Training and Evaluation Outline Report

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18 May 2022
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Task Number: 08-CMD-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
	ADP 6-0	Mission Command http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/adp6_0_new.pdf	Yes	No	
	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 4-02.7	MULTI-SERVICE TACTICS, TECHNIQUES, AND PROCEDURES FOR HEALTH SERVICE SUPPORT IN A CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR ENVIRONMENT	Yes	No	
	ATP 4-02.8	Force Health Protection	Yes	No	
	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	Yes	
	FM 7-0	Training	Yes	No	
	JP 4-02	Health Service Support	Yes	No	

Conditions: The command (CMD) receives an operation order (OPORD) from higher headquarters (HQ) and the commander directs the staff element leaders to manage combat operational stress control (COSC) for all organizations within the theater of operation (TO) in support of the operational mission. The commander issues planning, preparation, and execution guidance as required and as situations change. The setup locations have been identified, approved, and has primary access to main supply routes, approved external sustainment support, and is accessible to all supported and supporting units in the TO. Continuous voice, data, full motion video communications capabilities (if required and authorized in accordance with (IAW) OPORD, tactical and digital radios, data networks, command and control (C2) information systems, and other medical and Army command 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), 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 variables of political, military, economic, social, information, infrastructure, physical environment, time (PMESII-PT) should be present. 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. This task will be performed under day and night in either/or a combination of operational environments (OEs) and in one or more of the three training environments to standard as outlined in the training evaluation matrix of this task. All authorized equipment is on hand and operational. All CMD organizations and 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/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 variable; 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 benefiting 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: Commander and command section leaders manage COSC for subordinate medical organizations within the TO continuously to support, protect, and sustain operational forces with the use of all available equipment and personnel within the specified time constraints in the mission OPORD and IAW FM 4-02/emerging doctrine, the approved Army standard identified in the task evaluation criteria matrix and in the task performance steps which are included in this task, the commanders guidance, applicable internal and external SOPs, appropriate medical regulations, FMs, and specified Army regulations (ARs).

Note: Leaders may include the commander, deputy commander, command sergeant major (CSM), psychiatrist, social worker, staff officers, noncommissioned officer (NCO), clinical service leaders, and others as designated by the commander.

Live Fire: No

Objective Task Evaluation Criteria Matrix:

Plan and Prepare			Execute						Assess	
Operational Environment — BDE & Above		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
Dynamic and Complex (All OE Variables and Hybrid Threat)	Night	Commander(s) or Unit Key Leader(s) will determine if training will be conducted under live, virtual, or constructive training environmental conditions using corresponding event types (for example, STT, STX, FTX, etc.) in order to facilitate the Crawl, Walk, Run methodology of training progression to support Unit Training Management (UTM) and the recommended Combined Arms Training Strategy (CATS). Per FM 7-0, all external evaluations (EXEVAL) must be conducted in a live environment.	>=75%	>=80%	Yes	>=80%	All	>=85%	T	T
									T-	T-
Dynamic and Complex (All OE Variables and Single Threat)	Day		60-74%	60-79%	No	65-79%	<All	75-84%	P	P
									P-	P-
Dynamic and Complex (<All OE Variables and Single Threat)			<=59%	<=59%		<=64%		<=74%	U	U

Remarks: REPORTING ERRORS AND RECOMMENDING IMPROVEMENTS: You can help improve this collective task. Please let us know if you find any errors or if you would like to recommend any improvements to the performance steps or other information in this collective task. The preferred method is to submit a DA Form 2028 (Recommended Changes to Publications and Blank Forms) with your recommended changes via email to usarmy.jbsa.medical-coe.mbx.collective-training@army.mil. Your recommended changes will be reviewed, validated to ensure approved Army or joint doctrine supports your recommendation(s) and implemented as applicable

Notes: Readiness Requirement (RR) Individual Critical Task Lists (ICTLs) are tasks that have been identified by the military occupational specialty/areas or concentration (MOS/AOC)-specific proponent at the AMEDD 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

Task Statements

Cue: Upon notification of a mission from higher HQ, the commander directs the staff element leaders to manage COSC in support of the operational mission in a TO.

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 risk, and prevent both accidental and tactical loss. 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	GO	NO-GO	N/A

Plan

STEP/MEASURE	GO	NO-GO	N/A
+* 1. Commander and command section leaders execute C2 operations process to plan, prepare, execute, and assess operations to manage COSC in a TO.			
a. Drive the operations process through the activities of understand, visualize, describe, direct, lead, and assess IAW established timelines, the higher commander's intent, orders from higher HQ.			
b. Practices the mission command approach to C2.			
c. Informs and influences 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. FHP and clinical services section leaders develop COSC plans and/or programs to prevent combat and operational stress reactions (COSRs) in TO.			
+* 4. Commander and command section leaders issue an OPORD.			
+* 5. Commander and command section leaders conduct briefings with subordinates immediately after issuing the OPORD to ensure subordinates understand the commander's intent.			
+* 6. Commander and command section leaders develop a reconstitution plan for subordinate units.			

Prepare

STEP/MEASURE	GO	NO-GO	N/A
+* 7. Command section leaders prepare to manage COSC in a TO.			
a. Improve situational understanding with attached, assigned, supported, and/or subordinate medical units			
b. Identify critical personnel, supply, and equipment shortages.			
c. Train to become proficient on all critical tasks.			
d. Integrate the force into higher HQ plans.			
+* 8. FHP and clinical services section leaders prepare to manage COSC.			
a. Ensure all supporting units are properly trained in order to fully support the command mission.			
b. Prepare to operate in areas where traditional COSC support are absent or not fully developed.			
c. Prepare to shift COSC and FHP/health service support (HSS) resources to meet changing requirements.			
d. Identify scarce AHS resources support the operational and strategic plan.			
e. Participate in the personnel estimating process and coordinating with other staff sections.			
f. Prepare to supervise personnel safety, quality assurance, infection control, and risk management programs are established and implemented.			
g. Provide appropriate safety and environmental protection advice to protect personnel and the environment.			
h. Establish medical and occupational and environmental health (OEH) surveillance program.			
i. Conduct rehearsal with assigned, attached, supported, and/or subordinate medical units.			
j. Provide command guidance and instructions to unit staff, assigned, attached, supported, and/or subordinate medical units.			
k. Brief commander and staff on technical issues, when required.			
+* 9. FHP and clinical services section leaders prepare to establish the C2 system to manage COSC.			
a. Establish medical C2 for the assigned, attached, and subordinate units IAW higher HQ directives and ATP 4-02.8.			
b. Consolidate all staff input to manage COSC services and support operations for assigned, attached, and subordinate units IAW commander's guidance and ATP 4-02.8.			
c. Develop CMD medical policies affecting COSC, behavioral health (BH), neuropsychiatric (NP) services, and or/programs to prevent COSRs in TO.			
d. Prepare to manage traumatic event management and transition management programs for the CMD assigned, attached, supported and/or subordinate units.			
e. Prepare to provide consultation and education/training programs for assigned, attached, supported, and/or subordinate units.			
f. Develop CMD COSC and BH intervention programs IAW ATP 4-02.8.			
g. Prepare plan, policies, and procedures to manage COSC activities/operations IAW commander's guidance and ATP 4-02.8.			
h. Prepare to integrate and synchronize the coordination of AHS support operations to manage COSC across the TO.			

Execute

+* 10. FHP and clinical services section leaders drive the operations process to manage COSC in a TO.

    a. Provide medical C2 for the assigned, attached, and subordinate medical units IAW commander's guidance and ATP 4-02.8.

    b. Manage COSC services and support operations for assigned, attached, supported, and subordinate units IAW commander's guidance and ATP 4-02.8.

    c. Implement CMD medical policies affecting COSC, BH, NP services, and/or programs to prevent COSRs in TO.

    d. Monitor traumatic event management and transition management programs for the CMD assigned, attached, supported, and/or subordinate units.

    e. Manage consultation and education/training programs for assigned, attached, supported, and/or subordinate units.

    f. Implement CMD COSC and BH intervention programs IAW ATP 4-02.8.

    g. Monitor plans, policies and procedures to manage COSC activities/operations IAW commander's guidance and ATP 4-02.8.

    h. Ensure personnel safety programs, quality assurance, infection control, and risk management programs are established and implemented.

    i. Integrate and synchronize the coordination of AHS support operations to manage COSC across the TO.

    j. Verify that scarce AHS resources are efficiently employed and support the operational and strategic plan.

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

    l. Manage reconstitution process, when required, (reconstitution may 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.

+ 11. FHP and clinical services section leaders execute operations to manage COSC.

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

    b. Monitor all COSC operations and the treatment of BH and NP cases within subordinate military treatment facilities (MTF).

    c. Ensures that all treatment programs for COSC are founded on proven principles of combat psychiatry and are established and administered in IAW doctrinal principles.

    d. Monitor the stress level of assigned, attached, supported, and/or subordinate unit medical personnel.

    e. Coordinate policies, procedures, and protocols for the treatment of BH and behavioral health diagnosis with the senior subordinate unit psychiatrist, behavioral science officer, or social worker.

    f. Conduct combat and operational stress restoration and reconditioning programs to include warrior resiliency training.

    g. Review all CMD medical policies affecting COSC interventions and activities.

    h. Ensure all CMD COSC activities are IAW commander's guidance and ATP 4-02.8.

    i. Implement CMD COSC plans and/or programs to prevent combat and operational stress reactions (COSRs) in the TO.

    j. Manage COSC activities/operations IAW commander's guidance and ATP 4-02.8.

    k. Integrate and synchronize the coordination of AHS support operations to manage COSC in TO.

    l. Ensure all scares AHS resources are employed and support the operational and strategic plan.

    m. Monitor traumatic event management and transition management programs.

    n. Monitor consultation and education/training programs for assigned, attached, supported, and subordinate units.

    o. Provide advice and guidance on any COSC concerns arising within theater detention facility, if located in the theater medical command (TMC)/medical command MEDCOM (DS), medical brigade support (SPT, and/or subordinate organizations if augmentation is required.

    p. Interface with theater surveillance capabilities of operational health to address BH aspect of chemical, biological, and nuclear (CBRN) exposures and threats.
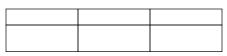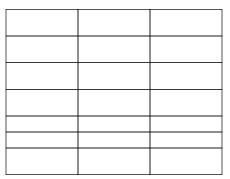
+* 12. Element leaders evaluate operations.

    a. Request external evaluations.

    b. Coordinate COSC operations and requirements with the higher HQ MTFs.

    c. Monitor the current situation to collect relevant information.

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

    e. Improve coordination and synchronization of support plan as situations change or as a result of an after action review (AAR).

    f. Maintain communications with higher HQ.

g. Modify internal and external SOPs as necessary.

h. 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.

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 MOPP 4, performance may decrease to minimum-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-DIV-5200	Conduct Command Post Operations	71 - Mission Command (Collective)	Approved
1.	71-CMD-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-C2-5200	Conduct Command Post Operations	150 - Mission Command (Individual)	Approved
2.	150-MC-5251	Integrate the Command and Control (C2) Network	150 - Mission Command (Individual)	Approved
2.	150-MC-5008	Recommend Control Measures	150 - Mission Command (Individual)	Approved
2.	150-MC-0000	Organize the Command and Control System as the Staff Officer	150 - Mission Command (Individual)	Approved
2.	150-MC-7653	Manage Information and Data	150 - Mission Command (Individual)	Approved
3.	150-MC-5321	Distribute Planning Guidance	150 - Mission Command (Individual)	Approved
3.	081-60W-2005	Analyze Combat Operational Stress Control Doctrine	081 - Medical (Individual)	Approved
3.	081-000-2853	Develop Public Health Policy	081 - Medical (Individual)	Approved
3.	150-C2-2300	Conduct Information Collection	150 - Mission Command (Individual)	Approved
4.	150-C2-5119	Prepare an Operation Order	150 - Mission Command (Individual)	Approved
4.	150-LDR-5009	Issue Commander's Guidance	150 - Mission Command (Individual)	Approved
4.	150-C2-5117	Prepare a Warning Order	150 - Mission Command (Individual)	Approved
5.	150-LDR-5007	Establish a Shared Understanding	150 - Mission Command (Individual)	Approved
5.	150-C2-5006	Exercise Disciplined Initiative	150 - Mission Command (Individual)	Approved
7.	150-MC-5126	Integrate Staff Cells for Operations	150 - Mission Command (Individual)	Approved
7.	150-MC-5315	Establish the Common Operational Picture	150 - Mission Command (Individual)	Approved
8.	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-7133	Identify Potential Training Issues	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-C2-5143	Lead the 6-Step Assessment Process	150 - Mission Command (Individual)	Approved
13.	150-C2-5204	Lead an Operations Update and Assessment Brief	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 4.3.1.5	Provide Behavioral Health and Neuropsychiatric Treatment
OP 4.4.3	Provide Health Services

TADSS

TADSS ID	Title	Product Type	Quantity
No TADSS specified			

Equipment (LIN)

LIN	Nomenclature	Qty
No equipment specified		

Materiel 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