

★APPENDIX E

**MEDICAL REENGINEERING INITIATIVE FOR MENTAL
HEALTH AND COMBAT STRESS CONTROL ELEMENTS
IN THE THEATER OF OPERATIONS****Section I. OVERVIEW OF CHANGES****E-1. Unit Mental Health Sections***a. Divisions.*

(1) *Comparison.* The Medical Force 2000 (MF2K) had a consolidated division mental health section assigned to the MSMC of the MSB. The division mental health section was staffed with a psychiatrist, a social work officer, a clinical psychologist, and enlisted mental health specialists. Doctrine for MF2K specified that the division mental health section send a mental health officer/NCO team to each maneuver brigade upon deployment. The MRI decentralized the division mental health section, making a behavioral science officer and a mental health specialist organic to each FSMC. Under the MRI, the psychiatrist and the NCOIC remain in the MSMC and will continue to have staff responsibilities to the division surgeon. The psychiatrist and the NCOIC provide mobile consultation in the division rear, technical supervision to the brigade-level sections and medical personnel, and clinical expertise at the MSMC.

(2) *Implications.* Division assignment policy, not TOE structure, must ensure that the FSB medical companies supporting the three maneuver brigades receive one social work officer and one clinical psychologist as brigade mental health officers. The third brigade can receive either AOC. Doctrine and policy must ensure that the division psychiatrist, the mental health NCOIC, the brigade behavioral science officers, and the mental health specialists continue to function in an integrated and coordinated CSC program. This ensures that all three mental health disciplines/expertise are available throughout the division. This is facilitated in garrison where all division mental health assets will work together and provide clinical care for division soldiers and their families. On deployment, division mental health personnel will continue to work together using telecommunication, electronic transmission, and automated data processing (“telemedicine”).

b. Area Support Medical Battalion.

(1) *Comparison.* The MF2K had a centralized mental health section assigned to the headquarters and support company. This section was similar to the division mental health section except it only had two officers (a psychiatrist and a social worker). The reorganization of the ASMB under MRI replaces the headquarters and support company with a headquarters detachment. The headquarters detachment provides C2 for the battalion. Under this MRI design, the headquarters detachment can locate with any of its four ASMCs. Each ASMC will have a behavioral science officer and a mental health specialist assigned. The behavioral science officer position may be filled with either a social worker or a clinical psychologist. The ASMC mental health section provides mobile support to all units in its area of responsibility, as well as clinical expertise for the ASMCs. Assigned to the ASMB headquarters detachment is a psychiatrist and two mental health specialists. The psychiatrist continues to provide staff advice to the battalion headquarters and technical supervision and clinical expertise for all the ASMCs (mental health sections). All of the enlisted mental health specialists assigned to the battalion are E-4 or below.

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(2) *Implications.* When deployed, the ASMB psychiatrist and the ASMC behavioral science officers may not have the opportunity for close contact depending on the ASMB's mission and the size of the AO. All ASMB mental health sections must be proactive by providing consultation and by teaching stress reduction techniques. Battalion medical personnel must understand the principles of CSC prevention, treatment, and the different medical/surgical diagnoses that must be ruled out. The absence of mental health NCOs in the battalion to supervise and mentor the enlisted mental health specialists makes it essential that each section's behavioral science officer and mental health specialist work together in peacetime. They should work together in a field training environment as well as a clinical environment in garrison. All the mental health personnel assigned to the battalion must learn to make good use of telemedicine among themselves and with supported units.

c. *Armored Cavalry Regiment and Separate Brigades.*

(1) *Comparison.* In MF2K, the ACR had no organic mental health personnel. Separate brigades had only enlisted mental health personnel in their medical company. The MRI gives these units a mental health section which is the same as those found in division medical companies. The behavioral science officer (AOC 67D00) assigned to the ACR or separate brigade FSMCs may be either a social worker or a clinical psychologist.

(2) *Implications.* These mental health sections will receive technical training and supervision from a psychiatrist only when they come under the operational control of a division or are located in the corps under the ASMB psychiatrist's area of responsibility. The behavioral science officer assigned to the ACR should actively seek out training assistance from the ASMB or the division psychiatrist. He should seek this assistance to ensure that regiment/brigade mental health and other medical personnel are fully trained in the medical aspects of CSC triage and stabilization.

E-2. **Combat Stress Control Units**

a. *Medical Detachment, Combat Stress Control.*

(1) *Comparison.* In MF2K, the 23-person CSC detachment was designed to be the corps-level package to augment the organic mental health section of a division during war. Although highly mobile and designed to break up into widely dispersed teams, the detachment was totally dependent on the division and/or its higher medical headquarters for administrative and logistical support. Assigned to the headquarters section was a psychiatrist who was also a full-time clinician in one of the forward-deployed teams and an NCOIC with a clinical rather than an administrative background. A light-wheeled vehicle mechanic was added later. Since the first CSC detachment was activated, these units have provided CSC support to their home posts. They have supported field training exercises while concurrently deploying teams or entire detachments on 5- to 12-month rotations to Somalia, Haiti, Guantanamo (Cuba), Bosnia, and Hungary. These missions demonstrated the need for additional clinical and headquarters personnel to conduct highly flexible, split-based operations. In MRI, the CSC detachment increases to 43 persons (without increasing total CSC personnel in the corps) by transferring from the CSC companies some of the corps-level CSC mission support requirements and the assets to accomplish them. Each CSC detachment gains one 4-person CSC preventive team (for a total of four), one 10-person CSC fitness team (for a total of two), and five new headquarters personnel.

(2) *Implications.* The MRI CSC detachment retains the mission of providing direct support to a division's maneuver brigades and general/reinforcing support to the DSA, including corps units in those areas. In addition, the detachment now augments area support in the corps immediately behind the division. It can provide reconstitution support for a brigade- or smaller-sized unit; it can conduct the corps-level reconditioning program, when needed, for the division and corps slice. The bill payer is a reduced number of CSC companies and detachments in the force structure. The detachment must function with its elements widely dispersed, some working in and for the supported division and others working in the corps for the medical group/brigade. The CSC detachment headquarters must coordinate these CSC support operations. In the corps, the MRI CSH no longer has a 15-person NP ward and consultation service. Under MRI, it has a small 4-person NP consultation section (psychiatrist, psychiatric nurse, two mental health specialists) to provide psychiatric stabilization on medical wards; to provide triage and outpatient psychiatry; and to provide stress control support (including debriefings) for all the hospital patients and staff. The CSC detachment will have an increased requirement to provide CSC support at the CSHs. Under some circumstances, the CSC detachment may be required to provide a CSC fitness team to conduct ward-level stabilization, in addition to other higher priority CSC mission requirements.

b. Medical Company, Combat Stress Control.

(1) *Comparison.* In MF2K major regional conflicts, the 85-person CSC companies had responsibility for all CSC support in the corps area, plus major responsibility for supporting and reinforcing the CSC detachments. The detachments were usually entirely within the division areas, although "spare teams" might come under the CSC company's C2 for reallocation to areas of special need. There was no CSC unit allocation to support the COMMZ. In the COMMZ, the field hospital's 15-person NP ward, OT, and psychology personnel provided the required Level 4 reconditioning. The general hospital's NP ward personnel provided NP stabilization or detoxification to assure safe air evacuation of psychiatric patients or RTD for recovered patients. The MF2K COMMZ hospitals could reinforce the COMMZ ASMB's mental health section in the event of serious rear battle or disaster. Under the MRI, the hospitals retain only the 4-person NP consultation section. While the MRI CSC detachments take over the forward corps and Level 3 reconditioning mission, the one remaining CSC company is still responsible for the corps rear and has additional mission responsibilities for the echelons above corps (COMMZ). Each remaining CSC company, therefore, increases to 88 persons with the gain of two 4-person CSC preventive teams and the retention of its four CSC fitness teams (previously labeled restoration teams in MF2K). Each CSC company loses five 2½- or 5-ton trucks from its CSC fitness and headquarters sections, plus three maintenance personnel. The trucks and maintenance personnel were lost because of Armywide rules for vehicles in rear area units. Two more of the headquarters section's personnel were also deleted. The CSC company loses 50 percent of its weapons for self-defense.

(2) *Implications.* The CSC company still has a high-mobility multipurpose wheeled vehicle with trailer for each preventive and fitness team and the commander to perform daily consultation missions. It is dependent on other units to move its large tents and cots. This could be time-urgent in some reconstitution support missions. The CSC company should use the one remaining large truck in its headquarters to practice load planning and to develop loading plans for unit equipment being transported by other units. All the CSC sections could use this vehicle for training and familiarization of loading plans which would enhance their movement operations. The CSC company still provides CSC preventive teams for direct support of corps-level brigades (National Guard enhanced readiness brigades, ACRs, field artillery,

aviation, combat engineers, military police, and so forth) which may deploy as far forward as the divisions' brigades. The company augments the ASMB/ASMC mental health mission in the corps rear and provides routine support to brigade-sized units refitting in or transitioning through the corps. The company must remain able to assemble task-organized elements quickly to provide reconstitution support for a division- or smaller-sized unit. If Level 4 reconditioning is indicated after several weeks of intensive battle, the CSC company can provide a CSC fitness team and perhaps a CSC preventive team. One inpatient NP ward in the theater may be judged more efficient to stabilize psychiatric patients for air evacuation at a time of heavy casualties. This would prevent their presence from disrupting the functions of the busy medical/surgical wards. This capability could be achieved by attaching at least one CSC fitness team to a hospital. However, this should only be a temporary measure because the fitness team will have other CSC support requirements. The capability of staffing a psychiatric ward, which is no longer organic to any deploying MRI hospital, can also be required in stability operations and support operations, as it was at Guantanamo for 11 months. Finally, a new mission for the CSC company and hospital NP personnel is the DOD (Health Affairs) requirement to screen all US soldiers for mental health problems prior to redeployment from a TO. This can require brief interviews of up to 20 percent of the redeploying population.

c. Medical Companies and Detachments, Combat Stress Control.

(1) Comparison.

(a) In MF2K, the command positions were officially open only to psychiatrists, although exceptions were made in practice. In MRI, the TOE specifies that command is now open to "best qualified" officers of the other mental health disciplines (65A, 66C, 73A, 73B) as well as the psychiatrists (60W). This is in keeping with the general trend within the Army Medical Department. Number constraints still require the commander of the CSC detachment to be dual-hatted as a practicing clinician in one of the teams.

(b) In MF2K, psychiatrists were in the preventive section, usually deployed further forward, while clinical psychologists were in the restoration (now fitness) section, usually employed further to the rear. The commander could transfer personnel between sections to meet mission needs. In MRI, the clinical psychologists are in the preventive section and the psychiatrists are in the fitness section. This results in a net decrease in psychiatrists and a larger proportional increase in psychologists.

(2) Implications. The switching of the psychiatry and psychology positions was made as an "economy of force measure," rather than because of any change in the mission demands at each echelon. It is projected that the Army will not have sufficient psychiatrists to fill all CSC unit positions. The CSC mission still recognizes the FSMC as the key point for making the differential triage between combat stress/BF cases and similar-appearing patients with significant medical or surgical conditions. Putting triage expertise as far forward as feasible is especially important in chemical warfare scenarios or on a widely dispersed and mobile high-technology battlefield. The psychiatrists in the CSC units must now make special effort to train the psychologists and social workers in the preventive section on basic physical/neurological examinations and to convey relevant findings or suspicions to the physicians and physician assistants. The psychiatrists must use telemedicine to support their forward deployed CSC preventive teams and must be prepared to deploy forward themselves when needed. The division psychiatrists must increase training to all

the forward-deployed physicians and physician assistants, as well as the brigade behavioral science officers, as there will be fewer psychiatrists forward to assist in combat NP triage.

Section II. UNIT MENTAL HEALTH SECTIONS IN THE THEATER OF OPERATIONS

E-3. Location and Assignment of Unit Mental Health Sections

Mental health sections are located in the divisions, the corps, and echelons above corps. In the divisions, a mental health section is assigned to each medical company. In the corps and echelons above corps, mental health sections are assigned to each of the ASMCs. In ACRs and separate brigades, they are assigned to the medical company.

E-4. Utilization in Garrison

In garrison, mental health personnel assigned to the division or brigade units should be employed as mental health care providers. They should provide their consultation skills and specialty clinical expertise to division personnel and their families. When the medical company and its supported units deploy on training exercises or are in the field, assigned mental health personnel will deploy with them to provide CSC training and support. In addition, they will train to perfect their own technical and tactical skills. In garrison, referrals to the hospital or its clinics should be reduced. This is accomplished by having each of the mental health sections working closely with units leaders and chaplains as consultants. In this capacity, they can provide intervention and teach stress management. They can evaluate and treat distressed soldiers at their duty stations or unit areas. However, the mental health sections of the division must continue to operate a consolidated division mental health activity in which all division mental health officers and enlisted personnel work together. The consolidated division mental health activity ensures that case management of problem soldiers/patients receive the benefit of all three mental health disciplines (psychiatrist, psychologist, and social worker) represented in the division for diagnosis, treatment, and referral. The consolidated division mental health activity provides the environment for cross training and building of team cohesion. Additionally, enlisted mental health personnel receive multidisciplinary training and supervision. All three mental health disciplines contribute fully in operational planning and in the division preventive psychiatry program, to include family support group development, drug and alcohol prevention and control, and personnel reliability screening. On some posts, the division mental health assets may augment table of distribution and allowances personnel in the Community Mental Health Activity. This would be the usual mode for the behavioral science officers and mental health specialists/mental health sections of the ASMB and companies of ACRs or separate brigades.

NOTE

In accordance with AR 40-216, clinical responsibilities in garrison must not interfere with participation in field exercises, deployment exercises, and maintenance of combat readiness.

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E-5. Division Mental Health Sections

One CSC/mental health section as stated above is organic to each medical company assigned to the division. The medical companies are a DISCOM asset (see FMs 8-10-1, 8-10-3, and 63-21). The FSMCs are units assigned to the FSBs which support the maneuver brigades. The MSMC in the MSB is located in the DSA.

NOTE

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

The mental health sections are the medical elements in the division with the primary responsibility for assisting the command with controlling combat stress. Combat stress is controlled through sound leadership, assisted by CSC training, consultation, and restoration programs conducted by these sections. Division and brigade mental health sections enhance unit effectiveness and minimize losses due to BF, misconduct stress behaviors, and NP disorders. All mental health sections assigned or attached to the division work under the technical control and direction of the division psychiatrist. The division psychiatrist, 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 AO. He also has technical responsibility for the psychological aspect of surety programs. The staff of the division mental health sections provides training to unit leaders and their staffs, chaplains, medical personnel, and troops. The staff monitors morale, cohesion, and mental fitness of supported units. Other responsibilities for the mental health sections located in divisions include—

- Monitoring indicators of dysfunctional stress in units.
- Evaluating NP, BF, 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 psychiatrist normally uses the DSA clearing station as a base of operations. A behavioral science officer (AOC 67D00) is assigned to each medical company except those which have the psychiatrist assigned. Each behavioral science officer assigned to a FSMC is designated as the brigade behavioral science health officer. The mental health specialist (MOS 91X00) assigned to each FSMC is designated as brigade CSC coordinator. The division psychiatrist oversees the activities of all mental health sections in the division and provides consultation, as necessary.

E-6

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 plans and operations personnel to monitor and prioritize mental health support missions in accordance with the division CHS OPLANs or OPORDs. Coordination for mental health personnel augmentation is accomplished through the division surgeon.

b. Mental Health Sections. When the brigades are tactically deployed, the mental health sections use the division clearing stations operated by the FSMCs as the center of their operations but are mobile throughout the AO. The section's priority functions are to sustain combat effectiveness, prevent unnecessary evacuations, and to coordinate RTD, not to treat cases. The mental health section provides technical supervision for the attached CSC preventive team from the corps CSC detachment. Through the brigade surgeons, this section keeps abreast of the tactical situation and plans and projects requirements for CSC support when units are pulled back for rest and recuperation.

c. Division Mental Health Staff Activities. Mental health sections will coordinate their activities with the division psychiatrist. The division psychiatrist synchronizes mental health/CSC activities for the division's prevention, training, and treatment responsibilities. Behavioral science officers using their multidisciplinary mental health professional expertise will—

- Supervise and train the mental health specialists.
- Provide mental health/CSC staff input to the commands within the division AO.
- Guarantee clinical evaluation and supervision of treatment for all NP and problematic BF cases before they leave the division.
- Maintain communications and unity of efforts for the division and brigades.
- Provide points of contact to integrate reinforcing CSC teams throughout the division.

(1) *Psychiatrist.* The division psychiatrist (MAJ, MC, AOC 60W00) is the officer responsible for overseeing the division mental health program. 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—
 - The personnel reliability program.
 - Security clearances.

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- Alcohol and drug abuse prevention and control programs.
- 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, physicians 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) *Behavioral science officer.* A behavioral science officer (CPT, AOC 67D00) is assigned to the mental health section of each FSMC. He serves as brigade behavioral science officer for the supported brigade and the BSA. The behavioral science officer participates in staff planning to represent and coordinate mental health/CSC activities throughout the brigade. The behavioral science officer is 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.

The behavioral science officer provides 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. He coordinates training and support to the brigade through the FSMC commander and division psychiatrist. He collects and records social and psychological data and counsels personnel with personal, behavioral, or psychological problems. The general duties of the behavioral science officer 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 the soldier's RTD potential.

NOTE

Behavioral science officer positions, AOC 67D00, may be filled by a clinical psychologist, AOC 73B67, or a social work officer, AOC 73A67.

(3) *Clinical psychologist.* The clinical psychologist (CPT, MS, AOC 73B67) assists in the development, management, and supervision of the division's mental health (combat mental fitness) program. His specialty 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 and psychiatric and organic mental disorders, and to screen misconduct stress behaviors and unsuitable soldiers.

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- Apprising unit leaders, primary care physicians, and other clinical personnel regarding the assessment of individual and unit mental health fitness programs.
- Providing consultation for unit commanders and CSC/mental health personnel working at the brigade level regarding problem cases.
- Counseling and providing therapy or referral for soldiers with psychological problems.
- Serving as the brigade mental health officer for one maneuver brigade (normally teamed with a behavioral science NCO).

(4) *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 RTD of recovered stress casualties 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 disorders and psychological problems.
- Serving as brigade behavioral science officer for one maneuver brigade as a member of the mental health section of the FSMC.

(5) *Senior mental health noncommissioned officer.* The mental health NCO (E-7, MOS 91X40) is located with the division psychiatrist in the DSA. This senior NCO assists the division psychiatrist with the accomplishment of his duties. He is the CSC coordinator for the DSA. His specific duties include—

- Keeping the division psychiatrist informed on the status of the mental health sections and on the mental fitness of soldiers supported in the DSA.
- Monitoring, facilitating, and coordinating training activities of the division mental health personnel.
- Monitoring and coordinating situation reports from division mental health sections.
- Coordinating with the supporting CSC medical detachment for additional mental health support, as required.
- Supervising restoration of BF casualties in the DSA.
- Conducting classes on selected mental health topics for senior NCOs within the division.

(6) *Mental health specialist.* The mental health specialist (E-4, MOS 91X10) is assigned to the mental health section of each FSMC. He works under the supervision of the behavioral science officer. The mental health specialist assists the behavioral science officer with the accomplishment of his duties. The mental health specialist is the CSC coordinator for the supported maneuver brigade and the BSA. His specific duties include—

- Keeping the behavioral science officer informed on the status and mental fitness of soldiers in the supported brigade and in the BSA.
- Assisting the behavioral science officer with facilitating and coordinating training activities of the ASMB mental health personnel.

E-6. Area Support Medical Battalion Mental Health Sections

The ASMB's mental health sections are the medical elements with primary responsibility for assisting units in the corps support area to control combat stress. As in the division, 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. Also, the prevention of post-traumatic stress disorders is an important objective in both division and corps CSC programs. Under the direction of the ASMB psychiatrist, the mental health sections provide mental health/CSC services throughout the ASMB's AO. The battalion mental health sections are assigned to the headquarters and headquarters detachment of the ASMB. Also, each ASMC has a mental health section. The battalion psychiatrist has staff responsibility for establishing policy and guidance for the prevention, diagnosis, and management of NP, BF, and misconduct stress behavior cases seen by ASMB physicians and the mental health sections. He also has technical responsibility for the psychological aspect of surety programs. He provides and oversees mental health and stress control training for unit leaders and their staffs, chaplains, medical personnel, and troops. Through the battalion and company mental health sections, the battalion psychiatrist monitors morale, cohesion, and mental fitness of supported units. He has

technical control over all mental health personnel assigned to the ASMB and provides guidance as required for the successful accomplishment of their responsibilities. These responsibilities 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 or mental disorders.
- Providing selective short-term restoration for HOLD category BF cases.
- Coordinating support activities with the medical company and detachment and CSC elements, when attached or in support of the ASMB.

a. Mental Health Support. The ASMB S3 and battalion mental health sections monitor and prioritize mental health support missions in coordination with the MEDCOM/brigade headquarters.

b. Battalion Mental Health Section Staff. The ASMB mental health section is staffed as shown in Figure E-1. The dispersion of multidisciplinary mental health professionals throughout the battalion ensures that expertise is present to—

- Train and supervise the mental health specialists.
- Provide staff input to supported commands.
- Provide clinical evaluation and appropriate treatment or referral for all NP and problematic BF cases.
- Provide a mental health professional for interface with supported brigades, groups, and corps resources.
- Provide rapid assistance with critical incident/events debriefing for the ASMB's area of responsibility.

MENTAL HEALTH SECTION STAFF

Psychiatrist (MAJ, AOC 60W00)
Mental Health Specialist (E-4, MOS 91X10)
Mental Health Specialist (E-3, MOS 91X10)

Figure E-1. Area support medical battalion mental health section.

(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 battalion's area CHS plan.
- Coordinating and 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.
- Training and mentoring ASMC medical and mental health personnel in neurological and mental status examinations and differential diagnosis of stress and psychiatric disorders from general medical/surgical conditions.
- 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.
- Coordinating with the supporting CSC medical detachment for additional mental health support as required.

(2) *Mental health specialists.* The mental health specialists (E-4 and E-3, MOS 91X10) are located with the ASMB psychiatrist at the ASMB headquarters. These mental health specialists assist the ASMB psychiatrist with the accomplishment of his duties. They may perform as CSC coordinators for selected units in the corps support area. Their specific duties include—

- Keeping the ASMB psychiatrist informed on the status of the mental health sections and on the mental fitness of soldiers supported in the corps support area.
- Assisting the psychiatrist with facilitating, and coordinating training activities of the ASMB mental health personnel.

- Monitoring and coordinating situation reports from ASMC mental health sections.
- Conducting initial screening evaluations of patients.

c. Area Support Medical Company Mental Health Section. Each ASMC mental health staff consists of a behavioral science officer and a mental health specialist (Figure E-2). The mental health specialist assists the behavioral science officer with the accomplishment of his duties. The behavioral science officer participates in staff planning to represent and coordinate mental health/CSC activities throughout the AO. The behavioral science officer and mental health specialist are especially concerned with assisting and training—

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

**AREA SUPPORT MEDICAL COMPANY
MENTAL HEALTH SECTION STAFF**

Behavioral Science Officer (CPT, AOC 67D00)
Mental Health Specialist (E-3, MOS 91X10)

Figure E-2. Area support medical company mental health section.

The ASMC mental health section provides 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. It coordinates CSC training for supported units through the ASMC commander and battalion psychiatrist, as required. The section collects and records social and psychological data and counsels personnel with personal, behavioral, or psychological problems. General duties for personnel assigned to this section include—

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

- Referring soldiers to specific hospital NP services or CSC unit facilities, physicians, or agencies when indicated.
- Conducting or facilitating 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 AO.
- 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 the soldier's RTD potential.

The company mental health section uses the ASMC clearing station as the center for its operations but is mobile throughout the AO. The section's priority functions are to promote positive stress behaviors, prevent unnecessary evacuations, and coordinate RTD, not to treat cases. Through the ASMC commander, the section keeps abreast of the tactical situation and plans and projects requirements for CSC support when units are pulled back for rest and recuperation.

E-7. Mental Health Personnel in the Armored Cavalry Regiments and Separate Brigades

In the ACRs, active components, and National Guard-enhanced separate brigades, both light and heavy, mental health personnel are assigned to the medical company, separate brigade. A behavioral science officer and a mental health specialist are assigned to the mental health section of each FSMC. They serve as the behavioral science officer and CSC coordinator for the brigade and the BSA. Their duties and responsibilities are the same as described for the division FSMC mental health section described above. They receive technical supervision from the division psychiatrist, when attached to a division, or from the ASMB psychiatrist in their units' AO in the corps and echelons above corps.

Section III. COMBAT STRESS CONTROL COMPANY

E-8. Medical Company, Combat Stress Control (TOE 08467A000)

The CSC medical company is employed in the corps and echelons above corps. The basis of allocation is one CSC medical company per corps or theater. The CSC medical company is task-organized, METT-T

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dependent for stability operations and support operations. Medical company, CSC, TOE 08467A000 replaces Medical Company, CSC, TOE 08467L000.

a. Mission. A CSC medical company provides comprehensive preventive and treatment services to a corps and echelons above corps during war. It provides this support to all services on an area support basis. The CSC medical company provides direct support to separate maneuver brigades or CS brigades, as needed. It reinforces or reconstitutes other CSC assets in the corps or divisions as needed. The CSC medical company provides CSC/mental health services to indigenous populations as directed in stability operations or support operations, to include domestic support operations, humanitarian assistance, disaster relief, and peace support operations. The comprehensive support provided by the CSC medical company entails all of the six CSC functional mission areas. The CSC functional missions areas are discussed in Chapter 1.

b. Capabilities. At TOE Level 1, the CSC medical company provides—

- Advice, planning, and coordination for CSC to commanders.
- Combat stress control reconstitution support for units up to division size.
- Preventive and CSC fitness teams (4 to 10 personnel) for consultation, treatment services, and reconstitution support for up to battalion-sized organizations.
- Restoration or reconditioning programs for up to 50 soldiers per CSC fitness team on an area basis.
- Deployment of CSC elements to forward areas for support of contingency operations.

c. Assignment. The Medical Company, CSC (TOE 08467A000) is assigned to a corps or theater MEDCOM. Elements of this TOE may be further attached to a corps medical brigade or to an ASMB.

d. Organization. The CSC medical company is organized into a headquarters section, a preventive section, and a CSC fitness section. The company is dependent on appropriate elements of the MEDCOM or medical brigade 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 CSC medical company elements or teams are deployed to division areas, they are dependent on the division medical companies (such as the MSB medical company or the FSB medical company) for patient accounting, transportation, food service, and field service support.

e. Employment. The CSC medical company is employed in all intensities of conflict when a corps with two or more divisions is deployed. Task-organized CSC elements are deployed for division-size combat operations, stability operations and support operations, and other contingency operations which are METT-T dependent.

(1) The CSC preventive and CSC fitness sections together provide all five mental health disciplines. These resources are flexibly task-organized in a variety of combinations to meet the fluid CSC threat at different phases in the operations. Personnel may be quickly cross-attached from one section to another to accommodate the shifting work load and to provide reconstitution support packages.

(2) The CSC preventive and CSC fitness sections both organize into teams. Combat stress control preventive or CSC fitness teams deployed forward of the corps boundaries in support of tactical operations come under operational control of the CHS operations element in the supported units. These teams will also come under technical control of the division or brigade CSC teams.

(3) One or more of the CSC medical company's eight CSC preventive teams may locate at the FSMC when deployed in direct support of separate brigades or ACRs.

(4) One or more of the four (10-person) CSC fitness teams may reinforce ASMCs which are deployed to locations throughout the corps and echelon above corps. These teams provide a basis for CSC prevention and intervention. The teams may conduct restoration programs at the ASMCs, as required. These teams may also be deployed forward to provide temporary augmentation/reinforcement, as required.

(5) Based on work load, one or more of the four CSC fitness teams, plus one or more CSC preventive teams, locate with a echelon above corps hospital where they conduct Level 4 CSC reconditioning programs, as required. A hospital located in the corps rear or the COMMZ is the best location to conduct the theater CSC reconditioning program. When deployed with a hospital, these teams provide mobile consultation in the vicinity of the hospital. These teams are also prepared to restrict reconditioning programs and deploy forward in support of higher priority missions on very short notice. These teams can also augment hospital NP services by staffing a temporary NP ward.

(6) The CSC medical company is divisible into four functionally emulative increments for split-based operations, stability operations and support operations, as assigned.

(7) Nonstandard task elements for specific missions can be organized using any combination of the CSC preventive section and CSC fitness section personnel to meet specific mental health needs. For stability operations and support operations, the minimum is an officer/NCO team to supplement a brigade CSC team or a CSC preventive module/team of two officers, one NCO, and one enlisted. These modules may be augmented with personnel from the CSC fitness section to add additional specialty expertise.

E-9. Headquarters Section

The headquarters section provides 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 CSC medical company elements normally deploy with limited maintenance capability. 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 includes a—

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- Company commander.
- Chaplain.
- Medical operations officer.
- First sergeant.
- Mental health NCO.
- Supply sergeant.
- Patient administrative NCO.
- Nuclear, biological, and chemical NCO.
- Decontamination specialist.
- Personnel administrative specialist/unit clerk.
- Administrative specialist.
- Unit supply specialist/armorer.
- Patient administrative specialist.
- Light-wheeled vehicle mechanic.
- Power generation equipment repairman.
- Cook.

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

a. Company Commander. The company commander, a psychiatrist or other clinical officer (LTC, MC/MS/AN/SP, AOC 60W00/73A67/73B67/66CTT/65A00) performs normal C2 and supervisory functions. 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 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, 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, with hospital chaplains, and with staff chaplains at each headquarters level. The chaplain usually accompanies the CSC medical company 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 other chaplains and CSC personnel in preventing 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.

c. 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.
- Planning and scheduling unit training activities.
- Coordinating movement orders and logistical support for deployed company elements.

d. First Sergeant. The first sergeant (E8, MOS 91B5M) serves as the principal enlisted assistant to the company commander. He manages the administrative activities of the CP. He supervises the company activities of the unit clerk and maintains liaison between the commander and assigned NCO. 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. Mental Health Noncommissioned Officer. The mental health NCO (E7, MOS 91X40) assists the commander and chaplain as required. He performs surveys and collects information on stress and stressors in supported units. He also checks the status of recovered stress casualties.

f. Supply Sergeant. The supply sergeant (E-6, MOS 92Y30) requests, receives, stores, safeguards, and issues general supplies. He determines methods of obtaining relief from responsibility for

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lost, damaged, and destroyed supply items. He maintains the company supply records, supervises unit supply operations, and maintains accountability for all equipment organic to the company.

g. Patient Administration Noncommissioned Officer. The patient administration NCO (E-5, MOS 71G20) 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 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.

h. Nuclear, Biological, and Chemical Noncommissioned Officer. The NBC NCO (E-5, MOS 54B20) coordinates NBC defense operations for the company. He supervises the training that pertains to procedures and techniques of NBC defense. The NBC NCO predicts the effects of weather and terrain on chemical operations. His responsibilities also include preparing predictions on nuclear fallout and on NBC downwind hazards. He prepares and evaluates NBC reports and computes expected radiation effects affecting personnel, equipment, and operations. This NBC NCO is the technical advisor to the unit commander on matters pertaining to NBC functions. He provides expertise and training in the operation and maintenance of NBC equipment. He supervises decontamination of unit equipment, supplies, and personnel (not patients). At a time of heavy caseloads (unless the unit is in an active NBC environment), the NBC NCO may serve as a squad leader for up to ten BF casualties in reconditioning or restoration.

i. Decontamination Specialist. The decontamination specialist (E-4, MOS 54B10) assists the NBC NCO with the accomplishment of his duties. The decontamination specialist may serve as squad leader for up to ten BF casualties in reconditioning or restoration.

j. Personnel Administrative Specialist/Unit Clerk. The unit clerk (E4, MOS 75B10) provides and coordinates personnel and administrative support to company personnel and maintains unit administrative records. He advises the commander and coordinates personnel actions for recovering BF casualties or RTD soldiers that require other administrative actions. He prepares and processes recommendations for awards and decorations and arranges for awards ceremony. For complete description of duties, see AR 611-201.

k. Administrative Specialist. The administrative specialist (E-4, MOS 71L10) prepares military and nonmilitary correspondence in draft and final copy. He employs basic principles of English composition and grammar in preparing correspondence. He prepares registered or certified mail for dispatch. He opens, sorts, routes, and delivers incoming correspondence and messages. He prepares suspense control documents and maintains suspense files. The administrative specialist prepares and maintains functional files according to Modern Army Record-keeping System. He receives publications and establishes and maintains the publications library. He requisitions and stocks blank forms.

l. Unit Supply Specialist/Armorer. The unit supply specialist/armorer (E-4, MOS 92Y10) performs duties involving general supply, including inventorying, requisitioning, distribution, and storage. He assists the supply sergeant with the accomplishment of his duties. In addition to general supply duties, the supply specialist maintains the weapons storage area, issues and receives munitions, and performs small arms unit maintenance. He assists the supply sergeant with general supply activities and operates the vehicle assigned to the supply element.

m. Patient Administration Specialist. The patient administration specialist (E-4, MOS 71G10) participates in the in-processing of BF casualties into restoration and reconditioning centers. He is responsible for initiating reports and forms identified in the preceding paragraph. He maintains the Daily Disposition Log. When deployed with a CSC fitness team or task-organized CSC elements, he works with the patient administration section of the medical unit to which the task-organized CSC element or CSC fitness team is attached. Through the patient administration section of the unit they are attached to, they coordinate BF casualty evacuation and transportation requirements. He maintains his assigned vehicles and operates company radios. He coordinates the disposition of BF casualties through supporting unit communications assets. Patient administration specialists deploy with CSC fitness teams or task-organized CSC elements.

n. Light-Wheeled Vehicle Mechanic. The light-wheeled vehicle mechanic (E-4, MOS 63B10) performs organizational maintenance, PMCS, 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 mechanic include—

- Diagnosing malfunctions of light-wheeled vehicles and associated items.
- Troubleshooting engine/equipment problems using TMs, 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.
- Maintaining and requisitioning repair parts as required.
- Initiating and maintaining records on equipment use, operations, history, maintenance, modifications, and calibration.
- Requesting, receiving, recording, and storing parts and tools.

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The light-wheeled vehicle mechanic is also responsible for—

- Providing input for the materiel readiness report.
- Assisting in the scheduling of maintenance and repair services.

NOTE

When the light-wheeled vehicle mechanic deploys, he works with the maintenance section/element of the unit to which the task-organized CSC element is attached.

o. 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 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.

p. Cook. One cook (E3, MOS 92G10) provides food service (tray-pack heating) for the company when it is assembled. More often, he is deployed with a task-organized CSC element and further attached with the food service section of the supported medical unit. He also trains CSC personnel on food tasks which may be used as a part of a CSC restoration or reconditioning program. He may serve as work group leader for BF casualties performing food service tasks as part of the BF casualty's treatment.

E-10. Combat Stress Control Preventive Section

Personnel of this section are task-organized to prevent stress, misconduct, and prevent post-traumatic stress disorders. The CSC preventive section accomplishes this through command consultation, preventive education, critical events/incidences debriefings, staff planning, case evaluation, and triage, and counseling intervention at supported unit. Section personnel also supervise and participate in restoration and

reconditioning programs conducted by Echelon II medical unit and the CSC fitness section. Personnel from this section may be task-organized with personnel of the CSC fitness section into CSC elements for specific missions of the company. This section can divide into eight CSC preventive teams. The section (and team) leader position may be held by any of the officers assigned to the section. The CSC preventive section has six clinical psychologists, eight social work officers, two behavioral science officers, eight mental health NCOs, and eight mental health specialists assigned to the section. This section can divide into eight 4-person CSC 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 CSC 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 CSC 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. Clinical Psychologists. There are six clinical psychologists (MAJ [four], CPT [two], 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.

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b. Social Work Officers. Eight social work officers (MAJ [four], 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 CSC preventive team. When deployed as a member of a CSC preventive team or task-organized CSC element, the social work officers' 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. Behavioral Science Officers. These two positions (CPT, AOC 67D00) are filled by AOC 73A67 or AOC 73B67. These officers perform the duties of their respective AOC and in the technical and tactical operations of the section. The behavioral science officers are responsible for direct supervision of the mental health NCOs and specialists assigned to the section. The behavioral science officers, assisted by the mental health NCOs, conduct the training activities of the section. They monitor and coordinate situation reports, conduct classes on stress control, and provide consultation for leaders of supported units.

d. Mental Health Noncommissioned Officers. There are eight mental health NCOs (E-5, MOS 91X20). Two of these NCOs act as assistant section sergeants and assist the behavioral science officers with the accomplishment of their duties. When deployed as a member of a CSC preventive team or task-organized element, these NCOs assume the position of team NCOIC and assist the team leader with the accomplishment of his duties. Their general duties include—

- Providing consultation and stress control education, especially to NCOs and enlisted personnel.

- 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.
- Conducting or 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.
- Conducting or assisting in critical event debriefings.

e. Mental Health Specialists. There are eight mental health specialists (E-4, MOS 91X10) 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 behavior cases experiencing emotional or social problems.
- Assisting in the evaluation of BF casualties and misconduct stress behaviors.
- Assessing the mental status (level of functioning capacity) of BF casualties and misconduct stress behaviors and their need for professional services.
- Collecting data in unit survey interviews.
- Assisting in critical event debriefings.
- Driving and maintaining team vehicles.

E-11. Combat Stress Control Fitness Section

The CSC fitness section has 4 psychiatrists, 4 OT officers, 4 psychiatric/mental health nurses, 8 OT NCOs, 8 mental health NCOs, and 12 mental health specialists assigned to the section. Personnel of this section are task-organized to provide NP triage, diagnosis, stabilization, and treatment at restoration or reconditioning centers. Section personnel also deploy to provide mobile consultation and reconstitution support to units in the vicinity and to reinforce the CSC preventive teams. Section personnel may be task-organized with members of the CSC preventive section into CSC elements for specific missions. The section personnel can

augment a deployed CSH to staff a temporary NP ward. This section can divide into four CSC fitness teams. Elements of this section are sometimes task-organized with elements of the CSC 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 CSC preventive teams, also deploy routinely to provide preventive consultation and reconstitution support to units in the corps area. They reinforce and may reconstitute CSC medical detachment 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 CSC fitness section as it is for the CSC 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 experience. This same rationale is used in selecting leaders for the task-organized CSC elements and CSC fitness team.

a. Psychiatrists. The psychiatrists (MAJ [two], CPT [two], MC, AOC 60W00) assigned to this section examine patients and provide consultation. These psychiatrists make neuropsychological and medical diagnosis and prescribe and provide treatment. They also direct disposition of patients. The senior psychiatrist assigned to the section 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 CSC preventive team or a task-organized CSC element. When deployed as a member of a CSC preventive team or a task-organized CSC element, the psychiatrists' duties include—

- Establishing and providing CSC support.
- Providing staff consultation to supported units as required. This includes nuclear surety, security clearance, and the alcohol and drug abuse preventive programs.
- 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. Occupational Therapy Officers. Four OT officers (MAJ [two], CPT [two], SP, AOC 65A00) are assigned to the section. They serve as environmental managers using daily living tasks, 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.
- Assessing and advising on ergonomically sound work practices.
- 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.

c. Psychiatric/Mental Health Nurses. The four psychiatric/mental health nurses (MAJ [two], AOC 66C7T, and CPT [two], AOC 66C00, AN) provide specialized care, as required. They provide care 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 specialists (AOC 66C7T), when properly trained, may prescribe 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.

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- 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 recording pertinent case data.
- Conducting nursing reports in accordance with TSOPs to update section members.
- Conducting and supervising unit survey interviews and critical event debriefings.

d. Occupational Therapy Noncommissioned Officers. Eight OT NCOs (E-6 [four], MOS 91L30N3, and E-5 [four], MOS 91L20N3) 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 the 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 interviews and critical event debriefings.
- 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.

e. Mental Health Noncommissioned Officers. A total of eight mental health NCOs (E-6 [four], MOS 91X30, and E-5 [four], MOS 91X20) are assigned to the CSC fitness section. They assist in a wide range of psychological and social services.

(1) The NCOs, E-6, are assigned as team chiefs of the CSC fitness teams. 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 the CSC 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 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.

(2) Four mental health NCOs (E-5) manage and provide supervision for BF casualty care. They deploy with either the CSC fitness teams or the task-organized CSC elements to supervise and function as BF casualty care managers for the restoration and reconditioning centers. Other duties and responsibilities include—

- Assisting the psychiatric nurses with planning and executing the establishment, disestablishment, and movement of the reconditioning center.
- Assisting the psychiatric nurses with conducting restoration and reconditioning center operations and with the administration of medications and supervision of subordinates and BF casualties.
- Providing guidance and training to subordinate mental health specialists and other BF care providers.
- Providing direct supervision for BF casualties (when assigned as their squad leader) and monitoring their progress.

f. Mental Health Specialists. Twelve mental health specialists (E-4 [eight] and E-3 [four], MOS 91X10) provide BF casualty care and intervention, as required. These mental health specialists deploy with either the CSC fitness teams or the task-organized CSC elements. Their duties include—

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- Following the RTD plans for cases placed under their supervision.
- Coordinating with the psychiatric nurses 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.

Section IV. COMBAT STRESS CONTROL DETACHMENT

E-12. Medical Detachment, Combat Stress Control (TOE 08567AA00)

The CSC medical detachment is a 43-person unit composed of a headquarters, a CSC preventive section (composed of a maximum of four CSC preventive teams), and a CSC fitness section (composed of two CSC fitness teams). The modular CSC teams found in the CSC medical detachment are similar to those found in the CSC medical company. The CSC medical detachment 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 support.
- Finance support.
- Legal support.

- Personnel and administrative support.
- Laundry and bath services.
- Clothing exchange for unit personnel and stress casualty caseload.
- Communications and operations information support.

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

- Food service.
- Water distribution.
- Medical treatment.
- Logistical support, including combat health logistics.
- Patient administration (assisted by its own enlisted patient administration specialist, MOS 71G10).
- Unit maintenance for the detachment's communications and power generator equipment and vehicle maintenance (assisted by its own light-wheel vehicle mechanic, MOS 63B10).

a. Mission. The CSC medical detachment provides complete preventive and treatment services in direct support of the division and corps personnel deployed forward. It also provides CSC support on an area basis to all services and indigenous population as directed in stability operations or support operations which include domestic support operations, humanitarian assistance, disaster relief, and peace support operations. As the tactical situation permits, this detachment can provide all six of the CSC functions identified.

b. Assignment. The CSC medical detachment is normally assigned to a corps Medical Brigade (TOE 08432LXX) or a corps MEDCOM (TOE 08611LXX). It may be further attached to a Medical Company, CSC (TOE 08467A000), an ASMB (TOE 08456A000), or a division medical company.

E-13. Detachment Headquarters

The detachment headquarters section provides C2 for the detachment. The headquarters section is responsible for planning, coordinating, and implementing CSC support for supported units. Personnel of the headquarters section provide maintenance, supply and service, and personnel administration support. The detachment headquarters is composed of the following personnel:

- Detachment commander who also works as a treating clinician with the CSC preventive or CSC fitness section.

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- Health service administrative assistant.
- Detachment NCOIC.
- Supply sergeant.
- Patient administration specialist.
- Light-wheel vehicle mechanic.
- Personnel administration specialist/unit clerk.
- Cook.

Detachment officers and NCOs from the CSC preventive team and the CSC fitness 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.
- Supply.

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

a. Detachment Commander. The detachment commander, a psychiatrist or other clinical officer (LTC, MC/MS/AN/SP, AOC 60W00/73A67/73B67/66CTT/65A00) performs normal C2 and supervisory functions, as well as serving as a treating clinician in one of the CSC preventive or CSC fitness 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 teams separately, or task organizes personnel across teams as needed to form task-organized CSC elements. He appoints team leaders based on qualifications by experience as well as by AOCs.

b. Health Service Administrative Assistant. The health service administrative assistant, (1LT, MS, AOC 70B67) is the principal assistant to the detachment commander on all matters pertaining to the tactical employment of detachment assets. He is responsible for overseeing operations and administrative, supply, and maintenance activities within the detachment. 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.
- Planning and scheduling unit training activities.
- Coordinating movement orders and logistical support for deployed detachment elements.

c. Detachment Noncommissioned Officer in Charge. The detachment NCOIC (E-7, MOS 91X40) 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 CSC preventive and CSC fitness teams or task-organized CSC elements, the NCOIC normally locates with the CSC fitness team. He supervises the detachment activities of the unit clerk and maintains liaison between the commander and assigned NCOs. He provides guidance to enlisted members of the detachment and represents them to the commander. He plans, coordinates, supervises, and participates in activities pertaining to organization, training, and combat operations for the detachment. He assists the detachment commander in the performance of his duties. The detachment NCOIC also assists the health service administrative officer and performs the duties of an operations NCO.

d. Supply Sergeant. The supply sergeant (E-5, MOS 92Y20) requests, receives, inspects, stores, safeguards, and issues general supplies. He operates unit-level computers. The supply sergeant prepares all unit/organizational supply documents. He maintains the detachment supply records, supervises unit supply operations, and maintains accountability for all equipment organic to the detachment. He maintains and receives small arms and controls weapons and ammunitions in security areas. The supply sergeant is responsible for scheduling and performing preventive- and organizational-level maintenance on weapons. The supply sergeant reviews the Unit Material Condition Status Report and annotates changes. He posts transactions to organizational and installation property books and supporting transaction files. He determines methods of obtaining relief from responsibility for lost, damaged, and destroyed supply items. The supply sergeant is responsible for coordinating all supply activities.

e. Patient Administration Specialist. The patient administration specialist (E-4, MOS 71G10) is responsible for managing patient statistics of all BF casualties seen by the detachment element. His duties are consistent with those identified above (paragraph E-9m).

f. Light-Wheeled Vehicle Mechanic. The light-wheeled vehicle mechanic (E-4, MOS 63B10) performs organizational maintenance. His duties are consistent with those identified above (paragraph E-9n).

NOTE

When the light-wheeled vehicle mechanic deploys, he works with the maintenance section/element of the unit to which the task-organized CSC element is attached.

g. Personnel Administrative Specialist/Unit Clerk. The unit clerk (E4, MOS 75B10) provides and coordinates personnel and administrative support to company personnel and maintains unit administrative records. His duties are consistent with those identified above in paragraph E-9j.

h. Cook. One cook (E3, MOS 92G10) provides food service (tray-pack heating) for the detachment when it is assembled. More often, he is deployed with a task-organized CSC element and further attached for work with the food service section of the supported medical unit. He also trains CSC personnel on food tasks which may be used as a part of their CSC restoration or reconditioning program. He may serve as work group leader for BF casualties performing food service tasks as part of the BF casualty's treatment.

E-14. Preventive Section

This section has four clinical psychologists, four social work officers, four mental health NCOs, and four mental health specialists. This section can divide into four 4-person CSC preventive teams. Three CSC preventive teams are normally allocated, one each, to the supported division's maneuver brigades. The fourth CSC preventive may provide moving support to the aviation brigade, attached brigade-sized units, corps units in the division AO, or an ASMC in the corps area. When applicable, it combines with a CSC fitness team to staff the reconditioning program for the supported division and corps units, usually collocated with a CSH. 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 CSC fitness team to form task-organized CSC elements for special CSC operations. The CSC preventive section's responsibilities include—

- Preventing stress, misconduct stress behaviors, and post-traumatic casualties by providing—
 - Command consultation.
 - Stress prevention education.
 - Debriefings (critical events and after action).
 - Staff planning.
 - Case evaluation and triage.
 - Counseling intervention at supported units.

- Preventive consultation support to leaders, chaplains, and medical personnel.
- 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.
- Deploying to units to provide reconstitution support.

a. Clinical Psychologists. There are four clinical psychologists (MAJ [two], CPT [two], 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.

b. Social Work Officers. Four social work officers (MAJ [two], CPT [two], MS, AOC 73A67) are assigned to this section. These social work officers provide proactive consultation and evaluate psychosocial functioning and mission context of the supported units. They give individual and group counseling and debriefings, supervise restoration/reconditioning, and coordinate RTD of recovered cases. They provide staff advice and coordinate social services agency support. As a member of a CSC preventive team or other CSC element, in addition to those duties identified above (paragraph E-10*b*), the social work officers' duties include—

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

c. Mental Health Noncommissioned Officers. There are four mental health NCOs (E-5, MOS 91X20). One of these NCOs acts as the section sergeant and the other three NCOs act as assistant section sergeants and assist the section sergeant with his duties. Their duties are consistent with those identified

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above (paragraph E-10*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. As stated above, the senior mental health NCO (E-5) also performs as the preventive section sergeant. His duties are the same as those previously identified above (paragraph E-11*e*).

d. Mental Health Specialists. There are four mental health specialists (E-4, MOS 91X20) assigned to the section. These specialists perform those duties previously identified above (paragraph E-10*e*). In addition to their duties, they operate and maintain assigned vehicles.

E-15. Combat Stress Control Fitness Section

This section has two psychiatrists, two OT officers, two psychiatric/mental health nurses, four OT NCOs, four mental health NCOs, and six mental health specialists. The detachment NCOIC (E-7, MOS 91X40) is located with the CSC fitness section and serves as the senior mental health NCO. The section can divide into two CSC fitness teams. One team usually collocates with the supported division's MSMC to provide mobile CSC support to the DSA and conduct restoration programs, as required. The second CSC fitness team augments area support to corps units in the division AO and in forward areas of the corps. It can conduct the corps-level reconditioning program for the supported division and corps units and usually collocates with a CSH. The CSC fitness team provides staff and equipment for operating a restoration or reconditioning center. Personnel of this section are task-organized to provide NP triage, diagnosis, stabilization, and treatment at a restoration or reconditioning center. Section personnel also deploy to provide mobile consultation and reconstitution support to units in the vicinity and to reinforce the CSC preventive teams of the detachment. Section personnel may be task-organized with members of the CSC preventive section into CSC elements for specific missions. The section personnel can augment a deployed hospital to staff a temporary NP ward. The section (and team) leader's position may be held by any of the officers assigned to the section. The commander will base his selection on experience as well as specialty and grade. The commander, because of his other duties, normally appoints one of the officers assigned to the section as the section leader.

a. Psychiatrists. The psychiatrists (LTC [one], MAJ [one], MC, AOC 60W00) assigned to this section examine patients and provide consultation. These psychiatrists make neuropsychological and medical diagnosis and prescribe and provide treatment. They also direct disposition of patients. The senior psychiatrist 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 CSC fitness team or a task-organized CSC element. When employed as a member of a CSC fitness team or a task-organized CSC element, the psychiatrists' duties include—

- Establishing and providing CSC support.
- Providing staff consultation to supported units as required. This includes nuclear surety, security clearance, and alcohol and drug abuse preventive programs.
- 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. Occupational Therapy Officers. The OT officers (MAJ [one] and CPT [one], SP, AOC 65A00) perform those duties previously identified above (paragraph E-11*b*).

c. Psychiatric/Mental Health Nurses. The psychiatric/mental health nurses (MAJ [one] and CPT [one], AN, AOC 66C00) provide specialized nursing care and management of BF casualties. The position should be filled by clinical nurse specialists (AOC 66C7T). The duties of the psychiatric/mental health nurses are consistent with those previously identified above (paragraph E-11*c*).

d. Senior Mental Health Noncommissioned Officer. The senior mental health NCO (E-7, MOS 91X40) is also the detachment NCOIC. He assists the CSC fitness section leader with the accomplishment of his duties. He provides assistance with the management of technical and tactical operations of the section. His specific duties include—

- Keeping the section leader informed.

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

- Monitoring and coordinating situation reports from deployed CSC preventive teams.

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

e. Occupational Therapy Noncommissioned Officers. Four OT NCOs (E-6 [two], MOS 91L30N3, and E-5 [two], MOS 91L20N3) are assigned to the section. The OT NCOs deploy with either CSC fitness teams or task-organized CSC elements. Their duties are consistent with those listed above (paragraph E-11*d*).

f. Mental Health Noncommissioned Officers. A total of four mental health NCOs (E-6 [two], MOS 91X30, and E-5 [two], MOS 91X20) are assigned to CSC fitness section. They assist in a wide range of psychological and social services.

(1) The NCOs, E-6, are assigned as team chiefs of the CSC fitness teams. A team chief deploys with each CSC fitness team to supervise and function as the BF casualty care manager for a restoration center. The team chief assists with establishment, disestablishment, and movement of the team.

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He also assists with conducting restoration and reconditioning center operations. The team chief may provide direct supervision for up to 12 BF casualties when assigned as their squad leader. The team chief may be deployed temporarily to reinforce a CSC preventive team. The responsibilities of the team chief 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 CSC 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.

(2) The two mental health NCOs (E-5) manage and provide supervision for BF casualty care. They deploy with either CSC fitness teams or task-organized CSC elements to supervise and function as BF casualty care managers for the restoration and reconditioning centers. Other duties and responsibilities include—

- Assisting the psychiatric nurses with planning and executing the establishment, disestablishment, and movement of the reconditioning center.
- Assisting the psychiatric nurses with conducting restoration and reconditioning center operations and with the administration of medications and supervision of subordinates and BF casualties.
- Providing guidance and training to subordinate mental health specialists and other BF care providers.
- Providing direct supervision for BF (when assigned as their squad leader) casualties and monitoring their progress.

g. Mental Health Specialists. Six mental health specialists (E-4 [four] and E-3 [two], MOS 91X10) provide BF casualty care and intervention, as required. These mental health specialists deploy with either the CSC fitness teams or task-organized CSC elements. In addition to their duties, they operate and maintain their assigned vehicle. Duties for the mental health specialist include—

- Following the RTD plans for cases placed under their supervision.
- Coordinating with the psychiatric nurses 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.