

## APPENDIX F

## COMBAT STRESS CONTROL AND RELIGIOUS SUPPORT

Stress is a reality of combat, and soldiers must deal with it to succeed. Stress is the response of the mind and body to danger. Elimination of stress is both impossible and undesirable. The aim of war is to impose as much stress as possible on the enemy so that they will lose the will to fight. Armies accept severe stress in order to inflict greater stress on the enemy. To win, armies must control combat stress.

Controlled combat stress gives soldiers the necessary alertness, strength, and endurance to accomplish their mission. It elicits loyalty, selflessness, and heroism. Uncontrolled combat stress, on the other hand, can cause behavior that interferes with the unit mission. It can lead to disaster and defeat.

The word *control* in the phrase “controlled combat stress” is used deliberately to focus thinking and action within the Army. Since the word may have contrasting connotations, it is important to make its meaning clear. *Control* is used (rather than the word *management*) to emphasize the active steps which leaders, supporting personnel, and individual soldiers must take to keep stress within an acceptable range.

### RELIGIOUS SUPPORT AND COMBAT STRESS CONTROL

The unit ministry team is the commander’s most accessible resource for controlling combat stress. The UMT provides immediate support to leaders by performing battle fatigue prevention, identification, and intervention. It

also assists in training leaders and other soldiers to recognize battle fatigue symptoms.

### Relationships

The UMT is organic to the unit, and its presence with soldiers promotes trust. From this position of trust, UMTs prepare soldiers for the stress of battle and respond to those experiencing combat stress and battle fatigue.

### Reduction of the Negative Effects of Combat Stress

Before and during deployment, the UMT prepares soldiers to manage combat stress with spiritual fitness training. This training helps soldiers to build spiritual strength and enables them to draw upon faith and hope during intensive combat. When soldiers are prepared physically, emotionally, and most importantly, spiritually, the negative effects of combat stress are reduced.

## Spiritual Values

For many American soldiers, inner resources and strength are based on religious and spiritual realities. In combat, soldiers often experience an increase in religious beliefs. When religious and spiritual realities are challenged by the chaos of combat, soldiers may lose touch with the inner resources which sustain them. The soldiers then become more vulnerable to fear, despair, and hopelessness. This vulnerability relates directly to becoming a battle fatigue casualty and to acts of misconduct. (See Figure F-1.)

## Religious Support

UMTs provide the following religious support and care to soldiers experiencing battle fatigue and other negative reactions to combat stress.

**Preventive Religious Support.** The UMT assists in preventing battle fatigue and misconduct stress behaviors through spiritual fitness training. Its presence with soldiers when the unit trains and when it deploys is vitally important. It can be a stabilizing influence on soldiers, and it can help soldiers strengthen or regain values. The UMT helps prevent battle fatigue and misconduct by providing the following:

- Opportunities for worship.
- Opportunities for private and group prayer.
- Religious literature and materials.
- Scripture readings with soldiers.
- Sacraments and ordinances as METT-T allows.
- Opportunities for soldiers to work through frustration, fear, anxiety, and anger.

- Visit to soldiers in work and living areas.
- Assistance to soldiers and families prior to deployment emphasizing family strengths.

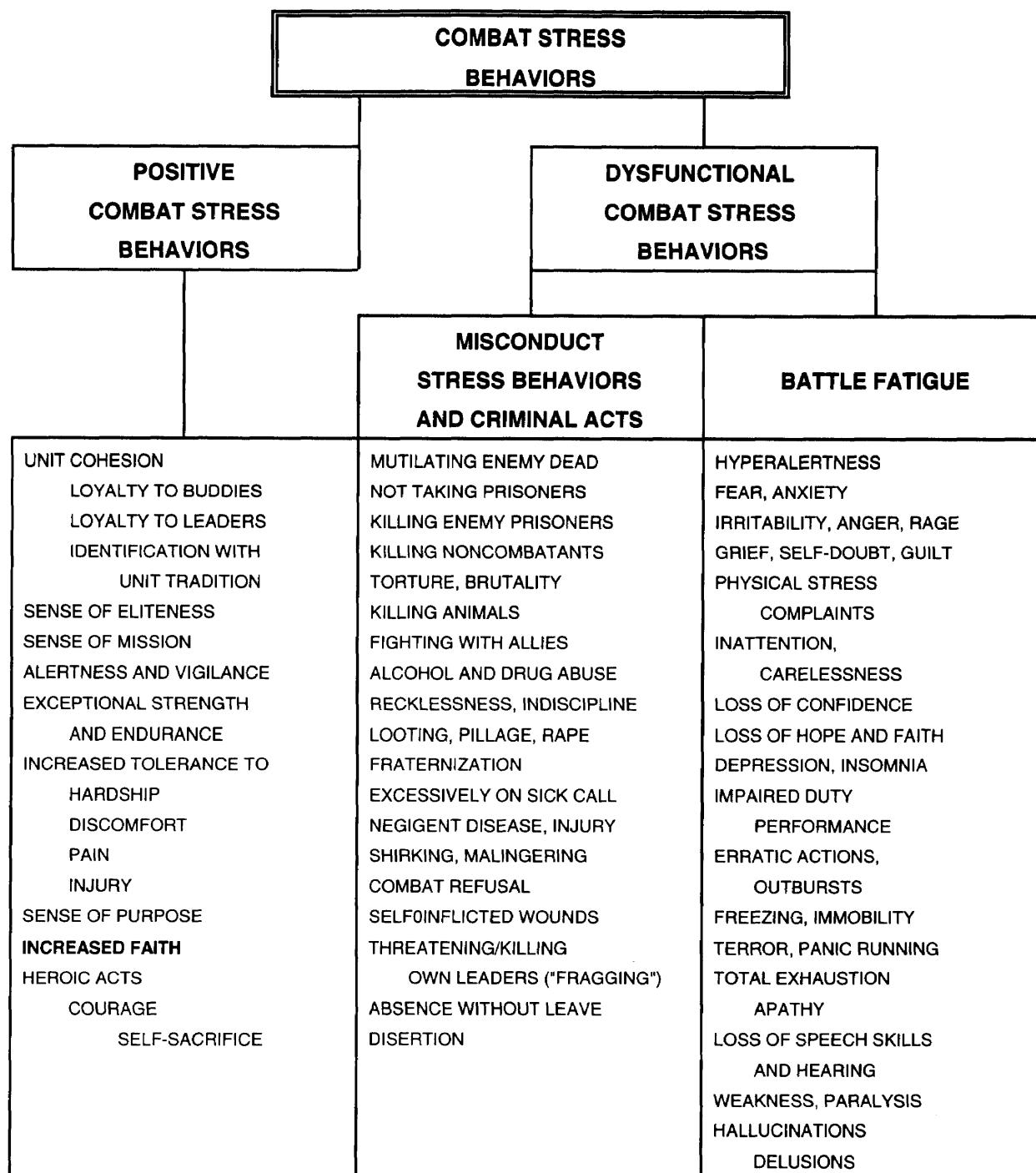
**Immediate Religious Support.** The UMT assists commanders in the identification of soldiers experiencing negative reactions to combat stress: battle fatigue and misconduct. The team works closely with the unit's leaders and medical personnel to care for these battle fatigue casualties. It gives religious support and comfort to restore the soldier's spiritual fitness. This may include the following:

- Presence with the soldier.
- Conversation with opportunities to share fears, hopes, and other feelings, and to experience forgiveness.
- Prayer with the soldier.
- Prayer for fallen comrades.
- Rites, sacraments, and ordinances, as appropriate.
- Reading from scriptures.

**Restorative Religious Support.** Following an operation, a unit may require reconstitution. Surviving soldiers may need to rebuild emotional, psychological, and spiritual strength. Depending upon the mental and physical condition of the soldiers, the UMT may need to be augmented by UMTs from higher echelons or other units. Restorative religious support may include the following:

- Worship, sacraments, rites, and ordinances.
- Memorial services or ceremonies.
- Providing religious literature and material.
- Facilitating grief through personal counseling.

- Reinforcing the soldiers' faith and hope.
- Opportunities for soldiers to talk about combat experiences and to integrate those experiences into their lives. (See Appendix F-1, "Critical Event Debriefing.")



## **ANNEX F-1**

# **CRITICAL EVENT DEBRIEFINGS**

## **PURPOSE**

The Critical Event Debriefing (CED) helps small units soon after exceptionally traumatic events to:

- Quickly restore unit cohesion and effectiveness.
- Reduce short-term emotional and physical distress.
- Prevent long-term distress and “burnout.”
- Safeguard future effectiveness, happiness, and unit and family well-being.

## **REQUIREMENT**

Leaders of small units should always conduct an after action review (AAR) when a mission is completed. After an exceptionally distressing mission or event, the leaders of the unit should coordinate a Critical Event Debriefing (CED). Members of the unit ministry team are equipped to conduct these debriefings.

Some situations which may warrant a CED include:

- The death of a unit member.
- The death or suffering of noncombatants (especially of women, children).
- The handling of the dead, the management of carnage, or even the sight of devastation during disasters.
- A friendly fire incident.
- A situation involving a serious error, injustice or atrocity.
- A situation of total helplessness.

The CED is conducted by the UMT. Other teams maybe made up of the following:

- Mental Health/Combat Stress Control officers and enlisted.

## **FM 16-1**

- Physicians, nurses, medics or other medical department personnel.
- Line officers and NCO's with CED training.

### **PERSPECTIVE**

The participants in a CED are *normal* people who have survived an abnormal situation. The CED is neither therapy nor counseling. It is basic and wise preventive maintenance for the human spirit.

### **THE CRITICAL EVENT DEBRIEFING**

#### **WHO**

- A group of 3 to 40 soldiers (maximum of 60).
- A functional organization: crew, team, squad, or platoon.
- Strangers, civilians, family members thrown together in the critical event by chance.
- Normally include only those directly involved in the event.
  - Higher command included only if involved in the event.
  - May include trusted support persons as listeners, such as another chaplain, medic, even if that person wasn't present at the incident. Must be identified as a CED team member.
- No media or outsiders permitted.

#### **WHAT**

- Normally, the team consists of a debriefing leader and an assistant, with one additional assistant for every 10 people in a group of more than 20.

#### **WHEN**

- Most effective when conducted 8 to 72 hours after the event.
- After enough rest and recovery for all to be alert and involved.
- During a lull in the action or after completing an operation.
- Expected duration: 2 to 3 hours.
- Can be a shorter "defusing debriefing," with the expectation of a full CED later when the tactical situation allows.

## **F-1-2**

## WHERE

- An emotionally neutral place, relatively safe from enemy action, distraction, observation.
- A reserve position or assembly area.
- With enough light to see all participants.
- Sheltered from bad weather.

## HOW

### 1. INTRODUCTORY PHASE

*Purpose:* To introduce the UMT and explain the process.

*Chaplain, or Leader,* explains the ground rules:

- No one should repeat any personal information or feelings that others shared during the CED outside the group. (Note: This does not override anyone's legal or moral responsibility to report violations of the UCMJ or the Law of Land Warfare.)
- No notes or recordings will be made.
- No breaks are scheduled, but anyone may leave as needed to return as soon as possible.
- No one is required to speak. (Note: The UMT should note those who keep themselves apart. Check with them afterwards for one-on-one debriefing or other assistance.)
- Each participant speaks for self, and not for others.
- Everyone is equal during a CED. All ranks speak frankly, with proper courtesy, without fear of reprisal.
- The CED is not an AAR, but a discussion to clarify what happened and to restore well-being.
- Fact-finding, not fault-finding, but "facts" include the participants' personal reactions to the event. The unit can conduct an AAR for lessons-learned later.
- The UMT is available after the debriefing.

### 2. FACT PHASE

*Purpose:* To reconstruct the event in detail, in chronological order, as an unbroken "historical time line," viewed from all sides and perspectives.

*Chaplain* encourages participants to start their stories before the critical event occurred and to work up to the event(s).

*Participants*

- The first person involved in the critical event is asked to tell how it started - what his role

(duty position) was, and what he saw, heard, smelled, and did - step by step.

- ▶ Other participants are drawn in as the first person's story reaches them. The chaplain asks other participants to tell their observations and actions in detail.
- ▶ The chaplain encourages participation. Everyone is asked, but no one is obliged to speak.
- ▶ If there are disagreements about what happened, the chaplain elicits observations from others which might resolve the differences to clarify the memories.
- ▶ The discussion may proceed to phases 3 and 4 before the event reconstruction is complete. The chaplain should eventually bring the talk back to event reconstruction to fill in gaps in the time-line.

### **3. THOUGHT PHASE**

*Purpose:* To personalize the event and shift the focus.

*Chaplain* leads transition from factual to emotional focus.

*Participants* are asked to share:

- ▶ "What thoughts were in your mind as it started?"
- ▶ "What thoughts went through your mind when you saw, smelled, or did...?"
- ▶ "What was your first thought when it was over?"
- ▶ "What did you think or feel when you came off "automatic" or "autopilot?"

### **4. REACTION PHASE**

*Purpose:* To identify and ventilate feelings (emotions) raised by the event.

*Chaplain* emphasizes that all emotional reactions deserve to be expressed, respected and listened to.

*Participants* are encouraged to share "reactions":

- ▶ "What was the worst thing about the event?"
- ▶ "How did you react when that happened?"
- ▶ "How are you feeling about that now?"

The UMT listens for common themes, feelings, and misperceptions:

- ▶ Feelings of anger at others for not helping.
- ▶ Blaming self or others for things outside of control.
- ▶ Feeling changed, different, worse than everyone else, cut off from others.



- ▶ Feeling guilty for not doing more; for surviving, or for real mistakes.

The chaplain and group confirms the normality and commonality of their thoughts and feelings.

- ▶ It helps to hear that others have had the same reactions.
- ▶ Judicious questioning about the facts restores a fact-based perspective on responsibility and freedom of action.
- ▶ Process can help individuals “reframe” the meaning.

## 5. SYMPTOM PHASE

*Purpose:* To normalize personal physical stress responses.

*Chaplain* guides the transition from emotional to factual focus, legitimizing participant’s physical symptoms and behavioral reactions.

*Participants* are asked to describe how they reacted physically before, during and after the event.

- ▶ Common symptoms include gastro-intestinal distress, frequent urination, loss of bowel and bladder control, loss of sexual interest, heart pounding, shortness of breath, muscle, back, neck and head ache, trembling, jumpiness and startle reactions.
- ▶ Insomnia, bad dreams, intrusive memories, trouble concentrating, remembering details, and irritability are also symptoms.

Participants are reassured to find that other group members have the same symptoms and often find some humor in this sharing.

## 6. TEACHING PHASE

*Purpose:* To reassure by teaching the participants that feelings and stress symptoms are normal reactions to abnormal conditions. These symptoms may last a while, but can be expected to resolve normally in time.

*Chaplain* summarizes the thoughts, feelings, and symptoms expressed by the group; reemphasizes normality; and reduces feelings of uniqueness, weakness, or injury.

The UMT may need to give additional training in stress management, coping strategies, grief process, and anger management.

Chaplains should not predict or glamorize long-term disability. If distress should continue too long or recur at some time in the future, however, soldiers should seek out a suitable person to talk with.

## 7. REENTRY PHASE

*Purpose:* Complete and close the debriefing.

*Chaplain* gives final invitation for comments and makes a summary statement.

The UMT distributes a list of POCs for follow up.

The chaplain helps the group define some self-support activities:

- ▶ Write collectively to family of the dead.
- ▶ Plan memorial ceremonies or services with the chaplain.
- ▶ Capture lessons learned.

It is important to have the UMT available for one-on-one conversations with individual participants who want to talk about things too sensitive to share in the group. The UMT must seek out those who showed (or hid) the signs of excessive stress in the group,

### FOLLOW-UP

- Some individuals may need follow-up help.
- Some groups may want a second session. Note: Don't encourage follow-up just to fill the UMT's need to be needed. It is important to say "good-bye" and leave.
- There may be a need for a consolidated debriefing with other groups who were involved in the event.
  - ▶ Sister units?
  - ▶ Higher HQ?
  - ▶ Source of friendly fire?