



September 2011

## Schedule of Events/Workshops

**02, 08, 15, 20, 26, 29 Sep** **Warrior Transition Training**  
**0830-1130**

**09 Sep** **Building Alcohol Skills Intervention Curriculum**  
**0800-1200**

**13, 27 Sep** **Stress Management**  
**0830-1600**

**14, 28 Sep** **Anger Management**  
**0830-1600**

**21 Sep** **Healthy Communication in Relationships**  
**0830-1130**

**22 Sep** **Alcohol 101**  
**0830-1130**

## RESILIENCE EDUCATION

### Goal Setting for Stress Relief

Wake up. Get ready. Go to work. Come home. Go to bed. Daily stress can result from living a lifestyle that isn't in line with our values and when this occurs, we may begin to feel like we're existing in a bit of a "rat race;" experiencing the same cycle, day after day, without any true sense of fulfillment. Sometimes, we may feel stressed because we are not achieving things that we find meaningful or important. It can be easy, and almost alluring to just get stuck in a rut. During these times, we may find ourselves living unconsciously and simply going through the motions of life. The truth of the matter is that we all have a limited amount of time here on this planet. And, if you remain unconscious for too long, life can pass you by. One strategy for engaging conscious thought and acquiring relief from daily stressors is to establish goals that are realistic and achievable. Here are some suggestions for taking the first steps towards designing a goal setting agenda:

1. Write down where you see yourself 1 year, 5 years, and 10 years in the future. What you hope for in the future can help alleviate present day stress by en-

couraging awareness of all the options that are available to you, if you dedicate the required time and commitment.

2. As yourself, "What is my deepest heartfelt desire?" "What do I want out of life and how can I describe it in one word?" Write down that word. Next, write down all the things that come to mind that would enable you to acquire this desire. For example, if what you want is "happiness," write down all the things that you see in your imagination that would make you happy. Perhaps it's family, a good job, a strong marriage, and/or an advanced education.

3. Define clear action steps that you need to take to achieve the components of your heartfelt desire. If having a good job is on your list, define what that means to you and what you need to do to acquire this. Perhaps having a good job means doing something in which you feel fulfilled by serving others. Or, maybe you define having a good job by how much money you



will make. Whatever the definition, follow this step with writing down all the things you need to do to get the job you want (i.e., go back to school, change career paths, make connections, study, re-search, etc.).

4. Keep a journal of how you are doing on your goals. Revisit this monthly, semi-annually, or annually. Determine where and when you need to make adjustments and give yourself credit for achievements.

5. Be grateful. Take time to take note of what you are thankful for in the past. Write these things down if that method works for you. Just remember that with goal setting, it can be easy to get caught up in all the things we want. Often, it's equally important to take time to appreciate all the things that we have in the present moment that bring us joy and contentment.

Tara Derby-Machin  
Resilience Trainer



## Suicide Prevention Week

**ASK FOR HELP**

**1-800-273-TALK**

### Preventing Military Suicides

Just a year ago it appeared that efforts to prevent suicides among U.S. war veterans were falling, but now the statistics tell a different story. It appears that the educational effort, improved training and awareness, are having the desired impact. After nearly 12 years of slowly increasing suicide rates, we have seen the rate level out and actually decline in the last two quarters of FY 2010.

While this is good news, it is certainly no cause to stop focusing on the suicide problem. This slight improvement is encouraging, but we still have a suicide rate far above what it was a dozen years ago—and it was too high then!

In the past, suicide prevention training often failed because those running the sessions did not understand their importance, sometimes the programs were seen as a joke, and sometimes the suicide prevention programs may have actually been harmful.

Our training today must be taken seriously, and we must realize that seeking help when it is needed is a sign of strength. In an article available at [www.health.mil](http://www.health.mil), Colonel Charles Hoge of Water Reed Hospital said: “A large percentage of our servicemen, our veterans, do not come in to get help. It is not just the perception that they will be treated differently or somehow that it will affect their career, but it is also distrust in the system and distrust that mental health professionals can help them.” Turning that perception around takes time, and the fact is that mental health professionals can extremely helpful.

“Marines are young, they are confident, they are aggressive,” said Lieutenant General Richard Zimmer of the U.S. Marine Corps. “They are the last ones to raise their hand and say they have a problem.”

The force is fatigued and physical demands can also affect the mind. Troops often operate on 3 or 4 hours of sleep at night for extended periods. They often have chronic pain; have gone through all these events, including concussions. It is clear there are physical changes that happen. And there is absolutely no good reason to refuse the help we now have available to transition back successfully with a healthy mind and body.

Dave Wilder, Resilience Trainer

### **Do You Know?.....**

How Do Club Drugs Affect the Brain?

- GHB acts on at least two sites in the brain: the GABAB receptor and a specific GHB binding site. At high doses, GHB's sedative effects may result in sleep, coma, or death.
- Rohypnol, like other benzodiazepines, acts at the GABAA receptor. It can produce anterograde amnesia, in which individuals may not remember events

they experienced while under the influence of the drug.

- Ketamine is a dissociative anesthetic, so called because it distorts perceptions of sight and sound and produces feelings of detachment from the environment and self. Ketamine acts on a type of glutamate receptor (NMDA receptor) to produce its effects, which are similar to those of the drug PCP. Low-dose intoxication results in im-

paired attention, learning ability, and memory. At higher doses, ketamine can cause dreamlike states and hallucinations, and at higher doses still, ketamine can cause delirium and amnesia.

For more information visit: <http://www.nida.nih.gov/Infofacts/Clubdrugs.html#ketamine>

Cited Source: National Institute on Drug Abuse (NIDA).



# Resilience Education

**Bldg 302**

**Holcomb Blvd**

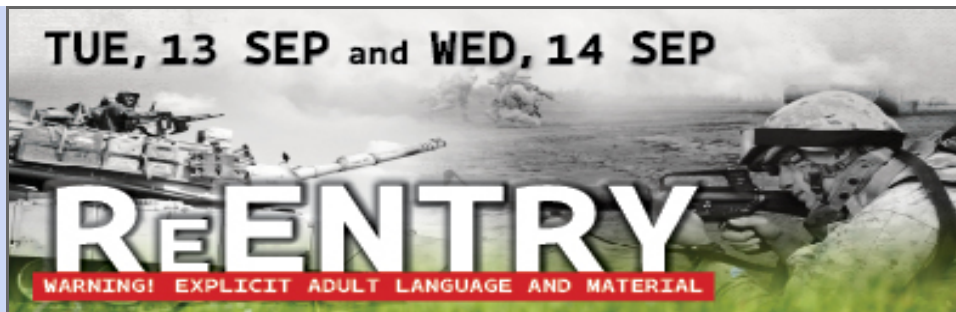
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We're on the web:  
[www.mccslejeune.com](http://www.mccslejeune.com)



## ReEntry Play”

Wed, 14 Sep, 1830

Russell Marine & Family Programs Center,

Bldg 40, Camp Lejeune

Anyone interested in the magic kindled by human beings speaking words of importance on a simple stage should investigate “ReEntry,” the powerful new production that Urban Stages has imported from Two River Theater Company in Red Bank, N.J. This account of the plight many Marines face as they return from Afghanistan and Iraq and attempt to re-enter civilian life is high-wattage theater that forces us to look into ourselves by peering deeply into the souls of others.

Not a play in the traditional sense, “ReEntry” is a tapestry of interwoven stories culled from hours of interviews that playwrights Emily Ackerman and K.J. Sanchez (who also directs) conducted with actual Marines and their families. There is no plot or dramatic conflict; instead, a handful of characters—some ordinary, some fire breathing—tell us their tales in their own voices. For the most part, Sanchez places her actors in the center of the stage and allows them to speak directly to us, wisely creating the intimacy of a conversation. The result is 80 minutes of alternately scalding, moving, and highly entertaining theater.

“ReEntry” begins with the commanding officer, an Iraq veteran, addressing the audience as if we were the parents of Marines coming home from war. He tells us what to expect of what’s become of our children, setting a no-nonsense tone for the tales that follow. Before long we are introduced to John and Charlie, brothers who enlisted and fought in the Middle East, and their mom and sister. This quartet’s story forms the backbone of the piece, and we return to them repeatedly throughout. But we also meet Tommy, who was wounded alongside Charlie and is now blind, as well as Pete and Maria, a “Marine family.”

For these men, re-entry is almost impossible, so vastly different are the worlds on either side of the gulf they must cross. Alcoholism, suicide, and repeated redeployments are common. Even the commanding officer feels he has to hide his feelings behind a “stone mask,” until it becomes too heavy to maintain.

**For more information, please contact our  
office at 451-2865.**