



Headquarters, Marine Corps

Combat and Operational Stress Control Program

Strengthening and Mitigating Strategies

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“Keeping Faith”



Scope

- **USMC COSC overview**
- **Four Zones of the Stress Continuum**
- **Five Core Leader Functions**
 - Focusing on:
 - Strengthen
 - Mitigate
- **Strategies for Strengthening and Mitigating Stress**
- **Addressing Stigma**



Combat and Operational Stress Control

The Combat and Operational Stress Control (COSC) program assists Commanders and Marine leaders in maintaining their warfighting capabilities

- **COSC implements activities focusing on:**
 - Force preservation and readiness
 - Providing Marines training, tools, skills, and resources to address stress issues
 - Long-term health and well-being of the Marine and their family
- **Leaders are key to COSC**
 - Leaders have the most influence over prevention, mitigation, early identification, and referral for treatment
 - Leaders set a command climate to deal with the stigma of seeking and receiving treatment



Commandant's Planning Guidance

- Priority #1 Provide the best trained and equipped Marine units to Afghanistan
 - Improve Unit Cohesion
 - Institutionalize Resiliency Training
- Priority # 3 We will better educate and train our Marines to succeed in distributed operations and increasingly complex environments
 - Institutionalize values-based training
- Priority # 4 We will keep faith with our Marines, our Sailors and our families.
 - Support Family Readiness (MCFTB)
 - Integrate Behavioral Health Efforts

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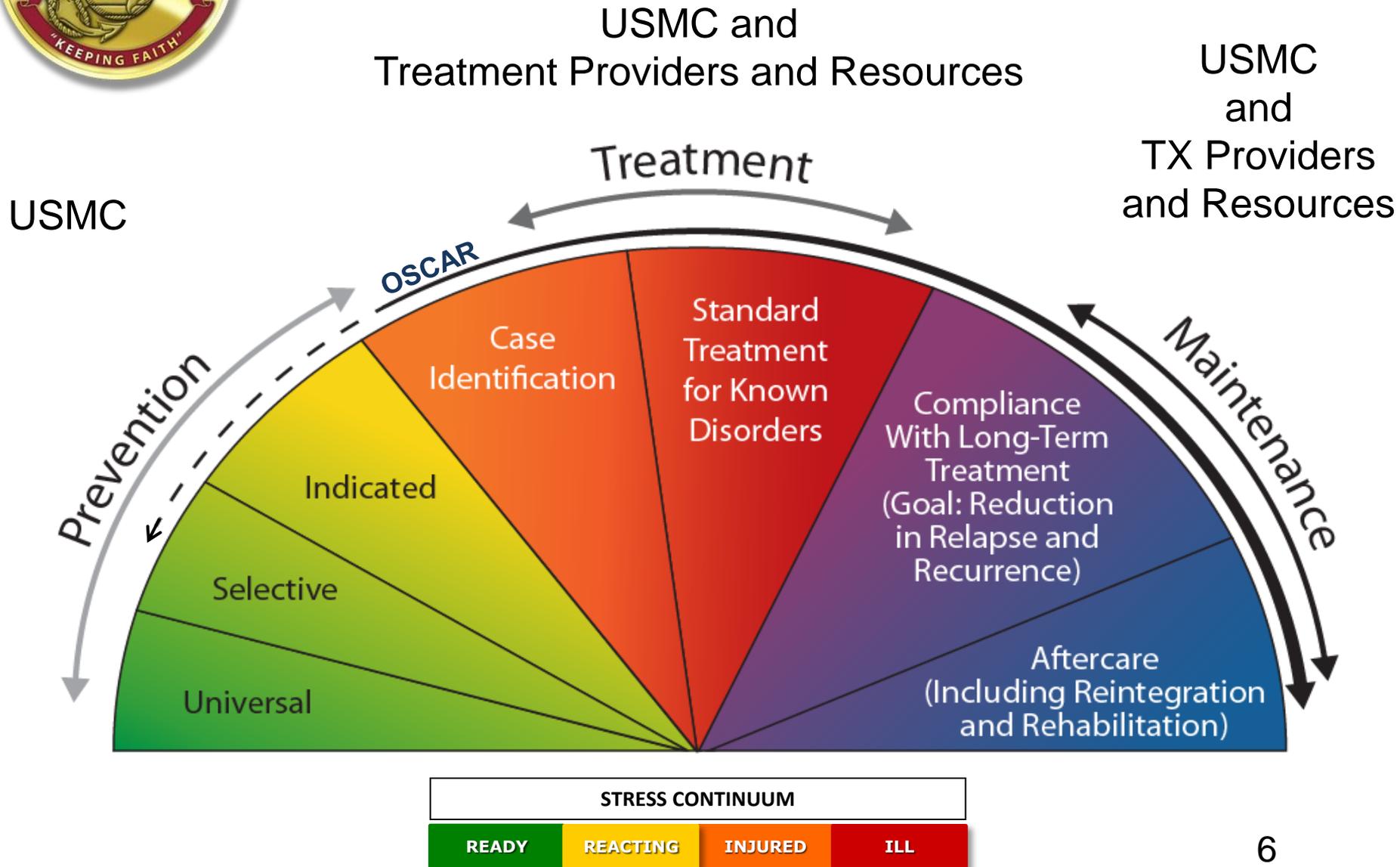
HQMC COSC Core Principles

- Utilize a “Public Health Approach”
 - Surveillance: What is the problem?
 - Risk Factor Identification: What is the cause?
 - Intervention Evaluation: What works?
 - Implementation: How do you do it?
- Focus on prevention
 - OSCAR Team Training
 - Deployment Cycle Training
- Leverage the culture to prevent, act, and refer, if necessary
 - Marine culture
 - Command climate
- Support resiliency
 - Marine Total Fitness

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Institute of Medicine Model





OSCAR: A tool for leaders



**Operational
Stress
Control
And
Readiness
(OSCAR)**



OSCAR

CMC Tasks, Priority #1 Provide the best trained and equipped Marine units to Afghanistan

OSCAR Team Training:

- Builds teams to assist commanders in prevention, early identification, referral and support
- Embeds mental health professionals ground combat element of the operating forces
- Trains teams across the Marine Air Ground Task Force
- MARADMIN 597/11 released requiring OSCAR Team Training at all Battalion-level or equivalent commands across the total force

- **OSCAR Teams:**
 - Team Members / Mentors (Selected Marines)
 - Extenders (Corpsmen, Medical Officers, Religious Ministry Team)
 - Mental Health Professionals (Psychiatrists, Psychologists and Psych Nurses/Technicians)
- **OSCAR Team Members/Mentors:**
 - Identify small changes in behavior
 - Quickly intervene when Marines show signs of negative stress reactions
 - Refer for assistance when appropriate
 - Reduce stigma concerning behavioral health
 - Over 11,000 Marines trained



Where are you on the Stress Continuum?

READY	REACTING	INJURED	ILL
<ul style="list-style-type: none">• Good to go• Well trained• Prepared• Fit and tough• Cohesive units, ready families	<ul style="list-style-type: none">• Distress or impairment• Mild, transient• Anxious or irritable• Behavior change	<ul style="list-style-type: none">• More severe or persistent distress or impairment• Leaves lasting evidence (personality change)	<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

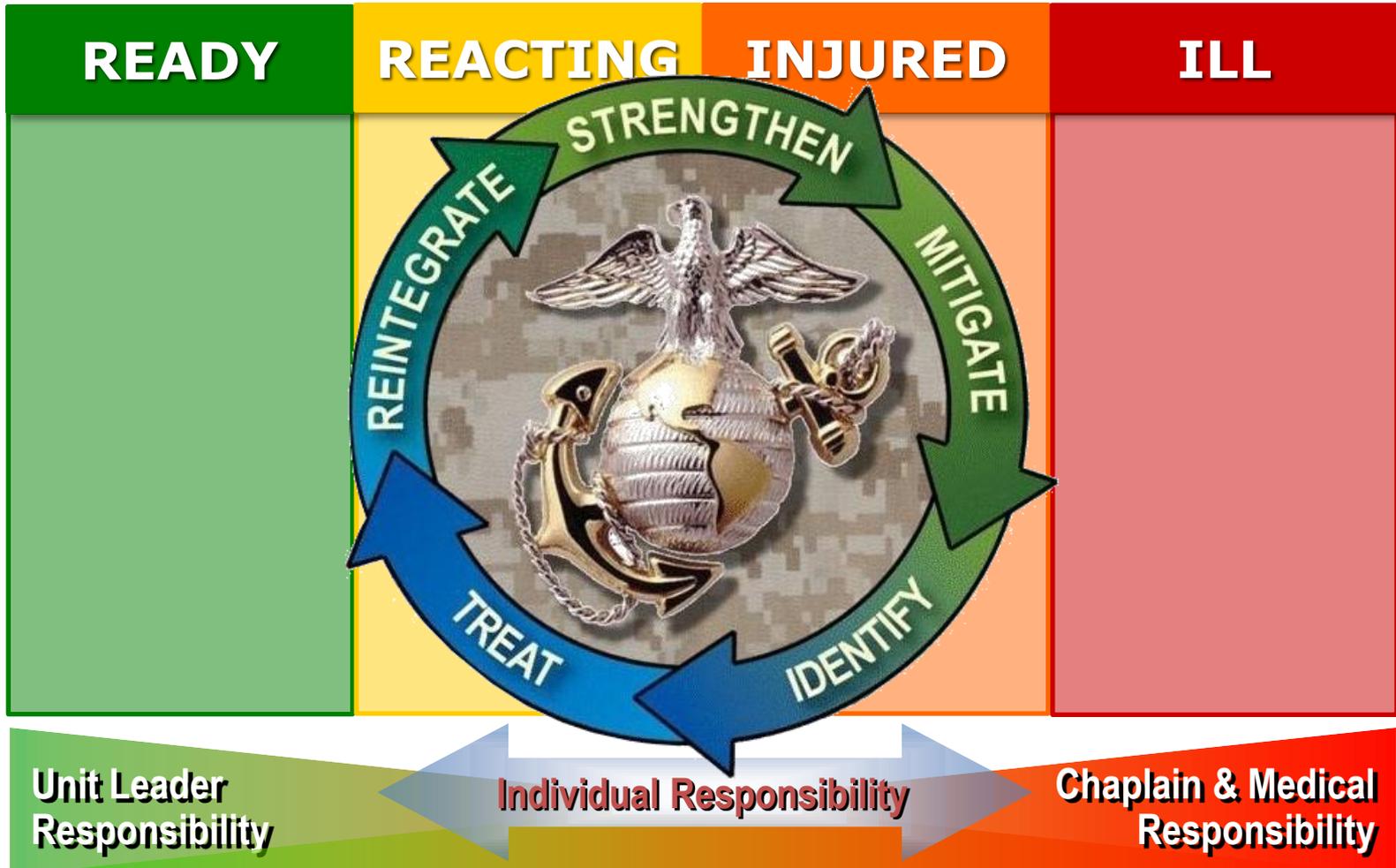
**Unit Leader
Responsibility**

**Individual
Responsibility**

**Chaplain &
Medical
Responsibility**



Core Leader Functions





Strengthen

FIRST CORE LEADER FUNCTION

PHYSICAL



MENTAL



SPIRITUAL



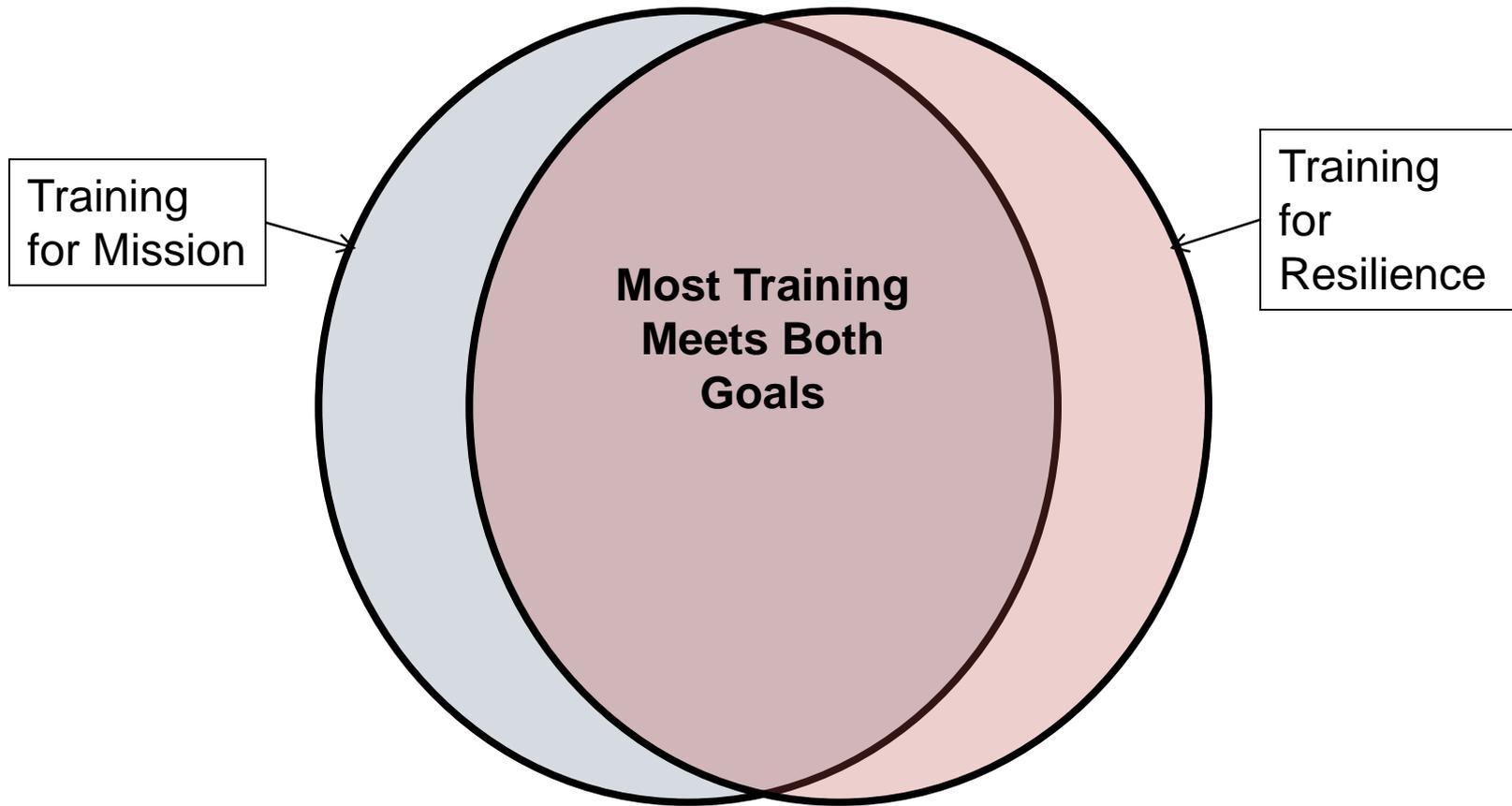
SOCIAL





Strategies to strengthen

“Though most training meets both goals—mission and resilience—leaders must consider the resilience-building goal throughout their preparations for deployment and other operations to maximize strengthening training.” MCRP 6-11C



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Strategies to strengthen

- How do we strengthen Marines?

- Leadership, Training, Cohesion

- Leadership

- Instill discipline
 - Being an example of fortitude
 - Communicating a clear vision
 - Promoting ethics and protecting core values

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Leadership



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Strategies to strengthen

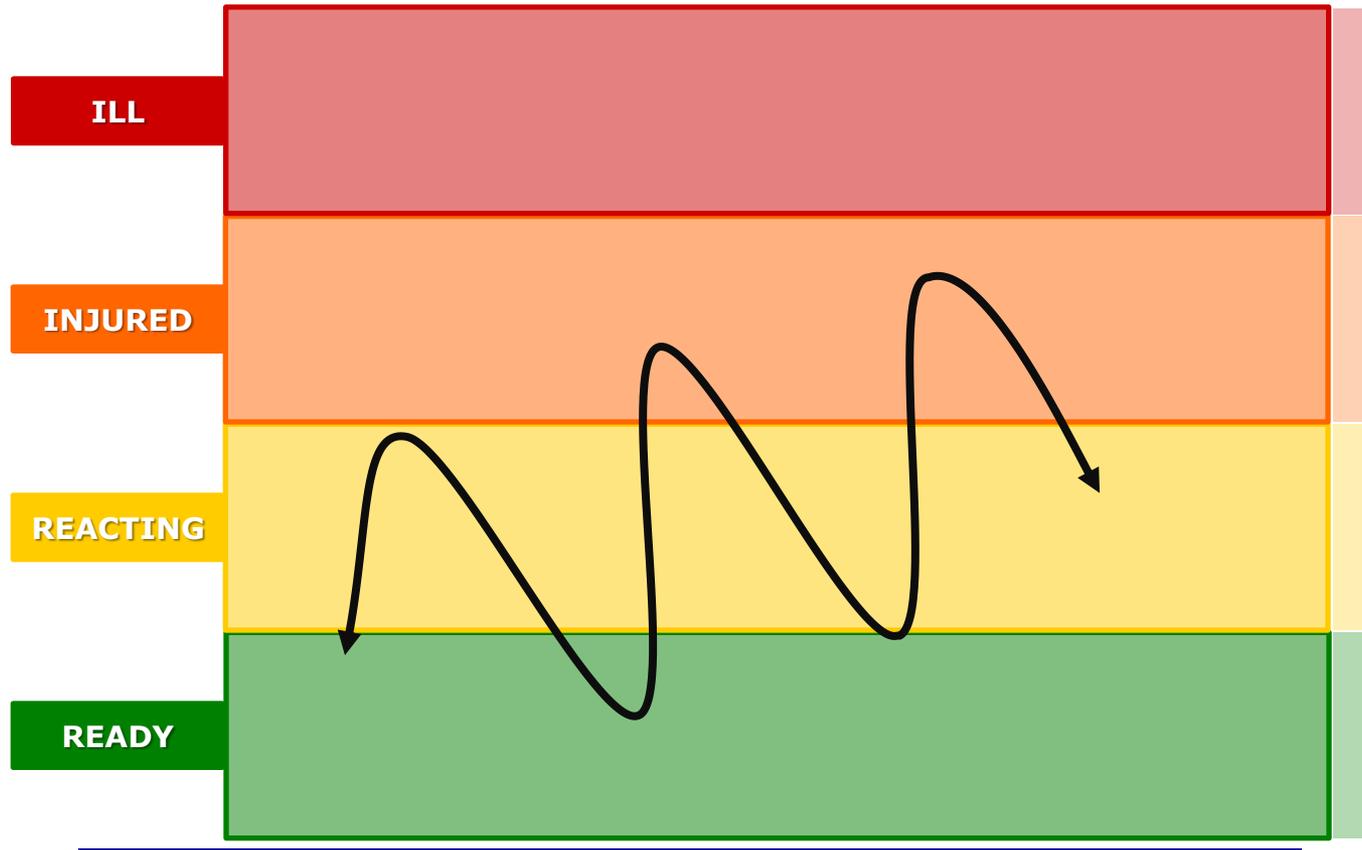
- How do we strengthen Marines?
 - Training
 - Tough, realistic
 - Balanced
 - Promotes communication and trust
 - Cohesion
 - Familiarity
 - Communication
 - Trust
 - Respect
 - Loyalty
 - Love

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Strategies to strengthen

Building Resiliency



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Practical tool for strengthening



TRAINING FOR RESILIENCE CHECKLIST

<input type="checkbox"/>	Is the training REALISTIC and RELEVANT ?
<input type="checkbox"/>	Will the training allow unit members to master the same SPECIFIC CHALLENGES they will probably face during deployment?
<input type="checkbox"/>	Will the training occur in an ENVIRONMENT that mimics the SIGHTS, SOUNDS, and SMELLS they will experience during deployment?
<input type="checkbox"/>	Will the training prepare unit members so thoroughly that there will be FEW SURPRISES during deployment?
<input type="checkbox"/>	Will the training encourage unit members to develop NEW SKILLS & COMPETENCIES ?
<input type="checkbox"/>	Will the training PUSH unit members BEYOND their CURRENT level of KNOWLEDGE and SKILL ?
<input type="checkbox"/>	Will the INCREASE in knowledge and skill continue STEPWISE during training?
<input type="checkbox"/>	Will the training provide experiences of SUCCESS and MASTERY ?
<input type="checkbox"/>	Will the training set expectations that will be TOUGH but ACHIEVABLE ?
<input type="checkbox"/>	Will unit members be able to KEEP TRYING until they MASTER each challenge?
<input type="checkbox"/>	Will the training encourage unit members to SOLVE PROBLEMS in UNFAMILIAR situations?
<input type="checkbox"/>	Does the training include opportunities to THINK, PLAN, and DECIDE , as well as to respond to known situations with rehearsed patterns of action?
<input type="checkbox"/>	Will the training encourage TEAM PROBLEM SOLVING ?
<input type="checkbox"/>	Will the training INOCULATE unit members to likely INTENSE operational STRESSORS ?
<input type="checkbox"/>	If unit members may face life threat during deployment, does training mimic LIFE THREAT in a subdued, tolerable form?
<input type="checkbox"/>	If unit members may face the AFTERMATH of VIOLENCE during deployment, does training include exposure to the sights, sounds, and smells of death or injury?

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Mitigate

SECOND CORE LEADER FUNCTION





Strategies to Mitigate Stress

- How do we Mitigate stress in Marines?
 - Eliminate challenges that cause stress, if possible
 - “Control what we can control”
 - Allow more resources to deal with what we can’t control
 - Restore “resources”
 - Physical
 - Mental
 - Spiritual
 - Social

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Strategies to Mitigate Stress

"LEAKY BUCKET" METAPHOR FOR STRESS





Practical tool to mitigate stress

	Resource Category	Stressors to Attack	How to Attack These Stressors	How to Replenish This Resource
PHYSICAL	<input type="checkbox"/> Health and Wellbeing	<input type="checkbox"/> Sleep deprivation <input type="checkbox"/> Overexposure to harsh weather <input type="checkbox"/> Injuries <input type="checkbox"/> illnesses	<input type="checkbox"/> Sleep discipline <input type="checkbox"/> Protective equipment <input type="checkbox"/> Safety precautions <input type="checkbox"/> Monitor health and well being	<input type="checkbox"/> Rest and down time <input type="checkbox"/> Physical fitness <input type="checkbox"/> Training in hygiene and self care <input type="checkbox"/> Attend to quality of life everywhere
	<input type="checkbox"/> Personal Space & Possessions	<input type="checkbox"/> Loss of income <input type="checkbox"/> Family breakups <input type="checkbox"/> Loss of personal space	<input type="checkbox"/> Help SMs / FM's plan for losses of income <input type="checkbox"/> Inform SMs about deployment schedule <input type="checkbox"/> Protect personal possessions & space	<input type="checkbox"/> Support families throughout deployments <input type="checkbox"/> Allow time & communication with family <input type="checkbox"/> Allow time for moonlighting if warranted
MENTAL & EMOTIONAL	<input type="checkbox"/> Safety and Security	<input type="checkbox"/> Life threat situations <input type="checkbox"/> Handling bodies and body parts <input type="checkbox"/> Unexpected attacks (e.g., IEDs) <input type="checkbox"/> Being in passive or helpless positions	<input type="checkbox"/> Minimize close-up experience of death <input type="checkbox"/> After-action reviews to restore confidence <input type="checkbox"/> Prepare for the unexpected <input type="checkbox"/> Enhance physical safety and security	<input type="checkbox"/> Model courage during life threat <input type="checkbox"/> Maintain unit cohesion as a fear antidote <input type="checkbox"/> Train and retrain to increase confidence <input type="checkbox"/> Keep SMs & FM's active, not passive
	<input type="checkbox"/> Morale	<input type="checkbox"/> Prolonged or repeated deployments <input type="checkbox"/> Abusive or inconsistent leadership <input type="checkbox"/> Boredom, lack of accomplishment <input type="checkbox"/> Not enough information getting to SMs	<input type="checkbox"/> Get SMs home as soon as you can <input type="checkbox"/> Be honest about schedule changes <input type="checkbox"/> Listen to your Marines, Sailors, and FM's <input type="checkbox"/> Set & achieve realistic goals continuously	<input type="checkbox"/> Vary routines and assignments <input type="checkbox"/> Rejuvenating unit activities <input type="checkbox"/> Explain meaning and value of mission <input type="checkbox"/> Reward accomplishments
	<input type="checkbox"/> Pride and Self Esteem	<input type="checkbox"/> Failures or mistakes <input type="checkbox"/> Excessive self blame (e.g., guilt) <input type="checkbox"/> Scapegoating or social shunning	<input type="checkbox"/> Mentor correction of mistakes with honor <input type="checkbox"/> Anticipate and limit self-blame <input type="checkbox"/> Mentor misfits fully into or out of unit	<input type="checkbox"/> Reward individual and unit achievements <input type="checkbox"/> Share praise and blame appropriately <input type="checkbox"/> Match responsibilities to abilities
SOCIAL	<input type="checkbox"/> Peer Support	<input type="checkbox"/> UMs joining late or leaving early <input type="checkbox"/> Leadership turnover <input type="checkbox"/> Ethical violations by UMs <input type="checkbox"/> Hazing by peers or abuse by leaders	<input type="checkbox"/> Keep UMs who transfer out part of unit <input type="checkbox"/> Ensure leadership continuity <input type="checkbox"/> Enforce ethics and Law of War <input type="checkbox"/> Zero tolerance for hazing or abuse	<input type="checkbox"/> Vertical & horizontal communication <input type="checkbox"/> Consistency of leadership <input type="checkbox"/> Shared adversity and sacrifices <input type="checkbox"/> Shared achievements and victories
	<input type="checkbox"/> Family Support	<input type="checkbox"/> Irresolvable family conflicts <input type="checkbox"/> Family or relationship breakups <input type="checkbox"/> Injuries or illnesses in FM's	<input type="checkbox"/> Solve FM problems before deployments <input type="checkbox"/> Teach coping & communication skills <input type="checkbox"/> Train FM's to recognize stress injuries	<input type="checkbox"/> Treat FM's like important parts of unit <input type="checkbox"/> Support families throughout deployments <input type="checkbox"/> Keep communication lines open
SPIRITUAL	<input type="checkbox"/> Meaning and Trust in Values	<input type="checkbox"/> Ethical violations that go unaddressed <input type="checkbox"/> Not adequately honoring the fallen <input type="checkbox"/> Events that violate logical expectations <input type="checkbox"/> Leader failing to correct own mistakes	<input type="checkbox"/> Teach and model moral courage <input type="checkbox"/> Live by Core Values <input type="checkbox"/> Memorials and ceremonies to honor dead <input type="checkbox"/> After-action reviews to restore meaning	<input type="checkbox"/> Vertical & horizontal communication <input type="checkbox"/> Include ethics in all training <input type="checkbox"/> Ensure commitment goes both ways <input type="checkbox"/> Keep Core Values in sight
	<input type="checkbox"/> Faith	<input type="checkbox"/> Events that contradict beliefs <input type="checkbox"/> Betrayals of trust by leaders or peers <input type="checkbox"/> Moral dilemmas	<input type="checkbox"/> Restore trust and belief in "goodness" <input type="checkbox"/> Model compassion and forgiveness <input type="checkbox"/> Mentor resolution of moral dilemmas	<input type="checkbox"/> Encourage spirituality and religion in unit <input type="checkbox"/> Model faith and spirituality <input type="checkbox"/> Encourage tolerance for faith spectrum

MCRP 6-11C/NTPP 1-15M: Combat and Operational Stress Control

Appendix D



Identify: Sources and signs

LIFE THREAT



WEAR AND TEAR



LOSS



**INNER
CONFLICT**





Stigma

Merriam Webster Online

stig·ma

noun \ 'stig-mə \

plural **stig·ma·ta** \ stig-'mä-tə, 'stig-mə-tə \ or **stig·mas**

Definition of **STIGMA**

1 *a archaic* : a scar left by a hot iron : brand

b : a mark of shame or discredit : stain <bore the *stigma* of cowardice>

c : an identifying mark or characteristic; *specifically* : a specific diagnostic sign of a disease

2 *a stigmata plural* : bodily marks or pains resembling the wounds of the crucified Jesus and sometimes accompanying religious ecstasy

b : petechia

3 *a* : a small spot, scar, or opening on a plant or animal *b* : the usually apical part of the pistil of a flower which receives the pollen grains and on which they germinate — see flower illustration

— **stig·mal** \ 'stig-məl \ *adjective*

Examples of **STIGMA**

There's a **social stigma** attached to receiving welfare.

<the *stigma* of slavery remained long after it had been abolished>

A Marine won't seek needed help because of what he or she thinks personally, or what he or she believes others might think .

Origin of *STIGMA* - Latin *stigmat-*, *stigma* mark, brand, from Greek, from *stizein* to tattoo — more at stick First Known Use: circa 1593



Stigma Strategies

Source of Stigma	How to Attack the Source of Stigma
<p>Real harm to a military career or future employability specifically because of a mental health diagnosis and treatment.</p>	<p>Ensure that career opportunities are based solely on capabilities and performance, not mental health labels or prejudice.</p>
<p>Warrior cultures that place a great value on strength, but may be intolerant of weakness of any kind, whether physical, mental, or moral.</p>	<p>Continuously promote awareness that a wound, injury, or illness—however incurred—is not a sign of weakness. Rather, seeking needed help for any problem is a sign of strength.</p>
<p>The belief that stress or mental health problems only happen to individuals who are mentally or morally weak.</p>	<p>Admit openly to your own stress problems in the past and encourage subordinate leaders to do the same. Teach the truth that anyone can be injured by stress.</p>
<p>Attitudes of intolerance or even fear of anyone who is different.</p>	<p>Promote an understanding and acceptance of diversity among unit members and their families. Everyone deserves respect.</p>



Stigma Strategies

Stigma is alive and well in the Marine Corps

- Back to Core Principles
 - Focus on prevention - Strengthen and Mitigate
 - OSCAR Team Training
 - Deployment Cycle Training
 - Leverage the culture to prevent, act, and refer, if necessary
 - Command climate
 - Marine culture
- Research/best practices
 - NHRC Stigma reduction campaign



Combat and Operational Stress

"Will it affect my career?"

unwanted attention than is seeking help. To prevent that, take care of yourself, show others you can deal with a difficult situation, and ask for support when you need it.

"I will be discharged when medical reports back to my command"

Behavioral health care providers are required to follow patient confidentiality guidelines, even in a military setting. These guidelines do include certain limits to confidentiality for both civilian and active-duty behavioral health providers. For example, a provider is required to take action to safeguard you or others if they are concerned about you potentially harming yourself or others. The provider will discuss these limits on confidentiality in your first session. You can ask about the types of information released to your command and under what circumstances.

In general, the decision to release information to your unit is based on a "need to know." If you are considered "fit for duty," meaning you are capable of performing your job without any limitations, it is likely that your treatment will not be disclosed to your command.



If you are ordered to receive a command-directed behavioral health evaluation, your commanding officer will receive a verbal and written report about the results of the evaluation. When command notification is required, only information that directly relates to your fitness for duty is disclosed. This includes a diagnosis, recommended treatment, potential impact on your performance of duties, any recommended duty restrictions and a prognosis for future improvements in your symptoms. Information is only disclosed to your senior leadership.

A recent study found that among servicemembers who self-referred, 89% had a confidential experience and 11% reported that mental health contacted their Unit (Rowan

& Campise, 2006). In most situations, commanding officers prefer that their Marines voluntarily request behavioral health services rather than be legally ordered to do so. Again, the obligation to disclose information to your command is partially based on whether or not your participation is voluntary.

"Marines with PTSD or other behavioral health diagnoses are separated from the military"

Being diagnosed with PTSD is not a reason for separation from the Marine Corps. With treatment, a servicemember affected by Post-Traumatic Stress almost always returns to active duty, according to military mental health professionals. When a Marine is involuntarily discharged with Post-Traumatic Stress, it is often the case that they were not treated and had disciplinary or conduct problems.

There are many factors that go into a decision to administratively separate a Marine for a medical problem or behavioral health diagnosis. A critical factor is a command's assessment of the Marine's performance. Marines with documented high performances who have no disciplinary records are not discharged for having behavioral health issues.

"Going to the medical officer is the only way I can get help"

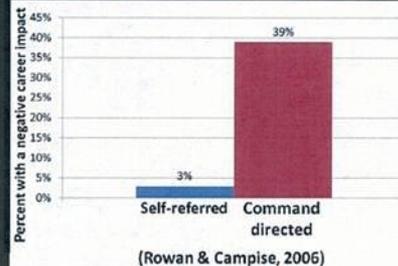
There are many resources available to you to get help for Post-Traumatic Stress or other behavioral health concerns. For example, chaplains, unit corpsmen, and counselors at your local Marine and Family Counseling Center are other options for seeking help.

MilitaryOneSource provides short-term, non-medical counseling for minor behavioral health problems. You or your family members can access this service at no cost. This program is not intended to replace the assistance available at a medical facility, but is an additional resource for help with less severe concerns (www.militaryonesource.com).

"If I am given a direct order to go to counseling, then I will seek help"

Asking for help is always better than being ordered into counseling or treatment. If your reaction to Combat Operational Stress (COS) starts affecting your job, you may be given a direct order to seek help. If you ask for help first, it shows that you are aware of your difficulties and are managing them responsibly.

In a recent study of over 1,000 Marines, only 3% of those who referred themselves to behavioral health services had a negative career consequence, as compared with 39% of servicemembers who were directed by their command to seek help. (Negative career impact = a change in duty status or discharge recommendations.) It is better for your career to voluntarily seek help before your command directs you to.



"I will not be eligible for federal jobs as a civilian, especially law enforcement, if behavioral health treatment is in my medical record"

Employment applications may ask if you have received treatment or been diagnosed with a behavioral health disorder. You are the only source of this information since civilian employers do not have access to military medical records.

Veterans who were diagnosed with PTSD and sought treatment can and do have successful careers in law enforcement. Recruitment policies for most law enforcement agencies state that a history of PTSD does not automatically disqualify anyone.

By federal law, employers cannot discriminate against applicants with physical disabilities. Similarly, applicants not impaired by behavioral health symptoms, like PTSD, will be granted the same consideration as any other applicant (see www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionals/Pages/reports/reports.aspx).

If you are experiencing combat stress-related symptoms, seeking help early will improve your current career performance and make you more competitive for civilian employment as a veteran.

The Marine Corps views COS as a continuum with 4 stress zones:

Orange and Red zones should be taken seriously. It is important to recognize how you are responding to stress and to understand what actions may be needed to help you recover.

Combat Operational Stress Continuum for Marines

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<ul style="list-style-type: none"> Good to go Well trained Prepared Fit and tough Cohesive units, ready families 	<ul style="list-style-type: none"> Distress or impairment Mild, transient Anxious or irritable Behavior change 	<ul style="list-style-type: none"> More severe or persistent distress or impairment Leaves lasting evidence (personality change) 	<ul style="list-style-type: none"> Stress injuries that don't heal without intervention Diagnosable PTSD Depression Anxiety Addictive Disorder
Leader Responsibility		Individual Responsibility	Chaplain & Medical Responsibility

4

5

6

7

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Review

- Stress Continuum – Ready, Reacting, Injured, Ill
- Four sources and signs of stress – Life-threat, Wear and Tear, Loss, Inner Conflict
- Five Core Leader Functions – Strengthen, Mitigate, Identify, Treat, Reintegrate
- Strengthening actions should address – Physical, Psychological-Mental, Spiritual, Social
- Three main strategies to Strengthen – Leadership, Training, Cohesion
- Mitigating means eliminating stressor, if possible and/or replenishing resources
- Mitigating strategies should address – Physical, Psychological-Mental, Spiritual, Social
- Stigma – Defined - a scar left by a hot iron : brand, a mark of shame or discredit : stain, identifying mark or characteristic; *specifically* : a specific diagnostic sign of a disease
 - Three areas that affect ability of Servicemembers to receive the help they need?
 - Individual, Unit, Organizational



Behavioral Health Information Network

- Behavioral Health Information Network (BHIN)
 - “One-stop” information dissemination portal for Marines, families, educators and caregivers
 - Provides data to inform program development
 - Materials shipped to you at the address of your choice
 - Material are FREE

<http://bhin.usmc-mccs.org/>

Home Marine Family Professional Contact Us | Ordering Guidelines

ORDER ONLINE Free Educational Behavioral Health Tools

Marine Corps Behavioral Health Information Network

The BHIN is a web-based clearinghouse for the latest information and tools for Marines and their families on prevention and other resources concerning behavioral health.

These free educational materials are excellent tools that will assist units and installation support services in their efforts to educate the military community about building resiliency, recognizing reactions and determining the need for help. The materials are available in print and media form to include: brochures, wallet cards, posters, workbooks, Quick Series and DVDs.

Resources

NATIONAL SUICIDE PREVENTION 1-800-273-TALK
Military OneSource.com 1-800-342-9647
FOCUS TRICARE

Behavioral Health Programs

- Combat & Operational Stress Control
- Suicide Prevention
- Substance Abuse
- Sexual Assault Prevention
- Family Advocacy Program

Links

- United States Marine Corps
- USMC Wounded Warrior Regiment
- Marine Corps Family Team Building
- Deployment Support
- Real Warriors Campaign
- Defense Center of Excellence
- Naval Center COSC
- Leaders Guide for Managing Marines in Distress

Marine ORDER ONLINE

Family ORDER ONLINE

Professional ORDER ONLINE

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Questions?

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