Unit Marine Awareness and Prevention Integrated Training (UMAPIT) 3.0
Frequently Asked Questions

1. **What is Unit Marine Awareness and Prevention Integrated Training (UMAPIT)?**
   ANSWER: UMAPIT is a total force annual training, calendar year requirement, for all Marines and attached personnel. The course is implemented with a standardized facilitator guide and PowerPoint slides that cover stress management and awareness of suicide, substance misuse, domestic abuse, and child abuse and neglect. Combat and Operational Stress Control (COSC) concepts are taught throughout the training and used as the framework; however, UMAPIT does NOT achieve MCO 5351.1 COSC Program requirements or the intent of OSCAR training. Non-standardized BITS (Back in the Saddle) training does NOT meet UMAPIT requirements.

2. **What guidance is available on UMAPIT 3.0?**
   ANSWER: UMAPIT fulfills a Calendar Year training requirement set by MCBUL 1500 Annual Training and Education Requirements. MCBUL 1500 is supplemented via MARADMIN 062/19 which extends MCBUL 1500 until a new Marine Corps Order on Marine Corps Common Military Training replaces the current Marine Corps Bulletin. MARADMIN 044/20 provides guidance for the Marine Corps implementation of Unit Marine Awareness and Prevention Integrated Training (UMAPIT, pronounced you-map-it) 3.0 beginning 1 January 2020.

3. **What is the Marine Corps Training Information Management System (MCTIMS) training code for UMAPIT?**
   ANSWER: Upon completion of UMAPIT 3.0, the entry code into MCTIMS is B9.

4. **What are the objectives for UMAPIT?**
   ANSWER: The UMAPIT objectives are:
   - Increase awareness of behavioral health topics (suicide prevention, substance misuse, domestic abuse and child abuse and neglect)
   - Learn that anyone can experience stress and that Marines have a responsibility to help other Marines
   - Build skills to help Marines handle challenging situations and seek help for themselves and others when needed
   - Apply good decision making (Think/Decide/Act) to a variety of situations

5. **How long is the training?**
   ANSWER: UMAPIT training should be no less than 90 minutes per MARADMIN 044/20. Quality facilitation and discussion will increase interaction and learning which may increase training time.

6. **Is there a maximum classroom size?**
   ANSWER: Yes. Trained UMAPIT facilitators should conduct training in groups of no more than 30 personnel per MARADMIN 044/20. Having multiple facilitators present does NOT allow for an increase in classroom size. Regardless of the number of facilitators, classroom size is to be 30 or less. Groups of 30 or less allow for interaction with the facilitator and discussion on course material on difficult and important topics to increase knowledge and understanding to best meet intended objectives.

7. **Who facilitates UMAPIT?**
   ANSWER: UMAPIT is for Marines, facilitated by Marines. When possible, units are to utilize Marine facilitators who have completed a UMAPIT 3.0 core master trainer (MCTIMS code: O6), master trainer (MCTIMS code: BI), or train the trainer course (MCTIMS code: BJ) per MARADMIN

044/20. Use personnel who obtained any of those training codes to improve delivery of the training and increase the beneficial outcomes associated with the learning objectives. In addition, Marines and attached personnel who are screened and appointed by command (using the UMAPIT Trainer Selection Criteria and UMAPIT Appointment Letter) will follow the UMAPIT facilitator guide guidance and can be successful. Marine facilitators may co-facilitate with Embedded Preventive Behavioral Health Capability (EPBHC) staff, where available. Commanders are encouraged to develop strong local policy that supports best practices for UMAPIT training implementation.

UMAPIT 3.0 was introduced via a series of core master trainer courses conducted by HQMC staff from November 2019 through March 2020 at I, II, and III Marine Expeditionary Forces; Marine Forces Reserve; and Marine Corps Installations National Capital Region-Marine Corps Base Quantico. The guidance provided during this course enables master trainers to support their individual commands. Master trainers have the ability to train selected Marines as UMAPIT facilitators through a train the trainer course. Master trainers are identified by MCTIMS training code BI and facilitators are identified by training code BJ. If a MCTIMS search renders no identified trainers in a unit, contact a local Regional Training Coordinator (RTC) or EPBHC Director. (Contact information provided below.)

8. **What are the best practices for selecting Marine facilitators*?***
   ANSWER: Marines are not expected to be subject matter experts, but are expected to be excellent facilitators. Best practices include selecting Marines who are mature, approachable, unbiased and have good public speaking skills. Marines who are motivated to inform, challenge stigma, encourage Marines in their responsibility to intervene and inspire early help-seeking behaviors may be excellent facilitators. Facilitators should be responsible, be prepared for the training, and continuously seek professional development opportunities to maximize their effectiveness and confidence as a trainer. The UMAPIT Trainer Selection Criteria checklist is available on the Gear Locker to assist in identification of trainers.

9. **Can the content of UMAPIT be changed?**
   ANSWER: No. To maintain fidelity (accuracy and consistency), changes to the curriculum can be made only by HQMC COSCC personnel. Suggestions can be emailed to HQMC COSCC at HQMC_COSCC@USMC.MIL. All trainers across the Fleet will use the standardized training materials posted to the Gear Locker. Modifying standardized materials decreases training conformity and may alter the subsequent interventions and intended outcomes of training. For instance, Marines may intervene improperly if their training deviates from the intended method. Additionally, HQMC will analyze training outcomes. Deviating from standardized material introduces non-standardized information into the training assessment; this makes it difficult to discern whether training outcomes stem from the training or the modification.

10. **How can facilitators access UMAPIT materials and media?**
    ANSWER: Facilitators will need a SharePoint account to access UMAPIT materials and media here: https://usmc.sharepoint-mil.us/sites/dcmra_family_mfc_MAPIT/SitePages/Home.aspx. If a facilitator needs to submit for an access request, please e-mail HQMC_COSCC@USMC.MIL.

    The UMAPIT 3.0 materials include: UMAPIT 3.0 PowerPoint Presentation, UMAPIT 3.0 Facilitator Guide, and UMAPIT 3.0 Supporting Resource Materials (supplemental handouts that will be beneficial for the audience if the facilitator has printing capabilities).

11. **Are there additional behavioral health training requirements aside from UMAPIT?**
    ANSWER: Yes. Behavioral health training is divided into three categories: universal (all Marines/all hands/regardless of unit-type), selective (for some Marines), and indicated (for few

Marines). UMAPIT is the universal annual training requirement; it does not replace selective or indicated behavioral health trainings. For example, the OSCAR Team Training requirement is a selective training received by at least five percent of the unit's personnel or a minimum of 20 Marines and Sailors, whichever is greater of all battalion-level or equivalent commands – this is not replaced by UMAPIT. Another example is COSC Deployment Cycle Training (DCT), this is a selective requirement and is received only by deploying units – this is not replaced by UMAPIT. There may be separate DoD requirements. There are no UMAPIT trainings for Marines that may need indicated services. An example of an indicated service may be substance abuse treatment, services for domestic abuse or child abuse, or MIP (Marine Intercept Program) for Marines with past suicide attempts or ideations. For further information, contact your local RTC, EPBHC, S-3, or COSC representative.

12. **Is Sexual Assault Prevention and Response (SAPR) included in UMAPIT?**
    ANSWER: No, SAPR is not included in UMAPIT. For SAPR trainings and related questions please reach out to your Sexual Assault Response Coordinator.

13. **Are there any other best practices of UMAPIT facilitation?**
    ANSWER: Prior to facilitating UMAPIT the facilitator or facilitation team should:
    - Coordinate with MCCS resources, Chaplains, Military Family Life Consultant (MFLC), Deployment Readiness Coordinator (DRC), Sexual Assault Response Coordinator (SARC), COSC Regional Training Coordinators (RTC), Embedded Preventive Behavioral Health Capability (EPBHC), and other embedded assets where available.
    - Collect local resource information from installation Marine Corps Community Services (MCCS) websites via www.usmc-mccs.org or by visiting programs in person to collect local information and resources and add the collected information to the designated PowerPoint slide
    - Review all scenarios and choose the ones most appropriate for the demographics of your audience
    - Review the appropriate policies, including: MCTP 3-30E COSC Doctrine, MCO 5351.1 Combat and Operational Stress Control Program, MCO 5300.17A Marine Corps Substance Abuse Order, MCO 1754.11 Marine Corps Family Advocacy and General Counseling Program, MCO 1720.2 Marine Corps Suicide Prevention Program, MCO P1700.29 Marine Corps Semper Fit Program Manual, MCO 1700.36B Single Marine Program, and MCO 1700.39 Marine Corps Recreation Program
    - Consult personnel who will maximize the effectiveness of this training, including EPBHC where available, OSCAR team members, chaplain and medical staff, members from the Substance Abuse Counseling Center (SACC), Family Advocacy Program (FAP), New Parent Support Program (NPSP), Suicide Prevention Officers (SPOs), Military Family Life Consultants (MFLC), and EPBHC where available.

14. **Is UMAPIT effective?**
    ANSWER: UMAPIT incorporates evidence-informed practices and was systematically developed using journal articles and studies from academia and the Department of Defense (DoD), existing training programs, recent media clips, and DoD and Marine Corps publications and data. There are standardized measures under construction to assess the knowledge and behavioral intentions involved in prevention. For instance, preliminary results of the roll-out of UMAPIT 3.0 show some knowledge and preparedness gain but due to the limited sample size, preliminary findings may not be generalizable across the USMC. Standardized tools to measure effectiveness and ensure fidelity in the training are currently being developed by HQ Marine

Corps Program Evaluation and Research. Previous generations of UMAPIT were evaluated and found to increase knowledge and intention to act.

15. **I still have questions. In addition to HQMC, where can I go locally for more information?**
    ANSWER: Embedded Preventive Behavioral Health Capability (EPBHC) Directors and COSC Regional Training Coordinators (RTC) are excellent sources of local information and are in frequent contact with staff from HQMC COSC. EPBHC and COSC RTC are excellent sources of location information for upcoming UMAPIT Train-the-Trainer and Master Trainer courses and are in frequent contact with HQMC team.

    For installation specific resources, please visit MCCS Website: www.usmc-mccs.org