COMBAT AND OPERATIONAL STRESS FIRST AID: Caregiver Training Manual

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Bureau of Medicine and Surgery, Department of the Navy

In cooperation with:
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June 2010
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Purpose
The Combat and Operational Stress First Aid (COSFA) Training manual is a companion document for the COSFA for Caregiver training course. The COSFA training is based on the concepts of the Maritime Combat and Operational Stress Control program for the U.S. Marine Corps and the U.S. Navy. The content in this manual is intended to provide information to Navy and Marine Corps caregivers about immediate responses to preserve life, prevent further harm, and promote recovery for preclinical stress injury. COSFA is not a replacement for professional judgment of leaders and clinicians or indicated clinical care.

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June 2010

APA Style Citation for a Government Report:

INTRODUCTION

Combat and Operational Stress First Aid (COSFA) is a flexible, multi-step process for the timely assessment and preclinical care of psychological stress injuries in individuals or units with the goals to preserve life, prevent further harm, and promote recovery. Unlike other acute stress management procedures, COSFA was designed specifically to augment the physical, psychological, social, and spiritual support structures that exist in the military, and to help restore these support structures over time. It is consistent with the Navy and Marine Corps Combat and Operational Stress Continuum model, Figure 1, which is fundamental to the Navy Operational Stress Control (OSC) and Marine Corps Combat and Operational Stress Control (COSC) programs described in MCRP 6-11C/NTTP 1-15M. In terms of the Stress Continuum, the goal of COSFA is simply to move towards green to restore health and readiness after an Orange Zone stress injury.

Figure 1. Stress Continuum Model.

Caregivers Are the Champions of COSFA

As depicted in Figure 2, COSFA is a toolkit designed to fill the care gap between the resilience-building and stress mitigation tactics available to military leaders and individual service and family members who are at the left end of the Stress Continuum, and the clinical treatments that can be provided by healthcare professionals, which are on the right. Just as
with first aid for physical injuries, COSFA actions can serve either as emergency interventions to preserve life and safety until more definitive medical care can be provided, or in milder cases of stress injury, as the only care that will be needed. Also like physical first aid, COSFA actions vary in complexity and the level of training and skill required to perform them. Some components of COSFA can be delivered by almost anyone, either on individual’s own behalf or on behalf of others. Other components of COSFA require greater training and a higher initial level of skill at communication and leadership. In operational units, the individuals best positioned to be the champions of COSFA, and most expert in its delivery and teaching, are caregivers from all disciplines, including chaplains, medical officers, corpsmen, religious program specialists, and mental health professionals. In this manual, we focus on training caregivers to become the champions of COSFA.

**Figure 2.** Where COSFA fits into the Stress Continuum.

<table>
<thead>
<tr>
<th>READY (Green)</th>
<th>REACTING (Yellow)</th>
<th>INJURED (Orange)</th>
<th>ILL (Red)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leader Tools</strong></td>
<td>• Strengthen • Mitigate • Indentify • Treat • Reintegrate</td>
<td></td>
<td>• Policies • Mission Requirements</td>
</tr>
<tr>
<td><strong>Care-Giver Tools</strong></td>
<td></td>
<td></td>
<td>• Cognitive-behavioral therapy • Medication • Other evidence-based treatments</td>
</tr>
<tr>
<td><strong>Self, Buddy, &amp; Family Tools</strong></td>
<td>• Fitness • Nutrition • Social involvement • Spirituality</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COSFA Targets Orange Zone Stress Injuries**

Although individuals in both the Yellow and Orange Zones may benefit from COSFA, it is most useful for the early and ongoing care of Orange Zone stress injuries. In Orange Zone stress injuries, leadership tools for stress mitigation are often inadequate, and clinical mental health treatment may be either unavailable or unnecessary. Since COSFA targets the Orange Zone, service members and family members in any setting who are at risk for Orange Zone stress injuries should be trained in basic COSFA principles and should be supported by caregivers trained in all components of COSFA. As shown in Figure 3, four classes of stressors place individuals at risk for stress injuries: life threat, loss, inner conflict, and wear and tear. The first three of these potential causes of stress injury — life threat, loss, and inner conflict — are usually discrete events that can be experienced either singly or in
combination. The last cause of stress injury, wear and tear, is the accumulation of stressors from all life challenges, both large and small, over a long period of time. These four sources of stress injury often operate simultaneously and additively. Units and families, like individuals, can also be damaged by experiences of life threat, loss, inner conflict, or wear and tear; therefore, units and families can also collectively benefit from the tools of COSFA adapted for use in such organizations.

**Figure 3.** Four sources of Orange Zone stress injury.

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The Goal of COSFA is Indicated Prevention

The prevention of mental disorders caused by the stress of military operations is one of the highest priorities of the Navy, Marine Corps, and Department of Defense. Mental disorder prevention can occur on three different levels, defined by who is targeted by prevention interventions. Table 1 below lists the three levels of prevention intervention developed by the Institute of Medicine Committee for Prevention of Mental Disorders.¹

**Table 1.** Three levels of prevention interventions defined by whom they target.

<table>
<thead>
<tr>
<th>UNIVERSAL</th>
<th>SELECTIVE</th>
<th>INDICATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets potentially everyone in a population</td>
<td>Targets subgroups of the population at increased risk</td>
<td>Targets individuals suffering subclinical distress or impairment</td>
</tr>
</tbody>
</table>

All three levels of prevention are essential to ensuring the readiness of military units and the psychological health and well-being of the individuals that comprise them.

---

Introduction

**Universal** prevention is the goal of organization-wide stress control training and deployment-cycle stress control briefs and workshops. **Selective** prevention is one of the goals of unit-level After Action Reviews (AARs), safety stand-downs, and post-deployment decompression periods. Both universal and selective prevention interventions are important, but the greatest benefits for health and readiness may result from **indicated** prevention interventions — those that target individuals who are not only in high risk groups, but also who are already experiencing significant distress or changes in functioning due to stress. The difference between indicated prevention and clinical treatment is that in indicated prevention, the symptoms that are targeted are milder or of shorter duration and therefore subclinical — below the threshold of severity and duration for the diagnosis of a mental disorder. COSFA is a set of indicated prevention interventions that target subclinical distress or impairment. **The goal of COSFA is to prevent subclinical stress injuries from becoming clinical stress illnesses.**

COSFA is designed to reduce the risk for Red Zone stress illness through the following means:

- By continuously monitoring the stress zones of service and family members
- By recognizing quickly those individuals who have been injured by stress and are in need of interventions to promote healing
- By offering a spectrum of one-on-one interventions to ensure safety, reduce the risk for further stress injury, and to promote recovery
- By monitoring the progress of recovery to ensure return to full function and well-being
- By referring individuals for higher levels of care, and to coordinate care with other support services, whenever needed
- By monitoring the effect of Orange Zone stress on units and families
- By augmenting and promoting the repair of pre-existing support structures that may have been damaged by Orange Zone stress
- By advising commanders and other members of chains of command regarding the effects of stress on individuals and units, and how to mitigate them
- By teaching others in units and families how to use the tools of COSFA, and being champions for their use
- By reporting lessons learned from the use of COSFA to higher headquarters so COSFA will adapt and improve over time

**COSFA is Guided By a Set of Core Principles**

Military leadership and unit cohesion are potentially the most powerful forces for healing and recovery available to military service members — more powerful than the clinical skills of counselors or therapists, and more powerful than the medications prescribed by physicians.

Family leadership and family member support are potentially the most powerful forces for healing and recovery available to military family members.
COSFA promotes recovery and healing by augmenting, restoring, and leveraging leadership and cohesion in military units, and by parenting and family member support in military families.

COSFA augments not only existing leadership, but also medical care, religious ministry, and other intrinsic social support resources; it never supplants or competes with them.

COSFA occurs in natural work, field, and home contexts, wherever and whenever it is needed.

COSFA is individualized to meet the needs of each individual in each context; there are no one-size-fits-all COSFA solutions.

COSFA is never a one-shot intervention, but rather an ongoing process of promoting healing, monitoring progress, and adjusting, as needed over time.

Assessment and reassessment — first, last, and always — is central to COSFA.

All assessments in COSFA are based on the Combat and Operational Stress Continuum Model, the cornerstone of Navy OSC and Marine Corps COSC doctrine.

As a first-line treatment for stress injuries, COSFA will sometimes serve as a stop-gap until more definitive care can be provided, but even after clinical care becomes available, COSFA is continued as a bridge between leadership and clinical care.

In more mild instances of Orange Zone stress injury, COSFA may be the only intervention needed to promote recovery and reintegration.

COSFA requires a collaborative team effort to be most effective.

**COSFA Supports the Five Core Leader Functions of COSC and OSC**

As described in MCRP 6-11c/NTTP1-15M, the Navy and Marine Corps Combat and Operational Stress Control doctrinal publication, all leaders are responsible for five core stress control functions: strengthen, mitigate, identify, treat, and reintegrate. The first two of these functions, strengthen and mitigate, have been served by military leadership, training, and unit cohesion since long before scientific concepts of stress management were introduced to the military. The last three leader functions of COSC and OSC — identify, treat, and reintegrate — require skills and concepts that may be newer to both military leaders and their intrinsic social and spiritual support personnel. COSFA is designed to provide teachable and practical tools to meet these challenges for leaders to identify, treat, and reintegrate stress injuries.
COSFA OVERVIEW

COSFA was developed through a long-term collaboration between Marine Corps and Navy line leaders, the Navy Bureau of Medicine and Surgery (BUMED), the Navy Chaplain Corps, the Department of Veterans Affairs National Center for Posttraumatic Stress Disorder (NCPTSD), and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). The major concepts and practices that converged in COSFA are listed in Appendix A, along with references for further reading about them.

The most fundamental of these concepts is at the heart of all public health programs. It is the principle that effective health promotion in a population can only be carried out as a collaboration between stakeholders and across disciplines, with members of the community actively engaged in the process under the direction of their organic leaders. This public health dictum parallels the even older concept in the military that the health and readiness of military personnel is the primary, though not sole, responsibility of line commanders.

How best to promote the psychological health, in particular, of service members and their families has been the subject of considerable dispute in the past. Contested issues have included not only which particular prevention and early intervention practices might be most effective, but what exactly is the nature of adverse stress states in military settings. Advancements in research on severe stress in both humans and animals have brought increasing clarity to the nature of adverse stress outcomes; they are undeniably based on changes in functioning, if not structure, in every dimension of human existence, including the biological, psychological, social, and spiritual domains. It no longer makes sense to conceive of the impacts of severe stress in only one or two of these dimensions. To be optimally effective, prevention interventions and treatments should target all of these dimensions of human existence. Viewed multi-dimensionally, stress states clearly lie along a spectrum of severity and type — they are neither all normal, transient, and self-limiting, nor all harbingers of chronic mental illness.

The Navy–Marine Corps Stress Continuum Model, Figure 1, was developed by Marine leaders in collaboration with mental health and religious ministry personnel as a tool for conceptualizing the spectrum of stress states, and for operational stress risk management. Enlarging the Green Zone of readiness and wellness is the goal of universal prevention activities in the military. Returning to Green from Yellow Zone stress reactions is the goal of leader-driven stress mitigation functions. But the stress zone in which the risk for failure of role performance and future mental disorders becomes significant is the Orange Zone of stress injuries. That is why indicated prevention interventions may yield the greatest benefit in this zone. As leaders in the Marine Corps have been educated in recent years about the stress continuum and the bio-psycho-social-spiritual nature of stress injuries, a common question has been, "Okay, if stress can injure my Marines, then where do we get training in first aid for these injuries?"

Until recently, a common practice for caregivers to respond to potentially traumatic events in both military and civilian settings has been a form of group psychological
debriefing, such as Critical Incident Stress Debriefing (CISD). Because debriefing procedures similar to CISD have not been shown in a number of outcome studies to prevent stress illnesses such as PTSD, their use is no longer recommended by expert consensus, including the VA/DoD Clinical Practice Guidelines for Post-Traumatic Stress. Partly to replace CISD, a different set of concepts and practices known as Psychological First Aid (PFA) were developed jointly by the National Child Traumatic Stress Network and the Veterans Administration NCPTSD for use in civilian disaster and terrorism settings. PFA is a set of principles and unobtrusive, flexible procedures designed to help survivors and first responders achieve five goals: (1) regain a sense of safety, (2) reduce intense physiological arousal and negative emotions, (3) increase self-confidence and self-efficacy, (4) feel connected to sources of social support, and (5) experience hope that help is available, needs will be met, and suffering will abate. These five goals of PFA have strong support in the research literature.

COSFA was developed by adapting the principles, practices, and goals of PFA for use in military operational settings, which differ from civilian disaster and terrorism settings in several important ways. First, operational stress in the military is seldom due to a single event, such as a hurricane, fire, or plane crash. Combat and operational stressors are predictably ongoing and cumulative, especially in wartime. Second, members of the military seldom experience the stress of combat and other operations passively; combatants are never victims. Third, unlike the survivors of disasters or acts of terrorism, members of the military know in advance they will be subjected to intense and potentially overwhelming stressors. They train and prepare for it. Finally, as a critical part of that preparation, members of military units are embedded in a matrix of ongoing leadership and social support that has few analogues in the civilian world. Stress first aid in military settings must integrate with this support matrix and augment it, and it must perform its functions longitudinally across deployment cycles.

In the COSFA framework, a key assumption is that for many individuals, the most enduring resources for resisting Yellow Zone stress reactions and recovering from Orange Zone stress injuries are relationships with leaders and peers, and the satisfaction and self-esteem gained from military roles. As defined in the Navy and Marine Corps COSC and OSC doctrine, unit leaders are critical resources for building resilience through training and fostering cohesion (strengthening), ensuring that Yellow Zone reactions are short-lived (mitigation), identifying Orange Zone injuries and Red Zone illnesses so that proper care can be provided (identification and treating), and facilitating recovery of functional capabilities (reintegration). Leaders at all levels must be engaged in COSFA at every step.

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Overview

Three Levels and Seven Core Actions of COSFA

As shown in Figure 4 below, COSFA consists of seven core actions grouped on three levels. The seven core actions are Check, Coordinate, Cover, Calm, Connect, Competence, and Confidence. The three levels of COSFA into which these actions are grouped are called Continuous Aid, Primary Aid, and Secondary Aid. Table 2, on the next page, gives an overview of the seven core actions and three levels, and shows how they fit together. In the rest of this manual, these seven actions of COSFA will be described in detail.

Figure 4. Combat and Operational Stress First Aid (COSFA).
Table 2. Overview of Three Levels and Seven Core Actions of COSFA.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>CORE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continuous Aid</strong></td>
<td>1. Check: Assess current level of distress and functioning (stress zone)</td>
</tr>
<tr>
<td></td>
<td>Assess immediate risks</td>
</tr>
<tr>
<td></td>
<td>Assess need for additional COSFA interventions or higher levels of care</td>
</tr>
<tr>
<td></td>
<td>Reassess progress</td>
</tr>
<tr>
<td></td>
<td>2. Coordinate: Call for help, if needed</td>
</tr>
<tr>
<td></td>
<td>Decide who else should be informed of situation (e.g., commanding officer)</td>
</tr>
<tr>
<td></td>
<td>Refer for further evaluation or higher levels of care, if indicated</td>
</tr>
<tr>
<td></td>
<td>Facilitate access to other needed care</td>
</tr>
<tr>
<td><strong>Primary Aid</strong></td>
<td>3. Cover: Ensure immediate physical safety of stress-injured person and others</td>
</tr>
<tr>
<td></td>
<td>Foster a psychological sense of safety and comfort</td>
</tr>
<tr>
<td></td>
<td>Protect from additional stress (ensure respite)</td>
</tr>
<tr>
<td></td>
<td>4. Calm: Reduce physiological arousal (slow heart rate and breathing, relax)</td>
</tr>
<tr>
<td></td>
<td>Reduce intensity of negative emotions, such as fear or anger</td>
</tr>
<tr>
<td></td>
<td>Listen empathically to individual talk about experiences</td>
</tr>
<tr>
<td><strong>Secondary Aid</strong></td>
<td>5. Connect: Facilitate access to primary support persons, such as trusted unit or family members</td>
</tr>
<tr>
<td></td>
<td>Help problem-solve to remove obstacles to social support</td>
</tr>
<tr>
<td></td>
<td>Foster positive unit social activities</td>
</tr>
<tr>
<td></td>
<td>6. Competence: Help mentor back to full functioning</td>
</tr>
<tr>
<td></td>
<td>Collaborate with leaders to facilitate rewarding work roles and retraining, if necessary</td>
</tr>
<tr>
<td></td>
<td>Encourage gradual re-exposure to feared situations</td>
</tr>
<tr>
<td></td>
<td>7. Confidence: Mentor back to full confidence in self, leadership, mission, and core values</td>
</tr>
<tr>
<td></td>
<td>Foster the trust of unit members and family members in the individual</td>
</tr>
<tr>
<td></td>
<td>Instill hope</td>
</tr>
</tbody>
</table>
Continuous Aid

CORE COSFA ACTIONS:
CONTINUOUS AID TO SECONDARY AID

For caregivers, COSFA entails a continuum of assessment and intervention strategies designed to catch the early warning signs of crisis and risk, evaluate needs, ensure needed assistance and support, and maximize the intrinsic healing resources of military organizations. In the ideal case, caregivers will have an enduring presence and ongoing relationships with service members under their care. This kind of care context allows for what we call Continuous Aid. Continuous aid entails ongoing assessments of needs, using leader and peer resources to facilitate resolution of Yellow Zone reactions, and coordinating care for Orange and Red Zone responses over time, ensuring continuity and follow-up towards the goal of complete reintegration of service members, and reestablishing unit cohesion.

Primary Aid promotes safety and the resolution of toxic physiological and psychological states compromised by sustained Yellow Zone stress reactions (wear and tear) or exposure to life threat, loss, or potentially morally injurious experiences. Secondary Aid begins, if feasible, during an initial contact with a service member in crisis, and only after Primary Aid needs are met, if they are needed. Primary Aid is an immediate crisis response in the moment, while Secondary Aid usually provides more enduring support of healing moving forward, leveraging military and family resources to promote wellness and connection, and return to Green Zone effective functioning over time.
CONTINUOUS AID:  
Check and Coordinate

Unlike the other components of COSFA, which are intended to be used only in specific situations and only for a limited period of time, the two actions that comprise Continuous Aid must be performed continuously to be effective. These two actions are Check and Coordinate, and they must be fully integrated into the normal day-to-day work of caregivers on behalf of all unit and family members under their care, throughout deployment cycles — before, during, and after exposures to stressor events. Check and Coordinate are the portals through which individual service or family members receive the other preventive interventions of COSFA, or higher levels of care, if needed. They are also the means by which other support systems are mobilized, commanding officers are informed of what they need to know, the effectiveness of interventions are assessed, and continual progress toward recovery is ensured.

These first two core actions of COSFA are similar to the first two steps of Basic Life Support (BLS), also known as cardiopulmonary resuscitation (CPR), as taught by the American Heart Association. When learning to perform BLS on a manikin named Annie, many of us were taught to first check the stricken individual to determine if they were really in need of emergency life support. "Annie, Annie, are you okay?" we said as we shook her shoulders. After checking for an open airway, breathing, and a pulse, but finding none, we were taught to next call for help before beginning rescue breaths. We were taught to shout, "Activate the emergency medical system!" to someone nearby so they would know to dial 911 to summon paramedics. Check, coordinate, and then provide life-saving assistance. A major difference between initial BLS procedures and the Continuous AID functions of Check and Coordinate lies in the ongoing, recurrent nature of assessment and recruitment of other help and resources in COSFA. In COSFA, after providing lifesaving Primary Aid, we would recurrently check back with the stress-injured person to assess current status and needs. We would continuously monitor the effectiveness of whatever first aid or definitive treatment interventions were offered, and we would return again and again, long after the need for emergency care had passed. If practicing COSFA with a manikin, we might perform regular checks by touching her shoulder and asking, "Annie, are you still okay?"

CHECK

What Is It? Figure 5 graphically depicts the major components of the Check function of COSFA. The first and most important component is to observe — to look and listen for direct or indirect indications that someone may have been injured by stress and be in need of aid. While observing, COSFA caregivers must also keep track, at least mentally, of the current and recent stressors impacting unit members, and of the course over time for any distress or alterations in functioning they have shown. Of course, observation and tracking from a distance are not sufficient. If indications of a possible stress injury arise (as will be described below), individuals must be examined for more information, both directly, through one-on-one interactions, and indirectly, through collateral sources. Finally, based on the flow of information obtained, COSFA caregivers must decide what needs to be done based on assessments of dangerousness and current stress zone.
Why Is It Needed? Individuals exposed to intense and prolonged stress need COSFA caregivers to monitor continually and assess them for possible Orange Zone stress for several reasons:

- Those who are injured by stress may be the last to know it.
- Stigma is an obstacle to asking for help.
- Matching needs to available resources requires careful, ongoing assessment.
- Stress zones and needs change over time.
- Risks from stress injuries may last a long time after the event.

The Check Cycle. Each application of the Check function of COSFA passes through a sequence of steps known as the Check Cycle, depicted in Figure 6. Each step in this cycle will be described in detail below, but the following is a brief overview of the steps in the cycle.

The Check Cycle is initiated by awareness that one or more individuals have been exposed to one or more potential Orange Zone stressors, such as loss of life in the unit. In the aftermath of such stressors, individuals are repeatedly monitored for evidence of Orange Zone stress, such as significant and persistent distress (guilt, shame, anger, and anxiety) or alterations in physical, mental, social, or spiritual functioning. If no indications of Orange Zone stress are present, nothing more need be done except continued monitoring. If Orange Zone Indicators are present, however, the next step — First Check — is immediately undertaken.
First Check is analogous to the “primary survey” in physical trauma triage — a quick once-over to assess for immediate threats to life, such as the ABCs of airway, breathing, and circulation. The First Check in COSFA is a quick crisis assessment, looking for indications of dangerousness to self or others, or significant loss of physical, mental, or emotional control. Primary Aid, to be described in the next chapter, is a set of crisis responses to dangerousness or loss of control. The next step in the Check Cycle, undertaken once it is clear that no crisis exists, is Second Check.

Second Check, like the “secondary survey” in physical trauma triage, is a more deliberate and thorough assessment. The goals of Second Check are to determine the individual’s current stress zone and needs for the Secondary Aid functions, to be described later.

Collateral Information Check is the final step in the Check Cycle, which is obtaining information about the individual by questions from others familiar with him or her, such as immediate superiors, peers, chaplains, medical personnel, or family members.

The Check process cycles through these three steps repeatedly for as long as individuals are at risk for Orange Zone stress. Not every step will prompt action each time through the Check cycle, but to make sure all necessary actions are taken, all three steps should be mentally considered each time through.

How To Recognize Who Needs Help: Orange Zone Indicators. The sequence of decisions and actions that comprise COSFA usually begin with an awareness on the part of a COSFA caregiver that someone might have suffered an Orange Zone stress injury, and
Continuous Aid

therefore may be in need of help and preventive interventions. These hints suggesting the possibility of Orange Zone stress are called Orange Zone Indicators, and they come in three forms, all of which are important:

**Recent Stressor Events:** recent exposure to stressors with a high potential to cause stress injury, especially situations involving life threat, loss of someone or something cherished, or violations of moral codes

**Internal Distress:** significant and persistently troubling feelings, such as fear, anger, anxiety, sadness, guilt, or shame

**Changes in Functioning:** significant and persistent alterations in physical, mental, social, or spiritual functioning that seem outside personal control

**Monitoring for Orange Zone Indicators is one of the most basic and crucial tasks for COSFA.** Being able to recognize Orange Zone Indicators is the most important COSFA skill to learn and practice.

A caregiver in a military unit can become aware of Orange Zone Indicators in a unit member in several possible ways:

The caregiver may personally witness an abrupt change in the behavior of a unit member under severe stress.

A unit member might confide in the caregiver that he or she has experienced a significant increase in internal distress or alarming alterations in functioning.

A member of the chain of command, medical department, or other responsible person in the unit may seek the caregiver's assistance with an individual with Orange Zone stress indicators.

A peer or family member might tell the caregiver about the changes in behavior that were witnessed or heard about in a unit member.

The unit or part of it may be exposed to an intense stressor event with a high risk for producing Orange Zone stress.

*Table 3* below gives examples of Orange Zone indicators that might prompt the Check function of COSFA. Note that the key indicator of a possible Orange Zone stress injury is not an event, but rather an individual's response to events, in particular, a recent, significant change in level of distress or personal functioning.
Table 3. Examples of Orange Zone Indicators.

<table>
<thead>
<tr>
<th>Look for:</th>
<th>Listen for:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Stressors</strong></td>
<td></td>
</tr>
<tr>
<td>Close brush with death during operational deployment or training</td>
<td>I almost got killed in a motorcycle crash yesterday.&quot;</td>
</tr>
<tr>
<td>The loss of friends, peers, or leaders by death or serious injury</td>
<td>&quot;My son is very sick and may not pull through.&quot;</td>
</tr>
<tr>
<td>Events in which actions or failures to act may violate deeply held beliefs or moral values</td>
<td>&quot;My mom just died.&quot;</td>
</tr>
<tr>
<td>Yellow Zone stress reactions that continue, day after day, for many months</td>
<td>&quot;I can't believe my wife cheated on me while we were deployed!&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;My wife left me, taking the kids and all our stuff.&quot;</td>
</tr>
<tr>
<td><strong>Level of Distress</strong></td>
<td></td>
</tr>
<tr>
<td>Pacing or persistent agitation</td>
<td>&quot;I can't stop seeing the same scene replayed over and over again in my mind.&quot;</td>
</tr>
<tr>
<td>Uncharacteristic outbursts of anger, anxiety, or fear</td>
<td>&quot;I keep waking up from the same nightmare.&quot;</td>
</tr>
<tr>
<td>Uncharacteristic fighting, alcohol abuse or misconduct</td>
<td>&quot;I don't have any energy anymore.&quot;</td>
</tr>
<tr>
<td>Persistent sadness or absence of normal emotions</td>
<td>&quot;It was all my fault.&quot;</td>
</tr>
<tr>
<td>Loss of interest in work, hobbies, or socializing</td>
<td>&quot;I don't trust anyone in this unit any longer.&quot;</td>
</tr>
<tr>
<td>Persistent withdrawal from interactions with others</td>
<td></td>
</tr>
<tr>
<td><strong>Changes in Functioning</strong></td>
<td></td>
</tr>
<tr>
<td>Significant and persistent changes in personality</td>
<td>&quot;I can't slow down my heart rate.&quot;</td>
</tr>
<tr>
<td>Uncharacteristically poor hygiene or grooming</td>
<td>&quot;I haven't slept in weeks.&quot;</td>
</tr>
<tr>
<td>Sudden drop in job performance</td>
<td>&quot;My appetite is gone, and I have lost a lot of weight.&quot;</td>
</tr>
<tr>
<td>Persistent forgetfulness</td>
<td>&quot;I am afraid I might lose it and hurt someone.&quot;</td>
</tr>
<tr>
<td>Uncharacteristic loss of control of emotions</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 7*, below, lists the 15 items of the Peritraumatic Behavior Questionnaire (PBQ), an additional tool for caregivers or leaders to recognize changes in behavior in the immediate aftermath of severe stressors that might be indicators of Orange Zone stress.
**Figure 7.** Peritraumatic Behavior Questionnaire (PBQ) — Observer Rated.

**INSTRUCTIONS:** Please complete the items below by filling in the circle under the answer that best describes the reactions YOU OBSERVED IN THE INDIVIDUAL BEING RATED DURING AND/OR IMMEDIATELY AFTER A RECENT STRESSFUL EVENT. To apply to the person being rated, these reactions must have been UNUSUAL FOR THEM, NOT THE WAY THEY NORMALLY BEHAVE. If an item does not describe an observed change in behavior for the rated individual during or after a stressful event, please fill in the circle for “Not at all true.”

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>NOT AT ALL TRUE</th>
<th>SLIGHTLY TRUE</th>
<th>SOMEWHAT TRUE</th>
<th>VERY TRUE</th>
<th>EXTREMELY TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>For a period of time, the individual did not act like their normal self.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>2</td>
<td>For a period of time, the individual seemed to feel fearless and invulnerable, as if nothing could harm them</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>3</td>
<td>For a period of time, the individual seemed not to care about their own or others’ welfare or safety.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>4</td>
<td>For a period of time, the individual seemed to feel no remorse for doing things that would have bothered them in the past.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>5</td>
<td>For a period of time, the individual seemed to be determined to get revenge.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>6</td>
<td>For a period of time, the individual seemed unable to stop laughing, crying, or screaming.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>7</td>
<td>For a period of time, the individual seemed helpless and unable to look out for their own welfare.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>8</td>
<td>For a period of time, the individual appeared to be confused, as if having difficulty making sense of what was happening.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>9</td>
<td>For a period of time, the individual appeared to be disoriented, as if uncertain about where they or what day or time it was.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>10</td>
<td>For a period of time, the individual could not move parts of their body.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>11</td>
<td>For a period of time, the individual froze or appeared to be moving very slowly, such that they could not do everything they wanted to do.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>12</td>
<td>For a period of time, the individual’s speech changed (such as stuttering, repeating words or phrases, or having a shaky or squeaky voice).</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>13</td>
<td>For a period of time, the individual was not able to fully carry out their duties (during or immediately after the event).</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>14</td>
<td>For a period of time, the individual expressed the belief that they were going to die.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>15</td>
<td>For a period of time, the individual had an intense physical reaction, such as sweating, shaking, or heart pounding.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
We now turn to a more detailed description of the three major steps in the Check Cycle as depicted in *Figure 6* — First Check, Second Check, and Collateral Information Check.

**First Check: Safety and Crisis Assessment**

**What is First Check?**
Safety assessment of an individual with Orange Zone indicators

**When does First Check happen?**
As soon as possible after learning of an Orange Zone indicator
May be during direct observation of Orange Zone behaviors

**What are the goals of First Check?**
Assess for dangerousness to self or others — need for Cover
Assess for physiological arousal or emotions — need for Calm
Determine whether immediate outside help or referral is indicated

**How do you perform First Check?**
Look and listen
Assess ability of the individual to recognize and respond to threats
Assess level of self-control and physical and emotional calmness
If indicated, ask about impulses or thoughts of suicide or homicide

The primary **goal of First Check is to assess dangerousness and the need for immediate Primary Aid** or emergent referral. Dangerousness may take any of the following forms in an Orange Zone crisis situation:

In a potentially lethal environment, acute mental confusion or loss of mental focus and decision-making ability

In a potentially lethal environment, acute loss of control of physical self-control, such as freezing, fleeing, or blindly striking out

In a potentially lethal environment, intense and uncontrollable emotions, such as rage or panic

In any environment, an inability to respond to commands or direction

Suicidal thoughts, fantasies, impulses, mental images, plans, or recent attempts or gestures

Homicidal or assault thoughts, fantasies, impulses, mental images, plans, or recent attempts or gestures

Signs of dangerousness may be obvious or they may be subtle, but every attempt must be made to assess for dangerousness because safety — the Cover function of COSFA — trumps everything else. If dangerousness is suspected, immediate use of the Primary Aid action of Cover is clearly indicated, followed or accompanied by a call for help (Coordination).

The other goal of the First Check — after safety is addressed — is to determine whether immediate calming is required because of intense negative emotions or
Continuous Aid

physiological hyperarousal. The need for the Calm function of Primary Aid COSFA may be indicated by any of the following:

- Uncontrollable yelling, crying, or other vocalization
- Excessively rapid and shallow breathing while at rest
- Excessively rapid heart rate while at rest
- Shaking or trembling of hands or voice
- Speech that is excessively rapid or illogical
- Intense negative emotions, such as rage or fear
- Inability to keep attention focused on tasks at hand

Second Check: Thorough Assessment. After the First Check has been completed and either the Primary Aid actions of Cover and Calm were successfully taken or they were not needed at all, then it is time to move on to the more deliberate and thorough Second Check.

What is Second Check?

Detailed assessment of an individual with Orange Zone indicators

When does Second Check happen?

As soon as possible after crisis has passed (if a crisis existed)
May occur after obtaining collateral information from other sources

What are the goals of Second Check?

- Identify current stress zone, especially whether Yellow or Orange
- Determine needs for Secondary Aid: Connect, Competence, and Confidence
- Look for indicators of ability to function in military role
- Determine needs for other physical, emotional, social, or spiritual support or care
- Determine who else needs to know, and who else can help

Compared to the First Check, the Second Check is more conversational and collaborative. This is because current stress zone, needs for further assistance, and functional capacity in many important spheres cannot be assessed merely by observing an individual — you need their active participation in the Second Check to acquire this information. Establishing that collaboration in the Second Check sets the tone for all future COSFA interventions, for good or ill; therefore, it is crucial at this point to establish rapport through empathic listening, compassion, and gentleness, while also establishing a working alliance by informing the individual exactly why you are talking to them, and what information you have that makes you concerned about them. A useful tool in the collaborative conversation of the Second Check and beyond is OSCAR communication, defined by these features:

Observe: Actively observe behaviors; look for patterns.

State Observations: Focus attention to the behaviors; state just the facts without
interpretations or judgments.

**Clarify Role:** State why you are concerned about the behavior; validate why you are addressing the issue.

**Ask Why:** Seek clarification; try to understand the other person's perception of the behaviors.

**Respond:** Clarify concern if indicated; discuss desired behaviors; state options in behavioral terms.

In the Second Check, the COSFA caregiver covers the same three Orange Zone indicators as in the First Check — current stressors, level of distress, and impairment of functioning — using the same two senses, looking and listening (see Table 3). But in the Second Check, all three areas must be explored in much more depth. *Table 4* summarizes the information sought during the Second Check.

**Table 4.** Orange Zone indicators surveyed during the Second Check.

<table>
<thead>
<tr>
<th>Current and Recent Stressors</th>
<th>Life threat events experienced during current and past deployments, or while at home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Losses of friends, family members, leaders, or of significant objects to which the individual was strongly attached</td>
</tr>
<tr>
<td></td>
<td>Inner conflict events in which the individual either felt betrayed by someone else, or violated, through action or inaction, of their own moral code</td>
</tr>
<tr>
<td></td>
<td>Sum total of all wear-and-tear life stressors, including those involving personal health, finances, family and other relationships, and career</td>
</tr>
<tr>
<td>Increases in Level of Distress</td>
<td>Increased fear, anxiety, or worry that interferes with the individual's well-being</td>
</tr>
<tr>
<td></td>
<td>Increased sadness, depressed mood, hopelessness, or inability to experience pleasure in situations where he or she once did</td>
</tr>
<tr>
<td></td>
<td>Increased anger or irritability that interferes with the individual's ability to get along with others</td>
</tr>
<tr>
<td></td>
<td>Recurrent distressing thoughts, images, impulses, or dreams that difficult to push out of awareness and that provoke painful emotions or physiological arousal</td>
</tr>
<tr>
<td></td>
<td>Persistent and distressing feelings of guilt or shame</td>
</tr>
<tr>
<td></td>
<td>Loss of self-confidence</td>
</tr>
<tr>
<td></td>
<td>Loss of trust in peers, leaders, equipment, or mission</td>
</tr>
</tbody>
</table>
Continuous Aid

Table 4. Orange Zone indicators surveyed during the Second Check.

<table>
<thead>
<tr>
<th>Decreases in Normal Changes in Functioning</th>
<th>A significant change in personality, such as becoming uncharacteristically harsh, cruel, indifferent, or cold</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Withdrawal from peers, family, or others sources of social support</td>
</tr>
<tr>
<td></td>
<td>Loss of faith in God or participation in prayer or other religious practice</td>
</tr>
<tr>
<td></td>
<td>Loss of mental focus and sharpness of memory or problem-solving abilities</td>
</tr>
<tr>
<td></td>
<td>Gaps or lapses in memory</td>
</tr>
<tr>
<td></td>
<td>Uncharacteristic outbursts of temper</td>
</tr>
<tr>
<td></td>
<td>Uncharacteristic attacks of panic</td>
</tr>
<tr>
<td></td>
<td>Persistent changes in physical functioning, such as changes in bowel function, loss of physical strength or fine muscle control, or unusual pain</td>
</tr>
</tbody>
</table>

By surveying all the above areas, the COSFA caregiver should have enough information to make several important decisions:

1. What stress zone is the individual currently in, and why?
2. Would the individual benefit from the Secondary Aid functions of COSFA to Connect socially, restore personal Competence, or enhance self-Confidence?
3. Is referral for further medical or mental health evaluation warranted?

**Collateral Sources of Information.** At many points during the assessment process — and the reassessment process that follows — it may be very helpful to gather additional information about the individual in question from collateral sources, such as members of the chain of command, chaplains, medical officers, counselors, corpsmen, peers, and family members. When asking such sources about the individual being assessed, cover the same three Orange Zone indicators that guided the First and Second Check: (1) current and recent stressors, (2) indications of internal distress, and (3) evidence of loss of previous functional capacity or changes in functioning. The information acquired from these collateral sources will either support or conflict with the information obtained directly from the individual. Either way, it will be helpful to make accurate assessments and sound intervention decisions.

**Recheck.** As stated earlier, the Check action of COSFA is never a one-shot effort. Even if an individual who has been assessed seems perfectly fine with no evidence of being in the Orange Zone, the initial indicator that prompted the assessment might increase the risk for the development of Orange Zone stress in the future. The effect over time of Primary Aid or Secondary Aid must be followed up by rechecking. At each re-encounter with the individual, the same sequence of First, Second, and Collateral Checks are followed.

**COORDINATE**

The second Continuous Aid action of COSFA, which always flows from and follows the Check function, is Coordinate. There are two broad goals for the Coordinate function:
1. Who needs to know about this individual's stress?
2. Who else can help?

**What Is It?** Figure 8 graphically depicts the major components of the Coordinate function of COSFA. There are four actions that follow from answering the above questions. The first component is to get help — the lone rescuer in any first-aid situation is often at risk for injury or being overwhelmed by the immediate demands. In basic life support (BLS), the second step after assessment is to call for help. Getting help can be as simple as at least one other person knowing that there are stress concerns and that you are trying to help by activating the duress alarm. The next action is collaborate — this action is a form of partnership with the stress-injured person and is intended to expand resources and options that may have been depleted by the stress injury source. Collaboration is about getting the person to the next level of immediately available support, such as, a mentor, trusted leader, base resources, and so forth. The inform action is intended to engage key others who have a need to know or the ability to help organizationally or emotionally. Informing others is part of breaking the code of silence that is required to reduce self-isolation, negative automatic thoughts, and self-loathing. This action is most effective when it is done in collaboration with the injured person and focuses on those who have a need to know or are supportive resources. Some stress injuries cause significant impairment in functioning or may require more formal intervention. The refer action is used to ensure that the individual is engaged with appropriate organizational supports and resources that extend beyond peers, family, and good intentions.

**Figure 8.** Conceptual components of the Coordinate function of COSFA.

Coordinate with commanders. The decision to inform commanders or members of their chains of command about an individual experiencing significant stress is not always an easy one to make. Because of the stigma attached to stress and mental health problems, those
who are informed may unnecessarily lose some of their respect for or trust in the stressed individual. The individual's future at that command, and in military service in general, may be affected. Furthermore, the individual may feel ashamed or embarrassed to have others told about his or her stress responses. The individual may even feel betrayed by the caregiver who informed the commander or other leaders. The following are factors to consider in deciding whether and how much to tell commanders.

- How great is the risk to the individual in question, or other members of the unit, if the commanding officer and other leaders are unaware of the individual's stress?
- What is the individual's MOS or NEC?
- How great is the chance that the individual will be unable to perform important duties in the future?
- Might the individual benefit from a temporary change in duty assignment or a period of rest?
- Does the individual warrant further evaluation and possible treatment from a medical or mental health professional, and does the commanding officer need to know about such a referral?

The challenge of deciding how much to tell commanders is another important reason for the COSFA caregiver to develop and maintain a collaborative working alliance with the individual being helped. That individual deserves to know what future actions are being considered and to have input in decision-making processes. Often, an individual who is reluctant to have his or her commanding officer informed of the situation can be convinced of the potential rightness of that decision as well as its potential benefits to him or her directly.

Commanders and their chains of command are invaluable allies in applying the core actions of COSFA. Supervisors and small unit leaders, if respected and trusted by a subordinate, can be far more effective than a caregiver alone at the Secondary Aid actions of Competence and Confidence. If not included in the COSFA action plan, members of the chain of command may unwittingly undermine the efforts of the caregiver. COSFA works best as a collaborative effort.

**Coordinate with other sources of care and support.** An equally important decision that COSFA caregivers must make at every turn is whether and to whom to refer an individual for a higher level of care. Factors to consider when making that decision include the following:

- How confident is the COSFA caregiver in the assessment of the individual, especially of stress zone and dangerousness?
- Is there evidence that something is missing from the picture — some way in which the facts do not add up?
- How solid is the working alliance between COSFA caregiver and the individual?
- Would the individual possibly benefit from a form of care or treatment that the COSFA caregiver is unable to provide?
- How has the individual progressed over time: is he or she getting better, staying the same, or getting worse?
When in doubt, getting another opinion is almost always helpful, whether you agree with that opinion or not. If a formal referral is not clearly indicated, other options include consulting with another COSFA caregiver to get a second opinion, or consulting with a medical or mental health professional informally, as a "hallway consult." Getting others’ input in this way is almost always the right thing to do, even if there are no doubts about the assessment and plan or unanswered questions.

Coordination with other sources of care and support does not end with a referral or request for help. If higher levels of treatment are prescribed, COSFA caregivers assume a case-management role in the unit to ensure that treatment recommendations are followed and that follow-up appointments are kept. Accomplishing these goals always requires collaboration with the chain of command.
PRIMARY AID:
Cover and Calm

Primary Aid in COSFA includes two basic stress first-aid functions, Cover and Calm, for the short-term management of crisis situations brought on by Orange Zone stress. Primary Aid is analogous in some ways to basic life support (cardiopulmonary resuscitation, or CPR) in physical first aid in that Primary Aid can be life saving when it is needed, and it can prevent further harm from occurring until other forms of help can be obtained. Compared to CPR, though, Primary Aid is much simpler, more intuitive, and requires less training and skill. Since Primary Aid is designed for use in crisis situations, which occur rarely, the Primary Aid functions of Cover and Calm are used only rarely. But when they are needed, they are needed immediately, with little time to bring in others with training in Primary Aid. For this reason, every member of the military and every family member should be familiar with the basics of Primary Aid functions of Cover and Calm.

Figure 9 below reviews the Check Cycle presented in the last chapter with emphasis on the relationship between First Check and Primary Aid. As previously stated, the Check Cycle is initiated by the recognition of an Orange Zone Indicator – significant and persistent distress or alterations in functioning in the aftermath of one or more Orange Zone stressors. A stressor event may alert the COASFA caregiver to the possibility of Orange Zone stress, but it is always the distress and changes in functioning that signal the presence of a stress injury. If these are not present, no matter how awful and potentially overwhelming the stressor may be, no further COSFA actions are needed except occasional follow-up.

If Orange Zone Indicators are present, the First Check is then begun as soon as possible to determine, first of all, whether anyone is in danger due to the distress and functional impairment caused by the stress injury. If anyone is in danger, the Cover function is performed to bring him or her to safety. Coordination is done, as needed, to enlist the help of others or to refer for others’ evaluation and treatment of dangerousness.

The next part of First Check –performed simultaneously with the dangerousness check rather than after it – is to assess whether anyone is unable to subdue his or her own physiological, mental, or emotional arousal levels; in other words, to determine whether anyone is out of control. If so, the Calm function is used along with Covering actions to restore self-control and promote a sense of safety. As always, Coordination is done as needed to ensure needed additional help is obtained.

Once these two crisis issues (safety and calmness) are addressed, Second Check and the rest of COSFA can follow.
Figure 9. Cover and Calm, the focus of First Check.

Figure 10 below shows a conceptual tree linking the major components of Cover as a COSFA function. Starting in the top right quadrant, the first and most basic component of Cover is to make the stress-injured person safe—in any way you can. At the same time, or in rapid sequence, Cover also encompasses making all others safe from the stress-injured person, if that is an issue. Cover is more than physical safety, though; it also includes the perception of safety that follows from both a reduced real danger surrounding a person and greater quiet and order. To the extent necessary to ensure continued safety, Cover also means standing by the person who is acutely in the Orange Zone, remaining available and ready to assist further, as needed.
When Is It Needed? Cover is needed when Orange Zone situations create a threat to the safety of one or more people. There are three main categories of situations that require Cover: (1) external danger to a stress-injured person, (2) danger to others from the stress-injured person’s functional impairment, and (3) internal danger to a stress-injured person caused by extreme levels of distress. Below are examples of these categories of danger situations.

Danger situation: Orange Zone person is in external danger
Person in immediate life-threat situation is not thinking clearly or making good decisions because of stress.
Person has frozen or panicked in a life-threat situation.
Person has an intense flashback to a previous life-threat situation that impairs current functioning.
Person puts self in harm’s way due to need for revenge or anger.

Danger situation: Others in danger from person in Orange Zone
Person not thinking clearly due to stress while holding a lethal weapon.
Person has frozen or panicked while operating a vehicle with other passengers.
Person has threatened others.

Danger situation: Orange Zone person in internal danger
Person has expressed serious thoughts of suicide.
Person has serious health threat related to Orange Zone stress (for example, continuing to work when seriously injured or experiencing heart attack symptoms).

**How Does It Work?** The way the Cover function of COSFA promotes safety is through the following mechanisms:

- Make decisions on behalf of someone who is not thinking clearly
- Take action on behalf of someone who is not behaving in a safe manner
- Get control of someone who is out of control
- Provide authoritative (parent-like) presence to gain control
- Warn and protect others who may not be aware of a danger
- Create an environment of safety to promote recovery

**How Is It Done?** The possible non-verbal and verbal techniques for Cover are almost limitless in number and variety. Any action that quickly makes those in danger safe can be a Cover procedure. When choosing a Cover technique, the priorities are: (1) **ensure safety quickly** and (2) **take no more autonomy away from others than is necessary** for safety — in other words, intrude on others as little as possible and for as short a duration as possible. The following are possible non-verbal and verbal Cover procedures arranged from least to most intrusive. Most of these procedures are intuitive and what many people would do in danger situations if without training.

**Non-verbal Cover procedures (from least to most intrusive)**

- Make eye contact.
- Hold up your own hands in a “stop” gesture.
- Apply gentle pressure on the neck or arm with one hand.
- Shake or nudge the person to get his or her attention.
- Block a person’s way with your own body.
- Pull or drag to safety; physical restraint.
- Take physical control of the person’s body in any way possible.

**Verbal Cover procedures (from least to most intrusive)**

- Ask the person if he or she is okay.
- Ask the person if he or she needs help
- Tell the person what you observe and suggest an alternate, safer course of action.
- Yell a warning to the person about impending danger.
- Forcefully command the person to stop.

**What Are Potential Obstacles and How Are They Overcome?** Because applying the Cover function of COSFA can be difficult in certain situations, it is useful to consider in advance how specific obstacles to their use can be overcome. *Table 5* below lists a few possible obstacles and ways to mobilize resources to overcome them.
**Table 5.** Potential obstacles to Cover, and how to overcome them.

<table>
<thead>
<tr>
<th>Potential Obstacles to Cover</th>
<th>Mobilize Resources to Overcome Them</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are not thinking clearly or behaving safely, either.</td>
<td>Get help.</td>
</tr>
<tr>
<td>You are fully occupied responding to your own threats.</td>
<td>Get yourself safe first, then attend to others.</td>
</tr>
<tr>
<td>You do not have sufficient physical strength to get control of another person.</td>
<td>Get help.</td>
</tr>
<tr>
<td>You cannot acquire or hold the Orange Zone person’s attention and trust.</td>
<td>Involve leaders, peers, medical chaplains, or family members.</td>
</tr>
<tr>
<td>The Orange Zone person remains dangerously agitated even after being Covered.</td>
<td>Consider medications, such as antipsychotic or tranquilizing medications.</td>
</tr>
</tbody>
</table>

**CALM**

*What Is It?* Figure 11 below shows a conceptual tree linking the major components of Calm as a COSFA function. Calming slows down and reduces the intensity of activation of both the body and the mind, both to promote the recovery of normal mental and physical functioning and to put a halt to potential damage being caused to the brain and mind by excessive physiological arousal and high levels of circulating stress chemicals. Calm quiets the body by slowing down or stopping major muscle activity and slowing down heart rate and the level of alertness. It soothes intense and distressing emotions, such as fear, anger, guilt, or shame. Calm helps compose scattered mental focus by redirecting attention outwardly, away from distressing internal states of distress. Providing rest also helps promote recovery and healing.
When Is It Needed? Calm is only needed when Orange Zone stress has interfered with the ability of individuals to reduce their own physiological activity level or emotional intensity. There are three main categories of situations that require Calm: (1) when physiological arousal level is stuck too high, (2) when cognitive mental functioning is disorganized or scattered, and (3) when distressing negative emotions are out of control. Below are examples of these categories of situations that requiring Calming.

**When physiological arousal level is stuck too high:**
- Loss of physical control: fleeing, flailing, or blindly striking out
- Pacing or other persistent, excessive major motor activity
- Hyperventilating
- Shaking
- Rocking or other repetitive self-soothing activity

**When cognitive functioning is disorganized:**
- Rapid, pressured speech (talking too fast)
- Flight of ideas (thoughts flit from one topic to another)
- Not responding appropriately to commands or questions
- Freezing

**When negative emotions are out of control:**
- Poorly controlled fear or panic
Primary Aid

Poorly controlled anger or rage
Intense guilt or shame

**How Does It Work?** The Calm function of COSFA depends on the interconnectedness of the mind, brain, and body to work. Certain life-sustaining functions, such as breathing and heart rate, are normally controlled by the autonomic nervous system, entirely outside the conscious awareness and control of the individual. These functions have to be automatic so they do not cease as soon as you stop paying attention to them. But in addition to being controlled by the autonomic nervous system, these life-sustaining functions can also be controlled, to some extent, through conscious focus and effort, such as through deep breathing. The Calm function of COSFA promotes recovery and healing through the following mechanisms:

- Reduce muscular activity
- Reduce mental and emotional effort
- Slow down heart rate
- Reduce levels of stress chemicals in the blood and brain
- Reduce intensity of negative emotions, such as fear and anger
- Increase positive emotions, such as safety and trust
- Increase ability of the individual for self-control
- Restore mental clarity and focus

**How Do You Do It?** Similar to the Cover function of COSFA, Calm is performed through any of a number of non-verbal or verbal procedures that can be of almost limitless variety, but should always be tailored for the specific situation and person being aided. Unlike Cover, the Calm function does not take away autonomy (that is, you usually do not need to obstruct a person’s actions to Calm them), so preserving autonomy is usually not an issue. Conversely, the trust and engagement of the individual to be Calmed is more crucial than in Cover. In applying the Calm function, non-verbal procedures are usually performed first, with verbal procedures added as needed. The following are a few possible non-verbal and verbal Calm procedures.

**Non-verbal Calm procedures**
- Calm, authoritative physical presence
- Eye contact
- Staying with the person
- Not showing fear, anger, impatience, or disgust
- Touching or holding, if appropriate and not threatening

**Verbal Calm procedures**
- Repetitive, soothing phrases, such as –Easy now…‖ or –It’s okay…‖
- Reassurances of current safety and/or support, such as –You’re safe now…‖ or –I’m here with you…‖
- Encouragement, such as –You can do it…‖ or –There you go…‖
- Calming directive, such as –Calm down‼️ or –Relax‼️
Attention-getting, such as “Look at me!” or “Listen to my voice!”
Distraction, such as encouraging thinking about something else
Coaching in deep-breathing or grounding exercises
Empathic listening to distressing thoughts, feelings, or memories

Deep breathing and grounding are specific procedures that can be easily learned and coached. Appendix P lists the procedures for deep diaphragmatic breathing as a Calming tactic.

**What Are Potential Obstacles and How Are They Overcome?** Although the Calm function of COSFA usually offers fewer challenges than the Cover function, obstacles may still be encountered. It can therefore be useful to consider in advance how specific obstacles to the application of Calm procedures can be overcome. *Table 6* below lists a few possible obstacles to Calm and ways to mobilize resources to overcome them.

**Table 6.** Potential obstacles to Calm, and how to overcome them.

<table>
<thead>
<tr>
<th>Potential Obstacles to Calm</th>
<th>Mobilize Resources to Overcome Them</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are not yet calm yourself.</td>
<td>Use calming techniques on yourself and others at the same time, such as by self-talk or by demonstrating slow, deep breathing.</td>
</tr>
<tr>
<td>You are too distracted or busy to attend to the person in need.</td>
<td>Get help.</td>
</tr>
<tr>
<td>You are surrounded by too much noise and chaos.</td>
<td>Find and get to a safer, quieter place.</td>
</tr>
<tr>
<td>Someone else is agitating the person by their loud or frantic behavior.</td>
<td>Direct others away from the Orange Zone person if they are not helping.</td>
</tr>
<tr>
<td>You cannot acquire and hold the Orange Zone person’s trust or attention.</td>
<td>Engage and involve supportive leaders, peers, or others.</td>
</tr>
<tr>
<td>The Orange Zone person fails to Calm down even after the use of non-verbal and verbal techniques.</td>
<td>Consider medications, such as antipsychotic or tranquilizing medications.</td>
</tr>
</tbody>
</table>
SECONDARY AID:
Building Bridges to Connect, Competence, and Confidence

Secondary Aid includes the last three stress first-aid actions of Connect, Competence, and Confidence. These Secondary Aid actions are not intended to respond to crisis situations involving immediate danger or loss of control, as are the Primary Aid actions of Cover and Calm. Rather, Secondary Aid focuses on promoting recovery from Orange Zone stress by augmenting and maximizing the healing forces already intrinsic to military units — those based on leadership principles, such as vertical trust and communication, and on unit cohesion principles, such as horizontal trust and support. Secondary Aid is thus an extension of the leadership and the social and spiritual structure of the unit rather than a set of one-on-one interventions undertaken in isolation.

Table 7 below gives an overview of the three Secondary Aid actions of Connect, Competence, and Confidence. Compared to Primary Aid, Secondary Aid is a more gradual process of promoting recovery and well-being that must be sustained over a longer period of time. As functions of leadership, Secondary Aid actions require greater skill and ability to communicate and influence others than do the Primary Aid actions of Cover and Calm, which can be used by anyone as self- or buddy-aid.

Table 7. Overview of Secondary Aid.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>CORE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Aid</td>
<td>Delayed COSFA actions performed after the crisis has passed</td>
</tr>
<tr>
<td></td>
<td>Connect Facilitate access to primary support persons, such as trusted unit or family members</td>
</tr>
<tr>
<td></td>
<td>Help problem-solve to remove obstacles to social support</td>
</tr>
<tr>
<td></td>
<td>Foster positive unit social activities</td>
</tr>
<tr>
<td></td>
<td>Competence Help mentor back to full functioning</td>
</tr>
<tr>
<td></td>
<td>Collaborate with leaders to facilitate rewarding work roles and retraining, if necessary</td>
</tr>
<tr>
<td></td>
<td>Encourage gradual re-exposure to feared situations</td>
</tr>
<tr>
<td></td>
<td>Confidence Mentor back to full confidence in self, leadership, mission, and core values</td>
</tr>
<tr>
<td></td>
<td>Foster the trust of unit members and family members in the individual</td>
</tr>
<tr>
<td></td>
<td>Instill hope</td>
</tr>
</tbody>
</table>

Secondary Aid normally begins after an Orange Zone crisis has passed and the Primary Aid actions of Cover and Calm are no longer needed, if they were needed. As Secondary
Aid is undertaken, however, the need for Primary Aid may reappear at any point, if only briefly; for example, as persons with Orange Zone are exposed to reminders of their original experiences of life threat or loss. Although the three Secondary Aid actions are presented in a particular order, their application on behalf of Orange Zone individuals is more simultaneous than sequential. Each of these actions can be performed in many gradations of intensity and depth, depending on the needs of individuals and the abilities and resources of the COSFA leader or caregiver.

**Connect, Competence, and Confidence: The Focus of Second Check**

Figure 12 below illustrates the components of the Check Cycle that are the portals of entry for Secondary Aid. As with Primary Aid, these steps are not a linear sequence that is gone through only once for each individual in the Orange Zone, but a cycle that is repeated over and over again for as long as it is needed.

**Figure 12.** Second Check and Secondary Aid.

Just as the crisis responses of Primary Aid follow from the assessments and decision-making of the First Check, Secondary Aid is the result of the more detailed assessments of Second Check. The Second Check in COSFA answers the questions: (1) which stress zone is this person in right now? and (2) what are their physical, mental, social, and spiritual needs and resources? The three actions of Secondary Aid are not intended to meet all possible needs of an individual recovering from Orange Zone stress, but they are designed to address three common and basic psycho-social-spiritual needs of such individuals:
Secondary Aid

The need for peer and family social support (Connect)

The need for the capacities necessary to function competently in personal, occupational, and social spheres (Competence)

The need for a positive self-image and hope for the future (Confidence)

As with First Check and Primary Aid, Second Check and Secondary Aid must always be accompanied by Coordination to answer the two questions: (1) who needs to know about this person’s current status? and (2) who else can help? Before returning to the starting point of the Check Cycle after each passage through it, Collateral Information must be obtained from all available sources to ensure that decisions are based on the best possible information.

The three Secondary Aid actions are seeds that can be slow to sprout, and even longer to bear fruit. The provider of Secondary Aid has a unique opportunity to plant seeds with individuals who may be open to intervention because of the acute nature of Orange Zone Stress, versus later when they may be less open and amenable to support or influence. Patience and persistence are crucial.

CONNECT

What Is It? Research has shown that positive social support with others who are trusted and valued builds resilience and is crucial for adapting to the entire spectrum of life challenges, from daily hassles to experiences of trauma, loss, and personal failure. Social and spiritual supports also shape expectations for ethical and moral behavior and help provide crucial meaning for life experiences. In the aftermath of Orange Zone stress injuries, everyone needs to Connect with trusted others to feel safe, to communicate personal experiences and perceptions, to affirm personal worth, and to restore understanding and predictability. The Connect function of COSFA facilitates the meeting of those needs, either directly or indirectly.

The Connect function targets all three types of social and spiritual support:

**Instrumental support:** the provision of material aid (for example, financial assistance or help with daily tasks)

**Informational support:** the provision of relevant information intended to help the individual cope with current difficulties (for example, advice or guidance)

**Emotional support:** the expression of empathy, caring, and reassurance, and providing opportunities for positive forms of social involvement and/or distraction, emotional expression, and venting

If military units and families always functioned perfectly, there would never be a need for the COSFA Connect function, but individuals and units under severe stress do not always have optimal, or even adequate, social and spiritual functioning. Yellow Zone stress can create social friction in units and families, and Orange Zone stress can generate persistent alienation and loss of trust. The Connect function of COSFA troubleshoots these challenges to social and spiritual support, and attempts to correct them.

*Figure 13* graphically defines the four broad conceptual components of the Connect function of COSFA. Although overlapping to some degree, each of these four areas is a separate domain of social and spiritual support. Each area deserves to be considered in every
case. The first and most basic component of Connect is to be with the stress-injured person, in any way you can, by maintaining a steady presence and eye contact and by listening, and/or empathizing. At the same time, Connect also encompasses comforting the stress-injured person, if needed, by encouraging or soothing him or her, or by accepting what the individual is going through. Cover is more than being available and comforting the person; it also includes the actions of reducing the alienation and isolation that can follow from Orange Zone stress. This might be by working with others in the command to improve their understanding of the stress-injured individual’s circumstances, to correct misperceptions and/or restore trust in the individual, to assure that others are inviting the stress-injured individual to be a part of activities, or by making an effort to talk with the person in a more concerted way.

**Figure 13.** The conceptual components of the Connect function of COSFA.

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**When Is It Needed?** The Connect action of COSFA is closely related to unit cohesion, which is a state of mutual trust, respect, and communication within the unit. The Connect action of COSFA can be thought of as intentionally using unit cohesion for the benefit of one or more stress-injured Marines or Sailors in the unit, and repairing unit cohesion to the extent it is decremented by Orange Zone stress in the unit. Stress-injured Marines and Sailors almost always withdraw from those around them and lose some of the trust and camaraderie they previously enjoyed. Leaders in the Orange Zone may also be less effective at promoting trust and communication in a unit. The Connect action of COSFA is, therefore, needed whenever Orange Zone stress causes a relative loss of cohesion in a unit, or social isolation or alienation in an individual. In the examples of behaviors or feelings below, a person injured by Orange Zone stress:
Secondary Aid

No longer feels like his or her normal self, and feels uncertain and awkward around others.

Feels ashamed of his or her acute Orange Zone crisis, and fears others in the unit have lost trust in him or her.

Cannot stop thinking about the vivid details of the death of another Marine, but is afraid to talk with others in the unit about it.

Is emotionally numb and detached, and cannot seem to feel interest in interacting with peers like he or she used to.

Fears that talking with others in the unit will trigger painful memories about events they lived through together.

Cannot stop feeling intensely angry all the time and thus avoids being around others.

Blames leaders or peers in the unit for the death of fellow Marines or another troubling event.

Is blamed by other members of the unit for the death of another Marine or some other troubling event.

Feels exhausted and overwhelmed.

Does not have sufficient energy to socialize with others.

**How Does It Work?** The Connect function of COSFA works by reducing isolation and alienation to promote within individuals and the unit:

- A common identity through shared experiences, values, and modes of behavior.
- Common experiences through sharing of perceptions, thoughts, and feelings.
- Common understanding of the meaning of events.
- Shared responsibility.
- Shared suffering.
- Reduced feelings of guilt, shame, or blame.
- Greater forgiveness.
- More hope.

**How Is It Performed?** As summarized in Table 8 below, the Connect function of COSFA progresses through the **three general steps** of (1) assessing resources for social support, (2) assessing obstacles to social support, and (3) intervening to remove those obstacles.
Table 8. Steps to perform the Connect function of COSFA.

<table>
<thead>
<tr>
<th>Connect Step</th>
<th>Why Do It</th>
<th>How to Do It</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Assess social resources</td>
<td>Identify the best possible sources of social support for an individual</td>
<td>Identify who in the unit is most trusted by the individual (this could be you). Identify who in the unit has a positive attachment to the individual. Identify members of the chain of command whom the individual most trusts. Identify individuals outside the unit (e.g., family members) trusted by the individual.</td>
</tr>
<tr>
<td>ii. Assess obstacles to social support</td>
<td>Understand why an individual is not using all available social resources</td>
<td>Ask the individual about how he or she perceives his or her own level of social involvement and connectedness. Ask the individual about his or her level of satisfaction with the social support he or she is getting. Find out what has changed in the individual that has led to isolation or alienation. Observe the individual interacting with others, looking for patterns of poor communication, respect, or trust. Ask unit leaders their perceptions of an isolated individual, and how other unit members perceive that person.</td>
</tr>
<tr>
<td>iii. Intervene to remove obstacles to social support</td>
<td>Overcome obstacles in the individual or in others to better social connectedness</td>
<td>Listen empathically and compassionately, especially to experiences of loss, trauma, or moral injury. Encourage and lead formal or informal group social activities. Encourage the isolated individual to seek out greater social connectedness. Provide a model for how to do that. Describe to the isolated individual the specific isolating behaviors you witness. Look for and confront distorted perceptions and conceptions in the individual that might interfere with two-way trust and respect. Confront and try to neutralize blame, guilt, and shame. If specific problems are identified that are interfering with social connectedness, encourage active problem solving. Lead group discussions of events (like an After Action Review) in order to promote common perceptions and understanding.</td>
</tr>
</tbody>
</table>
Leaders play a critical role in developing and maintaining social cohesion. COSFA caregivers should advise, encourage, and mentor leaders to enhance social support in the unit through the following actions:

**Engage Chain of Command to:**
Lead After Action Reviews after all significant events.
Show concern and caring consistently.
Reassure individuals with Orange Zone stress.
Build teamwork.
Be a good mentor or role model.
Reduce conflict, blaming, scapegoating, and rumors in the unit.
Honor the fallen.

*What Are Potential Obstacles and How Are They Overcome?* Because applying the Connect function of COSFA can be difficult at times, it can be useful to consider in advance how specific obstacles to their use can be overcome. *Table 9* below lists a few possible obstacles and ways to mobilize resources to overcome them.

**Table 9.** Potential obstacles to Connect, and how to overcome them.

<table>
<thead>
<tr>
<th>Potential Obstacles to Connect</th>
<th>Mobilize Resources to Overcome Them</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are too distracted or busy to attend to the person in need.</td>
<td>Engage peers and leaders to help the person in need.</td>
</tr>
<tr>
<td></td>
<td>Connect the stress-injured person with supportive family, friends, and others.</td>
</tr>
<tr>
<td>You cannot gain the trust and confidence of the person in need.</td>
<td>Recruit peers and leaders to engage the person in need.</td>
</tr>
<tr>
<td>The person in need has recently lost one or more of his close</td>
<td>Encourage the communalizing of grief.</td>
</tr>
<tr>
<td>friends.</td>
<td>Encourage the grieving person to develop other attachments.</td>
</tr>
<tr>
<td>The person in need has been ostracized by others in the unit.</td>
<td>Temporarily separate the Orange Zone person from negative influences.</td>
</tr>
<tr>
<td></td>
<td>Engage leaders to address possible scapegoating.</td>
</tr>
<tr>
<td>You have negative feelings toward the person in need.</td>
<td>Talk to someone you trust about your feelings toward the person in need.</td>
</tr>
<tr>
<td></td>
<td>Ask someone else to provide COSFA aid to that person.</td>
</tr>
</tbody>
</table>

For individuals who lack sufficient motivation to work on improving their own level of trust and connectedness with others in the unit, reviewing the following potential benefits for them of doing so may be helpful.

**You need others because:**
They can you solve problems.
They can provide resources when you run short.
They can provide needed information.
They can provide new perspectives for your problems.
They listen and understand you.
They can validate your experiences and feelings so you feel less alone.
They can reassure you when you feel uncertain.
They can help you feel like you belong and fit in.
They can distract you from your worries.
They can make you feel more valuable as a person.
They can depend on you and make you feel needed.
They can give you opportunities to be a better person by thinking of someone else's welfare.

COMPETENCE

What Is It? In COSFA, the Competence function focuses on **enhancing and restoring, when necessary, individual capacities to function and perform in all important life roles**, including occupational, personal, and social domains. The term “Competence” is really shorthand for “help restore previous capabilities” or “cultivate personal competence.” The need for the Competence action of COSFA is signaled by the loss of previous mental, emotional, or physical capabilities directly because of an Orange Zone stress injury or Red Zone stress illness. Which capabilities may be lost, and to what extent they may be lost, will depend greatly on the situation and the individual involved. For many individuals in many circumstances, Orange Zone stress may cause no discernible loss of mental or physical abilities. On the other hand, a severe life threat or loss injury may cause a brief period of significant mental confusion followed by a longer period of slightly decreased ability to think clearly and sharply, or to control intense emotions. Orange Zone stress also often presents new and significant challenges to individuals' capacities to cope and adapt, such as the challenge of managing reminders of life threat or loss. The intensity of Orange Zone experiences can strain the ability of individuals to maintain supportive connections with others.

*Figure 14* below graphically depicts the three conceptual components of the Competence function of COSFA: (1) occupational skills, (2) personal wellbeing and wellness skills, and (3) social skills. Occupational functioning is the first and most important target of the Competence function of COSFA. The risk of career harm that can be associated with Orange and Red Zone stress is strongly influenced by leader perceptions of competence. Facilitating competence can help to mitigate the stigma associated with not being mission ready. Service members not only suffer the wounds of life-threat trauma, loss, inner conflict, and fatigue, they also experience a loss in the sources of resilience and good feeling that stem from being competent and excelling in their military and personal roles. This is a source of distress and an impediment to healing and recovery. The Competence action of stress first

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Secondary Aid

aid aims to restore previous mental and physical capabilities, and the confidence in those abilities, through practicing them and demonstrating effectiveness. The critical role caregivers play in this process is to encourage and support the re-establishment of important mental and physical capabilities and to foster learning or practicing the skill required to cope with Orange Zone symptoms.

**Figure 14.** The conceptual components of the Competence function of COSFA.

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**When Is It Needed?** The two important signals for the need for the Competence function of COSFA are (1) the temporary or persistent loss of previous skills or abilities due to Orange Zone stress and (2) the emergence of new life challenges with which the individual has not yet developed the ability to cope, such as Orange Zone symptoms of distress. The following are examples of each category of need for Competence.

**Orange Zone stress can cause the loss of previous skills or abilities:**

- Temporary loss of mental focus or clarity during an Orange Zone crisis (for example, dissociative freezing and going blank)
- Temporary loss of emotional or behavioral self-control (for example, panic or rage responses under stress)
- Loss of ability to modulate physiological arousal due to Orange Zone stress (for example, shaking, trembling, pounding heart, or rapid and shallow breathing)
More persistent changes in cognitive functioning due to wear-and-tear stress (for example, slowed memory recall or difficulty making decisions or solving problems)
Loss of enthusiasm and motivation due to acute or chronic Orange Zone stress
Decrease in social aptitude due to loss of sense of humor, changes in fluency of speech, or decreased range of emotional responses
Loss of ability to see the "big picture" due to moral injuries

Orange Zone stress can create new challenges to coping:
- Trauma or loss reminders causing feelings of dread, panic, or anger
- Disturbing memories of trauma, loss, or moral injury intruding into conscious awareness
- Difficulty relaxing, slowing down, or getting to sleep
- Difficulty maintaining an emotional even keel in the face of frustrations
- Dread and desire to avoid re-exposure to situations reminiscent of trauma or loss
- Stress-induced physical symptoms, such as low energy or changes in bowel functioning (for example, diarrhea)
- An inability to modulate emotional numbing and/or discuss intense experiences or emotions, which strains supportive connections with others

How Does It Work? The Competence function of COSFA lays the foundation not only for recovery and healing, but also for posttraumatic growth and development by ensuring that needed skills are obtained and practiced. It reduces the stigma associated with Orange or Red Zone stress by minimizing their career impact. It also reduces the potential social consequences of Orange and Red Zone stress by identifying social skills that are needed or have been decremented and restoring them as quickly as possible.

How Is It Done? The core process for the Competence function of COSFA is taking one step backward in order to take two steps forward. In other words, like an obstacle that suddenly appears on the road after we drive around a bend, Orange Zone stress can present a life challenge that sometimes cannot be circumvented without first stopping, backing up a bit, and then changing course. Thus, restoring or enhancing Competence in the face of Orange Zone stress can require the following sequence of actions: (1) stop, (2) back up, and (3) move forward again. Table 10 below describes the elements of these three Competence steps.
Table 10. Steps to perform the Competence function of COSFA.

<table>
<thead>
<tr>
<th>Competence Step</th>
<th>Specific Intent</th>
<th>How to Do It</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stop</td>
<td>Rest, take time to recover&lt;br&gt;Identify challenges to functional capabilities&lt;br&gt;Do not keep doing what is not working</td>
<td>With the concurrence of leaders and operational capability, take an operational pause for 24-72 hours. Assess functional capabilities and limitations, if any, in occupational, social, and personal well-being spheres.</td>
</tr>
<tr>
<td>2. Back up</td>
<td>Retrain and refresh old skills&lt;br&gt;Learn new skills&lt;br&gt;Explore new options</td>
<td>Provide refresher training. Provide leadership mentoring. Practice problem solving. Provide training in new occupational, social, or personal wellness skills. Enhance wellness through sleep, nutrition, exercise, meditation, prayer, etc.</td>
</tr>
<tr>
<td>3. Move forward again</td>
<td>Practice refreshed skills&lt;br&gt;Practice and perfect new skills&lt;br&gt;Find new directions and goals</td>
<td>Gradually increase responsibilities and duties. Set achievable goals. Explore and troubleshoot obstacles as they arise. Reinforce successes. Reinforce motivation to overcome challenges.</td>
</tr>
</tbody>
</table>

COSFA caregivers should become adept at teaching a variety of stress-coping skills that are relevant to Orange Zone stress. Examples of important well-being skill sets that should be considered as part of the Competence function of COSFA include the following:

- Sleep hygiene
- Relaxation
- Meditation or prayer
- Anger management
- Goal setting
- Problem solving
- Nutrition
- Physical exercise and conditioning

What Are Potential Obstacles and How Are They Overcome? Restoring and enhancing Competence in all important life spheres for individuals in the Orange Zone can be challenging. Without full engagement by unit leaders and key family members, it is
impossible. *Table 11* below lists a few possible obstacles to Competence and ways to mobilize resources to overcome them.

**Table 11.** Potential obstacles to Competence, and how to overcome them.

<table>
<thead>
<tr>
<th>Potential Obstacles to Competence</th>
<th>Mobilize Resources to Overcome Them</th>
</tr>
</thead>
<tbody>
<tr>
<td>You cannot engage unit leaders in the effort to restore Competence.</td>
<td>Coordinate with others in the unit to provide leaders with behavioral observations to support the need for Competence aid.</td>
</tr>
<tr>
<td></td>
<td>Coordinate with other leaders to troubleshoot obstacles to Competence function.</td>
</tr>
<tr>
<td></td>
<td>Refer the Orange Zone individual for evaluation by a mental health professional.</td>
</tr>
<tr>
<td>The Orange Zone individual does not recognize his or her need for</td>
<td>Repeatedly but tactfully describe to the Orange Zone individual your observations about his or her functional capabilities and performance.</td>
</tr>
<tr>
<td>Competence aid.</td>
<td>Coordinate with others to do the same.</td>
</tr>
<tr>
<td>The Orange Zone individual lacks motivation to retrain or develop new</td>
<td>Appeal to the Orange Zone person's loyalty to peers, family members, and others who rely on him or her.</td>
</tr>
<tr>
<td>skills.</td>
<td>Coordinate with other influential people in the Orange Zone individual's life to enhance motivation.</td>
</tr>
<tr>
<td>Resources are not available for retraining or training in new skills.</td>
<td>Engage leaders to address supply of needed resources.</td>
</tr>
<tr>
<td>You are not sure you have sufficient Competence to provide aid.</td>
<td>Consult with others; seek mentoring.</td>
</tr>
<tr>
<td></td>
<td>Refer individual to other levels of care.</td>
</tr>
</tbody>
</table>

**CONFIDENCE**

*What Is It?* The final function in COSFA, Confidence, focuses on **building realistic self-esteem and restoring hope**, both of which are often diminished in the aftermath of Orange Zone stress. Confidence is the capstone of the process of recovering from a stress injury and of becoming stronger and more mature because of it. The acquisition of new strengths and capabilities in the aftermath of Orange Zone stress is sometimes called “posttraumatic growth.” Realistic self-confidence and self-esteem are earned through mastering challenges and achieving goals, despite hardships and obstacles. The role caregivers play in this process is to support stress-injured Sailors and Marines as they set realistic goals, work to achieve those goals, and maintain a positive but realistic self-image. **Restoring hope** comes through identifying obstacles to belief in self, mission, values, and God, and helping to remove those obstacles and/or build meaning.

*Figure 15* below graphically depicts the four conceptual components of the Confidence function of COSFA: (1) self-worth, (2) meaning, (3) trust, and (4) hope. Each of these
components of Confidence is a key to living a constructive, creative, and fulfilling life — as an individual, and in relation to important others, institutions, and God. More than any other function in COSFA, Confidence depends on a firm social and spiritual base to be effective.

**Figure 15.** The conceptual components of the Confidence function of COSFA.

<table>
<thead>
<tr>
<th>Imagining the future</th>
<th>Forgiveness of self</th>
<th>Belief in self</th>
<th>Accurate self concept</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Hope</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forgiveness of others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Self Worth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Trust</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust in peers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust in equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust in leaders</td>
<td><strong>Meaning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Faith</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Purpose</strong></td>
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<td></td>
<td><strong>Honor</strong></td>
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<td></td>
<td><strong>Making sense</strong></td>
<td></td>
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<td></td>
<td><strong>Trust in mission</strong></td>
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*When Is It Needed?* Each of the six COSFA actions discussed up to this point addresses a potential need of individuals experiencing Orange Zone stress. Each of these needs addressed by COSFA can be experienced by those in the Orange Zone as injurious to hope, trust, and meaning, as well as detrimental to their self-worth, especially in cultures, such as those in the military, that prize self-sufficiency and autonomy. The final COSFA function, Confidence, addresses these needs — to restore trust, hope, meaning, and a positive and sustainable self-image based on a realistic self. It can be assumed that everyone who has developed significant and persistent distress or alterations in functioning due to experiences of life-threat, loss, inner moral conflict, or wear and tear faces a challenge to restore and maintain a sense of hope, meaning, trust, and positive self image in relation to the world. The Confidence function of COSFA is needed by everyone who has ever sustained a stress injury. The life challenges addressed by the Confidence function are common to all human beings on the planet throughout their lives. The challenges of Confidence are life-long challenges.

The urgency and importance of the Confidence function of COSFA is apparent from considering the alternatives to possessing its components: a positive self-worth, meaning, trust, and hope. The alternative to hope is despair, the alternative to trust is alienation, the alternative to meaning is emptiness, and the alternative to self-worth may be suicide. Although much more research is needed in this area, the components of Confidence are
likely central to the relationship between stress injury and suicide, aggression, and other destructive behaviors.

At the extreme end of the spectrum, the following attitudes and behaviors signal the most dire need for the Confidence function:

- Hopelessness
- Loss of faith
- Loss of belief in good in others and self
- Feeling betrayed by those who were once trusted
- Feeling betrayed by oneself
- Seeking revenge
- Feeling unforgivable or unredeemable
- Suicidal or homicidal thoughts

**How Does It Work?** Restoring Confidence in all its components is an inherently spiritual process that requires exceptional leadership and communication skills. It is only through the empathic but honest mirroring provided over time by a trusted other, such as a COSFA caregiver, that individuals recovering from Orange Zone stress can find sustainable self-worth, rational meaning and purpose, trust, and hope for the future. Each individual must be met where they are, without preconceptions or cookie-cutter solutions. During the course of recovering their Confidence, individuals must perform hard work — to grieve losses, give up immature ways of seeing themselves and their relationship to the world, and forgive themselves and others for their failings.

**How Do You Do It?** More than in any other aspect of COSFA, the Confidence function requires an empathic and honest relationship evolving over time. There are no gimmicks or tricks. It also requires that the helping person be seen as an authority, or at least authoritative, so that distortions of thought and perception, once confronted, will be genuinely reconsidered. The power of respected religious or military organizations, their symbols, and their ceremonies, can be tapped into by COSFA caregivers.

Apart from such generalities, *Table 12* below lists possible procedures to develop Confidence.

**Table 12.** Steps to perform the Confidence function of COSFA.

<table>
<thead>
<tr>
<th>Confidence Step</th>
<th>Specific Intent</th>
<th>How to Do It</th>
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<tbody>
<tr>
<td><strong>Assess needs</strong></td>
<td>Assess self image, understanding of meaning of life events, level of trust in self and others, and hope for the future</td>
<td>Listen empathically. Develop a trusting relationship. Ask questions and offer tentative observations and understandings.</td>
</tr>
<tr>
<td>Confidence Step</td>
<td>Specific Intent</td>
<td>How to Do It</td>
</tr>
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<td>----------------------</td>
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| Connect with resources | Restore depleted physical, psychological, and social resources                      | Coordinate with all possible sources of needed resources, both inside and outside the military.  
|                      | Foster spiritual connections                                                      | Address financial problems, family problems, military occupational problems, health problems, etc.  
|                      |                                                                                  | Identify obstacles and find solutions to overcome them.                                                                                     |
| Encourage growth     | Remove excessive guilt or shame                                                    | Listen for and confront distorted or overly negative and/or rigid conceptions or perceptions of self or others.  
|                      | Promote forgiveness of self and others                                           | Encourage the individual to put himself or herself in others' shoes, to see himself or herself through others' eyes, or to try more adaptive ways of seeing himself or herself, or the situation.  
|                      | Establish new meaning and purpose                                                 | Appeal to trusted authority or spiritual figures.                                                                                    
|                      | Set new directions and goals                                                      | Encourage making amends, or giving to others the same things one has lost, oneself.  
|                      |                                                                                  | Encourage learning and education.                                                                                                  
|                      |                                                                                  | Encourage establishing new relationships and strengthening old ones.  
|                      |                                                                                  | Encourage setting realistic goals and setting a plan to achieve those goals in readily attainable steps. |

*What Are Potential Obstacles and How Are They Overcome?* Restoring and enhancing Confidence is the greatest challenge of COSFA. *Table 13* below lists a few possible obstacles and ways to meet them by mobilizing resources.
Table 13. Potential obstacles to Confidence, and how to overcome them.

<table>
<thead>
<tr>
<th>Potential Obstacles to Confidence</th>
<th>Mobilize Resources to Overcome Them</th>
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<tr>
<td>The individual is unable to grieve the loss of important, sustaining attachments.</td>
<td>Encourage the communal sharing of grief with others affected by the same loss.</td>
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<td></td>
<td>Search for and confront excessive self-blame or blame of others.</td>
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<td></td>
<td>Relentlessly point out the self-destructive nature of stalled grief.</td>
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<td></td>
<td>Encourage the individual to imagine how the deceased person would view his or her stalled grieving if they were present to comment on it.</td>
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<td></td>
<td>Invoke an inspiring social or spiritual image, teaching, or belief to promote acceptance and grieving.</td>
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<td></td>
<td>Encourage physical memorials and ceremonies.</td>
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<tr>
<td>The individual has lost portions of himself or herself that are viewed as essential.</td>
<td>Encourage supportive relationships with others who have sustained similar losses and found new hope.</td>
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<tr>
<td></td>
<td>Search for and confront excessive self-blame or blame of others.</td>
</tr>
<tr>
<td></td>
<td>Invoke an inspiring social or spiritual image, teaching, or belief to promote healing.</td>
</tr>
<tr>
<td></td>
<td>Encourage the learning and mastery of new skills and abilities.</td>
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<tr>
<td>The individual feels unforgiveable.</td>
<td>Encourage the making of amends, even if that will be a life-long endeavor.</td>
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<tr>
<td></td>
<td>Invoke an inspiring social or spiritual image, teaching, or belief to promote self-forgiveness.</td>
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<tr>
<td></td>
<td>Relentlessly point out the self-destructive nature of self-blame.</td>
</tr>
<tr>
<td>The individual cannot forgive others.</td>
<td>Relentlessly point out the self-destructive nature of blame and revenge motives.</td>
</tr>
<tr>
<td></td>
<td>Encourage the individual to learn more about and empathize with those who are blamed.</td>
</tr>
<tr>
<td></td>
<td>Invoke an inspiring social or spiritual image, teaching, or belief to promote forgiveness.</td>
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<td></td>
<td>Appeal to Core Values.</td>
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In promoting Confidence, it is important for the COSFA caregiver to continuously monitor for possible dangerous thoughts or impulses, such as for suicide or homicide, and to take Primary Aid actions as needed to ensure safety. Referral for mental health evaluation and possible psychotherapy and/or medication treatment should also be continuously considered, especially when progress seems to be stalled or reversing direction.

Even under the best of circumstances, the components of Confidence are achieved only through concerted effort over a long period of time. Patience is required, as is the willingness to plant seeds now that may only sprout in the unforeseen future.