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14. ABSTRACT
Military forces spend years of training and preparation for combat situations and conduct extra training for the deployment customized to the type of mission. The Marine Corps conducts programs such as Combat and Operational Stress Control (COSC) and Operational Stress Control and Readiness (OSCAR). Most military members cope with combat and operational stress during deployments and a certain amount will not be able to relieve stress in time and mental injuries and moral injuries may occur. Unit cohesion is an important factor for resiliency.The amount of time and effort dedicated to post-deployment unit training should be longer for the Marines to enhance the likelyhood and speed of recovery.

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United States Marine Corps
Command and Staff College
Marine Corps University
2076 South Street
Marine Corps Combat Development Command
Quantico, Virginia 22134-5068

MASTER OF MILITARY STUDIES

Effective Recovery of Combat and Operational Stress during Post-Deployment

SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF MILITARY STUDIES

AUTHOR: LtCol Enrique Sanchez

AY 2018-19

Mentor and Oral Defense Committee Member: Dr. Kerry B. Fosher
Approved: _____
Date: 1 Apr 2019

Oral Defense Committee Member: Lieutenant Colonel David Pinion
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Approved: _____
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Exclusive Summery

Title: Effective Recovery of Combat and Operational Stress during Post-Deployment

Author: Lieutenant Colonel Enrique E. Sanchez, Royal Netherlands Marine Corps

Thesis: This study will show that cohesion is an important factor for resiliency within the unit and for the individual Marine. During the post-deployment phase, unit cohesion is less intensive than during pre-deployment and the deployment. The amount of time and effort dedicated to post-deployment unit training should be longer for the Marines to enhance the likelihood and perhaps even the speed of recovery from moral and mental injuries inflicted by combat and operational stress.

Discussion: Military forces spend years of training and preparation for combat situations; moreover, they conduct extra training before the deployment customized to the type of mission, as well as to the cultural and geographical location of the mission. This is also known as pre-deployment training. Year after year the Marine Corps conducts programs such as *Combat and Operational Stress Control* (COSC) and *Operational Stress Control and Readiness* (OSCAR). On return back to "garrison life"—named post-deployment—Marines attend programs on what to expect and to do, e.g., relationships. They attend individual training for their career, transferring to a new unit, or getting out of the service. Most military members have to cope with combat and operational stress during deployments and fortunately, many of them will recover by themselves. Nonetheless a certain amount will not be able to relieve stress in time and mental injuries, moral injuries or even post-traumatic stress disorder (PTSD) may occur. Unit cohesion is an important factor for resiliency; therefore, both the US Marine Corps and the Royal Netherlands Marine Corps have similar programs to prepare the individual Marine and the unit to become more resilient to stress. This study will discuss if the effort the Marine Corps put in their training programs is effective enough to help Marines recover as soon as possible from moral and mental injuries.

Conclusion: Firstly the U.S. Marine Corps believes in the OSCAR program, although research by RAND concludes that there is no proof that the OSCAR program is effective on stress-related behavior and mental health issues. Nonetheless, the United States and Dutch Marines believe in educating their personnel in resiliency and combat and operational stress awareness through the use of programs such as COSC and *Collegiaal Netwerken* as tools to mitigate stress for the unit. Secondly, the post-deployment programs are prepared and executed by the units themselves and therefore differ throughout the Marine Corps. This diversity of execution creates uncertainty of the effectiveness of the programs. There is a significant difference between the re- and post-deployment programs of the U.S. Marines and the Dutch Marines. The U.S. Marines have a smoother and less precipitous drop between the stressful deployment period and "calm" home garrison, which would be a better process for the Dutch Marines as well. Finally, both Marine Corps spend too little time to keep the units together to sustain the cohesion of the group with like-minded colleagues that fully rely on each other for a better and faster recovery of combat and operational stress.

DISCLAIMER

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Preface

After three deployments with the Royal Netherlands Marine Corps—part of the Royal Netherlands Navy—to Eritrea, Iraq, and Afghanistan I always wondered how the deployment cycle is arranged and particularly the post-deployment period. The amount of time and effort dedicated to our Marines and sailors during the last period of the deployment cycle is much less than the pre-deployment preparation, and the deployment itself. Military organizations, like my own, place much emphasis on training and preparing their military personnel for combat, training them for worst case scenarios, and making them more resilient to extreme situations. However, the effort to reduce combat and operational stress during the post-deployment period has much less depth, at least in my personal experience. As mentioned in MCO 5351.1 (United States Marine Corps) and *CDS Aanwijzing A125* (Netherlands), after each deployment period, Marines go through a required "decompression period" lasting several days before they can go home to their loved ones, enjoy leave, and return to work after four weeks of leave. After this time some individuals went on to a new job or ended their enlistment contract and left the service. Comparatively, training for operations and combat is continuous and lasts years. From my own experience, it felt that during the post-deployment period the organization could do more to help the homecoming Marines to heal their moral and mental injuries, and to rapidly adjust to the "normal" life they used to live back home. The focus of this study is on the post-deployment period wherein at least some of the healing process of combat and operational stress is supposed to take place. In this paper, I address questions such as, "What are the triggers of operational and combat stress, and how can combat and operational stress evolve into mental and moral injuries or worse? What do we do to mitigate the symptoms, and what can we recommend for the program of the post-deployment period given how combat and operational stress, and mental and

moral injuries work?" While my focus is on Marines in combat functions, I believe that the content of this paper can apply to all military personnel who are exposed to stressful and traumatic situations. This paper will reflect personal experiences and will challenge the time and effort both Marine Corps put into post-deployment programs.

Thesis

The cohesion of a unit is a significantly important factor for the level of resiliency of the individual and the group and therefore the composition and concentration of the unit members should be held longer together and phased down slower.[1] The amount of time and effort dedicated to post-deployment unit training should be longer for the Marines to enhance the likelihood and perhaps even the speed of recovery from moral and mental injuries inflicted by combat and operational stress.

Introduction

People experience stressful situations during their life varying from low-impact events to extreme traumatic situations, such as accidents, mass destruction by natural disasters, terrorist attacks, and military combat experience. Usually, the human mind can handle a certain level of stress for some time and will readjust by itself.[2] However, when the situation becomes too traumatic, or the length of time of being under stress becomes too long, it will be harder for the person to recover and adjust to normal functioning of the mind and body.[3] Since the beginning of armed conflicts, combat has exposed military personnel to extreme experiences and periods of exhaustion due to physical and mental pressure. According to *Combat and Operational Stress Control* MCRP 6-11C, this phenomenon is called "combat and operational stress" (further explanation in the following paragraph), which can cause different forms of medical complications for the individual, varying from minor to serious health issues.[4] Terms often used concerning combat stress are moral or mental injuries and Post-traumatic Stress Disorder (PTSD).[5] Since these issues can have severe implications for the person and the society, a fast and functional recovery from these health problems is highly desirable.

The Marine Corps describes stress in two ways: (1) combat stress and (2) operational stress. Marine Corps Reference Publication 6-11C, *Combat and Operational Stress Control* (MCRP 6-11C) defines combat stress as, "Changes in physical or mental functioning or behavior resulting from the experience of lethal force or its aftermath. These changes can be positive and adaptive, or they can be negative, including distress or loss of normal functioning."[6] The Marine Corps defines operational stress as, "Changes in physical or mental functioning or behavior resulting from the experience or consequences of military operations other than combat, during peacetime or war, and on land, at sea, or in the air."[7] According to Marek Sipko, every person reacts differently to stressful situations and most people can bend like a tree in heavy winds and adjust to their original form when the wind is gone, where others are not that flexible and finally break due to the oppressive force of the wind.[8] An average of 12% to 15% of the individuals who experience extreme pressure will end up with PTSD symptoms or less significant mental issues.[9] One common idea in the literature on stress and resilience is the idea that a person can break mentally, without a physical injury. So, military personnel can, besides physical injuries—for example, gunshot wounds or physical blast injuries—also have mental or moral injuries.[10] According to MCRP 6-11C, the latter two are not visible as a physical injury and can even express themselves much later than immediately after a stressful event. If the individual is not able to adjust in an appropriate amount of time, combat or operational stress can become a mental or moral injury.[11] Former United States Marine officer Tyler Boudreau explains that mental or moral injury can include ethical content. He notes that the term "moral injury" was created in 2004 by Shay, since guilt was not mentioned within the usual explanations of PTSD.[12] According to Boudreau, therefore, the United States Department of Veterans Affairs came up with this definition: "[PTSD involves] an act of transgression that creates dissonance and conflict because it violates assumptions and beliefs about right and wrong and personal goodness."[13] There are

different reasons why exposure to a stressful situation becomes an injury, but the situations a Marine experiences can conflict with his values and morals, and guilt and shame can be a critical factor in the generation of mental or moral injury. Even so, as MCRP 6-11C indicates, exposure to horrible incidents or views, extreme operational pressure, and combat can be a trigger for stress.

Military leaders prepare and train personnel for the worst-case scenario to maximize resilience. Basic military training and specific training for specific missions is their preferred type of training because the better the Marine is trained, the more likely he will function as effectively as possible and stay valuable for the unit and organization. In other words, the better the Marine can handle *Combat Stress Exposure* (CSE) ─ "the degree, magnitude, and cumulative effect (allostasis) of exposure to combat stress-related experiences"[14] —the faster and more effective he can function during stressful situations. All military services have training programs and resilience training for the deployment cycle (pre-deployment, deployment, and post-deployment) of their units. During the three different stages of the cycle, the unit commanders are responsible for the preparation and training of the individual.

Leaders try to mitigate the chance of mental and moral injuries through resiliency training for their personnel during the pre-deployment phase. In the Royal Netherlands Marine Corps, Dutch Marines, resiliency training includes annual readiness training, *Collegial Network* stress management training, and specific mission training. Comparatively, in the United States Marine Corps, resilience training includes the annual readiness training, COSC program, and Marine Corps Martial Arts Program (MCMAP), a martial arts training developed by the Martial Arts Center of Excellence (MACE) to train the warriors-ethos.[15] Besides these efforts, the United States Marine Corps and the Dutch Forces give the chaplain an essential role during the

deployment cycle and provide talking sessions for the unit and the individual. Nonetheless, the constant work pressure, risk-threat, and ongoing exposure to stress-related events make it hard for Marines to recover and adjust the mind and body. As mentioned before the effects of combat and operational stress can reveal themselves at a later stage in time when the secure environment of the group and its cohesion are no longer there. Early on, in the 1800s Calhoun mentioned the importance of the influence of unit cohesion on mitigating "nostalgia" and that combat experience could forge the personal bond amongst the team members.[16] The USMC provides programs that must protect the individual against combat stress and help with the reduction of mental or moral injuries, including PTSD. During the different stages of the deployment cycle, individuals and units have to follow specific programs to prepare themselves for their next job. While these efforts are common to both the RNLMC and the USMC, it is unclear whether post-deployment programming is useful either in content or in time for the recovery of military personnel. Compared to the past, the United States Department of Defense has learned a lot about treatment and providing training for combat stress through different programs during the deployment cycle. Nonetheless, RAND Corporation recently stated (2015) that its evaluation of the OSCAR program showed that the program is not effective.

The post-deployment and beyond is a period where the individual Marine is no longer immersed in 24/7 unit cohesion with overwatch provided by like-minded colleagues. *The Combat and Operational Stress Control* program primarily consists of mandatory briefings throughout the 60 to 90-day post-deployment period. Besides the briefings, however, the follow-on programs depend on the intent of the commander, and after three to four months Marines often move on for a permanent change of station (PCS) or prepare to leave the service at the end of their enlistment contract.[17]

Method

This study evaluates the programs of the post-deployment period provided by the U.S. Marine Corps and Royal Netherlands Marine Corps and views if these programs reduce combat and operational stress and heal the moral and mental injuries of the individual Marines when they are back in their normal civilian environment. The study lays out the theoretical explanation of the different terminologies, gives more insight into the deployment cycle training, and focuses on the post-deployment period of both Marine Corps. By comparing the different programs of both Marine Corps, it is meant to look for opportunities to learn from each other and recommend adjustments. Lastly, the study compares the two programs, uses previous studies concerning the effectiveness of combat stress and related programs, and defines whether the post-deployment program is sufficient enough to continue to reduce combat stress to an acceptable level.

The following questions are noted to direct this study:

1. In what manner are the programs to prevent combat and operational stress of the US Marine Corps and the Royal Netherlands Marine Corps comparable with each other?
2. In what manner are the different programs that prepare and support the Marines to prevent combat and operational stress fitted in the deployment cycle, and are they competent enough in the post-deployment period?

History of Combat and Operational Stress

Since the existence of war where men and women aggressively engage each other for religious causes or wealth and power, warriors have had to cope with stressors that impact the mind and body of the fighter. Even though it was not clear at that time what caused the behavior

change of men and women, early literature describes the awareness of these behavioral changes.[18] Through history, understanding and explanation became more evident, supported by documentation and research. Franklin Jones, for example, notes that the description of symptoms of battle stress as medical problems occur no earlier than late 17th Century in documents. Medical specialists used the term “Nostalgia” in documents as an explanation of disability to react, and the term related to reactions of anxiety they saw amongst certain fighters.[19] Through different wars in the US—including the Civil War, Indian Wars, and the Spanish-American War—symptoms of battle stress, alcoholism, and misbehavior were not recognized as psychological problems, and this viewpoint maintained until the early 1900s.

Prior to World War I, in the Russo-Japanese war (1904-1906), it happened that medical professionals recognized psychological and medical problems and documented and labeled combat stress in a more specific way.[20] Russians used the knowledge of psychiatric specialists to cope with mental disorders. During this time period they categorized the soldier with battle stress symptoms as "insane"; this was an unfortunate term normally used for mental illness that is not curable.[21] During World War I and later in World War II, medical specialists kept on struggling with terms. Through the years, the military and medical institutions developed their knowledge and experience on combat stress, and still often, misplaced labeling of the mental disorders.

With a better understanding of the cause of mental disorders, the treatment for these disorders developed as well. During the trench battles of WW I, the American physician Thomas Salmon who worked with the American Expeditionary Forces in France labeled the casualties of battle stress—or war neurosis in those days—with the term “shell shock.”[22] Marines and soldiers who were suffering from "shell shock" initially were taken from the battlefield and treated at home, on base. Medical specialists found that treating casualties as fast as possible, and in theatre

close to the battlefield, resulted in significantly better chances of recovery.[23] Notably, with the labeling of the war neurosis came instances of Marines and soldiers developing “shell shock” just by thinking of it. This false idea is a drawback of labeling.[24] Medical staff started to use the label “N.Y.D” —not yet diagnosed—to avoid the direct proof of illness through a definite label of neurosis. By doing so, medical staff invited soldiers to believe they had a less substantial illness, an outcome they hoped would help soldiers better cope with the problem and heal faster. Maybe with some rest and recovery, they could be ready to go back to the frontline of the battlefield as A.J. Glass mentioned in his lessons learned: during World War II the lack of rest and nutrition was called “combat exhaustion” and later defined as the term “combat fatigue.”[25]

In light of World War II, the medical staff of the Vietnam War used five military psychiatry principles to treat soldiers who suffered from "combat fatigue." Treatment of psychiatric patients should be done as close as possible to the duty station (Proximity) to prevent isolation. By isolating the soldier from the area of operations it created the risk of a long-lasting sick role with the possibility of not returning to duty at all. Treatment close to duty station provided quick support for immediate care (Immediacy) because the longer they waited with the caretaking of the patient, the bigger the chance of chronic symptoms. The medical staff centralized the authority for the approval to redeploy psychiatric patients back to the US (Centralization) to avoid unnecessary extractions and to reduce the flow of soldiers out of Vietnam. There was a clear policy for communication towards the patients (Expectancy) by using phrases such as:

> This is only a temporary reaction. You are having an acute and understandable response to a stressful situation. It will soon pass. You can rest, get off your chest what is bothering

> you, and you will then be going back to duty in a few days...You may not think that you can handle it, but believe me, you can and you will.[26]

Although it may look like creating positive thinking in the patient's mind for a prosperous recovery, eventually it was made into policy to reduce the extraction of personnel out of the war. Ultimately, it was meant to treat the patient in as simple, if not in as simplistic, a way as possible, giving primary needs like a soft bed for rest, a good meal to fuel up, and a supporting shoulder to cry on (Simplicity). Although the two principles—Proximity and Immediacy—are the same according to the general psychiatric principles, the whole of the five principles primarily were meant to keep the Marines and soldiers in Vietnam, with all the risk of more severe incidents associated with it.[27]

Ultimately, the amount of Vietnam veterans diagnosed with battle stress symptoms post-Vietnam created in 1980 the recognition of PTSD by the American Psychological Association. The term was officially mentioned in the American Psychiatric *Association's Diagnostic and Statistical Manual of Mental Disorders* (DSM-III).[28] The following three to four decades, medical and military specialists dedicated a significant amount of time conducting research on PTSD and developing programs to prevent battle stress. Moreover, still, science and military search for the most effective solution to heal personnel exposed to stressors of combat and operational stress.

Even with the latest wars in Afghanistan and Iraq, subject matter experts studied the critical variety of stressors that can trigger combat and operational stress. Through defining the stressors, specialists made it possible to generate a better understanding of the problem. With that, they developed programs for the warriors to prepare them for combat and operational stress and eventually mitigate the chance of mental and moral injuries. Hence, how do the subject

matter experts describe these stressors of combat and operational stress nowadays? According to William Nash, the stressors for combat and operational stress injuries are (1) Physical, (2) Cognitive, (3) Emotional, (4) Social, and (5) Spiritual Stressors.[29]

Take a closer look at these five stressors that can cause stress amongst the warriors. Physical stressors like weather—cold, heat, and wetness—will affect the individual. Even more so, the enduring physical and mental strain on the person or the lack of sleep have a significant negative impact on the mind and body. Sleep depression damages cognitive mental thinking and generates strong hallucination forms. The harm of unclear thinking creates a higher risk of mental injury or disorders and possibly even physical injuries due to misjudgment.[30] Whereas a regular amount of seven hours of sleep is preferable to stay alert and focused, history shows that combatants are fortunate if they can manage to close their eyes for more than three to four hours per day over a more extended period.[31]

On one hand cognitive stressors occur through a lack of information or too much information. Nonetheless, significant changes in the mission or the rules of engagement create uncertainty amongst personnel. While on the other hand, boredom/monotony is frustrating and causes stress as well. Amongst the cognitive stressors, Nash states "loyalty conflict" is where the individual feels he or she has to choose between the peers in the unit and the loved ones back home. Things become extraordinarily complicated when friends and family cope with serious problems back home. Modern technology makes it possible to have better and more frequent communication with home. This can be beneficial to keep morale high, but also has its downside.[32] Often military personnel have the possibility of 24/7 internet or telephone availability. This means that every-day and serious home front issues can and will be discussed directly with the Marine. The strict separation between the deployment area and garrison life

becomes more blurred, and daily domestic problems become an extra stressor to deal with for the Marine. Even so, social media can be a negative aspect of being on deployment. Social media and technology bring the war into the living room of society back home. Also, public opinion will find its way into the duty stations and compounds of the Marines and soldiers abroad. When the opinion of the public is skeptical or even negative towards participation in a war, it has a significant impact on the individuals.

Moreover, emotional stressors which can have a significant influence on the warrior's mind are the fear of failure, guilt, helplessness, and the horror of carnage that can trigger mental and moral injuries and PTSD. The perspective of personal responsibility is a heavy yoke upon the shoulders of the individual, especially if the person, according to his own judgment has failed in executing this responsibility.[33] As LtGen Roméo Dallaire (CAN) Force commander of UNAMIR (1994) mentioned in his interview with Carnegie Council for Ethics in International Affairs: "my personal failure of command in the field, because the mission ultimately failed."[34] Another example is the loss of friends has a severe impact on a person's mental strength, or the planner who prepares the route for the patrol, who can feel extremely guilty of the loss of team members when the unit drives on an IED or gets ambushed. Although he might have taken all the information and intelligence into consideration, he feels responsible for the incident.

Besides emotional stressors, social and spiritual stressors—the loss of faith—play a part in the whole of triggers. Whether the individual is religious or not, he/she can lose the belief in faith when innocent people get killed, or when his/her buddy gets severely injured or killed.[35] Due to the strong belief in the Marine Corps, its core values, and its culture Marines put more pressure upon themselves than others. They are aiming for the best, and this is not always possible or realistic. This ideal thinking sets expectations that cannot always be realized.

Therefore, it is crucial that Marines learn to balance between steadfastness and flexibility and set achievable personal goals because this pressure is a factor of unnecessary guiltiness, which can be prevented.[36] If the Marine Corps leaders or colleagues who they fully trust fail in the expectations of the individual it will break the trust, respect, and relationship and therefore the Marine loses faith in the organization which can end up in moral injuries.

As mentioned in the introduction and previous paragraphs, combat and operational stress are common amongst Marines and soldiers when they are on deployment and when they are also in combat. By labeling the stressors of combat and operational stress, it is more visual and acceptable for the individual when he/she has to cope with stress. If he or she succeed to overcome the overwhelming amount of stress, if the Marine accomplishes to win from the mental and moral stressors it enables him/her to grow and become mentally stronger and more resilient. Eventually dealing with the issues unconsciously prevents the Marine from the distraction of his or her work in combat.[37] However, when the pressure keeps building up or when Marines and soldiers keep experiencing stressors, combat and operational stress will end up in mental and moral injuries.[38] Therefore, armed services provide programs and training throughout the deployment cycle to help their personnel to become more resilient to stressors, or eventually help them with recovery when they are not able to adjust themselves to a reasonable level of functioning without injuries.

The deployment cycle

The US Marine Corps and the Royal Netherlands Marine Corps both have the same process for deployments. When commanders send their units on a deployment, they prepare them fully to make sure that the Marines know what to expect and what to do. Therefore, the cycle consists of four parts to create structure and sense: (1) Pre-deployment, 6 months; (2)

Deployment 6-12 months—as for Royal Netherlands Marine Corps 4-12 months, depending on the type of deployment—; (3) re-deployment, short period of days from arrival at demobilization station to departure its home station; and finally (4) Post-deployment, 6 months. The time frames may differ, but on average it starts with the moment of notification and follows a specific program for preparation. Noteworthy is the six months of post-deployment discussed further on in this chapter. The pre-deployment program is well set and fully organized for the mission. Units will train from squad level up to company and battalion level for their readiness.

The re-deployment phase differs slightly. Where the US Marine Corps chooses to do its decompression period of two days in theatre, away from the duty location, The Royal Netherlands Marine Corps will depart from theatre and make a stop between theatre and homeland. During 48 hours a decompression team—consisting of a staff, Special Matter Expert (SME), social and medical professionals, and the Chaplain—conducts group and individual debriefs. They provide briefings on the transition from deployment towards home, and healthcare & support. Besides the briefings Marines get time to decompress in the 48 hours where the decompression team provides them activities with voluntary participation. This is a similar way the Canadians do it. They call it “decompression in a third location”. The location should be a “safe, clean, and restful where all members can make a clean break from the mission and deployment area and go home rested and in good spirits.”[39]

Pre- and Post-Deployment

Although the US Marine Corps uses COSC throughout the total deployment cycle, it should have special attention during the post-deployment. The briefings throughout the cycle are relatively the same and differ by case scenarios explicitly mentioned for the period. The force is within repeating the essential principles of COSC and the five core leader functions throughout

the deployment cycle.[40] The following list (see figure 1.) will provide a comparison between pre- and post-deployment discussion points.

Figure 1. Deployment Cycle Training Leaders Pre- and Post-deployment

Pre-deployment: Marines will receive the Warriors Preparation Workshop I, and leaders (NCOs and Officers) will receive leaders training 30 days before deployment. • Focuses on stressors and prevention techniques • Pre-deployment discussions on cohesion and enhancing psychological resiliency • Introducing and reinforcing the Five Core Leader Functions. • OSCAR Teams, explaining how OSCAR works • Reviews stress management, discusses primary sources of stress injury while deployed, • Discuss approaches to monitoring Marines and providing peer support and referrals as needed.	**Post-deployment**: Marines will receive Warrior Transition Brief II, and leaders the Leaders Brief. Before the end of 90 days the leaders will receive the Leadership Transition II • focuses on the reunion phase of deployment, and the return to the garrison environment • Stress mitigation, and resources and tools available home. • Facilitates decompression and trains leaders to understand the sources of redeployment and homecoming stress. • Discuss the stigma perceived with seeking help. • Includes small group discussions, at the smallest possible level, that focus on decompression, small unit support, and expectation management for family reunions. • Led by a senior OSCAR Mentor/Team Member or OSCAR Extender upon redeployment and before block leave.
Figure 1. Abstract focus sections of **Deployment Cycle Training Leaders Pre-deployment and Post-deployment:** Facilitators Guide**,** Dec 1, 2017[41]	

MCO 5351.1 combat operational stress control program describes the post-deployment process[42] and consists of the following mandatory programs:

1. 60-90 days Leaders and Warriors Transition II Brief;
2. Recognizing the Stress Continuum and support (Self-aid and Peer-to-Peer brief extender support and mental health provider briefs);
3. Post-deployment health assessment;
4. Healthcare provider discussion;

5. Support preparations for PCS/PCA;
6. Recommendations for Human Factors Board / Force Preservation Council.

The professionals of the OSCAR team give mandatory briefs and interviews, and the leaders determine the execution of the program. Moreover, in the period that the Marines receive briefings and interviews, partners have also similar briefings for the preparation of the reunion of the family. The intention and interest of the commander of the unit dictate the practical realization of the rest of the program. According to the experience of Chaplain DeSousa,[43] the unit plans the program. When the unit comes home in garrison, there is a two-week program after a couple of days of leave. On return, everybody stays in garrison and cannot leave. The two-week program consists of a light social routine with briefings and small group events in the afternoon. At the end of the day, Marines living on base with the family reunite with them and the single Marines stay in the barracks. The commander decides to do more social activities or not. The length of a two-week program is one week for maintenance of unit and individual equipment and the second week is primarily for meetings with the Chaplain and medical and dental appointments. This second week is also meant to keep a monitoring eye on the Marines.

This second week is more flexible, and Marines can request a day off if there are special family occasions. The following two weeks are leave, and on individual request this period can be extended. In other words, the Marines have approximately four weeks of adjustment after they arrive home from deployment. After these four weeks the regular training programs start again with follow-up briefs during the first 90 days.[44] As mentioned earlier, it is formally stated that the post-deployment period consists of six months, but in practice it turns out that after three to four months of return the unit starts to disintegrate and individuals will continue to their next

assignment, attend courses, or start to prepare to leave service due to the ending of their contract.[45]

Looking at the briefings and presentations the unit receives there is not much difference in the amount and time dedicated to these briefings. Only the content is specifically focused on the different periods of the deployment cycle, in other words for the actual deployment—mainly on combat and operational stress prevention and cohesion—, and post-deployment—other sorts of stress and home-coming reunion. The big difference lays in preparation for deployment where the unit focuses on building a cohesive combat team. People have to learn to trust each other completely, knowing that their buddy covers their back no matter what. Live-firing exercises, special personal training for specific MOS, explicit training for the region of operations, and teambuilding are significant contributors to unit cohesion building.[46] These kinds of training sessions do not appear during the post-deployment, and besides that units are quick—within three to four months—to dissolve due to PCS or preparations for an exit. The focus of the organization is already for the follow-up assignments, and unit cohesion is not as intense and compelling as it was pre-deployment and during deployment.

It is interesting to read in the RAND OSCAR evaluation report that timings of the post-deployment period may differ between units. Surveys from commanders mention five days between leaving theatre and coming home. The assumption is that the survey talks about the redeployment period and after the five days the unit has a thirty-day leave.[47] The difference in programs strengthens the point that commanders' intentions and interests have substantial impact on the content, time, and effort put into the post-deployment period. Regardless of the difference in timings, commanders like to have more time for the post-deployment. They see a need for better guidance of the Marines during the five days, or redeployment to prepare them for the

return into the "civilian life" since they go on leave afterward and have to deal with the change themselves. Furthermore, they have the desire to keep the unit and their command together longer to have more impact in reducing stress and for unit members to recover moral and mental injuries.[48]

In contrast to the US Marine Corps, The Royal Netherlands Marine Corps has a different approach. After returning from their decompression period, they get two days off and return to their garrison afterward to hand in personal equipment. Usually, this takes two days. Unit equipment will take at least 4-6 weeks to return from theatre and cannot be taken care of before that. After the personal equipment and administration are done the Marines go on leave for four weeks before the program starts again. In the following weeks after leave, the unit will conduct a program which consists of mandatory briefings, maintenance of unit equipment, and group activities. Even so, within the Royal Netherland Marine Corps, the commander decides what the program will be for the units and the program can range from social activities to training. The medical specialists conduct also the 90-days and 180-day post interviews with the individual Marine. It is needless to say that correspondingly within the Royal Netherlands Marine Corps the six months post-deployment period is an illusion. The unit will slowly disintegrate after three to four months for reassignments.

It must be said that both Marine Corps have documented the mandatory briefings and reviews that take place during the different periods of the deployment cycle. The organization of pre-deployment period and the preparation for unit readiness is good, but eventually it is the commander's intent and interest to prepare a post-deployment program that materially affects the ability of a unit to recover as fast and as well as possible. The authority to establish their own programs as commanders is good, but unfortunately results in different execution of post-

deployment programs. This would suggest that there is wide variability in organizational efforts to effectively and efficiently promote Marines' recovery from combat and operational stress. Unlike the US Marine Corps, the Dutch Marines send their personnel on thirty-day leave after only two to three days of work when they are back in garrison. It is interesting to see that the US Marine Corps has a smoother, less precipitous drop between high and low-stress environment by sending their personnel on leave at a later period.

The Resiliency Training and Stress Program

Both Marine Corps conduct specific training programs for the deployment during the pre-deployment phase. Nonetheless, after Gulf War 1 (1990) the US Marine Corps developed a specific program to mitigate stress during combat operations. The operational units created the Operational Stress Awareness Readiness (OSCAR) program in 1999 with the intention to embed mental health professionals at the regimental level, and OSCAR trained senior NCOs and officers—OSCAR teams—with combat experience within the subordinate units. These teams should increase the Combat and Operational Stress Control capacity within the operating units. They provide instruction in the principles of combat and operational stress and help with prevention, identification, and treatment by referral Marines with potential health problems to the medical professionals. OSCAR teams are meant to be approachable, and therefore, provide a better connection between the Marine and the medical healthcare. They consist of multiple players: social-medical healthcare, the Chaplain, and the trained OSCAR members in the units. By using OSCAR teams, lessons learned from the past are implemented in nowadays protocols. Early diagnoses of mental or moral injuries can be treated in theatre as early as possible, which is beneficial for Marines with potential mental health issues.

Furthermore, the focus of instruction is primarily on building resiliency to stressors, identifying stressors, and treating stress injuries. The Marines receive a program for combat and operational stress control (COSC).[49] This program is formalized through MCRP 6-11C and initially published in 2000, then superseded in 2010 by the update of MCRP 6-11C. The program is a red thread throughout the deployment cycle and the annual training programs of the US Marine Corps. MCRP 6-11C provides a good insight into the goals of COSC, the terms, and level of stress continuum (see figure 2.) for the Marines and their medical healthcare support.

Figure 2. Combat and Operational Stress Continuum Model

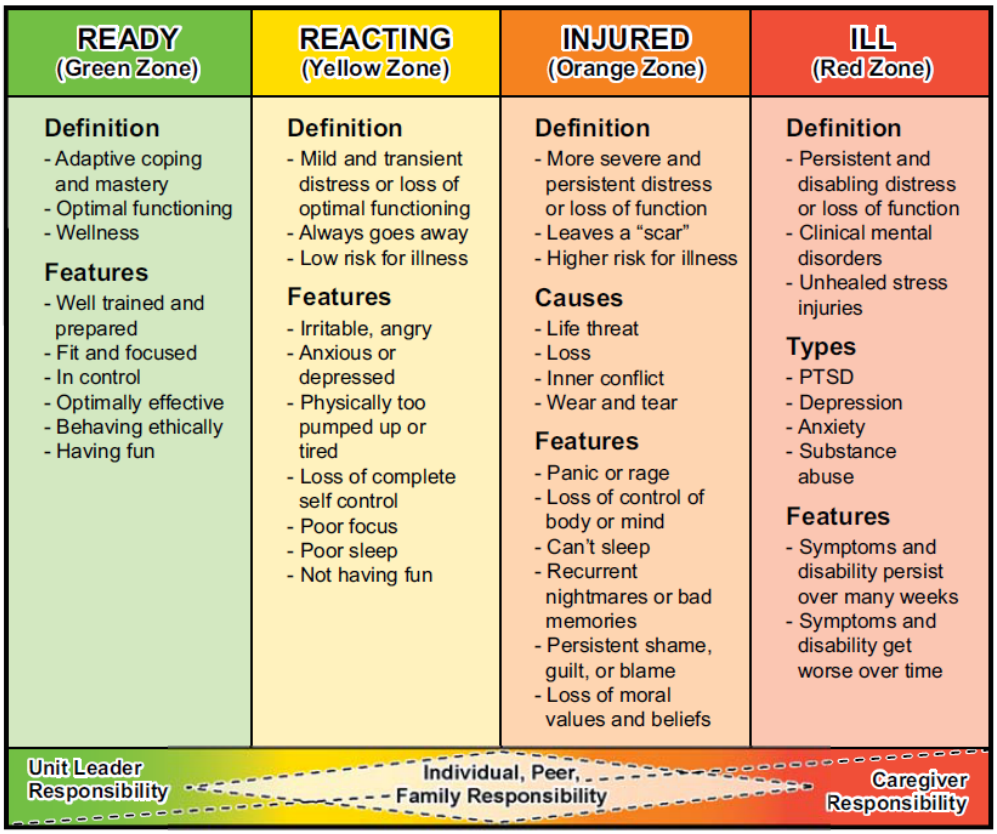

Figure 2. Combat and Operational Stress Continuum Model. HQMC MCRP 6-11C, November 5, 2010

COSC is a responsibility of the commander and supported by the OSCAR teams. The big triangle between the leaders, (senior) NCOs, and the OSCAR team is essential. Information must constantly flow towards each other to share the knowledge of noticed behavior change of individuals. Although it is a group effort to control the stress level to mitigate moral or mental injuries, eventually it is the leader who can contribute a significant amount of resiliency within the unit.

Good, hardy leaders create stability in a group.[50] Their determination and moral strength will influence the group and create cohesion, motivation, and trust within the leadership and among each other. These assets of leadership and group skills eventually result in loyalty and respect. A good and trustful atmosphere contributes to more resiliency and a strong fighter spirit within the unit and individuals. Both Marine Corps rely not only on the quality of the commanders, even the junior leaders—NCOs and young officers—have an import role in the whole chain of leadership.[51] Commanders lay a significant amount of responsibility on the lower levels in the smaller units and expect that they can act independent. Besides effective leadership, cohesion is an essential component of resiliency. As Mary Mitchell describes in her article, units with a higher level of cohesion and positive spirit that are exposed to combat stress have a smaller change of suicidal behavior than units with a lower level of cohesion and camaraderie.[52]

Another persistent issue inflicted by group pressure and culture is the stigma related to acknowledgment of mental health problems and the request for help. Marines live in a masculine world where there is no room for weakness; at least that is what they think. Although the leadership of both Marine Corps encourage warrior mentality, which is essential for winning the battles, they also advocate more openness if it comes to inner conflicts. A mind that is not clear and uncertain cannot be the warrior’s mind in its fullest. If the preparation for resiliency works is

arguable. Specialists and service members specified the stressors and produced briefings and training to educate the Marines, but whether it is useful is not completely clear. William Nash presented in his research that the amount of PTSD patients during post-Vietnam and post-OIF I is significantly higher than the in-theatre reported stress reactions. He suggests that this may conclude that the symptoms and disorders developed in a later stage or the individuals did not recognize the symptoms or reported them in theatre.[53] The latter may indicate that stigma was then and still is a crucial factor for dealing with the issues. It is in the role of the leader and its openness to create that atmosphere where members of the group feel confident enough to open up. However, this mindset may be the case for the leadership, cultural wise both Marine Corps are still not that open minded that individuals naturally posture themselves in a vulnerable position.

During the deployment, it is essential that the Marines can focus on their work, although it is inevitable that the individual will eventually experience combat or operational stress. The question is: Will the Marines coping with combat or operational stress recover by themselves and reduce the level of stress to continue entirely focused on their work? Being more robust and healthy in the body, mind, and spirit makes the warrior more resilient and the chance of enduring battle stress less.[54] However, when the Marines are not able to recover by themselves or are struggling with moral issues, the OSCAR teams are in theatre within the units to support them.

Furthermore, observing the Royal Netherlands Marine Corps and its programs for resiliency, there is a great resemblance in the content of documents with the US Marine Corps OSCAR program and COSC. The Royal Netherlands Navy protocol VCZSK 550[55] and the letter of the Dutch Minister of Defense about "*Care for Military Personnel*"[56], describes the responsibilities of the different organizations, for the care of military personnel and veterans

during deployments and afterward. The latter focuses on medical care and the connection between the veterans, civilian medical healthcare, and the military healthcare with its Social-Medical Teams.

On the lower level within the operational units, The Royal Netherlands Marine Corps has a special program called "*Collegial Network Royal Netherlands Navy*" *Stressmanagement* (*Colegiaal Netwerk KM, Stressmanagement*),[57] explaining the stressors of combat and operational stress, using the stress levels of COSC. Collegial Network is comparable with the OSCAR teams. Senior NCOs and officers within the units who are educated and trained on instructing, detecting, and connecting are the collegial networkers (CNs). Together with the Social-Medical Teams (SMT) they help with the further assistance of the Marines coping with possible mental disorders. The CNs create an informal entrance for Marines to talk and possibly refer them for further assistance. Together with the SMT, they form the ears and eyes like the OSCAR teams. In case there is a Marine with potential mental health issues CNs follow the Trauma Risk Management (TRiM) protocol (see figure 3).[58] In circumstances where first line—buddies, CNs and Chaplain—and the second line of care—commander, SMT—are not sufficient, or the scale of the issue and the need for help is too large, a Special Psycho-social Rapid Intervention Team (SPRINT)[59] is available to support the commander, CNs, and SMT. This group of specialists consists of psychiatrists, psychologists, psychotherapists, Clergymen, and social workers who arrive when needed. SPRINT is not a substitution of the first and the second line caretakers but will enhance support. It must be

Figure 3. TRiM Protocol.

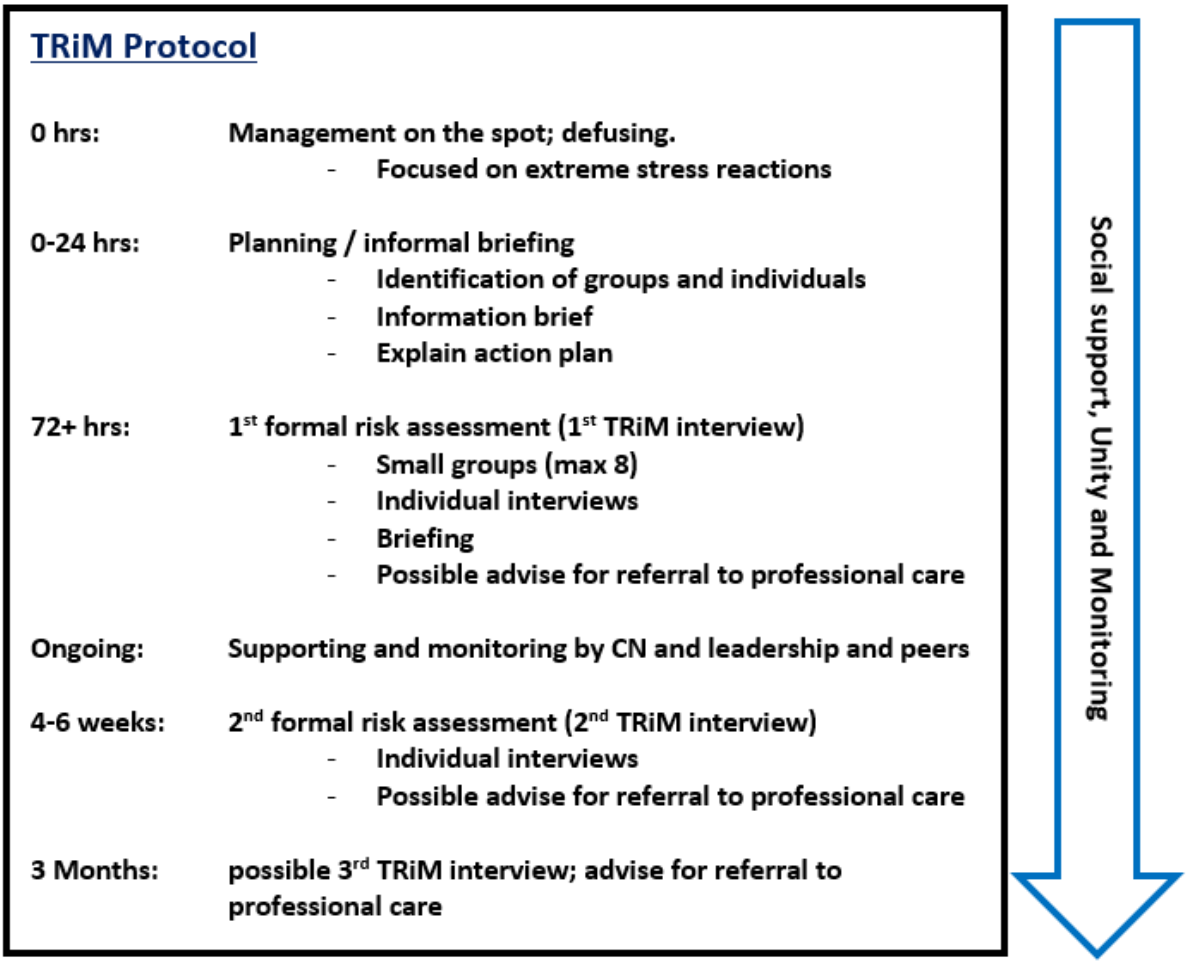

Figure 3. TRiM Protocol. VCZSK DPBV GPZ 560 Collegiaal Netwerken, Stressmanagement, November 6, 2014. (translated)

said that it is logical that the programs and processes used by the Royal Netherlands Marine Corps and the Navy are so similar to the US Marine Corps. The much broader experience of the US Marines on combat and mental health issues automatically creates an ocean of knowledge, data, and lessons identified for the Netherlands. It is noteworthy that during World War II in 1943 the Dutch Marines were trained by the US Marine Corps at Camp Lejeune, Camp Davis (NC). In many ways, the equivalent values and norms and principles connect both Marine Corps

and make it easier to exchange common ideas. However, mainly in the post-deployment, there is a slight difference in the process of the COSC program.

The effectiveness of the Programs

In 2015, RAND Corporation evaluated the OSCAR program of the US Marine Corps and one of the outcomes was that the US Marines generally look positive to neutral towards the resiliency training programs for the deployment cycle and so are the reactions in the Netherlands with the Dutch Marines if it comes to the use of CNs.[60] They acknowledge the benefits of it and have real concerns about combat and operational stress. Nonetheless, the Marines interviewed by RAND had explanatory notes according to the program. One, the repetition of the information is high—duplication of information occurs between the OSCAR program, COSC program, and other resiliency programs within the US Marine Corps. Secondly, the necessary formality of the programs may hamper the informal and often more natural relationships among the unit members. The Marines are *already* focused towards unit cohesion and personal communication amongst peers and vertically with the superiors one and two levels up.[61] Although most leaders see the value of knowledge they receive through the COSC and the OSCAR program, they think that the amount of repetition may be overdone for the Marines and loses its value and the natural character of having conversations with personnel.

Finally, RAND concludes in its report that there is no proof that the OSCAR program is effective on stress-related behavior and mental health issues. Both the US Marine Corps and the Dutch Marines created more sources with the OSCAR members in the units to support the individual Marine and the unit with stress-related issues. Other interesting outcomes of the evaluation are: (1) The units would like to have the opportunity to add Marines to the OSCAR course, which currently is only open to officers and NCOs. With the peer-to-peer relationships, it

would give a useful tool for the more experienced Marines with combat experience to support their buddies. (2) Although unit leaders see the value of the OSCAR program, there is no proof that this program is effective. The ideas about the OSCAR program and the evaluation are confusing. On the one hand, the Marines find it too formal and it is taking away the natural interaction, and on the other hand they see the value of the knowledge which is provided through the COSC and the OSCAR program. And then, there is no proof of an effective program. It seems that the information of COSC gives the unit leaders a handrail how to deal with combat and operational stress, OSCAR members give the commander more qualified people to observe, but the programs' overkill may undermine the resiliency of the individual.

Effectiveness of Cohesion

The leadership—officers and NCOs—thinks that the amount of push of information towards the Marines has become overkill and creates natural resistance, which may generate an adverse effect on the performance and morale of the group. Over-sensitizing people to stressors can inflict a self-fulfilling prophecy, where individuals start to think they have problems.[62] Specialists already noticed this phenomenon when doctors started to label illnesses as shell shock.[63] Throughout the evaluation reports from RAND, discussions with COSC Section Behavioral Programs Branch, the Chaplain, and the author's own experience, it is common that Marines prefer to go to their peers before they contact a superior or an external person. This peer-to-peer relationship enhances the cohesion of the unit and provides a link between the less assertive Marine and cadre.[64] The phenomenon of "battle buddy" is a regular social process where Marines take care of and talk to each other, to make sure that they can assist and notice physical and mental changes within the individual.[65] Foremost, the leadership is confident that cohesion and the use of a "battle buddy" on small unit level is beneficial for the healing process.

The approach of the smaller units is in line with the view of the commanding officers. They say that mental and moral injuries in a large degree are a problem of effective leadership instead of medical interaction, by creating the right environment and unit cohesion with high morale through professional leadership, because these factors will support a high resiliency level of the unit and individual. According to the CAOCL-TECOM resiliency research project, “resilience work is social and contextual, Marines in units with higher levels of cohesion are better positioned.”[66] In his article "Resilience Under Military Operational Stress: Can Leaders Influence Hardiness," Paul Bartone mentions that the leadership indeed influenced cohesion through hardiness leadership and therefore influenced resilience within the units.[67] By creating the right atmosphere within the unit, it is likely that the burden of stigma for seeking care is mitigated, by talking to peers and helping each other.[68] If the unit can provide the support the individual needs in an early stage, he/she might be helped and is further medical treatment not necessary. It strengthens the person if he can recover by himself with a buddy or team assistance, and time, instead of feeling ashamed for asking medical help.

Conclusion

Military professionals and specialists realize the importance of resiliency training for the individual Marine and the unit. Organizations that as the US Marine Corps and the Dutch Marines focus on effective leadership and expect the smallest operational units to operate on its own. This responsibility asks for a lot of unit cohesion and trust from each team member. To establish this level of professionalism both Marine Corps invest heavily in cohesion building and resiliency training during the pre-deployment and deployment period with programs as COSC and OSCAR. Although both Marine Corps believe in the programs, the OSCAR program is, unfortunately, not proven to be useful for achieving the goals it was designed to achieve.

During the post-deployment phase, the focus is less on cohesion building, although cohesiveness is an essential ingredient to support resiliency and it creates a fundamental basis for better recovery from mental and moral injuries. The content, time, and effort for post-deployment programming rests with the commander, which makes it harder to determine program effectiveness given the inevitable variability among commanders. Besides that the focus of the organization is not on the group but on the next assignments and follow on courses for the carriers of the individual. Nonetheless the focus should stay more on cohesion and keeping the unit longer together for a better healing process.

The Dutch Marines have a different approach than the US Marines to re-deployment and post-deployment. They emphasis the importance of the re-deployment out of operational theatre for a better adjustment process. Unfortunately they create an abrupt change between high stressed work environment and the low-stress civilian life. Even more so, this environment back home might be stressful in other ways for the Marine as well, therefore a smoother, and less precipitous drop would be more logical.

Recommendations

Program post-deployment: Because it is not clear what the program should look like commanders can make their own. Both Marine Corps have a detailed training program for the pre-deployment to prepare the units to the fullest and for a better evaluation of the effectiveness of the different resilience programs it would be better to have a more detailed program for the post-deployment, and a metrics that support data build-up.

Duration post-deployment: Marines miss the strong cohesion during the post-deployment and the period of six months for post-deployment is often shorter. If units stay longer together, they

can execute a training program that creates the same cohesiveness as the other deployment periods. The control of and assistance of the unit for individual Marines will be more effective, and possible mental issues that occur can be faster solved.

Post-deployment period Royal Netherlands Marine Corps: The way the US Marines conduct a smoother change towards civilian life, would be a good solution for the Dutch Marines. Instead of sending personnel almost straight on leave, it is recommended to do this in a later stage.

If both Marine Corps see the benefit of OSCAR and COSC type of programs they should have a better system to evaluate and measure the impact of the programs, prevent overkill, and have a more structured program for the post-deployment to enhance cohesion. Overkill could be avoid by creating one program instead of multiple programs through combining them. Besides that they should have a proper system to administrate more in detail the whole process of the deployment cycle so experiences can be better archived and used for improvement. Eventually, both Marine Corps should benefit from a quick recovery of their personnel if it comes to moral and mental injuries.

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