



UNITED STATES MARINE CORPS

1ST BATTALION 12TH MARINES
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MEMORANDUM

From: Commanding Officer, 1st Battalion, 12th Marines
To: Commanding Officer, 12th Marine Regiment

Subj: LEADERSHIP TRIAGE TRAINING

1. The purpose of this memo is to provide background and understanding of how and why 1st Battalion, 12th Marines conducts leadership triage training.

2. Background. In 2014, the Operational Stress Control and Readiness (OSCAR) program was in its infancy at 11th Marine Regiment. The OSCAR was quickly inundated with behavioral health issues that were better resolved through other resources. As a result, she was unable to fully attend to the Regiment's mental health cases. With the assistance of the Prevention Specialist, SNCOs and officers within the Regiment participated in a series of "Mental Health Triage" classes. These classes aided leaders in better determining the correct resource to assist their Marine, Sailor, or family member in crisis.

3. Concept. 1st Battalion, 12th Marines adapted this concept in 2016, conducting annual "Leadership Triage Training" to develop better understanding among the leadership of the Battalion regarding the care of personnel and families.

4. Purpose. The purpose of Leadership Triage Training is to develop a mentality of care by training leaders to act as first responders, to assess (triage) the issues their personnel are experiencing, aid in directing them to the appropriate resource(s), and follow through in their treatment so they are able to remain resilient and combat capable.

5. Method

a. The first iteration of Leadership Triage Training took place in September 2016, involved organic resources from within the Battalion and supporting resources from Marine Corp Base Hawaii, and was oriented on SNCOs and officers.

b. The second iteration of Leadership Triage Training took place in September 2017, expounded on available resources to include Wounded Warrior Battalion and the Prevention Specialist. Furthermore, a second session involving Sergeants and Petty Officers Second Class was conducted, employing vignettes for decision making. The intent following this training was for NCOs (E5) to implement this training within their small units.

c. Organic resources include: Command Team, Chaplain, Medical Officer and Chief, Family Readiness Officer (FRO), Military Family Life Counselor (MFLC).

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d. Supporting (non-organic) resources have included: Prevention Specialist, OSCAR, Marine Corps Community Counseling Program, Family Advocacy Program, Marine Intercept Program, Substance Abuse Counseling Program, and Wounded Warrior Program.

6. End-state. Leaders are better able to care for their personnel. Leaders are empowered within their authorities to resolve issues at the lowest levels. Organic and supporting resources are networked with the Battalion. Unit leadership and resource managers are engaged in the continuous treatment (escalation, de-escalation, cross-referral, management of complex cases) and follow-through in the care of Marines, Sailors, and families.

7. Observations

a. Since 1st Battalion, 12th Marines began conducting Leadership Triage Training, referral processes have become more streamlined. Marines, Sailors, and families are getting to the correct resource more quickly than before.

b. Self-referrals have increased as awareness among Marines, Sailors, and families has improved.

c. Referrals by mentors, and peers have increased. The Battalion is now focused on ensuring that the chain of command is made aware (when appropriate) as more junior personnel are assisting in the referral process.

d. Battery Commanders and First Sergeants are more engaged with Resource Managers (FAP, SAC, MCCP). As relationships are developed, the Command Team is able to designate battery leadership as points of contact via a delegation letter. Ultimately, this enables better communication across resources at a more responsive level of leadership. Ideally, the delegation is pushed down to SNCOs and company-grade officers within the batteries. This will be resisted by many of the supporting resources as they typically attempt to limit awareness to key leaders in order to protect privacy and encourage participation.

e. The Battalion Command Team is less consumed with behavioral, mental health, and developmental issues. At the same time, the chain of command has better collective situational awareness.


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