

## CHAPTER 2

## MENTAL HEALTH AND COMBAT STRESS CONTROL ELEMENTS IN THE THEATER OF OPERATIONS

### Section I. UNIT MENTAL HEALTH SECTIONS IN THE THEATER

#### 2-1. Locations and Assignments of Unit Mental Health Sections

Mental health sections are located in the divisions, the corps, and the COMMZ. In the divisions, they are assigned to the medical company of the main support battalion (MSB). In the corps and COMMZ, they are assigned to the ASMB headquarters. In separate brigades, they are assigned to the medical company.

#### 2-2. Division Mental Health Section

The division mental health section is assigned to the main support medical company (MSMC), which is a division support command (DISCOM) asset (see FMs 8-10-1, 8-10-3, and 63-21).

#### NOTE

The responsibilities of the division mental health section extend to all division elements and require a mental health/CSC presence at the combat maneuver brigades.

The division mental health section is the medical element in the division with primary responsibility for assisting the command in controlling combat stress. Combat stress is controlled through sound leadership, assisted by CSC training, consultation, and restoration programs conducted by this section. The division mental health section enhances unit effectiveness and minimizes losses due to BF, misconduct stress behaviors, and NP disorders. Under the direction of the division psychiatrist, the division mental

health section provides mental health/CSC services throughout the division. This section, acting for the division surgeon, has staff responsibility for establishing policy and guidance for the prevention, diagnosis, treatment, and management of NP, BF, and misconduct stress behavior cases within the division area of operations (AO). It has technical responsibility for the psychological aspect of surety programs. The staff of this section provides training to unit leaders and their staffs, chaplains, medical personnel, and troops. They monitor morale, cohesion, and mental fitness of supported units. Other responsibilities for the division mental health section staff include—

- Monitoring indicators of dysfunctional stress in units.
- Evaluating NP, Bl, and misconduct stress behavior cases.
- Providing consultation and triage as requested for medical/surgical patients exhibiting signs of combat stress or NP disorders.
- Supervising selective short-term restoration for HOLD category BF casualties (1 to 3 days).
- Coordinating support activities of attached corps-level CSC elements.

The division mental health section normally collocates with the MSMC clearing station. For a listing of major equipment assigned, see Appendix A. The staffing of the division mental health section allows for this section to be split into teams which deploy forward to provide CSC support, as required, to brigades in the division.

Normally, each brigade is supported by a brigade CSC team. This team consists of a mental health officer who is designated the brigade mental health officer and a behavioral science NCO that is designated the brigade CSC coordinator. If no mental health officer is available, the senior behavioral science noncommissioned officer in charge (NCOIC) substitutes as the brigade CSC team leader. The division psychiatrist oversees all brigade CSC teams and provides consultation as necessary.

a. *Mental Health/Combat Stress Control Support.* The division psychiatrist provides input to the division surgeon on CSC-related matters. He works with the division medical operations center (DMOC) to monitor and prioritize mental health support missions in accordance with the division combat health support (CHS) operation plans (OPLANs) or operation orders (OPORDs). Coordination for mental health personnel augmentation is accomplished through the MSB Operations and Training Officer (US Army) (S3) and the DMOC.

b. *Division Mental Health Section Staff.* The division mental health section is staffed as shown in Figure 2-1. The consolidation of assigned mental health officers and behavioral science specialists in one division mental health section provides unity of CSC support for all division prevention, training, and treatment responsibilities of the section. It provides multidisciplinary mental health professional expertise to—

- Supervise and train the behavioral science NCOs and specialists.
- Provide staff input to the commands within the division AO.
- Assure clinical evaluation and supervision of treatment for all NP and problematic BF cases before they leave the division.

- Maintain communications and unity of efforts when division mental health section personnel are dispersed to the brigades.
- Provide the points of contact to integrate reinforcing CSC teams throughout the division.

| DIVISION MENTAL HEALTH SECTION STAFF       |
|--|
| Psychiatrist                               |
| Clinical Psychologist                      |
| Social Work Officer                        |
| Senior Behavioral Science NCO (NCOIC, E-7) |
| Behavioral Science NCO (E-6)               |
| Behavioral Science Sergeant (E-5) (two)    |
| Behavioral Science Specialist (three)      |

Figure 2-1. Division mental health section staff.

(1) *Psychiatrist.* The division psychiatrist (Major [MAJ], Medical Corps [MC], area of concentration [AOC] 60W00) is the officer in charge of the division mental health section. The psychiatrist is also a working physician who applies the knowledge and principles of psychiatry and medicine in the treatment of all patients. He examines, diagnoses, and treats, or recommends courses of treatment for personnel suffering from emotional or mental illness, situational maladjustment, BF (combat stress reactions), and misconduct stress behaviors. His specific functions include—

- Directing the division’s mental health (combat mental fitness) program.
- Being a staff consultant for the division surgeon on matters having psychiatric aspects, which include—
  - Personnel reliability program.
  - Security clearances.

- Alcohol and drug abuse prevention and control programs (ADAPCPs).

- Planning CSC support for supported units.

- Conducting mental health/CSC Operations.

- Providing staff consultation for the MSMC commander and for supported commands within the division.

- Being responsible for assuring the diagnosis, treatment, restoration, and disposition of all NP and problematic BF cases.

- Participating in the diagnosis and treatment of the sick, injured, and wounded, especially those who can RTD quickly.

- Providing consultation and training to physicians, physician's assistants, unit leaders, chaplains, and other medical personnel regarding diagnosis, treatment, and management of BF, misconduct stress behavior, and NP disorders.

- Prescribing treatment and disposition for soldiers with NP conditions.

- Providing supervision and training of assigned and attached mental health personnel.

(2) *Clinical psychologist.* The clinical psychologist (Captain [CPT], Medical Service Corps [MS], AOC 73B67) assists in the development, management, and supervision of the division's mental health (combat mental fitness) program. His special responsibilities apply to the knowledge and principles of psychology to include—

- Evaluating the psychological functioning of soldiers.

- Conducting surveys and evaluating data to assess unit cohesion and other factors related to prediction and prevention of both BF casualties and misconduct stress behaviors.

- Performing psychological and neuropsychological testing to evaluate psychological problems, psychiatric and organic mental disorders, and to screen misconduct stress behaviors and unsuitable soldiers.

- Apprising unit leaders, primary care physicians, and other clinical personnel regarding the assessment of individual and unit mental health fitness program.

- Providing consultation for unit commander and CSC coordinators (mental health NCOs working at the brigade level) regarding problem cases.

- Counseling and providing therapy or referral for soldiers with psychological problems.

- Serving as the brigade mental officer for one maneuver brigade (normally teamed with a behavioral science NCO).

(3) *Social work officer.* The social work officer (CPT, MS, AOC 73A67) assists in the development, management, and supervision of the division's mental health (combat mental fitness) program. He applies the mental health principles and his knowledge of social work in the performance of his duties. His responsibilities include—

- Evaluating the social integration of BF and misconduct stress behavior soldiers in their units and families.

- Coordinating and ensuring the return of recovered stress casualties to duty and their reintegration into their original or new units.

- Identifying and resolving organizational and social environmental factors which interfere with combat readiness.

- Ensuring support for soldiers and their families from Army and civilian community support agencies.

- Apprising unit leaders, primary care physicians, and other clinical personnel of available social service resources.

- Providing consultation to unit commanders and to division mental health section personnel regarding problem cases.

- Counseling and providing therapy or referral for soldiers with emotional psychological problems.

- Serving as brigade mental health officer for one maneuver brigade, teamed with one of the behavioral science NCOs.

(4) *Senior behavioral science non-commissioned officer.* The senior behavioral science NCO (E-7, military occupational specialty [MOS] 91G40) is the section sergeant for the division mental health section. This senior NCO assists the division psychiatrist and mental health officers in accomplishing their duties. He provides assistance with management of both the technical and tactical operations of the section and supervises subordinate members. His specific duties include—

- Keeping the division psychiatrist and mental health officers informed.

- Monitoring, facilitating, and supervising the training activities of the division mental health section.

- Monitoring and coordinating situation reports from division mental health section personnel deployed within the BSAs.

- Coordinating additional mental health support with the supporting medical detachment, CSC, or other corps-level CSC elements supporting the division.

- Supervising restoration of BF casualties at the MSMC by the patient-holding squad and division mental health section subordinate personnel.

- Serving as leader of a brigade CSC team when no mental health officer is available.

- Conducting classes on selected mental health topics for senior NCOs within the division.

(5) *Behavioral science non-commissioned officers.* There are three behavioral science NCOs (E-6, MOS 91G30 and E-5 [two], 91G20) assigned to the division mental health section. These three NCOs are brigade CSC coordinators and are deployed to the forward support medical companies (FSMCs) located in the brigade support areas (BSAs) of the division. They assist the brigade surgeons with matters pertaining to mental health/CSC. As required, the brigade CSC coordinators participate in staff planning to represent and coordinate mental health/CSC activities throughout the brigade. They are especially concerned with assisting and training—

- Small unit leaders.

- Unit ministry teams.

- Battalion medical platoons.

- Patient-holding squad and treatment squad personnel of the FSMC.

They provide training and advice in the control of stressors, the promotion of positive combat

stress behaviors, and the identification, handling, and management of misconduct stress behavior and BF soldiers. They coordinate training and support to the brigade by the mental health officers of the division mental health section. The behavioral science NCOs collect and record social and psychological data and counsel personnel with personal, behavioral, or psychological problems. Their general duties include—

- Assisting in a wide range of psychological and social services.
- Compiling caseload data.
- Providing counseling to soldiers experiencing emotional or social problems.
- Referring soldiers to specific mental health officers, physicians, or agencies when indicated.
- Assisting with group debriefings, counseling, and therapy sessions, and leading group discussions.
- Providing individual case consultation to commanders, NCOs, chaplains, battalion surgeons, and physician assistants within the supported brigade.
- Collecting information from units regarding unit cohesion and morale which include—
  - Obtaining data on disciplinary actions.
  - Collecting information with questionnaires.
  - Conducting structured interviews.
  - Collecting information on individual BF cases pertaining to the prior

effectiveness of the soldier, precipitating factors causing the soldier to have BF, and RTD potential.

When the brigades are tactically deployed, the brigade CSC coordinators use the division clearing stations operated by the FSMCs as the centers of their operations but are mobile throughout the AO. Their priority functions are to prevent unnecessary evacuations and to coordinate RTD, not to treat cases. Through the brigade surgeons they keep abreast of the tactical situation and plan and project requirements for CSC support when units are pulled back for rest and recuperation.

**(6) Behavioral science specialist.**

There are three behavioral science specialists (E-4 and E-3, MOS 91 G10). These specialists assist division mental health section officers and NCOs in gathering social and psychological data to support patient evaluation. Under the supervision of the mental health officer and NCOs, they provide initial screening of patients suffering emotional disorders. Their specific duties include—

- Providing supportive counseling for patients experiencing emotional or social problems.
- Assisting in the evaluation of emotionally and mentally impaired soldiers.
- Assessing a patient's mental status (level of functioning capacity), and his need for professional services.
- Deploying to an FSMC to assist an NCO brigade CSC coordinator or mental health officer.
- Serving as squad leader for up to 12 junior enlisted grade BF soldiers in a restoration program.

- Collecting information from units, including questionnaires, surveys, and data regarding soldiers/patients. One of these behavioral science specialists will be assigned as the CSC coordinator for the division support area (DSA).

In addition to the above duties, they operate and maintain assigned vehicles.

### 2-3. Area Support Medical Battalion Mental Health Section

The mental health section is the medical element with primary responsibility for assisting units in the corps support area in controlling combat stress. Combat stress is controlled through vigorous prevention, consultation, and restoration programs. These programs are designed to maximize the RTD rate of BF soldiers by identifying combat stress reactions and providing rest/restoration within or near their unit areas. Under the direction of the ASMB psychiatrist, the mental health section provides mental health/CSC services throughout the ASMB's AO. The mental health section collocates with the headquarters and support company (HSC) clearing station and deploys mental health/CSC personnel within the ASMB's AO (see FM 8-10-24). This section has staff responsibility for establishing policy and guidance for the prevention, diagnosis, and management of NP, BF, and misconduct stress behavior cases within the ASMB. It has technical responsibility for the psychological aspect of surety programs. The staff of this section provides training to unit leaders and their staffs, chaplains, medical personnel, and troops. They monitor morale, cohesion, and mental fitness of supported units. Other responsibilities for the mental health section staff include—

- Providing command consultation and making recommendations for reducing stressors.

- Evaluating NP, BF, and misconduct stress behavior cases.

- Providing consultation and triage as requested for patients exhibiting signs of combat stress reactions.

- Providing selective short-term restoration for HOLD category BF cases.

- Coordinating support activities with medical company, CSC elements, when attached or in support of the ASMB.

a. *Mental Health Support.* The ASMB S3 and the mental health section monitor and prioritize mental health support missions in coordination with the medical brigade/group headquarters.

b. *Mental Health Section Staff.* The ASMB mental health section is staffed as shown in Figure 2-2. For a listing of major items of equipment assigned, see Appendix A. The consolidation of assigned mental health officers and behavioral science specialists under one section in the HSC of the ASMB assures unity of the CSC support throughout the AO for prevention training and treatment responsibilities. It assures multidisciplinary mental health professional expertise to—

- Train and supervise the behavioral science NCOs and specialists.

- Provide staff input to supported commands.

- Provide clinical evaluation and supervision of treatment for all NP and problematic BF cases at a central location.

- Maintain communications with the medical brigade/group and corps resources.

- Provide selected officer expertise for brief intervention where required throughout the AO.

| MENTAL HEALTH SECTION STAFF                |
|--|
| Psychiatrist                               |
| Social Work Officer                        |
| Senior Behavioral Science NCO (NCOIC, E-7) |
| Behavioral Science NCO (E-6)               |
| Behavioral Science Sergeant (E-5) (three)  |
| Behavioral Science Specialist (three)      |

Figure 2-2. Area support medical battalion mental health section staff.

(1) **Psychiatrist.** The psychiatrist (MAJ, MC, AOC 60W00) is the section leader. The psychiatrist is also a working physician who applies the knowledge and principles of psychiatry and medicine in the treatment of all patients. He examines, diagnoses, and treats, or recommends courses of treatment for personnel suffering from emotional or mental illness, situational maladjustment, combat stress reaction, BF, and misconduct stress behaviors. His areas of responsibility include—

- Implementing CSC support according to the CHS plan.
- Conducting mental health CSC operations.
- Providing staff consultation for the ASMB commander and for supported commands within the supported AO. This includes the personnel reliability program, security clearances, and ADAPCPs.
- Diagnosing, treating, and determining disposition of NP, BF, and misconduct stress behavior cases.

- Participating in the diagnosis and treatment of the sick, injured, and wounded, especially of those who can RTD quickly.

- Providing consultation and training to unit leaders, chaplains, and medical personnel regarding identification and management of BF (combat stress reaction), misconduct stress behaviors, and NP disorders.

- Providing therapy or referral for soldiers with NP conditions.

- Providing supervision and training of assigned and attached mental health and CSC personnel.

(2) **Social work officer.** The social work officer (CPT, MS, 68R00) performs social work functions of providing direct services, teaching, and training. He provides consultation services for soldiers assigned to units within the ASMB's AO. The social work officer assists in the development, management, and supervision of the battalion's mental health (combat mental fitness) program for the AO. His responsibilities are to apply the knowledge and principles of social work to—

- Evaluate the social relatedness of BF and misconduct stress behavior soldiers in their units and families.
- Identify and resolve organizational and social environmental factors which interfere with combat readiness.
- Ensure support for soldiers and their families from Army and civilian community support agencies.
- Apprise unit leaders, primary care physicians, and other clinical personnel of available social service resources.

- Provide consultation to unit commanders and to mental health section personnel regarding problem cases.
- Counsel and provide therapy or referral for soldiers with psychological problems.
- Coordinate and ensure the return of BF and NP soldiers to duty and their reintegration into their original or new units.

(3) *Senior behavioral science non-commissioned officer.* The senior behavioral science NCO (E-7, MOS 91G40) is the section sergeant for the battalion mental health section. This senior NCO assists the mental health officers in accomplishing their duties. He provides assistance with management of both the technical and tactical operations of the section and supervises subordinate members. His specific duties include—

- Keeping the ASMB psychiatrist and mental health officers informed.
- Monitoring, facilitating, and supervising the training activities of the mental health section.
- Monitoring and coordinating situation reports from mental health section personnel deployed within the battalion's AO.
- Coordinating additional mental health support for the battalion's AO as directed with the medical brigade/group.
- Conducting classes on selected mental health topics for senior NCOs within the AO.

(4) *Behavioral science noncommissioned officers.* There are four behavioral science NCOs assigned to the section (one E-6, MOS 91G30, and three E-5, MOS 91 G20). The E-6 is

the assistant section sergeant and aids the section sergeant with the accomplishment of his duties. Behavioral science NCOs collect and record social and psychological data and counsel personnel with personal, behavioral, or psychological problems. All these NCOs assist with the management of the mental health section. These NCOs may be deployed with area support medical companies (ASMCs) as CSC coordinators to provide mental health/CSC support. They assist the ASMCs with matters pertaining to mental health/CSC. As required, the CSC coordinators participate in staff planning to represent and coordinate mental health/CSC activities throughout the ASMCs' AO. They are especially concerned with assisting and training—

- Small unit leaders.
- Unit ministry teams.
- Battalion medical platoons.
- Patient-holding squad and treatment squad personnel of the ASMC.

They provide training and advice in the control of stressors, the promotion of positive combat stress behaviors, and the identification, handling, and management of misconduct stress behaviors and BF soldiers. They coordinate training and support to the supported units by the mental health officers of the ASMB mental health section. The behavioral science NCOs collect and record social and psychological data and counsel personnel with personal, behavioral, or psychological problems. Their general duties include—

- Assisting in a wide range of psychological and social services.
- Compiling caseload data.
- Providing counseling to soldiers experiencing emotional or social problems.

- Referring soldiers to specific mental health officers, physicians, or agencies when indicated.

- Assisting with group debriefings, counseling and therapy sessions, and leading group discussions.

- Providing individual case consultation to commanders, NCOs, chaplains, battalion surgeons, and physician assistants within the supported brigade.

- Collecting information from units regarding unit cohesion and morale which include—

- Obtaining data on disciplinary actions.

- Collecting information with questionnaires.

- Conducting structured interviews.

- Collecting information on individual BF soldier cases pertaining to—

- Prior effectiveness of the soldier.

- Precipitating factors causing BF.

- Potential for RTD

When the supported units are tactically deployed, the behavioral science NCOs use the clearing stations operated by the ASMCs as the centers of their operations, but the NCOs are mobile throughout the AO. Their priority functions are to prevent unnecessary evacuations and to coordinate RTD, not to treat cases. Through the ASMC commanders, they keep abreast of the

tactical situation and plan and project requirements for CSC support when units are pulled back for rest and recuperation.

*(5) Behavioral science specialist.*

There are three behavioral science specialists (E-4 and E-3, MOS 91 G10). These specialists assist mental health officers and NCOs in gathering social and psychological data to support patient evaluation. They provide initial screening of patients suffering emotional disorders. In addition to their duties, they operate and maintain assigned vehicles. Under the supervision of a mental health officer or an NCO, their specific duties include—

- Providing supportive counseling for patients experiencing emotional or social problems.

- Assisting in the evaluation of the emotionally disturbed or mentally ill.

- Assessing a patient's mental status (level of functioning capacity) and his need for professional services.

- Deploying to an ASMC to assist an NCO CSC coordinator or mental health officer.

- Serving as squad leader for up to 12 junior enlisted grade BF soldiers in a restoration program.

**2-4. Mental Health Personnel in the Separate Brigades**

In the separate brigades, both light and heavy, mental health personnel are assigned to the medical company, separate brigade. In the light separate brigade, one behavioral science NCO is assigned to the medical company clearing section. He functions as a brigade CSC

coordinator and advises the commander on mental health/CSC issues. In the heavy separate brigade, the medical company has a mental health section which consist of a behavioral science NCO and two behavioral science specialists. The NCO's duties are also consistent with those

identified for the brigade CSC coordinator. When a separate brigade is attached to a division, the mental health personnel assigned to that brigade work with and come under the technical supervision of the division mental health section.

## Section II. COMBAT STRESS CONTROL COMPANY

### 2-5. Medical Company, Combat Stress Control (TOE 08-467L000)

The medical company, CSC is employed in the COMMZ and the CZ. In the corps areas, it sends teams forward, as required, to reinforce CSC elements operating in the divisions. The medical companies, CSC and medical detachments, CSC (TOE 08-567 LA00) are replacing the medical detachments, psychiatric (OM Teams), which are under the H-series TOE.

a. *Mission.* A medical company, CSC (Figure 2-3) provides comprehensive CSC support for two or more divisions and their corps slices (combat, CS, and CSS units). This comprehensive support involves all six CSC functions that were discussed in Chapter 1 to a varying degree based on the threat and tactical operations support requirements.

b. *Basis of Allocation.* The basis of allocation for the medical company, CSC is 0.4 unit per division supported. One medical company, CSC will normally support two divisions and their corps slice in a high-intensity conflict. In a mid-intensity conflict, because of the reduced likelihood of BF casualties, a medical company, CSC may be able to support up to five divisions. The medical company, CSC is supplemented by allocation of a variable number of CSC medical detachments. The basis of allocation for CSC medical detachments is one unit per division, and one unit per two or three separate brigades or

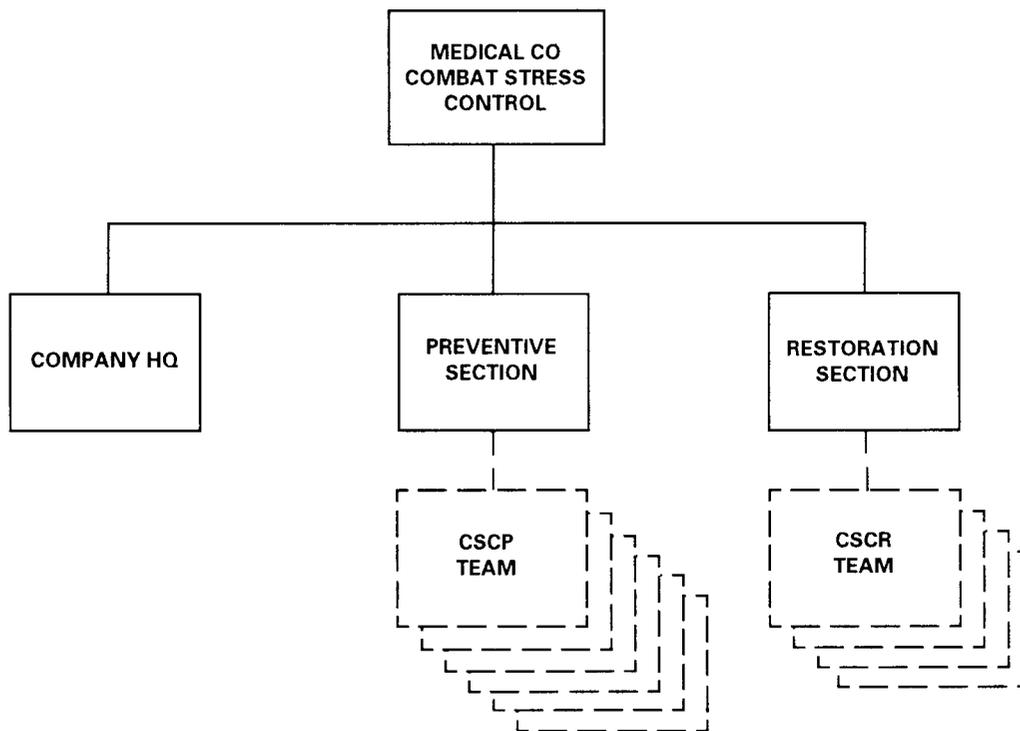
regiments in the corps. The medical detachment, CSC will be discussed in Section III of this chapter.

c. *Assignment.* The medical company, CSC may be assigned to a medical command (MEDCOM), medical brigade or medical group. It may be further attached to an ASMB. For a listing of major items of equipment assigned, see Appendix A.

d. *Organization.* The medical company, CSC is organized into a headquarters section, a preventive section, and a restoration section. The company is dependent on appropriate elements of the MEDCOM, medical brigade, or medical group for administrative and medical logistical support, medical regulating, BF casualty delivery, and medical evacuation. The company is dependent on appropriate elements of the corps or COMMZ for finance, legal, personnel and administrative services, food service, supply and field services, supplemental transportation, and local security support services. When conducting a large restoration or reconditioning program, the medical company, CSC is dependent on the medical-holding company for attachment of a medical-holding platoon to support the program. When medical company, CSC elements or teams are deployed to division areas, they are dependent on the division medical companies (such as the MSB medical company or the forward support battalion [FSB] medical company) for patient accounting, transportation, food service, and field service support.

e. *Employment in the Theater.* The medical company, CSC operates in the corps area and deploys its assets forward, as required, in support of operations for supported divisions and separate brigades. In the corps area, it provides CSC support on an area basis and conducts CSC consultation, restoration, and reconditioning programs. The medical company, CSC normally operates from the medical brigade or group headquarters. The medical company,

CSC may be attached to ASMBs, combat support hospitals (CSHs), or other corps medical units. The task-organized CSC element is also deployed into the supported division areas, as required, to augment the medical detachment, CSC and organic division mental health section/CSC personnel. The medical company, CSC provides advice and assistance to its higher headquarters on combat stress and NP issues.



**MISSION:** PROVIDE COMBAT STRESS CASUALTY PREVENTION, TREATMENT AND MANAGEMENT ON AN AREA BASIS THROUGHOUT THE COMBAT ZONE.

**EMPLOYMENT:** COMMZ AND CORPS

**BASIS OF ALLOCATION:** ONE PER TWO DIVISIONS

Figure 2-3. Medical company, combat stress control (modular) teams.

## 2-6. Headquarters Section

The headquarters section provides command and control (C2) and unit-level administrative and maintenance support to its subordinate sections when they are collocated with the company. The headquarters section may also provide assistance to detached elements by making site visits if the elements are within a feasible distance for ground transportation. The medical company, CSC elements normally deploy with limited maintenance and are without administrative support. When these CSC elements deploy, they are dependent on the supported units for patient accounting, transportation, food service, and field services. The personnel assigned to the headquarters section include—

- Company commander.
- Chaplain.
- Medical operations officer.
- First sergeant.
- Supply sergeant.
- Nuclear, biological, and chemical NCO.
- Unit clerk.
- Commander's driver/behavioral science NCO.
- Prescribed load list (PLL) clerk.
- Armorer.
- Motor sergeant.
- Light-wheeled vehicle mechanic (two).

- Power generation equipment repairman.
- Cook (three).

Personnel from the headquarters section are deployed with teams or task-organized CSC elements as required.

a. *Company Commander.* The medical company, CSC commander (Lieutenant Colonel [LTC], MC, AOC 60W00) plans, directs, and supervises the operations of the company. The commander is also responsible for the training, discipline, billeting, and security of the company. He provides daily reports to his higher headquarters as established by the tactical standing operating procedures (TSOPs) and corps reporting procedures. He serves as the NP consultant on the staff of the medical group. As a psychiatrist, he coordinates with command and unit physicians regarding care and disposition of BF casualties and NP patients. He exercises clinical supervision over all treatment provided by the CSC sections and detachments. He performs physical and mental status evaluations in emergency or command evaluation situations; this includes diagnosing, prescribing initial treatment, and determining disposition. The commander interfaces with higher and supported headquarters and with supported CSC medical detachments, ASMB mental health sections, and division mental health sections. He keeps informed on CSC operations through daily reports and by frequent visits to task-organized CSC elements deployed from his company.

b. *Chaplain.* The chaplain (CPT, Chaplain [CH], AOC 56A00) provides religious/ethical education and perspective to the dispersed sections for the prevention and treatment of BF and misconduct stress behaviors. He interfaces CSC activities with unit ministry teams in maneuver units, hospital chaplains, and with staff chaplains at each headquarters level. The

chaplain usually accompanies the medical company, CSC commander when he visits supported units and task-organized CSC elements deployed in support of those units. The chaplain has a chaplain's kit to conduct services but is without a chaplain's assistant. The chaplain's primary role is to aid CSC personnel in preventive stress control and in working with BF casualties and misconduct stress behaviors. In addition to his coordination, liaison, and training duties, he provides religious support to BF casualties and to staff as available time and support requirements permit.

*Medical Operations Officer.* The medical operations officer (CPT, MS, AOC 70B67) is the principal assistant to the company commander on all matters pertaining to the tactical employment of company assets. He is responsible for overseeing operations and administrative, supply, and maintenance activities within the company. His responsibilities also include—

- Coordinating administrative activities with the staff of the higher medical headquarters.
- Ensuring unit operations and communications security.
- Keeping the commander current on the corps' and supported divisions' tactical situations.
- Assisting the commander with development of CSC support estimates and plans.
- Training.
- Coordinating movement orders and logistical support for deployed company elements.

*d. First Sergeant.* The first sergeant (E8, MOS 91B50) serves as the principal enlisted assistant to the company commander. He

manages the administrative activities of the company command post (CP). He supervises the company activities of the unit clerk and maintains liaison between the commander and assigned NCOs. He provides guidance to enlisted members of the company and represents them to the commander. He plans, coordinates, supervises, and participates in activities pertaining to organization, training, and combat operations for the company. He assists the company commander in the performance of his duties. The first sergeant also assists the medical operations officer and performs the duties of an operations NCO.

*e. Supply Sergeant.* The supply sergeant (E6, MOS 76Y30) requests, receives, stores, safeguards, and issues general supplies and salvages equipment authorized to the company. He maintains the company supply records, supervises unit supply operations, and maintains accountability for all equipment organic to the company.

*f. Nuclear, Biological, and Chemical Noncommissioned Officer.* The NBC NCO (E5, MOS 54B20) coordinates NBC defense operations for the company. He supervises training pertaining to procedures and techniques of NBC defense. He predicts the effects of weather and terrain on chemical operations. His responsibilities also include preparing predictions on nuclear fallout and on nuclear, chemical, and biological downwind hazards. He prepares and evaluates NBC reports and computes expected radiation effects affecting personnel, equipment, and operations. This NCO is the technical advisor to the unit commander on matters pertaining to NBC functions. He provides expertise and training in the operations and maintenance of NBC equipment and supervises decontamination of unit equipment, supplies, and personnel (not patients). At time of heavy caseloads (unless the unit is in an active NBC environment), he serves as squad leader for up to ten BF casualties in reconditioning or restoration.

g. *Unit Clerk.* The unit clerk (E4, MOS 75B10) provides and coordinates personnel and administrative support to company personnel and maintains unit administrative records. He also advises on and coordinates personnel actions for recovering BF casualties or RTD soldiers that require other administrative actions.

h. *Commander's Driver/Behavioral Science Noncommissioned Officer.* The commander's driver/behavioral science NCO (E5, MOS 91G20) assists the commander and chaplain as a vehicle driver. He performs surveys and collects information on stress and stressors in units which the commander visits. He also checks the status of recovered stress casualties.

i. *Prescribed Load List Clerk.* The logistic automation specialist (PLL clerk [E5, MOS 92A20]) also serves as the maintenance shop clerk. He performs duties involving supply of repair parts and maintenance of equipment records. He initiates and maintains records on equipment use, operations, history, maintenance, modifications and calibration. He is responsible for requesting, receiving, recording, and storing parts and tools. In addition, he issues such parts to motor vehicle and power generation repair personnel as required. He is also responsible for—

- Providing input for the materiel readiness report.
- Assisting in the scheduling of maintenance and repair services.
- Issuing tools to motor vehicle and power generation repair personnel, as required.

j. *Armorer.* The supply specialist/armorer (E4, MOS 92Y10) maintains the weapons storage area, issues and receives munitions, and performs small arms unit maintenance. He

assists with general supply activities and operates the vehicle assigned to the supply element.

k. *Motor Sergeant.* The motor sergeant, a senior vehicle mechanic (E-6, MOS 63 B30), supervises and performs maintenance on unit vehicles. He advises, trains, and supervises other maintenance personnel assigned to the company. His responsibilities also include—

- Preparing daily work sheets and charts.
- Supervising scheduled maintenance and repair services.
- Implementing the Army Oil Analysis Program.
- Recommending maintenance procedures.
- Supervising and performing vehicle recovery operations.
- Ensuring that company equipment meets calibration times and services.

l. *Light-Wheeled Vehicle Mechanic.* There are two light-wheeled vehicle mechanics (one E-5, MOS 63B20 and one E-3, MOS 63B10) who perform organizational maintenance and work under the supervision of the motor sergeant. They perform organizational preventive maintenance and repairs on gasoline and diesel-fueled, light-wheeled vehicles. Light-wheeled vehicles include prime movers designated as 5 tons or less and their trailers and associated items. Duties of the light-wheeled vehicle mechanics include—

- Diagnosing malfunctions of light-wheeled vehicles and associated items.
- Troubleshooting engine/equipment problems using technical manuals (TMs).

test and diagnostic measurement equipment (TMDE), and other equipment as required.

- Applying applicable safety precautions.
- Performing scheduled maintenance and repairs on vehicles and equipment assisted by the vehicle operator.
- Maintaining and accounting for tools and equipment issued to him.
- Deploying with company element (task-organized CSC element) to provide maintenance for company or attached vehicles. When deployed, they work with the maintenance section/element of the unit to which the task-organized CSC element is attached.

*m. Power Generation Equipment Repairman.* The power generation equipment repairman (E4, MOS 52D10) performs unit maintenance functions. The major functions and tasks of the repairman include—

- Applying applicable safety precautions.
- Inspecting equipment, determining category of maintenance and extent of repairs, and recording results.
- Classifying unserviceable components and assemblages as required.
- Performing preventive maintenance checks and services (PMCS) on shop equipment.
- Maintaining and accounting for tools issued.
- Training unit personnel on how to properly operate and perform user maintenance on assigned generators.

*n. Cooks.* Three cooks (two E4 and one E3, MOS 94B10) provide food service (tray-pack heating) for the company when it is assembled. More often, they are deployed with a task-organized CSC element and further attached for work with the food service section of the supported medical unit. They also train CSC personnel on food tasks which may be used as a part of their CSC restoration or reconditioning program. They serve as work group leaders for BF casualties performing food service tasks as part of the BF casualty's treatment.

## 2-7. Preventive Section

This section has 6 psychiatrists, 6 social work officers, and 12 behavioral science specialists assigned to the section. This section can divide into six 4-person combat stress preventive teams. Elements of the section may also be task-organized with elements of the restoration section to form task-organized CSC elements for deployment to conduct CSC operations. The company commander will appoint the combat stress preventive team or task-organized CSC element leaders, considering rank, professional qualifications, and especially experience. The preventive section's responsibilities include—

- Providing preventive consultation.
- Assisting units with REST category BF cases and RTD of recovered BF casualties.
- Providing NP triage and stabilization as required.
- Supervising restoration of category HOLD BF casualties by medical personnel.
- Providing medical, psychiatric, and social work expertise to restoration and reconditioning programs.

- Deploying combat stress preventive teams to reinforce CSC elements operating in the divisions and corps areas.

- Providing reconstitution mental health support to physically and mentally exhausted units.

a. *Psychiatrist.* The six psychiatrists (MAJ [three], CPT [three], MC, AOC 60W00) assigned to this section examine patients and provide consultation. They make neuropsychological and medical diagnosis and prescribe and provide treatment. They also direct disposition of patients. The senior psychiatrist performs the duties of section leader and directs the activities of the section when the section is assembled. Psychiatrists assigned to this section may be deployed in support of CSC operations with the section, or as members of either a combat stress preventive team or a task-organized CSC elements. When deployed as a member of a combat stress preventive team or a task-organized CSC element, the psychiatrist's duties include—

- Establishing and providing CSC support.

- Providing staff consultation to supported units as required. This includes nuclear surety, security clearances, and alcohol and drug abuse preventive program.

- Being responsible for the diagnosis, treatment, rehabilitation, and disposition of NP and problematic BF cases.

- Participating in the diagnosis and treatment of the wounded, ill, and injured, especially of those who can RTD quickly.

- Consulting and providing training to unit leaders and medical personnel regarding identification and management of NP disorders, BF, and misconduct stress behaviors.

- Providing therapy or referral for soldiers with NP disorders.

- Providing supervision and training of assigned and attached mental health personnel.

- Conducting and supervising unit survey interviews and critical event debriefings.

b. *Social Work Officer.* Six social work officers (MAJ [two], CPT [four], MS, AOC 73A67) are assigned to this section. They provide proactive consultation, give individual and group counseling, supervise restoration/reconditioning, and coordinate RTD of recovered cases. They also provide staff advice and coordinate Army and civilian social services support. These social work officers may be divided among several task-organized CSC elements or be utilized as a member of a combat stress preventive team. When deployed as a member of a combat stress preventive team or task-organized CSC element, the social work officer's duties include—

- Evaluating psychosocial (unit and family) functioning of soldiers with BF and misconduct stress behavior.

- Coordinating and ensuring the return of recovered BF and NP soldiers to duty and their reintegration into their original or new unit.

- Identifying and resolving organizational and social environmental factors which interfere with combat readiness.

- Coordinating support for soldiers and their families through Army and civilian community support agencies, when possible.

- Apprising unit leaders, primary care physicians, and others health care providers of available social service resources.

- Providing consultation to supported unit commanders and to other mental health/CSC personnel regarding problem cases.

- Counseling and providing therapy or referral for soldiers with psychological problems.

- Conducting and supervising unit survey interviews and critical event debriefings.

*c. Preventive Section Sergeant.* The senior behavioral science NCO (E-7, MOS 91G40) is the preventive section sergeant. This senior NCO provides management assistance to the mental health officers for both the technical and tactical operations of the section. He supervises subordinate members. His specific duties include—

- Keeping the section leader informed.

- Monitoring, facilitating, and supervising the training activities of the section.

- Monitoring and coordinating situation reports from deployed task-organized CSC elements or combat stress preventive teams.

- Conducting classes on selected mental health topics for senior NCOs of supported units.

- Conducting and supervising unit survey interviews and critical event debriefings.

*d. Behavioral Science Noncommissioned Officer.* There are five behavioral science NCOs (two E-6, MOS 91G30 and three E-5, MOS 91G20). The two NCOs (E-6) act as assistant section sergeant and assist the section sergeant with his duties. The NCOs collect and record social and psychological data and counsel

personnel with personal, behavioral, or psychological problems. They assist with the management of the preventive section. The NCOs also deploy as NCOICs of combat stress preventive teams, or as members of task-organized CSC elements. Their general duties include—

- Assisting in a wide range of psychological and social services.

- Compiling caseload data and referring patients to specific mental health officers and physicians in supporting MTFs.

- Providing counseling to soldiers experiencing emotional or social problems.

- Assisting with group counseling and debriefing sessions and leading group discussions.

- Collecting data in unit survey interviews pertaining to unit cohesion, morale, and individual mental readiness for combat.

- Assisting in critical event debriefings.

*e. Behavioral Science Specialist.* There are six behavioral science specialists (three E-4 and three E-3, MOS 91G20) assigned to the section. These specialists assist the mental health officer and NCOs in gathering social and psychological data to support patient evaluations. Under the supervision of the mental health officer and NCOs, they provide initial screening of patients suffering emotional or social problems. In addition to their duties, they operate and maintain assigned vehicles. Under the supervision of the mental health officer, their specific duties include—

- Serving as team leaders and providing supportive counseling to BF casualties and misconduct stress behaviors cases experiencing emotional or social problems.

- Assisting in the evaluation of BF casualties and misconduct stress behaviors.
- Assessing the mental status of BF casualties and misconduct stress behaviors (level of functioning capacity) and their need for professional services.
- Collecting data in unit survey interviews.
- Assisting in critical event debriefings.

## 2-8. Restoration Section

The restoration section consists of 4 psychiatric nurses, 4 clinical psychologists, 4 occupational therapy (OT) officers and 4 patient administration specialists. It also has 1 senior psychiatric wardmaster, 7 psychiatric specialists, 8 OT specialists, and 12 behavioral science specialists. This section can divide into four combat stress restoration teams. Elements of this section are usually task-organized with elements of the preventive section to form task-organized CSC elements which operate restoration or reconditioning centers. At these centers, they provide NP triage, diagnosis, stabilization, treatment, and disposition. Section personnel, as members of task-organized CSC elements or combat stress restoration teams, also deploy routinely to provide preventive consultation and reconstitution support to units in the corps area. They reinforce and may reconstitute medical detachment, CSC teams in the division support areas.

### NOTE

The priority role for all CSC personnel is the prevention of BF and other stress-related casualties. This is as true for the restoration section as it is for the preventive section.

The section leader position may be held by any of the officers assigned to the section. The company commander will appoint the section leader based on rank, professional qualifications, and especially experience. This same rationale is used in selecting leaders for the task-organized CSC elements and combat stress restoration teams.

a. *Occupational Therapy Officer.* Four OT officers (MAJ [two], CPT [two], Army Medical Specialist Corps [SP], AOC 65A00) are assigned to the section. They serve as environmental managers using daily living task, physical reconditioning, work, and other activities to counteract combat stress reactions. Preventive treatment programs include individual work assignments, organized group work projects, common soldier task review, stress management education, recreation, and physical reconditioning. Their responsibilities include—

- Providing command consultation to leaders regarding work schedules and restorative off-duty activity programs.
- Performing functional occupational evaluations of BF casualties.
- Performing neuromuscular evaluations, especially upper extremities and hands.
- Assigning BF casualties to physical reconditioning and work groups.
- Overseeing physical reconditioning and work programs for BF casualties.
- Selecting appropriate activities based on a BF casualty's assessment.
- Evaluating functional work capacity.
- Modifying reconditioning programs as required.

- Maintaining records of therapy/treatment.

- Reporting status of BF casualties to psychiatrists and staff members on a daily basis, or in accordance with the TSOPs.

- Conducting unit survey interviews and critical event debriefings.

*b. Psychiatric/Mental Health Nurse.* The section consist of four psychiatric/mental health nurses (MAJ [two], CPT [two], Army Nurse Corps [AN], AOC 66C00). The two majors positions should be filled by clinical nurse specialists (AOC 66C7T). The psychiatric nurses provide specialized care, as required, for all BF, misconduct stress behaviors and NP casualties, especially those with severe behavioral disturbances and/or concurrent physical illness or injury. They administer medications according to the psychiatrist/physician's orders. The clinical nurse specialist (AOC 66 C7T), when properly trained, prescribes medications under the supervision of a psychiatrist/physician. In coordination with the psychiatrist, clinical psychologist, occupational therapist, and other section members, the psychiatric nurses responsibilities include—

- Conducting individual and group therapy and stress control education sessions.

- Providing preventive and command consultation, especially to medical units.

- Assisting with the development of the RTD plan for each case.

- Ensuring the BF casualty's therapeutic program, as outlined in the RTD plan, is followed.

- Monitoring the BF casualty's status and record pertinent case data.

- Conducting nursing reports in accordance with TSOPs to update section members.

- Conducting and supervising unit survey interviews and critical event debriefings.

*c. Clinical Psychologist.* There are four clinical psychologists (MAJ [one], CPT [three], MS, AOC 73B67) assigned to the section. Their duties include—

- Providing diagnostic expertise for triage.

- Conducting psychological and neuropsychological testing.

- Providing behavioral treatment and counseling.

- Conducting and supervising surveys of unit cohesion, morale, and individual mental readiness for combat.

- Providing command consultation.

- Supervising subordinate personnel.

- Conducting and supervising critical event debriefings.

*d. Senior Behavioral Science Noncommissioned Officer.* The senior behavioral science NCO (E-7, MOS 91G40) assists the section leader and the clinical psychologist with the accomplishment of their duties. He provides assistance to the mental health officers with their administrative and clinical duties. He supervises the behavioral science specialists working with the clinical element of the section. He assists with the management and operations of the clinical

element of the section. He provides assistance with the management of operations (technical and tactical ) of the section. His specific duties include—

- Keeping the section leader informed.
- Monitoring, facilitating, and supervising the training activities of subordinates in the clinical element.
- Monitoring and coordinating situation reports from deployed task-organized CSC elements or combat stress preventive teams.
- Conducting classes on selected mental health topics for senior NCOs of supported units.
- Conducting and supervising unit survey interviews and critical event debriefings.

*e. Senior Psychiatric Wardmaster.*

The psychiatric wardmaster (E7, MOS 91F40) assists the section leader with administrative and clinical duties and supervises the restoration or reconditioning center operations. He provides direct supervision for the seven psychiatric specialists (MOS91F) and three patient administration specialists (MOS71G) (ward clerks). If the restoration and reconditioning centers' operations are centrally located, he assists with the overall management of their operations. If the section divides into two or more task-organized CSC elements, he manages the restoration and reconditioning center that is most likely to have the greatest need. His responsibilities include assisting with planning and executing the establishment, disestablishment, movement, and operations of the restoration and reconditioning centers. He is responsible for assisting the psychiatric nurses with BF casualty care activities. He also assists the section leader with the

management and operations (technical and tactical) of the section, His specific duties include—

- Keeping the section leader informed.
- Monitoring, facilitating, and supervising the training activities of assigned personnel.
- Monitoring and coordinating situation reports from deployed restoration and reconditioning centers, either with task-organized CSC elements or combat stress preventive teams.

*f. Psychiatric Noncommissioned Officer.*

Two psychiatric NCOs (E-6, MOS 91F30, and E-5, MOS 91F20) are assigned to the section. They manage and provide supervision for the BF casualty's care. They deploy with either combat stress restoration teams or task-organized CSC elements. They function as BF casualty care managers for the restoration and reconditioning centers. They assist the psychiatric nurse(s) with—

- Planning and executing the establishment, disestablishment, and movement of the restoration or reconditioning center.
- Conducting restoration and reconditioning center operations.
- Providing guidance and training to subordinate psychiatric specialists and other BF casualty care providers.
- Administering medications.

As squad leaders, they provide direct supervision for BF casualties and monitor their progress. They also assist with unit survey interviews and critical event debriefings.

*g. Psychiatric Specialist.* Five psychiatric specialists (three E-4 and two E-3, MOS

91F20) provide BF casualty care and intervention, as required. These specialists deploy with either the combat stress restoration teams or task-organized CSC elements. Their duties include—

- Following the RTD plans for cases placed under their supervision.
- Coordinating with the psychiatric nurse and other staff members on questions pertaining to the RTD plan.
- Providing direct supervision for BF casualties (as squad leaders) and monitoring their progress.
- Recording and reporting to the psychiatric nurses and other mental health staff members on the status and any other pertinent observation of cases assigned to them.
- Assisting with unit survey interviews and critical event debriefings.
- Operating and maintaining assigned vehicles.

h. *Behavioral Science Noncommissioned Officer.* Five behavioral science NCO (two E-6, MOS 91G30, and three E-5, MOS 91G20) are assigned to the section. Their responsibilities include—

- Collecting and recording social and psychological data.
- Counseling soldiers with personal, behavioral, or psychological problems.
- Assisting with the management of the section.
- Deploying as members of combat stress preventive team or task-organized CSC elements.

Their general duties include—

- Assisting in a wide range of psychological and social services.
- Assisting with initial screening and assessment of new cases.
- Compiling caseload data and referring BF casualties to specific mental health officers and psychiatrists.
- Providing counseling to BF casualties experiencing emotional or social problems.
- Assisting the psychologist with administration of psychological testing.
- Assisting with group counseling and therapy sessions and leading group discussions.
- Assisting with unit survey interviews and critical event debriefings.

i. *Behavioral Science Specialist.* Six behavioral science specialists (three E-4 and three E-3, MOS 91G20) are assigned to the section. Their duties are consistent with those previously identified above (2-7e ).

j. *Occupational Therapy Noncommissioned Officer.* Three OT NCOs (one E-6, MOS 91L30, and two E-5, MOS 91L20) are assigned to the section. They assist the occupational therapists with—

- Evaluating functional capacity and supervising physical reconditioning programs.
- Coordinating and setting up work programs with supported and supporting units and overseeing work programs.

- Supervising and ensuring appropriate training for subordinate OT specialists and other mental health personnel.
- Providing BF casualty status updates to the occupational therapists and other staff members as required.
- Providing direct supervision of BF casualties and squad leaders.
- Assisting with unit survey interview and critical event debriefings.

The OT NCOs deploy with either combat stress restoration teams or task-organized CSC elements.

*k. Occupational Therapy Specialist. Five* OT specialists (two E-4 and three E-3, MOS91L20) work under the supervision of the occupational therapists and OT NCOs. Their duties include—

- Assisting the occupational therapists with evaluating functional capacity.
- Assisting with the supervision of work programs.
- Assisting with the identification of useful work projects.
- Assisting with organizing activities which facilitate the recovery of the BF casualties.
- Serving as team leader for up to 12 BF casualties.
- Assisting with unit survey interviews and critical event debriefings.

These OT specialists deploy with combat stress restoration teams or task-organized CSC elements.

*l. Patient Administration Noncommissioned Officer.* The patient administration NCO(E-5, MOS 71G) is responsible for managing

patient statistics of all BF casualties seen by the company element. He is normally located with the company headquarters but makes visits to task-organized CSC elements as required to ensure company elements are complying with patient administrative requirements. He is responsible for forwarding the Medical Summary Report (RCS Med-302 [R3]) in accordance with AR 40-400, and ensures that all BF casualty accountability and status reports are forwarded as directed by higher headquarters. He initiates the field medical card (FMC) (DD Form 1380) on all BF casualties seen for consultation and medical treatment and those placed in the center for restoration or reconditioning programs. He ensures that all restoration and reconditioning centers maintain the Daily Disposition Log. He supervises subordinate patient administrative specialists. He coordinates transportation and evacuation, as required, for BF casualties sent rearward for additional restoration or reconditioning and for recovered BF casualties returning to their units.

*m. Patient Administration Specialists.*

The patient administration specialists (two E-4 and one E-3, MOS71G20) participate in the in-processing of BF casualties into restoration and reconditioning centers. They are responsible for initiating reports and forms identified in the preceding paragraph. They maintain the Daily Disposition Log. When deployed with a combat stress restoration team or task-organized CSC elements, they work with the patient administration section of the medical unit to which the task-organized CSC element or combat stress restoration team is attached. Through the patient administration section of the unit they are attached to, they coordinate BF casualty evacuation and transportation requirements. They maintain assigned vehicles and operate company radios. They coordinate the disposition of BF casualties through supporting unit communications assets. Patient administration specialists deploy with combat stress restoration teams or task-organized CSC elements.

### Section III. COMBAT STRESS CONTROL DETACHMENT

#### 2-9. Medical Detachment, Combat Stress Control (TOE 08-567LA00)

The medical detachment, CSC (Figure 2-4) is a 23-person unit composed of a headquarters, a combat stress preventive section, and combat stress restoration teams. The modular CSC teams found in the medical detachment, CSC are similar to those found in the CSC medical company. The medical detachment, CSC provides CSC planning, consultation, training, and staff advice to C2 headquarters and the units to which they are assigned regarding—

- Combat and noncombat stressors affecting the troops.
- Mental readiness.
- Morale and cohesion.
- Potential for BF casualties.

The detachment provides NP triage, basic stabilization, and restoration for BF casualties. Under some circumstances, it may provide reconditioning for NP and alcohol and drug abuse patients. This unit is dependent on support from appropriate elements of the corps to include—

- Religious.
- Finance.
- Legal.
- Personnel and administrative.
- Food service.
- Supply and field services.

- Local security support.
- Unit maintenance services.

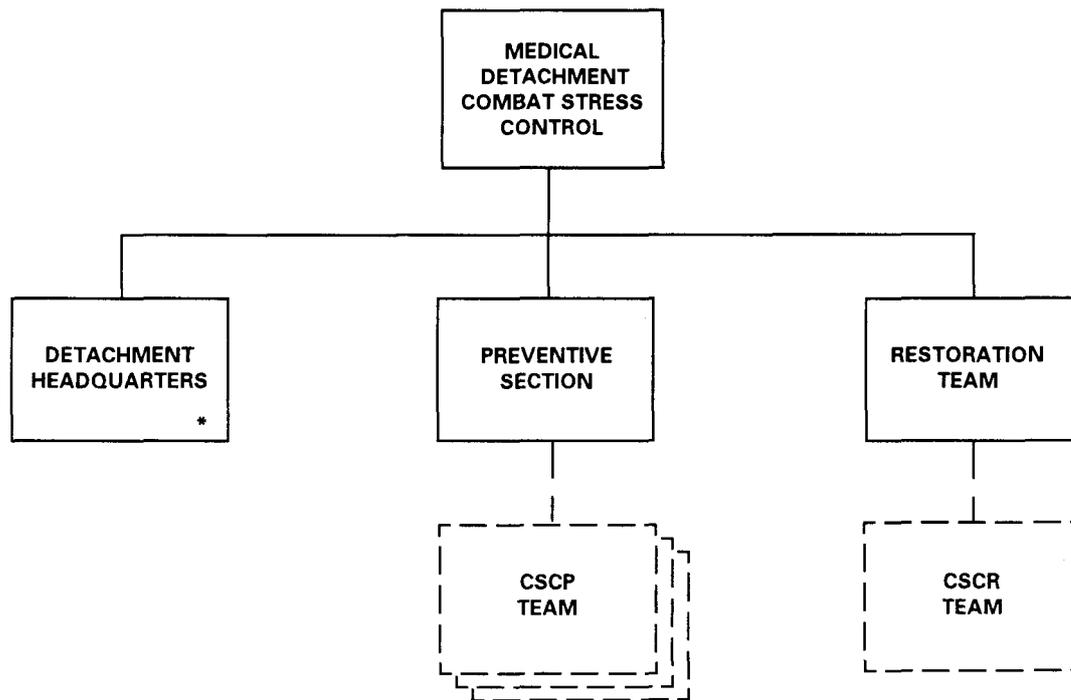
The detachment is dependent on units to which attached for support to include—

- Medical administration.
- Logistical, including health services logistics.
- Medical regulating of patients.
- Battle fatigue casualty evacuation.
- Coordination for RTD of recovered BF soldiers.

Personnel resources to guard enemy prisoner of war (EPW) patients provided by the echelon commander.

- Food service.
- Supply and field services.
- Local security support.
- Unit maintenance services.

a. *Mission.* The medical detachment, CSC provides comprehensive CSC support to a division, or to two or three separate brigades or regiments. As the tactical situation permits, this detachment can provide all six of the CSC functions identified, but reconditioning is unlikely when it is deployed forward of the corps. For a listing of major items of equipment assigned, see Appendix A.



**MISSION:** PROVIDE FORWARD COMBAT STRESS CASUALTY PREVENTION, RESTORATION, AND MANAGEMENT SUPPORT.

**EMPLOYMENT:** CORPS AND DIVISION.

**BASIS OF ALLOCATION:** TO THE CORPS ON BASIS OF ONE PER DIVISION AND ONE PER TWO TO THREE SEPARATE BRIGADES.

\* DETACHMENT COMMANDER DEPLOYS FORWARD AS PSYCHIATRIST IN ONE CSCP TEAM IF NEEDED. THE SENIOR NCO IN THE CSCR TEAM IS THE DETACHMENT NCOIC.

*Figure 2-4. Medical detachment, combat stress control (modular) teams.*

*b. Assignment.* The medical detachment, CSC is normally assigned to a corps medical brigade with further attachment to a medical group, medical company, CSC, ASMB, or to a DISCOM of a supported division.

## 2-10. Detachment Headquarters

The detachment headquarters provides C2 for the detachment. The headquarters section is responsible for planning, coordinating, and implementing CSC support for supported units. The headquarters has two personnel assigned: the detachment commander and the detachment NCOIC. The detachment commander also serves as a treating physician with the preventive section. The detachment NCOIC (a senior behavioral science NCO) also serves as the restoration team sergeant. Detachment officers and NCOs from the preventive team and the restoration team may be assigned additional duties which enhance the overall effectiveness of the headquarters section. Additional duty responsibilities may include—

- Maintenance.
- Training.
- Security, plans, and operations.
- Nuclear, biological, and chemical defense officer/NCO.
- supply.

These duties may be rotated to achieve maximum cross-training.

*a. Detachment Commander.* The detachment commander, a psychiatrist (MAJ, MC, AOC 60W00), performs normal C2 and supervisory functions as well as serving as a treating physician in one of the combat stress preventive

teams. He coordinates with the command surgeon and mental health sections regarding care and disposition of patients. He exercises clinical supervision over treatment in all the CSC teams. He provides NP expertise to supported unit headquarters. In conjunction with supported unit headquarters and MTFs, the detachment commander plans CSC support for the unit's operations. He deploys the detachment's teams separately, or task organizes personnel across teams as needed to form task-organized CSC elements. He appoints team leaders based on best qualifications by experience as well as by AOCs.

*b. Detachment Noncommissioned Officer In Charge.* The detachment NCOIC (E-7, MOS 91G) assists the detachment commander in the accomplishment of his duties. He performs administrative duties; he receives and consolidates reports from deployed detachment elements and forwards them to higher headquarters. The detachment NCOIC coordinates support for the detachment and for detachment elements deployed to supported units. He represents the commander at staff meetings and on-site visits to the CSC teams when the commander is occupied with clinical duties. When the detachment is divided into combat stress preventive and combat stress restoration teams or task-organized CSC elements, the NCOIC normally locates with the combat stress restoration team. The combat stress restoration team is usually the largest and rear-most of the medical detachment, CSC elements. It is usually located closest to the supported unit headquarters and coordinating staff (DMOC and MSB headquarters).

## 2-11. Preventive Section

This section has three psychiatrists, three social work officers, and six behavioral science specialists assigned to the section. This section can divide into three 4-person combat stress preventive teams. Combat stress control preventive

team leaders are selected by the detachment commander based on experience as well as on grade and specialty. Elements of the section may also be task-organized with elements of the restoration team to form task-organized CSC elements for special CSC operations. The preventive section's responsibilities include—

- Providing preventive consultation support to leaders, chaplains, and medical personnel located in and around the brigade support area.
- Assisting nonmedical units with REST category BF casualties and the RTD of recovered BF soldiers.
- Providing NP triage and stabilization.
- Supervising restoration of HOLD category BF casualties by medical personnel and providing restoration for selected cases.
- Providing medical, psychiatric, and social work expertise to restoration programs staffed by medical detachment, CSC restoration team.
- Deploying to units to provide reconstitution support.

*a. Psychiatrist.* The three psychiatrists (MAJ [also the detachment commander], CPT [two], MC, AOC 60W00) are assigned to this section. The senior psychiatrist/detachment commander directs the activities of the section. Psychiatrists assigned to this section are usually deployed in support of CSC operations as members of a combat stress preventive team, but may remain with the combat stress restoration team under some circumstances. These psychiatrists will usually associate closely with the supported FSMC's area support treatment team. They

coordinate CSC operations, as required, and perform those duties previously identified above paragraph 2-7 a).

*b. Social Work Officer.* Three social work officers (MAJ [one], CPT [two], MS, AOC 73A67) are assigned to this section. These social work officers usually deploy as members of the combat stress preventive teams, but could remain with the combat stress restoration team based on mission requirements. As a member of a combat stress preventive team or other CSC element, in addition to those duties identified above (paragraph 2-7 b), the social work officer's duties include—

- Evaluating soldiers with BF and misconduct stress behavior.
- Supervising subordinate personnel.

*c. Preventive Section Sergeant.* The senior behavioral science NCO (E-6, MOS 91G30) is the preventive section sergeant. His duties are the same as those previously identified above (paragraph 2-7 c).

*d. Behavioral Science Noncommissioned Officer.* There are two behavioral science NCOs (E-5, MOS 91 G20). These two NCOs act as assistant section sergeant and assist the section sergeant with his duties. Their duties are consistent with those identified above (paragraph 2-7 d). They deploy as NCOICs of teams and may be assigned as the team leader for up to 14 BF casualties in a restoration center.

*e. Behavioral Science Specialist.* There are three behavioral science specialists (two E-4 and one E-3, MOS 91G20) assigned to the section. These specialists perform those duties previously identified above (paragraph 2-7 e). In addition to their duties, they operate and maintain assigned vehicles.

## 2-12. Restoration Team

The restoration team provides staff and equipment for operating a restoration or (rarely) reconditioning center. The center provides NP triage, stabilization, treatment, and disposition. The team, or its members, deploy as necessary to provide consultation and reconstitution support to units. The combat stress restoration team leader's AOC is immaterial; any of the officers assigned to the section may be appointed as the team leader by the unit commander. The commander will base his selection on experience as well as specialty and grade.

*a. Occupational Therapy Officer.* The OT officer (CPT, SP, AOC 65A00) performs those duties previously identified above (paragraph 2-8 a).

*b. Psychiatric/Mental Health Nurse.* The psychiatric/mental health nurse (MAJ, AN, AOC 66COO) provides specialized nursing care and management of BF casualties. This position should be filled by clinical nurse specialist (AOC 66C7T). The duties of the psychiatric/mental health nurse are consistent with those previously identified above (paragraph 2-8 b).

*c. Clinical Psychologist.* The clinical psychologist (CPT, MS, AOC 731367) assigned to the section performs those duties previously identified above (paragraph 2-8 c).

*d. Senior Behavioral Science Noncommissioned Officer.* The senior behavioral science NCO (E-7, MOS 91G40) is also the detachment NCOIC. He assists the combat stress restoration team leader with the accomplishment of his duties. He provides assistance with the management of technical and tactical operations of the team. His specific duties include—

- Keeping the team leader informed.

- Monitoring, facilitating, and supervising the training activities of subordinates.

- Monitoring and coordinating situation reports from deployed combat stress preventive teams.

- Conducting classes on selected mental health topics for senior NCOs of supported units.

*c. Psychiatric Noncommissioned Officer.* The psychiatric NCO (E-5, MOS 91F20) manages and provides supervision for BF casualty care. He deploys with the combat stress restoration team to supervise and function as the BF casualty care manager for the restoration center. He assists with establishment, disestablishment, and movement of the team. The psychiatric NCO also assists with conducting restoration and reconditioning center operations. His duties are consistent with those identified above (paragraph 2-8 f). As a squad leader, he may provide direct supervision for up to 12 BF casualties. He may be deployed temporarily to reinforce a combat stress preventive team.

*f. Psychiatric Specialist.* The psychiatric specialist (E-4, MOS 91F20) provides BF casualty care and intervention, as required. His duties are consistent with those identified above (paragraph 2-8 g). This specialist may be temporarily deployed to reinforce a combat stress preventive team. In addition to his duties, he operates and maintains the assigned vehicle.

*g. Behavioral Science Noncommissioned Officer.* The behavioral science NCO (E-5, MOS 91G20) assists the clinical psychologist. His duties are consistent with those identified above (paragraph 2-7 d). He assists with the management of the combat stress restoration team. This NCO may be assigned temporarily to reinforce/augment a combat stress preventive team.

*h. Behavioral Science Specialist.* The behavioral science specialist (E-4, MOS 91G20) assists the mental health officer in gathering social and psychological data to support BF casualty evaluations. His duties are consistent with those identified above (2-7 *e*). In addition to his duties, he operates and maintains the assigned vehicle. He may be deployed to reinforce/augment a combat stress preventive team.

*i. Occupational Therapy Noncommissioned officer.* The OT NCO (E-5, MOS 91L20) assists the occupational therapist. His duties are consistent with those identified above (paragraph 2-8 *j*). He also functions as team leader for up to 12 BF casualties in restoration.

*j. Occupational Therapy Specialist.* The OT specialist (E-4, MOS91L20) works under

the supervision of the occupational therapist and OT NCO. His duties are consistent with those identified above (paragraph 2-8 *k*).

*k. Patient Administration Specialist.* The patient administration specialist (E-4, MOS 71G20) is responsible for initiating the reports and forms identified in paragraph 2-8 *m* above. He maintains the Daily Disposition Log. He interfaces with the supporting MTF's patient administration section on arrival and disposition of HOLD category BF casualties. He coordinates evacuation and transportation requirements, as required. He maintains assigned vehicle and operates the detachment radio. He coordinates the disposition of BF casualties through the supporting unit's radio communications net.