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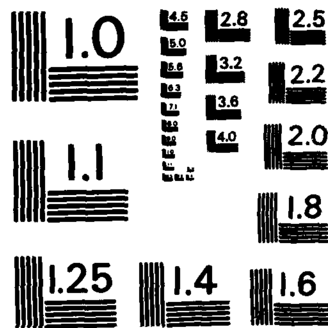


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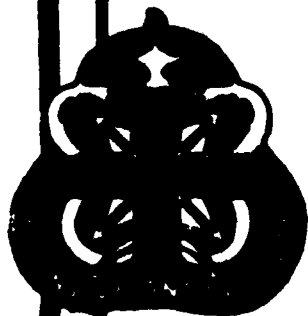

# United States Army Health Care Studies and Clinical Investigation Activity

AD-A159 815

COMBAT STRESS: LESSONS LEARNED FROM RECENT OPERATIONAL EXPERIENCES

EXECUTIVE SUMMARY

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Much has been written about combat stress, and the possible levels of casualties that such stress may produce. One of the most effective ways of reducing combat stress is to maintain a high level of cohesion and morale. Commanders need ways to assess the status of their units in these areas. There have been a variety of programs developed to manage stress; their application to the military setting is discussed.

The objectives of this study were: (1) Conduct a literature search to

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determine the relevant reports and articles on stress in light of recent operational experiences. (2) Conduct a workshop to assess those lessons learned. (3) Consult with units engaged in combat training missions. (4) Provide the AMEDD with information which would permit more effective training and organization for the prevention and treatment of operational stress casualties.

A list of references on operational stress was developed. The Fourth Workshop on Combat Stress was conducted to identify the lessons learned. There are a number of important lessons which can be derived from the descriptions of the operational stresses in the recent operational experiences described in detail in this report. Consultations with Forts Carson and Hood revealed that the survey instruments used in these studies have acceptable psychometric properties. Actions appropriate to the pre-development, deployment, and post-deployment phases of operations are described. Keywords:

Future efforts should focus on: (1) The validation of cohesion measures against objective measures of unit performance. (2) Combat stress training packages which provide for battle stress casualty play have been developed, and need full scale evaluation of their effectiveness and acceptability as training vehicles. The full text of the report is available as Part B.

There have been a variety of programs developed to help manage stress. At the Psychology in the Department of Defense Syposium in 1982, a session on stress management documented the variety of civilian and military efforts in stress management. Stress programs may focus on individual responses, group responses, organizational responses, situational factors, or some combination of these factors. The program of study described was developed in response to repeated requests for information on how to develop training programs for the management of combat stress reactions. To date, three workshops have been conducted.

The first Users' Workshop on Combat Stress, conducted in 1981, attempted to address the needs of the mental health care providers in several key Army units. Participants were asked to describe whatever training programs, handouts, packets, or written ideas they had for training in this area, and to identify unique training needs, commit to training programs, evaluating programs, and sharing results with the workshop participants. Contributions from participants were collected assembled into a proceedings. It became clear that additional workshops would be needed to reach other units.

The Second Users' Workshop on Combat Stress, held in 1982, brought together both line officers with command or training responsibilities and mental health officers. Participants were asked to exchange their own training materials. The most common concerns were: development and presentation of an effective combat stress training program, determination of the target audience for such programs, and determining where such programs

were needed. Contributions from the participants were assembled into a proceedings volume.

The Third Users' Workshop on Combat Stress, held in 1983, was devoted to unit cohesion, a crucial determinant of both individual and unit psychological readiness. The participants were tasked to: define the elements of cohesion, determine what commanders need to know about the cohesiveness of their units, identify the indicators and/or crucial aspects of unit cohesion, determine how best to provide feedback to commanders about the cohesiveness of their units, and to develop suggestions to assist in the development of unit cohesion. The definitions of unit cohesion, and the many instruments available to meet these definitions suggested that unit cohesion is a multi-faceted entity. Contributions from participants were assembled into a proceedings.

## Objectives

The objectives of this study were to:

1. Conduct a literature search to determine the relevant reports and articles on stress casualties in light of recent operational experiences.

2. Conduct a workshop to assess those lessons which can be learned as a result of recent operational experiences.

3. Consult with units engaged in combat training missions.

4. Based on recent operational experiences, provide the AMEDD with information which would permit more effective training and organization of mental health resources for the prevention and treatment of operational stress casualties.

## Method

It was apparent that another workshop would be required to focus on the lessons learned from the recent Israeli, British, and American operational experiences. This effort was preceeded by a literature review which entailed collecting papers and presentations made in a variety of settings. The Fourth Workshop on Combat Stress, to be discussed below, brought together participants from the Academy of Health Sciences, Health Services Command, the British Royal Navy, the Israeli Defense Forces, the Walter Reed Army Institute of Research, the 82nd Airborne Division, and a variety of other units. The participants considered the lessons related to combat stress to be learned from the Israeli experiences, to include those in Lebanon, from the British operations in the Falklands, and from the American experiences in Grenada, Central America, and at the National Training Center. In addition to the literature review and the workshop, consultations with units at Forts Carson and Hood were undertaken to assess the issues and concerns affecting cohesion and morale of units deploying from their posts to engage in combat training missions. Feedback was provided to the units in the form of consultation reports.

## Findings and Conclusions

1. The list of references developed as a result of the literature review is contained in Annex A of the Final Report.

2. The Fourth Workshop on Combat Stress was conducted, and a Proceedings was issued. In order to document stress occurring during training, peace keeping, and actual combat, the term

operational stress will be used in this discussion. There are a number of important lessons which can be derived from the descriptions of the operational stresses inherent in the recent operational experiences described in those Proceedings:

A. It is crucial to train both medical and line personnel at all levels to recognize and deal with operational stress before a mobilization. Operational stress can occur even in normal training deployments.

B. Mental health personnel must establish liaison with line units before a deployment in order to assist in developing an appreciation of the relevant issues. They should be clearly identified ahead of time.

C. Interventions should be oriented towards prevention and prompt return to duty. Several of the most common sets of principals for the management of operational stress casualties are PIE, which stands for management in Proximity to the unit, Immediate intervention, and the Expectancy of prompt return to the unit, BICEPS which maintains that interventions should be characterized by Brevity, Immediacy, Centrality, Expectancy, Proximity, and Simplicity, and IMPRESS, which suggests that interventions should be Immediate, Proximate to the unit, provide Reassurance, Rest, Replenishment, and Restoration, provide the Expectation of rapid return to duty, be Short, Simple, and Spartan, and be Supervised by professionally qualified personnel. These principles have not always been employed either in training or in ac ual operations.

D. Particular attention must be paid to prevention in those

populations especially susceptible to operational stress, support troops and the members of the chain of command. Efforts which will aid in the control of operational stress include meaningful activities, information, communications home, rest and food, and realistic training. Factors which also mitigate against operational stress include use of elite and highly cohesive units, a short duration conflict, a low level of indirect fire, unopposed landings, thorough preparation, a low level of other casualties, and being on the attack.

E. Unit status assessments before and after an operation are essential. These assessments should include, at a minimum, assessments of unit cohesion and morale. Morale appears to be a common factor relating to the ability of units to withstand operational stress.

F. Post-operational debriefings, in the form of group discussions, are especially useful in dealing with operational stress. These debriefings could take place in field settings. This applies to combat, combat support, and combat service support units.

G. Advice to commanders should emphasize the importance of realistic training for the specific mission; stress the maintenance of sleep, food, and water discipline for all troops and leaders; recognize that troops are not always busy when leaders are busy; and recognize that troops and leaders require realistic expectations about an operation.

H. The recent operational experiences have resulted in a relatively low levels of apparent operational stress casualties. These operations were, however, conducted using elite units from

these military establishments, were popular on the home front, were of a relatively mild intensity, were of short duration, and were very successful. Even under such favorable conditions, the level of stress was much higher than casualty figures would indicate. The British are now witnessing a number of delayed stress reactions. In both the Grenada and in the Falklands operations, the mental health assets were not deployed with the troops. This action may have raised the level of operational stress casualties.

I. The final, and perhaps most crucial lesson from these experiences is that the level of operational stress can be dramatically reduced if family outreach or support programs, information efforts, and support groups are implemented for both married and single troops.

3. The consultations with Forts Carson and Hood revealed that the survey instruments used in these studies have acceptable psychometric properties, although further research on these instruments is needed.

4. In order to be of use, however, these lessons must be applied. The remainder of this discussion will describe pre-deployment actions, deployment phase actions, and post-deployment actions which can be taken to control operational stress.

The pre-deployment actions to control operational stress must emphasize prevention. These actions involve supporting families, establishing a suitable organizational and training baseline, establishing and maintaining appropriate vertical cohesion and morale, and conducting pre-deployment unit status

assessments.

During the deployment phase of an operation, the mental health personnel will watch for symptoms, conduct individual and group interventions, and provide ongoing command consultations to the supported units. These actions will reflect an emphasis on preventing operational stress casualties and on encouraging a rapid return to duty when operational stress casualties do occur. All efforts must emphasize the expectation of return to duty. In order to efficiently use the available mental health resources, therapeutic interventions will, for the most part, be conducted in groups. It must be emphasized that many conventionally wounded casualties will also be operational stress casualties.

The post-deployment actions of mental health personnel will involve debriefing as many of the deployed and supporting personnel as possible, following up on operational stress casualties, performing assessments of unit status, and preparing for subsequent deployments through a vigorous program of command consultations.

## Recommendations

Although implementation of the lessons described above is clearly in order, further study of these matters must be pursued. The areas in need of additional work at this time include:

1. The validation of cohesion measures against objective measures of unit performance for the total Army.

2. Combat stress training packages which provide for battle stress casualty play in field exercises have been developed. There is a need for full scale evaluation of the packages within combat, combat support, and combat service support units.

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