: Let's talk about Yellow Zone stress reactions.

[Click to the next slide, Yellow Zone bullets.]



Tool: The Stress Continuum

Yellow (Reacting) Zone

+ Distress or mild impairment + Anxious or irritable
+ Short-term behavior change

- + Promote use of peers, chain of command, chaplain, medical/MCCS resources, and the DSTRESS Line (1-877-476-7734) before issues become overwhelming
- + Discuss stressors in small units; maintain empathy
- + Ensure adequate sleep and rest

If the distress looks **SEVERE OR PERSISTENT**
proceed to Orange Zone.

Script:

- Yellow (Reacting) Zone:

[Have a participant read aloud the Yellow Zone bullets on the slide.]

- Marines in the Yellow Zone are reacting to temporary or mild stress and show signs of stress that may go away on their own. Yellow Zone stress reactions are usually common, temporary, and reversible.
- Most everyone goes in and out of the Yellow Zone; after the stress is removed we go back to Green Zone.
- **Question:** Can someone give me an example of what puts you into the Yellow Zone? *[Pause for answers.]*
- **Answer:** A car cutting you off in traffic, bills you weren't expecting, arguments with family or significant other, training, high operating tempo, little time off for rest, etc., are examples of things that can cause Yellow Zone stress reactions.
- You have a responsibility to engage Marines and help them return to the Green Zone.

Transition: If you see a Marine experiencing severe or persistent distress they could be in the Orange Zone.
[Click to the next slide, Orange Zone bullets.]



Tool: The Stress Continuum

Orange (Injured) Zone

- + More severe or persistent distress or impairment
- + Lasting personality change

- + Refer to chaplain or medical, follow up to ensure they are connected
- + Promote positive peer support
- + Don't allow Marines to withdraw from others
- + Mentor back to full duty and function
- + Restore mutual trust and respect

If the distress significantly impacts **CAREER OR RELATIONSHIPS** proceed to Red Zone.

Script:

- Orange (Injured) Zone:

[Have a participant read aloud the Orange Zone bullets on the slide.]

- Marines experiencing the Yellow Zone for a long period of time are at higher risk for Orange Zone stress injuries. Also, a single overwhelming event, such as the loss of a close peer, can instantly jump a Marine from the Green Zone into the Orange Zone.
- Persistent change in behavior or personality is an indicator of Orange Zone. Marines in the Orange Zone may not feel like their normal self for weeks, months, or even years after the stress event.
- Orange Zone stress injuries are serious and may not resolve without help. It is crucial for leaders at all levels and peers to recognize the signs early and ensure the appropriate help is received.
- In some cases, the situation may get worse and go into the Red Zone.

Transition: If you see the distress significantly impacting a Marine's career or relationships proceed to Red Zone.

[Click to the next slide, Red Zone bullets.]



Tool: The Stress Continuum

Red (III) Zone

+ Severe distress or loss of function persisting long enough to be diagnosable + Requires intervention + Unmanaged symptoms may significantly impact career and family

- + If you think a Marine is in the Red Zone, refer him or her to medical
- + Only a qualified medical officer can diagnose a Marine in the Red Zone who may have post-traumatic stress, anxiety, depression, addictive disorder, etc.
- + Follow up and ensure treatment compliance
- + If possible, reintegrate with unit and mentor back to full duty

Script:

- Red (III) Zone stress is rare, but when it occurs it's serious.

[Have a participant read aloud the Red Zone bullets on the slide.]

- It's critical that you help identify signs of the Red Zone and get this Marine assistance.

Transition: Untreated diagnosable issues like anxiety or depression increase the risk of suicide. We'll talk more about specific suicide risk factors and warning signs later in this course.

[Click to the next slide, Exercise: Identifying Stress.]

[An “Alternate Exercise: Identifying Stress” scenario is hidden in the PowerPoint on slide 24. The accompanying script for the alternate scenario is in the appendix, page 62.]



Exercise: Identifying Stress

Discuss

- + What stress zone do you think this Marine is in?
- + What follow-up actions might support this friend?
 - ▶ You find a friend pacing his room, ranting about a text he got from someone back home. The text says his girlfriend, the mother of his 2 year old, left the mall with another guy, and they looked, “pretty friendly.” He freaks out and busts his cell phone against the wall.
 - ▶ This isn’t the first rumor he has heard about his girlfriend. He once told you no one else would play father to his daughter and he can’t understand why she won’t just marry him so they can all be together.

Script:

- With our knowledge of the stress continuum, we’ll look again at the Peer Support scenario.
 - Your friend is having an issue, he heard a rumor about his girlfriend (the mother of his two year old) and he busts his cell phone against the wall.
- **Question:** What stress zone do you think this Marine is in? *[Pause for answers.]*
- **Answer:** Yellow Zone, it sounds like he’s reacting to the present situation. Remember, if he’s in Yellow Zone for a long period of time he’s at higher risk for an Orange Zone stress injury. If he experiences effects of this stress for weeks, months, or even years after this stress event, we’d have to say this is Orange Zone.
- **Question:** What follow-up actions might support this friend? *[Pause for answers.]*
- **Answer:** Ensure adequate sleep and rest, because your friend is better able to make good decisions when rested. Discuss his situation, maintain empathy, and follow up to ensure he is connected with resources. The chain of command, chaplain, medical/MCCS resources, and the DSTRESS Line (1-877-476-7734) are helpful before this issue become overwhelming. Don’t allow him to withdraw from others, positive peer support is helpful. Stay in touch and check in on his wellbeing by face-to-face conversation, call, text, email, messaging on social media, and etc.

Transition: Research shows stress is a risk factor for substance misuse; we’ll talk about that now.
[Click to the next slide, Substance Misuse.]



Identify: Substance Misuse

Use of alcohol or wrongful use of a controlled substance (prescription medication, over-the-counter medication, intoxicating substance) to an extent that it has adverse effect on:

- + Performance, conduct, discipline, mission effectiveness
- + User's health, behavior, family, community, and the Marine Corps
- + Or leads to unacceptable behavior as evidenced by one or more acts of alcohol-related misconduct

MCO 5300.17 Marine Corps Substance Abuse Order

Script:

- **Question:** Why do you think the Marine Corps cares about substance misuse? *[Pause for answers.]*
- **Answer:** Substance misuse, has “an adverse effect on performance, conduct, discipline, or mission effectiveness, and/or the user’s health, behavior, family, community, or the Marine Corps, or leads to unacceptable behavior...”(MCO 5300.17)
- **Question:** How would you know that someone might be using drugs or have a significant problem with drinking? *[Pause for answers and after several responses click to reveal the answers on the next slide, Substance Use Disorder Warning Signs.]*





Substance Use Disorder: Warning Signs

- + Changes in behavior, job performance, mood, friends
- + Frequent intoxication
- + When availability and consumption of alcohol becomes the focus of social or professional activities
- + Difficulty focusing; glazed appearance of the eyes
- + Uncharacteristically passive behavior; combative and argumentative behavior
- + Gradual deterioration in personal appearance or hygiene
- + Late for work or formation
- + Unexplained bruises and accidents
- + Irritability
- + Lapse of memory (blackout)

Script:

- **Answer:** A pattern of these warning signs indicates a substance use disorder:
[Have a participant read aloud the entire slide.]
- It is your responsibility to ask for help and offer it to others when warning signs are present.

Transition: Having the best information helps us make the best choices, let's talk about prohibited activities.
[Click to the next slide, Prohibited Activities.]



Substance Misuse: Prohibited Activities

Taking any prescription drug

- + Outside of the timeframe your doctor prescribed it
- + In excess of your directed dose
- + Prescribed to someone else

Taking banned performance-enhancing substances

- + Such as steroids
- + Some over-the-counter supplements

Using illegal substances, including but not limited to

- + Marijuana, ecstasy, cocaine

Script:

- Use of prohibited substances is always high-risk and carries serious consequences.
- Prohibited activities include: *[Read the following bullets that coordinate with the slide.]*
 - Taking any prescription drug outside of the timeframe your doctor prescribed it, or in excess of your directed dose, or taking any drug prescribed to someone else.
 - Taking performance-enhancing substances, such as steroids and some over-the-counter supplements that are banned in the Marine Corps.
 - Using marijuana, ecstasy, cocaine, and other illegal substances.
 - While some intoxicating substances are legal for use in some states, we're held to the Marine Corps standard, even if we travel to or are stationed in those states.
- Be aware of the urinalysis which deters use of prohibited substances.
- **Question:** Who would you ask about the safety and legality of a substance? *[Pause for answers.]*
- **Answer:** When in doubt contact members from the Substance Abuse Counseling Center (SACC) or medical staff. Both can answer questions about allowed substances. A Substance Abuse Control Officer (SACO) may be able to direct you to the right person or information.

Transition: Using substances or alcohol to cope with challenges is not a good decision.
[Click to the next slide, Alcohol Risk.]



Identify: Alcohol Risk

High-risk = 3 or more standard drinks/day

Low-risk = 2 standard drinks/day, 1 standard drink/hour

No-risk = 0 standard drinks/day

Each of these is a standard drink =



Did you know?

The age for purchase, possession, and consumption of alcohol overseas is based on the host nation's drinking age, international treaties and agreements, and on the local situation as determined by the local installation commander.

*Standard drink sizes:
A drink is a single shot, a single 12-ounce beer, or about four ounces of wine (this is about half of what fits in a standard wine glass). Pay attention to the amount of alcohol you're consuming: a mixed drink with two shots equals two drinks.*

Script:

- When we talk about drinking as a risk factor that makes other problems more likely, that doesn't mean you can't drink if you're of the legal drinking age. You'll need to know the associated risks and how to stay healthy.
- Overall wellbeing can be impacted by how much and how often someone drinks.
- Alcohol-related risk has both short- and long-term effects we can mitigate:
 - 1) Short term effects: Physical, mental, and emotional impairment that happens within the same day of alcohol use.
 - 2) Long term effects: Health issues that develop over time and may result in a shorter life. Examples include:
 - Dependence (alcoholism) that requires professional medical treatment,
 - Alcohol is a sedative— its persistent use can cause depression and impair the brain's feel good chemicals: dopamine and endorphins.
 - And greater risk of high blood pressure, liver damage, brain damage, some forms of heart disease, and various cancers.
- There are three levels of alcohol related risk: high-risk, low-risk, and no risk.
 - **High-risk** is drinking three or more standard drinks per day. The short term and long term health issues we spoke about are more common with high-risk drinking. And high-risk drinking can bring serious career and legal issues, up to criminal prosecution and separation from the Marine Corps.
 - The Marine Corps promotes low-risk choices that are not likely to cause alcohol-related issues if you're of the legal drinking age.
 - **Low-risk** drinking is consuming no more than two drinks daily and only having one standard drink in one hour.
 - **No risk:** Truthfully, abstaining is the only way to have no risk of personal alcohol-related issues.
- Alcohol-impaired driving is always high-risk. Never drink and drive. Always plan for a designated driver (DD), download transportation apps for a ride like Uber or Lyft, carry cash for a cab and have the number programmed in your phone, and use the "Arrive Alive" program as a backup.
- Be aware of the Alcohol Screening Program, which aids in deterrence of high-risk drinking.

Transition: Both alcohol and stress can lead to other issues. Next, we're going to talk about intimate partner abuse.

[Click to the next slide, Intimate Partner Abuse.]

[This is halfway through the course.]



Identify: Intimate Partner Abuse

Use, attempted use, threatened use of physical force or violence. Or a pattern of behavior resulting in:

- + Emotional or psychological abuse
- + Economic control
- + Interference with personal liberty

This behavior is directed toward:

- + A current or former spouse
- + A person with whom the abuser has a child
- + A current or former intimate partner with whom the abuser lives or has lived

DOD Instruction 6400.06/MCO 1754.11

Script:

- We talked about protective factors; healthy relationships are an important protective factor that can reduce the likelihood of experiencing behavioral health issues.
- Characteristics of healthy relationships include: shared decision making, financial partnership, honesty, respect, and spending time with mutual as well as separate friends.
- Stressed relationships erode protective factors and make you more vulnerable to issues.
- Per MCO 1754.11, intimate partner abuse includes: *[Read the following text, also on the slide.]*
 - The use, attempted use, or threatened use of physical force or violence
 - Or, a pattern of behavior resulting in emotional or psychological abuse, economic control, and/or interference with personal liberty.
 - This behavior is directed toward a current or former spouse, someone you have a child with, or an intimate partner you live or have lived with.
 - **Question:** What are examples of economic control? *[Pause for answers.]*
 - **Answer:** Restricting a partner's access to finances; preventing him or her from getting a job; and restricting his or her access to military benefits and resources.
- **Question:** Someone might think, “*intimate partner abuse only happens to women.*” Is that statement true? *[Pause for answers.]*
- **Answer:** That statement is false, both men and women can experience abuse.

Transition: We'll talk about how to identify intimate partner abuse. *[Click to the next slide, intimate Partner Abuse: Indicators.]*

Did you know?

Digital abuse is the use of technology, such as a cell phone or social media, to threaten, intimidate, or harass a current or ex-partner. This includes sending excessive texts or messages, social media stalking, demanding to know account passwords, or dictating who a partner is able to communicate with on social media. Some abusers may pressure their partner to engage in sexting activity and use the pictures as blackmail to force their partner to do something they would not normally do, something they do not want to do, or as a way to keep their partner from breaking up with them.

Victims of abuse are more at risk for substance misuse, teen pregnancy, symptoms of depression or anxiety, and thoughts of suicide. Protect yourself and others by being aware of the warning signs, some of the most common red flags of an unhealthy or abusive relationship are a partner checking your phone or email without your permission, showing extreme jealousy or insecurity, isolating you from family or friends, and telling you what to do. Help is available. Contact your local FAP for resources on intimate partner abuse, healthy relationships, or parenting. Other resources include Military One Source, www.loveisrespect.org, and www.thehotline.org.



Intimate Partner Abuse: Indicators

Risk Factors

- + Background or history of abuse
- + Marital conflict
- + Low self-esteem
- + Financial problems
- + Alcohol or substance use disorder

Warning Signs (things you might see)

- + Isolation from friends and family
- + Unreasonable jealousy
- + Threats of violence
- + Controlling behavior
- + Fear of partner

Did you know?

Intimate partner abuse is against core values and will not be tolerated, the consequences can include:

- *NJP*
- *Court martial*
- *Discharge*
- *Revocation of suitability for overseas duty*
- *Revocation of a security clearance*

Script:

- We have the responsibility to recognize the risk factors and warning signs in ourselves and in others.
[Have a participant read aloud the Risk Factors on the slide.]
- Remember that risk factors include the individual's characteristics, circumstances, and experiences.
- The risk factors do not cause abuse; many Marines and their family members who experience these risk factors cope well and are not abusive.
[Have a participant read aloud the Warning Signs on the slide.]
- Engage Marines displaying these warning signs, which make a person more prone to intimate partner abuse.
- The Marine Corps has zero tolerance for intimate partner abuse, as it negatively impacts:
 - Personal performance,
 - Unit functioning and morale,
 - The reputation of the Marine Corps.
- Marines can receive resources before a situation gets out of hand by calling the **Family Advocacy Program** office or speaking to a Prevention & Education Specialist.
- FAP resources include classes for the development of healthy relationships and proactive management of related stress. Examples are:
 - **Within My Reach**, providing relationship tools for single Marines as well as those in relationships.
 - **Coping with Work and Family Stress** teaching stress management strategies.
 - **Married and Loving It** helping couples use interaction concepts and relationship-building skills.
- FAP provides intervention and response counseling to individuals and couples. Military OneSource also offers relationship related resources.

Transition: Adult victims of abuse can choose from two reporting options; we'll start with unrestricted reporting.

[Click to the next slide, Intimate Partner Abuse: Unrestricted Reporting.]



Intimate Partner Abuse: Unrestricted Reporting

Victims can contact the Family Advocacy Program (FAP), law enforcement, or chain of command to make an unrestricted report

- + Unrestricted reports result in command involvement
 - May result in law enforcement investigation and protective orders
- + An unrestricted FAP case is opened to provide safety and treatment planning
 - The case goes to the Incident Determination Committee
- + If a child witnesses intimate partner abuse this results in an unrestricted report
 - All reports of child maltreatment are unrestricted
- + Once an unrestricted report is made- it cannot be restricted

Script:

[Read the following bullets that coordinate with the slide.]

- These reporting options may sound similar to those for Sexual Assault Prevention and Response (SAPR), they are not the same.
- Unrestricted Reporting:
 - Victims can contact the FAP, law enforcement, or chain of command to make an unrestricted report of an incident.
 - An unrestricted report results in command involvement, and may result in a law enforcement investigation.
 - **The command can offer the victim support and protection to include protective orders.**
 - **Details of the incident are limited to those with "need to know."**
 - An unrestricted FAP case will be opened, at that point safety and treatment planning services are provided.
 - The case will go to the Incident Determination Committee.
 - A FAP Victim Advocate will assist in making law enforcement reports, attending court, finding support services, and applying for Transitional Compensation, if appropriate.
 - **If a child witnesses intimate partner abuse this will result in an unrestricted report. All reports of child maltreatment are unrestricted reports.**
 - Once an unrestricted report is made, it cannot be restricted.

Transition: We'll review the restricted reporting option.

[Click to the next slide, Intimate Partner Abuse: Restricted Reporting.]



Intimate Partner Abuse: Restricted Reporting

Adult victims who prefer confidential assistance that does not notify law enforcement or military commands, can contact a FAP clinician, FAP victim advocate, or health care provider to make a restricted report

▶ Some state and local laws require healthcare personnel to disclose incidents to law enforcement, including California

- + Allows victims to work with a FAP counselor or FAP victim advocate to evaluate relationship choices, develop a safety plan, obtain resources and referrals, seek medical attention, and attend counseling sessions
 - ▶ These cases do not go to the Incident Determination Committee
- + The report is no longer confidential if commands or law enforcement become aware of an incident or allegations

Script:

[Read the following bullets that coordinate with the slide.]

- Restricted Reporting:
 - Adult victims who prefer confidential assistance that does not include notification to law enforcement or military commands, can contact a FAP Clinician, FAP Victim Advocate, or health care provider to make a restricted report.
 - There are exceptions, **some state and local laws require healthcare personnel to disclose incidents to law enforcement, this is the case in California.**
 - A restricted report allows victims to work with a FAP Counselor or FAP Victim Advocate to evaluate their relationship choices, develop a safety plan to prevent further abuse, obtain resources and referrals, seek medical attention, and attend counseling sessions without law enforcement or command involvement.
 - These cases do not go to the Incident Determination Committee.
 - The report is no longer confidential if commands or law enforcement become aware of an incident or allegations and it must go unrestricted. Commands and law enforcement will make appropriate notifications per MCO 1754.11.
 - **Victim safety is a priority; victims at imminent risk of serious harm may not be able to use the restricted reporting option.**
- **Question:** Which reporting option generates a criminal investigation? *[Pause for answers.]*
- **Answer:** Unrestricted reporting.

Transition: We'll talk about child maltreatment.

[Click to the next slide, Child Maltreatment.]



Identify: Child Maltreatment

Physical, sexual, emotional abuse, or neglect of a child:

- + By a parent, guardian, foster parent, or caregiver
- + Under circumstances indicating that the child's welfare is harmed or threatened

Warning signs (things you might see)

- + Bruising, burns, other injuries without explanation
- + Withholding medical or dental care
- + Inadequate school attendance

**You are a mandated reporter of child maltreatment.
Contact FAP to report known or suspected cases.**

DOD Instruction 6400.06/MCO 1754.11

Script:

[Have a participant read aloud the entire slide.]

- Child maltreatment is a serious crime, under both state law and the UCMJ.
- You are a mandated reporter of child maltreatment– this requires you to report known or suspected cases by contacting the Family Advocacy Program.
 - All FAPs have a 24 hour reporting and response protocol in place.
 - Reports of suspected child maltreatment may be made anonymously.
- If you are unsure you can call a FAP Victim Advocate at any time and receive anonymous assistance in determining if a child may be the victim of child maltreatment.
- It is critical that you seek help for yourself or for others before any situation escalates to maltreatment.
- To be clear, we are all responsible for preventing and responding to both intimate partner abuse and child maltreatment. As peers and leaders, we shall report all allegations to FAP and military police, per MCO 1754.11.

Transition: We'll practice what we've learned about identifying in a scenario.

[Click to the next slide, Exercise: Identify.]

Did you know?

Additional examples of both general and situational signs of child maltreatment include:

- *Injuries where children would not normally be injured*
- *Dropping, throwing, mishandling a child*
- *Physical discipline to include hitting, or smacking, or swatting a child on any part of the body other than with open hand on clothed bottom without leaving any mark (varies by state)*
- *Using any object, (e.g., belt, hair brush, wooden spoon, on any part of a child's body)*
- *Giving the "silent treatment" to a child*
- *Failure to provide age-appropriate care for a child's physical needs*
- *Abandonment or threatened abandonment*
- *Lack of supervision, egregious absence or inattention related to the child's age and functioning*
- *Exposure to physical hazards, (e.g., broken glass, non-secure/loaded firearms, illegal drugs, hazardous chemicals, etc.)*
- *A child witnessing intimate partner abuse (including but not limited to physical, verbal, and emotional abuse, as well as use of intimidation).*

Conversation on discipline and/or spanking must be ended, refer the group to FAP for a definitive answer.

[An “Alternate Exercise: Identify” scenario is hidden in the PowerPoint on slide 35. The accompanying script for the alternate scenario is in the appendix, page 63.]



Exercise: Identify

- + Cpl Thompson is an avid gamer, his wife works nights, and they have a 1 year old son. Thompson loves to drink a few beers and play X-Box. You're an occasional player and one night Thompson invites you over to show you a thing or two about cheats and advancing levels. You go and while you enjoy yourself, Thompson's intensity while playing feels a little strange, he played for 4 hours straight and didn't acknowledge his son the whole time. His wife complains about him often spending more than 6 hours a night playing. Maybe this explains why Thompson isn't sleeping well and he overreacts to minor things.
- + Your unit has a family cookout and Thompson will not go because he plans to finish as the top contender in a weekend tournament. His wife is working all weekend and he plans to keep his son at home. This situation concerns you. Jokingly you tell Thompson not to be so focused on gaming that he forgets to feed his son. Laughing your comment off Thompson says, "you worry too much, loosen up."

Script:

[Have a participant read aloud the scenario on the slide.]

- I'm going to ask you a couple of questions about this scenario.

[Click to the next slide, Exercise: Identify.]

Did you know?

The word “addiction” will often make you think of drugs, alcohol, shopping, or even food. Experts say video games create the same brain reactions as drug and alcohol addiction.

Watch for the warning signs of video game addiction in yourself and in others, including children. Warning signs include:

- *Using gaming as a way to escape everyday issues or social connection, becoming negative coping*
- *Missing obligations (e.g., appointments, assignments, or household responsibilities) to game*
- *Performing poorly at work or in school due to gaming*
- *Spending excessive money on video games or gaming fees.*

Know that playing violent video games can lead to a bias in the perception of what counts as aggressive, which in turn evokes aggressive behavior. Those experiencing video game addiction can be violent after gaming or if restricted from their gaming.

Semper Fit provides resources for total fitness, including: competitive sports, nutrition and fitness expertise, Single Marine Program, gyms and outdoor recreation. See www.usmc-mccs.org/services/



Exercise: Identify

Discuss

- + What issues do we see? Just the facts.
- + What are the less apparent issues?
- + What stress zone do you think this Marine is in?
- + How do you immediately support this friend?
- + What are helpful resources for this situation?
- + What follow-up actions might support this friend?

Script:

- **Question:** What issues do we see? Just the facts. *[Pause for answers.]*
- **Answer:** Conflict with his wife, over 6 hours a night gaming, he isn't sleeping well, and he overreacts to minor things.
- **Question:** What are the less apparent issues? *[Pause for answers.]*
- **Answer:** He is missing unit activities, gaming might be a negative way to cope with his stress; gaming could be an addiction for him, and there is possible neglect of his son (his son is one year old and was alone 4 hours straight).
- **Question:** What stress zone do you think he's in? *[Pause for answers.]*
- **Answer:** It sounds like high Yellow Zone or Orange Zone. Remember, Yellow Zone is temporary or mild stress and Marines show signs of stress that may go away on their own. He might be reacting to a more severe situation. If he experiences effects of this stress for weeks, months, or even years after this stress event, we'd have to say this is Orange Zone.
- **Question:** How do you immediately help this friend? *[Pause for answers.]*
- **Answer:** Have a conversation about this situation. Tell him better ways to manage the situation; ensure he gets adequate sleep and rest. Maintain empathy and follow up to ensure he is connected with resources.
- **Question:** What are helpful resources? *[Pause for answers.]*
- **Answer:** Family Advocacy Program/FAP, Community Counseling and Prevention Program/CCP, and the New Parent Support Program/NPSP for couples counseling, parenting and anger management seminars. Marine Corps Family Team Building/MCFTB, and Military Family Life Counselors/MFLC are also available to assist. The chain of command, chaplain, medical/MCCS resources, and the DSTRESS Line (1-877-476-7734) are helpful before this issue becomes overwhelming. Don't allow him to withdraw from others, positive peer support is helpful.
- **Question:** What follow-up actions (at a later date) might support this friend? *[Pause for answers.]*
- **Answer:** Check in on his progress, promote protective factors, and be a positive influence. Stay in touch and check in on his wellbeing by face-to-face conversation, call, text, email, messaging on social media, and etc.

Transition: We'll talk about how to identify risk of suicide.
[Click to the next slide, Suicide.]

Did you know?

While moderate video gaming can be a positive self-support or coping tool, excessive video gaming is harmful.

Excessive video gaming may be linked to sleep issues, poor job performance, and depressive symptoms. In a study, three active duty Marines were evaluated for sleep issues, low mood, poor concentration, inability to focus, irritability, and drowsiness. All three Marines reported insomnia as their primary complaint. All three Marines reported playing video games from 30 hours to over 60 hours per week in addition to a 40-hour or more workweek. These Marines sacrificed sleep to maintain their video gaming schedules.

Ask about how often someone is video gaming when you hear talk of sleep issues, or see poor work performance and depressive symptoms.



Identify: Suicide

Deaths by suicide and related non-fatal events often occur in association with:

- + Relationships and work-related stressors
- + Pending disciplinary action
- + Illness such as depression
- + Periods of transition in duty status
- + Between duty stations

MCO 1720.2 Marine Corps Suicide Prevention Program (MCSPP)

Script:

- Death by suicide is a preventable problem that affects the entire Corps. All communication regarding suicide influences attitudes, perceptions, and behaviors. Let's review some facts.
- **FACT:** People who take their own life are acting on a mistaken but deeply-held belief that they have no other options, their life cannot get better, and that those they love and care about will be better off without them.
- We know that Marines who attempt suicide do not want to die; they want to stop the pain.
- Most suicides are not out of the blue, *[Have a participant read aloud the entire slide.]*
- **Question:** Why is the last two bullets so important? *[Pause for answers.]*
- **Answer: Marines in transition have increased risk due to isolation and losing a sense of belonging.**
- It's important to note, the likelihood of suicide can be reduced by identifying those who may be at risk, strengthening their protective factors, using resources, and providing ongoing social support.
- Remember that protective factors can be positively influenced by others, including our peers and leaders. Protective factors that are especially helpful for those at risk include:
 - Positive coping, problem-solving, help-seeking
 - Belongingness, unit cohesion
 - Sense of purpose, mission, and family.
- **One more FACT:** You can ask a Marine at-risk for suicide to voluntarily store their firearm or other lethal means; this helps that Marine avoid the irreversible actions to end their life and provides the opportunity for intervention.

Transition: Did you know that risk factors for suicide among Marines, other military service members, and civilians are very similar? Let's talk about identifying those who may be at risk.

[Click to the next slide, Suicide Indicators.]

Did you know?

Use the correct terms: suicidal ideation, suicide attempt, and died by suicide are approved terms.

- Suicidal ideation is thinking about, considering, or planning suicide.
- Suicide attempt is a non-fatal, self-directed potentially injurious behavior with an intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
- Died by suicide are the correct terms, use this language that does not stigmatize those who die by suicide.



Suicide: Indicators

Risk Factors	+ Triggering Events	= Warning Signs
+ Previous suicide attempt	+ Relationship problems/recent breakup	+ Talk of feeling hopeless or worthless
+ History of drinking/using drugs	+ Financial problems	+ Sudden mood changes
+ Mental health issues or diagnosis	+ Legal problems	+ Reckless behavior
+ History of physical, sexual, or emotional violence/abuse	+ NJP or administrative action	+ Social withdrawal or isolation
+ Family history of mental health diagnoses and/or suicide	+ Loss of loved one	+ Increased talk of dying/death
+ Unresolved anger	+ Feeling trapped	+ Loss of interest in activities or things that used to be enjoyable
+ Access to firearms	+ Humiliation or embarrassment	
	+ Sense of being an outsider, social isolation	

Script:

- Let's talk through this equation. It's the combination of risk factors and triggering events, interacting together, that can put a person in a bad place where he or she spirals down far enough to consider taking his or her own life.
- The fact is most people who are considering suicide will display subtle warning signs or red flags (as many as 10 to 20) such as direct statements, physical signs, emotional reactions, or changes in behavior.

[\[Click to reveal Risk Factor bullets.\]](#)

- It's important that we use our conversation skills and look out for suicide risk factors, which are:
 - Previous attempts and ideation are the leading indicator for risk
 - History of drinking/using drugs
 - Mental health issues or diagnosis
 - History of physical, sexual, or emotional violence/abuse
 - Family history of mental health diagnoses and/or suicide
 - Unresolved anger
 - Access to firearms.
- These risk factors don't cause suicide. They are correlated with higher rates of suicide. That's why we pay attention to them.

[\[Click to reveal Triggering Event bullets.\]](#)

- "Triggering events," in coordination with risk factors, can cause a person to consider suicide.
 - Relationship problems/recent break-up
 - Financial or legal problems
 - NJP or administrative action
 - Loss of loved one
 - Feeling trapped
 - Humiliation or embarrassment, watch for demotion or loss of honor
 - A sense of being an outsider or ostracized (social isolation).

[\[Script continues on the next page.\]](#)

Did you know?

Marines may voice opinions about suicide ideation, attempted suicide, or death by suicide. Effectively responding to opinions is time-consuming, often brings up other complex issues, and is likely to derail the class. Chaplains, OSCAR Providers, Medical Officers, MCCS Behavioral Health resources, MFLCs, and EPBHC staff are able to give more information.

Some opinions are harmful to Marines who may have considered suicide or who know someone who has died by suicide. Do not try to engage these kinds of statements, "People who attempt suicide just want attention," or "I think it's selfish," or "Suicide is taking the easy way out," or "I don't think you can stop a person who really wants to kill them self."

It's best to redirect the audience back to the approved course script (see techniques on page 7).

- Don't suggest one reason for a suicide, such as a break-up
- Don't suggest there can be no explanation because the person had everything going for him
- Don't say the person found peace or is with a loved one now.

- We might think, “but everyone goes through a break-up, or gets in trouble, or experiences a death in the family.”
- It’s true– the vast majority of Marines who experience these events or risk factors do not take their own lives. If a person is displaying one or more of the triggering events or risk factors, reach out to them.

[Click to reveal Warning Signs bullets.]

- The more of these warning signs a person shows, the greater the risk. Friends, family members, and leaders may see only one or two signs. It's important for friends, family, and leaders to talk to each other to get a more complete picture.
- Suicide warning signs include:
 - Talking of feeling hopeless or worthless
 - Sudden mood changes
 - Reckless behavior
 - Increased talk of death or dying
 - Loss of interest in activities or things that used to be enjoyable
 - Withdrawal or social isolation.
- It’s not up to us to judge a person’s state of mind. Make contact with any Marine or Sailor who shows the warning signs. You’ll provide assistance and immediately notify the chain of command.
- If you suspect a person may be at risk of suicide, there are specific steps to take.

Transition: Suicide is preventable, and timely intervention can stop many suicides. We’ll discuss R.A.C.E, the Marine Corps’ suicide prevention method.

[Click to the next slide, Tool: R.A.C.E.]



Tool: R.A.C.E.



Recognize the signs

+ Be alert to changes in friends, family members, and Marines



Ask the question

+ "Are you thinking of killing yourself?"



Care with words and actions

+ Let your words and actions show that you're listening
+ If you're unsure about his/her state of mind, contact your chain of command or chaplain



Escort to help

+ Don't let the person out of your sight, stay until help arrives or take the person directly to help
+ Resources include health professionals, DSTRESS Line (1-877-476-7734), National Suicide Prevention Lifeline (1-800-273-TALK (8255), and 911

Script:

- One of the keys to suicide prevention is timely intervention using R.A.C.E.
- The steps are Recognize, Ask, Care, and Escort:
- **(R)**-“Recognize” means that we’re alert to changes in our friends, family members, or fellow Marines that signals something is different in their lives– or that something is severely bothering them.
- **(A)**-“Ask,” you need to ask that person some direct questions:
 - You could start with “**What’s wrong?**” They might just tell you.
 - We won’t know if someone is considering suicide if we don’t specifically ask, “**Are you thinking of killing yourself?**”
 - Calmly asking someone “**Are you thinking of killing yourself?**” does not plant the idea. In fact, because you have cared enough to ask, using the direct question, they may be less likely to consider suicide.
- **(C)**-“Care,” you’ll let your words and actions show that you’re listening and no matter what the person says, you won’t judge. Even if they’re not thinking about suicide, they may be experiencing severe distress and you’ll need to offer help.
 - If you are unsure about his/her state of mind, you should contact your chain of command, chaplain, medical officer, or Community Counseling and Prevention Program/CCP.
- **(E)**-“Escort” means that if a person has suicidal thoughts, you stay with him/her until help arrives or you take the person to help, don’t let the person out of your sight.
 - Resources for help include your chain of command, chaplain or a health professional, or you can call the DSTRESS Line (1-877-476-7734) or National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or 911 with the person.
 - If you can do so safely, remove any means of suicide that you see, such as weapons or stockpiled pills, and keep the items away from the person.
 - If someone tells you by phone that he/she is suicidal, keep the person on the phone talking to you and try to find out where they are. You’ll text, email, or call on another line to get someone to go to the suicidal person. You’ll keep talking to them until help gets there.
- That is the R.A.C.E. method– Recognize, Ask, Care, and Escort.

Transition: We’ll observe Marines utilizing R.A.C.E.

[Click to the next slide, Tool: R.A.C.E. demo.]





Demonstration: R.A.C.E.

Script:

- We're going to watch a quick video of Marines utilizing R.A.C.E.
[Play "R.A.C.E. Demo" video.]

[Alternate option: use the "R.A.C.E. Demo Scenario" script on pages 70 and 71 to run a live demonstration. There are three roles; you'll select two Marines ahead of time to and you'll all rehearse the scenario.]

Transition: To practice R.A.C.E., we'll split into pairs; we'll begin the first scenario as a group.
[Click to the next slide, Exercise: R.A.C.E.]



Exercise: R.A.C.E. Scenario 1

- + Your friend is a Sgt separating from the Marine Corps because he was passed up for promotion; he can no longer stay in. He wanted to make the Marine Corps a career and is having a difficult time adjusting.
- + He is 2 years married, has one stepchild aged 4 with special needs, and a baby on the way. He is angry when he gets home; as well as distant, and no longer talks to his spouse. His spouse wants to plan their move back home but can't seem to say anything that doesn't start an argument.
- + He isolates himself by playing on his computer into the night and drinks more than usual at home. You were told that during a mess night the Marines from his unit noticed his behavior changed drastically.



- + What warning signs did you recognize?



- + What might you ask this Marine to start the conversation?
- + Ask, "Are you thinking of killing yourself?"



- + Show that you care



- + Escort this Marine to chain of command, chaplain or a health professional, or call the DSTRESS Line (1-877-476-7734), National Suicide Prevention Lifeline (1-800-273-TALK (8255), or 911
- + Stay with this Marine until help is received

Script:

[Have a participant read aloud the scenario on the slide.]

- **Question:** What warning signs or red flags did you recognize?
- **Answer:** Sgt separating from the Marine Corps, he was passed up for promotion, difficult time adjusting, stepchild aged 4 with special needs, a baby on the way, angry, distant, and no longer talks to his spouse. He isolates himself, drinks more than usual, behavior is changed drastically.
- **Question:** What might you ask this Marine to start the conversation?
- **Answer:** How are you feeling? How are things with you and your wife? How are you sleeping?
- Quickly split into pairs, I'll give each team a handout.

[Hand out "R.A.C.E. Practice Scenarios," printed from appendix pages 66-69, one copy of the four pages to each pair. You'll give handout 1 to one Marine in the pair and handout 2 to the other.]

- In each partnership, one Marine takes the role of the at-risk Marine described in the scenario, the other Marine does the intervention by using the R.A.C.E. method:
 - Especially, listening actively, asking, "**Are you thinking of killing yourself?**" and making a plan to get help by escorting the at-risk Marine to your chain of command, chaplain or a health professional, or calling the DSTRESS Line (1-877-476-7734), and 100% of the time staying with the at-risk Marine until help is received.
- You'll stop the roleplay at 3 minutes; at that point you have 2 minutes to evaluate the intervention with your partner. You'll answer the questions:
 - Did the intervening Marine directly ask the following question: "**Are you thinking of killing yourself?**" Did the intervening Marine show the at-risk Marine they cared? Did the intervening Marine make a plan and follow through with it to escort at-risk Marine to help or to stay until help arrived?
- Now, look at your handout, read the instructions, and begin the conversation as prompted with your partner. The intervening Marine must ask, "**Are you thinking of killing yourself?**"

*[As Marines work through the scenarios, walk around the room and check that the intervening Marines are listening actively, asking, "**Are you thinking of killing yourself?**" and making a plan to stay with the troubled Marine until help arrives.]*

Transition: Switch roles (the intervening Marine will now be the at-risk Marine) and continue to the second scenario with your partner.

[Click to the next slide, Exercise R.A.C.E.]





Exercise: R.A.C.E. Scenario 2

- | | |
|---|--|
| <ul style="list-style-type: none">+ A female Cpl in your unit is single and lives in the barracks with a roommate. This is her 2nd duty station. She is on restriction and about to face an NJP due to a drinking and driving incident.+ She got into a traffic accident while under the influence and sustained injuries to her knee and back. She's been on light duty for months and is in constant pain.+ To stop the pain, she is drinking and taking over-the-counter night time pain medication with her prescribed pain medication.+ She was told she will not be able to deploy with her unit due to her medical and legal situation. She has been talking about being useless, and wishes the situation would just end.+ The Cpl's roommate has noticed a slight difference in her appearance and mood but isn't concerned. | <ul style="list-style-type: none">R + What warning signs did you recognize?A + What might you ask this Marine to start the conversation?+ Ask, "Are you thinking of killing yourself?"C + Show that you careE + Escort this Marine to chain of command, chaplain or a health professional, or call the DSTRESS Line (1-877-476-7734), National Suicide Prevention Lifeline (1-800-273-TALK (8255), or 911+ Stay with this Marine until help is received |
|---|--|

Script:

- Now, flip your handouts to scenario 2, read the instructions, and begin the conversation as prompted with your partner. The intervening Marine must ask, ***"Are you thinking of killing yourself?"***
- Again, you'll stop the roleplay at 3 minutes; at that point you have 2 minutes to evaluate the intervention with your partner. You'll answer the questions:
 - What warning signs did the intervening Marine recognize? Did the intervening Marine directly ask the following question: ***"Are you thinking of killing yourself?"*** Did the intervening Marine show the at-risk Marine they cared? Did the intervening Marine make a plan and follow through with it to escort at-risk Marine to help or to stay until help arrived?

[As Marines work through the scenarios, walk around the room and check that the intervening Marines are listening actively, asking, "Are you thinking of killing yourself?" and making a plan to stay with the at-risk Marine until help arrives.]

Transition: We'll talk about resources for when a behavioral health issue has been identified.
[Click to the next slide, Connect with Help.]



Connect With Help



Script:

- Seeking help is a sign of strength and adherence to core values.
- Remember back to the Stress Continuum model, getting someone the appropriate level of help starts as early as Yellow Zone.
- Once issues are identified, you'll inform others who need to know and ensure help is received to:
 - Promote total fitness
 - Reduce risk
 - And support recovery from issues.
- **Question:** Once you spot a problem in yourself or in a friend, what are the resources? *[Pause for answers.]*
- **Answer:**
 - Your peers, sometimes talking to another Marine is all you need to manage issues.
 - *[If applicable to this unit.]* Your OSCAR team members can assist.
 - In other cases, your first stop should be your chain of command, who can often offer practical advice and get assistance.
 - Your chaplain is a great resource, especially if you want 100% confidentiality.
 - Medical/MCCS resources: At the medical clinic or hospital on your installation, you can speak to medical personnel or a counselor for help. If there is a corpsman attached to your unit, especially if you are deployed, they can direct you to the right resources, including self-improvement resources available to you through MCCS.
 - Another confidential resource is the DSTRESS Line (domestic and international 1-877-476-7734) can help before issues become overwhelming. Note for Okinawa and MCAS Iwakuni (DSN 645-7734 and local cell/land line 098-970-7734). Using this you can speak anonymously with active duty Marines, veteran Marines, licensed counselors, and others who understand Marine culture, 24 hours a day. It's good to have that number in your phone— you never know when a fellow Marine may need it.
- **Question:** Is anyone familiar with Military OneSource?
- **Answer:** It's a resource for assistance which offers 6 sessions per topic with online and face-to-face options.

Transition: We'll talk about what to do after someone is connected with resources.

[Click to the next slide, Local Resources (this is a hidden slide that must be filled out in advance).]

[To localize this PowerPoint with resources, unhide slide 44 by right clicking and selecting "Hide Slide." You'll then type in local POC information replacing the red text.]



Connect: Local Resources

OSCAR Team Members: XX, XX, XX

Chaplain & RPs: XX, XX, XX

Medical Staff: XX, XX, XX

Suicide Prevention Officer: XX, XX

Substance Abuse Counseling Center, SACC: Phone, Website

MCCS counseling facilities: Phone, Website

Community Counseling Program: Phone, Website

Family Advocacy Program: Phone, Website

Military Family Life Counselor, MFLC: Phone, Website

Embedded Preventive Behavioral Health Specialists: Phone, Website



Script:

- It helps to be familiar with local resources before an issue arises.

[You can share an example of when local resources have been helpful.]

Transition: We've spoken about resources, let's talk about our role in supporting someone after they've experienced a challenge or have received resources.

[Click to the next slide, Give Support.]

Did you know?

What you say to a chaplain in confidence stays between you and the chaplain, unless you decide differently.

You hold the key to who hears your story.

- *Service members and families have the right to confidential communication with a Navy chaplain.*
- *Chaplains have the obligation and responsibility to guard the confidential communications disclosed to them.*
- *Commanders honor and support the unique, confidential relationship between an individual and a chaplain.*



Support After Assistance Is Received



Give Support

Successful reintegration means a Marine returns to the unit, or returns to his or her specific job, growing from challenging experiences.



- + Communicate an attitude of respect and trust
- + Quickly return Marines to MOS-appropriate duties from limited duty or treatment
- + Refocus back on the mission and rebuild confidence
- + Ensure others don't undermine any Marine's reputation
- + Marines in treatment or having recently completed treatment are still at risk and need support

Script:

- Peers, leadership, and families play an active role in getting Marines full and adequate assistance, as well as continually monitoring progress toward total fitness.
- You will stay in contact with a Marine who is experiencing issues and actively support their return to duty.
- **Question:** What might you do to support someone after they've experienced a challenge or have received resources? *[Pause for answers.]*
- **Answer:**
 - Prevent this Marine from isolating themselves,
 - Spend time with this Marine,
 - Ask how they are doing,
 - Encourage continued use of resources,
 - Connect them with peer support,
 - You can tell this Marine that others have had success after treatment, that's true,
 - If you've sought resources yourself, you can share your own story of recovery.
- A successful reintegration means a Marine returns to the unit, or returns to his or her specific job, growing from the challenging experience.
- As an individual shows the ability, it is important that they quickly return to MOS-appropriate duties from a period of limited duty or treatment.
 - **Question:** Why is this important? *[Pause for answers.]*
 - **Answer:** This restores a sense of pride and belonging, as well as sends a signal to all other Marines that might seek resources.
- To fully reintegrate Marines, leaders and peers must communicate a consistent attitude of respect and trust.
- Remind him or her of their value to the team.
- Have zero tolerance for stereotyping those who have experienced behavioral health issues.
- Recognize that a Marine in treatment or having recently completed treatment is still at risk and needs support.

Transition: Let's wrap up!

[Click to the next slide, Conclusion.]

Conclusion



Script:

- We discussed some skills and tools to proactively manage challenging situations, including:
 - Self and peer support, conversation and decision making skills
 - The stress continuum and R.A.C.E. tools.
- Apply what you've learned to everyday challenges and utilize your protective factors.
- You'll promote strength and resilience, as well as manage challenges before they become overwhelming by taking care of issues as they arise.
- We spoke about spotting a problem early by looking for that change in behavior from a Marine's usual patterns. You know the potential personal and professional consequences of unmanaged issues.
- Look out for each other and talk about what's bothering you.
- You'll seek help for yourself and your fellow Marines when needed, you know the available resources.
- You'll also provide support after assistance is received to move Marines towards total fitness.

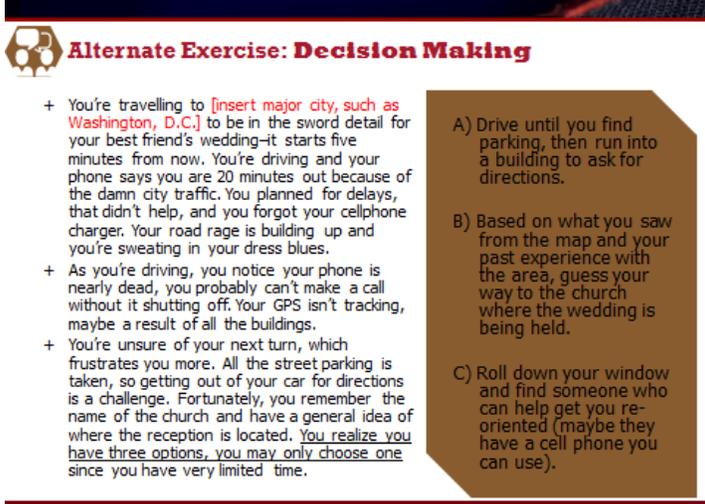


APPENDIX

Alternate Scenarios

Alternate Exercise: Decision Making (1)

[This script belongs to “Alternate Exercise: Decision Making” scenario which will replace page 21. To use this scenario, delete slide 9 and unhide slide 10 by right clicking and selecting “Hide Slide.” Also replace the red text with a major city of your choosing.]



Alternate Exercise: Decision Making

- + You're travelling to insert major city, such as Washington, D.C. to be in the sword detail for your best friend's wedding—it starts five minutes from now. You're driving and your phone says you are 20 minutes out because of the damn city traffic. You planned for delays, that didn't help, and you forgot your cellphone charger. Your road rage is building up and you're sweating in your dress blues.
- + As you're driving, you notice your phone is nearly dead, you probably can't make a call without it shutting off. Your GPS isn't tracking, maybe a result of all the buildings.
- + You're unsure of your next turn, which frustrates you more. All the street parking is taken, so getting out of your car for directions is a challenge. Fortunately, you remember the name of the church and have a general idea of where the reception is located. You realize you have three options, you may only choose one since you have very limited time.

A) Drive until you find parking, then run into a building to ask for directions.

B) Based on what you saw from the map and your past experience with the area, guess your way to the church where the wedding is being held.

C) Roll down your window and find someone who can help get you re-oriented (maybe they have a cell phone you can use).

Script:

[Have a participant read aloud the scenario on the slide.]

- You'll have three minutes to use OODA Loop and choose either A, B, or C:
 - **Observe** the situation and determine what decision needs to be made.
 - **Orient** yourself to what factors or personal values will influence your decision, like personal experiences, knowledge, morals and who should be involved in the decision making or who will be affected.
 - **Decide** possible best choice based on available information.
 - **Act** based on the desired outcome.

[Start the timer and let groups discuss for three minutes.]

- Raise your hand if you chose A. *[Pause, check audience.]* Raise your hand if you chose B. *[Pause, check audience.]* Raise your hand if you chose C. *[Pause, check audience.]* Here are the consequences of those decisions:
 - **A)** You arrive 30 minutes late, traffic delayed several others in the wedding party, and the ceremony start time shifted— you're okay. You get to smack the bride on the ass with your sword and say **“Welcome to the family, ma'am!”**
 - **B)** Detour signs lead you away from the area. The church has metro access, so you park your car at the metro and hop on. One stop in, you realize you're going the wrong direction. You take corrective action and navigate the metro system to the church. When you arrive everyone is leaving— you still make the reception.
 - **C)** You turn down a one-way street and get stuck behind a parade. While you're waiting, your car runs out of gas and the only place you can pull over is a tow-away zone. You've missed the wedding but decide to cab to the reception. After the reception, you cab back to your car and have to pay \$125 dollars to get it out of impound.

- **Question:** Were you surprised with your outcome? *[Pause for answers.]*

[Script continues on page 22.]

Alternate Exercise: Decision Making (2)

[This script belongs to “Alternate Exercise: Decision Making” scenario which will replace page 21. To use this scenario, delete slide 9 and unhide slide 11 by right clicking and selecting “Hide Slide.”]



Alternate Exercise: Decision Making

- + You leave work early on Friday to hike with a friend. From previous hikes, you remember the trails. You plan a route and take your phone.
 - + About two hours into the hike, your friend realizes the trail isn't going where you'd planned. You're getting further away but your phone's GPS is not updating.
 - + You both navigate up a steep gradient of challenging rocks. On the boulders, you lose track of the trail and your buddy slips, getting their leg snagged between rocks. Your buddy is yelling, their leg is badly broken. You go to assist and see a rattlesnake spring out to bite your friend.
 - + You kill the snake and you'd call for help but your phone isn't working. Remembering the direction you came from is hard, it's getting dark, and it all looks the same.
 - + Your instinct is to get your friend out of the rocks. You realize you have three options, you may only choose one as your buddy needs help.
- A) Leave your friend to find a location where you get a phone signal to contact help and emergency services.
 - B) Leave your friend to locate the trail, go back to get them, and drag them along the trail until you locate a phone signal.
 - C) Waste no time, pull your friend out, drag them along the first trail you find, and keep moving until you locate a phone signal.

Script:

[Have a participant read aloud the scenario on the slide.]

- You'll have three minutes to use OODA Loop and choose either A, B, or C:
 - **Observe** the situation and determine what decision needs to be made.
 - **Orient** yourself to what factors or personal values will influence your decision, like personal experiences, knowledge, morals and who should be involved in the decision making or who will be affected.
 - **Decide** possible best choice based on available information.
 - **Act** based on the desired outcome.

[Start the timer and let groups discuss for three minutes.]

- Raise your hand if you chose A. [Pause, check audience.] Raise your hand if you chose B. [Pause, check audience.] Raise your hand if you chose C. [Pause, check audience.] Here are the consequences of those decisions:
 - **A)** You work your way down to the original trail. After two hours, you run into backpackers who have set up camp for the night. They allow you to use a cell phone to call emergency services. You get your friend life flighted to a local hospital that treats the snake bite and his broken leg.
 - **B)** It takes you 30 minutes to find the trail head. You run back to get your buddy but you can't find the rocks you originally climbed. When you find him a couple hours later, he is unconscious. You try to revive him, it's dark and you are bitten by a snake too. You pass out and are awakened the next morning by voices nearby. You get their attention and they call for help. After several months, your health is finally back to 100%.
 - **C)** In the haste of pulling your friend out, your cell phone falls into a crevice where you can't reach it. While dragging your buddy, you start back to where you think the trail might be but you can't find it. Your buddy passes out in the evening and the next morning isn't able to speak. Halfway through the day, you see hikers who are able to call for help. Your friend makes it to the hospital but is very sick for months.
- **Question:** Were you surprised with your outcome? [Pause for answers.]

[Script continues on page 22.]

Alternate Exercise: Peer Support

[This script belongs to “Alternate Exercise: Peer Support” scenario and “Exercise: Peer Support” discussion which replaces page 25 and 26. To use this scenario, delete slide 13 and unhide slide 14 by right clicking and selecting “Hide Slide.”]



Alternate Exercise: Peer Support

- + Your buddy recently lost a close friend in a car accident. For weeks, you’ve noticed that she’s quieter than usual and staying more to herself.
- + You’re surprised when you hear she was involved in a fight at a local bar. You heard the story from another Marine in the barracks who witnessed it. When she tells you her version, she makes it sound like the other Marine blew it out of proportion.
- + A couple days later, you contact her to PT together but she’s noticeably intoxicated and it’s only about an hour after work. She tells you she has some guilt about losing her friend and asks, “how can someone just die?” You have a decision to make, it wouldn’t feel right to tell her to go to sleep it off and forget about it.

Script:

[Have a participant read aloud the scenario on the slide.]

- I’m going to ask you a couple of questions about this scenario.

[Click to the next slide, Exercise: Peer Support.]



Exercise: Peer Support

Discuss

- + What issues do we see? Just the facts.
- + What are the less apparent issues?
- + How do you start a conversation with this friend?
- + How do you immediately support this friend?
- + Days, weeks, and months in the future, how do you continue supporting this friend?

Script:

- **Question:** What issues do we see? Just the facts. [Pause for answers.]
- **Answer:** Your buddy recently lost a close friend; she mentions guilt about that loss, and she’s quieter than usual and isolating herself for weeks. She was also involved in a bar fight and she’s drinking instead of PTing.
- **Question:** What are the less apparent issues? [Pause for answers.]
- **Answer:** Drinking while upset can worsen her situation and may lead to an alcohol-related incident. Other people saw the bar fight; they might think of her differently. She’s intoxicated only an hour after work, she’s drinking too much in a short period of time.

[Script continues on the next page.]



- **Question:** How do you start a conversation with this friend? *[Pause for answers.]*
- **Answer:** Ask permission, use open-ended questions, and make it ok (communicate empathy and respect).
- **Question:** You won't want to let the situation get worse. What other actions do you take immediately to support this friend? *[Pause for answers.]*
- **Answer:**
 - Think about the self-support or coping skills you use to unwind, relax, and prepare yourself for challenges, get this friend to manage their stress before it gets overwhelming.
 - Be a positive influence,
 - Share solutions you've used,
 - Help her make good decisions and work through the issue,
 - Talk to her about getting assistance from peers, a chaplain, or the chain of command especially for the larger issues that have long-term consequences.
- She's experiencing a higher level of stress that requires resources, like trusted leaders, OSCAR team members, chaplains, medical/MCCS services, the DSTRESS Line (1-877-476-7734) can help before issues become overwhelming. The Substance Abuse Control Officer/SACO, Substance Abuse Counseling Center/SACC, Community Counseling and Prevention Program/CCP, Military Family Life Counselors/MFLC, and the Single Marine Program can help.
- **Question:** What actions might you want to take days, weeks, and months in the future to continue supporting this friend? *[Pause for answers.]*
- **Answer:** Check in with her, help her develop and sustain protective factors, and make sure she's managing the issues and that she's connected with resources. Maybe check her social media to make sure she's coping well, because posts on social media can often tell you someone's state of mind.

Transition: Before moving forward, let's do a quick recap. We've covered boosting resiliency and mitigating risk to protect against behavioral health issues.

- **Question:** What were the prevention techniques we reviewed? *[Pause for answers.]*
- **Answer:**
 - Growing protective factors
 - Reducing risk factors
 - Using self-support or coping skills, and good decision making skills (remember the OODA Loop)
 - Positively influencing others through peer support and conversation skills.

Alternate Exercise: Identifying Stress

[This script belongs to “Alternate Exercise: Identifying Stress” scenario which will replace page 35. To use this scenario, delete slide 23 and unhide slide 24 by right clicking and selecting “Hide Slide.”]



Alternate Exercise: Identifying Stress

Discuss

- + What stress zone do you think this Marine is in?
- + What follow-up actions might support this friend?
 - ▶ Your buddy recently lost a close friend in a car accident. For weeks, you’ve noticed that she’s quieter than usual and staying more to herself.
 - ▶ You’re surprised when you hear she was involved in a fight at a local bar. A couple days later, you contact her to PT together but she’s noticeably intoxicated and it’s only about an hour after work.
 - ▶ She tells you she has some guilt about losing her friend and asks, “how can someone just die?”

Script:

- With our knowledge of the stress continuum, we’ll look again at the Peer Support scenario.
 - Your buddy recently lost a close friend; she mentions guilt about that loss, and she’s quieter than usual and isolating herself for weeks. She was also involved in a bar fight and she’s drinking instead of PTing.
- **Question:** What stress zone do you think this Marine is in? [*Pause for answers.*]
- **Answer:** Orange Zone, her change in behavior: quieter, isolation, fighting, heavy drinking, and guilt are all indicators. We have to say this is Orange Zone because her behavior change has persisted for several weeks after this stress event. Death of a peer is an event that causes Orange Zone stress injuries.
 - **Question:** Is it possible that she is experiencing Red Zone stress?
 - **Answer:** Yes it’s possible. Red Zone stress is severe distress or loss of function persisting long enough to be diagnosable. Red Zone requires intervention as unmanaged symptoms may significantly impact career and family.
- **Question:** What follow-up actions might support this friend? [*Pause for answers.*]
- **Answer:** When we see Orange Zone stress, we have to take action. Refer to chaplain or medical/MCCS resources; follow up to ensure she is connected. Promote positive peer support, don’t allow this Marine to withdraw from others. Stay in touch and check in on her wellbeing by face-to-face conversation, call, text, email, messaging on social media, and etc. Mentor her back to full duty and function. And help her restore mutual trust and respect with others.
 - If you think this Marine is in the Red Zone, refer her to medical, only a qualified medical officer can diagnose a Marine in the Red Zone. Give peer support, follow up, and ensure treatment compliance. Provide support after treatment is received, mentor back to full duty, and move this Marine towards total fitness.

Transition: Research shows stress is a risk factor for substance misuse; we’ll talk about that now.

[Click to the next slide, *Substance Misuse.*]

Alternate Exercise: Identify

[This script belongs to “Alternate Exercise: Identify” scenario and “Exercise: Identify” discussion which replaces page 45 and 46. To use this scenario, delete slide 34 and unhide slide 35 by right clicking and selecting “Hide Slide.”]



Alternate Exercise: Identify

- + Even though Daniels hasn't said much about it, you know his separation from his wife is really bothering him.
- + You remember him telling you in boot camp that once he got married it was for life. He told you his parents jacked up their marriage and he refused to be like them.
- + His high school track coach, a retired Marine, who'd been married for 28 years, was a great role model, and the reason he enlisted.
- + You know Daniels and his wife fight a lot. You heard they were in debt and that one of them might be cheating.

Script:

[Have a participant read aloud the scenario on the slide.]

- I'm going to ask you a couple of questions about this scenario.

[Click to the next slide, Exercise: Identify.]



Exercise: Identify

Discuss

- + What issues do we see? Just the facts.
- + What are the less apparent issues?
- + What stress zone do you think this Marine is in?
- + How do you immediately support this friend?
- + What are helpful resources for this situation?
- + What follow up actions might support this friend?

Script:

- **Question:** What issues do we see? Just the facts. [Pause for answers.]
- **Answer:** He is separating from his wife, he wanted to be married for life, he didn't want a relationship like his parent's "jacked up" marriage, he fights with his wife a lot, it's possible that they're in debt and that one of them is cheating.
- **Question:** What are the less apparent issues? [Pause for answers.]
- **Answer:** He's bothered by the issues in his relationship; it's also possible that he's disappointed in himself. Relationship problems and recent break-ups are a triggering event for suicide, meaning that combined with risk factors they could make someone consider suicide. We'll soon talk about suicide risk factors, triggering events, and warning signs.

[Script continues on the next page.]



- **Question:** What stress zone do you think this Marine is in? *[Pause for answers.]*
- **Answer:** It sounds like high Yellow Zone or most likely Orange Zone. Remember Yellow Zone is temporary or mild stress and Marines show signs of stress that may go away on their own. He's reacting to a more severe situation. If he experiences effects of this stress for weeks, months, or even years after this stress event, we'd have to say this is Orange Zone.
- **Question:** How do you immediately support this friend? *[Pause for answers.]*
- **Answer:** Talk with him about the issues he's experiencing, reconnect with high school track coach.
- **Question:** What are helpful resources for this situation? *[Pause for answers.]*
- **Answer:** Don't allow him to withdraw from others, positive peer support is helpful. Refer him to chaplain or medical/MCCS resources and follow up to ensure he is connected. The chain of command and the DSTRESS Line (1-877-476-7734) are helpful before this issue becomes overwhelming. Community Counseling and Prevention Program/CCP, Family Advocacy Program/FAP, Marine Corps Family Team Building/MCFTB, and Military Family Life Counselors/MFLC are also available to assist.
- **Question:** What follow-up actions might support this friend? *[Pause for answers.]*
- **Answer:** Check in on his progress, promote protective factors, and be a positive influence. Stay in touch and check in on his wellbeing by face-to-face conversation, call, text, email, messaging on social media, and etc.

This page intentionally left blank.

You'll print the next four pages, double sided. You'll divide the entire classroom into groups of two to practice R.A.C.E; give each pair handout 1 and handout 2.

R.A.C.E. Practice Scenarios (handout 1)

Instruction: You'll divide into groups of two and practice R.A.C.E. by roleplaying two scenarios. Each scenario will last 3 minutes at that point you have 2 minutes to evaluate the intervention with your partner.

In each small group:

- a. Marine (1) takes the role of the at-risk Marine described in the scenario.
 - b. Marine (2) plays the intervening Marine by using the R.A.C.E. method.
-

Scenario 1

You're the at-risk Marine (1): Open up and be willing to talk about the issues. You'll answer "Yes," when the intervening Marine (2) asks **"Are you thinking of killing yourself?"**

Your background as the at-risk Marine (1):

- This is a Sgt separating from the Marine Corps because he was passed up for promotion and can no longer stay in. He wanted to make the Marine Corps a career and is having a difficult time adjusting.
- He has been married for 2 years, has one stepchild aged 4 with special needs and a baby on the way. He is angry when he gets home; as well as distant and no longer talks with his spouse. The spouse wants to start planning for the move back home but can't seem to say anything that doesn't start an argument.
- He isolates himself by playing on his computer until late at night and drinks more than normal at home. During a mess night the Marines from his unit noticed his behavior had changed drastically.

Start conversation:

Marine (2): How are things going with your wife and kid?

Marine (1), your response: It's been better, the wife's always on me about the move and getting out. I wish she'd just leave it alone. I'm tired of this whole situation.

Marine (2): Yeah, it seems like a lot to deal with right now.

Marine (1), your response: That's an understatement. I've never felt so out of control before. I just want this to be over with.

Marine (2) will use the use the R.A.C.E. method.

Together you'll evaluate the intervention by answers these questions:

- Did Marine (2) act on the warning signs identified by the group?
- Did Marine (2) directly ask the following question: **"Are you thinking of killing yourself?"**
- Did Marine (2) show Marine (1) they cared?
- Did Marine (2) make a plan and follow through with it to escort Marine (1) to help or to stay until help arrived?

Switch roles and execute scenario 2 the same way. Everyone should have a turn role-playing the at-risk Marine (1) and the intervening Marine (2).

Scenario 2

You're the intervening Marine (2): You believe this Marine, in your unit, is at-risk for suicide. You know this Marine well.

Start the conversation using the R.A.C.E. method (listen actively, ask the question “Are you thinking of killing yourself?” and make a plan to get help by escorting Marine (1) to your chain of command, chaplain or a health professional, calling the DSTRESS Line (1-877-476-7734), and staying with the at-risk Marine until help is received).

Background on the at-risk Marine (1) is:

- A female Cpl who is single and lives in the barracks with a roommate. This is her 2nd duty station. She is on restriction and about to face an NJP due to a drinking and driving incident. She got into a traffic accident while under the influence and sustained injuries to her knee and back. She's been on light duty for months and is in constant pain.
- She is drinking and taking over-the-counter night time pain medication with her prescribed pain medication to stop the pain. Her roommate has noticed a slight difference in the Cpl's appearance and mood but nothing that concerned her.
- She was told she will not be able to deploy with her unit due to her medical and legal situation. She has been talking about being useless, and wishes the situation would just end.

Start conversation:

Marine (2), your line: I just heard you won't be able to deploy with us, I've been worried about you— what's going on?

Marine (1): I'm fine. It's not like you really care.

Marine (2), your line: I've noticed a lot of changes in you, do you mind if we talk about some of the things you've said lately?

Marine (1): Not really, I'd rather talk about something else.

Marine (2), your line: Ok, how are you feeling since the accident?

Marine (1) will continue conversation from here.

Marine (2) refer to the directions above and use the R.A.C.E. method.

Together you'll evaluate the intervention by answers these questions:

- What warning signs did Marine (2) recognize?
 - Did Marine (2) act on them quickly?
 - Did Marine (2) directly ask the following question: **“Are you thinking of killing yourself?”**
 - Did Marine (2) show Marine (1) they cared?
 - Did Marine (2) make a plan and follow through with it to escort Marine (1) to help or to stay until help arrived?
-

R.A.C.E. Practice Scenarios (handout 2)

Instruction: You'll divide into groups of two and practice R.A.C.E. by roleplaying two scenarios. Each scenario will last 3 minutes at that point you have 2 minutes to evaluate the intervention with your partner.

In each small group:

- a. Marine (1) takes the role of the at-risk Marine described in the scenario.
 - b. Marine (2) plays the intervening Marine by using the R.A.C.E. method.
-

Scenario 1

You're the intervening Marine (2): You believe this Marine, in your unit, is at-risk for suicide. You know this Marine well.

Start the conversation using the R.A.C.E. method (listen actively, ask the question "Are you thinking of killing yourself?" and make a plan to get help by escorting Marine (1) to your chain of command, chaplain or a health professional, calling the DSTRESS Line (1-877-476-7734), and staying with the at-risk Marine until help is received).

Background on the at-risk Marine (1):

- This is a Sgt separating from the Marine Corps because he was passed up for promotion and can no longer stay in. He wanted to make the Marine Corps a career and is having a difficult time adjusting.
- He has been married for 2 years, has one stepchild aged 4 with special needs and a baby on the way. He is angry when he gets home; as well as distant and no longer talks with his spouse. The spouse wants to start planning for the move back home but can't seem to say anything that doesn't start an argument.
- He isolates himself by playing on his computer until late at night and drinks more than normal at home. During a mess night the Marines from his unit noticed his behavior had changed drastically.

Start conversation:

Marine (2), your line: How are things going with your wife and kid?

Marine (1): It's been better, the wife's always on me about the move and getting out. I wish she'd just leave it alone. I'm tired of this whole situation.

Marine (2), your line: Yeah, it seems like a lot to deal with right now.

Marine (1): That's an understatement. I've never felt so out of control before. I just want this to be over with.

Marine (2) continue conversation from here, refer to the directions above and use the R.A.C.E. method.

Together you'll evaluate the intervention by answers these questions:

- Did Marine (2) act on the warning signs identified by the group?
- Did Marine (2) directly ask the following question: **"Are you thinking of killing yourself?"**
- Did Marine (2) show Marine (1) they cared?
- Did Marine (2) make a plan and follow through with it to escort Marine (1) to help or to stay until help arrived?

Switch roles and execute scenario 2 the same way. Everyone should have a turn role-playing the at-risk Marine (1) and the intervening Marine (2).

Scenario 2

You're the at-risk Marine (1): Act defensive at first and lead the intervening Marine (2) away from the issues in the scenario above by switching the subject, give short answers to the questions. You'll answer "No," at first when the intervening Marine (2) asks "Are you thinking of killing yourself?" You'll then say "Yes."

Your background as the at-risk Marine (1) is:

- A female Cpl who is single and lives in the barracks with a roommate. This is her 2nd duty station. She is on restriction and about to face an NJP due to a drinking and driving incident. She got into a traffic accident while under the influence and sustained injuries to her knee and back. She's been on light duty for months and is in constant pain.
- She is drinking and taking over-the-counter night time pain medication with her prescribed pain medication to stop the pain. Her roommate has noticed a slight difference in the Cpl's appearance and mood but nothing that concerned her.
- She was told she will not be able to deploy with her unit due to her medical and legal situation. She has been talking about being useless, and wishes the situation would just end.

Start conversation:

Marine (2): I just heard you won't be able to deploy with us, I've been worried about you– what's going on?

Marine (1), your response: I'm fine. It's not like you really care.

Marine (2): I've noticed a lot of changes in you, do you mind if we talk about some of the things you've said lately?

Marine (1), your response: Not really, I'd rather talk about something else.

Marine (2): Ok, how are you feeling since the accident?

Marine (1) continue conversation from here.

Marine (2) will use the R.A.C.E. method.

Together you'll evaluate the intervention by answers these questions:

- What warning signs did Marine (2) recognize?
 - Did Marine (2) act on them quickly?
 - Did Marine (2) directly ask the following question: **"Are you thinking of killing yourself?"**
 - Did Marine (2) show Marine (1) they cared?
 - Did Marine (2) make a plan and follow through with it to escort Marine (1) to help or to stay until help arrived?
-

R.A.C.E. Demo Scenario

Print three copies double-sided. [Alternate option: This scenario is video-based and it can also be a live demonstration. This requires one facilitator and two volunteers all in acting roles. You'll select two Marines ahead of time to rehearse the scenario with you. This belongs to page 51 and slide 40.]

Setting: Just released from PT formation, [Marine 1 a Cpl] goes to [Marine 2 a Sgt] regarding advice for [Marine 3 a LCpl]. Marine 1 and Marine 2 are in private spot where they are willing to discuss a Marine at-risk for suicide. Marine 1 will text Marine 3, then they meet at the barracks to continue the conversation.

Script:

Marine 1: Hey Sgt, got a minute? Need your help. Have you noticed anything different about LCpl Rogers lately?

Marine 2: *[Pause.... show thoughtfulness on topic]*... Yeah, actually, I was going to ask you about that. He seems different, like he's more distant now, doesn't seem as engaged as he used to be and way more intense about stuff that happens at the shop.

Marine 1: Exactly, ever since he broke up with Melissa right after our last field exercise he's just been a bit off. Remember hearing about his whole thing with the command sending him to the SACC after he got drunk in the barracks and got in the duty's face. Think it's still bothering him.

Marine 2: Now that you mention it, I don't even think I've seen him at the gym in weeks. I know he was really looking forward to our deployment. Hmmm, what are you thinkin'?

Marine 1: I'd imagine that if something is up, they'd take care of it at the SACC....I don't know. Let me show you some things I saw on his Facebook page today: ***"I'm tired of this life. I can't do this anymore. What do you do when this is your last sunset?"***

Marine 2: Damn...Let's text him

Marine 1: *[Act as if you are texting and read it aloud]*....What's up bro?

[Marine 3 enters the scene to the side.]

Marine 3: *[Act as if you are texting and read it aloud]*.....just more of the same shit...

Marine 1: I don't feel right about this, I remember you helped me out, I'm going to go check up on him.

[Marine 1 meets Marine 3 at the barracks.]

Marine 1: Hey man, I saw your posts, would you mind if we talked for a minute?

Marine 3: I guess

Marine 1: You talk to Melissa lately?

Marine 3: F* no

Marine 1: Sorry things didn't work out, maybe she'll change her mind...I know you guys were way close

Marine 3: Yeah, I guess, but it doesn't matter anymore

Marine 1: What do you mean by that?

Marine 3: I don't know, I just don't care about much anymore, it's all just...stupid...

Marine 1: Hey man, “are you thinking of killing yourself?”

Marine 3: *[Looks surprised.]* I mean, maybe, like I guess I've thought about that, but like other people probably have too, right?

Marine 1: Look, I can see you have a lot going on, a lot you are going through, have you thought of talking to someone?

Marine 3: Like who, you? SSgt? The command already made me go to the SACC

Marine 1: I mean we are always here, but you have a lot going on, what about the Chaplain, or the MFLC, or community counseling?

Marine 3: I don't know about that, I'm in enough trouble with command as it is

Marine 1: You've got to take care of this now before it actually becomes an issue. If you're okay with it, let's go see the chaplain— it's totally confidential and they'll make sure you get what you need. Sgt helped me out before by giving me his number. He's actually mad cool. I've got the number right here— let's call....and then I'll take you wherever the chaps can link up.

Optional Gain Attention Videos

One or more of these videos may supplement UMAPIT 2.0 content but not replace any slides or script. When playing the optional videos they will be used for gaining attention. Example introduction script is included below.

Script:

We are going to talk about (insert video topic) after watching a brief video.

[Best used in coordination with slide 29 and script page 40.]

Intimate partner abuse 30 second PSA, title Listen:60 by NO MORE aired live during the first break after second quarter of NFL Super Bowl XLIX in February 2015.

<https://www.youtube.com/watch?v=rTJT3fVv1vU>

[Best used in coordination with slide 29 and script page 40.]

Intimate partner abuse 1:04 minute PSA, title (NURS 4220) posted in November 2014.

<https://www.youtube.com/watch?v=OOPcwJVXIGY>

[Best used in coordination with slide 33 and script page 44.]

Child maltreatment 51 second PSA, title CHILD ABUSE PSA– WATCH A CHILD REPEAT CHILD ABUSE posted in August 2013.

<https://www.youtube.com/watch?v=ILyD-zY8Idc>

[Best used in coordination with slide 33 and script page 44.]

Child maltreatment 30 second PSA, title Inner Scars (Verbal Child Abuse PSA) posted in August 2012.

<https://www.youtube.com/watch?v=EFZajp0Ik2Q>

[Best used in coordination with slide 37 and script page 47.]

Suicide prevention 30 second PSA, title Military Suicide Prevention posted in August 2013.

<https://www.youtube.com/watch?v=g7LmChFJJ0Q>

[Best used in coordination with slide 12 and script page 23.]

Conversation skills 1:41 minute PSA, title It's Not About The Nail posted in May 2013.

<https://www.youtube.com/watch?v=-4EDhdAHrOg>

Glossary

Alcohol Related Incident: An offense punishable under the UCMJ or civilian authority where, in the CO's judgment, consumption of alcohol was a contributing factor in misconduct, substandard performance, or the inability to perform an assigned mission. – *Marine Corps Order 5300.17 Marine Corps Substance Abuse Program*

Behavioral Health: The reciprocal relationship between human behavior, individually or socially, and the well-being of the mind, body, and spirit, whether the latter are considered individually or as an integrated whole. – *Marine Corps Order 1720.2 Marine Corps Suicide Prevention Program*

Child Maltreatment: The physical or sexual abuse, emotional maltreatment, or neglect of a child by a parent, guardian, foster parent, or other caregiver, under the circumstances indicating that the child's welfare is harmed or threatened.

Combat Stress: Changes in physical or mental functioning or behavior resulting from the experience of lethal force or its aftermath. These changes can be positive and adaptive or they can be negative, including distress or loss of normal functioning. – *MCRP 6-11C Combat and Operational Stress Control*

Community Counseling and Prevention Program (CCP): The CCP offers counseling services for Active Duty Marines/Sailors and Family Members. CCP increases access to care and assists Marines and their families in navigating the many support resources available. – *Marine Corps Order 1754.14 published April 2016*

Drug Abuse: Wrongful use of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance (other than alcohol)...as evidenced by one or more acts of drug-related misconduct. Drug abuse also includes the intentional inhalation of fumes or gasses of intoxicating substances with the intent of achieving an intoxicating effect on the user's mental or physical state, and steroid usage other than that specifically prescribed by a competent authority. Drug abuse is a clinical diagnosis based on specific diagnostic criteria delineated by the APA in the current edition of the DSM and must be determined by a qualified MO or DoD-authorized licensed practitioner. A diagnosis of drug abuse generally requires some form of treatment. – *Marine Corps Order 5300.17 Marine Corps Substance Abuse Program*

Family Advocacy Program (FAP): A program of coordinated efforts designed to prevent and intervene in cases of family violence, and to promote healthy family life through prevention, direct services (including identification and reporting, assessment, treatment, rehabilitation, and follow-up), administration, evaluation, and training. – *Marine Corps Order 1754.11 Marine Corps Family Advocacy and General Counseling Program*

Intimate Partner Abuse: The use, attempted use, or threatened physical force or violence or a pattern of behavior resulting in emotional or psychological abuse, economic control, and/or interference with personal liberty.

Operational Stress: Changes in physical or mental functioning or behavior resulting from the experience or consequences of military operations other than combat, during peacetime or war, and on land, at sea, or in the air. – *MCRP 6-11C Combat and Operational Stress Control*

Protective Factors: Individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events. These factors also increase an individual's ability to avoid risks or hazards, and promote social and emotional competence to thrive in all aspects of life, now and in the future. – *Centers for Disease Control and Prevention*

Resiliency: The process of preparing for, recovering from, and adjusting to life in the face of stress, adversity, trauma, or tragedy.

Restricted Report (Intimate Partner Abuse): Adult victims who prefer confidential assistance that does not include notification to law enforcement or military commands, can contact a FAP Clinician, FAP Victim Advocate, or health care provider to make a restricted report. There are exceptions, some state and local laws require healthcare personnel to disclose incidents to law enforcement, this is the case in California.

Stigma: Believing that adverse reactions to stress are a sign of weakness or personal failure; fearing that having an emotional problem or getting help for it will negatively impact their careers; fearing that other Marines will think less of them because they got help for a stress injury; fearing their peers or leaders won't trust them as much in future tough situations if they admit to having suffered a stress injury.

– *Leader's Guide for Managing Marines in Distress*

Stressor: Any particular mental or physical challenge or set of challenges. – *Leader's Guide for Managing Marines in Distress*

Substance Abuse Control Officer (SACO): A Marine appointed by the Commanding Officer to coordinate the drug deterrence program with the UPCs.

Substance Abuse Counseling Center (SACC): Counseling center for active and reserve Marines, Sailors, and other service members and their families. SACCs are located on all USMC installations. They offer prevention and education services, substance misuse counseling, deterrence services, treatment, continuing care and aftercare. Dependents are seen on a space available basis.

Substance Misuse: A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of the substance. – *Marine Corps Order 5300.17 Marine Corps Substance Abuse Program*

Suicidal: In acute crisis with ideation, definite tendencies or an attempt to end one's own life.

Suicide: Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt: A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

Suicidal Ideation: Thinking about, considering, or planning suicide.

Unrestricted Report (Intimate Partner Abuse and Child Maltreatment): Victims can contact the FAP, law enforcement, or chain of command to make an unrestricted report of an incident. An unrestricted report results in command involvement, and may result in a law enforcement investigation. All cases involving minors will result in an unrestricted report.