

Marine and Family Programs Peer-to-Peer Training

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"Keeping Faith"



Peer-to-Peer Training

- Refers to the type of training that assembles small groups of personnel of nearly the same rank to promote effective training.
- Groups may be as small as 1-1 or as large as 25-35 people.
- Key factors that appear to account for the special effectiveness of peer support interventions include:
 - Social support
 - Experiential knowledge
 - Trust
 - Confidentiality
 - Easy access
- Methods of instruction include:
 - Group discussion
 - Practical application
 - Role playing
 - Scenario-based problem solving



USMC Peer-to-Peer Training

- USMC examples of peer-to-peer training:
 - Operational Stress Control and Readiness (OSCAR) (Combat and Operational Stress Control training)
 - Never Leave a Marine Behind (Suicide prevention training)
 - Take a Stand (Sexual Assault prevention training)
 - USMC examples of peer-to-peer support
 - DSTRESS
 - In development:
 - Universal Marine Awareness and Prevention Training (MAPIT) (Universal integrated behavioral health training)
 - Guidepost (mentorship training)

Never Leave A Marine Behind (NLMB)

Targeted suicide prevention annual training requirement phasing out in 2015 due to the introduction of UMAPIT addressing common risk and protective factors.



- –Jr. Marine Never Leave a Marine Behind Course: Sgt Instructors
- –NCO Never Leave a Marine Behind Course: Sgt Instructors
- –SNCO Never Leave a Marine BehindCourse: led by member of peer group–Officer Never Leave a Marine Behind: ledby member of peer group

Key Learning Concepts

- -How to be resilient
- -Warning signs for suicide
- -How to help fellow Marines
- -Identifying helping resources
- -Recognize, Ask, Care, Escort (RACE)
- -Understanding that getting help doesn't mean you're weak or that you'll lose your career

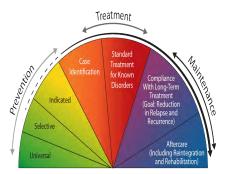


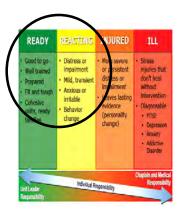
Marine Awareness and Prevention Integrated Training (MAPIT)

1st OpFor/Installation

Tour

Delivery of MAPIT and UMAPIT training





Entry-Level Training Bootcamp/MCT • OCS / TBS

- Entry level
 "Innoculation"
 MAPIT ELT
 135-180 minutes;
 familiarity training
 T&R Manual
 event: Identify
 behavioral health
 matters
- Annual "Booster"
 Unit MAPIT
 (UMAPIT)
 90-minute annual training lesson
 Selective training from MAPIT
 Dashboard resources
 T&R Manual event: Manage behavioral health matters
- MAPIT Continue Education (CE)
 90-minute training at EWS
 BH content integrated with leadership at EPME
 T&R Manual event: Manage behavioral health matters

PME courses

• EWS

EPME continuum

Annual "Booster"
 Unit MAPIT
 (UMAPIT)
 90-minute annual training lesson
 Selective training from MAPIT
 Dashboard resources
 T&R Manual event: Manage behavioral health matters

2nd OpFor/Installation

Tour

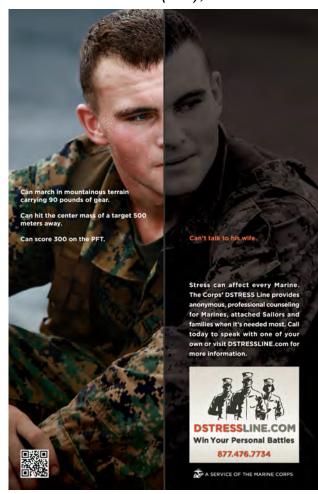


DSTRESS

19,665 total contacts since Aug 2010. Inquiry only (30%), relational issues (19%), stress management (12%), PTSD (6%), depression-suicidal ideation (4%), sexual

assault (0.4%)

- Anonymous, 24/7/365 phone, chat and Skype support with a duty to warn.
- Providing Marines, attached Sailors, and their family members "one of their own" to speak with about everyday stress or their heaviest burdens in life.
- Connection with someone specifically trained in our culture who can immediately help, and connect individuals with appropriate follow-on resources. (Staff are veteran Marines and FMF corpsmen, and civilian counselors.)
- DSTRESS has saved 27 lives since August 2010; it also helps every day to increase the total fitness of our Marine Corps family by developing the necessary skills required to cope with the widelyvarying challenges of life in the Corps.





OSCAR Key Learning Concepts

33,367 Marines trained

"OSCAR Team Training builds teams of leaders, Marines, and medical and religious ministry personnel to act as sensors for the commander by noticing small changes in behavior and taking action early. This supports commanders in building unit strength, resilience, and readiness, and keeping Marines in the fight." (MCO 5351.1 Combat and Operational Stress Control Program)

Stress Continuum

- A foundational tool for consistent messaging across helping services
- Individuals move back and forth between zones
- All activities are designed to move Marines towards, or keep them, in the green zone

READY	REACTING	INJURED	ILL						
 Good to go Well trained Prepared Fit and tough Cohesive units, ready families 	 Distress or impairment Mild, transient Anxious or irritable Behavior change 	 More severe or persistent distress or impairment Leaves lasting evidence (personality change) 	Stress injuries that don't heal without intervention Diagnosable PTSD Depression Anxiety Addictive Disorder						
Individual Responsibility									
Unit Leader Chaplain & M Responsibility Respon									

- SMITR
- The five Core Leader Functions promote principles of wellness, prevention, early intervention, identification, reintegration, reduction of stigma; and form the foundation for the command's program
 - SMITR stands for strengthen, mitigate, identify, treat, reintegrate



Training Requirements

OSCAR Team Training

- Effective immediately, OSCAR is a one-time, 4.5 hour, training session certifies a unit's Marines as OSCAR Team Members.
- Marines are educated on current prevention strategies and evidence based practices.
- Marines should be selected by leadership, not simply added to the training to meet
 OSCAR requirements.
- OSCAR Team Training MUST be delivered by an OSCAR Trainer which has been trained by a Master Trainer. Regional training coordinators are positioned throughout the force level of command to support this requirement.



Science and Evidence Based

- Discussion of perceived barriers to care (Momen, N., Strychacz, C., and Viirre, E. 2012.)
- Perceived stigma and barriers to mental health care in Marines attending the combat operational stress program (Military Medicine, 177, 1143–1148.)
- Advances discussion beyond general concept of "stigma"
- Participants recognize and address issues in their own unit
- Role playing agenda was surprisingly well received by the students.
 Our model involved small groups with many learning points
- Tactical breathing and progressive muscle relaxation are present in the curriculum



Science and Evidence Based

Enhanced Peer to Peer Tools

For key peers and professionals who encounter those with enhanced suicide risk:

OSCAR extenders (Corpsmen, Medial Officers, Religious Ministry Specialists)
OSCAR mental health professionals (psychologist, psychologists, psych nurse/techs

Columbia Suicide Severity Rating Scale (C-SSRS)

- -No clinical knowledge needed
- -Strong evidence base
- -Can use in any setting
- -Uses standardized definitions
- -Captures ideation and behavior
- -No cost
- -Low time burden

Veteran's Affairs Safety Plan

- -Collaborative
- -Builds skills
- -Empowering
- -Easily adapted to include others
- -Uses 4 evidence based risk reduction strategies
- -Replaces ineffective "contracts"
- -No cost/use in any setting

Role play utilized in training of both tools!

"Keeping Faith"



Way Ahead

- Supporting the Marine Corps' comprehensive and integrated approach to behavioral health topics, NLMB is being phased out in 2015. HQMC is developing Skills Based Readiness Training (for delivery via the UMAPIT dashboard) to address common risk and protective factors.
- Operational Planning Team (OPT) findings along with preliminary findings from the HQ behavioral health qualitative suicide attempts study suggest unit level mentoring needs to be more compassionate, decrease social isolation, and focused on teaching life skills.
- Guidepost training will increase specific skill deficits. Poor problem solving
 (e.g. using alcohol), poor emotion regulation (e.g. physical fights and yelling),
 poor social skills, and the inability to modify irrational thoughts are linked to
 increased risk for depression, anxiety, substance abuse, conduct problems,
 and thoughts and behaviors related to suicide.
- Concurrently, HQ continues to update existing initiatives to ensure the latest evidence is translated to our operating environment. Generation II of OSCAR updates materials and skills while reducing training time from 6 to 4.5 hours.



Questions?

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Back up slides



Guidepost Key Learning Concepts

- Mentoring skills
- Active listening
- Availability and accessibility
- Positive regard
- Building motivation, competence and confidence
- Understanding behaviors, personal biases, triggers, and "hot buttons"
- Problem solving skill practice
- Solve
- Stress inoculation training
- Identify preferred mode of coping
- Teach cognitive-behavioral coping skills that directly target the problem areas identified
- Practice
- Train Marines to use social support effectively

- Cognitive restructuring
- Outline thoughts, behaviors, and feelings
- Evaluate thoughts for accuracy and helpfulness
- ABCDE
- Challenging questions
- Patterns of problematic thinking
- Challenging beliefs
- Emotion regulation
- Developing social support networks
- SMART planning
- Role plays





Never Leave A Marine Behind Completion Rates

% of Enlisted trained as of	30 Sep 2014	31 Aug 2014	31 Jul 2014	30 Jun 2014	31 May 2014	30 Apr 2014	31 Mar 2014	28 Feb 2014	31 Jan 2014
Jr Marines	49%	47%	43%	39%	36%	28%	22%	16%	9%
NCOs	49%	47%	44%	41%	36%	29%	23%	16%	9%
SNCOs	49%	45%	41%	38%	35%	26%	20%	14%	8%
% of Officers trained as of	30 Sep 2014	31 Aug 2014	31 Jul 2014	30 Jun 2014	31 May 2014	30 Apr 2014	31 Mar 2014	28 Feb 2014	31 Jan 2014
Officers	40%	36%	31%	28%	26%	20%	15%	10%	6%



MARADMIN 524/12 MARADMIN 122/13 – Establishes Training Milestones

CY 2013 training percentages through 31 Dec. CY 2014 training percentages accrue beginning 1 Jan.

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