Breaking The Stigma

Trainer Facilitation Guide

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.

I. Introduction

The goal of this video is to hear from members of the ARSOF Community, 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 to seek help. We want to encourage Soldiers and Leaders to help their team members address issues before things get out of hand.

The Soldiers in the video are to be commended because talking openly about behavioral health issues is a critical first step in reducing the stigma often associated with depression, anxiety, suicidal ideation, and other distress. Resiliency involves not only having the capability to bounce back from extremely stressful situations but also requires sufficient self-awareness to recognize when one's own coping is overwhelmed and requires support from leaders and professionals.

The target audience for ***Breaking The Stigma*** is Soldiers, Leaders, and Family Members. To be most effective, this training should be conducted in small groups by a seasoned well respected trainer, preferably combat-experienced. 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 **Breaking The Stigma DVD and a Facilitation Guide.**

The DVD and Facilitation Guide are designed to be used together to promote discussion about reducing stigma, identifying signs of combat and operational stress, and where to get help. This training package gives specific guidance on helping Soldiers who are experiencing behavioral health concerns.

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:
Breaking The Stigma (24 min run time)

B. Who Should Be Present During the Training?

In addition to you the facilitator and your group, Key Leaders and unit Subject Matter Experts (SMEs) such as the Unit Psychologist or Battalion Chaplain, should be in attendance.

Leader presence is essential to counter misperceptions and fears of retribution, and lend credibility to the key messages.

The SMEs are essential to address policy and program questions that undoubtedly arise, i.e. Where do I go to talk to someone? What impact does this have on my clearance?

C. 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 run effectively, 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.

IMPORTANT NOTE FOR MRT:

After previewing the video, Master Resilience Trainers should apply MRT Core Competencies or MRT skills to Soldier testimonies or Leadership statements. The selection of any MRT Core Competency or MRT skill should be made at the discretion of the MRT and used for teaching and generating discussion.

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

- Explain the purpose and importance of the training
- Speak in clear and concise language
- Create an open and trusting atmosphere
- Let participants know that speaking up is OKAY; this is not the time to be the "gray man"
- Focus on positive communication: emphasize the benefits of good decisions, not just the cost of bad decisions
- Treat all participants with respect and as equals
- 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
- Make eye contact with your audience

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

D. Preparing for and Conducting 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 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.

- ☑ Ensure an IT specialist is 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.

- ☑ Remind participants to turn off all electronic devices.

- ☑ Ask participants to read the objectives you have written.

E. Suggested Introduction:

The goal of this training is to help you understand your responsibilities as a Soldier and Leader in getting after stigma and encouraging your teammates to use the resources that are available if they're having problems. Note the objectives on the board/slide. We will cover each of them in the discussion that follows the 24 minute video you are about to watch. The training will last approximately 1 hour and a half.

Dim lights and play DVD
After watching the DVD:

- ☑ Turn the lights back on

☑ Explain that the group will spend approximately 10-15 minutes or so 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

F. Training Objectives

The purpose of this training is to provide information that will assist Soldiers, Family Members, and Leaders in their effort to reduce stigma and encourage help-seeking behavior.

The Terminal Objectives are:

- Understand (through personal example*) that seeking treatment is the right thing to do

- Understand that seeking treatment has the potential to stop the downward spiral of bad decisions

- Understand a Leader's role in reducing the stigma associated with seeking behavioral health care

- Understand and discuss combat and operational stress reactions

- Know what resources are out there and how and when to use them

*if utilized

II. TOPIC FOR DISCUSSION - REDUCING THE STIGMA AND BENEFITS OF GETTING HELP

Terminal Objectives:
To understand that seeking treatment is the right thing to do

To understand that seeking treatment has the potential to stop the downward spiral of bad decisions

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

Enabling objectives:

❖ Define stigma

❖ Discuss participants' attitudes about stigma

❖ Discuss USASOC Leadership's attitude about stigma

❖ Describe the ways that the Leadership has sought to reduce stigma

❖ Discuss examples of people who have sought behavioral health counseling

The initial transition from video presentation to group discussion is critical in holding the group's attention and ensuring the training objectives are met. Below are suggested introductions to consider, depending on whether you as the facilitator choose to share your personal experience or not. Disclosure of your personal experience can be challenging and this decision should not be taken lightly. Consider the following in deciding which approach to take:

- Starting the group discussion with your personal experience may help significantly in connecting with the audience

- Sharing your personal experience can be uncomfortable. Rehearsals are KEY; practice with a trusted peer

- Ensure your personal experience connects directly to the video message and is catered to the audience. **<u>Does sharing your personal experience clearly serve the training objectives?</u>**

- As with any training, but especially if you choose the personal experience approach, ensure a debrief or After Action Review (AAR) is conducted following training completion

A. Suggested Introduction to the Topic:

1. Personal Experience Approach:

a. Start with a brief summary of a selected experience, i.e. give them the 5 Ws.

b. Transition to describing your reactions or symptoms, and their subsequent impact on you, your teammates, and family.

c. Discuss some of the challenges you faced in addressing these issues. What you were thinking or feeling that may have gotten in the way of getting help? Was stigma an issue for you?

2. Alternate Approach:

"These fellow operators were willing to share their stories in their own words. Their stories touch on three topics: Reducing the Stigma and Benefits of Getting Help, Combat and Operational Stress Reactions, and Where to Get Help. We are going to discuss those topics now, including actions you as Teammates and Leaders are expected to take. First, let's talk about stigma and the concerns of getting help. Stigma is defined as "a mark of shame or discredit." You just saw several Soldiers who got help to deal with the issues that were getting to them. With the right support, most of us can resolve problems with depression, stress, and anger and move forward."

B. Discussion Questions:

Encourage participants to join the discussion by asking:

- What is stigma? What keeps you or your peers from seeking help / using the available resources? What can you do to help them move in that direction?

- What type of Leader behaviors can help to overcome stigma and encourage self-referral among Soldiers?

C. Follow-Up Questions:

- What can you do to help your peers and subordinates with these concerns so they feel comfortable seeking help?

- How many of you would consider self-referral if you thought you needed it? Why? Is this a different response than how you would support a peer or subordinate?

- If you sprained your ankle coming off a jump, and it didn't get better after a week, what would you do? Is it okay for you to get it taken care of? What if your doc told you if you don't get it taken care of early on, the injury could worsen and lead to surgery? If this is okay with you, how is behavioral health treatment different?

- What did some of the operators in the video have to say about stigma they faced? What were their concerns about getting help? "weak" "I wasn't a man" "I'm gonna get fired" "People will think I'm weak, I'm a coward" "shame" "They'll take my security clearance"

- Most of the issues in the video centered around combat/operational experiences, but the operators in the video also alluded to issues at home. Is there a difference in how you look at getting help for combat issues versus home issues?

- One of the operators brought up concerns about their security clearance. What are the facts?

Regarding Security Clearances, you can discuss the revised guidance on Question 21 of the SF86 – Questionnaire for National Security Positions. The question now **"excludes counseling related to marital, family, or grief issues, unless related to violence by you. It also rules out counseling for adjustments from service in a MILITARY COMBAT ENVIRONMENT."** The purpose of mental health assessments in security clearance evaluations is to ensure the **TRUSTWORTHINESS, JUDGMENT, AND RELIABILITY** of that individual. For more detailed guidance, defer to the unit subject matter expert, i.e. Unit Psychologist, in attendance.

Note: Allow Soldiers to express their opinions, without judging them. However, it's important to correct any misinformation.

D. What Leaders Can Do?

Below are leader actions that create a climate of trust. These may arise in the discussion. If they don't, feel free to bring them up.

- Actively reinforce to your Soldiers that they have your support and seeking treatment is the right thing to do.

- Clarify and directly address misconceptions about negative career impact and seeking help

- Widen your Soldier's perspectives about the impact of treatment, i.e. "Its not just about you, this will benefit your teammates and your family."

- Get around the unit and engage your people.

- Don’t just talk shop; get personal and ask about off-duty and family life.

- Remind your Soldiers you are accessible 24/7.

- Put together informal unit functions that allow your Soldiers and families to get to know each other and let you know them

E. Suggested Close for the Discussion:

"There is no shame or discrimination for getting help for psychological problems. The earlier a Soldier addresses their problems the greater likelihood they will make a full and rapid recovery.

We all need to work on reducing the stigma associated with getting help so that every Soldier feels comfortable asking for help. Seeking treatment is not a sign of weakness. It takes courage and is a sign of strength.

It's not just about you. This is about taking care of your teammates and family members."

III. TOPIC FOR DISCUSSION - COMBAT AND OPERATIONAL STRESS REACTIONS

TERMINAL OBJECTIVE:

Understand and discuss combat and operational stress reactions (COSR)

Enabling Objectives:

- Identify physical, behavioral, and emotional signs and symptoms of COSR
- Describe factors that may increase COSR
- Discuss effective actions of leadership that help Soldiers
- **Understand what is treatment and how it works**

A. Suggested Introduction to the Topic:

"People who go through potentially traumatic events or may experience stress reactions (such as nightmares, flashbacks, difficulty sleeping, feeling detached) yet return to normal given a little time. These short-term reactions that Soldiers may experience during and after an operational deployment, are referred to as combat and operational stress reactions (COSR). However, for some people these reactions do not go away on their own, or may worsen especially when combined with relationship issues or excessive alcohol use. These individuals may develop Posttraumatic Stress Disorder (PTSD). Managing your operational experiences is a process and takes time. Knowing this can help you stay in control."

If you are using your personal experience to guide the discussion, consider this pathway:

- Briefly review some of the symptoms or signs of COSR (on the next page)
- Describe some of the signs and symptoms you experienced, and how they affected you, your teammates, and your family. How did it impact your bond with others?
- How did it impact your decision making at work or at home? Many with Combat and Operational Stress symptoms believe they are not securing themselves, their families, and coworkers. But in reality they may not be prioritizing tasks and categorizing information effectively, which leads to focus on threats unlikely to happen, while acting in a way that actually increases risk (i.e. excessive alcohol use, distracted driving)

Notes:

- People avoid seeking help for a variety of reasons

- Leaders and peers are the key in identifying behavioral changes within their ranks

- Soldiers need to be encouraged to take responsibility for their own recovery by developing and maintaining a self-care plan

- One of the concerns about treatment is not knowing what to expect; if they hear from a peer or respected leader about what and how treatment works, there'll be less concern or threat

B. Discussion Questions:

Encourage participants to join the discussion by asking:

- How would you describe Combat and Operational Stress Reactions (COSR) ? What have you seen?

- What are some ways people show signs and symptoms of COSR?

If necessary to get the discussion started, ask:

- Why is it important to recognize the signs and symptoms of COSR?

- How do you best communicate your care and concern for your fellow peer or subordinate? Does that work for everyone?

- What do leaders have to do to reduce stigma and barriers to care?

C. Follow-Up Questions:

- What are things you can do to assist someone who is struggling with COSR? Where do you start? How do you know when to stop or how far to nudge?

If using personal experience, consider describing the ways your peers, family members, or leaders reached out to you. What was effective in their attempts? What didn't work as well?

- What is treatment? How does talking work? What how did SGM Faris / CW2 Roland / MAJ Stiltner describe treatment?

D. LEADER'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.

IMPORTANT NOTE:
Leaders need to be aware that the first few weeks or months after a Soldier reports to a new unit are very stressful. Leaders should help every new Soldier adjust and be accepted by the unit, and provide the Soldier with information about helpful resources available to them.

For more information refer to FM 6-22.5 - Combat and Operational stress Control Manual For Leaders and Soldiers. This can be found at:

http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/fm6_22x5.pdf

Possible Signs of Combat and Operational Stress Reactions

Physical
- ❖ Trembling or Jumpiness
- ❖ Cold sweats, dry mouth
- ❖ Insomnia
- ❖ Pounding Heart
- ❖ Dizziness or Headaches
- ❖ Fatigue
- ❖ Thousand-yard stare
- ❖ Difficulty thinking, speaking, and communicating

Emotional
- ❖ Anxiety or Panic
- ❖ Irritability
- ❖ Forgetfulness, inability to concentrate
- ❖ Nightmares
- ❖ Easily startled
- ❖ Emotional ups and downs; outbursts
- ❖ Suspicion and Paranoia
- ❖ Intense Anger
- ❖ Depression
- ❖ Loss of interests in hobbies
- ❖ Guilt

Other
- ❖ Increased Alcohol Consumption

- Other Substance Abuse

E. Suggested Closing for the Discussion:

"Psychological and behavioral responses from war are normal and adaptive, and they generally decrease or cease when Soldiers return home.

If combat and operational stress reactions persist, that should be the first sign for Soldiers to get support.

Encourage a Soldier to seek treatment when:

- Occupational or behavioral problems exist
- Out of character behavior occurs over a period of time
- Your gut tells you something isn't right

Elevate the issue and refer a Soldier to behavioral health when:

- You have concern about harm to self or others; **follow up on this in line with Ask-Care-Escort (ACE).**
- The Soldier is abusing substances"

If you've taken the route of sharing your personal experiences, consider wrapping up this topic by describing the benefits of treatment for you, your work, and/or your family.

"We did not live through all of that (war) to come home and be miserable with ourselves, our families, and the public at large for the rest of our lives. We are happy, healthy, caring role models. We should be able to be happy and content here in our community with the people we love. Again, if there is something keeping us from this, it deserves scrutiny.

It really does get better. My own path has taken me from a very dark place to one that is full of joy. I cannot stand in front and say that without it being true. It takes a lot of hard work, dedication, and commitment, but it really did save my life. I do not want anyone to have to go through what I did, particularly if it is due to misconceptions or lack of good information.

Being present and listening when someone is ready to talk is one of the biggest things. People want to share their experiences; they have a hard time knowing who to trust or when it is ok. Often people open up to me just by knowing I was at firebase Lwara. "

– CW2 Mark Roland

IV. TOPIC FOR DISCUSSION - WHERE TO GET HELP

A Resources List is provided in this guide.

Terminal Objective:

To understand Behavioral Health resources and how and when to use each resource.

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—Chaplains, Military OneSource

A. Suggested Introduction for the Topic:

Consider transition to subject matter expert such as the Chaplain or Behavioral Health provider to cover this section. If covering this subject, consider the following introduction and questions.

"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 Question:

Where did the Soldiers in the video go for help?

If your teammate is experiencing some stuff at home or maybe he/she is drinking a bit too much, but doesn't seem to be in an immediate crisis, what resources would you recommend?

Which resources would you use in a crisis?

C. Follow-Up Questions:

It is very important that Soldiers know 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. Suggested Closing to the Discussion:

There are resources available for every Soldier. It is your responsibility to know what is available.

Use the Resources List and program important numbers into your cell phone so you always have them with you. Turn your phones back on and take a few minutes to do that now.

V. Conclusion

Conclude the training by saying:

In the training today we have discussed these objectives:

(Point to list of Terminal Objectives on the board or flip chart.)

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

Resources List

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

Primary Care Clinic - Behavioral Health Department

Army Substance Abuse Program

Worldwide Resources

Military One Source 24/7 - 1-800-342-9647 – http://www.militaryonesource.mil: 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.

TRICARE Mental Health Resource Center – http://www.tricare.mil/mentalhealth

- 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

Veterans Suicide Prevention Hotline
1-800-273-TALK (8255), Veterans Press 1