

**Participants should complete this reading before the course.**

# **OSCAR GEN III READ-AHEAD**

OSCAR GEN III TEAM TRAINING

1 March 2022



## **Combat and Operational Stress Control (COSC) in the Marine Corps**

- In 2007, the commanding generals of the three Marine Expeditionary Forces (MEFs) convened a working group of Marine leaders, chaplains, and medical and mental health professionals to develop a new COS model, hereafter called the stress continuum model. They wanted COS to be:
  - \* Small unit leader-oriented
  - \* Multidisciplinary
  - \* Integrated throughout the organization without stigma
  - \* Consistent with the warrior ethos
  - \* Focused on wellness, prevention, and resilience
- The stress continuum model since became the foundation for the COSC program. In 2008, the Marine Corps Combat Development Command made permanent Operational Stress Control and Readiness (OSCAR) teams one of its priorities. In 2009, the Assistant Commandant of the Marine Corps extended OSCAR capabilities to the infantry battalion and company levels. In 2010, the Marine Corps published the COSC Doctrine. The doctrine, also known as MCTP 3-30E, contains a wealth of information about stress management and how the five core leader functions—Strengthen, Mitigate, Identify, Treat, and Reintegrate—can be used to tackle stress control issues. The next year, a Department of Defense Instruction (DoDI) was published, 6490.05, to replace a 1999 DoDD. The DoDI established policy for COSC programs. “The Military Departments shall implement COSC policies and programs to enhance readiness, contribute to combat effectiveness, enhance the physical and mental health of military personnel, and prevent or minimize adverse effects associated with combat and operational stress,” the DoDI stated. “The Military Departments’ leadership shall foster an environment and climate of prevention and protection to enhance operational performance and mitigate the potential physical and psychological consequences of combat exposure and other military operational stress.”
- Marine Corps Order (MCO) 5351.1, published in 2013, provides guidance for the Marine Corps’ COSC program, including outlining the roles and requirements for personnel supporting COSC efforts. Each OSCAR Team Member has a role to play supporting unit COSC efforts and should work collaboratively to address unit and individual Marine’s needs. Team Member roles include the following:
  - \* **COSC Representatives** are appointed by commanders at the battalion/squadron or equivalent level. COSC Representatives serve as an advisor to commanders on all COSC requirements, programs, and activities. COSC Representatives can coordinate with OSCAR Trainers and Regional Training Coordinators to ensure all unit COSC training requirements are completed.
  - \* **OSCAR Team Members** are trained Unit Marines who support and advise fellow Marines and Sailors on COSC issues and intervene to prevent potential stress concerns from becoming more serious illnesses requiring medical intervention. OSCAR Team Members can refer Marines to OSCAR Extenders and OSCAR Mental Health Professionals (MHP) when illnesses require a greater degree of care.
  - \* **OSCAR Extenders** are medical staff, corpsmen, Chaplains, Religious Program Specialists, and other professionals who bridge the gap between Marine OSCAR Team Members and MHPs by working with OSCAR Team Members to provide prevention services, formal counseling, and medical care.
- According to MCO 5351.1, OSCAR MHPs are on the Table of Organization for each active Marine Division and Regiment. OSCAR MHP are specialized medical personnel such as psychiatrists and

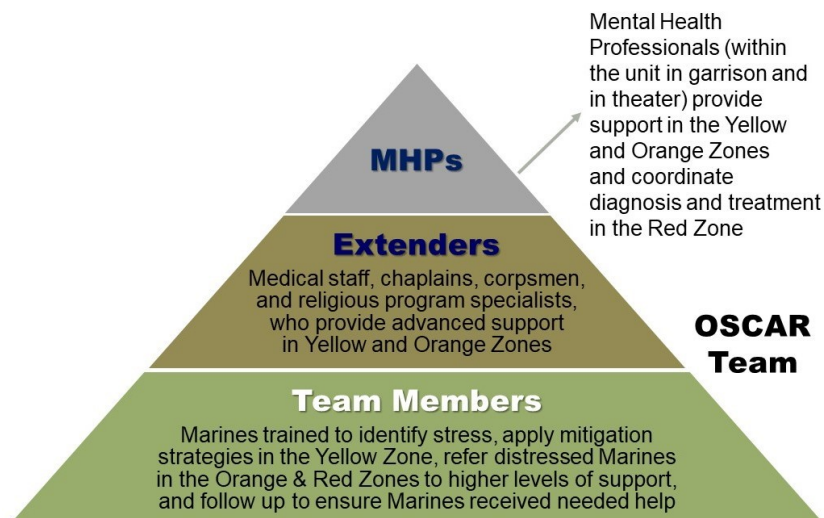
psychologists who provide clinical services, formal mental health care, and coordination with external mental health services. Other Marine unit's access to OSCAR MHP will be unique to the type and location of the unit. Whether deployed, or in garrison, the OSCAR MHP may not be centrally located.

- Additional resources and assets are available to support unit-level COSC efforts and training, which are outlined below:
  - \* OSCAR Team resources for training include the Regional Training Coordinator at the MEF or Marine Forces Reserve (MARFORRES) level who can provide subject matter expertise on COSC matters to Marine leaders, COSC Representatives, and OSCAR Teams. Regional Training Coordinators can also help coordinate COSC-related training for MEFs and Major Subordinate Commands (MSCs).
  - \* An additional group of trainers are available to support OSCAR Teams with COSC training. These include Core Master Trainers who can train OSCAR Master Trainers, OSCAR Master Trainers who can train OSCAR Trainers, and OSCAR Trainers who can provide OSCAR Team Training.
  - \* According to MCO 5351.1, training completion and levels of certification will be reported as the following training codes:
    - 01 = OSCAR Team Member (Completed one-day OSCAR Team Training Course)
    - 02 = OSCAR Team Member Advanced (Completed five-day Advanced OSCAR Team Training Course)
    - 03 = OSCAR Trainer (Designated by a Master Trainer as qualified to lead basic OSCAR Team Training)
    - 04 = OSCAR Master Trainer (Designated only by HQMC as qualified to lead Advanced OSCAR Team Training and designate qualified OSCAR Trainers)

## HQMC COSCC

The Headquarters Marine Corps Combat Operational Stress Control Capability (COSCC) staff develops and updates curricula. The COSCC staff is currently revising the COSC MCO and the COSC Doctrine. A COSC NAVMC outlining standard operating procedures is being developed. The staff also responds to Congressional inquiries and helps prepare leadership testimony.

# OSCAR TEAM AT A GLANCE



## GLOSSARY OF COSC TERMS

**Combat and operational stress control (COSC)**—Leader actions and responsibilities to promote resilience and psychological health in military units and individuals, including families, exposed to the stress of combat or other military operations.

**Combat stress**—Changes in physical or mental functioning or behavior resulting from the experience of lethal force or its aftermath. These changes can be positive and adaptive or they can be negative, including distress or loss of normal functioning.

**Mental health**—The absence of significant distress or impairment due to mental illness. Mental health is a prerequisite for psychological health.

**Operational (or occupational) stress control**—Leader actions and responsibilities to promote resilience and psychological health in military units and individuals, including family members, exposed to the stress of routine or wartime military operations in noncombat environments.

**Resilience**—The ability to withstand adversity without becoming significantly affected or recover quickly and fully from stress-induced distress or impairment.

**Stress injury**—More severe and persistent distress or loss of functioning caused by disruptions to the integrity of the brain, mind, or spirit after exposure to overwhelming stressors. Stress injuries are invisible, but literal, wounds caused by stress, but, like more visible physical wounds, they usually heal, especially if given proper care.

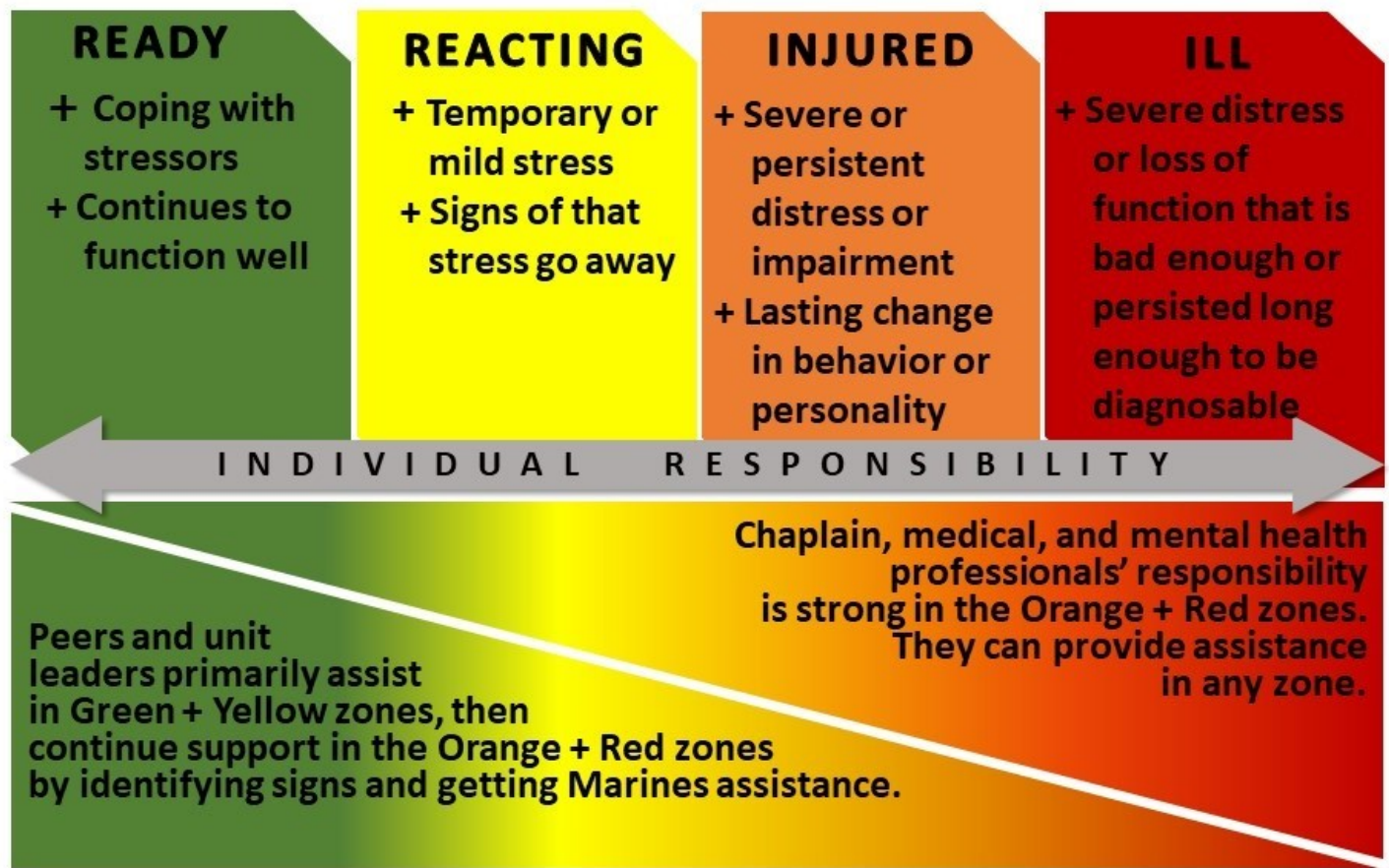
**Stress illness**—A diagnosable mental disorder resulting from an unhealed stress injury that worsens over time to cause significant disability in one or more spheres of life.

**Stressor**—Any mental or physical challenge or set of challenges.

**Stress reaction**—The common, temporary, and often necessary experience of mild distress or changes in functioning due to stress from any cause.



## THE STRESS CONTINUUM



- ♦ The Stress Continuum model provides us with a common language to talk about stress.
- ♦ This model helps us identify levels of stress in ourselves, our peers and units. The stress continuum can be used both in combat, in garrison, and in everyday life. One of the main goals is to keep service members in the Green Zone as much as possible and return them to that zone as quickly as possible after leaving it.
- ♦ The gray bar across the continuum illustrates how across the continuum, individuals have a personal responsibility to be accountable and proactively manage their stress.
- ♦ It's our primary responsibility to support fellow Marines in the Green and Yellow Zones, where peer support is effective. We continue peer support in the Orange and Red Zones by identifying signs and getting Marines assistance from experienced professionals. Even at the handoff to a professional, our role doesn't end.
- ♦ Remaining engaged and letting Marines know you are interested in their welfare reinforces a sense of belongingness and aids in their recovery.

## GREEN (READY) ZONE

- Good to go
- Prepared
- Sleeping enough
- Well trained
- Fit and tough
- Sense of humor
- Calm and steady
- Eating well
- Good decisions

- ⇒ Keep wellness a priority and work to stay in the “Green Zone.”
- ⇒ Grow your problem-solving and conflict management skills.
- ⇒ Monitor yourself and others (check in often) for signs of distress or loss of function.

If the distress looks **SEVERE OR PERSISTENT**, proceed to Orange Zone.

## YELLOW (REACTING) ZONE

- Feeling anxious, sad, or angry
- Cutting corners on the job
- Trouble sleeping
- Withdrawing from friends and family
- Worrying
- Being short-tempered
- Eating too much or too little
- Inability to concentrate

- ⇒ Recognize when you or peers are in the Yellow Zone and take action to return to the Green Zone.
- ⇒ Promote use of peers, family, chain of command, chaplain, MCCS resources, and Military OneSource (800-342-9647).
- ⇒ Ensure adequate sleep and rest, PT, and nutrition.
- ⇒ Check in—**SAY SOMETHING**—and coordinate if needed.

If the distress looks **SEVERE OR PERSISTENT**, proceed to Orange Zone.

## ORANGE (INJURED) ZONE

- More severe or persistent distress or impairment
- Lasting personality change
- Feelings of guilt or shame
- Losing control of emotions or thinking
- Unable to enjoy usual activities
- Difficulty sleeping

- ⇒ Always consider professional help in this zone.
- ⇒ Connect to a chaplain or medical.
- ⇒ The earlier you get help, the higher the possibility you will heal.
- ⇒ Promote positive peer support.
- ⇒ Don't allow Marines to withdraw from others.
- ⇒ Mentor back to full duty and function.
- ⇒ Check in—**SAY SOMETHING**—and coordinate if needed.

If the distress significantly impacts **CAREER OR RELATIONSHIPS**, proceed to Red Zone.

## RED (ILL) ZONE

- Severe distress or loss of function persisting long enough to be diagnosable
- Requires intervention
- Unmanaged symptoms may significantly impact career and family

- ⇒ Check in—**SAY SOMETHING**—and coordinate if needed.
- ⇒ If you think a Marine is in the Red Zone, refer him or her to medical.
- ⇒ Only a qualified medical officer can diagnose disorders.
- ⇒ Follow up and ensure treatment compliance.
- ⇒ If possible, reintegrate with unit and restore to full duty.

**YOUR OSCAR TEAM POC:** \_\_\_\_\_

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## FIVE CORE LEADER FUNCTIONS

1. **Strengthen**—Leaders must strengthen their Marines to enable them to successfully endure and master the stressors they face during operational deployments, garrison life, and in their personal lives. Strengthening Marines before exposure to extreme stress can help prevent stress injuries and illnesses. Many of the actions leaders already take to prepare their Marines for their operational duties can also, with only a slight change in focus, strengthen them against stress reactions, injuries, and illnesses. Strengthening for resilience and training for mission accomplishment are two strongly linked responsibilities of leaders.

2. **Mitigate**—Leaders also must mitigate the stress of their Marines to keep them functioning optimally and to prevent the negative effects of stress reactions and stress injuries. The word “mitigate” literally means to reduce in force or intensity. Since no amount of strengthening will make anyone completely immune to stress, the crucial second step for leaders to maintain the psychological health of their units and family members is to reduce the force and intensity of the stressors they experience whenever possible.

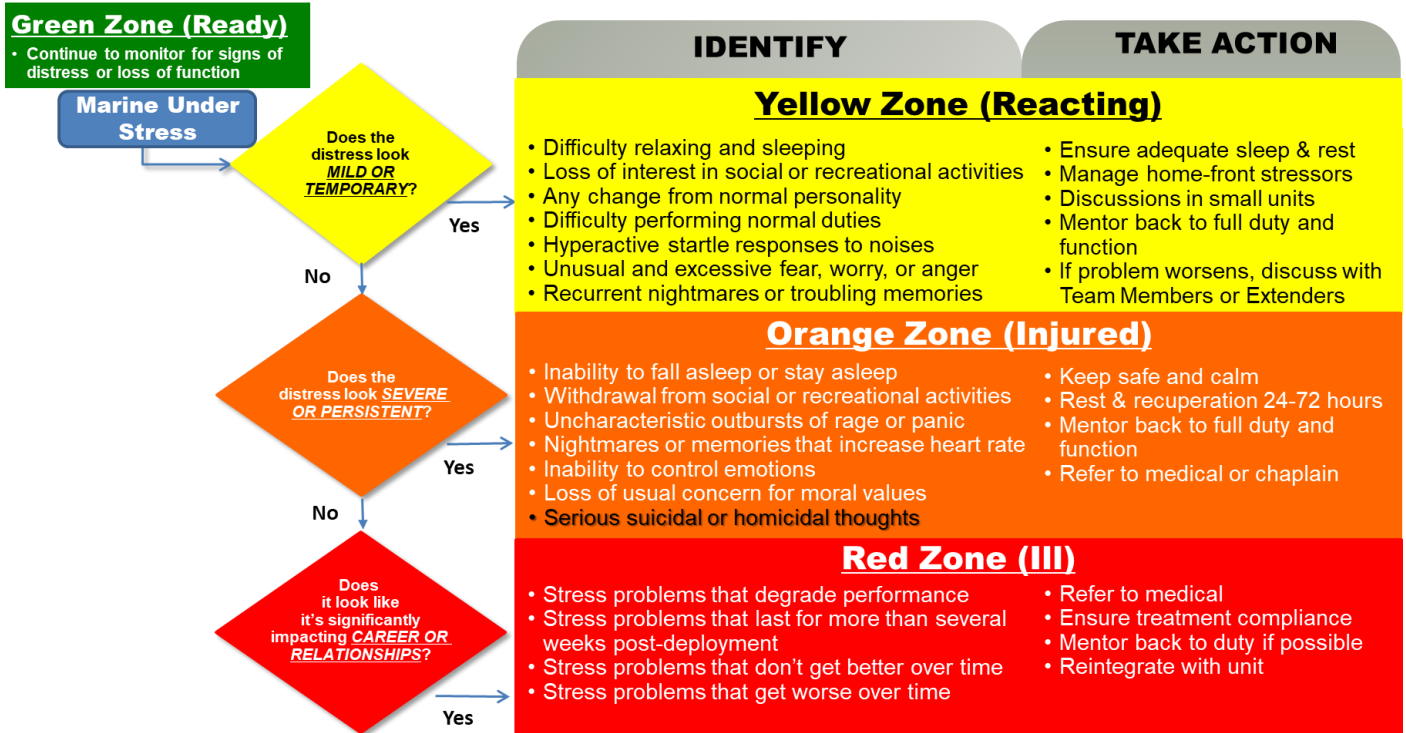
3. **Identify**—Identifying means closely monitoring every available indicator of Marines’ functioning and performance to quickly recognize when they need help. Identifying involves more than looking, listening, and feeling for signs of possible breakage or wear—it means anticipating these inevitabilities. Leaders must identify not only the stress reactions, injuries, and illnesses experienced by their Marines, but also the day-to-day stressors they encounter so they can recognize occasions of high risk for stress problems. Whereas strengthening and mitigation are activities to promote primary prevention, the core function of identification makes secondary prevention possible—timely interventions that may prevent small problems from becoming big ones. Leaders need to know how to recognize a Marines’ stress zones and which sources of stress may be most likely to push them further to the right—away from health and readiness—on the stress continuum model.

4. **Treat**—Leaders must ensure that Marines who need help receive assistance from counselors, chaplains, embedded mental health providers (EMHP), and other professionals trained to treat stress issues. Leaders cannot do this important work alone. They must assemble a network that includes Marines trained in Combat and Operational Stress Control (COSC) principles, including Operational Stress Control and Readiness (OSCAR) Team Members, medical and religious ministry Extenders, and EMHPs, and installation behavioral health personnel.

5. **Reintegrate**—Leaders also must ensure that Marines who recover from stress injuries and illnesses do not suffer any stigma or career degradation. Leaders must retain and fully use Marines who have recovered, or are in the process of recovering, from stress injuries and illnesses. For leaders, reintegration includes evaluating and forming judgments about Marines’ psychological fitness and suitability for duty, assigning recovering Marines to duties that make the best use of their capabilities, and changing whatever negative attitudes exist among unit members that might interfere with accepting these individuals back into the unit.



# STRESS DECISION FLOWCHART



## PERSONALITY, MOOD, AND EMOTION

**Personality** defines us as individuals. When getting to know people, we can identify a baseline of their personality, how they behave in general. Personality is shaped by early life experiences and tends to be stable over time. Personality trait examples are: outgoing, energetic, talkative, polite, kind, or friendly. There is some personality change as we age and mature—meaning personality changes can happen but rarely over night. When someone's personality suddenly changes, take notice. That's a sign of a life-changing event. People who have experienced Orange Zone stress injuries or Red Zone stress illnesses can experience significant personality changes, a signal that help is needed.

Personality	Mood	Emotion
<ul style="list-style-type: none"> <li>• Combination of characteristics or qualities that form an individual's distinctive character</li> </ul>	<ul style="list-style-type: none"> <li>• A temporary state of mind or feeling</li> </ul>	<ul style="list-style-type: none"> <li>• A natural instinctive state of mind deriving from one's circumstances, mood, or relationships with others</li> </ul>

**Mood** is flexible, a shorter-term state, typically lasting hours or days. We may not be fully aware of good or bad mood. Do you ever wake up in a bad mood? This is common, and you could feel that way for most of the day. Unexpected events, either positive or negative, could also send us into a mood. Mood can also be an indicator of stress.

**Emotions** are more specific and dynamic than moods. Emotions are known to change with high frequency and last for a short time. For example, we can become angry quickly or surprised quickly. Emotions tend to replace one another, making it hard to be both happy and sad at the same time. Emotions can be very specific and produce immediate reactions when triggered by events. For example, surprise is often characterized by: raised eyebrows, widened eyes, open mouth and jumping back or maybe yelling or gasping. Surprise can trigger the fight-or-flight stress response. When startled, people may experience a burst of adrenaline that helps prepare the body to either fight or flee. Emotions are truly indicators of stress.



## STRESS FIRST AID TIPS FOR LEADERS

**When a Marine hits the Orange Zone, first aid is needed. Four stressors are most likely to shift someone into Orange:**

**LIFE THREAT:** Sensing extreme danger, which could result in death, to self or others.

**LOSS:** Grief due to the loss of close comrades, leaders, family members, friends, or other loved ones. This can also include loss of role, functioning, relationships, and values.

**INNER CONFLICT:** Psychological and emotional conflict that results from acting outside of one's morals or values, from an inability to prevent harm to others, or by contributing to—or not preventing harm—to a fellow Marine. Indications for inner conflict include the words: could've, should've, why me, if only.

**WEAR AND TEAR:** The result of fatigue and accumulation of prolonged stress, including from non-operational sources, without sufficient rest and restoration.



Use Stress First Aid (COSFA)

- Preserve life
- Prevent further harm

- Promote recovery

1. **CHECK:** Watch and listen for unusual stressors, severe distress, and changes in behavior.
2. **COORDINATE:** Inform chain of command (at least one level up), refer Marine to care provider, and follow up.
3. **COVER:** Recognize danger posed by or to a stressed person. Neutralize the danger. Keep person safe until he or she recovers.
4. **CALM:** Help the person relax. Use tactical breathing. Refocus the Marine's thinking.



5. **CONNECT:** Spend time with Marine; encourage peer support.
6. **COMPETENCE:** Encourage and mentor Marine back to full function. Retrain if necessary.
7. **CONFIDENCE:** Offer positive reinforcement as Marine reintegrates with unit. Give the Marine increasing responsibility.

### BEFORE THERE IS A CRISIS

- 1 Leaders must know their Marines. Know their strengths and weaknesses. Know the challenges they face at work and at home.
- 2 Recognize when Marine's stress level moves from mild to moderate to severe.
- 3 Ensure your unit has a fully trained Operational Stress Control and Response (OSCAR) team that is ready to respond.
- 4 Check your unit's training records to make sure every Marine has had Unit Marine Awareness and Prevention Integrated Training (UMAPIT).
- 5 Stay in contact with stakeholders: your installation's Behavioral Health staff, your Embedded Preventive Behavioral Health Capability staff, your chaplain, and Navy mental health providers. Read the Combat and Operational Stress Control doctrine (MCTP 3-30E). It contains helpful information.