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From: Commandant of the Marine Corps
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Subj: COMBAT AND OPERATIONAL STRESS CONTROL PROGRAM

Ref: (a) DODI 6490.05, "Maintenance of Psychological Health in Military Operations," 22 Nov 2011
(b) DODI 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," 17 Aug 2011
(c) MCRP 6-11C, "Combat and Operational Stress Control," 23 Dec 2010
(d) SECNAV M-5210.1

Encl: (1) Combat and Operational Stress Control Procedural Guidance

1. Situation. This Order issues Marine Corps policy and guidance for commanders across the total force so they can establish and improve the Combat and Operational Stress Control (COSC) program in accordance with the references.

2. Mission. The COSC program enables a cohesive ready force and promotes long-term health and well being among Marines, attached Sailors, and their family members. The COSC program assists commanders, Marines and attached Sailors, in maintaining warfighting capabilities by preventing, identifying, and managing the impacts of combat and operational stress on Marines and Sailors.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Maximize force preservation and readiness through prevention, identification, and early intervention of combat and operational stress issues, whether deployed or in garrison.

(b) Promote psychological resilience and the long-term health of Marines, attached Sailors, and their families.

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(c) Promote the five core leader functions of Strengthen, Mitigate, Identify, Treat, and Reintegrate.

(d) Establish a climate where Marines and attached Sailors can seek assistance for stress reactions without fear of reprisal.

(2) Concept of Operations

(a) All Marines and Sailors are responsible for building psychological resiliency by developing and employing knowledge, skills, and tools to manage operational stress issues and foster a climate to reduce stigma. Operational Stress Control and Readiness (OSCAR) Teams are the commander's representatives in the unit on COSC efforts.

(b) Commanders shall incorporate COSC principles across the total force to include family readiness programs. This will assist prevention efforts and support commanders in creating a climate where stress issues are identified and addressed quickly without stigma or career degradation. The enclosure provides amplifying guidance.

(c) Commanders are assisted in executing their COSC responsibilities by medical and mental health professionals, religious ministry teams, Marine and Family Programs personnel, and others. Specific information on COSC tools and resources is listed in Appendix A through C.

(d) All stress research, pilot programs, or related efforts must be coordinated through Deputy Commandant, Manpower and Reserve Affairs, Headquarters Marine Corps (HQMC).

(e) HQMC COSC will establish overarching plans, policies, and programs to assist commanders in their COSC responsibilities and local efforts will be aligned to this effort.

b. Subordinate Element Missions

(1) Deputy Commandant for Manpower and Reserve Affairs (DC M&RA)

(a) Establish a Service-level COSC program (HQMC COSC) with sufficient resources, authority and oversight to meet higher headquarters COSC program requirements.

(b) Ensure appropriate personnel staffing for HQMC COSC structure.

(c) HQMC COSC will serve as the Marine Corps subject matter expert for combat and operational stress issues. Act as the proponent for all Marine Corps COSC doctrine and policy in the Department of Defense and at inter-service venues. Report HQMC COSC policy, doctrine, training, education, research and data as required.

(d) Oversee quality assurance for COSC training throughout the Marine Corps.

(e) Train and coordinate with Regional Training Coordinators (RTC) at each Marine Expeditionary Force (MEF) and Marine Forces Reserve (MARFORRES).

(f) Organize and disseminate information including conducting COSC conferences and road shows. Coordinate best practices with Marine commanders and leaders. Include other military services and outside agencies in the process, as appropriate.

(g) Coordinate with Marine Corps Combat Development Command and provide subject matter expertise support to Training and Education Command in developing and disseminating comprehensive COSC education and training programs.

(h) Coordinate with stakeholders, including Medical Officer of the Marine Corps, Chaplain of the Marine Corps and Navy Bureau of Medicine (BUMED), in developing, implementing and approving training programs for medical, mental health, and religious ministry professionals. The training programs should include the principles of COSC, Marine culture, best practices, and outcomes-based interventions for stress injuries.

(i) Develop metrics to assess the effectiveness of the Marine Corps COSC program. Coordinate with Health Services, Navy and Marine Corps Public Health Center, and Naval Health Research Center and others for reference data and analysis.

(j) Coordinate with subject matter experts to develop and implement interventions, tools, and processes for addressing combat and operational stress issues experienced by families of Marines and attached Sailors.

(k) Collaborate with Medical Officer of the Marine Corps, Marine Corps Combat Development Command, and BUMED in reference to staffing of mental health professionals assigned to Marine Corps units.

(1) Incorporate provisions of this Order into the Inspector General of the Marine Corps Functional Area Checklist (FAC) to be used in both the Unit Inspection Program and the Command Inspection Program.

(2) Commanding General, Marine Corps Combat Development Command (MCCDC). In coordination with HQMC COSC:

(a) Develop and publish COSC doctrinal publications in conjunction with HQMC COSC.

(b) Collaborate with Medical Officer of the Marine Corps, Chaplain of the Marine Corps, Training and Education Command, and BUMED to develop and implement COSC training for OSCAR extenders and mental health professionals.

(3) Commanding General, Training and Education Command (TECOM)

(a) Ensure COSC fundamentals are integrated into Marine Corps Common Skills Manuals, Marine Corps Training and Readiness Manuals, Health Services and Religious Ministries Training and Readiness Manuals, curriculum within entry-level training, professional military education (PME) programs, other formal schools and all appropriate career progression courses.

(b) In coordination with HQMC COSC, establish COSC OSCAR Extender training standards for development of Program of Instruction curricula for the Health Services community, including medical personnel and mental health professionals.

(c) In coordination with the Chaplain of the Marine Corps, ensure COSC fundamentals are integrated into Chaplain/Religious Program Specialist Expeditionary Skills Training (CREST) and other religious ministry training opportunities.

(4) Inspector General of the Marine Corps (IGMC)

(a) Ensure COSC programs are evaluated in connection with regular and no-notice unit inspections.

(b) Utilize the FAC as the standard for ensuring compliance with this Order.

(c) Implement a response time for findings and/or recommendations of no more than 45 days from release of IGMC report.

(d) Provide a report to HQMC COSC after completion of the inspection and a follow-up report as required.

(5) Medical Officer of the Marine Corps (HS)

(a) In coordination with HQMC COSC and TECOM, facilitate a full range of psychological health services in support of commanders, Marines, attached Sailors, and families.

(b) Coordinate with HQMC COSC to develop policy, plans, and programs impacting the COSC mission.

(c) Advocate for and facilitate full and consistent staffing of mental health professionals assigned to Marine Corps units.

(d) Coordinate with BUMED to collect, analyze and share epidemiologic data on combat and operational stress, traumatic brain injury, and other combat/trauma related events.

(e) Provide subject matter expert support to HQMC COSC to develop COSC related training.

(6) Chaplain of the Marine Corps (REL)

(a) In coordination with TECOM, ensure COSC fundamentals are integrated into CREST and other religious ministry training opportunities.

(b) Develop, implement, and maintain annual OSCAR Extender training for chaplains and religious program specialists (RP).

(c) Provide subject matter expert support by evaluating, making recommendations and coordinating with TECOM and HQMC COSC to improve the quality of COSC training for chaplains and RP.

(7) Commander, U.S. Marine Corps Forces Commands, Marine Corps Logistics Command, U.S. Marine Forces, Pacific, and Marine Corps Installation Command. Develop and publish command policy that implements COSC principles in accordance with this Order.

(8) Commanding General, Marine Corps Recruiting Command (MCRC)

(a) Develop and publish command policy that implements COSC principles in accordance with this Order.

(b) For the purpose of clarity, Marine Corps Districts are considered "battalion-level" and Recruiting Stations are considered "company-level" when referring to COSC requirements in this Order.

(9) Commanding General, Marine Expeditionary Forces and Commander, Marine Forces Reserve

(a) Develop and publish command policy that implements COSC principles in accordance with this Order.

(b) Implement and sustain COSC activities including OSCAR training and Deployment Cycle Training (DCT). Chapters 2 and 3 of the enclosure provide guidance for COSC activities.

(c) Employ and resource a RTC to serve as the advisor to the commander on all COSC related programs and activities to include OSCAR and DCT. All RTC must achieve and maintain certification as an OSCAR Master Trainer and perform oversight for all OSCAR Training Courses conducted in their areas of responsibility. Recommended RTC duties are found in Appendix C.

(d) Provide status reports of COSC activities to HQMC COSC on a quarterly basis (Dec-Mar-Jun-Sep), or as requested. This includes but is not limited to OSCAR training, best practices, program gaps/challenges, local conferences, pilot programs and initiatives. HQMC COSC will track trends and use this information to improve the COSC program.

(10) Commanding Generals, Commanding Officers, and Detachment Officers in Charge

(a) Develop and publish command policy that implements COSC principles in accordance with this Order.

(b) Implement and sustain a unit COSC program in accordance with chapters 1 through 3 of the enclosure.

(c) Appoint a COSC representative in writing at the battalion/squadron or equivalent level. Chapter 1 includes guidance for the COSC representative.

(d) Ensure all Religious Ministry Teams (RMT) and unit medical personnel are included in OSCAR Team training. If a mental health professional is not organic to the unit, commanders are encouraged to establish ongoing relationships with available mental health professionals assigned to local military treatment facilities via the chain of command. This will foster positive relationships between leaders and providers and help reduce stigma associated with seeking behavioral health assistance.

(e) Incorporate the COSC Program into the Command Inspection Program utilizing the FAC published on the IGMC's website: www.hqmc.marines.mil/igmc/Resources/FunctionalAreaChecklists.aspx.

4. Administration and Logistics

a. Detailed descriptions of COSC programs, processes, responsibilities, resources, and tools are found in the enclosure.

b. Education and training materials and other resources are available online at www.manpower.usmc.mil/cosc; http://www.bhin.usmc-mccs.org/ and http://www.usmc-mccs.org/cosc/. Information is also available via email at cosc@usmc.mil.

c. Recommendations concerning the content of this Order may be forwarded to CMC (DC M&RA) via the appropriate chain of command.

d. Records created as a result of this Order shall be managed according to the National Archives and Records Administration approved dispositions per reference (d) to ensure proper maintenance, use, accessibility and preservation, regardless of format or medium.

e. Key terms specific to this Order are defined in Appendix A of the enclosure.

5. Command and Signal

a. Command. This Order is applicable to the Marine Corps Total Force.

b. Signal. This Order is effective the date signed.

R. E. MILSTEAD JR
Deputy Commandant for
Manpower and Reserve Affairs

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LOCATOR SHEET

Subj: COSC Program Policy

Location: ____
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RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

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Chapter 1

Combat and Operational Stress Control Program

1. Introduction. The COSC program promotes mission readiness, preserves the force and supports the long-term health and well-being among Marines, attached Sailors, and their family members by empowering leaders in prevention efforts informed by evidence-based behavioral health science. Employing the five COSC core leader functions, Strengthen, Mitigate, Identify, Treat, and Reintegrate, develops Marines individually to better carry out the unit mission.

2. Command program. Every commander will determine how to incorporate Marine Corps COSC requirements and principles into a command program to best support the unit mission and build and maintain a favorable command climate. The following tools, at a minimum, will be incorporated to ensure compliance with this Order.

a. Commander's policy letter. Commanders will publish a policy letter to support their plans to incorporate COSC principles within 60 days of assuming command. A sample is provided in Appendix D.

b. Combat and Operational Stress Control Representative. Each battalion/squadron or equivalent level command shall appoint in writing a COSC Representative to serve as an advisor to the commander. Chaplains and RP will not be assigned as COSC representatives. The COSC Representative shall:

(1) Serve as an advisor to the commander on all COSC requirements, programs, and activities. In order to advise the commander, the COSC representative must be familiar with COSC doctrine and related publications. This representative must be a Staff Non-Commissioned Officer (SNCO) or officer.

(2) Assist in development of command plans and policies incorporating COSC principles and directives.

(3) Ensure officers, SNCOs, and Non-Commissioned Officers (NCOs) at all levels of command are trained and familiar with COSC principles and tools.

(4) Ensure all COSC training requirements, including unit-level and individual augment deployment cycle training, are completed and reported in the Marine Corps Total Force System (MCTFS).

(5) Coordinate with RTC to conduct COSC and OSCAR training as required.

(6) Coordinate with Family Readiness Officers (FRO) to provide a subject matter expert to assist with COSC training for family members.

(7) At a minimum, COSC representatives will be certified as OSCAR Mentors/Team Members. Certification as an OSCAR Trainer or Master Trainer is preferred.

(8) COSC representatives will be included in the planning, execution, and review processes for unit training and operations. The COSC representative will utilize the Training for Resilience Checklist in Appendix E to assist commanders in building resilience and improving warfighting capability.

3. The Five COSC Core Leader Functions. Commanders and leaders will employ the five COSC core leader functions: Strengthen, Mitigate, Identify, Treat, and Reintegrate to increase individual and unit readiness. Employing the five COSC core leader functions and utilizing the Stress Continuum provides the Marine Corps framework for understanding, recognizing and dealing with combat and operational stress reactions. A Stress Decision Flowchart is provided in Appendix J to guide leaders in assisting their Marines. The Stress Continuum is described in Appendix B. Methods for incorporating the COSC core leader functions are as follows:

a. Strengthen. Strengthening Marines enhances resilience against combat and operational stress and aids the prevention of stress injuries and illness. Individuals enter military service with a set of pre-existing strengths and vulnerabilities based on genetic makeup, prior life experiences, personality style, family support systems, among other factors. Commanders of military units can do much to enhance the psychological resilience of unit members and their families. Strengthening falls into three main categories: training, social/unit cohesion and leadership aligned to physical, mental, social and spiritual domains.

(1) Leadership

(a) Leadership is a critical factor in strengthening unit members and families. Unit members are strengthened by leaders who teach, inspire, provide positive examples, keep them focused on mission essentials, instill confidence, provide a model of ethical and moral behavior, and provide an example of courage and fortitude on which unit members can draw during times of adversity and challenge. However, leaders are not immune to stress and are responsible for addressing stress reactions in themselves as well as their Marines.

(b) Promoting Ethics and Protecting Core Values. Resilience in the face of hardship is enhanced by a sense of purpose

and belonging – that they are contributing to a greater good. Leaders convey this sense of purpose to unit members by clearly communicating the meaning and value of the unit's activities. Another method of communicating meaning is by ensuring that all decisions made, and all actions taken by unit members are consistent with core values, the Law of War, rules of engagement, and other ethical standards. For unit members to believe they are doing what is right, the unit actions must be right. Leaders are the protectors of ethical decision making and core values. Deviations from ethical standards, if they occur, must be openly acknowledged and corrected before unit members mistakenly take such deviations as proof that the standards are not to be trusted. The following are protective factors leaders should incorporate into their personal leadership programs:

1. Promote and encourage the four cords of Marine Total Fitness - Mind, Body, Spirit and Social.

2. Provide structure, limits, rules, monitoring, and predictability with clear expectations for behavior and values. Retain balance of independent action and group interrelation by encouraging Marines to work in areas for improvement.

3. Provide mentoring and support for development of skills and interests to shape future attitude and create internal motivation toward achievement.

4. Provide opportunities for social and professional engagement within the Marine community. Talk to Marines and involve them socially within the unit, in programs like the Single Marine Program, or in other military supporting organizations, such as veteran service organizations.

5. While using Operational Risk Management to provide the greatest level of physical and psychological safety possible, educate Marines, as specifically as possible, about the realistic risks connected to their duties.

6. Encourage Marines to develop a sense of themselves as Marines and citizens by encouraging the study of subjects that develop worldview: this includes PME, current affairs, and history. Provide opportunities for learning and training as much as possible.

7. Recognition is a method of mentorship, along with additional teaching or further information to those Marines exhibiting proficiency and a desire for improvement. Sending Marines to schools and giving awards is part of the same effort. Other forms of recognition include letters from the commander or commanding general to the Marine highlighting the Marine's good work. A sample letter is provided in Appendix H. COSC or other appropriate training materials can accompany the letter.

(2) Training. Realistic training not only builds tactical and technical proficiency but individual and unit confidence and cohesion. These are examples of protective factors against stress injuries and illness. Appendix E provides a checklist for evaluating the resilience impact of training.

(a) Intense surprise can be detrimental to psychological health, therefore realistic training is critical preparation for deployment. Realistic training includes replicating the anticipated tasks, stressors and environment of the operation as closely as possible. Creating opportunities for critical thinking and decision-making creates a sense of accomplishment along with a more skilled Marine. While skill building may be the most obvious benefit, it is worth emphasizing the process of skill building itself as a strengthening and team-building product. Some other examples are, but not limited to, equipment failure, casualties, enemy combatant friction, communication failures, etc.

(b) By understanding the nature of stress reactions, leaders can best determine how to achieve maximum training effectiveness. Leaders should monitor their Marines and Sailors for stress reactions and Marines and Sailors should review each other for signs of stress. Safeguards should be included in the training plan to prevent stress injuries. It does not mean excusing Marines from training or ending or canceling training if not warranted, but can include temporarily removing Marines who may require it, reducing the scope or length of training or adding breaks as needed. Ensuring sufficient sleep, hydration and nutrition will help minimize stress issues and prevent injuries. Peer-to-peer observation and engagement should be the first method of support and often the only intervention required. The stigma of asking for help can be reduced by providing stress mitigation without removing Marines from training. Combat Operational Stress First Aid (COSFA) can be used to address stress reactions on the spot as it occurs. COSFA is described in Appendix C.

(c) Providing additional training is a way to recognize and improve high-performing Marines. Receiving OSCAR training and becoming part of the unit's OSCAR Team constitute recognition, as only the highest caliber Marines should be selected for the OSCAR Team and as trainers.

(3) Unit cohesion. Unit cohesion is the mutual trust and support of a social group seen in the esprit d' corps of a well-functioning unit. It is developed through the sharing of adversity over time and team building activities and is an important protective factor against the relative effects of combat and operational stress. This process benefits from time and unit stability, but can be challenging in the face of personnel rotations or in the case of individual augments or member of reserve units. Peer-to-peer support

is a key factor in engaging stress reactions early and preventing stress injuries and illness.

(a) Promote communication and trust in both peer-to-peer and leader-to-subordinate relationships through shared hardships and accomplishment. This promotes unit functionality and cohesion, and increases confidence in leadership. Unit training should always emphasize ethical behavior and core values.

(b) Families are an important part of the unit and contribute to its cohesiveness. Stress related to family is a primary stressor for deployed Marines. A successful deployment for the Marine and family requires readiness through communication, planning and advance preparation. A high state of personal and family readiness enhances the unit's state of readiness.

(c) Unit cohesion can be compromised by adverse events involving violations of ethics, rules of engagement or core values, especially if more than one unit member is involved in the event, and particularly if one unit member compromises another. Hazing, assault and other destructive behavior, along with general wear and tear, will also compromise unit cohesion. Leadership can provide required and additional training to ensure Marines understand and carry out proper conduct and ensure any infractions are addressed fairly and promptly.

b. Mitigate. Mitigation is the use of techniques to minimize the impact of stressors that cannot be removed including balancing the need to intentionally stress Marines during training and missions with reducing stressors that are not essential to training or mission accomplishment. Appendix F is a checklist of ways to mitigate stress.

(1) Leaders will maintain awareness of risk factors for stress injuries and encourage Marines to address them promptly. Potential risk factors could include head injuries, poor physical health, lack of commitment to adult roles, antisocial behavior, spousal conflict, leaving home, moving or joining a new unit.

(2) This is a continual process of replenishing Marines consistently affected by stress and preventing or mitigating new stressors where possible. Adequate sleep, rest, recreation, and spiritual renewal are valuable for stress mitigation in the face of operational challenges.

(3) Basic preventive factors include perceptions of leadership, pre and post deployment support, building physical endurance, addressing personal issues before they become overwhelming, building quality of life including secure personal space, encouraging tolerance, communication with family and unit members, and upholding ethical behavior.

(a) Leaders can mitigate stressors in combat/operational deployments and garrison by maintaining unit cohesion, communicating the mission's value, rewarding accomplishments, keeping Marines active and exhibiting courageous, ethical behavior.

(b) Conduct an After Action Review (AAR) to address the stressors post action/operation. The AAR is used to discuss actions in training or after operations such as patrols or assaults, humanitarian assistance missions and combat support missions. Appendix C contains further guidance. In a non-deployed environment, the AAR is used more generally to periodically discuss unit functioning and climate.

(c) Address errors in a manner that allows the Marine to retain honor and use correction as an opportunity to mentor.

c. Identify. Since even the best preventive efforts cannot eliminate all stress reactions and injuries that might affect occupational functioning or health, effective COSC requires continuous monitoring of stressors and stress outcomes.

(1) Leaders must know the individuals in their units, including their specific strengths and weaknesses, and the nature of the challenges they face, both in the unit and in their personal lives. Most importantly, leaders must monitor which stress zone of the Stress Continuum unit members are in on a day-to-day basis. Marines and Sailors should recognize their own stress reactions, injuries, and illnesses; and they must be able to recognize small changes in behavior that may indicate a stress reaction. Leaders must recognize when a Marine's confidence in him or herself, or his or her peers or leaders is shaken, or when units have lost effectiveness because of challenges to the unit, i.e. casualties or changes in leadership.

(2) Identifying and maintaining visibility on Marines who may be at increased risk of stress injury or illness can provide additional personal attention, which can be used in a positive way. High-risk personnel may include Marines who have deployed three or more times, deploying single parents, very young married Marines, and single Marines new to the unit. Commanders can utilize the Deployment and Psychological Health Checklist in Appendix G as a tool to determine psychological fitness and deployability for individual Marines as part of an overall assessment. Marines may minimize problems and their need for support may not be readily obvious. Identifying Marines who may be at risk at a point in time is part of involved leadership and may be critical for that Marine asking for and receiving help at a point before larger problems can develop. Nothing replaces talking with and listening to Marines.

(3) Stigma, particularly self-stigma, can be a barrier to acknowledging stress injuries or illness and seeking assistance. Therefore, the best and most reliable method of ensuring that everyone who needs assistance gets it is for small unit leaders to continually monitor the personal and professional performance of their subordinates, and for peers to watch out for each other. Chapter 2 details the duties and structure of the OSCAR Team. Appendix J contains the Stress Decision Flowchart that can be used for stress identification purposes.

d. Treat. While Marine leaders do not provide direct clinical treatment, they are responsible for leadership interventions including facilitating discussions and knowing appropriate resources, as well as referring to the appropriate level of care those affected by stress. The tools available for the treatment of stress reactions include: self-aid, peer-to-peer, support from a Marine leader, chaplain, corpsman, or medical officer and definitive medical or psychological treatment. Although some forms of treatment can only be delivered by trained medical or mental health providers, others require little special training and can be applied very effectively by a peer, family member, leader, or chaplain. Regardless of what level or type of treatment is available for any given Marine or Sailor, the overall responsibility for ensuring appropriate and timely care for injuries or illnesses rests with leaders and their commanders. This is done through coordination with appropriate level of care and follow-through with the Marine or Sailor and the care provider including maintenance and after-care.

e. Reintegrate. Commanders support Marines and Sailors during reintegration back into the force following formal mental health treatment. Reintegration is aligned to the maintenance of all Marines but includes two important factors: addressing command climate regarding stigma and establishing confidence. This includes continually monitoring fitness for duty and worldwide deployment, and mentoring the Marine during their recovery process by restoring the confidence of the stress-injured Marine, his or her peers and the unit. Reintegrating Marines preserves the investment made in the training of the individual and upholds our Core Values. Stigma is dispelled when other members of the unit see previously injured Marines return to full duty.

Chapter 2

Operational Stress Control and Readiness Teams and Training

1. OSCAR Team Training. OSCAR Team training builds teams of leaders, Marines, and medical and religious ministry personnel to act as sensors for the commander by noticing small changes in behavior and taking action early. This supports the commander in building unit strength, resilience, readiness, and keeping Marines in the fight.

a. Goal. The goal of OSCAR is to prevent, identify and reduce stress issues as early as possible. OSCAR is trained throughout the Corps to assist leaders in promoting psychological resiliency and Marines and Sailors who need assistance get the appropriate level of care. It is a tool for Marines to take care of their own, from a small unit leadership standpoint, peer-to-peer care and self-care.

b. Team composition. Each battalion/squadron or equivalent command shall train, certify and maintain an OSCAR Team. This core OSCAR Team will consist of at least five percent of the unit's personnel or a minimum of 20 Marines and Sailors, whichever is greater. Teams are comprised of "Mentors/Team Members" (trained unit Marines), "Extenders" (unit medical and religious ministry personnel), and "Mental Health Professionals" (MHP) (mental health providers and technicians associated with the unit). The commanding officer or designee shall provide oversight of the OSCAR Team.

(1) The battalion/squadron-level or equivalent command headquarters element team will typically include the commanding officer, executive officer, sergeant major, surgeon, chaplain, senior corpsman, RP, and other senior Marines.

(2) Each company-level or equivalent team will typically include the commanding officer, executive officer, first sergeant, company/battery gunnery sergeants, platoon commanders, platoon sergeants, squad leaders, and corpsmen.

(3) Commanders will appoint OSCAR Mentors/Team Members who are strong role models, willing to assist and mentor other Marines. Mentors/Team Members with combat deployment experience are preferable. All unit members have the potential to be trained as OSCAR Mentors/Team Members. OSCAR Mentors/Team Members promulgate command climate; identify, support and advise fellow Marines and Sailors on combat and operational stress issues and intervene to prevent potential stress concerns from becoming more serious injuries or illnesses requiring medical intervention. They provide leadership through example and refer Marines to OSCAR Extenders and MHPs when problems persist. Leaders are empowered to help Marines recognize and recover from stress reactions and quickly get them back in the fight.

Stigma is reduced by normalizing the full range of stress reactions and building COSC concepts into daily leadership actions.

(4) Not all units are organized on a battalion/squadron - company/section structure, so it is important for the commander to be familiar with OSCAR, understand how the OSCAR Team is utilized and use common-sense to build an OSCAR Team that meets intent during deployments and in garrison. OSCAR is relevant across the total force, and OSCAR Teams are mandatory in all battalion/squadron or equivalent command structures.

c. OSCAR Extenders are medical staff, chaplains, corpsmen, religious program specialists, and other professionals who "extend" the capabilities of OSCAR MHP by bridging the gap between Marine OSCAR Mentors/Team Members and OSCAR MHP. Extenders work with OSCAR Mentors/Team Members to provide prevention services, formal counseling and medical care. OSCAR Extenders examine and review Marines referred to them by Mentors/Team Members and assist within the scope of their practice and expertise. They make further referrals to OSCAR MHP when necessary.

d. OSCAR MHP are specialized medical personnel such as psychiatrists, psychologists, mental health nurse practitioners, psychiatric and psychological technicians and licensed clinical social workers. They provide specialized prevention services and formal mental health care and make diagnoses such as Post Traumatic Stress Disorder (PTSD).

(1) Each active Marine Division and Regiment has OSCAR MHP on their table of organization. They provide clinical services and spend significant time embedded within units both in garrison and during field training evolutions. They also provide a variety of non-clinical support, including psychological health surveillance, command liaison, preventive psychological health training, and coordination with external mental health services. This interaction with the units builds the MHP understanding of mission requirements throughout the deployment cycle. It also enhances prevention efforts by familiarizing Marines with OSCAR MHP, as well as decreasing the stigma associated with mental health treatment.

(2) Other Marine Unit's access to MHP will be unique to the type and location of the unit. While deployed or in garrison, MHP may not be centrally located. Commanders will establish relationships and mental healthcare protocol through available resources. This includes on and off-base mental health or behavioral healthcare resources.

2. OSCAR Duties and Training

a. Individual Marines and Sailors will be certified in OSCAR duties as detailed below:

(1) OSCAR Mentor/Team Member. A Mentor/Team Member is certified after successfully attending the one-day (six hour) OSCAR Team training conducted by an OSCAR Trainer or OSCAR Master Trainer.

(a) OSCAR Mentors/Team Members assist commanders in preventing, identifying, and managing combat and operational stress issues. Mentors/Team Members lead by example, are able to discuss stress reactions with their fellow Marines and help reduce stigma associated with seeking behavioral health assistance when required in order to maintain readiness and promote psychological health. When Mentors/Team Members encounter Marines with stress issues beyond their ability to assist, they refer Marines to the team's OSCAR Extenders.

(b) OSCAR Mentors/Team Members will support the commander regarding the conduct of COSC-relevant training to build cohesion and resilience incorporates realistic, team-based scenarios. This includes deployment-oriented training and unit training at all levels. Chapter 3 contains more guidance and Appendix F provides a checklist to evaluate the resilience-building potential for planned training.

(2) Advanced OSCAR Mentor/Team Member. Advanced OSCAR Mentor/Team Member certification is earned by completing the first four days of the OSCAR Team training course without completing the teach-back qualification as conducted by a master trainer. Candidates who complete the first four days of OSCAR Team training to become Advanced OSCAR Mentors/Team Members may conduct hip pocket briefings and continue to gain experience as apprentice trainers assisting in team member training until certified as OSCAR Trainers by a Master Trainer.

(3) OSCAR Trainer. OSCAR Trainer certification is earned after successfully attending the full five-day Train-the-Trainer course, including conducting supervised unit team training on the final day as part of the certification. OSCAR Trainers are authorized to train OSCAR Mentors/Team Members. OSCAR Master Trainers will train and certify OSCAR Trainers. OSCAR Trainer candidates should be experienced and compelling Marines who are able to take the leading role in a training environment.

(4) OSCAR Master Trainer. OSCAR Master Trainer certification is earned after completing the Master Trainer course conducted by HQMC COSC. The qualifying event is to conduct a Train-the-Trainer course supervised and evaluated by HQMC OSCAR Master Trainers. Master Trainers are certified to lead OSCAR Team training and certify OSCAR Trainers. HQMC COSC will conduct Master Trainer courses for commands, as required/requested. Commands, utilizing organic Master Trainer input, will nominate experienced and compelling OSCAR Trainers as Master Trainer candidates.

b. OSCAR certifications transfer across commands.

3. OSCAR Team Training Concept of Operations

a. OSCAR Team training is a six-hour training. It brings Mentors/Team Members, Extenders, and MHP together and enables them to function as an effective OSCAR Team. The training covers COSC awareness, the five core leadership functions (Chapter 1), application of the Stress Continuum (Appendix B), AAR as COSC tools (Appendix C), listening skills, early intervention strategies, operational risk management issues related to stress, coordination between leaders and medical providers, tools for building resilience, mitigation strategies, determination of psychological readiness for deployment, and a leader's panel discussion of personal experiences with combat and operational stress. The panel discussion provides leaders an opportunity to demonstrate to their subordinates that it is acceptable to talk about combat or operational stress issues.

b. The OSCAR Train-the-Trainer course requires five days: one-day OSCAR Team training; three days of advanced OSCAR classroom instruction, facilitated discussion, role-playing, leadership panels, and practice sessions, general OSCAR knowledge plus training tailored to their specific community; plus a fifth day of Master Trainer-supervised and evaluated hands-on training of an actual OSCAR Team leading to OSCAR Trainer certification.

c. The OSCAR Master Trainer course requires seven days: two days of advanced instruction on how to train trainers, and five days of hands-on training of OSCAR Trainer candidates under HQMC supervision. Master Trainers currently are only be trained and certified by HQMC COSC.

(1) HQMC OSCAR Master Trainers have trained and certified OSCAR trainers at each MEF who can train OSCAR Teams at any unit. Commands should coordinate trainer training with their local COSC RTC or MEF Master Trainers.

(2) HQMC COSC will periodically conduct OSCAR Master Trainer courses at each MEF to replenish the Master Trainer Pool.

d. All OSCAR Trainers must use the complete curriculum and the approved set of training materials when providing OSCAR Team Training in order to maintain integrity of the course.

(1) Only HQMC COSC may authorize alteration or abbreviation of the course or materials. Requests to do so will only be considered on a carefully reviewed case-by-case basis.

(2) Trainers should relate presentations to their audience; incorporate the unit mission, use examples relevant to the audience,

and personalize training materials for the recipient command (the command logo and the local OSCAR structure).

e. Certified OSCAR Trainers may order OSCAR Team training materials through their RTCs or online at the Behavioral Health Information Network (BHIN) website: http://www.bhin.usmc-mccs.org/.

f. Extenders and OSCAR MHPs are strongly encouraged to attend OSCAR Team training with their unit(s). Training for Extenders and MHP beyond OSCAR Team training is provided by Field Medical Training Battalions (FMTB) and CREST. The Navy Bureau of Medicine, Navy Chief of Chaplains, and HQMC are developing other training initiatives as well.

g. Sustainment. In order to instill COSC language and fundamentals throughout the Marine Corps and establish these things in Marine culture, HQMC COSC will work with key stakeholders and partners to ensure elements of COSC are used throughout the Marine training and education process. HQMC COSC will provide updates on training materials as they become available. All OSCAR trainers are encouraged to refresh their skills at least quarterly, especially when not training on a regular basis.

4. Reporting OSCAR Training and Certification

a. Training completion and levels of certification for each OSCAR-trained Marine and Sailor shall be entered into MCTFS via Marine Online (MOL) or the unit diary (see Appendix K).

b. OSCAR Trainers and Master Trainers shall report training events to their chain of command, the RTC, and the HQMC OSCAR training coordinator at HQMC COSC, 3280 Russell Rd, Quantico, VA 22134 at e-mail - cosc@usmc.mil. Unit training officers shall monitor compliance with these requirements. At a minimum, reports will include rosters of students trained, a list of instructors who conducted the training, the date(s) of training and a summary of all evaluations as outlined in the trainer training binder.

Chapter 3

Deployment Cycle Training

1. Deployment Cycle Training. DCT is an integrated set of workshops to be given at specific times throughout the deployment-cycle to help prevent, identify and effectively manage combat and operational stress at all levels. DCT audiences are leaders, warriors (Marines) and families. The intent is to provide relevant information targeted at the appropriate point in the deployment cycle while affording commanders maximum flexibility to tailor training to the unit's needs (Figure 3-1).

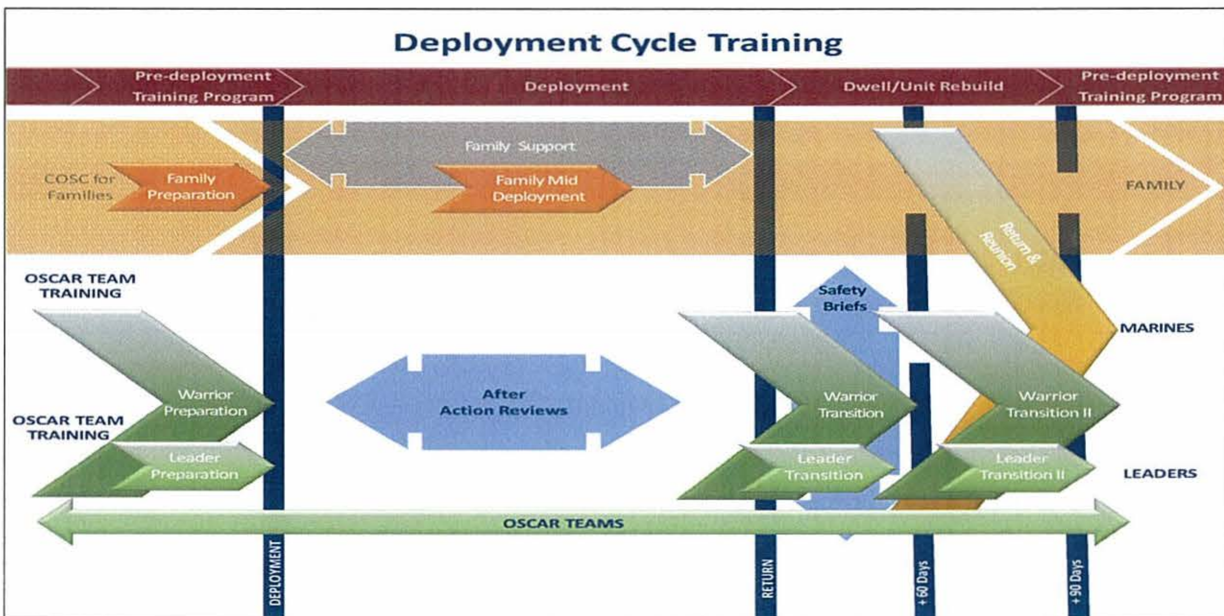


Figure 3-1. Deployment Cycle Training

a. If operationally feasible, units should be afforded a three to five day operational pause (relief in place) immediately prior to departing theater as a "decompression" period.

b. After returning from an operational deployment and before granting post-deployment leave/liberty, all units should be afforded a second decompression period consisting of five abbreviated workdays in garrison. The post-deployment stand-down is a crucial time for Marine leaders to observe their Marines and Sailors during the transition back home and into a garrison environment, to ensure they receive any needed care.

2. Conducting DCT. Standard DCT workshops and materials are downloadable from the COSC websites: www.manpower.usmc.mil/cosc or the BHIN website: www.bhin.usmc-mccs.org.

a. Depending on the specific training session, it will be facilitated by the commanding officer, senior OSCAR Mentor/Team Member, unit leader, or a designee. OSCAR Mentors/Team Members will support as required. Recommendations of personnel most capable of providing training are included for each class.

b. Members of deploying units who are in the remain behind element will also benefit from COSC training. They will learn how to manage operational stress and identify stress reactions that may be exhibited by those who return from deployment.

c. Commanders must ensure the unit FRO and Marine Corps Family Team Building (MCFTB) assets are included in pre- and post-deployment briefing efforts for families.

d. Completion of DCT for each Marine and Sailor shall be entered into MCFTS via unit diary. Report as shown in Appendix K.

3. Training Goals. Provide the best trained and equipped Marine units to any contingency by improving unit cohesion and reinforcing the five core leader functions and other COSC fundamentals. The goals and objectives are tailored to the three DCT audiences. Family member training workshops are provided by MCFTB and may be supported by unit OSCAR assets if desired. Marines and leader training incorporates interactive, small group discussion at the squad or platoon level with practical implementation of concepts tailored to where the unit is in the deployment cycle.

a. Warriors. The main training objective for the Marines is to create familiarity with COSC concepts. Additional training goals are:

(1) Pre-deployment. A senior OSCAR Mentor/Team Member will conduct the Warrior preparation workshop prior to deployment. Pre-deployment discussions on cohesion and enhancing psychological resiliency to cover the following:

(a) Introduce and reinforce the key concepts of the five Core Leader Functions - Strengthen, Mitigate, Identify, Treat and Reintegrate and the Stress Continuum;

(b) Reinforce the unit OSCAR Team, and explain how it works and where Marines fit in;

(c) Review stress management and other mitigation techniques specific to preparing for deployment, as well as those for use in theater;

(d) Discuss the primary sources of stress injury when in theater; and

(e) Review Traumatic Brain Injury (TBI) protocols.

(2) Deployment. Conduct effective AAR during deployment following any significant event. Guidance is provided in Appendix C. OSCAR Mentors/Team Members will monitor Marines, provide peer support and refer Marines and sailors as needed.

(3) Return. During this phase, Warrior Transition I facilitates decompression and trains leaders at all levels to understand the sources of stress of redeployment and homecoming and the stigma perceived with seeking help. Small group discussions, at the smallest possible level (squad or platoon), will be led by a senior OSCAR Mentor/Team Member upon redeployment and before block leave. Focus will be on decompression and small unit support and expectation management for family reunions. In order to ensure a smooth transition, discuss the following topics:

(a) Review and reinforce the key concepts of the five Core Leader Functions - Strengthen, Mitigate, Identify, Treat and Reintegrate and the Stress Continuum;

(b) Reinforce the unit OSCAR Team, and explain how it works and where you fit in;

(c) Address current resources available (local and other);

(d) Review stress management and other mitigation techniques including managing expectations at home (self, work, family), and decompression.

(4) Post-deployment. In accordance with unit cohesion requirements, 60 to 90 days after returning from deployment, a senior OSCAR Mentor/Team Member will conduct Warrior Transition II briefs focusing on sustaining unit support, peer assessment and self-assessment. Topics will include the following:

(a) Recognizing the Stress Continuum and support: self-aid, peer-to-peer, Extender support and mental health provider. More information can be found in Chapter 1.

(b) Knowing your resources; and

(c) Support preparations for PCS/PCA and include other resources available after the move in order to mitigate risks associated with joining a new unit.

b. Leaders. Leader training focuses on practical discussion of unit dynamics and supporting a proactive command climate. Additional training areas are:

(1) Pre-deployment. Reinforcement of Leader Preparation training begins 30 days prior to deployment. Leaders (SNCO and Officer) will ensure that each start of the pre-deployment cycle will include a leader led small group discussion among unit members and the following topics will be discussed:

(a) Command climate;

(b) Stigma;

(c) Access to care in the theater of operations; and

(d) TBI.

(e) Reinforce COSC fundamentals including a review of the key concepts of the five Core Leader Functions - Strengthen, Mitigate, Identify, Treat and Reintegrate and the Stress Continuum.

(f) Emphasize building the OSCAR Team: group discussions regarding how OSCAR is used throughout the Pre-deployment Training Plan and onwards.

(2) Deployment. Supervise or conduct effective AAR during deployment following any significant event. Guidance is provided in Appendix C. Leaders will ensure OSCAR Mentors/Team Members monitor Marines, provide peer support and refer Marines and Sailors as needed.

(3) Return. Leader Transition I training will commence no later than 30 days prior to returning home station and/or executing block leave. Leaders (SNCO and Officer) will ensure leader led discussions and cover following:

(a) Prior to units receiving Warrior Transition, review the training and the leader's role;

(b) Review deployment experiences for potential impacts;

(c) Address role of OSCAR Team post deployment;

(d) Address sustainment of OSCAR Team; and

(e) Provide input to the Human Factors Board / Force Preservation Council.

(4) Post-deployment. Leader Transition II training will be conducted within 60 to 90 days post-deployment. Focus on sustaining leadership and command climate in anticipation of many Marines transferring to other units or separating from the service. The commander or designee will conduct the Leadership Transition II

training prior to the end of 90 days; post-deployment considerations include the following:

(a) Provide guidance for warm hand off to the new unit for any Marine;

(b) Self-awareness and peer support; and

(c) Recommendations for Human Factors Board / Force Preservation Council.

c. Families. MCFTB conducts training for families supported by COSC subject matter experts. The main objective is to support families throughout the entire deployment cycle. This is accomplished by strengthening unit support, peer support and internal support structures while ensuring good communication and raising awareness of COSC fundamentals. In addition, the following will be discussed by MCFTB:

(1) Pre-deployment. This is the family preparation phase. Developing peer support in the unit family structure, self-care and maintaining communication while separated.

(2) Deployment. The Family Services Support Center provides a variety of support services during deployment.

(3) Return. Within 30 days of redeployment conduct return and reunion preparation and expectation management for the Marines' return. Provide COSC fundamentals and discuss factors specific to the return of a Marine from deployment - expected behavior, etc.

(4) Post-deployment. Aligned to Warrior Transition II conduct training to support families during this timeframe, recognizing the Stress Continuum resources.

4. Pre-Deployment/Post-Deployment Health Assessments (PDHA) and Re-Assessments (PDHRA). Commanders shall ensure unit medical officers and corpsmen use the various assessment tools available to them to promote early identification of deployment stress reactions. The PDHA/PDHRA checklist serves as a readiness tool to identify service members' potential for deployment related stress reactions affecting personal and unit readiness.

a. The PDHA/PDHRA will be completed by all active duty and Reserve Marines and Sailors upon return from deployments, including any who are pending separation or retirement after return. Commanders should encourage Marines to respond candidly in order to ensure appropriate follow-on support is provided, if required.

b. A healthcare provider will discuss with Marines and Sailors any health concerns indicated on the checklist and make referrals to appropriate healthcare or community-based services if further evaluation or treatment is needed.

APPENDIX A

KEY TERMS

Combat Stress. Changes in physical or mental functioning or behavior due to the experience of lethal force or its aftermath. These changes can be positive and adaptive (e.g. increased confidence in self and peers), or they can be negative, including distress or loss of functioning.

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.

Mental Health. The absence of significant distress or impairment due to mental illness.

Mental Health Professionals (MHP). This term refers to psychiatrists, psychiatric nurse practitioners, clinical psychologists, clinical social workers, psychiatric technicians and administrative support staff members who provide specialized prevention services and formal mental health care. These individuals are the only ones to make orange and red zone diagnoses such as PTSD.

Operational Stress Control (OSC). Leader actions and responsibilities to promote resilience and psychological health in military units and individuals, including families, exposed to the stress of routine or wartime military operations in non-combat environments.

Operational Stress. Changes in physical or mental functioning or behavior, resulting from the experience of military operations other than combat during peacetime or war, on land, at sea, or in the air.

Post Traumatic Stress Disorder (PTSD). An anxiety disorder resulting from exposure to extreme trauma.

Psychological Health. Wellness in mind, body and spirit.

Resilience. The process of preparing for, recovering from, and adjusting to life in the face of stress, adversity, trauma or tragedy.

Stress Illness. A diagnosable mental illness/disorder resulting from an unhealed stress injury that worsens over time to cause significant disability in one or more areas of life: Body, Mind, Spirit and Social.

Stress Injury. Changes in the brain and mind due to combat or operational stress that exceed in intensity or duration the ability of

the individual to adapt. Like more visible physical wounds, they usually heal, especially if given proper care.

Stressor. Any mental, physical, spiritual or emotional challenge or set of challenges.

Total Fitness. A totally fit Marine is resilient in all areas of life to include the following dimensions:

Body
- Necessary physical skills
- Physical strength and endurance
- Physical fitness and wellness
- Healthy brain control systems for staying calm

Mind
- Familiarity with the specific threat situation
- Necessary mental skills
- Self-knowledge [Know yourself] and self-confidence
- Psychological wellness
- Willpower and fortitude

Spirit
- Resources of fortitude from outside oneself
- Belief in the rightness of mission and actions
- Spiritual fitness

Social
- Trust in peers, family and the unit
- Trust in leaders
- Motivation to act on behalf of others

APPENDIX B

COMBAT AND OPERATIONAL STRESS CONTROL MODEL

1. Combat and Operational Stress Continuum Model. The "Combat and Operational Stress Continuum Model" (Stress Continuum) is the foundational tool for COSC doctrine, policy, training, education, research, programs and interventions in the Marine Corps (Figure B-1). The Stress Continuum normalizes the entire range of stress responses, including (from left to right):

a. Adaptive coping and wellness (green "Ready" zone),

b. Mild and reversible reactions (yellow "Reacting" zone),

c. More severe and persistent distress or loss of function (orange "Injured" zone), and

d. Mental illness/disorders arising from stress or unhealed stress injuries (red "Ill" zone).

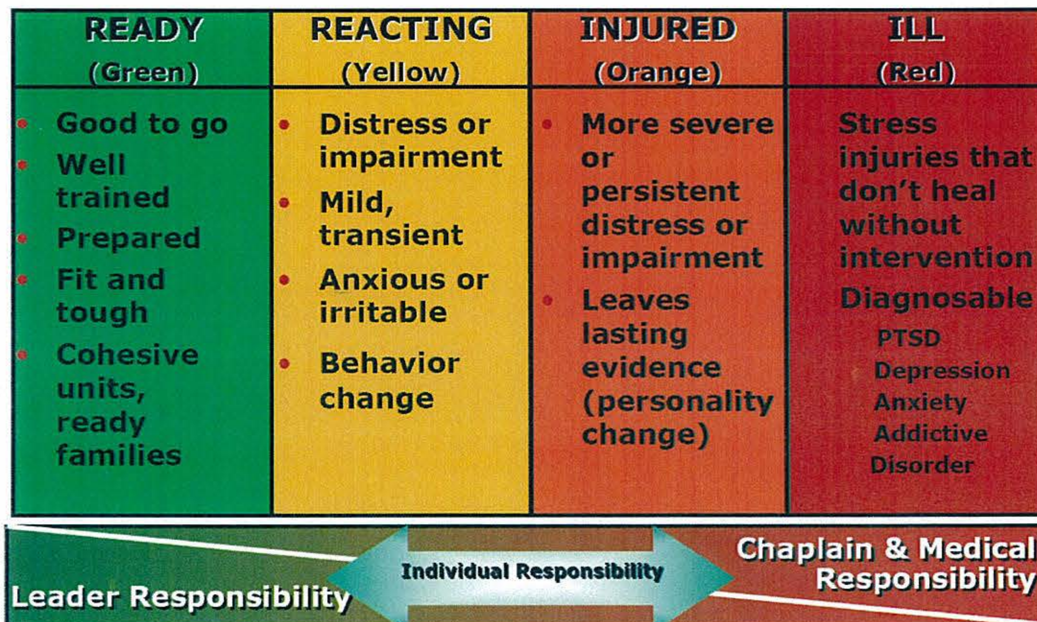


Figure B-1. Combat and Operational Stress Continuum Model

2. Stress Continuum Fundamentals. Marines should be aware that individuals can move back and forth through the zones. This is normal, and leaders should understand that while stress may push individuals toward the yellow, orange or red zones, all COSC activities are designed to move Marines, units and families towards the green zone.

a. Everyone has a responsibility to monitor and manage stress using the Stress Continuum: for self, peers and family members. Religious ministry, medical and mental health personnel are assets to support Marines, Sailors and family members who are reacting to or injured by stress.

b. The further to the right in the Stress Continuum individuals are pushed by combat or operational stress, the more medical and mental health professionals become involved in returning those individuals to green zone wellness. For Marines and Sailors suffering from diagnosable red zone illnesses (including PTSD, depression or anxiety disorders), unit leaders remain crucial in assisting Marines in their care, recovery and reintegration to the unit after treatment.

3. Causes of Stress Injuries. Combat and operational stress injuries have four main causes:

a. Life threat due to exposure to lethal force or its aftermath in ways that exceed the individual's capacity to cope, provoking feelings of terror, horror or helplessness.

b. Wear and tear due to the accumulated effects of smaller stressors over time. This includes operational stressors such as lack of sleep or lack of down time.

c. Loss due to the death of close comrades, leaders or other cared-for individuals.

d. Inner conflict from disturbance of deeply held beliefs including carrying out or bearing witness to acts, or failures to act.

e. Life threat, loss and inner conflict are usually single, discrete events. Wear and tear is caused by the persistence of stress over time, without sufficient resources for recovery such as sleep and rest.

4. Ready: the Green Zone

a. The green "Ready" zone is defined as encompassing adaptive coping, effective daily life functioning, and personal well-being. The green zone is not conceived to represent the absence of stress. This zone is the stress state of individuals who are physically and psychologically well and functioning up to their full capacity, in spite of the stressors they are facing.

b. One important goal of all selection and screening, training and leadership is to ensure green zone readiness, and to restore individuals and units to the green zone. It is possible to "grow" the green zone through strengthening activities including challenging and realistic training. The history of the Marine Corps demonstrates that

the harder troops train, and the more closely their training reflects their operational mission, the more confident they will be in themselves and each other, and the more resilient they will be to combat stress.

c. The ability to remain in the green zone under stress and to return to it quickly once affected by stress, are two crucial aspects of resilience.

d. The following are some of the indicators, attributes and behaviors characteristic of the green "Ready" zone:

(1) In full control of body, mind and emotions.

(2) Focuses on mission performance as required.

(3) Calm and poised under pressure.

(4) Self-confident.

(5) Able to solve complex problems rationally and creatively.

(6) Quick to recover from fear or slow to anger.

(7) Not preoccupied with blame for anyone, including oneself.

(8) Maintains a sense of humor.

(9) Focuses on important issues rather than worrying needlessly.

(10) Flexible in adapting to new or changing situations.

(11) Relaxes and sleeps soundly, when time is available.

(12) Enjoys play and other social activities with peers.

(13) Identifies with and understands the feelings and situations of others.

(14) Places mission and the welfare of others above one's own welfare.

(15) Displays courage.

5. Reacting: the Yellow Zone

a. The yellow "Reacting" zone is defined as encompassing periods of mild and temporary distress or impairment due to stress. Yellow zone reactions are temporary and reversible.

b. Yellow zone reactions can be deduced by their time course, relative mildness, and commonness. Such yellow zone stress reactions occur in response to challenges including the day-to-day stressors of deployment and returning home and reuniting with families. Yellow zone reactions are mild and self-limiting, so do not require professional treatment. Nevertheless, yellow zone reactions are important to identify and monitor in order to prevent potential escalation.

c. The following indicators, experiences and behaviors may be characteristic of the yellow "Reacting" zone:

(1) Difficulty relaxing or falling asleep.

(2) Muscle tension or headaches.

(3) Changes in appetite (eating too much or too little).

(4) Gain or loss in weight.

(5) Changes in bowel function (diarrhea or constipation).

(6) Speaking too fast or too slow, or becoming uncharacteristically quiet.

(7) Loss of usual energy, enthusiasm or interest in life.

(8) Ceasing or avoiding physical fitness training.

(9) Difficulty focusing on tasks.

(10) Remembering or performing calculations is difficult.

(11) Following complex instructions is difficult.

(12) Staying calm and controlling fear or anger is difficult.

(13) Demonstrating apathy or complacency.

(14) Failing to enjoy usual social or recreational activities.

(15) Withdrawing from normal social interactions.

(16) Questioning previous beliefs about mission and purpose.

6. Injured: the Orange Zone

a. The orange "Injured" zone is defined as encompassing more severe and persistent forms of distress or loss of function that signal the presence of stress damage to the mind, brain or spirit.

b. Stress injuries, like physical injuries, occur across a broad spectrum of severity, ranging from mild stress ("bruises") that is barely noticeable, to more severe stress ("fractures") that may be temporarily incapacitating or may only be healed with professional treatment.

c. Stress injuries benefit from appropriate professional support which may include medical or mental health care and/or religious ministry support. Over time, most stress injuries heal. Some may leave behind "scars" just like physical injuries do, in the form of a mental or physical remnant, vulnerability or perhaps increased toughness or strength.

d. Orange zone injuries may be recognized in their early stages both by the severity of the symptoms and the intensity of the stressors that cause them. Stress injuries are not diagnosable mental illnesses, so clinical mental health expertise is not required to recognize them. OSCAR Teams may identify potential orange zone Marines due to their additional training and engage OSCAR Extenders at this time.

e. Individuals in the orange "Injured" zone display these types of symptoms:

(1) Losing control of one's body, emotions or thinking.

(2) Being recurrently unable to fall or stay asleep.

(3) Waking up from recurrent, vivid nightmares.

(4) Feeling persistent, intense guilt or shame.

(5) Feeling remorseless or emotionally cold.

(6) Experiencing attacks of panic or blind rage.

(7) Losing the ability to remember or think rationally and clearly.

(8) Being unable to enjoy usually pleasurable activities.

(9) Losing confidence in previously held moral values.

(10) Displaying a significant and persistent change in behavior or appearance.

(11) Harboring serious suicidal or homicidal thoughts. (All individuals experiencing these thoughts must be supported according to appropriate policy and guidelines).

7. Orange Zone and Yellow Zone Differences. The distinction between orange zone injury and yellow zone reaction is the most important judgment for leaders to make regarding the Stress Continuum. This is because:

a. Marines, Sailors or family members who are experiencing stress injury may be impaired in their occupational and social functioning to the point where they may not be able to fully perform their duties or participate in cohesive military or family units.

b. Because yellow zone reactions go away while orange zone injuries may not without care, signs or symptoms of a stress injury should always be considered an indication of need for evaluation and possible treatment.

c. All stress injuries deserve to be monitored to ensure proper healing and resolution. The earlier a stress injury receives needed professional attention, the more likely it is to heal quickly and fully.

8. Ill: the Red Zone

a. The red "Ill" zone is defined as mental illness arising in individuals exposed to combat or other operational stressors. Clinical mental illness/disorders can only be diagnosed by health professionals.

b. Commanders, unit leaders, peers and family members should know and be aware of the characteristic symptoms of stress-related illnesses. This will empower them to seek treatment for themselves, or to assist others in obtaining treatment, if required.

c. The most widely recognized stress-related illness is PTSD, but stress illness may appear in many different forms, often affecting an individual all at the same time or over a period of time. Common red zone illnesses include the following:

(1) PTSD.

(2) Depressive disorders, especially major depression.

(3) Anxiety disorders, including generalized anxiety and panic disorders.

(4) Substance abuse or dependence.

d. Specific indicators for the presence of a stress illness - and the need for prompt mental health evaluation - include the following:

(1) Significant distress or impairment of functioning (i.e., stress injury symptoms) that does not significantly improve within several weeks of returning from operational deployment.

(2) Stress injury symptoms that worsen over time rather than improve.

(3) Stress injury symptoms and associated impairment that return after improving or seeming to resolve.

9. Red Zone and Orange Zone Differences

a. The distinction between red zone stress illness and orange zone stress injury must be made by a clinical medical or mental health professional; not a unit leader, family member or individual Marine or Sailor. Unit leaders are responsible for recognizing possible red or orange zone stress so that timely medical evaluation and treatment, if needed, can take place.

b. The presence of a red zone stress illness does not automatically make a Marine or Sailor unfit for duty or deployment. The "fit for duty" judgment is best made by the individual's commander after the situation has been fully evaluated, taking into account all available information. Most Marines and Sailors diagnosed and treated for PTSD in military medical facilities recover and return to full duty.

10. Reluctance to Seek Assistance

a. Marines, Sailors and their leaders may be reluctant to think or admit that they or someone in their unit may be experiencing a red zone stress illness. Individuals in the red zone may deny their reaction, or they may justify delaying seeking medical care with the hope that their problems will fade away over time. Leaders must recognize when this is happening and take action to get assistance for the Marine in order to ensure maximum individual and unit readiness and support the long-term health of each individual Marine.

b. Marines and Sailors may act this way because of the perception that stress injuries only occur to someone who is "weak." Stress injuries and illness can impact any individual. The Marine Corps recognizes the biological and physiological effects of stress injuries and illness. These are involuntary and real and will be treated to preserve health as are other physical injuries. All Marines, especially leaders, must do all they can to dispel stigma associated with the full range of stress reactions (which are by no means an indication of weakness).

APPENDIX C

COSC RESOURCES AND TOOLS

1. Introduction. Leaders have access to a number of tools to assist in implementing and maintaining a COSC program. Commanders should utilize OSCAR Teams as much as possible for training, prevention, early identification and referral. OSCAR Extenders such as chaplains, RP, medical officers and corpsmen are further resources to assist with COSC training and education.

2. Combat Operational Stress First Aid. OSCAR incorporates COSFA to give team members an immediate way to assist a Marine who exhibits signs of combat or operational stress. COSFA is similar to first aid for a physical injury. Primary aid focuses on safety and calming to save a life and prevent further harm. Secondary aid guides individuals, peers, leaders and caregivers to work together to promote recovery or facilitate appropriate referral for further evaluation or treatment. Refer to figure C-1 for the steps associated with primary aid and secondary aid.

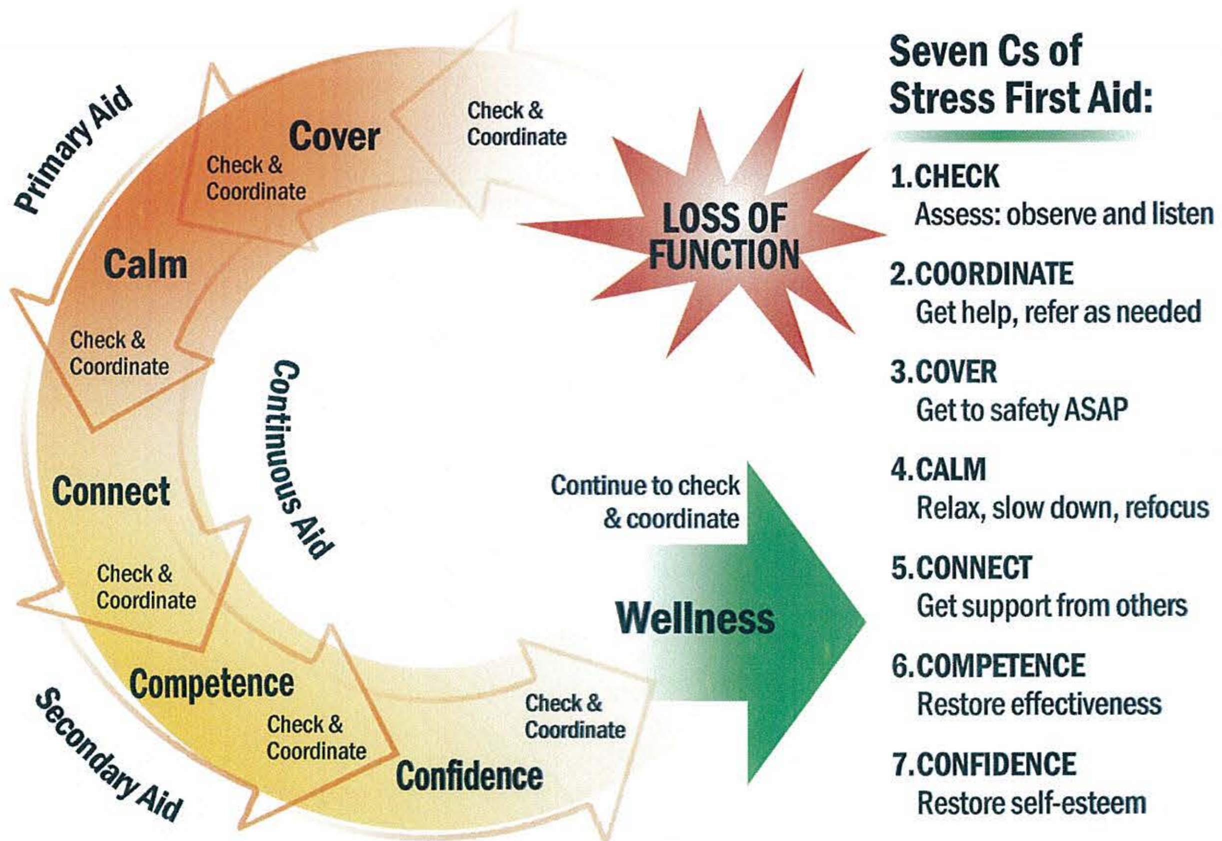


Figure C-1. Combat Operational Stress First Aid

a. Primary Aid

(1) Check to see if action is required. This is the initial estimation of the reaction and includes asking the Marine if they need assistance. Those who are injured by stress may not be aware of their reaction so it might be necessary for someone else to ask. In addition, stigma can be an obstacle to asking for assistance. Stress zones and needs change over time and risks from stress injuries may last a long time after the event so this is a step that is applicable away from immediate danger.

(2) Coordinate the next steps. This could include calling someone over to assist or informing those who need to know. It is also the first step to obtaining other needed sources of support or care.

(3) Seek cover and get to safety. Get out of the line of fire if needed or away from the stressor. This may be necessary if a person in an immediate life-threatening situation is impaired in decision making, has frozen or panicked. This sense of "freezing" may put themselves or other people in danger. They may require someone else to make decisions on their behalf until they can recover.

(4) Calm the Marine. The Marine will refocus more quickly if they are calm. Also, the longer stress hormones remain elevated, the more potential damage there is to the brain. Lowering stress hormone levels decreases the risk of long-term stress injury. The Marine providing assistance should create an environment of safety to promote recovery. Methods of calming include tactical breathing and progressive muscle relaxation.

b. Secondary Aid

(1) Connect with the Marine. Bring the Marine back to reality in order to obtain mission focus. This also prevents the sense of isolation that allows negative feelings to continue and hamper future recovery. The goal is to avoid alienation that can cause a loss of trust, energy and self-confidence. Leaders can utilize AAR as supporting tools after the event.

(2) Restore competence and ability. Stress injury or illness causes loss or a change in normal functioning and abilities. At a minimum, this step should enable the Marine to move under their own power and care for themselves safely. Higher-level skills can be exercised and restored once the immediate issue is addressed.

(3) Restore confidence. Allow the Marine to resume the mission when they are ready to do so. Encourage the Marine in order to restore his or her sense of self-confidence; these are critical

steps that will help ensure that the Marine will be a valuable team member in the future.

(4) Secondary aid may occur quickly during the event but may also occur in more detail over time if required.

3. After Action Reviews. Every leader will ensure their Marines are afforded the opportunity to discuss with their peers and immediate supervisors, in an atmosphere of trust and honesty, perceptions and reactions after significant operational or training events. Such discussions promote recovery from combat/operational stress reactions and can prevent them from developing into long-term issues. AAR are a tool for small unit leaders to identify Marines who might be in need of individual support.

a. AAR Goals

(1) Reviewing the facts, as best known to members of the small unit, surrounding operational or training events particularly where there have been casualties or loss of life. This promotes a common perception and understanding of the action and facilitates the sharing of lessons learned.

(2) Encouraging (but not forcing) Marines to share their personal experiences with each other of the action under discussion, including what they believe they did well and what they could improve.

(3) Relieving, as much as possible, inappropriate or excessive self-blame or anger among unit Marines for unavoidable failures.

(4) Encouraging peer support and understanding.

(5) Establishing common perceptions among unit members of the meaning of what happened, and what purpose was served by the unit's actions and sacrifices.

(6) Restoring any damaged confidence among unit members in their leaders, equipment, peers or themselves through honestly and tactfully evaluating events and what will be done to prevent similar situations in the future, where possible.

(7) Identifying Marines according to the Stress Continuum, including those who show signs of a stress injury, so progress toward healing and recovery can be monitored, and a referral to resources can be initiated if required.

b. AAR Procedures

(1) Conduct AAR at the small unit level, such as squads or other similarly sized team.

(2) Facilitated by the small unit's senior leaders, such as a squad leader, who should be OSCAR trained.

(3) Conduct AAR within 72 hours of each action, but not before post-action rest and replenishment.

(4) No one outside the small unit should be present during an AAR, other than members of the immediate chain of command who were involved in the action or the unit chaplain if requested.

(5) All Marines should be required to attend every AAR their unit conducts, but they should not be required to speak if they choose not to.

(6) Each AAR should take between 15 to 60 minutes to conduct; but be flexible, do not rush or artificially prolong it.

(7) Leaders at all levels should encourage AAR within their units.

c. AAR Responsibilities. Leaders are responsible for conducting AAR. The following considerations apply:

(1) Listen to your Marines and try to understand their experiences and perceptions.

(2) Provide positive mentoring by honestly sharing experiences with subordinates, in a calm and self-controlled manner.

(3) Assist junior Marines make sense out of what happened, including why sacrifices were made, and what good came from their efforts.

(4) If a Marine leader feels unable to conduct an AAR in their unit for whatever reason, he or she should discuss this with their most trusted superior. After the most stressful operational events, when an AAR may be most difficult to conduct, is exactly when Marines need it most.

(5) Memorials. In addition to the critical role of memorials as tribute and remembrance of the fallen, memorials are important events for identifying stress reactions, honoring sacrifice and core values, building unit cohesion, and supporting Marines and their families.

4. COSC Regional Training Coordinators. Each MEF and MARFORRES will employ a RTC to serve as a central point of contact on all COSC issues. The RTC will be an OSCAR Master Trainer and perform the following duties:

a. Provide guidance and assistance on all COSC matters to MEF and Major Subordinate Command commands. Assist commanders in implementing COSC requirements and provide subject matter expertise to Marine leaders, COSC representatives and OSCAR Teams.

b. Provide COSC training, assistance and support to FROs, MCFTB, formal schools and other agencies as needed.

c. Assist MEF units and local commands in the coordination and conduct of OSCAR Team training, to include instructing OSCAR Master Trainer and OSCAR Train-the-Trainer courses as needed. Maintain and distribute training supplies for local commands. Coordinate support from HQMC COSC as required.

d. Conduct staff assist visits on local command COSC programs using the FAC to ensure compliance with Marine Corps instructions and directives. Analyze COSC program challenges at the local level and recommend solutions and best practices. Monitor the quality of training given locally.

e. Assist and provide liaison for local implementation of COSC research projects at installations.

f. Provide a quarterly status report to HQMC COSC via the chain-of-command. Reports will be due by the end of each quarter and will include OSCAR training, best practices, gaps/challenges, conferences, pilot programs and initiatives.

g. Ensure MHP, at a minimum, have a certification level of OSCAR Mentor/Team Member.

5. Religious Ministry Teams

a. RMT are comprised of at least one chaplain and one RP or chaplain's assistant. It is an integrated, organic part of a Marine unit that provides direct religious ministry support to the command. Chaplains are a resource to leadership in advising commanders, ministering to Marines, Sailors and their families, and building resilience through community support programs and training. RMT are trained and ready to respond to the needs of Marines and Sailors experiencing combat and operational stress issues.

b. Chaplains provide unique support in each of COSC's five Leadership Functions and are "Extenders" in the OSCAR Team. Religious services, rituals and pastoral care strengthen individuals in their everyday life, and have been shown to increase resiliency to stressful events.

(1) The presence of the RMT in training makes them a trusted resource and helps mitigate stressors when they visit Marines and families. Loss and inner conflict injuries are areas where chaplains are uniquely qualified to offer assistance to Marines and Sailors who are in distress. Chaplains are trained to recognize the signs, symptoms, Stress Continuum zones and can provide counseling support and refer Marines for additional assistance as needed.

(2) Chaplains are well suited to address the positive and negative feelings about self and spirituality that can arise from combat trauma. Spirituality and religion frequently provide "safe havens" in which to explore concerns over combat experiences, especially for those who are suffering from any degree of combat or operational stress and are reluctant to admit it.

(3) Chaplains maintain counseling confidentiality, which promotes trust and affords a non-threatening place for Marines and Sailors to talk about issues. This confidentiality also helps fight stigma when assisting with reintegrating individuals back into the unit.

6. Medical Personnel

a. Navy medicine provides an array of confidential medical health services in clinics and hospitals across the Marine Corps. Medical Treatment Facilities at major installations normally have behavioral health departments to provide quality comprehensive behavioral health treatment. They normally staff psychiatrists, clinical psychologists, psychiatric nurse practitioners, clinical social workers, psychiatric technicians and administrative support staff members.

b. Services are available to active duty Marines and attached Sailors. Marines and Sailors that are experiencing post-deployment changes in mood, interest, appetite, sleep, occupational or relational functioning are strongly encouraged to self-refer for assistance. Active duty Marines and Sailors may self-refer by contacting their respective medical clinic, or they can be referred by their medical providers, other agencies or, in certain circumstances, their commands. Marine commanders are responsible for ensuring Marines and Sailors under their command are provided unhindered access to mental health services.

7. Marine and Family Programs. Marine and Family Programs Division provides support to Marines and Sailors by providing proactive education, training and the coordination of services, materials and tools. Providing this type of support enhances unit and family readiness by assuring Marines that their families are being taken care of while they are deployed.

8. Marine Corps Community Services (MCCS). MCCS promotes personal and family readiness by providing numerous programs that encourage and support healthy lifestyles. Semper Fit and Recreation programs provide comprehensive fitness, health promotion, sports, recreation and Single Marine activities. By offering programs like these, Marines are encouraged to live healthy lifestyles, which results in increased combat readiness, resiliency, esprit-de-corps and increasing productivity; while decreasing attrition due to the consequences of an unhealthy lifestyle or injury. A complete list of available MCCS family services is available at http://www.usmc-mccs.org.

9. Additional Resources. This is a list of other resources that are available to Marines, Sailors and families:

a. Marine and Family Services counselors. Marine and Family Services counseling is available to those units and families in need of counseling support in the areas of combat stress, stress reduction, anger management, new parent support and couples counseling.

b. MCCS Deployment Support Specialists.

c. FRO.

d. Readiness and Deployment Support Trainers.

e. Military OneSource Information and Referral Service at www.militaryonesource.com or 1-800-342-9647. Besides resource information, OneSource will coordinate counseling services for Marines and families to assist those with deployment related issues, reunion concerns, parenting, childcare and other everyday issues. Utilizing Military OneSource is ideal for Marines and Marine Reservists (and families) not located near an installation.

f. The DSTRESS Line at www.dstressline.com or 1-877-476-7734. This resource assists those with everyday stressors of life to the stressors related to combat. The DSTRESS Line was developed by the Corps to provide professional, anonymous counseling for Marines, attached Sailors and families.

g. The Leaders Guide for Managing Marines in Distress at www.usmc-mccs.org/leadersguide.

h. Veterans Affairs Readjustment Counseling Centers: www.va.gov/rcs.

APPENDIX D

SAMPLE UNIT POLICY

[Unit Letterhead]

POLICY LETTER XX-XX

From: Commanding Officer
To: Distribution List

Subj: COMBAT AND OPERATIONAL STRESS CONTROL

Ref: (a) MCO 5351.1

1. Introduction. The Marine Corps develops totally fit leaders resilient in body, mind, spirit and social areas of life; enabling them to assume progressively greater responsibilities. Stress is the process by which we respond to mental, physical, spiritual and emotional challenges. Stress is a daily part of Marine Corps life. We use stress to build strength. Understanding stress reactions and proactively addressing stressors increases mission readiness, preserves the force and promotes the long-term health of our Marine. All Marines must find ways to address it for themselves, their Marines, their family and their unit in order to promote psychological resilience.

2. We must have the ability to train and sustain a combat ready and resilient force capable of accomplishing any mission. The Operational Stress Control and Readiness (OSCAR) Teams will assist us in maintaining our warfighting capabilities by addressing the impacts of stress in the unit. We will each participate in COSC activities enhance force preservation, readiness and the long-term health and well-being of Marines and their families.

3. The COSC five Core Leader Functions promote principles of wellness, prevention, early intervention, identification, reintegration, reduction of stigma and will form the foundation for this command's COSC program. The five Core Leader Functions are:

a. Strengthen. Leaders will use their existing tools for training and developing Marines to strengthen mentally, physically, spiritually and socially against the negative effects of combat or operational stress. This includes tough training already being conducted to develop technical proficiency and increase unit cohesion. Unit cohesion also includes families, who will be offered COSC events in order to strengthen them against the stressors of military life. Leaders also build strength through their own conduct and example, setting high standards and demanding excellence and by giving clear information and guidance.

Subj: COMBAT AND OPERATIONAL STRESS CONTROL

b. Mitigate. Risk mitigation also applies to stress. Many stressors can be avoided through planning and the impact of others can be reduced giving Marines a greater reserve to address those stressors that cannot be avoided. This is not a pass from difficulty or from tough training but is simply good leadership; leaders should be aware of the effects of stress on each Marine and help them develop their own coping strategies in order to empower decision making, effective planning and build resilience. This will also help Marines prepare for future stressors.

c. Identify. Promptly identifying and addressing signs of stress in their Marines before they escalate is critical for leaders. Know and use the Stress Continuum and stress decision flowchart. This is an important aspect of good small unit leadership and combat skills.

d. Treat. Treatment is about taking action. It begins with self-care and peer support. This may range from addressing personal issues while manageable, talking to a Marine about an upcoming event to share lessons learned or may lead to referring the Marine for further help from a chaplain or medical. If a Marine is referred for medical intervention, leaders must remain involved and aware of that Marine's ongoing requirements throughout the treatment cycle. This includes those transitioning out of the Marine Corps.

e. Reintegrate. Regardless of the level of a Marine's treatment, they will be assisted during the process and will be received into the unit completely and respectfully once recovered. This may require further mentorship and possible some understanding of limitations imposed by their recovery. The expectation is that Marines with stress issues are and will continue to be effective members of the unit.

4. Filing Instructions. A copy of this policy will be prominently displayed on command information boards and incorporated into unit directives and orders.

I. M. COMMANDER

Distribution:

APPENDIX E

TRAINING FOR RESILIENCE CHECKLIST

TRAINING FOR RESILIENCE CHECKLIST
REALISM and RELEVANCE
- Same CHALLENGES anticipated during deployment? - Similar ENVIRONMENT to deployment? - Prepares Marines thoroughly so FEW SURPRISES during deployment?
NEW SKILLS & COMPETENCIES
- PUSHES Marines BEYOND CURRENT KNOWLEDGE and SKILL? - STEPWISE INCREASE in knowledge and skill during training?
Experiences of SUCCESS and MASTERY?
- Expectations TOUGH but ACHIEVABLE? - Can Marines KEEP TRYING until MASTERY of each challenge?
Will Marines SOLVE PROBLEMS in UNFAMILIAR situations?
- THINK, PLAN, and DECIDE using rehearsed actions? - Encourages TEAM PROBLEM SOLVING?
EXPOSE Marines to INTENSE operational STRESSORS? (as applies)
- Mimics LIFE THREAT in a subdued, tolerable form? - Includes exposure to sights, sounds, smells of DEATH or INJURY? - MONITOR Marines' stress for PROGRESSIVELY LESS ALARM?
Safeguards to prevent STRESS INJURIES during training?
- Leaders continuously MONITOR the STRESS ZONES of Marines? - Leaders ensure adequate SLEEP and RECOVERY time?
Require Marines to COMMUNICATE and create TRUST?
- Training require and promote TEAMWORK? - Ensure training success be as TEAM ACHIEVEMENT? - Includes SHARED HARDSHIPS and ADVERSITIES?
Training enhance COMMUNICATION and TRUST in unit LEADERS?
- Require VERTICAL COMMUNICATION in the chain of command? - Include HARDSHIPS SHARED by ALL? - Challenge but ensure the SUCCESS of small unit LEADERS?
Reinforce CORE VALUES and ETHICAL DECISION MAKING?
- Include ETHICAL DECISION MAKING under stress? - Discussions of CORE VALUES pertaining to training?
Teach stress management and STRESS FIRST AID skills?
- Teach SELF CARE and BUDDY CARE to reduce stress? - Teach RECOGNITION of Stress Continuum STRESS ZONES? - Increase familiarity of getting HELP for stress injuries?

APPENDIX F

STRESSOR MITIGATION CHECKLIST

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

APPENDIX G

DEPLOYMENT AND PSYCHOLOGICAL HEALTH CHECKLIST

Factors for Commanders to Determine Psychological Fitness and Deployability					
Sources of Information:		Medical & Mental Health Personnel	Chain of Command & Chaplains	Peers & Family Members	Service Member
Service Member is Psychologically fit and Deployable if:	In spite of a Stress Injury or Illness:	- Marine meets medical standards for retention - Marine is currently not significantly impaired in performance of duties due to stress injury or illness symptoms - Expected demands of future deployments are not likely to cause the Marine to become significantly impaired - Marine is motivated - Medical personnel are ok deploying with Marine	- Marine has demonstrated competency in all essential knowledge, skills, and attitudes through recent training - Marine is confident in their own abilities and in leaders, peers and equipment - If the Marine is not yet fully competent or confident, these are expected to be regained in the near future - Marine is trusted by other members of their team - Marine contributes positively to cohesion and morale - Marine displays adequate leadership skills - Marine is motivated - Chain of command trusts the Marine	- Marine has not demonstrated any unsafe behaviors (e.g., strong suicidal thoughts or violent impulses) - Marine is not drinking excessively or engaging in any other dangerous behavior - Marine appears to those most familiar with him or her to have returned to their normal or usual self - Peers and family members are comfortable living and working with the Marine	- Marine feels confident in their ability to perform effectively and remain well - Marine is motivated to remain on active duty and deploy
	In spite of Mental Health Treatment:	- Needed psychotherapy treatment will be concluded within 6-12 months - Current medications do not cause potentially impairing side effects - Current medications are on a stable dosage (e.g., 3 months or more) - Medication is safe to take on deployment - No risk for serious withdrawal symptoms if medications is stopped - No risk for serious worsening of symptoms if treatment is stopped	- Marine is compliant with all prescribed treatments - Chain of command is ok with Marine taking prescribed medications during deployment		

APPENDIX H

SAMPLE COMMAND RECOGNITION LETTER OF APPRECIATION

[Unit Letterhead]

IN REPLY REFER TO:
5351.1
S1

From: Commanding Officer
To: Marine

Subj: LETTER OF APPRECIATION

1. I take great pleasure in expressing my appreciation for your assistance with the [name of event] on [Day/Month/Year].

2. [Name of command] is tasked with developing and sustaining resiliency against combat and operational stress among our Marines, Sailors and families. Your recent efforts greatly advanced our efforts towards accomplishing this critical mission. Your willingness to support and increase our command's readiness is outstanding and worthy of acknowledgement.

3. To assist you in your future efforts, I have enclosed a copy of the "*Marine Leader's Guide to Managing Combat Operational Stress.*" You can also find additional resources to support your efforts on the Behavioral Health Information Network website: www.bhin.usmc-mccs.org.

4. Thank you for upholding our core values, increasing individual fitness, unit readiness, and overall health of the Corps. Your contribution to the readiness of Marines, Sailors and their families is greatly appreciated.

I. M. COMMANDER

APPENDIX I

SAMPLE OSCAR TRAINING LETTER OF INSTRUCTION

[Unit Letterhead]

IN REPLY REFER TO:
5351.1
S3

From: Commanding Officer
To: Distribution List

Subj: LETTER OF INSTUCTION (LOI) FOR THE OPERATIONAL STRESS CONTROL AND READINESS (OSCAR) PROGRAM TEAM TRAINING ON [DATES]

Ref: (a) MCO 5351.1

Encl: (1) Training Schedule

1. Situation. The Operational Stress Control and Readiness (OSCAR) Program is being implemented throughout the operating forces to assist commanders in preventing, indentifying and managing combat and operational stress problems in their Marines and units as early as possible. OSCAR capability will be implemented down to the battalion/squadron, or equivalent level, to address the demands of operational deployments and the increasing need for early intervention in garrison.

2. Mission. [Name of unit] will conduct OSCAR training on [dates] to ensure that all Marines and Sailors understand and can utilize the Stress Continuum and the five Core Leader Functions.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. I want to maximize force preservation and readiness through prevention, identification and early intervention of combat and operational stress issues, whether deployed or in garrison. This training will empower Marines, Sailors and family members with the skills, knowledge, attitude and tools they need to obtain the assistance they want, or to obtain assistance for someone else.

(2) Concept of Operations. OSCAR training will:

(a) Qualify, at a minimum, ten Marines from each unit as OSCAR Mentors/Team Members.

(b) Distribute a copy of "Marine Leader's Guide to Managing Combat Operational Stress" to each participant.

(c) Inform participants on resources available to address combat and operational stress.

b. Subordinate Element Missions and Tasks

(1) [Name of first subordinate unit]

(a) Ensure all Marines and Sailors participate in OSCAR training in accordance with this LOI.

(b) Ensure ten Marines, at a minimum, qualify as OSCAR Mentors/Team Members.

(c) Ensure that the following equipment is set up and operational for the duration of OSCAR training:

1. Three computers with digital projectors and cables.

2. Three sets of portable speakers large enough to accommodate the size of the classroom.

3. Three extension cords and three power strips.

4. Three whiteboards or flip charts, dry-erase or regular markers and erasers.

5. Three tables or stands to support laptop, projector and speakers.

6. Three lecterns.

7. Three side tables to display and distribute training materials and handouts.

(2) [Name of second subordinate unit]

(a) Ensure all Marines and Sailors participate in OSCAR training in accordance with this LOI.

(b) Ensure ten Marines, at a minimum, qualify as OSCAR Mentors/Team Members.

(c) Ensure three classrooms are available on the days the training will take place, and large enough to accommodate the number of personnel attending the training. The rooms should be separate and

private, and within walking distance for breakout sessions. Tables or writing surfaces for each seat are preferred if available; seating set up will be classroom style for the large training room and u-shaped for the smaller breakout rooms.

c. Coordinating Instructions

(1) All training begins at 0730 and ends at 1600, daily.

(2) Uniform for all training is Desert MARPAT.

4. Administration and Logistics

a. [Unit administration section] be prepared to produce the certificates of completion for this training.

b. Training completion and levels of certification for each Marine and Sailor shall be entered into MCTFS via MOL or the unit diary. See Appendix K of reference (a).

5. Command and Signal

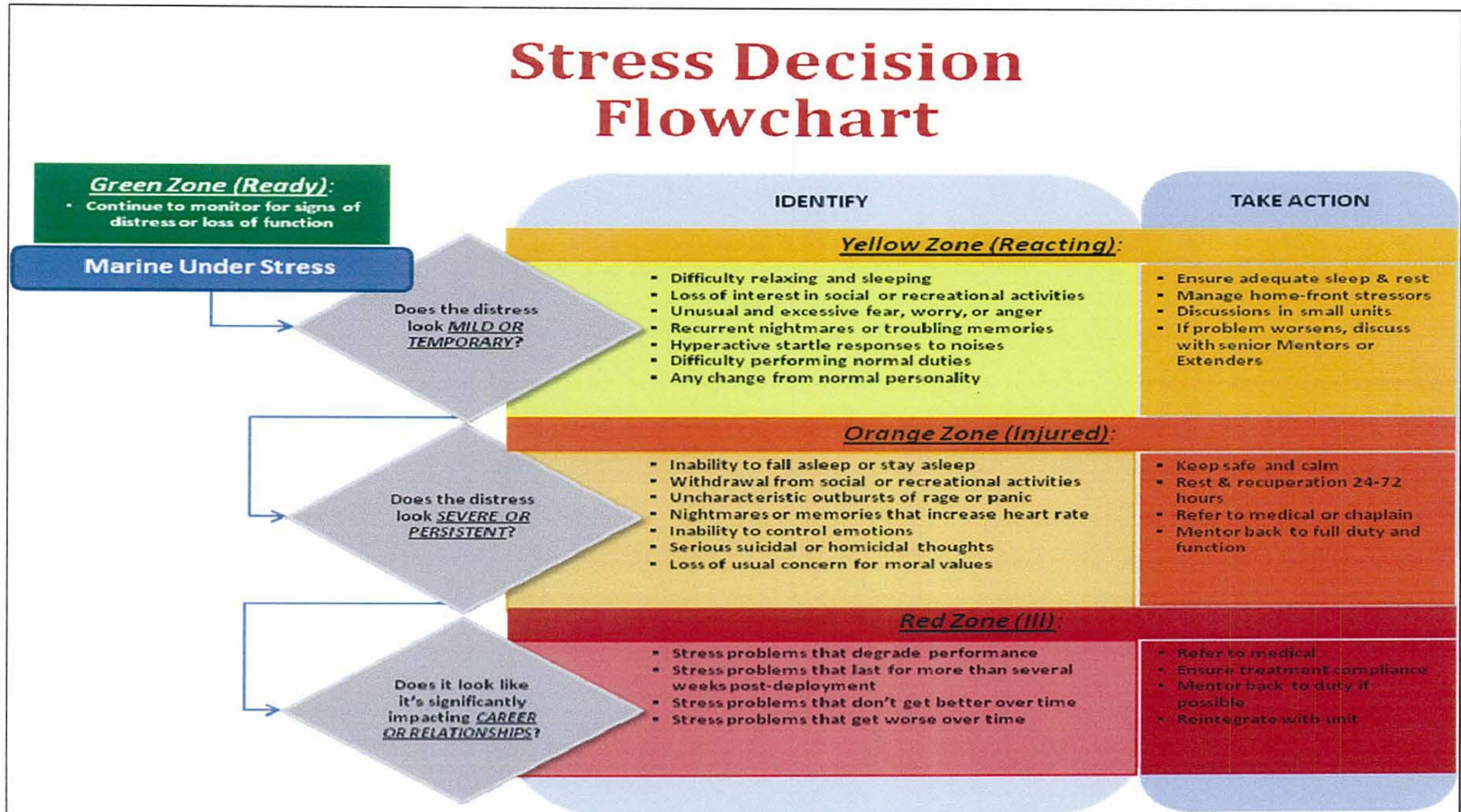
a. Command. This LOI applies to all [name of command] units. The point of contact is [rank and name] at [phone number] or [email address].

b. Signal. This LOI is effective on the date signed.

I. M. COMMANDER

Distribution:

APPENDIX J



APPENDIX K

REPORTING TRAINING IN MCTFS

1. Training completion and levels of certification for each Marine and Sailor shall be entered into MCTFS via MOL or the unit diary. Training completion and levels of certification will be reported as follows:

a. TTC 483 000 TRAINING EVENT (A) ED (B) |

(1) Where (A) is the 2-byte alpha-numeric (A/N) code (per paragraph 51201 of on-line MCTFSPRIM), and

(2) Where (B) is the 8-byte effective date (format YYYYMMDD).

(3) Two-byte A/N codes are:

(a) O1 = OSCAR Mentor/Team Member (Completed one-day OSCAR Team Training Course).

(b) O2 = OSCAR Mentor/Team Member - Advanced (Completed five-day Advanced OSCAR Team Training Course).

(c) O3 = OSCAR Trainer (Designated by a Master Trainer as qualified to lead basic OSCAR Team Training).

(d) O4 = OSCAR Master Trainer (Designated only by HQMC as qualified to lead Advanced OSCAR Team training and designate qualified OSCAR Trainers).

(e) BA = Pre-deployment Health Assessment

(f) AW = Warrior Preparation Brief

(g) AX = Warrior Transition Brief

(h) LA = Leader Preparation Brief

(i) LB = Leader Transition Brief

(j) LC = Leader Transition II Brief