

Evolution of the Combat and Operational Stress Control (COSC) Program within the Department of Defense: Historical Origins, Current Model of Services and Activities, and Future Directions

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Background

- The history of U.S. military operations reveals an accompanying evolution in efforts to address combat and operational stress reactions or COSRs (i.e., normal, transient physiological and emotional responses to trauma or other mission demands of military operations).
- The Department of Defense (DoD) requires each Service to implement Combat and Operational Stress Control (COSC) programs to: a) prevent or minimize COSRs and other adverse effects of combat and operation stress, b) enhance readiness, c) contribute to combat effectiveness, and d) enhance physical and mental health of military personnel.
- COSC programs and activities vary by Service in accordance with Department of Defense Instruction (DoDI) 6490.05 (Maintenance of Psychological Health in Military Operations).
- The Psychological Health Center of Excellence (PHCoE) is tasked with providing oversight of the overall COSC mission, including developing and standardizing COSC data collection metrics and working with Service representatives to optimize the effectiveness and efficiency of COSC in preventing or reducing COSRs.
- These tasks are particularly challenging as the Services independently develop and implement their own COSC programs with little standardization across the Services.

Objectives

- Describe the history of DoD efforts to prevent or reduce COSRs that provide the foundation for the COSC mission
- Discuss the general model of COSC services and activities
- Understand limitations of the literature on formal evaluations of COSC and the challenges of identifying standardized metrics for future evaluations across the Services

Methods

Literature Search and Review

Searched the PsycINFO and PubMed databases and Defense Technical Information Center online repository for reports and articles published 2001 to 2018 that were relevant to:

- historical development and implementation of COSC
- metrics used in formal program evaluations of COSC

Logic Model Development

Developed a model of COSC activities, inputs, outputs, and outcomes based on DoDI 6490.05 and Service Lead feedback to:

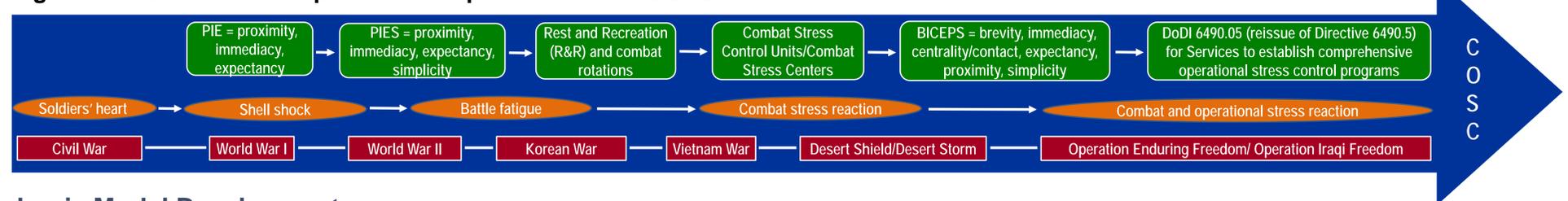
- represent the rationale behind the COSC program
- guide development of evaluation plans

Results

Literature Search and Review

- **Historical Development and Implementation of COSC** – Ten articles and reports were identified that provided information relevant to the history of COSRs and the COSC program. Figure 1 illustrates the historical terminology and progression of efforts to address COSRs during the course of U.S. military operations, which lay the foundation for the current COSC program.
- **Metrics Used in Formal Program Evaluations of COSC** – Only one formal evaluation of COSC was identified in the literature. This Rand Corporation evaluation of the Marine Corps' Operational Stress Control and Readiness (OSCAR) program found that OSCAR-trained Marines did not differ from controls on the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C), Deployment Risk and Resilience Inventory (DRRI)-Difficulty Living and Working Environment subscale, Patient Health Questionnaire (PHQ), Posttraumatic Stress Disorder Checklist (PCL)-Civilian, or the Short-Form Health Survey. Significant effects of this program were found only on measures that were created specifically to assess OSCAR (Vaughan, Farmer, Breslau, & Burnette, 2015).

Figure 1. Historical Development and Implementation of COSC

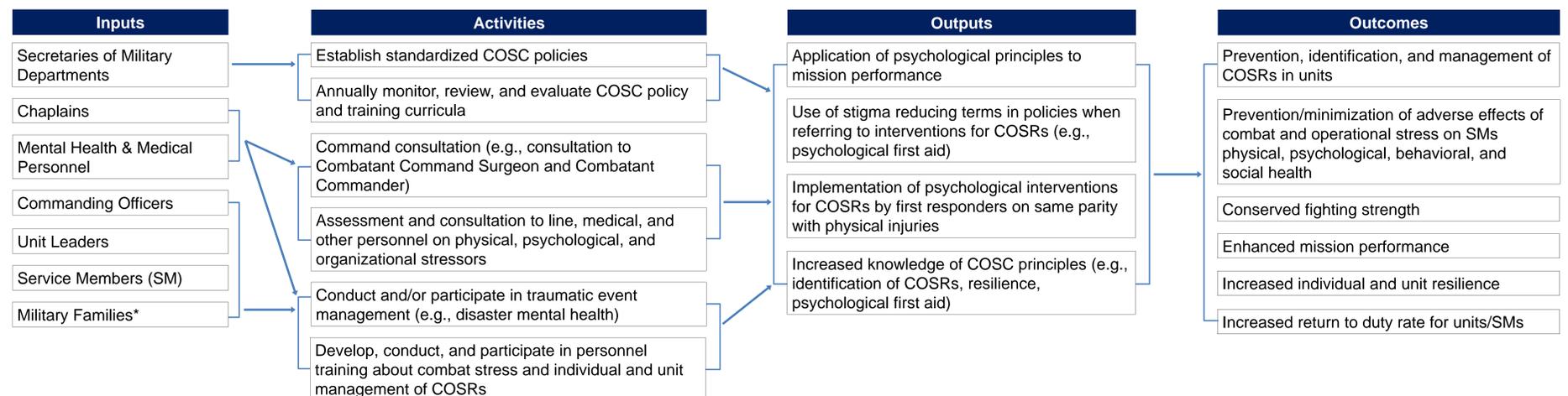


Logic Model Development

The logic model shown in Figure 2 is intended to be applicable to the Air Force, Army, Marines, and Navy in implementing COSC programs.

Figure 2. Logic Model: General Model of COSC Services and Activities

Goal: Support the development, maintenance, and sustainment of an environment and climate in order to: 1) produce enhanced prevention actions and protection from garrison to battlefield; and 2) reduce risk of long-term physical and psychological consequences of combat and operational stress



* Military families may not be participants in all COSC programs implemented by the four Services (Army, Air Force, Marines, and Navy).

Conclusions

- The current COSC program incorporates the lessons learned from history and continues to evolve at the DoD- and Service-level in association with the evolving needs of Service members involved in U.S. military operations.
- PHCoE will utilize the logic model on COSC services and activities to guide future development of evaluation plans. A major challenge in developing these evaluations will be identifying appropriate standardized metrics for use across the Services, given the differences in mission across the Services and limited literature about previous formal evaluations of Service-level implementations of COSC. A literature review on metrics used by small-scale COSC programs is planned.
- PHCoE will continue to partner with the Services to identify and standardize implementation and outcome metrics. These efforts will provide a basis for future evaluations of the effectiveness of COSC programs.

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