

BH 360

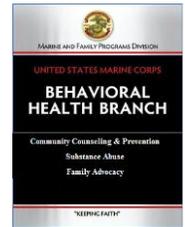
November - December 2014

Welcome from the Branch Head. This edition includes information on UMAPIT, MCFIT, and conquering stress with strength. If you have any questions about something you've read in the newsletter or want to suggest a topic for future editions, you can always contact me at: (703) 784-9597 or behavioralhealth@usmc.mil.

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New Approach to Annual Training Requirement with UMAPIT

In October 2014, Marine & Family Programs released a MARADMIN announcing that effective 1 January 2015, Unit Marine Awareness and Prevention Integrated Training (UMAPIT) replaces Suicide Prevention and Response (Never Leave a Marine Behind), Substance Abuse Prevention, and Child Abuse and Domestic Violence Prevention annual training requirements. UMAPIT reduces the mandatory annual behavioral health training burden to 90 minutes from 6.5 hours.

UMAPIT is solution-focused behavioral health sustainment education covering Combat and Operational Stress, Substance Abuse, Family Advocacy, and Suicide Prevention. This evidence-informed training provides Marines and attached Sailors with skills to recognize risk factors and warning signs, to build their own total fitness, to understand their responsibility to intervene when a fellow Marine shows signs/symptoms of behavioral health issues, and to increase the acceptance and practice of help-seeking behavior.

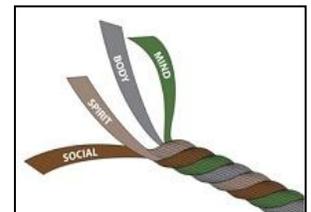
Every Marine will participate in UMAPIT in the form of small group training facilitated by a SNCO or officer. Where available, trained MEF Prevention staff can provide background, supporting information, and facilitator training to aid SNCOs and officers in effectively training the UMAPIT content.

Another resource available to Commanders and their Marines is the Marine Awareness and Prevention Integrated Training (MAPIT) Dashboard. The Dashboard is a repository for additional "selective" behavioral health training material that may be delivered, 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 training, the Dashboard offers short courses-about low-risk drinking (and other behavioral health issues).

Access UMAPIT and the MAPIT Dashboard from the Marine and Family Programs SharePoint site at <https://ehqmc.usmc.mil/sites/family>. Select "Behavioral Health" from the top ribbon and "Unit Marine Awareness and Prevention Integrated Training" from the pull-down menu.

Limited Release of MCFIT

The Marine Corps Fitness Improvement Tool (MCFIT) is a web-based tool designed to assess individual Marine Total Fitness. It provides a variety of resources to successfully manage stressors and promote self-improvement. Starting as early as November 2014, several battalions and squadrons across MARFORRES and the three Marine Expeditionary Forces will participate in a limited release. They will provide functional feedback and determine its usefulness.



Participation is voluntary and answers are anonymous. MCFIT is a brief 10-minute online assessment tool. It asks the Marine questions about various aspects of life, including success in meeting the demands of military duty and personal life. Upon completion, the Marine may view or print out the results in the form of an Individual Profile.

The Individual Profile includes scores and a brief performance summary across the four cords of Marine Total Fitness: mind, body, spirit and social. It also includes resources to improve upon individual resiliency and strengthen Marine Total Fitness. The final section contains fitness guides which are provided to familiarize each Marine with fitness markers ranging from "drained" to "fit" on the stress continuum.

The MCFIT Commander's Report provides a "wellness snapshot" for the unit commander to gain a greater understanding of previously unmet needs and identifies resources to enhance and strengthen prevention and awareness efforts already in place.

For example, the report might state that 58% of the respondents rated "less than ready" in the Fitness of Mind cord. This information provides an opportunity for targeted training. According to the Substance Abuse and Mental Health Services Administration, "preventive interventions are most effective when they are appropriately matched

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Limited Release of MCFIT, continued from page 1

to their target population’s level of risk.” (<http://captus.samhsa.gov/prevention-practice/prevention-and-behavioral-health/levels-risk-levels-intervention/2>). MCFIT provides data on Marine’s risk levels and offers related resources to build skills in risk areas.

During the 6-month-limited-release phase, participating units may conduct this voluntary assessment through periodic intervals. Based on initial scores, Commanders will determine the frequency that MCFIT is advertised for completion of additional assessments. Phased implementation provides greater understanding of the extent to which information system compatibility impacts MCFIT. MCFIT is scheduled to launch to all battalions in the third quarter of 2015.

Conquering Stress with Strength

Following the success of Operational Stress Control and Readiness (OSCAR) training for Marines launched in early 2010, Marine Corps family members eagerly requested a “COSC for Families” (Combat and Operational Stress Control) curriculum. In response to that need, Headquarters Marine Corps Behavioral Health partnered with Marine Corps Family Team Building (MCFTB) to design the first-of-its-kind family-focused training that provides the tools to improve quality of life for family members and Marines, increase readiness of the individual, the family, and ultimately increase mission readiness of the Marine Corps. In this 3.5 hour hands-on workshop, family members practice coping skills to effectively deal with high-stress situations like suicide ideation and posttraumatic stress.

Designed primarily for spouses, significant others, siblings over 18 years old, and parents of Marines, a maximum of ten family members per workshop work in pairs and small groups as they are guided through a series of discussions and scenario-based activities. This provides the opportunity for family members to learn tools for relaxation, problem solving, and challenging unhelpful thinking; skills that are facilitated by MCFTB Trainers at every installation. Additionally, installation Community Counseling Program (CCP) Clinical Specialists facilitate discussion of the COSC Stress continuum, how to identify and address Red Zone issues of severe stress reactions like posttraumatic stress, and conclude the workshop by guiding participants through a practice of applying suicide prevention skills, the R.A.C.E. method (Recognize. Ask. Care. Escort.), with the assistance of a relevant, real-life suicide ideation scenario. CCP Clinical Specialists are also available to speak and provide support directly to identified participants who may benefit from additional services.

Pilot testing of Conquering Stress with Strength began in May 2014, and has been very well received by Marine Corps families who have said, “I am really glad this workshop is getting started, it will be extremely helpful to A LOT of spouses!” and, “Great info on suicide intervention...Hard but effective.” Joint train-the-trainer sessions of LifeSkills Trainers and CCP Clinical Specialists began at MCAS Cherry Point in October 2014 and will continue to the National Capital Region in December 2014, and on to MCB Camp Pendleton and Kaneohe in early 2015.

Behavioral Health Statistics

According to data from the USMC Central Registry (CASA) from FY07 to FY14, approximately 45% of incidents that met criteria for child abuse were perpetrated by non-Marine offenders. While there is a slight difference in the percentage of child abuse offender for Marine versus non-Marine offenders, the variance does not appear to support any real statistical significance. From the same data set, the variance appears to be statistically significant for non-Marine offenders as compared to Marine offenders in regards to spouse abuse incidents that met criteria. Marine offenders constituted approximately 67% contrasted to 33% for non-Marine offenders.

Implication for Practice: Data suggest a higher need for DV prevention specialists to raise awareness and educate Marines on the danger, prevalence, and resources to address issues of spousal abuse. Additionally, more resources and efforts are needed in the area of DV intervention and treatment for Marines.

Child								
Fiscal Year	2007	2008	2009	2010	2011	2012	2013	2014*
Total Met Criteria Incidents	461	533	753	802	820	774	709	668
Non-Marine Offenders	191	214	352	373	372	355	302	315
Percentage	41%	40%	47%	47%	45%	46%	43%	47%
Adult								
Fiscal Year	2007	2008	2009	2010	2011	2012	2013	2014*
Total Met Criteria Incidents	1,104	1,212	1,373	1,527	1,227	1,193	983	835
Non-Marine Offenders	347	382	459	501	364	392	342	292
Percentage	31%	32%	33%	33%	30%	33%	35%	35%
*= Data as of 30 Sept 2014								