

COMBAT AND OPERATIONAL STRESS CONTROL



U.S. Navy Corpsman Vernon Wike. Battle for Hill 881 near Khe Sanh, Vietnam. 1967
"Corpsman in Anguish" Catherine Leroy (Photographer)

OVERVIEW

- Functions of OSCAR Team Members
- Sources of Combat Operational Stress (COSC)
- COSC Core Leader Functions
- Zones of COSC
- Decision Flowchart
- Primary/Secondary Aid Aspects
- After Action Review



LEARNING OBJECTIVES

Please Read Your

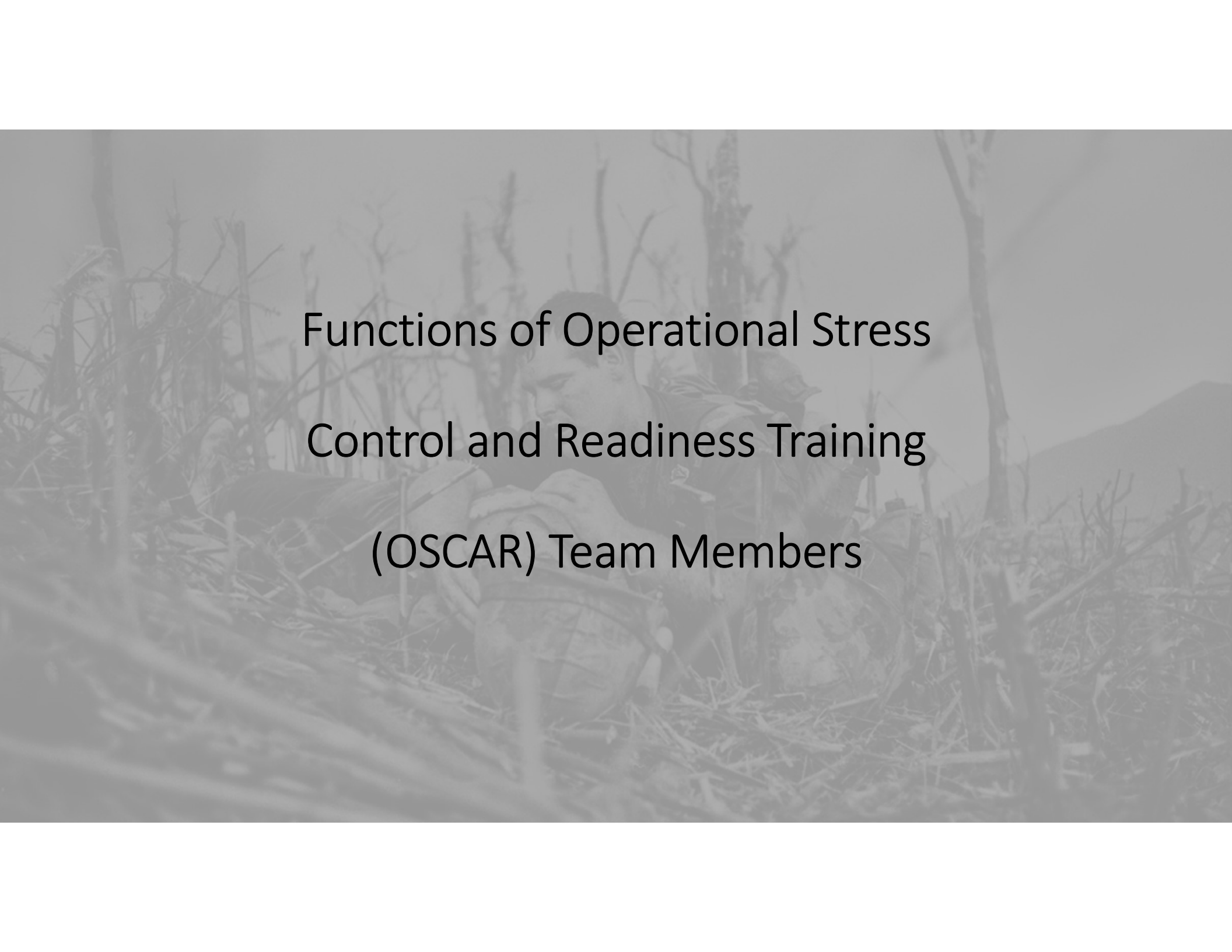
Terminal Learning Objectives

And

Enabling Learning Objectives



U.S. Navy Corpsman Vernon Wike. Battle for Hill 881 near Khe Sanh, Vietnam. 1967
"Corpsman in Anguish" Catherine Leroy (Photographer)

A grayscale photograph of a soldier in a field of tall grass and bare trees, looking down at a rifle. The soldier is wearing a helmet and a tactical vest. The background shows a hazy landscape with more trees and hills.

Functions of Operational Stress Control and Readiness Training (OSCAR) Team Members

Functions of OSCAR Team Members

Battalions train approximately 50 OSCAR mentors

Mentors

- Consist of Marines with combat experience
- Responsible for identifying, supporting, and advising Marines with combat operational stress
- Provides Marines people they can trust, instead of having to be seen by Mental Health Providers

Extenders

- Consist of Medical staff, Chaplains, Corpsman, RPs, and licensed counselors
- Bridge the gap between Mentors and MHPs
- Provide Tx for sleep problems, anxiety, depression, and anger management

Functions of OSCAR Team Members

Mental Health Personnel

- Consist of Psychiatrists, Psychologists, mental health nurse practitioners, and social workers
- Provide formal mental health services
- Aid in unit health surveillance, psychological training, leadership guidance, and preventive measures all in hopes to mitigate and control stress in a unit
- Effective MHPs surround themselves in the units' environment to better understand and treat



Sources of Combat & Operational Stress

Operational Stress

- Changes in physical/mental functioning or behavior resulting from experience of military operations other than combat

Combat Stress

- Changes in physical/mental functioning or behavior resulting from the experience of lethal force
- Previously called shell shock, Marines were not properly treated in WWI and WWII
 - Marines turned to drugs and alcohol



Risk Factors

Combat and combat related military missions can impose combinations of:

- Heavy physical work
- Sleep loss
- Dehydration
- Poor nutrition
- Severe noise
- Vibrations
- Blasts
- exposure to heat, cold or wetness
- Poor hygiene facilities
- Possible exposure to infectious diseases, toxic fumes or other substances

Risk Factors

Personal

Problems at home (financial, marital)

Sleep deprivation

Poor physical condition

Malnutrition

Substance abuse

Unit

Poor unit cohesion

Poor leadership

Intense and frequent exposure to high combat

Improper or inadequate training



Physical Symptoms (Mild Stress Reactions)

INJURED

Physical Reactions

Trembling
Jumpiness
Cold Sweats, dry mouth
Insomnia
Pounding Heart
Dizziness
Nausea, vomiting, or diarrhea
Fatigue
“thousand-yard” stare
Difficulty thinking or speaking

Emotional Reactions

Anxiety, indecisiveness
Irritability, Complaining
Forgetfulness, inability to concentrate
Nightmares
Easily startled by noise, movement, and light
Anger, loss of confidence in self and unit
Tears and crying

Physical Symptoms (Mild Stress Reactions)

ILL

Physical Reactions

Constantly moving around
Flinches or ducks at sudden sound/movement
Shakes, trembles
Cannot use part of body (hand, arm, leg) for
 No apparent reason
Inability to see, hear, or feel
Insomnia, severe nightmares
Is physically exhausted; cries
Freezes under fire or is totally immobile
Stares vacantly, staggers or sways when standing
Panics, runs away under fire

Emotional Reactions

Talks rapidly and/or inappropriately
Argumentative; acts recklessly
Indifferent to danger
Memory loss
Stutters severely, mumbles or cannot speak at all

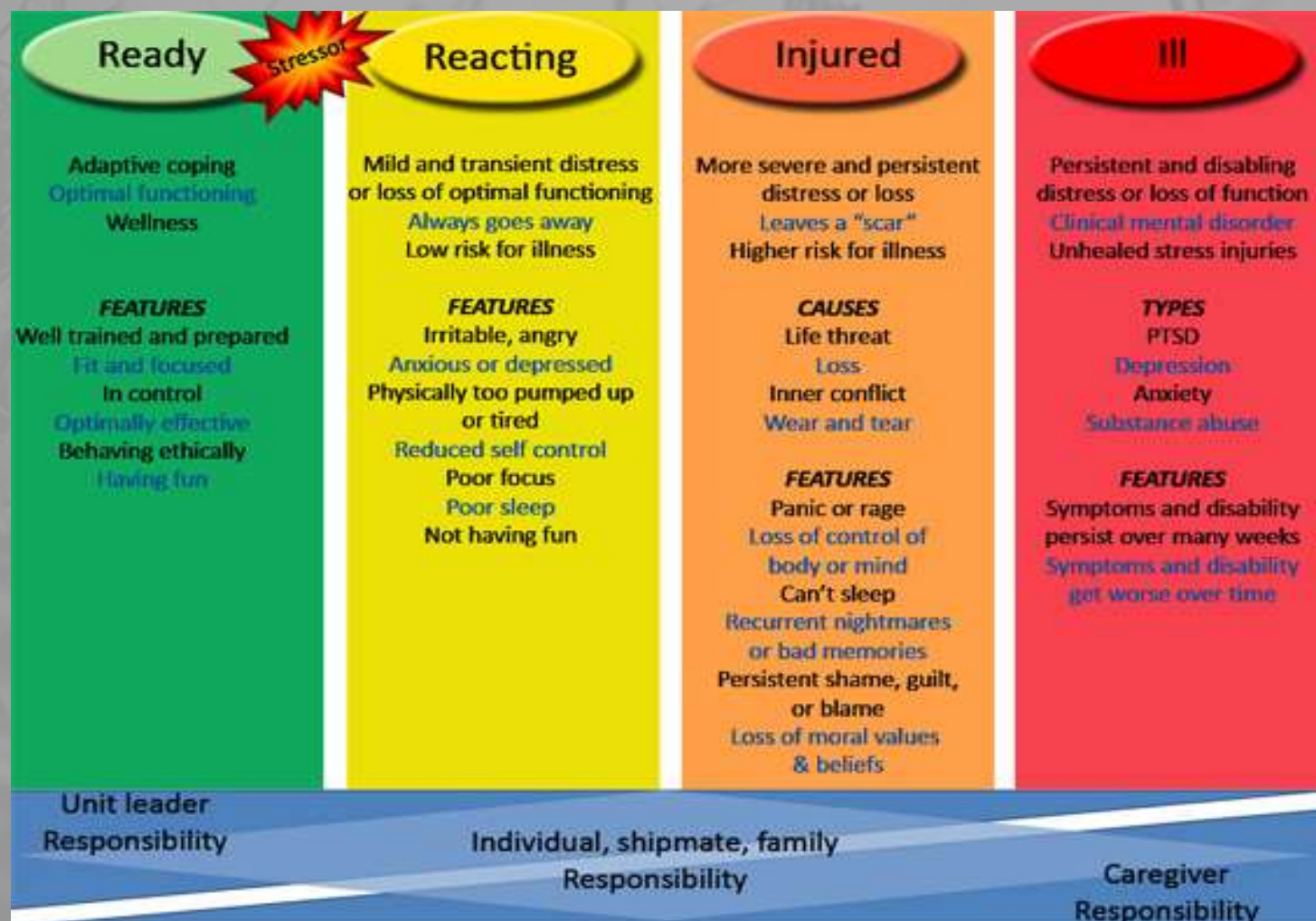
Sees or hears things that do not exist
Has rapid emotional shifts
Socially withdrawn
Apathetic
Hysterical outbursts
Frantic or strange behavior



Four Zones of COSC Continuum

- COSC Continuum is a model used to identify how Sailors and Marines may react to stressful situations
- It is a color-coded map that identifies behavior from serving in highly stressful situations
- Zones are Green, Yellow, Orange and Red

Four Zones of COSC Continuum



Four Zones of COSC Continuum

- Green (Ready)

- Not stress free, but
- Has good coping skills

READY

(Green)

- **Good to go**
- **Well trained**
- **Prepared**
- **Fit and tough**
- **Cohesive units, ready families**

Four Zones of COSC Continuum

- Yellow (Reacting)

- Reacting to life's normal stressors
- Mild and REVERSIBLE

REACTING (Yellow)

- **Distress or impairment**
- **Mild, transient**
- **Anxious or irritable**
- **Behavior change**

Four Zones of COSC Continuum

- Orange (Injured)

- Injuries that damage the Mind and spirit
- Non-mission ready

INJURED (Orange)

- **More severe or persistent distress or impairment**
- **Leaves lasting evidence (personality change)**

Four Zones of COSC Continuum

- Red (ILL)
 - Diagnosed by health professional
 - Behaviors that persist or get worse than before
 - These illnesses are treatable!

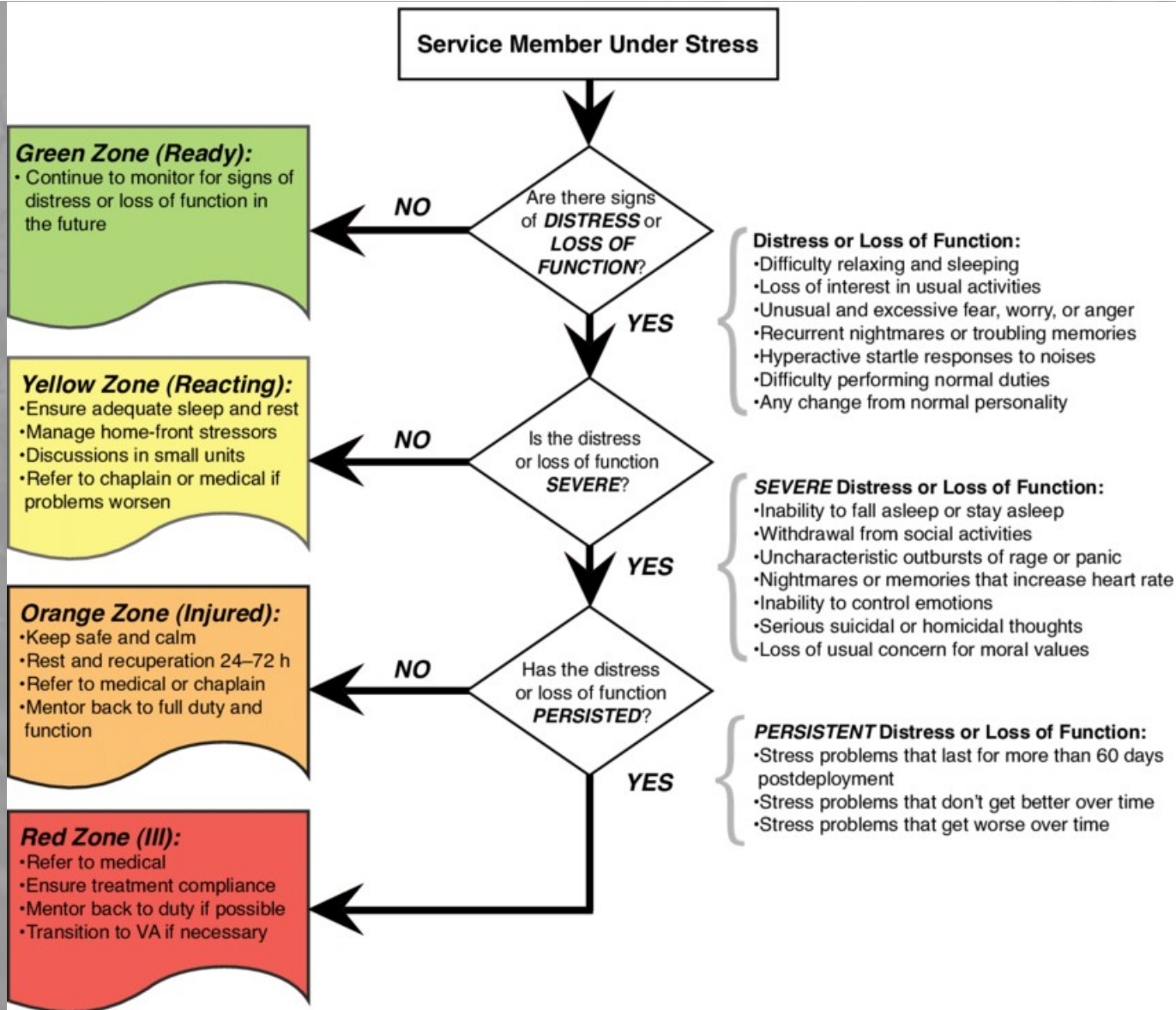
ILL (Red)
<ul style="list-style-type: none">• Stress injuries that don't heal without intervention• Diagnosable<ul style="list-style-type: none">• PTSD• Depression• Anxiety• Addictive Disorder

Combat and Operational Decision Flowchart

- Tool used by leaders to determine how much stress a Marine is under
- Shows what to do to mitigate or treat the injury or illness

COSC Decision Flow Chart

- a simple tool for leaders to determine where a Marine falls on the stress continuum and shows what to do to mitigate or, if necessary, treat the injury or illness. The Decision Flowchart is applicable at all stages of the deployment cycle.
- This is used by leaders to determine what actions should be taken with Marines experiencing combat stress problems.



Combat and Operational Decision Flowchart

Green Zone (Ready):

- Continue to monitor for signs of distress or loss of function in the future

Yellow Zone (Reacting):

- Ensure adequate sleep and rest
- Manage home-front stressors
- Discussions in small units
- Refer to chaplain or medical if problems worsen

Orange Zone (Injured):

- Keep safe and calm
- Rest and recuperation 24–72 h
- Refer to medical or chaplain
- Mentor back to full duty and function

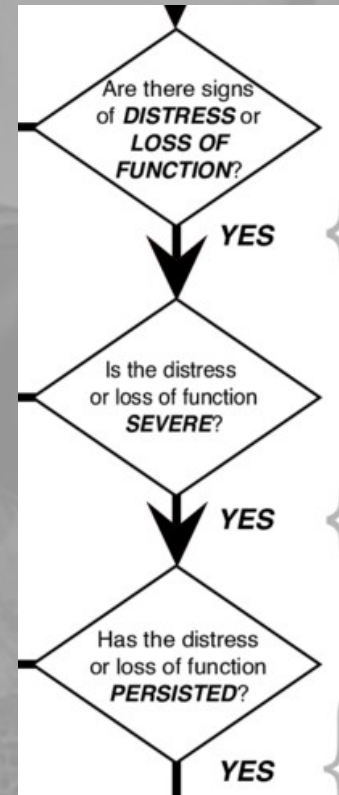
Red Zone (Ill):

- Refer to medical
- Ensure treatment compliance
- Mentor back to duty if possible
- Transition to VA if necessary

- Left side of flowchart indicates the actions that need to be taken

Combat and Operational Decision Flowchart

- The diamonds in the middle specify decisions needed to determine severity of problems



Combat and Operational Decision Flowchart

- List of symptoms on right indicate typical behaviors of each zone

Distress or Loss of Function:

- Difficulty relaxing and sleeping
- Loss of interest in usual activities
- Unusual and excessive fear, worry, or anger
- Recurrent nightmares or troubling memories
- Hyperactive startle responses to noises
- Difficulty performing normal duties
- Any change from normal personality

SEVERE Distress or Loss of Function:

- Inability to fall asleep or stay asleep
- Withdrawal from social activities
- Uncharacteristic outbursts of rage or panic
- Nightmares or memories that increase heart rate
- Inability to control emotions
- Serious suicidal or homicidal thoughts
- Loss of usual concern for moral values

PERSISTENT Distress or Loss of Function:

- Stress problems that last for more than 60 days postdeployment
- Stress problems that don't get better over time
- Stress problems that get worse over time



A grayscale photograph of a soldier in camouflage gear lying in a field of tall grass and bare trees. The soldier is positioned in the center, looking down at his hands. The word "TREATMENT" is overlaid in large, bold, black capital letters across the middle of the image.

TREATMENT

TREATMENT

- very simple
- Most don't need psychotherapy
- The goal is to rapidly restore the person's coping skills
- Sleep, food, water, hygiene, encouragement and work details (to keep them busy) and confidence restoring talk

TREATMENT

- This can be done while still attached to their unit (provided that the unit is not actively engaged in combat operations),
- in rear positions, or at medical companies.
- If they are sent to a medical unit, they should not be co-located with patients that have been injured or are sick. ---
- The person experiencing combat stress must be encouraged to continue to think of himself as a warfighter, rather than a “patient” or a “sick person.”



TREATMENT

- Every effort is made to reinforce the person's identity.
- They are required to wear their uniform, keep their normal protective equipment, and flak vests with them.
- When possible, they are allowed to keep their weapons after the weapons have been cleared.
- These are the biggest factors that aid in returning battle-fatigued members to effective duty.



A grayscale photograph of a soldier in camouflage gear lying in a field of tall grass and bare trees. The soldier is positioned in the center-left of the frame, looking down. The background shows a line of bare trees and a distant mountain range. The word "PREVENTION" is overlaid in large, bold, black capital letters across the center of the image.

PREVENTION



PREVENTION

- Education of troops and Corpsmen about stress control is vital
- Starts long before they actually reach combat
- The word “control” has been chosen deliberately
- it emphasizes the active steps of leaders, supporting personell, and the individual

PREVENTIVE MEASURES

-Pre-deployment:

Be aware of commitments
Prepare family and loved ones
Get your personal affairs in order
Educate your troops and yourself in the kind of reactions to stress they can expect while in garrison, the field exercise, and actual combat

PREVENTIVE MEASURES

-During deployment:

Learn how much stress you can handle

Recognize stress in yourself and others

- Maintain physical fitness (the #1 way to reduce stress!!!)

- Spend time alone (be aware of too much time alone, however

- Establish support groups

- Stay out of set routines

- Try to get at least four hours of sleep a day

- Get good sleep before going on sustained operations

A grayscale photograph of a person in a field of tall grass, looking down at their hands, with the text "Primary Aid Aspects" overlaid.

Primary Aid Aspects

Check and Coordinate

Check to see if action is required

- Ask Marine if they need help
- Marine may not be aware of their reactions



Check and Coordinate

Coordinate the next steps

- Could involve:
 - Calling someone for assistance
 - Informing those who need to know

PRIMARY AID ASPECTS

Seek cover and get to safety

- May be necessary if person is in a life threatening situation
- May be impaired by irrational thoughts



PRIMARY AID ASPECTS

Calm the Marine

- Able to refocus when calm
- Create an environment of safety that promotes recovery

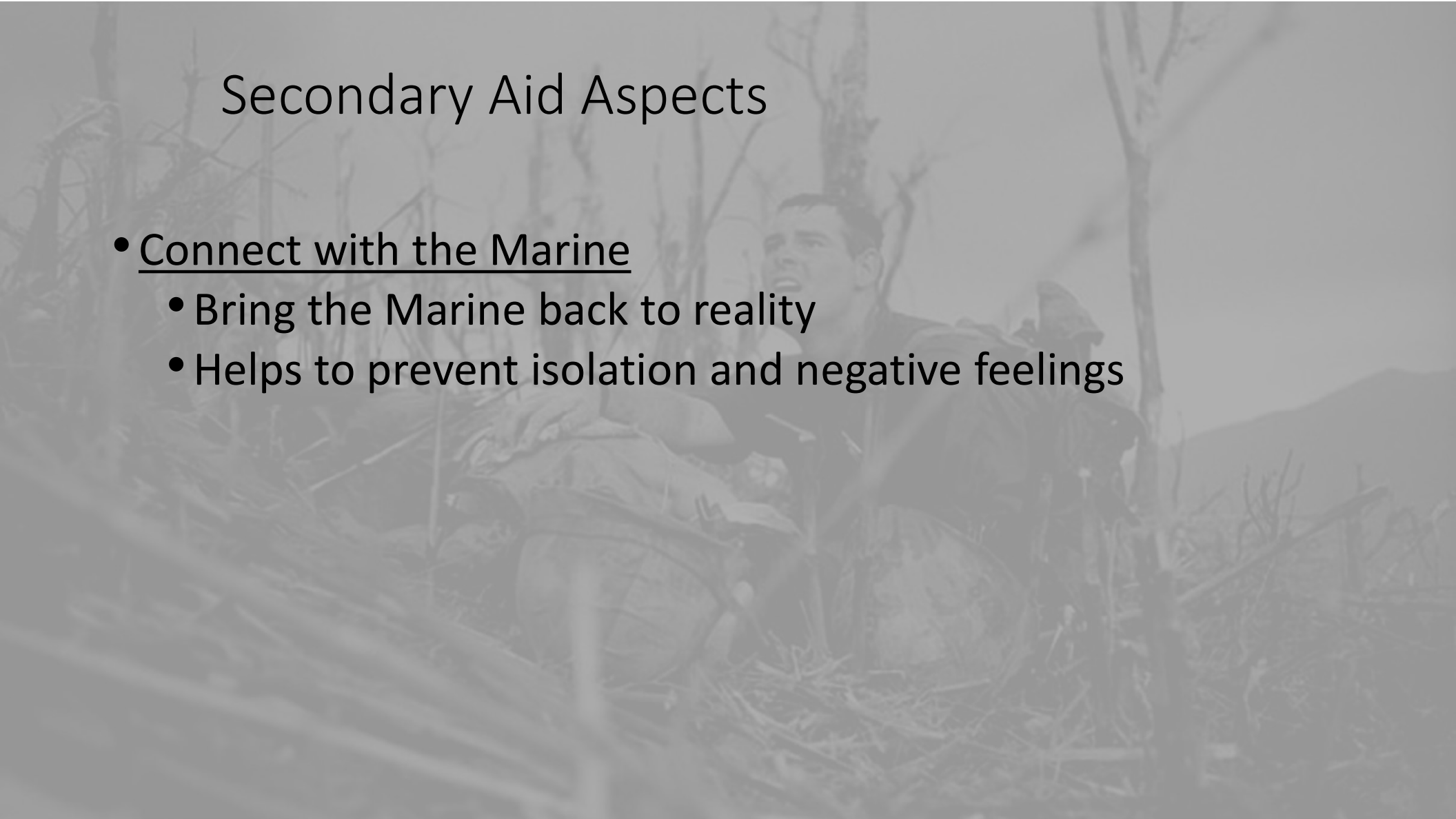




Secondary Aid Aspects

Secondary Aid Aspects

- Connect with the Marine
 - Bring the Marine back to reality
 - Helps to prevent isolation and negative feelings



Secondary Aid Aspects

Restore Competence and Ability

- Stress causes change in normal functioning
- This step will allow Marine to work and care for themselves safely



Secondary Aid Aspects

Restore Confidence

- Reintegrate Marine back into the unit as soon as they are ready
- Encourage the Marine so that they can become a valuable part of the team







After Action Reviews

After Action Reviews

- Leaders will ensure Marines have the opportunity to discuss stressful situations with fellow Marines
 - “Venting”
- This helps with the recovery process

After Action Reviews

AAR Goals

- Review facts
- Encourage Marines to talk about events
- Restore confidence
- Identify those Marines who fall into the injured zone (according to COSC)

After Action Reviews

AAR Procedures

- Conduct AAR at small unit level
- Facilitated by small unit leader
- Conducted within 72 hours of event
- Typically 15-60 mins

After Action Reviews

AAR Responsibilities

- Listen to what Marines have to say!
- Provide positive mentoring
- Conduct memorials as a tribute and remembrance of the fallen



A grayscale photograph of a soldier in a field of tall grass and bare trees. The soldier is wearing a helmet and a vest, and is looking down. The text "GUIDED DISCUSSION" is overlaid in the center of the image.

GUIDED DISCUSSION

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