

## CHAPTER 5

## COMBAT STRESS CONTROL FOR RECONSTITUTION SUPPORT

## 5-1. Reconstitution Support

Reconstitution is extraordinary actions that commanders plan and implement to restore units to a desired level of combat effectiveness commensurate with mission requirements and available resources. Besides normal support actions, reconstitution may include—

- Removing the unit from combat.
- Assisting the unit with external assets.
- Reestablishing the chain of command.
- Training the unit for future operations.
- Reestablishing unit cohesion.

All CSC personnel should be thoroughly familiar with FM 100-9. The following summarizes the doctrine and elaborates on stress issues and mental health/CSC actions in support of unit reconstitution.

*a. Reconstitution Process.* Reconstitution of units transcends normal day-to-day force sustainment actions. It is defined as extraordinary actions that are planned and implemented by commanders to restore units to a desired level of combat effectiveness commensurate with mission requirements and availability of resources. Reconstitution is a total process. Its major elements are reorganization, assessment, and regeneration, in that order.

(1) Reorganization primarily involves a shifting of internal resources and is accomplished as either immediate or deliberate reorganization.

(a) Immediate reorganization is the quick and usually temporary restoring of degraded units to minimum levels of effectiveness. Normally, the commander implements it in the combat position or as close to that site as possible to meet near term needs.

(b) Deliberate reorganization is done to restore a unit to the specified degree of combat effectiveness. Usually, more time and resources are available further to the rear. Procedures are similar to immediate reorganization except that some personnel and weapons system replacement resources may be available, equipment repair is more intensive, and more extensive cross-leveling is possible.

## NOTE

When used in reorganization, cross-leveling involves the movement of personnel and/or equipment between units to achieve equalization. The process is accomplished while maintaining or restoring the combat effectiveness of the units involved.

(2) Assessment measures a unit's capability to perform its mission. It occurs in two phases. The unit commander conducts the first phase. He continually assesses his unit before, during, and after operations. If he determines it is no longer mission capable even after reorganization, he notifies his commander. Higher headquarters either changes the mission of the unit to match its degraded capability or removes it from combat. External elements may also have to assess the unit after it disengages. This is the second phase. These elements do a more thorough evaluation to determine regeneration needs. They also consider the resources available.

(3) Regeneration is required when heavy losses of personnel and equipment leave a unit combat ineffective and unable to continue its mission. Regeneration has two variations: incremental regeneration or whole-unit regeneration (*a* and *b*, below, explain each). Regeneration involves rebuilding a unit through large-scale replacement of personnel, equipment, supplies, and if required, internal reorganization; reestablishing or replacing essential C2; and conducting mission essential training for the reconstituted unit.

(a) Incremental regeneration is the massive infusion of individual personnel replacements and single items of equipment into the surviving unit elements.

(b) Whole-unit regeneration is the replacement of whole units, or definable Subelements such as squads, crews, and teams.

*b. Authority for Reconstitution.* Reconstitution decisions belong to the commander. The commander controlling assets to conduct a regeneration decides whether to use resources for this purpose. The commander of the attrited unit decides to reorganize when required. The unit commander begins the reconstitution process.

*c. Characteristic of Regeneration.* The defining characteristic of regeneration, as distinct from simple internal reorganization or consolidation, is the massive infusion of personnel, equipment, and assistance at the direction of higher headquarters. The process begins with an initial survey by a team sent by the higher headquarters. This team determines the status and needs of the attrited and exhausted unit as it moves to the regeneration site.

(1) Combat stress assessment of unit personnel should be included in the initial evaluation. The supporting medical element should include CSC personnel (teams) as part of their initial regeneration support efforts to the

unit. Some of the key issues in estimating the CSC needs of the unit include—

- Determining the percentage and nature of casualties.
- Looking at the duration of operations and environmental exposure.
- Estimating the loss and current effectiveness of leaders.
- Evaluating attitudes, perceptions and level of confidence of unit survivors.
- Evaluating the status of nutrition and hydration.

(2) The scale of CSC involvement depends on the size of the unit, the nature and extent of the attrition it has suffered, the location of the reconstitution site, and the time and resources available.

(3) The S1/G1, S4/G4, and medical staffs also coordinate the dispatch of the regeneration task force teams. These teams occupy the reconstitution site before arrival of the exhausted unit. The reconstitution task force guides each element of the arriving units into its designated areas. The regeneration task force provides for the immediate needs of the survivors. This should include personal gear, sleeping bags, and tentage to replace lost or damaged items. Assistance teams may include cooks, medical teams, repair and maintenance teams for vehicles, and ordnance and special equipment personnel. Medical teams provide sick call services while organic medical personnel rest. As required, CHS and other teams may include—

- Combat stress control personnel/team.
- Preventive medicine team.

- Dental team.
- Nuclear, biological, and chemical decontamination teams.
- Personnel service team.
- Combat service support contact teams.

Replacement personnel are sent to the reconstitution site, and when present, CSC personnel will assist with their assimilation into the regenerated unit.

*d. Scope of Combat Stress Control Involvement in Reconstitution Support.* The CSC reconstitution support mission ranges from providing assistance to small units close to the battle that are undergoing reorganization to providing assistance to large units involved in regeneration conducted far to the rear.

(1) Combat stress control reconstitution support may not be available for small unit-level elements such as a platoon undergoing immediate reorganization. If CSC personnel are deployed this far forward, the CSC reconstitution support mission will merge into the consultation mission to units held in reserve. Ideally, a two or four-person CSC team might deploy to a company-sized unit with the other maintenance and medical teams. The CSC team assists the command with the deliberate reorganization of small unit-level elements and facilitates after-action debriefings by and for all leaders in the company. The CSC team may conduct critical event debriefings if the unit has experienced an especially traumatic (tragic, horrible) event. The CSC team could also conduct critical event debriefing if the after-action debriefing shows other issues need to be resolved. The availability of the CSC team and the time to provide such support will depend on mission priorities and current work load.

(2) Combat stress control reconstitution support requirements for larger units that are undergoing regeneration in the division rear, corps, or COMMZ will vary. Factors which influence the requirements include—

- The size of the unit.
- Number of subunits which have suffered heavy casualties.
- The extent of emotional trauma.
- Time available.

Combat stress control personnel required to support regeneration is dependent on the above factors. A guideline is provided in Table 5-1.

*Table 5-1. Guideline for Combat Stress Control Personnel Required to Support Reconstitution*

SIZE OF UNIT	CSC PERSONNEL REQUIRED
COMPANY	2-4
BATTALION	6-12
BRIGADE	12-30
DIVISION	30-60

*e. Phases of Combat Stress Control Reconstitution Support.* Reconstitution support is divided into phases, based on the changing of the unit. The pattern is similar to that of restoration of an individual BF casualty. The relative time and effort required for each phase varies, depending on the recent experience of the unit. For example, physical/physiologic replenishment may be extremely important in some situations and completely unnecessary in others.

**NOTE**

The following paragraphs pertain to the phases of CSC support provided to combat arms units which have been engaged in heavy, continuous fighting.

**5-2. Phase I: Preparation and Deployment**

*a. Coordination.* Coordination for deploying a CSC reconstitution support mission is accomplished through the supporting medical unit.

(1) The headquarters which orders the reconstitution effort must be aware of the importance of CSC involvement in the task and of the availability of resources. The command surgeon is responsible for recommending what CHS assets are committed for reconstitution support. It is the responsibility of the CSC commander or the psychiatrist to provide consultation training to all command surgeons so they are aware of the importance of including CSC personnel in all reconstitution operations.

(2) The initial evaluation team should include a CSC member. Depending on the size and location of the unit, this could be—

- A brigade CSC team member.
- The division psychiatrist or a mental health officer from the division mental health section or attached CSC elements.
- A psychiatrist or a mental health officer from the medical company, CSC or the medical detachment, CSC.
- An ASMB psychiatrist, social work officer, or NCO in the corps.

- The medical group social work officer or psychologist,

- The medical brigade or MEDCOM psychiatrist or social work officer.

(3) Movement orders for the evaluation team and for the subsequent assistance team are generated and coordinated by the higher headquarters (for example, the FSB, DISCOM [DMOC], or medical group headquarters). The CSC elements move as part of a convoy with the other contact teams and CSS elements.

*b. Familiarity with the Unit.* Reconstitution support works best when the attrited unit already has familiarity, trust, and confidence with the CSC personnel (teams). Those CSC personnel need to be familiar with the unit, its history including recent experiences, equipment, mission, and key people. Ideally this includes at least a few known, face-to-face POCs. If that is not available, a positive reputation with strong endorsements from respected second parties helps. The endorsement of the higher headquarters is essential.

*c. Unfamiliarity with the Unit.* A CSC team which deploys to a completely unfamiliar unit under these extreme stress conditions will be at a disadvantage but can overcome it by—

- Getting all the information it can on the unit prior to arrival.
- Coordinating with and using the chain of command, chain of support, organic mental health, and medical personnel and chaplains to obtain information.
- Demonstrating competence (quickly), self-sufficiency, and helpfulness without appearing as if trying to step in and take over.

### 5-3. **Phase II: Reduction of Human Physical/Physiologic and Cognitive Stressors**

a. *Monitoring.* The CSC team monitors the unit to assure that the following steps are taken by unit leaders and the reconstitution support elements. The CSC personnel ensure, as needed, that the following aspects of reconstitution treatment are being accomplished. They report any short-falls to the reconstitution control element.

#### NOTE

The SI/GI and S4/G4 staff of supply and services or quartermaster units is responsible for providing the means for warming or cooling, rehydrating, feeding, and sheltering. They are also responsible for latrine and shower facilities. These are not the responsibilities of CSC personnel or units.

(1) Treat environmental exposure immediately by providing shelter, cooling, warming, and/or drying, as necessary.

(2) Push oral, palatable fluids immediately (cool or warm, depending on the temperature) to correct probable dehydration.

(3) Provide plenty of good palatable food, mostly carbohydrate but with some protein, and as much as they want to eat. The food may be soups which simplify preparation and combine feeding and fluid replacement. A-rations are best. Tray-packs are acceptable but require special effort. Heating tray-packs will improve texture; providing optional condiments and spices will be a plus. Meals, ready-to eat (MREs) also can be used if efforts are made to heat them and additional condiments are provided.

(4) Ensure leaders and troops are given a brief orientation on what they will be doing and when it will happen.

(5) Provide hot showers right away, if feasible. If not feasible, the unit should be provided time for sleep as soon as possible.

(6) Allow for sleep under the best conditions possible for 8, 12, or 16 hours (depending on the degree of sleep debt and the amount of time available).

(a) It is best to sleep through the night and awaken in the morning to continue the program, but in forward locations this may be reversed (sleep in the day, awaken at night) to maintain reverse cycle requirements.

(b) If possible, have other units provide perimeter security so that all members of the exhausted unit can sleep at the same time.

(c) Unit leaders need this sleep most! The reconstitution support elements provide security and all necessary support actions, while unit leaders are ordered to sleep so they will not feel that they have to stay awake.

(d) If necessary, the CSC team psychiatrist prescribes fast-acting medications that are rapidly eliminated from the body. For example, diphenhydramine (Benadryl), or ternazepam (Restoril) are given to those key personnel who do not relax and respond positively to strong suggestion or approval. Low dose diazepam (Valium) is permissible under some circumstances but not preferred. Chlorpromazine (Thorazine) should not be used for this purpose. Before administering minor tranquilizers, the prescriber must ascertain if the soldier has a history of alcohol or drug abuse and specifically if the soldier is in recovery.

*b. Involvement of Combat Stress Control Personnel During Physical/Physiologic Replenishment.* The importance of physical/physiologic measures should not be underestimated in the haste of the reconstitution efforts. Combat stress control elements through their actions should encourage and facilitate their speedy delivery.

(1) Delay, loss, or nonavailability of equipment and materials when and where needed may hamper the speedy delivery of physical/physiologic measures. If this happens, the CSC teams along with other medical support and CSS teams must be prepared to step in and assist the attrited unit to improvise self-help.

(2) Combat stress control teams facilitate the means to boil water to heat tray-packs or MREs, to prepare hot soups, and to provide hot water for shaving, sponge baths, or bucket showers. Personnel from the reconstituted unit will provide most of the labor.

(3) Facilitating restorative sleep under adverse conditions is more difficult because CSC units do not carry large volumes of sleeping bags, ground pads, cots, or tents. They can provide disposable ear plugs (an effective way to dampen distracting background noise) and cravats (to cover eyes against bright daylight). Disposable foil "space blankets" should be available for use in cold or wet weather when better shelter and bedding are not available.

(4) During the intensive physical replenishment phase, the CSC personnel will learn as much as they can about the recent experiences of the involved unit and coordinate a plan of action to meet the specific needs of the unit and its situation.

*c. Continuing Physiologic Replenishment.* After sleep, physiologic replenishment continues.

(1) Unit personnel are awakened for a good, hot, high-protein breakfast (A-ration if possible; tray-pack is acceptable if well-heated when served).

(2) Unit personnel work to restore hygiene (shower, shave, good latrine facilities, and clothing exchange) and take care of personal gear.

(3) Some CSC personnel assist by organizing self-help activities involving the troops as the unit's leaders concentrate on the debriefing process. These CSC personnel continue to gather data by—

- Observation.
- Structured interviews with individuals or small groups.
- Short, easily scored questionnaires.

#### 5-4. Phase III: After-Action Debriefing

*a. Small Team and Subunit After-Action Debriefing.* Surviving unit leaders begin the after-action debriefing process during lulls in the battle or as soon as the mission or time permits. In some instances, the after-action debriefings may not be accomplished until the unit reaches a reconstitution site. Standard after-action debriefings as described in FM 22-51 will be conducted by all unit elements to obtain a clear and accurate assessment of what really happened. After-action debriefing will be conducted by the leaders of teams, crews, squads, sections, and platoons within the company. If the original leader was replaced, the new leader will conduct the after-action debriefing. Attached personnel, such as medics, forward observers, engineers, or artillery fire support team, are included in the unit after-action debriefings.

*b. Ascending Levels of Leader After-Action Debriefing.* Once the subunit debriefings are completed, the company commander conducts his after-action debriefing for the subordinate leaders. Subsequent debriefings are held at battalion, brigade, and even division levels in large scale reconstitution efforts. The unit's TSOPs will identify who attends the after-action debriefing at a particular level. For example, at the company level, all the leaders in the company will attend the company commander's after-action debriefing. The battalion commander's after-action debriefing will involve all company commanders, first sergeants, key battalion staff, sergeants major and may be key NCOs within the battalion. Regardless of what level the leader attends, he brings his unit's/subunit's consensus (reconstruction) of what really happened. Also, he is prepared to brief about the emotional reactions of his personnel to the events that occurred. The participating leaders share their information along the succeeding time-line of the larger operation. The senior commander, NCO, and key staff personnel contribute their input to the reconstruction of the event. As in the AAR, the after-action debriefing identifies operational lessons learned. In addition, the after-action debriefing shares, acknowledges, and normalizes the feeling raised by the event. It also enhances vertical and horizontal bonding of personnel which is the essential framework of unit cohesion. The senior leaders then take the group's consensus (reconstruction) on to the next higher level of leader debriefing. The process of after-action debriefings from the bottom up has the following advantages:

- Each level can reconstruct the most accurate picture possible of what actually happened. They build upon the already clarified memories and observations of each subunit.
- Misconceptions, misunderstandings, and unrealistic expectations are likely to be

clarified. The right lessons are more likely to be learned.

- The junior leaders can communicate their clearer understanding of the larger picture back down to their subordinates.
- It provides transition workshops for new leaders if the unit has suffered a loss of key leaders and staff. If a new commander is required, this type of workshop facilitates his assumption of command.

*c. Large Group Debriefings.* At each level, it may be possible for soldiers and junior leaders to listen to the next higher level of leader debriefing(s). This, in effect, constitutes a large group briefing. Large group debriefings involve lower echelon personnel. However, large group debriefings can only be conducted at a relatively safe site. There must be adequate time to conduct the debriefing. The large group debriefings are not conducted if personnel are involved with equipment repair, reissue, and other recuperative activities. The large group debriefing maximizes the sharing of common experiences and the extension of unit cohesion.

*d. Attached Support Personnel (Specialty Branch) Debriefings.* Attached personnel will participate in the after-action debriefing process with the unit to whom they are attached. They contribute their own perspectives on the event in concert with other attached support personnel. Later, if METT-T at the reconstitution site allows, these support personnel should be drawn together by their parent units to debrief. The objectives of this specialty debriefings is to derive lessons learned and to express and normalize the intense emotions involved. Unlike the small unit or leader after-action debriefings, the specialty debriefings will usually not be reconstructing the overall event on a common time line. Rather, they share their different

experiences of practicing their common specialty in different situations.

e. *Facilitators in After-Action Debriefings.* When a unit has suffered especially distressing or traumatic events, the commander should request trained facilitators to assist with the debriefing process. These facilitators should be present with the unit through all levels of the after-action debriefing process. The higher headquarters of the unit that has experienced a traumatic event should request debriefing facilitators and assure that they are available at the scheduled time and place. Certain situations are best handled by trained facilitators. These situations may include—

- Teams or units whose key leaders were casualties or were replaced and now new leaders are conducting the debriefing.
- Serious friendly fire incidents or other disastrous mistakes.

(1) It is essential that the facilitators be perceived as impartial, friends of the units, trustworthy, and privileged to maintain confidentiality about what is shared in the debriefing. They must not be perceived as investigators or “spies” from the higher headquarters, inspector generals, or criminal investigators.

(2) The facilitators should have received formal instruction in critical event debriefings. Ideally, they will have participated in or led prior critical event debriefings.

(3) The trained facilitator can be from the CSC or mental health team. He may be an officer or NCO of any professional or para-professional discipline. Line unit officer or NCOs (peer debriefers) who have had critical event debriefing training can also be effective facilitators.

(4) The trained facilitator assists the after-action debriefing process by—

- Helping the debriefing leaders assure the ground rules are clearly stated and understood by all personnel.
- Asking questions to get a clear picture of what actually happened—when, where, how, and to whom.
- Assuring that the complete time line is filled in, extending from before the critical incidents all the way through to the aftermath.
- Assuring the process stays constructive and does not turn destructive.
- Ensuring the ground rules are followed, military bearing and respect maintained, and verbal attacks or scapegoating not permitted.
- Assisting with the validation and normalization of feelings, such as fear, guilt, and grief, as they come out by providing the broader or expert perspective.
- Monitoring the participants for signs of serious distress and/or detachment or psychological withdrawal from the group.
- Encouraging those soldiers with signs of serious distress to work through the distress or withdrawal during the debriefing.
- Checking with those individuals one-on-one after the debriefing.
- Providing group with information about what assistance is available to help them with working out their distress.

- Advising the unit and leadership about whether a follow-up formal critical event debriefing would be worthwhile.

#### NOTE

Often, a well-facilitated, after-action debriefing will make a formal critical event debriefing unnecessary.

*b. Conducting Critical Event Debriefings.* Information obtained by after-action debriefings or from the higher headquarters pertaining to the traumatic event is provided to CSC personnel. This information is used to determine which subunits need more direct involvement. Critical event debriefings are then scheduled (with the approval of the leaders that were involved) with those units/subunits where a highly disruptive or traumatic event occurred. Combat stress control personnel will conduct the critical event debriefing or will advise (previously trained) unit chaplains and medical participants on how to conduct the critical event debriefings.

(1) The need for critical event debriefings is indicated by—

- Evident distress of many participants.
- A consensus of the participants at the after-action debriefing that they want to talk more about the event.
- Evident reluctance of unit members to talk through the event in the after-action debriefing under their own leadership.
- The expressed wish for a consolidated or combined debriefing, bringing the unit together with representatives of other involved units, such as the survivors of a friendly fire incident with the perpetrators.

#### NOTE

At least one trained and experienced critical event debriefing facilitator should be included in critical event debriefings.

(2) The techniques of a critical event debriefing are similar to those of after-action debriefings but are more dependent on the skills and experience of the facilitator. The facilitator must be able to recognize and intervene to help those in serious distress.

#### 5-5. Phase IV. Rebuilding Unit Cohesion

*a. Assisting Units to Rebuild Cohesion.* Combat stress control personnel advise the commanders and staff on planning the reassignment of surviving unit members and the assignments of replacements. This advice is based on the results of the leader-level debriefings, AG information, and any other pertinent observation/data collected by the CSC team. The objectives of this process are to maximize remaining unit cohesion and promote new bonding. Some of the techniques and principles that may be employed to maintain enhance unit cohesion during the redistribution and replacement process include—

- Keeping a new/replacement buddy pair, crew, or small team together and assigning all members to the same platoon or section of the attrited unit. Depending on the specific circumstances, new/replacement personnel may not be kept together. They may be dispersed among small closely-knitted groups of veterans.
- Assigning veteran soldiers from other attrited units or sections so that level of expertise is not lost. These personnel should also

be transferred as crews or teams, or at least as buddy pairs.

*b. Small Unit Leaders and Veterans Integrate New Replacements.* Small unit leaders actively integrate all new soldiers while CSC personnel, unit ministry teams, or medical platoon members monitor and provide feedback. New replacements are introduced throughout the unit. Group discussions are conducted for—

- Combinations of older veterans reassigned from other parts of the unit.
- Newer veterans returning to duty from medical channels.
- Replacements from rear area jobs in corps and COMMZ.
- Replacements fresh from CONUS.

In these group sessions, the story of the recent action, as clarified in the after-action debriefing, are discussed. Feedback to the small unit leaders from, CSC personnel pertaining to the process should include—

- Identifying potential problems and recommending solutions.
- Recommending additional meetings with CSC personnel for further ventilation, discussion, or work group sessions.
- Recommending individual or group training on combat stress, stress management, relaxation techniques, and BF.
- Recommending unit leaders, assisted by chaplains, conduct memorial services for the unit's dead.

*c. Assisting Individual Soldiers with Battle Fatigue.* Small unit leaders may identify

BF soldiers as a result of unit after-action debriefings. When soldiers are provided the opportunity to talk about what has really happened to them, they may exhibit true signs of BF. This may be apparent as one observes their reactions, interactions, and behaviors during the debriefing process. Battle fatigue cases may be identified by their leaders or buddies, by self-referral, or by the CSC staff observations. When these soldiers are identified as having BF, begin treatment without flagging them as patients.

(1) Since the unit is in a stand-down position. CSC personnel can initiate treatment quickly. They will determine the severity of the BF and initiate rest, light duty, or other appropriate activities.

(2) Those BF cases that temporarily require continuous medical observation may be rested and watched by the treatment team (part of the reconstitution support package) or at the BAS after its personnel have the opportunity to rest.

(3) A few of these BF cases may require evacuation, but only to the next rearward echelon.

## 5-6. Phase V: Performing Final Combat Stress Control Requirements for Reconstitution Support

*a. Phase V.* Phase V begins after the newly reconstituted unit has had additional sleep, food, and opportunities for hygiene. Unit personnel, during this phase, are working actively with each other and with the reconstitution support teams to prepare the unit for return to combat.

*b. Unit Cohesion.* Combat stress control personnel monitor the ongoing work activities to ensure that unit cohesion is being built and

that veterans are accepting and teaching the new replacements. Questionnaire-type surveys may be administered to collect comprehensive data. Combat stress control personnel continue to advise unit leaders and facilitate further group work sessions and transition workshops. Note that the word is facilitate, not lead or direct.

*c. Building Unit Confidence.* The successful completion of military training, such as crew drills, squad and platoon tactics, and field training exercises (FTXs), will assist in building unit cohesion and confidence. Depending on the location and time available, CSC personnel may help commanders organize recreational activities and/or sports competitions. Sporting activities

can provide confidence-building and stress-reducing physical exercise. They are scheduled in ways which maximize the development of familiarity and cohesive bonds within and between the recently reassembled unit.

*d. Closing Out Reconstitution Support.* It is essential that the reconstitution support team close out (officially end) its role with each unit in the formal reconstitution process. The reconstituted units are left with positive expectations that the unit and its individual soldiers will be able to perform their mission and do well on their own. Ideally, the same CSC personnel (team) will continue to provide CSC support when the unit returns to combat.