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ABSTRACT (MAXIMUM 200 WORDS) The current construct of Marine Corps BH training at the unit level provides minimal opportunity for interaction and mentorship between junior Marines and senior leadership. The Marine Corps must empower commanders with the ability to implement BH training at the small unit level, tailored to the challenges of his or her unit. Units have unique BH training requirements that result from a culture created by previous and future deployments, and assigned mission. Only commanding officers and their staff, with the assistance of trained BH specialists, can develop an understanding of these unique challenges and create BH training able to alter the beliefs and actions of the individuals within their command. Increased psychological screening prior to enlistment and at critical career risk points can identify Marines, who require additional assistance. Empowering unit commanders and small unit leaders in the education process can overcome a negative perception of BH programs, reduce future incidents, and eliminate ineffective BH training.			
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MASTER OF MILITARY STUDIES

Marine Corps Behavioral Health Training

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OF THE REQUIREMENTS FOR THE DEGREE OF
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Executive Summary

Title: Marine Corps Behavioral Health Training

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Thesis: The behavioral health (BH) training currently conducted by the Marine Corps requires excessive training time, fails to address the root problems of targeted BH issues, and removes the responsibility for leadership and initiative from unit commanders, their Officers, and Staff Non-Commissioned Officers (SNCO.)

Discussion: Congressional Directives and Presidential Executive Orders tasked the Department of Defense (DOD) with ensuring the full integration and acceptance of women, minorities, and in the last five years, homosexuals. Driven by negative public perceptions of military culture resulting from multiple scandals, the DOD created cultural awareness initiatives specifically designed to alter military culture through training and awareness. These educational programs evolved into DOD and service mandated yearly training and grew to include briefs on identified negative behavioral health (BH) issues such as suicide, sexual assault, and driving under the influence (DUI.) The intent of these BH programs is the prevention, through education and treatment, of BH incidents deemed detrimental to individuals and the DOD. Despite 10 years of increased training, BH incidents remain constant. BH training is conducted through two methods of instruction. The first is via a unit wide lecture format where the unit sits in a large auditorium or classroom and receives instruction via a Power Point presentation familiar to the majority of the audience. The second method requires individual Marines complete animated online training modules with varying levels of complexity and student interaction. Both of these training methods fail to engage unit leaders in the BH training and mentorship process. Additionally, the Marine Corps fails to use available BH screening techniques to identify BH indicators prior to enlistment, which misses a potential reduction in both BH incidences and future training requirements.

Conclusion: The current construct of Marine Corps BH training at the unit level provides minimal opportunity for interaction and mentorship between junior Marines and senior leadership. The Marine Corps must empower commanders with the ability to implement BH training at the small unit level, tailored to the challenges of his or her unit. Units have unique BH training requirements that result from a culture created by previous and future deployments, and assigned mission. Only commanding officers and their staff, with the assistance of trained BH specialists, can develop an understanding of these unique challenges and create BH training able to alter the beliefs and actions of the individuals within their command. Increased psychological screening prior to enlistment and at critical career risk points can identify Marines, who require additional assistance. Empowering unit commanders and small unit leaders in the education process can overcome a negative perception of BH programs, reduce future incidents, and eliminate ineffective BH training.

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On July 26, 1948, President Harry Truman issued Executive Order 9981, declaring “equality of treatment and opportunity for all persons in the armed services without regard to race, color, religion, or national origin.”¹ This landmark order marked the beginning of multiple executive and congressional directives tasking the DOD with the responsibility to change American military culture. By 1954 the DOD had completely abolished segregated units which afforded African Americans in the Armed forces unprecedented access to training and career advancement opportunities unavailable in the civilian sector.² The reshaping of the American military culture to end segregation was just the beginning. In 1973 President Richard Nixon ended the draft system and created the All Volunteer Force (AVF), a move which significantly increased the percentage of women in the armed forces.³ Over the next 32 years Congressional Directives and Presidential Executive Orders tasked the DOD with ensuring the full integration and acceptance of women, minorities, and in the last five years, homosexuals. Implementing these social mandates into the American military culture was challenging. Landmark scandals such as the infamous 1991 Tailhook convention and sexual assault allegations at the Army’s Aberdeen Proving Grounds in 1996 forced the military to take drastic actions to counter negative public perception and Congressional accusations of internal institutional resistance to change.⁴ In response, the DOD created initiatives specifically designed to alter military culture through training and awareness. These educational programs evolved into DOD and service mandated yearly training and grew to include briefs on identified negative BH issues such as suicide, sexual assault, and DUI.⁵

Many of these programs were instrumental in the armed forces successfully addressing racism, segregation, and sexism allowing the US military to develop into a potent and diverse

AVF. However, DOD efforts to reduce systemic BH incidents like domestic violence, sexual harassment, and drug and alcohol addictions have failed to produce results despite constant repetition and increased training requirements. The BH training currently conducted by the Marine Corps requires excessive training time, fails to address the root problems of targeted BH issues, and removes the responsibility for leadership and initiative from unit commanders, their officers, and SNCO's.

The current Marine Corps BH training program is time intensive and lacks an evaluative process. After detailing current BH training and requirements the author discusses how the military and BH specialists currently evaluate this training. Next, the author argues that BH training is an essential component of force protection that should not be abandoned or ignored, describing the current and potential benefits an effective BH program provides the Marine Corps. The author presents three root causal factors of systemic BH issues and describes how BH training conducted by small unit leaders and increased BH screenings could reduce future BH training requirements. The BH causal factors identified are: lack of BH screenings, lack of unit command involvement, and the negative stigma surrounding BH assistance in the military. By addressing these causal factors the author argues that the Marine Corps can reduce the amount of time dedicated to BH training, while simultaneously reducing systemic BH incidents and ensuring every Marine has access to the full benefits of the Marine Corps BH program.

Marine Behavioral Health Training

Marine BH training is standardized across the Marine Corps and conducted at the squadron/battalion level in compliance with annual direction from the Training and Education Command (TECOM.)⁶ A recent Marine Corps study identified over 103 different BH training

requirements mandated by major public laws or DoD directives and instructions.⁷ The directives, orders, and instructions that codify these BH requirements are impossible for unit leaders to locate, manage, and comply with on their own initiative. To provide a single source of training requirement and create efficiencies in training, TECOM annually publishes Marine Corps Bulletin 1500 (MCBul 1500), a comprehensive list of the current Marine Corps mandated, calendar and fiscal year basic training requirements for all Marines. MCBul 1500 published on Dec 17, 2013 lists 24 individual courses, comprising over 84 hours of instruction and training ranging from rifle and pistol ranges to classroom instruction on BH. Each Marine command is required to complete this training prior to the close of the applicable fiscal or calendar year. Additional BH training required by separate Marine Corps Order (MCO) is Combat and Operational Stress Control (COSC) and Sexual Assault Prevention and Response (SAPR) programs.⁸

The training requirements listed in MCBul 1500 are not all BH related. Of the 24 courses outlined in MCBUL 1500, five are skill-based training activities: swim qualification, pistol and rifle qualification, Combat Fitness Test (CFT) and Physical Fitness Test (PFT) and fall outside the scope of this evaluation. The Department of the Navy (DoN), and Headquarters Marine Corps (HQMC) require the remaining 19 periods of instruction be administered yearly with verification of compliance through inspections and various situational reports (SITREP) to higher commands.⁹ For the purposes of this paper the programs from MCBUL 1500 that are considered BH centric are: Hazing, Substance Abuse, Tobacco Cessation, STD/HIV Prevention, Semper Fit, Equal Opportunity/ Sexual Harassment, Suicide Prevention, Child Abuse and Domestic Violence Prevention, Operational Risk Management and Combating Trafficking in Persons.¹⁰ The remaining courses in MCBUL 1500 that contain content not relevant to this

discussion are: Marine Corps Operational Security, Level I Anti Terrorism Training, Annual Cyber Awareness, Records Management, and Traumatic Brain Injury Prevention and Awareness.¹¹

Figure 1.¹²

Annual Training Requirement	Mandate Authority	Order	Delivery Method	Training Hours per Fiscal (FY)/ Calender (CY) Year
Hazing	DON	MCO 1700.28A	U/T	1.0 Hr (CY)
Marine Corps Substance Abuse Program	DOD	MCO 5300.17	Marine Net	1.0 (CY)
The Effects of Tobacco Use (Semper Fit)	DOD	MCO 1700.29	U/T Marine Net	1.0 (CY)
Additional Health Promotion Training (Semper Fit)	DOD	MCO 1700.29	UT Marine Net	2.0 (CY)
Secual Assault Prevention and Response SAPR	DOD	MCO 1752.5B MARADMIN 234/13	U/T	3 Hours (FY)
Operational Risk Management (ORM)	DOD	MCO 3500.27B	U/T	1.5 Hr (Cy)
Marine Corps Equal Opportunity (EO)	DOD	MCO P5354.1D	U/T	1.0 Hr (CY)

and Sexual Harassment				
Marine Corps Heat Injury Prevention Program	MC	MCO 6200.1E	Marine Net	1.0 Hr
Combating Trafficking in Persons	DOD	DODI 2200.01 MARADMIN 101.10	Marine Net	1.0 Hr
Level I AT Awareness Training	DOD	MCO 3302.1E	Marine Net	1.0 Hr (CY)
Suicide Prevention and Response Training	MC	MCO 1720.2 MARADMIN 122/13	U/T	1.0 Hr (CY)
Annual Cyber Awareness Training	DOD	MARADMIN 288/13	Marine Net	1.0 Hr (FY)
Child Abuse and Domestic Violence Prevention Training	DOD	MCO 1754.11	U/T	1.0 Hr (CY)
Records Management Training	DOD	MARADMIN 593/12	Marine Net	.5 Hr (CY)
Traumatic Brain Injury Prevention and Awareness	MC	MARADMIN 294/12	U/T	.5 Hr (CY)
Violence Prevention Awareness Course	MC	MCO 5580.3	U/T Marine Net	1.5 Hr (CY)
			Total Training	19 Hours

The training in Figure 1 targets individual BH related decisions that the Marine Corps and DoD view as detrimental to both the organization and individual. Marine Expeditionary Force (MEF) commanders place significant emphasis on compliance with this training and unit training progression is reported and tracked in weekly reports to each higher command and online via the Marine Corps Total Force System (MCTFS). Commanders generally have the ability to schedule and conduct MCBul 1500 training during their normal training cycle and rarely receive guidance from higher command on completion order or training precedence. Exceptions to this rule occur when a unit establishes a trend of reported incidents (liberty incidents, assault charges, domestic violence or suicide) and the unit commander is directed, or chooses, to cease operations and address these trending issues through additional training.

Commanders have several options on the instructional techniques used to complete mandated BH training. In an attempt to minimize lost training time, the majority use one of two methods of instruction. The first method is via a unit wide lecture and requires the suspension of a unit's Military Occupational Specialty (MOS) & Mission Essential Task List Training (METL) wherein the unit sits in a large auditorium or classroom and receives several hours of instruction on the required BH training, typically via a Power Point. Although the lecture method conveys the basic elements of the BH training, it lacks essential two-way communication between SNCOs and officers and their junior Marines. Often the lecturers are civilians with little knowledge of the unit's deployment history or MOS-specific challenges. The second instructional method used by commanders requires Marines to log onto MarineNet (www.marinenet.usmc.mil), an online training website, where they sign-in to their individual accounts and complete a mix of animated training modules and power points with varying levels of complexity and student interaction. These online training modules are updated infrequently

and in many cases are outdated.¹³ Units with a high operational tempo that cannot afford to cease daily METL training due to upcoming deployments, or high operational tempo, prefer this method; however, it suffers from significant drawbacks in computer availability and lack of personal interaction with unit leaders.

With the exception of headquarter units the majority of Marines have limited access to computers and the Internet during work hours.¹⁴ Often when computer access is available, bandwidth limitations severely extend the time required to complete these graphic intensive presentations. When Marines use personal computers and limited tablet type applications to complete BH training on their own time, the commander, other unit Officers, and SNCO's receive zero feedback on the environment in which the training was completed and the unit leadership fails to capitalize on a unique opportunity to interact and mentor the junior Marines. Often unit leaders are focused on the execution of mission specific training and fail to place emphasis on BH training due to limited training and tight deployment timelines.

Unit training required by respective (MOS) Training and Readiness (T&R) manuals combined with pre-deployment METL requirements are extensive, and commanders struggle to meet every requirement in the limited amount of time available. To demonstrate these time constraints, consider that a commander who follows the guidance in the I MEF special liberty periods for CY 2014 and 2015 (I MEFBul 1050) will afford the Marines of the command 120 days off per year. Including weekends, these federal holidays represent 32 percent of the year. Assuming that these same Marines take their annual leave outside of these weekend and special liberty days, each Marine will receive an additional 30 days off, which leaves the commander with 215 days (just under 60 percent of the year) for METL and MOS training. The time estimated for completion of all BH training in MCBul 1500 is around 19 hours, additional days

that cannot be dedicated to METL training.¹⁵ BH training requirements directly compete with METL and T&R training and must therefore be rigorously evaluated for effectiveness and efficiency.

Evaluating Marine Corps Behavioral Health Training

The Marine Corps lacks a standard evaluation process for BH training. This lack of a standard evaluation process leads to increased repetition of the exact training year after year. Marine Corps BH specialists evaluate BH training on their ability to educate a population on knowledge and awareness, not the ability to reduce actual risk or BH incidents.¹⁶ The DOD and Congressional leaders focus on statistical year-to-year comparisons of BH incidents. Over the last 10 years reporting of Marine BH incidents have remained constant or even increased, leading military leaders to call for additional training.¹⁷ Defining mission success or failure when evaluating BH training is difficult to quantify and difficult for military leaders to define.

In the current evaluation model, BH experts consider the training "effective" if Marines walk away with additional knowledge and awareness of the key components included in the curriculum.¹⁸ This evaluation criterion fails to drive change and innovation in future training and is impossible to quantify. The stated goal of the Marine Corps BH program is to decrease risk across the population and Marine BH experts expect to do so through a multitude of programs and services that target different subsets of the population and the different identified needs.¹⁹ The Marine Corps BH program does not base the evaluation criteria for training effectiveness on the success or failure in affecting large-scale changes on the population risk factors i.e. they do not chase statistics.²⁰

This current BH training criterion is foreign to military leaders because they generally follow a training and evaluation process based on the evaluation of mission success according to mission goals. Starting in basic training Marines are instructed using a cyclic training and evaluation process that begins with instruction or demonstration, transitions to practical application, and culminates in evaluation against a standard or measurement of mission success. This cycle is completed with a detailed debrief which focuses on the success, shortcomings, and failures of the training. The essential element of this evaluation and debrief process is an honest assessment of the accomplishment of the assigned mission and or completion of training objectives outlined in the mission brief or training objectives. Failing to meet established mission objectives on initial attempts is not seen as a training failure if the lessons learned are refined, discussed and integrated into future training. The current lack of a standardized evaluation of Marine Corps BH training fails to produce lessons learned or recommendations for future training leaving military leaders with little recourse but to require more training.

Figures 2-5 demonstrate that Marine Corps BH training over the last 10 years has produced minimal change on the yearly rates of suicide, domestic violence, child maltreatment, sexual assault and urinalysis failures. Continued repetition of BH briefs and increased pressure on commanders to reduce these BH incidents failed to significantly reduce their occurrence and in some cases, as with sexual harassment and suicide, increased reporting is producing a dramatic rise in incidents.²¹

Figure 2²² USMC Child Maltreatment Incidents

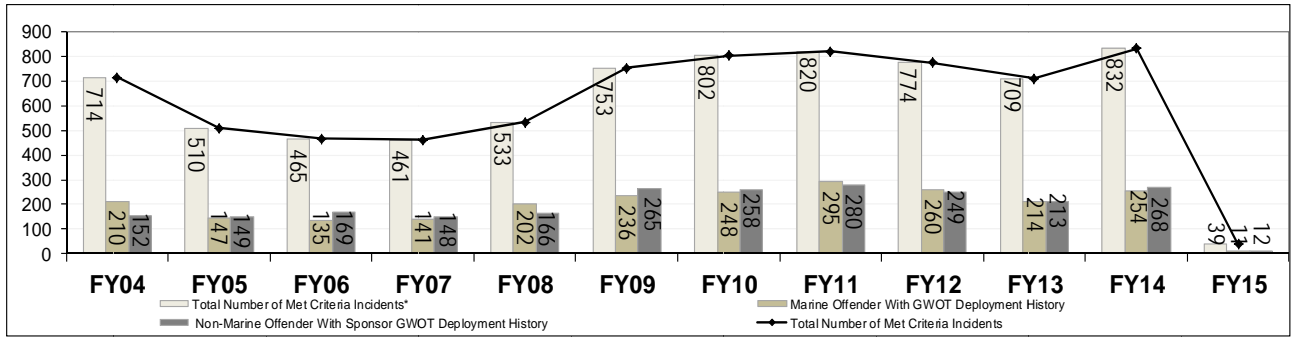


Figure 3²³ USMC Sexual Assault Reports FY 12 to FY 14

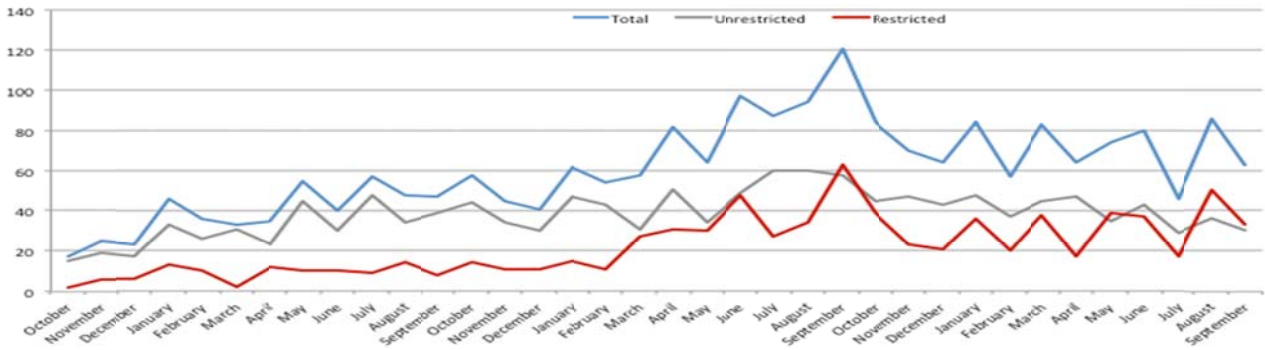


Figure 4²⁴ USMC Domestic Abuse Incidents

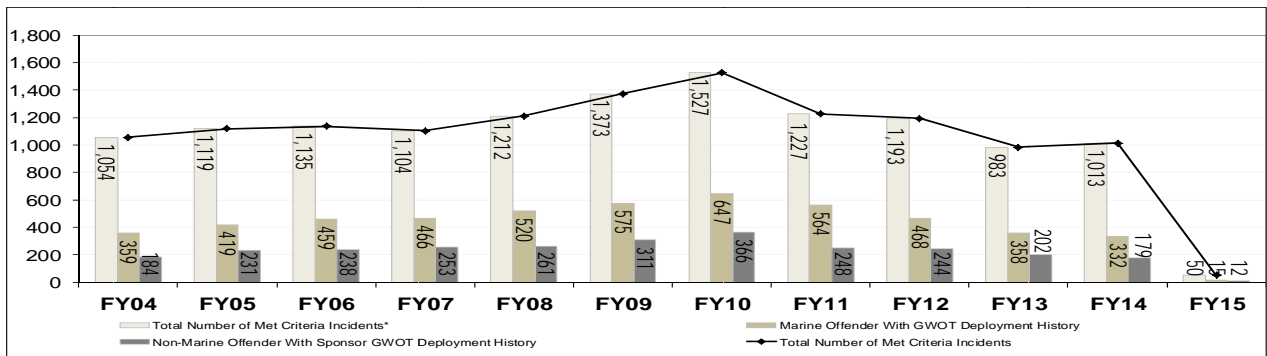
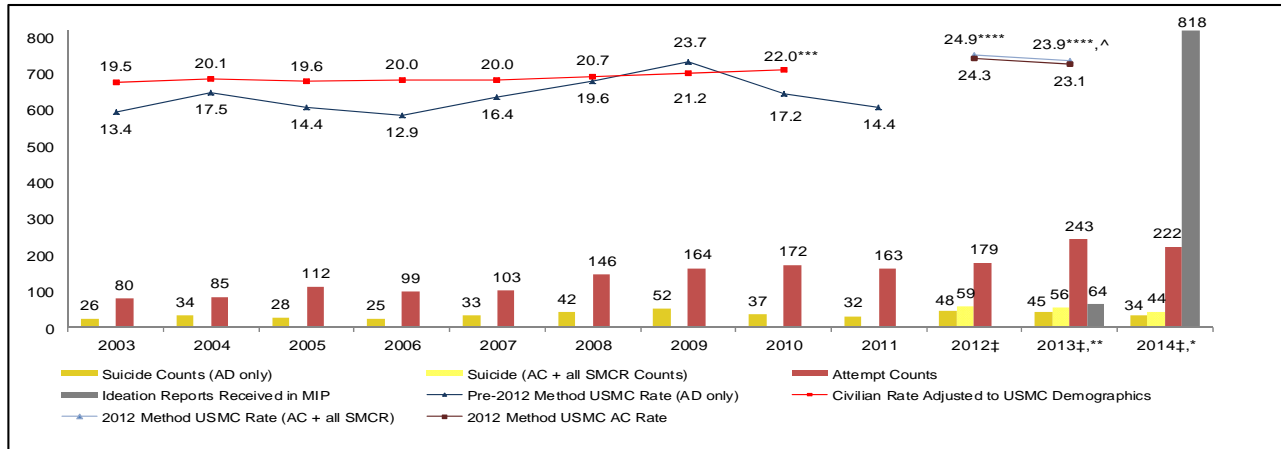


Figure 5²⁵ USMC Suicides, Attempts, and Ideations



A dramatic increase in BH training requirements combined with a focus on the reduction of BH incidents produced minimal impact over the last 10 years. Future BH training effectiveness criteria must include a discussion on the possible root causes of these behaviors and the ability of the BH program to identify, address, and reduce future incidences. By evaluating the effectiveness and focus of BH training the Marine Corps can eliminate ineffective training requirements and refine future instruction. BH training is an important component of Marine Corps force protection and increasingly relevant to the future success of the Marine Corps.

Behavioral Health Training, Force Protection, and the Future of the Marine Corps

BH programs play a key role in sustaining the AVF by allowing the DOD and Marine Corps to meet increased demand for high quality military recruits. Marine Corps BH programs are responsible for instilling the core values and beliefs that the American public and Congress demand. A successful BH program ensures future quality volunteer enlistees, the survival of the

AVF and the Marine Corps. Fostering the production of healthy, mature, and enabled veterans is expected by Congress, the American public and vital to future recruitment. Americans believe that the military builds upstanding citizens, and expects that the men and women who join the armed forces will leave the service stronger and better prepared for life, an obligation and reputation the military and its leaders take very seriously.

Since Vietnam, American military service has evolved from a conscription based moratorium in the transition to adulthood and become an opportunity for young Americans to gain training, skills, and educational benefits to use for college and life.²⁶ Even though the American military has become increasingly career orientated since the early 1970's, most volunteers only enlist for a short time, typically four years.²⁷ Earlier generations viewed their conscription and the obligatory service as a "time out" because their service was involuntary. Military service interrupted the life plans and career trajectories of these men and women and the military lacked support structures for marriage, childbearing, and occupational attainment.²⁸ Voluntary military service is now seen and portrayed by military recruiters as a planned course into adulthood. Accordingly the military actively supports a wide range of policies and benefits that encourage and support personal development while on active duty and during the transition back to the civilian workforce. This transformation of the nature of service emphasizes the responsibility of the military to focus on the BH of its members by addressing negative consequences of service and ensuring positive perceptions of future enlistees.

A slow US economy allowed the U.S. military to become increasingly dependent on high quality recruits to meet the demands of ever increasing weapon sophistication systems and increasing MOS skill set requirements.²⁹ A public that perceives enlistment as a positive career path allows the Marine Corps to maintain high selection standards ensuring the majority of

enlistees meet the grueling demands of training and combat. Perceptions that the military is a “second-chance” institution funded in part to help disadvantaged youth transition to adulthood are incorrect.³⁰ Stringent enlistment criteria disqualify those who have a criminal record, are in poor health, or drop out of high school. In testimony to congress on March 2009 Curtis Gilroy, the Pentagon’s accessions policy director, stated that currently 75 percent of young Americans have problems that keep them from joining the military.³¹ The DOD defines “High-quality” recruits as a high school graduate with a diploma, what it calls Tier I education, who tests in the top half of the Armed Forces Qualification Test (AFQT)..³² The recruiting goals state that 60 percent of recruits must test in the top half of the AFQT, and 90 percent of recruits must be Tier I.³³ The Marine Corps has “exceeded these requirements since the early 1990s, with 95 percent of recruits having Tier I educational backgrounds and around 65 percent scoring in the top half of the Armed Forces Qualification Test (AFQT).”³⁴ Through continued BH focus the Marines can keep trust with the American public in the care and development of their sons and daughters and cultivate a reputation that ensures future recruitment of high quality enlistees.

Recruiting Risk Takers

Marine Corps BH training faces the fundamental challenge of influencing the decisions and mindset of a young, adventurous, and risk-seeking population specifically recruited for these personality traits. To approach this challenge with the expectation that BH training alone could produce mishap rates that eventually decrease to zero would be unrealistic and naïve since BH problems are prevalent in basic human psychology.³⁵ The Marine Corps is a young force; the average Marine is 25 years old, the majority of whom are away from home for the first time.³⁶ Further complicating this challenge, when Marines are not deployed overseas in combat or

aboard ships in high-risk environments they are exposed to the same risk factors of alcohol and drugs that affect the American population.³⁷ Additionally, a high operational tempo since September 11, 2001 requires most first term Marines to complete at least two deployments within their first enlistment, the majority of which are to areas of heavy conflict and uncertainty.³⁸ Advertising techniques used by the Marine Corps to attract these potential enlistees has lasting implications on their future attitudes and acceptance of risk.

Due to a heavy reliance on infantry forces, the Marine Corps has a high manpower turnover rate, which demands constant recruiting and enlistment efforts.³⁹ To meet these manpower requirements the Marine Corps markets itself to young adults as a high-risk alternative to the civilian job market and other services. Through advertising and media campaigns the Marine Corps spends over 40 million dollars a year touting its reputation as a “force in readiness,” “looking for a few good men/women,” while emphasizing the physical and mental challenges potential enlistees will face by asking them “which way will you run?” and “do you have what it takes?”⁴⁰ Past media campaigns have portrayed potential enlistees fighting a fire breathing dragon with nothing but a sword while free climbing steep cliffs without ropes culminating in a transformation to being a Marine.⁴¹ These media campaigns focus on attendees of high-risk sporting events such as motocross, football, and even extremely high-risk competitions such as the X games, all sports with common themes of risk and little regard for personal safety.⁴² This advertising and the resulting self-selection process attract men and women who are more likely than the general population to exhibit and engage in high-risk activities. These high risk personalities do not excuse or dismiss the presence of lingering BH issues in the Marine Corps, but rather should focus the organization on the challenge of

influencing and embedding new values that will influence the future BH decisions of a developing adult, recruited for adventure, excitement and risk.

Behavioral Health Screening

The Marine Corps screens potential enlistees for criminal activity, disease, intelligence and general aptitude but fails to screen and reject candidates for possible BH indicators overlooking a potential reduction in BH issues and training requirements. According to the director for Accession Policy in the Office of the Undersecretary of Defense for Personnel and Readiness, accession attrition is grouped into three areas: (1) medical disqualifications, (2) hardship conditions, and (3) behavioral problems or unsatisfactory performance. Behavioral issues constitute 80% of separations.⁴³ A Government Accountability Office report found that one out of every three new recruits fails to complete the first enlistment period and is separated for one of these three areas.⁴⁴ Recruits do not enter the Marine Corps as blank slates ready to be inculcated with a value system; neither are they selected and conscripted for service according to the preferences of the Corps. Instead, the Marine Corps recruits volunteers from all aspects of society and attempts to mold them into one new culture and value system. While the Marine Corps has basic entry standards, such as height, weight, high school diploma and medical screening, very little attention is given to screening for BH disorders.⁴⁵ New recruits represent a cross section of American society and are not immune to BH disorders found in the general population. Surveys of American adults have found that half of all diagnosable cases of mental illness began by age 14 and three-fourths by the age of 24.⁴⁶ Three longitudinal studies conducted from 2005-2007 concluded that close to 40 percent of American young people experience at least one psychiatric disorder by the time they are 16.⁴⁷ Moreover, about one in

five (21.3 percent) of American adolescents ages 12-17, have received treatment or counseling for some form of Mental Emotional and Behavior (MEB) disorders.⁴⁸ The good news is that recent research has identified multiple factors that contribute to possible future MEB disorders and interventions can successfully intervene and produce positive results.⁴⁹ Discovery of MEB disorders may not necessary be a barrier to future military service but can be identified and monitored as the Marine progresses through his or her career.

Current BH research shows that many of the causal factors for BH problems seen among troubled Marines are testable and predictable at, or prior to, service entry.⁵⁰ Identifiable factors include diagnosable Mental Emotional and Behavior (MEB) disorders and other problem behaviors, such as early drug or alcohol use, antisocial or aggressive behavior, and violence against others.⁵¹ A 1994 report by the Institute of Medicine (IOM) highlighted the promise of prevention and calls for the development and integration of prevention and intervention programs into early childhood development and education programs.⁵² Active screening for MEB disorders prior to entry into the armed forces could potentially reduce current negative BH incidents among active duty Marines. This BH screening process should continue as Marines encounter significant career and life events. Commanding officers and unit SNCO's have unique insight into the individual personal and professional lives of their men and women and can recommend screening and assistance for Marines experiencing significant life events, avoiding future BH problems before they surface.

Individuals in the Marine Corps are exposed to increased incidents of violence and significant emotional stress events.⁵³ The stress caused by these events is often considered the source of future negative impact BH decisions. However, a recent RAND study performed on infantry battalions compared Marines who had previously deployed with those about to embark

on their first deployment and found that exposure to combat was not the root cause of the majority of BH problems found in troubled Marines.⁵⁴ Incidents of alcohol abuse, violence, and Major Depressive Disorder (MDD) remained fairly constant in both groups, and in fact Marines who had previously deployed were more likely to recommend professional help to peers and expressed a higher confidence in personal resilience and future recovery than their less experienced peers.⁵⁵ Conclusions from this study found that the majority of BH issues found in Marines are present prior to deployments and often are attributed later to stress suffered in combat, noting that the majority of Marines that deployed demonstrated the ability to recover and deal with the stress and trauma. If these Marines are screened, and provided professional assistance prior to departing for combat, they are better equipped to handle the stress of deployment and transition back to normal life.

After returning from a deployment BH screenings and command observation dedicated to the identification of potentially compromised Marines could reduce the requirement for unit wide BH training eliminating unnecessary and possibly misleading training. Marine Corps policies imposing a six-week moratorium on orders and discharges following re-deployments attempt to take advantage of this recovery process. It is during this period when Marines are at the greatest risk and should receive the most observation and access to BH professionals. Commanders can assist mental health professionals by identifying those in the command that may require assistance or help without exposing the entire population to negative and possibly misleading training and counseling. This screening process is dependent on the observation and recommendations of the unit leaders, and requires each NCO, SNCO and officer to assume personal responsibility for the BH of his or her men and to express confidence in the effectiveness of BH programs.

Unit Leadership and Behavioral Health

BH training conducted online or in standardized unit wide briefs removes the responsibility and ownership of unit training from commanders and fails to facilitate leadership at the individual level. Commanding officers, their subordinate officers, SNCOs and NCOs hold a unique understanding of the current ethos and morale of their unit and should be the frontline trainers and screeners for potential BH issues in the Marine Corps. Each individual unit and command has unique needs and a culture created by its previous and future deployment cycle, assigned mission and current leadership. Only commanding officers and their staff with the assistance of trained BH specialists have an understanding of the challenges and needs of their respective unit and can create the required training and education that can possibly alter the beliefs and actions of the individuals within their command. General John Lejeune captures this responsibility in the 1921 Marine Manual, “(Officers) are responsible to lead, advise and educate the junior Marines in the unit... In fact, it should partake of the nature of the relation between father and son, to the extent that officers, especially commanding officers, are responsible for the physical, mental, and moral welfare...of the young men under their command.”⁵⁶

Strong leaders can influence their subordinates’ reluctance to use BH programs by personally displaying commitment and support to BH training and education. A recent study on hardiness drew a direct correlation between the hardiness of leaders and the positive influence that a “hardy” leader had on subordinates ability to demonstrate hardiness during difficult times.⁵⁷ By placing the unit’s leadership in active BH leadership roles and addressing negative BH trends through mentorship, referral, and reintegration, commanders can alter Marines’ negative perceptions on seeking BH assistance.

Command design and endorsement of BH training will foster flexibility and initiative in the training process, allowing commanders to avoid future unseen incidents. In an effort to counter Improvised Explosive Devices (IEDs) planted by insurgents in Iraq and Afghanistan the DOD implemented a strategy of “getting to the left of the boom.” This strategy targeted the source of commonly used supplies of IED making material along with known IED manufactures in an expanded effort to counter the growing IED threat. Previous efforts to jam, detect and counter IEDs faced a constantly evolving and changing enemy that always found a new trigger or tactic. This concept is applicable to BH training. Instead of targeting a few negative BH trends the Marine Corps needs to expand their vision and empower commanders to address the training needs of their individual command. Unit Commanders can still meet the DOD and USMC specific requirements for mandatory BH training; however, this training should be implemented at the small unit level through mentorship and personal interaction. By providing commanders with specific BH screening processes and small unit BH education tools the Marine Corps would return the initiative to the commander. With increased screening and unit involvement in the BH training process commanders and their staff can select the appropriate BH training, screen their Marines for negative trends and integrate the already extensive base BH support structure to connect troubled or psychologically injured Marines with the appropriate counseling and support.

Marine Corps Behavioral Health Programs

The Marine Corps has a large BH organization that is fully prepared to assist commanders and deal with BH challenges within units. Current Marine Corps BH programs provide a full continuum of care and actively attempt to align resources and initiatives across the

fleet to address BH risk factors. Using the Institute of Medicine (IOM) Mental Health Intervention Spectrum for Mental Health Disorders the Marine Corps integrates the collaborative efforts and resources of all installation-based programs such as Community Counseling (CCP), Substance Abuse Counseling Centers (SACC), Family Advocacy Program (FAP), Substance Abuse Prevention (SAP), Military Family Life Consultants (MFLC), MEF Prevention Capabilities, Operational Stress Control and Readiness (OSCAR) and the DSTRESS Line.⁵⁸ Each of these programs provides unique services that commanders can leverage to address BH issues identified within the command.

A recent reorganization of the Marine Corps BH program placed additional trained counselors and BH coordinators at the MEF level with the intent to increase unit Commanders knowledge and to facilitate the integration of BH programs at the unit level.⁵⁹ Through the development of professional knowledge about the existence and use of these counselors, Marine leaders can integrate BH training into all aspects of their training cycle, eliminating ineffective training and assessing the usefulness of increased screening and treatment.

Conclusion and Recommendations

A review of Marine Corps BH statistics demonstrates that despite a continuous focus on reducing selected BH incidents, the reporting of these incidents remained almost constant over the last 10 years. Although the volume of Marine Corps mandated BH training continued to increase over this period, the Marine Corps failed to make adjustments to the method of instruction and focus of training. Large lecture type presentations and online training modules currently in use fail to address the unique culture found in different command climates and are often presented in a negative and repetitive “mandatory safety training” environment.

Furthermore current BH briefs and online training are narrow in focus and outdated. This training fails to address or identify the causal factors that lead to negative BH decisions by only addressing specific BH incidents and focusing on implementation Marine Corps wide. To “get to the left of the boom” the Marine Corps needs to return the responsibility of leadership to commanding officers and leaders at the small unit level and implement a BH screening process to help identify high-risk personnel prior to entry and after exposure to stress or trauma. By stressing the effectiveness of BH treatment commanders can direct Marines demonstrating warning signs and symptoms to the appropriate BH specialist and treatment. This screening process requires and provides buy in and participation from the entire command and is a continuous process.

The current construct of Marine Corps BH training at the unit level provides minimal opportunity for interaction and mentorship between junior Marines and senior leadership. BH instruction that teaches Marines to avoid a few selected BH incidents via lecture or online training fails to address and provide in depth instruction on basic BH concepts. Small group discussions between commanding officers, their officers, SNCOs and NCOs provide an opportunity for leaders to sit down and build relationships with their Marines through open communication about daily life. The Marine Corps should reduce the specificity of currently mandated BH training and place the responsibility for implementation on commanders. To succeed, commanders will need to demonstrate a complete understanding of the Marine Corps BH programs, and its counselors, advisors, and services.

Continuing to address BH makes the Marine Corps stronger by reducing lost training time, increasing unit readiness, and ensuring that the Marine Corps produces men and women of character who are physically and mentally healthy when they leave the military. The success or

failure of veterans BH in the civilian world is a direct reflection on the Marine Corps and its leaders. The challenge of affecting a young persons' BH decisions over the course of a short three or four-year commitment is daunting and requires the full effort of all involved. General LeJeune vocalized this challenge in 1921, and his advice defines the leadership challenge inherent in BH training "The realization of this responsibility on the part of Officers is vital to the well-being of the Marine Corps. It is especially so, for the reason that so large a proportion of the men enlisting are under twenty-one years of age. These men are in the formative period of their lives, and officers owe it to them, to their parents, and to the nation, that when discharged from the services they should be far better men physically, mentally, and morally than they were when they enlisted."⁶⁰

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