

FM 8-51

**COMBAT STRESS CONTROL
IN A
THEATER OF OPERATIONS**

TACTICS, TECHNIQUES, AND PROCEDURES

HEADQUARTERS, DEPARTMENT OF THE ARMY

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

COMBAT STRESS CONTROL IN A THEATER OF OPERATIONS TACTICS, TECHNIQUES, AND PROCEDURES

TABLE OF CONTENTS

		Page
PREFACE	.....	vi
CHAPTER 1. CONTROL OF COMBAT STRESS	.....	1-1
1-1. Stress Control	.....	1-1
1-2. Combat Stress Threat	.....	1-1
1-3. Stress Behaviors in Combat	.....	1-4
1-4. Stressors and Stress in Army Operations	.....	1-7
1-5. Army Combat Stress Control	.....	1-9
1-6. Historical Experience	.....	1-9
1-7. Principles of Combat Psychiatry	.....	1-11
1-8. Generic Treatment Principles for Battle Fatigue	.....	1-13
1-9. Combat Stress Control Functional Mission Areas	.....	1-15
CHAPTER 2. MENTAL HEALTH AND COMBAT STRESS CONTROL ELEMENTS IN THE THEATER OF OPERATIONS	.....	2-1
Section I. Unit Mental Health Sections in the Theater	.....	2-1
2-1. Locations and Assignments of Unit Mental Health Sections	.....	2-1
2-2. Division Mental Health Section	.....	2-1
2-3. Area Support Medical Battalion Mental Health Section	.....	2-6
2-4. Mental Health Personnel in the Separate Brigades	.....	2-9
Section II. Combat Stress Control Company	.....	2-10
2-5. Medical Company, Combat Stress Control (TOE 08-467L000)	.....	2-10
2-6. Headquarters Section	.....	2-12
2-7. Preventive Section	.....	2-15
2-8. Restoration Section	.....	2-18
Section III. Combat Stress Control Detachment	.....	2-23
2-9. Medical Detachment, Combat Stress Control (TOE 08-567LA00)	.....	2-23
2-10. Detachment Headquarters	.....	2-25

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

		Page
	2-11.	Preventive Section 2-25
	2-12.	Restoration Team 2-27
CHAPTER	3.	COMBAT STRESS CONTROL OPERATIONS IN THE COMBAT ZONE 3-1
Section	I.	Division Mental Health/Combat Stress Control Operations 3-1
	3-1.	Division Mental Health Section Deployment 3-1
	3-2.	Division Combat Stress Control Estimate and Plan 3-1
	3-3.	Division Mental Health Section Employment 3-3
	3-4.	Reinforcement of Brigade Combat Stress Control Team Using Division Mental Health Section Assets Only 3-9
	3-5.	Corps-Level Mental Health/Combat Stress Control Support Reinforcement 3-10
Section	II.	Area Support Medical Battalion Mental Health/Combat Stress Control Support Operations 3-11
	3-6.	Mental Health Section Employment 3-11
	3-7.	Disposition of Battle Fatigue and Neuropsychiatric Cases from the Area Support Medical Battalion 3-13
Section	III.	Support Operations Conducted by the Medical Detachment, Combat Stress Control 3-13
	3-8.	Medical Detachment, Combat Stress Control Employment 3-13
	3-9.	Medical Detachment, Combat Stress Control Interface and Coordination Requirements 3-16
Section	IV.	Support Operations Conducted by the Medical Company, Combat Stress Control 3-18
	3-10.	Medical Company, Combat Stress Control Employment 3-18
	3-11.	Medical Company, Combat Stress Control Coordination and Interface Requirements 3-22
CHAPTER	4.	COMBAT STRESS CONTROL CONSULTATION 4-1
	4-1.	Priorities and General Principles 4-1
	4-2.	Consultant Activities During Predeployment and During Buildup and Waiting Phases in the Theater of Operations 4-4
	4-3.	Combat Stress Control Consultant Activities for Staff and Operational Planning 4-8
	4-4.	Consultation During Mobilization and Deployment 4-9
	4-5.	Consultation Support During Combat 4-10

		Page
	4-6. Consultation to Medical Treatment Facilities	4-14
	4-7. Consultation During Demobilization and Homecoming	4-17
CHAPTER	5. COMBAT STRESS CONTROL FOR RECONSTITUTION SUPPORT	5-1
	5-1. Reconstitution Support	5-1
	5-2. Phase I: Preparation and Deployment	5-4
	5-3. Phase II: Reduction of Human Physical/Physiologic and Cognitive Stressors	5-5
	5-4. Phase III: After-Action Debriefing	5-6
	5-5. Phase IV: Rebuilding Unit Cohesion	5-9
	5-6. Phase V: Performing Final Combat Stress Control Requirements for Reconstitution Support	5-10
CHAPTER	6. COMBAT NEUROPSYCHIATRIC TRIAGE	6-1
	6-1. Triage	6-1
	6-2. Considerations	6-4
	6-3. Differential Diagnostic Problems	6-5
CHAPTER	7. COMBAT STRESS CONTROL STABILIZATION	7-1
	7-1. Priority for Stabilization	7-1
	7-2. Use of Restraints in Initial (Emergency) Stabilization	7-1
	7-3. Use of Medication in Initial (Emergency) Stabilization	7-2
	7-4. Full Stabilization in Combat Stress Control	7-3
	7-5. Stabilization Treatment Facilities	7-4
CHAPTER	8. COMBAT STRESS CONTROL RESTORATION	8-1
	8-1. Restoration of Battle Fatigue Casualties	8-1
	8-2. Generic Tactics, Techniques, and Procedures of Restoration	8-1
	8-3. First-Line Restoration	8-8
	8-4. Second-Line Restoration (Fatigue Center)	8-10
	8-5. Third-Line Restoration	8-11
	8-6. Return to Duty or Further Referral of Restoration Cases	8-12
CHAPTER	9. COMBAT STRESS CONTROL RECONDITIONING	9-1
	9-1. Reconditioning Treatment Program	9-1
	9-2. Reconditioning Program Methods	9-1
	9-3. First-Line Reconditioning Centers	9-3

		Page	
	9-4.	Disposition of First-Line Reconditioning Cases.....	9-5
	9-5.	Second-Line Reconditioning in the Communications Zone.....	9-7
	9-6.	Third-Line Reconditioning.....	9-8
APPENDIX	A.	LISTING OF MAJOR ITEMS OF EQUIPMENT FOR THEATER ARMY MEDICAL COMBAT STRESS CONTROL UNITS AND ELEMENTS	A-1
	A-1.	General.....	A-1
	A-2.	Medical Company, Combat Stress Control.....	A-1
	A-3.	Medical Detachment, Combat Stress Control	A-3
	A-4.	Division Mental Health Section.....	A-4
	A-5.	Area Support Medical Battalion Mental Health Section	A-4
APPENDIX	B.	COMBAT STRESS CONTROL ESTIMATES AND PLAN	B-1
Section	I.	Guide for the Development of the Combat Stress Control Estimate of the Situation	B-1
	B-1.	Combat Stress Control Estimate	B-1
	B-2.	Estimating Battle Fatigue Casualty Work Load	B-2
	B-3.	Estimating Substance Abuse and Misconduct Stress Behaviors	B-5
Section	II.	The Combat Stress Control Plan	B-7
	B-4.	Format.....	B-7
	B-5.	Combat Stress Control Planning Considerations in Deployment and Conflict.....	B-7
	B-6.	Combat Stress Control Planning Considerations for War	B-8
	B-7.	Combat Stress Control Planning Considerations in Operations Other Than War	B-10
	B-8.	Considerations When Units or Individual Soldiers Redeploy Home (After Military Operations).....	B-11
	B-9.	Combat Stress Control Planning Considerations in Peacetime	B-11
	B-10.	Briefing the Combat Stress Control Plan	B-12
APPENDIX	C.	MENTAL HEALTH PERSONNEL IN MILITARY POLICE CONFINEMENT FACILITY TEAMS.....	C-1
	C-1.	Confinement Facility Teams	C-1
	C-2.	Teams LA, LB, LC, and LD	C-1
	C-3.	Mental Health Personnel.....	C-1

		Page
APPENDIX	D. THE GENEVA CONVENTIONS AND COMBAT STRESS-RELATED CASUALTIES	D-1
	D-1. Special Relevance to Medical Combat Stress Control	D-1
	D-2. Special Considerations for Medical Combat Stress Control Activities	D-1
	D-3. The Law of War	D-5
	D-4. Protection of the Wounded and Sick	D-6
	D-5. Protection and Identification of Medical Personnel	D-9
	D-6. Protection and Identification of Medical Units and Establishments, Buildings and Material, and Medical Transports	D-10
	D-7. Loss of Protection of Medical Units and Establishments	D-12
	D-8. Conditions Not Compromising Medical Units and Establishments of Protection	D-13
★ APPENDIX	E. MEDICAL REENGINEERING INITIATIVE FOR MENTAL HEALTH AND COMBAT STRESS CONTROL ELEMENTS IN THE THEATER OF OPERATIONS	E-1
Section	I. Overview of Changes	E-1
	E-1. Unit Mental Health Sections	E-1
	E-2. Combat Stress Control Units	E-2
Section	II. Unit Mental Health Sections in the Theater of Operations	E-5
	E-3. Location and Assignment of Unit Mental Health Sections	E-5
	E-4. Utilization in Garrison	E-5
	E-5. Division Mental Health Sections	E-6
	E-6. Area Support Medical Battalion Mental Health Sections	E-11
	E-7. Mental Health Personnel in the Armored Cavalry Regiments and Separate Brigades	E-15
Section	III. Combat Stress Control Company	E-15
	E-8. Medical Company, Combat Stress Control (TOE 08467A000)	E-15
	E-9. Headquarters Section	E-17
	E-10. Combat Stress Control Preventive Section	E-22
	E-11. Combat Stress Control Fitness Section	E-25
Section	IV. Combat Stress Control Detachment	E-30
	E-12. Medical Detachment, Combat Stress Control (TOE 08567AA00)	E-30
	E-13. Detachment Headquarters	E-31
	E-14. Preventive Section	E-34
	E-15. Combat Stress Control Fitness Section	E-36

	Page
GLOSSARY	Glossary-1
REFERENCES	References-1
INDEX	Index-1

PREFACE

This field manual (FM) establishes medical doctrine and provides principles for conducting combat stress control (CSC) support operations from forward areas to the continental United States- (CONUS) based medical facilities. This manual sets forth tactics, techniques, and procedures (TTP) for CSC units and elements operating within the theater of operations (TO). This TTP is applicable to operations across the operational continuum. It is important that the users of this manual be familiar with FM 22-51. This manual supports the Army Medical Department's (AMEDD) keystone manual, FM 8-10. Readers should have a fundamental understanding of FMs 8-10-3, 8-10-5, 8-10-6, 8-10-8, 8-10-14, 8-10-24, 8-42, 8-55, 63-20, 63-21, 100-5, and 100-10.

The staffing and organizational structure presented in this publication reflects information in the most current living tables of organization and equipment (TOE) as of calendar year 1993. However, staffing is subject to change to comply with manpower requirements criteria outlined in AR 570-2. Your TOE can be subsequently modified.

★The Medical Reengineering Initiative (MRI) update has been added to this publication as Change 1, Appendix E. Organizational changes to CSC elements as a result of MRI were incorporated into the A-series TOE. CSC elements will convert from the L-series to the A-series TOE in the near future based on Department of the Army (DA) timelines.

This publication is in agreement with the American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG) 909, Principles of Prevention and Management of Combat Stress Reaction, Edition 1.

★The proponent of this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations on DA Form 2028 directly to Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson, Fort Sam Houston, Texas 78234-6175.

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

Use of trade or brand names or trademarks in this publication is for illustrative purpose only, and does not imply endorsement by the Department of Defense (DOD).

CHAPTER 1

CONTROL OF COMBAT STRESS

1-1. Stress Control

a. *Control of Stress.* In one's own soldiers and in the soldiers of the enemy, 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. Soldiers that are properly focused by training, unit cohesion, and leadership are most likely to have the strength, endurance, and alertness to perform their combat mission. In these soldiers, combat stress is controlled and positive combat stress reactions, such as loyalty, selflessness, and acts of bravery, are more likely to occur. However, uncontrolled combat stress causes erratic or harmful behavior, impairs mission performance, and results in disaster and defeat.

b. *Responsibility For Stress Control.* Control of stress is the commander's responsibility (see FM 22-51) at all echelons. The commander is aided in this responsibility by the noncommissioned officer (NCO) chain of support; the chaplaincy; unit medical personnel; general, principal, and special staff, and by specialized Army CSC units and mental health personnel.

c. *Control or Management.* The word *control* is used with combat stress (rather than the word *management*) to emphasize the active steps which leaders, supporting medical personnel, and individual soldiers must take to keep stress within an acceptable range. This does not mean that control and management are mutually exclusive terms. Management is by definition the exercise of control. Within common usage, however, and especially within Army usage, management has the connotation of being a somewhat detached, number-driven, higher echelon process rather than a direct, inspirational, and leadership-oriented process. Control of stress does not imply elimination of stress.

Stress is one of the body's processes for dealing with uncertain changes and danger. Elimination of stress is both impossible and undesirable in the Army's peacetime or combat mission.

1-2. Combat Stress Threat

a. *Stressors in Combat.* 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. 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 these within tolerable limits and prepares the troops mentally and physically to endure them. Some of the most potent stressors can be due to personal or organizational problems in the unit or on the home front. These, too, must be identified and, when possible, corrected or controlled. See FMs 8-10, 8-10-8, and 22-51 for additional information on the overall threat, medical threat, and combat stress threat.

b. *Stress Casualties.* The combat stress threat includes all those stressors (risk factors) which can cause soldiers to become stress casualties. Stress casualties include—

- Battle fatigue (BF) cases which are held for treatment at medical treatment facilities (MTFs) for more than a day.
- Misconduct stress behaviors cases that have committed breaches of discipline which require disciplinary confinement.
- Post-traumatic stress disorder (PTSD) cases which disable the soldier for months or years after the battle.