

REINTEGRATION

DISCUSSION LEADER'S OUTLINE

INTRODUCTION

Good morning my name is _____. Today we will be talking about reintegration.

The **ground rules** for this discussion are:

- (1) No personal attacks on anyone's opinions
- (2) Allow each participant to express themselves
- (3) Make head calls at your leisure, just don't interrupt the group
- (4) Keep your language clean as not to offend others
- (5) PARTICIPATION BY ALL!!!!!!

Gain Attention

Sgt Tucker recently came back from a deployment where he injured his back. Everyone in the unit knew he was having problems. Tucker's overall demeanor has seen a dramatic decline—he refuses to PT, he drinks heavily, and he's easily agitated. He refuses to go to medical, fearing he will be seen as unfit for duty; meanwhile, you and others in the unit witness him downing 10 Ibuprofen at a time just to get through the day. When the amount of Ibuprofen he was taking started causing stomach problems, Tucker began to drink even more. One evening, he was screaming so loud in excruciating pain, duty had to call an ambulance for him. Apparently, dehydration and excess amounts of Ibuprofen caused his kidneys to malfunction. Medical got involved after that incident, ordering him to rehab for his back and placing him on a limited-duty chit. Feeling like his fellow Marines were looking down on him for being injured, he has become increasingly belligerent and explosive for no reason.

Key points for the discussion today will be:

- (1) Recognizing warning signs in a fellow Marine
- (2) Recognizing when to intervene
- (3) Describing strategies that aid in the reintegration process
- (4) Identifying what resources are available to individual Marines and units that help promote reintegration

Learning Objective: After this guided discussion, you will be more aware of how to recognize warning signs in yourself or a fellow Marine, when to intervene, how to design strategies that aid in reintegration, force preservation, wellness, and long-term well-being.

DISCUSSION

Three weeks ago, Sgt Jackson sent out a mass email inviting everyone to the beach to play volleyball, swim, and cookout. Tucker, who was not in the office and didn't have an opportunity to read the email, assumed he wasn't included because of his injury. Feeling like it was a personal attack instead of a condition of circumstance, Tucker, clearly intoxicated, struck Jackson causing an all-out brawl in the barracks. Tucker is now restricted to the barracks for 30 days and was ordered to forfeit a month's pay. He told you he feels like everyone is out to get him, except you. He said he "wasn't going out like that" and that he is "a Marine for life and no one will take that from him." Thinking he was just venting, you don't make a big deal of your conversation until you return the

next morning to find out duty found him in his room unconscious, laying in his vomit. It seems that after he finished talking to you he went to the barracks, took his pain medication, and started drinking and playing his Xbox. Sometime during the night, he ordered food and when the delivery person called to let him know his food was there, he didn't answer. When duty knocked on his door, no one answered. After checking the male head and calling his cell phone again, duty decided to go into his room and found him unconscious. Rumors swirled that Tucker had died by suicide. Upon his return a week later, Tucker tells you he wasn't trying to kill himself—he simply forgot that he'd already taken his medication, so he took more and apparently passed out. You're not sure what to think about the whole situation. You ask him if he needs anything and tell him you are here to support him. Tucker tells you he finds that hard to believe and feels like everyone in the unit now thinks he's crazy. You notice a change in him. He is no longer belligerent but seems ashamed and broken. You're not going to let your brother go out like this, so you take it upon yourself to volunteer as his mentor. You talk to others in the unit and, together, you all come up with a plan to do things in the barracks to keep him involved and not isolated from the unit. You all organize a pool tournament, movie nights, and bring in weights and other equipment to help him rehab and remain active.

KEY POINT 1

1. You recognize Tucker needs to talk to someone about what he is experiencing. What would you say? (Pause and let Marines answer)
 - a) Tell him you're noticing some behaviors that are concerning to you and some others in the unit
 - b) Ask him if he's spoken to someone about what he is feeling
 - c) Suggest he speak to someone about what he is feeling
 - d) Tell him the earlier he seeks help the better off he'll be
2. What are the warning signs here and why is it important for Tucker to seek treatment? (Pause and let Marines answer)
 - a) He is hiding an injury
 - b) He isn't sleeping
 - c) He drinking heavily and regularly
 - d) He easily becomes agitated
 - e) He is angry and reacting to negative perceptions about his ability to perform his duties
3. Tucker needed to seek treatment the moment he realized he was injured instead of trying to solve the problem on his own. Going to medical for a screening earlier could have reduced his need to abuse the Ibuprofen and drink heavily to cope with his physical pain.
4. What issues led to Tucker not wanting to ask for help? (Pause and let Marines answer)

KEY POINT 2

1. There are normal stress reactions, and then there are those that are more severe. Perseverance, personal focus, and confidence under pressure are signs that a Marine is good to go. If you notice that a Marine displays uncharacteristic procrastination, has trouble focusing, and feels overwhelmed under pressure, these are signs that something could be going on. Tucker made poor decisions, felt uncomfortable in social settings, and began questioning his sense of community (his place in the unit). Although he remained mission-focused, he was less hopeful about the future and made poor moral choices. By ignoring his injury, he placed himself and his fellow Marines at risk. If a Marine is having a problem, regardless of whether we view it as minor or severe, it is our duty to try to assist that Marine and help him or her find a solution. Do you intervene? How would you know when to intervene?

KEY POINT 3

1. Leaders must use strategies that actively foster resilience to promote psychological health in their Marines and Sailors. Promoting unit cohesion, preventing stress problems as much as possible, recognizing when stress problems have occurred, and eliminating the stigma associated with seeking help are all strategies that mitigate stress-related problems.
2. Decisions about whether to deploy Marines experiencing stress problems or retain them in a deployed status can only be made by operational commanders; however, leaders can mentor Marines experiencing stress problems toward successful recovery and reintegration.
3. The primary goal of reintegration is to prevent the Marine Corps from losing valuable personnel. Many of the actions already taken by leaders to prepare their Marines for their operational duties, such as being engaged and promoting activities like volunteering and other unit activities that promote unit cohesion, can strengthen them against stress reactions, injuries, and illnesses. Strengthening for resilience and training for mission accomplishment are two strongly linked responsibilities of leaders.
4. For leaders, reintegration includes evaluating whether a Marine is capable of performing the mission, making sure that a Marine recovering from an injury is still being fully utilized, addressing the unit climate/attitudes to make sure the Marine is accepted back once fully recovered without facing stigma, and helping to ease the transition to Veteran status should the Marine be unable to return to duty.

KEY POINT 4

1. What resources are available?
 - a) External resources, such as local hospitals and religious organizations
 - b) Peers
 - c) Chain of command
 - d) Chaplain
 - e) Marine Corps Community Services resources
 - Substance Abuse Counseling Center (SACC)
 - Family Advocacy Program (FAP)
 - Community Counseling Program (CCP)
 - f) DSTRESS Line (1-877-476-7734)
 - g) OSCAR
 - h) Military and Family Life Consultant (MFLC)
 - i) Military One Source
2. Check your installation MCCA website for a list of specific resources.

SUMMARY/CONCLUSION

Marines are valuable assets possessing knowledge, skills, and values important to the success of the Marine Corps mission. Therefore, every Marine must be protected against stress-related injuries and the stigma associated with seeking help should an injury occur.

END OF DISCUSSION

RESOURCES

1. MAPIT Guide: Retrieved from http://bhin.usmc-mcca.org/uploads/MAPIT_Guide.pdf

2. Combat and Operational Stress Control (COSC); MCRP 6-11C COSC Doctrine
3. <http://www.dcoe.mil/Families/Help.aspx>