



UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE
PSC BOX 20005
CAMP LEJEUNE NC 28542-0005

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MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE
BULLETIN 5300

From: Commanding General
To: Distribution List

Subj: PUBLICATION OF 2014 RESILIENCE EDUCATION PREVENTION PLAN

Ref: (a) MCO 5300.17

Encl: (1) 2014 Resilience Education Prevention Plan

1. Purpose. To publish the enclosure as directed by reference (a).

2. Background

a. An important part of our supporting establishment mission is to provide prevention education in order to help create a military community that is educated, empowered, and equipped with the skills necessary to make healthy choices in their personal and professional lives, improving individual, unit, and family resilience. Resilience Education (RE) provides prevention efforts that encompass the areas of alcohol and substance abuse, stress and anger management, healthy relationships, aspects of Combat and Operational Stress Control, and suicide prevention.

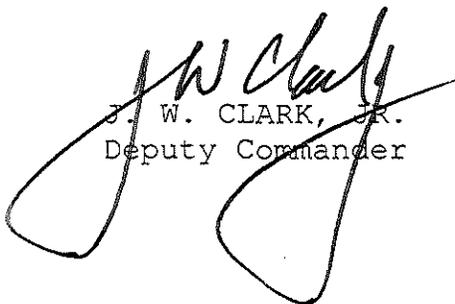
b. RE aims to improve the quality of life of military service members and their families through prevention education resources. The RE Branch of Marine Corps Community Services will strive to provide evidence-based educational services to service members and their families with the intention of empowering individuals to make better choices in order to improve their lives and relationships; to prevent destructive behaviors that can affect the careers and lives of service members and their families and cause long-lasting consequences; to pursue internal/external partnerships to promote our programs while reducing stigma and discrimination by normalizing symptoms

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and experiences; and to strengthen our military community by enhancing individual/family resilience, readiness, and retention from a behavioral health perspective that utilizes a world class customer service approach.

3. Action. All commanders shall publish the annual RE Prevention Plan contained in the enclosure and provide widest dissemination to all active duty service members aboard Camp Lejeune.

4. Reserve Applicability. This Bulletin is applicable to Marine Corps Base, Camp Lejeune, its subordinate, and all tenant commands, and organizations.



J. W. CLARK, JR.
Deputy Commander

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06 SEP 2013

2014
Resilience
Education
Prevention
Plan

06 SEP 2013

Program Description

Resilience Education (RE) is organized within the Behavioral Health Program of the Marine and Family Programs Division, Marine Corps Community Services (MCCS), Camp Lejeune. RE provides prevention efforts that encompass the areas of alcohol and substance abuse, stress and anger management, healthy relationships, aspects of Combat and Operational Stress Control, and suicide prevention.

The RE Branch serves mostly active duty Marines, Sailors, and their families. Our services are available to all Department of Defense (DoD) personnel. Regularly scheduled classes are offered on base and by unit request.

Mission Statement

Our mission is to provide prevention education and help create a military community that is educated, empowered, and equipped with the skills necessary to make healthy choices in their personal and professional lives, improving individual, unit, and family resilience.

RE aims to improve the quality of life of military service members and their families through prevention education resources. The RE Branch will strive to provide evidence-based educational services to service members and their families with the intention of empowering individuals to make better choices in order to improve their lives and relationships; to prevent destructive behaviors that can affect the careers and lives of service members and their families and cause long-lasting consequences; to pursue internal/external partnerships to promote our programs while reducing stigma and discrimination by normalizing symptoms and experiences; and to strengthen our military community by enhancing individual/family resilience, readiness, and retention from a behavioral health perspective that utilizes a world class customer service approach.

Planning for Fiscal Year (FY) 2014

Goal 1: Provide prevention and resiliency education to support the Command by equipping our military community with the education necessary to make low risk choices, and increasing potential to acquire and access solution focused skill sets; thereby, improving individual, unit, and family resiliency.

Objective: Participants will increase knowledge and understanding of skills available to integrate into professional and personal aspects of daily life.

Strategy: Provide evidence-based classes that are infused with the latest and most reliable information. Offer opportunities to develop new perspectives on relevant challenges and concerns faced by the target population.

Measures of Effectiveness: Anonymous Pre/Post test results, individual class participant evaluations, as well as the follow-up and focus groups provided by the Samueli Institute to measure the effectiveness and application of the information provided during RE classes.

Goal 2: Support Leaders' desire to promote units overall health and wellness through increased understanding of Alcohol and Substance Abuse Prevention Programs.

Objective: Leaders will augment understanding of the role of their respective Substance Abuse Control Officers (SACOs); enhance their awareness of how leader involvement in the program assists in the overall effectiveness of the Alcohol and Substance Abuse Programs and how the Drug Demand Reduction (DDR) Team, as a resource, can provide additional aid in the success of commanders' unit-level programs.

Strategies:

- Increase the length and depth of SACO training to by three days.
- Assist SACOs/Substance Abuse Control Specialists (SACS) with the development and implementation of the unit prevention plans.
- Conduct annual Senior Leaders Substance Abuse Education Prevention Summits. Institute an annual summit of similar information for noncommissioned officer (NCOs).
- Created and distribute a DDR commander's binder that will educate commanders and subordinate leaders on what assistance the Substance Abuse Prevention Team can provide their perspective programs.

06 SEP 2018

Measures of Effectiveness: Draft and conduct surveys of all attendees of both annual summits to evaluate the training offered. Continue to survey SACOs/SACS attending the Unit Substance Abuse Program (USAP) Management Program course.

Goal 3: Raise awareness of the benefits of low-risk substance abuse choices and promote a healthy lifestyle.

Objective: RE information will be provided to all major subordinate commanders and supported through our internal/external partnerships and marketing efforts.

Strategies:

- Ensure community outreach through regular contact with unit SACOs and ASPCs (Alcohol Screening Program Coordinator) to identify and educate on unit-specific areas of need.
- Ensure promotion coordinator participation in events, such as health fairs, unit functions, and base events to promote classes, and prevention information.
- Coordinate 5K race during Suicide Prevention Week.
- Coordinate Red Ribbon Week activities.
- Promote services and prevention education through the base-wide poster project.
- Provide 4.5-hour and 16-hour PRIME for Life prevention education classes to at-risk populations.

Measures of Effectiveness: Analyze and interpret the number of requests for trainings, briefs, and educational support. Continue to survey class participants on how they heard about available resources.

Evaluation

Evaluation Methods: Evaluation, by the Resilience Education Branch, will be accomplished with questionnaires, data collection, personal interviews, and focus groups with support from the Samueli Institute. The RE Branch will collect data identifying the following:

06 SEP 2013

- Initial pre-tests to class participants, Prime for Life, Stress and Anger management course, Recognize, Ask, Care, Escort (R.A.C.E.) training courses to determine a base line knowledge and understanding about resilience topics.
- Follow-up post-testing will be conducted to determine any differences in knowledge and understanding resilience topics.
- RE Branch led focus groups will be conducted to identify current perceptions and attitudes of participants.
- An outcome evaluation will be conducted on an ongoing basis during the fourth quarter of the FY, in conjunction with a needs assessment, for the development of the FY15 Prevention Plan.

Expected Outcomes: If successful, implementation of the above strategies will result in the following desired outcomes:

- Monthly urinalysis results reported in the SACO Monthly Statistical Report to the Drug Demand Reduction prevention team will be reduced by a statistically significant amount.
- All tenant commands develop comprehensive drug and alcohol abuse prevention plan as required by reference (a).

Critical Elements Involved: There are critical elements involved in obtaining desired outcomes. Without proper follow-through on these elements, expected outcomes are unlikely to occur, and goals are unlikely to be accomplished. Critical elements for Resilience Education to achieve are:

- Development of Unit Prevention Plans/Standing Operating Procedures addressing the substance abuse program by the unit with assistance from the staff of the RE Branch. Because of the day-to-day interaction and knowledge of alcohol and substance abuse concerns, it is suggested that the SACO/SACS be involved in the planning process. This element is critical to ensuring the unit level needs are addressed.
- Interaction with MCCS and local community resources is crucial to the successful mobilization of the community.

06 SEP 2013

Adaptable Elements: There are adaptable elements involved in obtaining outcomes. Elements may be adjusted to utilize unit strengths, needs, or resources. Without follow-through on these elements, expected outcomes are unlikely to occur, and goals are unlikely to be accomplished. Adaptable Elements for the Resilience Education Branch to achieve:

- Planned Activities. The type of planned activities and the means to collect information relates to Marines' preferences for activities may be adapted.
- The type of media resources available and the source of such resources can be adapted.
- The type and extent of command policy reviews may be adapted.

Contact Information:

- Robin Schoolfield, Resilience Education Branch Manager, 910-451-0023
- Roland Winston, Drug Demand Reduction Coordinator, 910-451-0021
- Barbara Russell, Drug Demand Reduction Specialist, 910-451-4278
- Gina-Marie Kropiewnicki, Resilience Trainer, 910-451-3648
- Dave Wilder, Resilience Trainer, 910-451-0828
- Loida Householder, Promotion and Education Specialist, 910-451-0822
- Rebecca Ercums, Alcohol and Substance Abuse Specialist, 910-450-5884
- John Allegri, Alcohol and Substance Abuse Specialist, 910-450-5885

Needs Assessment

A needs assessment is a systematic process for determining and addressing needs, or "gaps" between current conditions and desired conditions. The discrepancy between the current condition and desired condition must be highlighted to appropriately identify the need. The need can be a desire to improve current performance or to correct a deficiency. Needs assessments are only effective when they provide honest,

06 SEP 2013

concrete evidence that can be used to determine which possible interventions are most effective and efficient for achieving the desired results.

Needs assessments are never conducted to criticize a unit. They are a part of planning processes, used for improvement in individuals, education/training, organizations, or communities. The needs assessment can be effective in refining and improving current strengths, or in clarifying barriers to peak performance, readiness, and resiliency. By clearly identifying an area of concern, resources and education can be directed towards developing and implementing a successful solution.

The RE staff recognizes that many Unit needs are different; therefore, staff may request that Units share information considered fundamental to providing the most effective targeted interventions possible. The RE staff aims to work with Commanders and the current culture of the Unit. Because of this, it is in the Unit's best interest that we be made aware of information such as the demographics of a Unit. An example of how demographics would be used to best serve Marines can be seen with the presentation of information. Training approaches would likely be different for a group predominately comprised of single, 20-year olds who live in barracks, as opposed to those who are 30, married, and have children. Different approaches would be used to engage Marines, and assist them with relating to certain material. Similarly, information on a Unit's function in the Corps, deployment cycle, and the Command's philosophy on alcohol and substance use is equally important as it may guide staff in presenting relevant and appropriate information. Needs assessments should be conducted a minimum of once per year, when major changes take place, or if new situations arise that require attention. Following the needs assessment, the information will be analyzed, then a Unit specific plan will be made to capitalize on strengths, and address identified needs. The plan will serve as solution focused guide to enhancing overall unit performance, readiness, and resiliency.

Risk and Protective Factors

Risk Factors We Seek to Decrease:

Individual

- Familial problems
- Financial issues

06 SEP 2013

- Legal stressors
- Relational conflict
- Lack of positive role models
- Isolation
- Lack of Higher Power
- Maladaptive coping skills
- Poor resiliency
- Environment conducive for the use of alcohol and drugs
- Poor attitude
 - o "What I do on my time is my business."
 - o "It's boring out here at Camp Lejeune."
- Impulsivity
- Lack of trust in leadership

Peers

- Negative role models
- Peer pressure

Work Center (Small Unit Level)

- Distant leadership
- Delayed intervention (small work centers/groups, leaders/peers)
- Reactive rather than proactive
- Lack of timely intervention
- Lack of positive role models
- Poor attitude
 - o "Everyone does it."
 - o "Don't worry about it, we got you covered."
 - o "Don't bother me with your problem."
 - o "It's not a problem."
 - o "Just deal with it."
- Lack of connection between ranks

Command

- Ambivalent attitude toward alcohol/drug use and abuse
- Lack of command integration
- Lack of positive role models
- Unclear command alcohol policies
- Command rushes to punishment vice address and assist with problems

Community

- Widely spread
- Lack of community relationships
- Lack of community integration and partnerships
- Spice and other drug availability through dealers

Protective Factors We Seek to Increase:

Individual

- Off-duty education
- Available support programs
- Prevention education
- Spirituality
- Family values
- Adaptive coping skills
- Resilience

Peers

- Social competence
- Peer-to-Peer training
- Mentoring

Work Center (small unit level)

- Small unit leadership
- Mentorship
- Arrive Alive Program
- Boundaries for behavior
- Clear expectations
- Firm, fair, and consistent leadership

Command

- Command alcohol and drug policy "crystal clear"
- Liberty rewards for alcohol and drug-free time periods

Community

- Alternative activities: Beach activities, prevention education, community involvement, Big Brothers/Sisters mentorship opportunities
- Education and information regarding Post Traumatic Stress Disorder (PTSD) and other mental health issues
- Increase Single Marine Program (SMP) involvement

Interventions - Interventions are ways to increase or decrease the factors mentioned above. There are three different types of interventions used to manipulate the identified factors including Universal, Selective, and Indicated interventions. Universal Interventions are broad interventions that typically apply to an entire population or group regardless of status or rank. An example of a Universal Intervention could be reference (a) of this Order. Selective Interventions are typically used with groups that have been identified as having a heightened risk. An example of a Selective Intervention could be a unit

specific safety stand-down on drinking and driving prior to the New Year holiday. Indicated Interventions typically target individuals that have been identified as being at risk. An example of an Indicated Intervention could be a substance abuse assessment. Interventions designed to address protective and risk factors include:

Universal Interventions - Influence the development of policy letters that address all commanders aboard the installation. RE supports the Command, and therefore, will supply prevention materials and trainings to commanders to enhance their prevention efforts, particularly surrounding policies created to hold everyone accountable regardless of rank or billet, to the same standard, or instituting training requirements for all personnel.

Selective - RE will support the Commands' efforts to maintain unit health and readiness through identification of risk factors within the unit. RE acknowledges the success of lead by example techniques used by Commanders, and therefore, will ensure that a top down approach training program is utilized upon identification. A select program would include the 4.5 hour Prime for Life for the at risk population of 17-25 year olds. Training and education will include the use, misuse, and abuse of alcohol and its negative effect on unit readiness. Other select trainings should target officers, staff NCOs (SNCOs), NCOs, and junior Marines. RE will also provide SACOs with Prime for Life training to equip them with the knowledge and language of identifying substance misuse.

Indicated (e.g., for individuals with diagnosed conditions) - For Commanders who have identified risk factors within their units such as a rise in misuse or abuse, RE will provide support through the early intervention course; 16-Hour Prime for Life. Ongoing encouragement and support training pertaining to problem identification and referral will be provided.

Resilience Education Strategies

Information Dissemination:

Increase partnering activities with organizations both on and off-base; solicit new ways of collaborating in order to achieve mutual goals and objectives. Share resources and exchange ideas with partners.

a. Build relationships with Family Readiness Officers (FRO's). Promote to their commanders the idea of utilizing the Health Risk Assessment (HRA) which we can use as a tool to identify our target market.

b. Increase awareness and visibility of who we are and how it benefits our service members and their families. Our goal is to reach 100 percent of the population by attending all events to which we are invited.

c. More collaborative efforts with the Naval Hospital Health Promotion and Wellness Program, Department of Defense Education Activity (DoDEA) schools, other MCCS Divisions, and outside community resources to promote all our programs.

d. Be an active participant and assist with special projects, such as working groups, health fairs, informational displays, and other programs.

e. Continue with our marketing efforts that include distribution of our class schedules, flyers, resource guide, newsletters, and other promotional campaigns. Make use of all the poster boards displayed aboard Camp Lejeune.

f. Plan larger-scale events and invite guest speakers to promote monthly health observances:

April:	National Alcohol Awareness Month and Stress Awareness Month
May:	Mental Health Month
September:	Suicide Prevention Week
October:	Red Ribbon Week
November:	Great American Smoke-out
December:	National Drunk and Drugged Driving Prevention Month

g. Strive to maintain the 52 youth and mentors/volunteers for the Drug Education for Youth (DEFY) Program. Work in partnership with Brewster Middle School to enroll high-risk students in the program.

06 SEP 2013

Strategies:

- Hand out RE trifold.
- Highlight collaborative efforts with various organizations on and off base.
- RE web page (MCCS website).
- RE monthly newsletter.

Measures of Effectiveness:

- Document number of contacts for all events.
- Encourage feedback via ICE website.
- Number of Safety Fairs, Safety Stand Downs, and various unit events attended.
- Program evaluation in partnership with the Samueli Institute.

Giveaways That Make a Difference: "That Guy" and "Red Ribbon" promotional items have great impact on our target audience (Marines, Sailors, retirees, civilian employees, and family members). We also need to order pamphlets to support our programs.

Partnerships:

- Naval Hospital Health Promotion & Wellness Program
- FRO's
- DoDEA Schools
- Base Commissary
- CHIP (Community Health Improvement Process)

Prevention Education:

- R.A.C.E. Training: Suicide Prevention: *Never Leave a Marine Behind* extends beyond the battlefield and beyond the base. A resilient, knowledgeable, and aware community can identify when someone is in need, and step in to help before it's too late. Gaining a better understanding of suicide and learning what tools and resources are available can help save lives. This skill-based first responder training will allow participants to Recognize signs of distress, Ask the direct question, "Are you thinking of hurting or killing yourself?" through role playing, provide Care with resources, and Escort the distressed to care.

- How to Avoid Falling for a Jerkette (or Jerk): This curriculum is designed to help singles and singles-again of all ages with partner selection. Learn about the five elements of relationship building, how we may fail to follow the logical process of relationship building, and how making a few simple changes may avoid future problems.
- Stress and Anger Management: This two-day, combined workshop will cover anger management, stress management, emotional intelligence, and communication skills. The workshop concludes with a two-hour skills session on stress reduction techniques by a certified Semper Fit instructor. Participants will learn to identify their stressors, stress symptoms, anger expression style, communication style, and positive techniques for managing anger, conflict, and stress.
- Prime for Life: This workshop is an alcohol and substance abuse prevention program for people of all ages. It is designed to gently but powerfully challenge common beliefs and attitudes that directly contribute to high-risk alcohol and drug use. A primary goal of Prime for Life is prevention of any type of alcohol or drug problem. This includes prevention of health problems such as alcoholism, or impairment problems such as car crashes or fights. Emphasis is on knowing and understanding risks one cannot change and reducing risks one can change. Using a persuasion-based approach, instructors use a variety of delivery methods, including interactive presentations and small group discussions. Material is presented using a DVD platform with animation, full-motion video clips, audio clips, and a participant workbook to enhance the learning experience.
- Combat and Operational Stress First Aid (COSFA): This skill-based training is designed for anyone whose duties or professional roles would include working with individuals, families, leaders and caregivers in response to acute stress events or those affected by prolonged stress exposure.
- DEFY: A prevention program for kids ages 9-12. DEFY deters "at-risk" behaviors by giving kids the tools they need to resist drugs and develop positive social skills. The leadership and life skills training provided by DEFY

06 SEP 2013

include: goal-setting, team building, conflict resolution, gang resistance and good decision-making skills. The DEFY program is based on a professionally developed curriculum that incorporates key characteristics of a successful substance abuse prevention program. Additional DEFY topics include: resistance skills, social behavior, self-esteem, alcohol attitudes, smoking attitudes, etiquette skills, finances, drug knowledge, and Internet safety.

- Urinalysis Program Coordinator Course: This training session is provided to unit Urinalysis Program Coordinators, unit SACOs, SACS, and observers. Course materials are provided.
- USAP: This training session is for newly appointed SACOs and SACS. Through this curriculum, SACOs and SACS are trained as mandated by reference (a) on the duties of their disciplines to include needs assessments and annual prevention planning.

Alternative Activities:

- Encourage participation in the hundreds of fun and exciting alternative activities available within the military base and outside the gate perimeters to include running events, Semper Fit activities, athletic events, theater events, music concerts, hiking, boating, fishing, camping, volunteerism, and even car maintenance at the base Auto Hobby Shop, to name a few.
- Promote alternative activities that deglamorize the consumption of alcoholic beverages.

Community-Based Programs:

- Work closely with commanders, MCCS Coordinators, the SMP Program and Semper Fit to establish athletic events that build unit camaraderie, pride in personal appearance, and a reward system for units that go alcohol-related incident-free for specific amounts of time. Reach out to civilian agencies to build coalitions that support our efforts.
- Organize the commander's prevention team which plans ahead for holiday weekends and special events such as the "101 Days of Summer" program.

06 SEP 2013

Environmental Approaches:

- Policies regarding alcohol and drugs will be reviewed and perhaps updated, with high standards enforced.
- Promoting the "101 Days of Summer" and "National Alcohol Awareness Month" and other campaigns/education throughout the year.

Problem Identification and Referral:

- Support and assist self-referral personnel to seek necessary aid through local resources.
- Increase senior leadership awareness and support for Marines and Sailors to seek assistance through prevention education, counseling and other support programs.
- Incorporate prevention education programs on an ongoing, monthly basis within the work sections either through small unit training or mass audience PME.

Capacity Resources

Internal Resources:

- Resilience Education: Provides education and prevention focusing on key areas to include alcohol use, substance abuse, stress and anger management, combat and operational stress first aid, suicide prevention, healthy relationships, and overall resilience.
- Semper Fit: Provides education and planned alternative activities.
- Single Marine Program: Provides activities and volunteer opportunities for single Marines.
- Naval Hospital, Camp Lejeune: Provides primary medical care to service members and their families stationed at Camp Lejeune and Marine Corps Air Station New River.
- Chaplain: Provides spiritual and personal guidance and supports problem identification and referral as well as prevention education and information dissemination.

- Community Counseling Center: Provides counseling assistance to Marines, Sailors, and their families to address various issues. The services contribute to problem identification and referral as well as prevention education and information dissemination.
- Marine Corps Family Team Building: Provides training and a network for support to the spouses and family members of Marines.
- Substance Abuse Rehabilitation Program: Provides intensive outpatient and outpatient rehabilitation for substance abuse.
- Deployment Health: Provides education, counseling and administration of the PDHRAs aboard the installation.
- MCCS Marketing: Resource for development of media in support of information dissemination.

External Resources:

- Local Law Enforcement: Will be used to gather data on crimes involving alcohol/drug use in the community.
- Other Services' Prevention Specialists: Will use other prevention specialists in the area to build coalitions on alcohol/drug abuse prevention.
- Naval School of Health Sciences: Will be used to gather information to identify trends on personnel who are referred for services.
- Substance Abuse and Mental Health Services Administration: Will assist in providing statistical data and reviewing what trends are developing nationwide.
- Alcoholics Anonymous: Provides a 12-step program in the recovering efforts to assist individuals in their recovery efforts.
- Al-Anon: Assists individuals with information and support in dealing with their family members who are alcohol dependent.

- StopAlcoholAbuse.Gov: A comprehensive portal of federal resources for information on underage drinking and ideas for combating this issue. People interested in underage drinking prevention, including parents, educators, members of community-based organizations, and youth, will find a wealth of valuable information here.

Additional Web Resources:

- Anonymous online screenings for substance use/mental health problems www.militarymentalhealth.org.
- National Institute on Alcohol Abuse and Alcoholism www.niaaa.nih.gov
- U.S. Department of Health and Human Services- National Institute of Mental Health www.nimh.nih.gov
- MCCS Camp Lejeune: <http://www.mccslejeune.com/>
- MCB Camp Lejeune: <http://www.lejeune.marines.mil/>
- Headquarters, U.S. Marine Corps (HQMC): <https://ehqmc.usmc.mil/>
- Prime for Life: <http://www.primeforlife.org>
- After Deployment: <http://afterdeployment.org/>
- eMarine: <https://www.emarine.org/>
- Behavioral Health Information Network: <http://www.bhin.usmc-mccs.org/>
- Facebook "Resilience Education Camp Lejeune": <https://www.facebook.com/>
- Human Performance Resource Center (DoD resource for nutrition & fitness): <http://hprc-online.org/>
- Real Warriors: <http://realwarriors.net/>
- DStress: <http://www.dstressline.com/>
- Naval Center Combat and Operational Stress Control: <http://www.med.navy.mil/>
- MCCS suicide prevention: <http://www.usmc-mccs.org/suicideprevent/>
- Leaders guide for managing Marines in distress: <http://www.usmc-mccs.org/leadersguide/>
- iRest information: <http://www.nondual.com/projects/irest>
- US Army Hooah Health: <http://hooah4health.com/spirit/resilient.htm>
- Defense Centers of Excellence: <http://www.dcoe.health.mil/Default.aspx>
- Sesame Street "Talk, Listen, Connect": <http://www.sesameworkshop.org/initiatives/emotion/tlc>

- Center for Deployment Psychology (CDP):
<http://www.deploymentpsych.org/>
- Military Home Front: <http://www.militaryhomefront.dod.mil>
- Military Pathways: <http://www.militarymentalhealth.org>
- Military OneSource: <http://www.militaryonesource.com>
- Combat Stress intervention program:
<http://www.copingaftercombat.com/>
- Love Thinks (Dr. John Van Epp):
[http://www.lovethinks.com/Lifechangers/Love Thinks-2](http://www.lovethinks.com/Lifechangers/Love%20Thinks-2)
- Suicide Prevention Lifeline 1-800-273-TALK (8255):
<http://www.suicidepreventionlifeline.org/>
- United States Department of Veteran's Affairs:
<http://www.va.gov>
- United States Department of Defense:
<http://www.defense.gov>

Family Resources:

- Children of Military Service Members Resource Guide:
<http://goo.gl/oLOV5>
The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury developed the Children of Military Service Members Resource Guide, which is a resource to assist families and health care providers address the mental and emotional health needs of military children through activities, books, films, and groups. The guide identifies age appropriate resources addressing such topics as deployment, homecoming, loss of a parent, mental/emotional wellbeing, and moving.
- Military Teen Online: <http://www.militaryteenonline.com/>
Military Teen Online is dedicated to providing reliable and useful information about subjects that are important to military teens. It is available to teens at bases worldwide and gives military teens a voice in the community.
- National Military Family Association:
<http://www.militaryfamily.org/>
This site has a search engine to specifically look at programs for youth! You can also search by age and military branch.

06 SEP 2013

- National Resource Directory:
[http://www.nationalresourcedirectory.gov/family and caregiver support](http://www.nationalresourcedirectory.gov/family_and_caregiver_support)
Offers information about youth education, college scholarships, talking to children about deployment, and resources for parents of children with disabilities.
- Brain Injury Association of America:
<http://www.biausa.org/livingwithbi.htm>
Website from the Brain Injury Association of America for family/children resources, personal stories.
- Family Matters Blog: American Forces Press Service, U.S. Department of Defense: <http://afps.dodlive.mil/> This blog provides resources and support to military families.
- Military Home Front: www.militaryhomefront.dod.mil
This site offers deployment resources for youth. Check out the program that is designed especially for teenagers and young adults whose parents or family members are deployed, as well as tools for family support.
- Free Talk Kit for Parents of Military Families:
<http://www.timetotalk.org/Military/>
Designed specifically for military parents of tweens and teens, this kit provides ideas on how to start the conversation about drugs and alcohol, scripts to help you find the right words, and tips for answering tough questions and getting support from other adults around you.

Health Care Resources:

- TRICARE: <http://www.tricare.mil>
- Military Health System: <http://www.health.mil>
- inTransition: www.health.mil/InTransition
inTransition is a voluntary program to support for service members as they move between health care systems or providers. A personal coach, along with resources and tools, helps during this period of transition.
- RESPECT-Mil: www.pdhealth.mil/respect-mil/index1.asp
RESPECT-Mil is a treatment model designed by the United

States Department of Defense's Deployment Health Clinical Center (DHCC) to screen, assess and treat active duty service members with depression and/or PTSD. This program is modeled directly after a program that's proven effective in treating civilian patients with depression. Several of the internationally-known experts who developed the civilian model have helped DHCC adapt the approach for military primary care use.

- Center for the Study of Traumatic Stress (CSTS):
<http://www.centerforthestudyoftraumaticstress.org/>
Founded in 1987, CSTS is one of the nation's oldest and most highly regarded academic-based organizations dedicated to advancing trauma-informed knowledge, leadership and methodologies. CSTS addresses a wide scope of trauma exposure and conducts research, education and consultation to extend knowledge of the psychiatric consequences of war, deployment, trauma, disaster and terrorism.
- Defense and Veterans Brain Injury Center (DVBIC):
<http://www.dvbic.org>
DVBIC provides state-of-the-art clinical care, innovative research initiatives and professional education programs for Traumatic Brain Injury (TBI) by collaborating with military, VA and civilian health partners, local communities, families and individuals affected by TBI.
- Deployment Health Clinical Center (DHCC):
<http://www.pdhealth.mil/>
DHCC's mission is to improve deployment-related health care by providing assistance and advocacy for military personnel and families with post-deployment health concerns through specialized clinical services, education and research. At the same time, DHCC serves as a catalyst and resource center for the continuous improvement of deployment health care across the MHS.
- National Center for Telehealth and Technology (T2):
<http://www.t2health.org/>
T2's central focus is to identify and advance emerging telehealth technologies within DoD and to ensure their integration in a manner that delivers access to optimal care. The center trains and equips providers with best practices for the treatment and prevention of PH and TBI problems using state-of-the-art technology.

00 SEP 2013

Prevention Team Members:

- Commanding Generals: Oversee program implementation and assessment for local commanders.
- Unit Commanders: Responsible for the implementation of the unit policy letters regarding the responsible use of alcohol/drugs.
- Sergeants Major: Senior enlisted advisor to commanders for all issues concerning enlisted Marines and Sailors.
- Unit SACO: Assigned in writing as the facilitator of substance abuse prevention as well as the primary link between the commander and the CSACC.
- HQMC (MFC-4) Substance Abuse Prevention and Intervention: Provides policy, guidance and funding.
- SARP Director: Responsible for the day-to-day operation of the SARP and its staff.
- Drug Demand Reduction Coordinator (DDRC): Provide technical expertise and supervisory support to the SARP Director.
- Substance Abuse Prevention Specialist: Responsible for assessing, planning, selecting, developing, implementing, and evaluating effective prevention programs at the command level.
- Substance Abuse Support Analyst: Provide statistical data research, program evaluation, process improvement, and quality assurance, to the substance abuse prevention specialists.
- Peer-to-peer groups: Individuals that fall into the at risk group who have had negative experiences concerning alcohol abuse.