

FIRST CONTACT

A DEFINING MOMENT

TRAINER FACILITATION GUIDE

POST-DEPLOYMENT AND REINTEGRATION ISSUES

SOLDIER TESTIMONIALS



Contents

I – Introduction.....	1
A. Training Tools.....	1
B. Facilitation Strategies.....	2
C. Prepare For and Conduct the Training.....	3
D. Training Objectives.....	4
II – Topic For Discussion Posttraumatic Stress Reactions and Posttraumatic Stress Disorder	5
A. Introduce the Topic.....	6
B. Discussion Questions.....	7
C. Facilitator’s Notes.....	7
D. Posttraumatic Growth and Resiliency.....	8
E. Close Discussion.....	8
III – Topic For Discussion Reducing the Stigma and Fear of Getting Help.....	9
A. Introduce the Topic.....	10
B. Discussion Questions.....	11
C. Follow-Up Questions.....	11
D. Facilitator’s Notes.....	12
E. Close Discussion.....	13
IV – Topic For Discussion Where to Get Help.....	14
A. Introduce the Topic.....	15
B. Discussion Question.....	15
C. Follow-Up Questions.....	16
D. Facilitator’s Notes.....	16
E. Close Discussion.....	16
V – Conclusion.....	17
VI – Additional Resources.....	18

I - Introduction

We are a Nation and Army at war. The Army leadership recognizes and acknowledges the tremendous sacrifice Soldiers and their Families make to serve their country. A Soldier's first contact with combat, death and reintegration can be a defining moment in his or her life. First contact in combat oftentimes reinforces the value of all the training and preparation. However, we are sometimes inadequately prepared for the natural psychological reactions that are common following intense combat operations.

The goal of this video is to hear from Soldiers, in their own words, their combat experiences, their natural psychological reactions, challenge stigma beliefs about behavioral health problems and encourage those who may be struggling with **post traumatic stress (PTS)** to seek help. These Soldiers want to encourage other Soldiers and Leaders to help a fellow Warrior make first contact with a helping professional who can offer an array of services and support in the prevention, early detection and treatment for behavioral health issues. The Soldiers in the video are to be commended for talking openly about PTS. An open dialogue is a critical first step in reducing the stigma often associated with depression, anxiety, suicidal ideation, and other distress.

The target audience for **First Contact: A Defining Moment** are Active, Reservists and National Guard Soldiers at the 90-180 day post-deployment window. To be most effective, this training should be conducted in small groups. It is very important that trainers involve all participants in the discussion. Trainers should allow participants to express their opinions without judging or rejecting them.

A. Training Tools

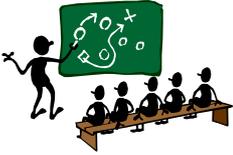
The training package includes a playable **DVD and a Trainer Facilitation Guide**.

The DVD and Trainer Facilitation Guide are designed to be used together to promote discussion about reducing stigma, PTS and where to get help. This training package gives specific guidance on helping subordinates and peers who are experiencing PTS.

The DVD may be played on a standard DVD player or on a computer equipped with a DVD drive and DVD software. If the DVD does not play in your computer, please contact your IT administrator for software assistance.

The DVD includes:

First Contact: A Defining Moment video (16:50 running time)



B. Facilitation Strategies

Your job as a facilitator of this training is to help the group have a productive discussion that meets all of the terminal objectives. It is not to lecture. The facilitator's job is to make the group look good, not to make the facilitator look good. As an effective facilitator, you will leave training participants feeling like a team and having learned from each other.

Some of the ***best*** things a facilitator can do:

- ❖ Explain the purpose and importance of the training.
- ❖ Speak in simple, direct language.
- ❖ Create an open and trusting atmosphere.
- ❖ Let participants know that everyone is expected to speak up.
- ❖ Treat all participants with respect.
- ❖ Listen to all comments, validate those that are good, correct misinformation, and keep the discussion on track.
- ❖ Probe gently for comments from those who aren't speaking up.
- ❖ Maintain a high energy level.
- ❖ Remain flexible.

Some of the ***worst*** things a facilitator can do:

- ❖ Let discussions ramble without proper closure.
- ❖ Talk too much.
- ❖ Let misinformation go uncorrected.
- ❖ Be insensitive to cultural diversity issues.
- ❖ Allow one or more people to dominate the conversation.
- ❖ Lose sight of the objectives or control of the discussion.

C. Prepare for and Conduct the Training

It is important to be thoroughly prepared to conduct this training. The following is a checklist of important steps to take in the days before the training, on the day of the training and as training participants arrive.

In Advance:



- Preview the video a few times to become familiar with the content.
- Study this Trainer Facilitation Guide.
- Notes are associated with each discussion question. These provide information you should know so you can correct misinformation and can steer discussions in the proper direction.
- If possible, visit the classroom ahead of time to make sure it is large enough and has enough chairs and that audiovisual equipment is working properly.
- Get the name and number of someone who will be available to assist you if there is an audio-visual problem during the training.

On the day of training:

- Arrive early.
- Arrange the chairs so that each participant can see the screen and to ensure optimum participation in discussions. For a small group, arrange chairs in a horseshoe. For larger groups, concentric semi-circles work well. Chairs should not be arranged in rows; you don't want this to seem like a classroom.
- Test the audio-visual equipment, ensuring that the video and sound components are working properly.
- Cue up the video.
- Write terminal objectives on a flip chart or classroom board.

After the participants arrive:

- Welcome participants and ask them to be seated.
- Introduce yourself if necessary.
- Remind participants to turn off cell phones and Blackberries.

A Suggested Introduction:

A Soldier's first contact in combat is sometimes a defining moment in their life. It reinforces the value of all their training and preparation but also highlights those elements that can't be trained, specifically psychological reactions. The goal of this training is to provide you critical information to help you understand the relationship between combat experiences and psychological reactions to these experiences. This training will help you understand your responsibilities as Soldiers to have an active role in reducing the stigma associated with psychological injuries and encourage help-seeking behavior. We will cover each of the objectives in the discussion that follows the video you are about to watch. The training will last approximately 1 hour.



Dim lights and play DVD

After watching the DVD:

- Turn the lights back on.
- Explain that the group will spend approximately 10-15 minutes on each *Topic for Discussion*.
- Follow the instructions for each discussion. Feel free to use your own words, but make sure you cover each topic and all relevant points within each topic.

D. Training Objectives

The purpose of this training is to provide information that will assist Soldiers, Junior Leaders, first-line supervisors, and others in their effort to reduce stigma and encourage help-seeking behavior.

The Terminal Objectives are:

- ❖ To understand and discuss post traumatic stress (PTS) and post traumatic stress disorder (PTSD).
- ❖ To understand a Leader's role in reducing the stigma associated with needing or seeking behavioral health care.
- ❖ To encourage self-referrals for professional help.
- ❖ To understand PTS resources and how and when to use them.

II - TOPIC FOR DISCUSSION:

Post Traumatic Stress (PTS) Post Traumatic Stress Disorder (PTSD)

TOPIC FOR DISCUSSION**PTS/PTSD****TERMINAL OBJECTIVE:**

To understand and discuss post traumatic stress (PTS) and PTSD.

Enabling Objectives:

- ❖ Identify physical, behavioral, and emotional signs and symptoms.
- ❖ Describe factors that affect post traumatic stress.
- ❖ Discuss effective actions of leadership that help rather than hurt Soldiers with post traumatic stress.

A. Introduce the Topic:

It's not uncommon for people who survive significant traumatic events to experience short-term stress reactions. These post traumatic stress reactions range from sleep difficulties, feeling detached, being edgy/irritable, feeling jumpy, and experience nightmares. For the majority of people these reactions subside rapidly (in a matter of days) as the danger/threat passes. In combat, Soldiers also describe common adaptive stress reactions often labeled as combat and operational stress behaviors that are natural survival responses to the threat of constant danger. Combat requires multiple skills for success to include being on-guard, employing targeted aggression, maintaining emotional control and being disciplined. Therefore, it's not uncommon for Soldiers to experience changes during the reintegration period. The same skills that were employed to be successful in combat require some minor adjustments to establish new routines once home. Soldiers often describe feeling edgy, being irritable, difficulty sleeping and nightmares the first couple weeks/months after redeployment. Knowing and understanding this will help you feel more in control and reduce concerns that you are suffering from more severe PTS called post traumatic stress disorder (PTSD).

NOTE:

- Readjustment and reintegration after deployment is a common process which takes some time. How long varies by Soldier.
- It is likely Soldiers experiencing extreme PTS symptoms will not seek help.
- You are the experts on the behavior and behavioral changes in your troops.
- Not everyone develops PTSD. In fact, only a small minority of Soldiers will go on to develop PTSD. However, early intervention has been shown to reduce the impact of PTS from developing into PTSD.

B. Discussion Questions:

Encourage participants to join the discussion by asking:

- How would you describe post traumatic stress reactions?
- What are some ways people show signs and symptoms of post traumatic stress?
- Why is it important to learn to recognize the signs and symptoms of post traumatic stress?
- Why do all Leaders need to use compassion and empathy in communicating care and concern?
- What can Leaders do to help reduce stigma and break down barriers to care?
- What did some of the Soldiers talk about in this video?
- What are things you can do to assist someone who is struggling with post traumatic stress?



C. Facilitator's Notes:

This information is for your guidance but is not intended to be read during training. However, it can help you steer discussions to make sure that objectives are met and can help you correct any misinformation that arises. Please consult DA PAM 600-24 for additional information.

PTS Symptoms

- ❖ Restlessness or Feeling On-Edge
- ❖ Irritability and Intense Anger
- ❖ Guilt
- ❖ Insomnia and Difficulty Sleeping
- ❖ Nightmares
- ❖ Headaches
- ❖ Depression
- ❖ Feeling Detached or Emotionally Numb

Positive Factors that Affect PTS

- ❖ Social Connection and Positive Relationships
- ❖ Spirituality and Hope
- ❖ Physical Fitness
- ❖ Emotional Well-being

Negative Factors that Affect PTS

- ❖ Alcohol or Drug Use
- ❖ Social Withdrawal and Isolation
- ❖ Depression
- ❖ Insomnia and Difficulty Sleeping
- ❖ Guilt/Anger

NOTE:

"...those things we label symptoms of PTSD are actually beneficial adaptive functions in combat and the body continues to react like it did in combat when a Soldier comes home."

Dr Charles Hoge, Psychiatrist, Author

D. Post Traumatic Growth and Resiliency: How do people deal with difficult events that change their lives? The death of a loved one, loss of a job, and serious illness are all examples of very challenging life experiences. Many people initially react to such circumstances with a flood of strong emotions and a sense of uncertainty. Yet people generally adapt well over time to life-changing situations and stressful conditions. What enables them to do so? **Post Traumatic Growth** is a by-product of resiliency that is characterized by emotional and social growth following traumatic experiences. The Soldiers you watched each described how they matured and learned from their experiences. They described how they were able to re-establish life priorities and purposefulness following their combat experiences. Although not often called post traumatic growth nearly everyone uses stressful life events as opportunities to learn.

E. Close Discussion:

BLUF: *Research continues to show that units with strong leadership, high cohesion, and good morale have been shown to be more resilient.*

III - TOPIC FOR DISCUSSION:

Reducing the Stigma and Fear of Getting Help

TOPIC FOR DISCUSSION**Reducing the Stigma and Fear of Getting Help****Terminal Objectives:**

To understand a Leader's role in reducing the stigma associated with needing or seeking behavioral health care.

To encourage self-referrals for professional help.

Enabling Objectives:

- ❖ Define stigma.
- ❖ Discuss participants' attitudes about stigma.
- ❖ Discuss Army Senior Leadership's attitude about stigma.
- ❖ Describe the ways that the Army Leadership has sought to reduce stigma.
- ❖ Discuss examples of people who have sought behavioral health counseling.

A. Introduce the Topic:

These are real Soldiers who were willing to share their stories in their own words. Let's talk about reducing stigma and the fear of getting help. Stigma is defined by Webster's as "a mark of shame or discredit." You just saw several Soldiers who got help to deal with stress or other issues that were overwhelming them. With the right help, most people can resolve problems with depression, stress, and anger and get on with their lives.

"There's a tendency in this country, and I would say not only the military, but civilians too, to shun those who have some kind of behavioral health issue. That's probably been the biggest leadership challenge that I've had in my current job: Changing a culture to accept that the hidden wounds of war are just as serious as the ones people see."

Vice Chief of Staff Gen. Peter W. Chiarelli while speaking to high school leaders at the Bank of America Student Leadership Conference July 12, 2011.

B. Discussion Questions:

Encourage participants to join the discussion by asking:

- What is stigma, and why does it sometimes keep Soldiers from seeking help?
- What type of Leader behaviors can help to overcome stigma and encourage self-referral among Soldiers?

NOTE: If necessary to get the discussion started, say:

- DA PAM 600-24 says this about stigma:
“Individuals may not seek help because they believe that their problems or behavioral health issues should remain a secret. Reasons for this may include shame and embarrassment, fear that their careers are affected, concern that personal issues are exposed, belief that seeking help is a sign of weakness, and a feeling of helplessness and hopelessness.”

C. Follow-Up Questions:

- What are some of the things you as a Leader can do to help Soldiers who have these fears so they feel comfortable seeking help?
- Army leadership has been seeking ways to reduce the stigma that has been associated with seeking behavioral health care. What are some of the things you know about that the Army has done?
- Which of the Soldiers in the video got help?
- By a show of hands, how many of you would be reluctant to get help if you needed it? Why?
- Ask how many of the participants would consider self-referral if they thought they needed it?
- What role did stigma play in what these Soldiers had to say?



D. Facilitator's Notes:

This information is for your guidance but is not intended to be read during training. However, it can help you steer discussions to make sure that objectives are met and can help you correct any misinformation that arises. Please consult DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention for additional information.

Leaders are the solution to the problem of stigma. Leaders must set the right example – not only encourage your subordinates to get help but make sure they get the help and they have the time and resources to strengthen them and build their resilience. Just like in combat, lives depend upon the standards Leaders set and the decisions they make.

What Leaders Can Do:

These are some things that can help create a climate of trust in units. These ideas may arise in the discussion; if they don't, facilitators should feel free to suggest them.

- ❖ Walk around every day to see how things are going.
- ❖ Don't just talk about work; ask about Soldiers' personal lives.
- ❖ Create a unit climate that does not allow hazing or stigmatizing others.
- ❖ Foster a climate of trust and support.
- ❖ Take a personal interest in each subordinate Soldier's personal life and provide support as needed.
- ❖ Establish, publicize, and enforce a no-tolerance policy for belittling, shaming, hazing, or otherwise humiliating those who need or seek help.
- ❖ Encourage the battle-buddy system, fostering a sense of active concern and support for each other.

What the DoD and Army are Doing to Reduce Stigma:

- ❖ One of the earliest efforts by the DoD to reduce the stigma associated with seeking behavioral health services was a revision to the mental health question in the Standard Form (SF) 86, Questionnaire for National Security Positions. Applicants seeking security clearances are instructed that they don't have to include counseling related to marital, family, or grief issues, and counseling for adjustments from service in a military combat environment.
- ❖ Revision of DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, (RAR) 7 September 2010. This revision made a number of changes, including outlining the commander's responsibility to reduce stigma associated with needing or seeking behavioral health treatment, and building a command climate that encourages self-care and help-seeking behaviors. Section 2-5 f (1) states that first line leaders will promote a climate of support, minimize stigma, and encourage help-seeking behavior.

E. Close Discussion:

- Psychological and behavioral responses from war are normal, adaptive responses and generally decrease or even cease when Soldiers return home.
- Persistent post-combat psychological reactions, also known as post traumatic stress should be the first alert for Soldiers to get help.
- There is no shame or discrimination for getting help for psychological problems. We continue to recognize that the earlier a Soldier gets help the greater likelihood they will make a full and rapid recovery from psychological distress.
- We must all continue to work on reducing the stigma associated with getting help so that every Soldier feels comfortable asking for help. Seeking help is not a sign of weakness. It takes courage and in fact is a sign of strength.

IV - TOPIC FOR DISCUSSION:

Where to Get Help

TOPIC FOR DISCUSSION**Where to Get Help**

A Resource List is provided in this guide.

Terminal Objective:

To understand PTS resources and how and when to use them.

Enabling Objectives:

- ❖ Talk about the difference between resources for crisis/emergency intervention and the resources for counseling or for information.
- ❖ Discuss the option for free and confidential counseling.

A. Introduce the Topic:

This discussion will address resources that are available to provide help for Soldiers. You, as Leaders, must be aware of these resources and how and when to use them.

NOTE: Allow Soldiers to express their opinions, without judging them. However, it is important to correct any misinformation.

B. Discussion Questions:

Where did some of the Soldiers in the video go for help?

Answer: **Military One Source 24/7 Help 1-800-342-9647** provides the most immediate source of help and up to 12 free counseling sessions per issue, per counselor. Counseling is treated confidentially regardless of rank with exceptions for the duty to report family maltreatment, threats of harm to self or others, substance abuse, and illegal activities.

NOTE: If necessary to get the discussion started, say:

- If the person is experiencing life stresses or risk factors but does not seem to be in immediate crisis, which resources would you recommend?
- Which resources would you recommend in a crisis?

C. Follow-Up Questions:

- It is very important that Soldiers are aware that confidential help is available. If confidentiality is a concern, where should you direct a Soldier for help?
- There are also many websites and agencies that can offer information on counseling and other services. What are the resources you are most comfortable using or recommending?



D. Facilitator's Notes:

Assist your buddy in getting help if you observe:

- Behaviors / reactions that impair performance or jeopardize training
- Persistent problems with sleep
- Reckless or dangerous behaviors
- Drinking too much alcohol, misusing substances
- Severe guilt or hopelessness
- Withdrawal from buddies, friends, or family
- Rage, threatening statements
- Talking / joking about not wanting to be alive

The sooner you get help the better the outcome!

If you or your buddy are having transition difficulties:

- Talk to provider during SRPs and post deployment health assessments (where screening for PTSD is conducted)
- Visit your primary care provider
- Walk into behavioral health clinic and ask to see someone
- Meet with a Chaplain
- Go to the ER

E. Close Discussion:

There are Installation, Worldwide and Web resources available for every Soldier. Take the time to get to know what is available.



V - Conclusion

Conclude the training by saying:

In the training today we have discussed these objectives:

(Review the Terminal Objectives)

Thank you for your participation and for the valuable information and input that you have provided that helps us meet these objectives. Does anyone have any additional questions about the material we have covered?

- ❖ Answer or address any remaining questions.
- ❖ Dismiss the participants.



VI – Additional Resources

Installation Resources

Chaplains: maintain absolute confidentiality for all Soldiers and Family members regardless of rank or position.

Military Family Life Consultants (MLFCs): provide anonymous, fully confidential, short-term, non-medical counseling to all Army Component members and their Families.

Medical Treatment Facility (MTF)

Primary Care Provider

MTF - Behavioral Health Department

Army Substance Abuse Program

Worldwide Resources

Military One Source 24/7 Help 1-800-342-9647: provides up to 12 free counseling sessions per issue, per counselor. Counseling is treated confidentially regardless of rank with exceptions for the duty to report family maltreatment, threats of harm to self or others, substance abuse, and illegal activities.

Soldiers and families in need of crisis assistance can contact the National Suicide Prevention Lifeline. Trained consultants are available 24 hours a day, 7 days a week, 365 days a year and can be contacted by dialing 1-800-273-TALK (8255) and pressing "1" for Military members and Veterans.

TRICARE Mental Health Resource Center and/or Point of Contact

- North Region: 1-877-747-9579
- South Region: 1-877-298-3514
- West Region: 1-866-651-4970
- US Family Health Plan 1-800-748-7347
- Eurasia-Africa Area 1-877-451-8659
- Latin America & Canada Area 1-888-777-8343
- Pacific Area 1-888-777-8343

Defense Centers of Excellence (DCoE) Outreach Center 24/7 Help 1-866-966-1020

Substance Abuse & Mental Health Services Administration (Treatment Locators)
1-800-662-HELP (4357)

Web Resources

Military One Source 24/7 Help

www.militaryonesource.com

TRICARE Mental Health Resource Center

www.tricare.mil/mentalhealth/

Army Medicine

www.armymedicine.mil

Army Behavioral Health

www.behavioralhealth.army.mil/

Comprehensive Soldier Fitness

www.army.mil/CSF/

After Deployment

www.afterdeployment.org

Defense Centers of Excellence (DCoE) Outreach Center 24/7 Help

www.dcoe.health.mil

U.S. Department of Veterans Affairs

National Center of PTSD

www.ptsd.va.gov

Substance Abuse & Mental Health Services Administration

www.samhsa.gov

Veterans Suicide Prevention Hotline

www.suicidepreventionlifeline.org/Veterans/

The Citizen Soldier Support Program (CSSP)

www.citizensoldiersupport.org/