

# Building and Maintaining Stress Resilience in the Marine Corps



DR. THOMAS A. GASKIN

DIRECTOR

USMC COMBAT OPERATIONAL STRESS CONTROL (COSC) PROGRAM

04 November 2009



# **Combat Operational Stress Control in USMC**



- The stress of deploying to a war zone <u>affects everyone</u> involved
- Effectively building resilience and managing operational stress at every level is essential
  - Force preservation and readiness
  - Long-term health of our Marines, families, and society
- Resilience and stress control are addressed
  - Throughout the <u>deployment cycle</u>
  - Throughout Marines' <u>careers</u>
- Building and maintaining stress resilience is the <u>responsibility of</u> <u>leaders</u> at all levels
  - Assisted by other professionals



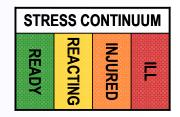
# **Commandant's Guidance**







# **Combat Operational Stress Continuum for Marines**



READY	REACTING	INJURED	ILL
<ul> <li>Good to go</li> <li>Well trained</li> <li>Prepared</li> <li>Fit and tough</li> <li>Cohesive units, ready families</li> </ul>	<ul> <li>Distress or impairment</li> <li>Mild, transient</li> <li>Anxious or irritable</li> <li>Behavior change</li> </ul>	<ul> <li>More severe or persistent distress or impairment</li> <li>Leaves lasting evidence (personality change)</li> </ul>	<ul> <li>Stress injuries that don't heal without intervention</li> <li>Diagnosable</li> <li>PTSD</li> <li>Depression</li> <li>Anxiety</li> <li>Addictive</li> <li>Disorder</li> </ul>

**Individual Responsibility** 

Chaplain and Medical Responsibility



# Stress Outcome Spectrum: Reactions Versus Injuries





#### **Stress Reactions**

- Common
- Always temporary
- Mild distress or loss of function
- Self-correcting



#### **Stress Injuries**

- Uncommon
- May leave a scar
- More severe distress or loss of function
- May heal faster with help



### **Sources of Stress Injury**



# Intense or Prolonged Combat or Operational Stress

#### LIFE THREAT

- A <u>trauma</u> injury
- Due to events provoking terror, helplessness, horror, shock

# WEAR AND TEAR

- A <u>fatigue</u> injury
- Due to the accumulation of stress over time

#### LOSS

- A grief injury
- Due to loss of people who are 
   cared about

# INNER CONFLICT

- A <u>beliefs</u> injury
- Due to conflict between moral/ethical beliefs and current experiences 6



# **Mechanisms of Stress Injury**





#### **Biological**

Memory problems: Damage to memory center

Overreaction: Lowered threshold for fear response

Hypervigilance: Neurotransmitters on overdrive

Depression/anxiety: Neurotransmitters get used up

Personality change: Diminished control of emotion and impulses



#### **Psychological**

Trouble making sense of fragmented memories Severe self-blame or guilt Grief over lost friends and acquaintances Changes in self-attribution Feeling out of control



#### Social/Spiritual

No answers to the big questions anymore

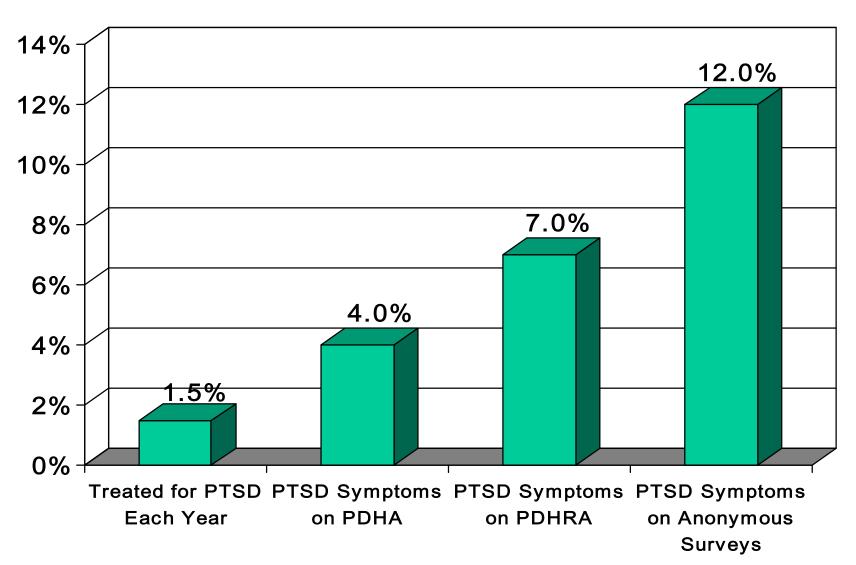
- √Why do things like this happen?
- √What is important anymore?
- ✓ How do I forgive myself and others?
- ✓ Who can I trust?

Loss of social support



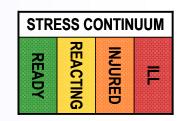
# Post-deployment PTSD Symptoms in Marines







## **Leadership is the Key**



- Five COSC Core Leader Functions are how we manage and cope with stress
  - 1. Strengthen Marines
  - 2. Mitigate and remove unnecessary stressors
  - 3. Identify Marines with stress problems
  - 4. Treat and coordinate care
  - 5. Reintegrate back to unit



### **Marine Operational Stress Training** (MOST) Cycle for Deployments



#### **COSC Awareness Briefs**

#### **Pre-deployment**

- **Leader Preparation**
- Warrior Preparation
- Family Preparation

#### **Before Redeployment**

- Leader Transition
- Warrior Transition
- **Family Transition**

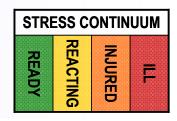
#### **Post-deployment** (60-120 days)

- Leader Transition II
- Warrior Transition II
- Family Transition II





#### **Marine or Sailor Under Stress**



#### **Green Zone (Ready):**

 Good to Go. Continue to monitor for signs of distress or loss of function in the future if concerned

#### Yellow Zone (Reacting):

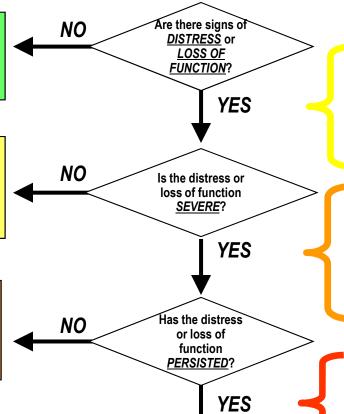
- Ensure adequate sleep and rest
- Manage home-front stressors
- Discussions in small units
- Refer to chaplain or medical if problems worsen

#### **Orange Zone (Injured):**

- · Keep safe and calm
- Rest and recuperation 24-72 hrs.
- Refer to medical or chaplain
- Mentor back to full duty and function

#### Red Zone (III):

- · Refer to medical
- Ensure treatment compliance
- Mentor back to duty if possible
- Reintegrate with unit



#### Distress or Loss of Function:

- · Difficulty relaxing and sleeping
- · Loss of interest in social or recreational 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 or recreational 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 several weeks postdeployment
- · Stress problems that don't get better over time
- · Stress problems that get worse over time

Combat Operational Stress Decision Flowchart



### **OSCAR**



#### Operational Stress Control and Readiness Program:

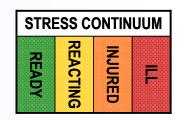
- Embedded mental health professionals
  - **✓** Divisions and infantry regiments
- Extended by medical, religious, and warfighter personnel
  - ✓ Battalions and companies
  - ✓ Selected and specially trained to their level of expertise and experience

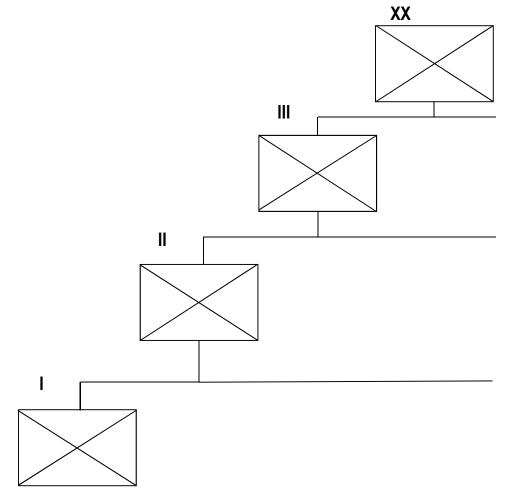
#### Objectives:

- Help leaders build individual and unit strength, resilience, and readiness
- Serve as a known, easily approachable immediate point of contact
- Provide advice and support on stress-related issues
- Encourage others to get help when needed
- Provide early intervention or treatment as appropriate
- Help affected Marines and Sailors get back to full readiness



### **OSCAR Structure**





#### **DIVISION**

Mental Health Providers (3, full time) Psych Techs (4, full Time)

#### **INFANTRY REGIMENTS**

Mental Health Providers (2, full time) Psych Techs, (2, full time)

#### **INFANTRY BATTALIONS**

Medical Providers (collateral) Chaplains (collateral) Corpsmen, (collateral) Religious Program Specialists (collateral) Marine Leaders (XO, SgtMaj, collateral) Marine Peers (selected, collateral)

#### **INFANTRY COMPANIES**

Corpsmen (selected, collateral)
Marine leaders, XO,1<sup>St</sup> Sgt, collateral)
Marine Peers (selected, collateral)



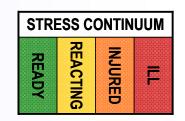
### **Question 1**



- In the Marine Corps, building and maintaining stress resilience is the responsibility of:
- A. Navy Mental Health Providers
- **B.** Chaplains
- C. Leaders at all levels, assisted by other professionals
- D. Senior Leaders only



### **Question 2**



- Which stressors can leaders prevent the most through mitigation?
- A. Life threat
- B. Wear and tear
- C. Loss
- D. Inner conflict



# **Questions? Comments?**



www.manpower.usmc.mil/cosc