FM 4-02.51 (FM 8-51)

COMBAT AND OPERATIONAL STRESS CONTROL

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COMBAT AND OPERATIONAL STRESS CONTROL

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***This publication supersedes FM 8-51, 29 September 1994.**

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Preface

This publication outlines the functions and operations of each combat and operational stress control (COSC) element within an area of operations (AO). This field manual (FM) establishes Army doctrine and provides guidance for conducting COSC support for combat, stability, and reconstruction operations from brigade to theater level. The information provided in this publication will assist commanders and their staffs to operate efficiently at all levels of command and throughout the operational continuum. It may be used by medical planners to supplement FM 4-02, FM 8-42 (4-02.42), and FM 8-55 (4-02.55). Users of this publication should be familiar with Army Regulation (AR) 40-216 and with FM 4-02, FM 4-02.6, FM 4-02.10, FM 4-02.21, FM 4-02.24, FM 6-22.5, FM 8-10-6, FM 8-10-14, and FM 22-51.

This manual is in consonance with FM 7-15, Army Universal Task List (AUTL) and support the following Army tactical task (ART) provided below. Commanders should use the AUTL as a cross-reference for tactical tasks. The AUTL provides a standard doctrinal foundation and catalogue of the Army's tactical collective tasks.

AUTL ART	
ART 6.5.1	Provide Combat Casualty Care
ART 6.5.1.5	Provide Mental Health/Neuropsychiatric Treatment
ART 6.5.4	Provide Casualty Prevention
ART 6.5.4.5	Provide Combat Operational Stress Control Prevention

The staffing and organization structure presented in this publication reflects those established in the base tables of organization and equipment (base TOE) and are current as of the publication print date. Such staffing is subject to change to comply with manpower requirements criteria outlined in AR 71-32. Those requirements criteria are also subject to change if the modification table of organization and equipment (MTOE) is significantly altered.

Users of this publication are encouraged to submit comments and recommendations to improve the publication. Comments should include the page, paragraph, and line(s) of the text where the change is recommended. The proponent of this publication is the United States (US) Army Medical Department Center and School (USAMEDDC&S). Comments and recommendations should be forwarded in a letter format directly to the **Commander, USAMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-5052**, or at e-mail address: Medicaldoctrine@amedd.army.mil.

This FM applies to the Active Army, the Army National Guard (ARNG)/Army National Guard of the United States (ARNGUS), and the United States Army Reserve (USAR) unless otherwise stated.

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

Use of trade or brand names in this publication is for illustrative purposes only and does not imply endorsement by the Department of Defense (DOD). The Army Medical Department (AMEDD) is in a transitional phase with terminology. This manual uses the most current terminology; however, other FM 4-02-series and FM 8-series may use the older terminology. Changes in terminology are a result of adopting the terminology currently used in the joint and/or North Atlantic Treaty Organization (NATO) and American, British, Canadian, and Australian (ABCA) Armies publication arenas. Therefore, the following terms are synonymous and the current terms are listed first, to include—

- Force health protection (FHP), health service support (HSS), and combat health support (CHS).
- Medical logistics (MEDLOG), health service logistics (HSL), and combat health logistics (CHL).
- Levels of care, echelons of care, and roles of care.

- Combat and operational stress control (COSC) and combat stress control (CSC).
- Behavioral health (BH) and mental health (MH).

Additionally, please note that the term "battle fatigue (BF)" that is used in AR 40-216 is being replaced with the term "combat stress reaction (CSR)." This change is due to DOD Directive (DODD) 6490.5, which specified that all Military Services use the term CSR for the purpose of joint interoperability. A DOD (Health Affairs) working group with the Services later added the term "operational stress reaction (OSR)" to further characterize stress reactions experienced by Soldiers. The only difference between a CSR and an OSR is that it takes place in a combat environment. To reduce confusion from this change in terminology, this manual will use combat and operational stress reaction (COSR) as opposed to "BF". The COSR (battle fatigue) "casualties" are Soldiers experiencing a stress reaction in combat or operational environment.

Introduction

In our own Soldiers and in the enemy combatants, control of stress is often the decisive difference between victory and defeat across the operational continuum. Battles and wars are won more by controlling the will to fight than by killing all of the enemy combatants. Uncontrolled combat stress causes erratic or harmful behaviors, impair mission performance, and may result in disaster and defeat of COSC preventive measures. The COSC preventive measures are aimed at minimizing maladaptive stress reactions while promoting adaptive stress reactions, such as loyalty, selflessness, and acts of bravery.

This manual provides doctrinal guidance for controlling excessive stress in combat and other operational environments. It identifies command and leadership responsibilities for COSC. It identifies COSC consultation, training, and education assistance available for units. This manual provides definitive guidance to BH personnel and CSC units for their COSC mission and for management of COSR and other behavioral disordered patients (BDPs). It identifies the requirements for COSC consultation, planning, coordination, rehearsal, and implementation of the COSC plan contained in the FHP annex of the operation order (OPORD).

Many stressors in a combat situation are due to deliberate enemy actions aimed at killing, wounding, or demoralizing our Soldiers and our allies. Other stressors are due to the operational environment. Some of these stressors can be avoided or counteracted by wise command actions. Still other stressors are due to our own calculated or miscalculated choice, accepted in order to exert greater stress on the enemy. Sound leadership works to keep stressors within tolerable limits and prepares the troops mentally and physically to endure them. Some of the most potent stressors can be due to personal organizational problems in the unit or on the home front. These, too, must be identified and, when possible, corrected or controlled. Unit needs assessments (UNAs) can help BH providers identify specific stressor in a unit and develop interventions to help unit personnel cope.

This manual identifies MH sections and medical units, CSC, that provides COSC support to units. It identifies the requirements for COSC assistance, as a unit transitions through the different phases of a deployment. Chaplains, commander, leader and COSC Soldier mentors provide assistance with after-action review (AAR) and traumatic events management (TEM).

Chapter 1

Combat and Operational Stress Control

SECTION I — INTERVENTION AND CONTROL FOR THE COMBAT AND OPERATIONAL STRESS THREAT

STRESS CONTROL

1-1. Combat stress includes all the physiological and emotional stresses encountered as a direct result of the dangers and mission demands of combat, see AR 40-216. Combat and operational stress control in the Army may be defined as programs developed and actions taken by military leadership to prevent, identify, and manage adverse COSRs in units. This program optimizes mission performance; conserves the fighting strength; and prevents or minimizes adverse effects of COSR on Soldiers and their physical, psychological, intellectual, and social health. Its goal is to return Soldiers to duty expeditiously. According to DODD 6490.2, COSC activities include routine screening of individuals when recruited; continued surveillance throughout military service, especially before, during, and after deployment; continual assessment and consultation with medical and other personnel from garrison to the battlefield.

1-2. Combat and operational stress control is the commander's responsibility at all levels. The commander is assisted with his responsibility for COSC by his staff, unit leaders, unit chaplain (Appendix A), and organic medical personnel. The commander may also receive assistance from organic COSC personnel at brigade and above, and from corps and above medical company/detachment CSC BH personnel. The key concern to combat commanders is to maximize the return-to-duty (RTD) rate of Soldiers who are temporarily impaired or incapacitated with stress-related conditions or diagnosed behavioral disorders.

1-3. The purpose of COSC is to promote Soldier and unit readiness by—

- Enhancing adaptive stress reactions.
- Preventing maladaptive stress reactions.
- Assisting Soldiers with controlling COSRs.
- Assisting Soldiers with behavioral disorders.

Note. The word control is used with combat and operational stress, rather than the word management, to emphasize the active steps that leaders, supporting BH personnel, and individual Soldiers must take to keep stress within an acceptable range.

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1-4. Many stressors in a combat situation are due to deliberate enemy actions aimed at killing, wounding, or demoralizing our Soldiers and our allies. Other stressors are due to the natural environment, such as intense heat or cold, humidity, or poor air quality. Still others are due to leaders' own calculated or miscalculated choices (for example, decisions about unit strength, maneuver, the time of the attack, and plans for medical and logistical support). Sound leadership works to keep operational stressors within tolerable limits and prepares troops mentally and physically to endure them. In some cases however, excessive stress can affect both leaders' and Soldiers' decision-making and judgment, resulting in missed opportunities, or worse, in high casualties and/or failure to complete the mission. Finally, some of the most potent stressors are interpersonal in nature and can be due to conflict in the unit or on the home front. Extreme reactions to such stressors may involve harm to self (as in the hypothetical case of a Soldier that becomes suicidal on discovering that his wife wants a divorce) or to others (as in the case of a Soldier that