

# Training and Evaluation Outline Report

Status: Approved

25 May 2022

Effective Date: 25 May 2022

Task Number: 08-BDE-1815

Task Title: Manage Combat and Operational Stress Control

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**Destruction Notice:** None

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## Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary	Source Information
	ATP 3-34.5	Environmental Considerations	Yes	No	
	ATP 3-94.4	Reconstitution Operations	Yes	No	
	ATP 4-02.55	ARMY HEALTH SYSTEM SUPPORT PLANNING	Yes	No	
	ATP 4-02.8	Force Health Protection	Yes	Yes	
	ATP 5-19	Risk Management	Yes	No	
	ATP 6-22.5	A LEADERS GUIDE TO SOLDIER HEALTH AND FITNESS	Yes	No	
	FM 4-02	ARMY HEALTH SYSTEM	Yes	No	

**Conditions:** The medical brigade (MEDBDE) support (SPT) receives an operation order (OPORD) from higher headquarters (HQ) to manage combat and operational stress control (COSC) in support of the higher HQ OPORD, directives, and mission operations in the directed area of operations (AO). The commander issues planning, preparation, and execution guidance as required and as situations change. The element has primary access to main supply routes, approved external sustainment support, and is accessible to all supported and supporting customers/units in the AO. Continuous voice, data, full motion video communications capabilities (if required and authorized in accordance with (IAW) OPORD), tactical radios, data networks, command and control (C2) information systems, and other medical network capabilities are established and operational. The required Army, joint, and host nation applicable regulations, approved internal and external standard operating procedures (SOPs), technical manuals (TMs), Army techniques publications (ATPs), and field manuals (FMs, and Army Health System/force health protection (AHS/FHP) plans are on-hand as reference material. The element has been provided guidance on rules of engagement for this mission and are continuously receiving updates as situations and mission requirements change. All operational environments and operational variable of political, military, economic, social, information, infrastructure, physical environment, time (PMESII-PT) should be replicated in varying degrees under day and night conditions to standard as outlined in the training evaluation matrix of this task. Mission, enemy, terrain and weather, troops and support available-time available and civil considerations (METT-TC) identified constraints must be considered. The element is not likely to be attacked with hostile enemy fire or chemical agents. All authorized equipment is on hand and operational. All personnel are available to provide support during all day and night operations. Specified time constraints are identified in the OPORD. The element has adequate resources and time to prepare. Unit leaders are present in the AO to provide further guidance as necessary.

NOTE: The condition statement for this task is written assuming the highest training conditions reflected on the task proficiency matrix required for the evaluated unit to receive a trained (T) rating. Not all sub-steps of this task are applicable to every situation. Therefore, the evaluating HQ commander will determine prior to evaluation which steps are designated "N/A" in advance of conducting the evaluation.

NOTE: Training begins with the execution of pre-combat checks and inspections. Training ends when designated training objectives for the particular training events or exercises are performed IAW training & evaluation outline (T&EO) and to Army standard. Unit leadership should conduct an after action report (AAR) to determine future training requirements for the unit and provide feedback to the proponent.

Task Evaluation Criteria Matrix Operational Environment (OE) Definitions:

Static: a static training environment has aspects of operational variables needed to stimulate mission variables that are fixed throughout the unit's execution of the task.

Dynamic: a dynamic training environment has operational variables and threat tactics, techniques, and procedures (TTP) for assigned countertasks that

change in response to the execution of friendly force tasks.

**Complex:** a complex training environment requires a minimum of four-terrain, time, military (threat), and social (population) or more operational variables ; brigade and higher units require all eight operational variables to be replicated in varying degrees based on the task being trained.

**Single threat:** a single threat in a training environment is a conventional force, irregular force, criminal element, or terrorist force.

**Hybrid threat:** a hybrid threat in a training environment uses diverse and dynamic combination of conventional forces, irregular forces, terrorist forces, and criminal elements unified to achieve mutually benefitting effects.

**Live Training Environment:** Training executed in field conditions using tactical equipment (involves real people operating real systems).

**Virtual Training Environment:** Training executed using computer-generated battlefields in simulators with the approximate characteristics of tactical weapon systems and vehicles. Units use virtual training to exercise motor control, decision-making, and communication skills.

**Constructive Training Environment:** Uses computer models and simulations to exercise command and staff functions. It involves simulated operating simulated systems.

Some iterations of this task should be performed in MOPP 4.

**Standards:** The MEDBDE (SPT) manage COSC with the use of all available equipment and personnel within the specified time constraints in the mission OPORD and IAW ATP 4-02.8/emerging doctrine, approved Army standards identified in the task evaluation criteria matrix and in the task performance steps which are included in this task, commander's guidance, applicable internal and external SOPs, other medical regulations, and specified Army regulations.

**Note:** Leaders may include the commander, executive officer (XO), chief professional services officer, command surgeon, behavioral health officer, behavioral health noncommissioned officer (NCO), staff officers/element leaders, chaplain, unit ministry teams, and others as determined by the commander.

**Live Fire:** No

**Objective Task Evaluation Criteria Matrix:**

Plan and Prepare		Execute					Assess		
Operational Environment	Training Environment (L/V/C)	Leaders Present at Training/Required	Present at Training/Required	External Eval	Performance Measures	Critical Performance Measures	Leader Performance Measures	Evaluator's Observed Task Proficiency Rating	Commander's Assessment
BDE & Above									
Dynamic and Complex (All OE Variables and Hybrid Threat)	Night	Commander or element leader(s) will determine if training will be conducted under live, virtual, or constructive training environmental conditions using corresponding event types in order to facilitate the crawl, walk, run methodology of training progression to support unit training management (UTM) and recommended combined arms training strategy (CATS). All external evaluations (EVALs) must be conducted in a live environment.	>=75%	>=80%	Yes	>=80%	>=85%	T	T
	Dynamic and Complex (All OE Variables and Single Threat)		60-74%	60-79%	No	65-79%	75-84%	T-	T-
Day			Dynamic and Complex (<All OE Variables and Single Threat)	<=59%				<=59%	<=64%
Day	P-				P-				
Dynamic and Complex (<All OE Variables and Single Threat)	Day	<=59%	<=59%	<=64%	<=74%	U	U		

**Remarks:** For questions, concerns, or comments, please contact: [usarmy.jbsa.medical-coe.mbx.collective-training@army.mil](mailto:usarmy.jbsa.medical-coe.mbx.collective-training@army.mil).

**Notes:** Readiness requirement (RR) individual critical task lists are tasks that have been identified by the military occupational specialties (MOS)/areas of concentration (AOC) specific proponent at the Medical Center of Excellence (MEDCoE) as essential for preparing Soldiers for deployment. The RR tasks are a part of the complete MOS/AOC critical performance list, but special emphasis must be put on these tasks to ensure the Soldiers are obtaining the skills crucial to missions that contribute to lethality and readiness.

RR tasks are identified in each MOS/AOC. The task title, the appropriate skill level, frequency of training and training location are also provided. The tasks can be tracked for individual or unit accountability. The RR tasks can be used as an individual or collective training assessment tool for preparing and sustaining Soldier's skills. The RR tasks can be accessed by using the central Army registry (located on the Army training network website).

**Safety Risk:** Low

<b>Task Statements</b>
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**Cue:** The MEDBDE (SPT) receives an OPORD from higher HQ to manage COSC in support of the higher HQ OPORD, directives, and mission operations in the directed AO.

## **DANGER**

Leaders have an inherent responsibility to conduct Risk Management to ensure the safety of all Soldiers and promote mission accomplishment.

## **WARNING**

Risk Management is the Army's primary decision-making process to identify hazards reduce risk, and prevent both accidental and tactical loss. All Soldiers have the responsibility to learn and understand the risks associated with this task.

## **CAUTION**

Identifying hazards and controlling risks across the full spectrum of Army functions, operations, and activities is the responsibility of all Soldiers.

## Performance Steps and Measures

**NOTE:** Assess task proficiency using the task evaluation criteria matrix.

**NOTE:** Asterisks (\*) indicate leader steps; plus signs (+) indicate critical steps.

### STEP/MEASURE

#### Plan

+\* 1. Commander, command section and/or staff/element leaders execute the C2 operations process to plan, prepare, execute, and assess operations to manage COSC.

a. Drive the operations process through the activities of understand, visualize, describe, direct, lead, and assess in accordance with established timelines, the higher commander's intent, orders from higher HQ.

b. Practice the mission command approach to C2.

c. Inform and influence relevant audiences.

+\* 2. Commander and command section plan operations.

a. Task-organize the force and prioritize efforts.

b. Direct, coordinate, and synchronize actions.

c. Anticipate events and adapt to changing circumstances.

d. Assess and control operations/activities.

e. Coordinate with higher, lower, and adjacent units.

f. Conduct network operations.

+\* 3. Clinical operation section leaders develop COSC plans and/or programs to prevent combat and operational stress reactions (COSRs).

+\* 4. Commander, command section and/or staff/element leaders issue an OPORD.

+\* 5. Commander, command section and/or staff/element leaders conduct briefings with subordinates immediately after issuing the OPORD to ensure subordinates understand the commander's intent.

GO	NO-GO	N/A
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#### Prepare

+\* 6. Command section and/or staff/element leaders prepare to manage COSC in AO.

a. Develop, and/or review SOPs and policies.

b. Ensure all supporting units are properly trained in order to fully support the mission.

c. Prepare to operate in areas where traditional behavioral health (BH) support are absent or not fully developed.

d. Prepare to shift BH FHP/HSS resources to meet changing requirements.

e. Participate in the personnel estimating process, and coordinating with other staff sections.

f. Identify critical personnel, supply, and equipment shortages

g. Provide appropriate safety and environmental protection advice to protect personnel and the environment.

h. Conduct rehearsals with assigned attached, and supported units.

i. Brief commander and staff on technical issues, when required.

j. Provide command guidance and instructions to unit staff and subordinate elements.

+\* 7. Prepare to supervise COSC, BH, and neuropsychiatric (NP) care.

+\* 8. Prepare to provide COSC and BH support operation.


#### Execute

+\* 9. Clinical operations section leaders execute operations to manage COSC.

a. Serve as the commander's principle consultant and technical advisor for COSC, BH and NP care.

b. Manage COSC consultation and education services for the MEDBDE, assigned attached and supported units in the AO.

c. Implement COSC plans and/or programs to prevent COSRs IAW surgeon cell and ATP 4-02.8.

d. Coordinate with supported units, subordinate BH teams, and higher HQ to ensure delivery of effective and timely COSC measures for leaders and Soldiers.

e. Implement MEDBDE COSC and BH intervention programs IAW ATP 4-02.8.

f. Manage traumatic events, when required.

g. Manage COSC triage and stabilization services following a potential traumatic event.

h. Monitor BH training and education services.

i. Interface with theater surveillance capabilities of operational public health to address the BH aspects of chemical, biological, radiological, and nuclear (CBRN) exposures and threats.

j. Assist the surgeon cell with establishing MEDBDE policy and guidance for the prevention, diagnosis, treatment, management, and return to duty (RTD) of stress-related casualties.

k. Coordinate COSC support for MEDBDE undergoing reconstitution process, when required, (reconstitution may include include reorganization, assessment, and regeneration).

(1) Remove the unit from combat.

(2) Assist the unit with external assets.

(3) Reestablish the chain of command.


(4) Train the unit for future operations.

(5) Reestablish unit cohesion.

I. Coordinate individual case consultation to the commander, NCOs, chaplains, unit ministry team, command surgeons, chief of professional service officer, and physician assistants (PAs) within the supported AO.

+ 10. Clinical operation section conduct COSC and BH support operations.

a. Identify pertinent information by reviewing orders, MEDBDE directives, and COSC related records and reports.

b. Assist in staff planning to coordinate COSC activities throughout the AO.

c. Forward COSC support plan to higher HQ.

d. Monitor BH data and reports from higher HQ to determine effectiveness of COSC and BH operations.

e. Prepare command reports on COSC and BH operations.

f. Provide COSC and BH input to higher HQ estimates and plans to the higher HQ staff element per commander's guidance.

g. Brief HQ staff elements on BH and COSC operations status.

h. Advise the commander and Deputy Chief of Staff, security, intelligence, and plans and operations officer on employment and task organization of assigned, attached, and subordinate COSC units.

i. Provide locations of COSC units.

j. Calculate total projected workload requirements based on type of operations and tentative locations of support areas.

k. Develop procedures for providing technical advice and assistance.

l. Develop procedures for monitoring BH data and reports from unit elements to determine effectiveness of COSC and BH operations.

m. Develop plans for the employment of COSC units.

n. Coordinate with non-deploying unit to support pre-deployment COSC activities and intervention, when required.

o. Develop COSC and BH plans for deployment, operations, and redeployment per higher HQ guidance and ATP 4-02.8.

p. Perform unit needs assessment during deployment stage.

q. Manage unit needs assessment continuously throughout deployment operations.

r. Coordinate transition management and support during deployment.

s. Consult with the command on activities during redeployment and post-deployment.

t. Coordinate post-deployment COSC activities and intervention.

u. Forward reports to higher HQ professional services officer, and/or surgeon cell.

v. Coordinate COSC training for small-unit leaders, unit ministry teams, staff chaplains, assigned, attached, and subordinate medical element leaders.

w. Coordinate assistance visits with supported, assigned, attached and subordinate units.

x. Provide COSC and BH input to the higher higher HQ for approval or modification.

+ 11. Clinical operations section coordinate FHP/HSS support operations to promote, improve, and conserve the mental and physical well-being of the Soldier.

a. Promote positive combat and operational stress behaviors.

b. Monitor social and psychological data.

c. Monitor diagnosis, treatment, and disposition of Soldiers with NP or behavioral problems.

d. Identify COSRs measures IAW ATP 4-02.8.

e. Conduct COSC assessment of the unit.

+\* 12. Element leaders evaluate operations.

a. Request external evaluations.

b. Monitor the current situation to collect relevant information.

c. Evaluate progress toward attaining end state conditions, achieving objectives, and performing tasks.

d. Improve coordination and synchronization of support plan as situations change or as a result of an AAR.

e. Maintain communications with higher HQ.

f. Modify internal and external SOPs as necessary.

g. Submit the required reports and updates to higher HQ.

**Assess**

+\* 13. Commander assesses training and renders a proficiency assessment (Trained, Practiced, Untrained) based on observed task performance and other feedback.

a. Takes a holistic view of various forms of feedback when assessing training.

b. Records assessment results for future reference.

Table with 3 columns and multiple rows, likely for tracking progress or completion of tasks.

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Task Performance Summary Block										
Training Unit			ITERATION							
			1		2		3		4	
Date of Training per Iteration:										
Day or Night Training:			Day / Night		Day / Night		Day / Night		Day / Night	
			#	%	#	%	#	%	#	%
Total Leaders Authorized		% Leaders Present								
Total Soldiers Authorized		% Soldiers Present								
Total Number of Performance Measures		% Performance Measures 'GO'								
Total Number of Critical Performance Measures		% Critical Performance Measures 'GO'								
Live Fire, Total Number of Critical Performance Measures		% Critical Performance Measures 'GO'								
Total Number of Leader Performance Measures		% Leader Performance Measures 'GO'								
MOPP LEVEL										
Evaluated Rating per Iteration T, T-, P, P-, U										

**Mission(s) supported:** None

**MOPP 4:** Sometimes

**MOPP 4 Statement:** At MOPP4, performance may be limited to minimal-essential actions.

**NVG:** Never

**NVG Statement:** None

**Prerequisite Collective Task(s):** None

**Supporting Collective Task(s):**

Step Number	Task Number	Title	Proponent	Status
1.	71-BDE-5100	Conduct the Operations Process for Command and Control (C2)	71 - Mission Command (Collective)	Approved

**OPFOR Task(s):** None

**Supporting Individual Task(s):**

Step Number	Task Number	Title	Proponent	Status
1.	150-LDR-5028	Establish the Mission Command Approach to Command and Control	150 - Mission Command (Individual)	Approved
1.	150-C2-5200	Conduct Command Post Operations	150 - Mission Command (Individual)	Approved
2.	150-C2-5112	Conduct Mission Analysis	150 - Mission Command (Individual)	Approved
2.	081-60W-2005	Analyze Combat Operational Stress Control Doctrine	081 - Medical (Individual)	Approved
2.	150-C2-5313	Establish the Two Communications Channels (Staff and Technical)	150 - Mission Command (Individual)	Approved
2.	150-MC-5111	Conduct the Military Decision Making Process	150 - Mission Command (Individual)	Approved
2.	150-C2-5134	Establish Liaison	150 - Mission Command (Individual)	Approved
3.	081-000-2656	Prepare a Combat and Operational Stress Control Concept of Support Plan	081 - Medical (Individual)	Approved
3.	150-MC-5321	Distribute Planning Guidance	150 - Mission Command (Individual)	Approved
4.	150-C2-5117	Prepare a Warning Order	150 - Mission Command (Individual)	Approved
4.	150-LDR-5009	Issue Commander's Guidance	150 - Mission Command (Individual)	Approved
4.	150-C2-5119	Prepare an Operation Order	150 - Mission Command (Individual)	Approved
5.	150-LDR-5006	Establish Conditions for Subordinates to Exercise Initiative	150 - Mission Command (Individual)	Approved
5.	150-C2-5006	Exercise Disciplined Initiative	150 - Mission Command (Individual)	Approved
5.	150-LDR-5007	Establish a Shared Understanding	150 - Mission Command (Individual)	Approved
6.	150-MC-5122	Perform a Rehearsal	150 - Mission Command (Individual)	Approved
6.	150-MC-0000	Organize the Command and Control System as the Staff Officer	150 - Mission Command (Individual)	Approved
6.	150-C2-5144	Develop a Running Estimate	150 - Mission Command (Individual)	Approved
6.	081-70H-2002	Track Required Training for Deployment	081 - Medical (Individual)	Approved
9.	150-LDR-5100	Lead the Operations Process	150 - Mission Command (Individual)	Approved
9.	081-000-3010	Implement Unit Reconstitution Support	081 - Medical (Individual)	Approved
9.	150-LDR-5319	Delegate Authority	150 - Mission Command (Individual)	Approved
9.	081-000-2891	Provide Combat and Operational Stress Control (COSC) Reconstitution	081 - Medical (Individual)	Approved
9.	150-LDR-5044	Provide Direction	150 - Mission Command (Individual)	Approved
9.	081-000-2864	Conduct Combat Operational Stress Control (COSC) Surveillance	081 - Medical (Individual)	Approved
12.	150-MC-5124	Refine the Plan	150 - Mission Command (Individual)	Approved
12.	150-COM-7230	Conduct an After Action Review for a Training Event	150 - Mission Command (Individual)	Approved
12.	150-COM-7133	Identify Potential Training Issues	150 - Mission Command (Individual)	Approved
13.	150-COM -7203	Prepare a Training Assessment Plan	150 - Mission Command (Individual)	Approved
13.	150-LDR-5045	Receive Feedback	150 - Mission Command (Individual)	Approved
13.	150-COM-7175	Assess Mission-Essential Task Proficiency	150 - Mission Command (Individual)	Approved

**Supporting Drill(s):** None

**Supported AUTL/UJTL Task(s):**

Task ID	Title
ART 6.7.3	Provide Combat and Operational Stress Control Prevention
OP 6.2	Provide Protection
ART 6.7	Provide Force Health Protection

**TADSS**

TADSS ID	Title	Product Type	Quantity
No TADSS specified			

**Equipment (LIN)**

LIN	Nomenclature	Qty
No equipment specified		



## Material Items (NSN)

NSN	LIN	Title	Qty
No materiel items specified			

**Environment:** Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to the current Environmental Considerations manual and the current GTA Environmental-related Risk Assessment card. ATP 3-34.5.

**Safety:** In a training environment, leaders must perform a risk assessment in accordance with current Risk Management Doctrine. Leaders will complete the current Deliberate Risk Assessment Worksheet in accordance with the TRADOC Safety Officer during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW current CBRN doctrine. ATP 5-19.