



Case #3: Evaluate Individual Patient (USN) Utilizing COSC principles

- 1. Branch (USA/USN/Marines/USAF):** USN/Marines
- 2. Setting (2-3 sentences; brief description including unit, clinic vs deployed, geographic location):** Camp Pendleton, California, USA.
- 3. Learner's Role:** You are currently a staff attending psychiatrist at the behavioral health clinic at Camp Pendleton, California. This base is one of the largest Marine Corps bases in the US and operates as a training base that emphasizes combat readiness, and due to the high volume of training operations, may at any point house up to 30,000 AD service members, who make up your patient population.
- 4. Scenario:**



You are wrapping up a typical clinic morning when the news ripples through the office that there has been a fatal training accident. The base commander requests that a Special Psychiatric Rapid Intervention Team (SPRINT) be stood up to provide support to those affiliated, witnessed, or involved in the tragedy. As you volunteer along with other psychiatrists, psychologists, behavioral health techs, and chaplains, the team is informally briefed on the known details:


Members of the 15th Marine Expeditionary Unit were running a training raid on San Clemente Island with Naval assets yesterday. Eight young Marines are MIA and presumed dead after their amphibious assault vehicle (AAV), had capsized and sunk enroute to the USS Atrides, a US Navy transport dock that was engaged in an aviation exercise some 2 miles offshore. A search and rescue for the missing bodies is now underway. 16 Marines total were on-board the armored seacraft, with 8 MIA, 1 pronounced dead at the scene of the accident, and 7 survivors, making it the highest fatality training accident in the history of the Marine Corps. A formal investigation is also ongoing, but there are some details available to your team. High surf conditions, catastrophic equipment failure, and inadequate training of troops involved were all contributing factors to this tragedy. Additionally, while the Marines typically require two safety ships per 6 AAV's in the water during amphibious exercises, there were no safety ships yesterday. The AAV suffered sequential system failure as it took on more and more water over 45 minutes, leaving the infantry Marines inside (none of whom had been qualified/trained to egress from this type of vehicle) in continuously rising water levels. When the water was at boot level, the commander climbed on top of the vehicle and waved a "November flag" which signals peril of sinking. A sailor on the USS Atrides saw this and two other AAV's turned back to help, but were too late; the sinking AAV was only 6 inches above the waterline when they arrived on scene. The commander opened the starboard hatch and 5 Marines were able to evacuate the



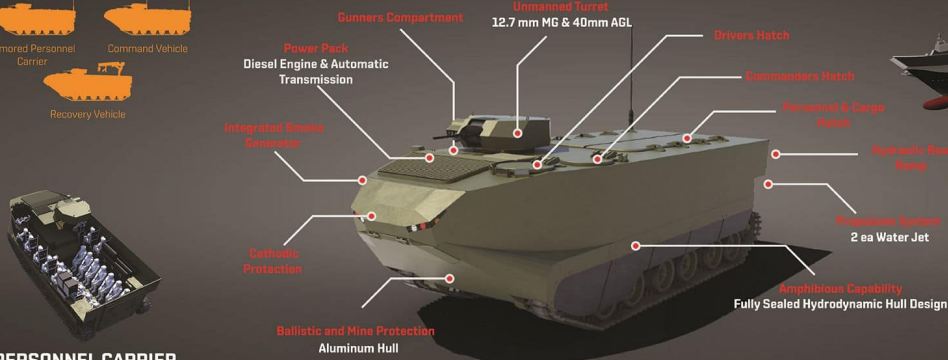
vehicle but the surf conditions were against them, and rapid water intrusion caused the vehicle to turn sideways and quickly sink before the others could be evacuated.

ARMORED AMPHIBIOUS ASSAULT VEHICLE (ZAHA)







Armored Personnel Carrier
Command Vehicle
Recovery Vehicle




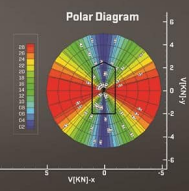
Labels:
 Gunners Compartment
 Unmanned Turret 12.7 mm MG & 40mm AGL
 Drivers Hatch
 Commanders Hatch
 Personnel & Cargo Hatch
 Hydraulic Steer Pump
 Precision Sensors 2 ea Water Jet
 Amphibious Capability Fully Sealed Hydrodynamic Hull Design
 Ballistic and Mine Protection Aluminum Hull
 Cathodic Protection
 Integrated Diesel Generator
 Diesel Engine & Automatic Transmission
 Power Pack



27ea ZAHA will be deployed at LHD

PERSONNEL CARRIER





GROSS VEHICLE WEIGHT	LENGTH	WIDTH	SEA STATE	SELF RIGHTING CAPABILITY	WATER SPEED	SIDE SLOPE	GRADIENT	VERTICAL OBSTACLE	TRENCH CROSSING
Max. 30 tonnes	8.3 m	3.3 m	4		Max. 7 Knots	40%	60%	90 cm	2 m





A patient is brought to you, HM2 Johnson, a hospital corpsman who had been helping support the search and rescue efforts. HM2 Johnson helped care for and triage the survivors when they came into the base hospital, which included hearing second-hand their accounts of the incident. The hospital command sent out a team that remained on site at the shoreline in tents, operating and manning a first aid and respite station for the search and rescue crews. HM2 Johnson was also sent out with this team. Hearing about the incident has affected the corpsman deeply, and they were brought to you by their peer, HM2 Salazar. HM2 Salazar informs you that his/her normally “positive and upbeat” fellow sailor has been “irritable and angry...” and describes “an outburst towards our senior NCO who was just recommending we take a break”.

HM2 Salazar adds that not only has HM2 Johnson not rested/eaten at all since arriving on scene, nor slept overnight, but one of the Marines missing is a high school friend of theirs, whom they knew well and stayed in touch with despite enlisting in different branches.

5. Learning Objectives

1. Utilize COSC (Combat Operational Stress Control) principles and the BICEPS model in therapeutic interview with an AD service member experiencing a COSR (Combat Operational Stress Reaction) following a PTE (potentially traumatic event).
2. Understand the COSC triage levels of care and be prepared to discuss with faculty whether you would recommend return to duty, unit rest (at the site), hold rest (return to barracks), or ‘medevac’ (send to ER for higher level psych evaluation and treatment) .
3. Utilize motivational interviewing principles and COSC principles to explore the patient’s ambivalence about changing behaviors (not taking care of self) that may be detrimental to the mission.
4. For PGY3-PGY4: Navigate moral injury surrounding the perceived mistakes made by commanders, the Marine Corps, and disillusionment with the military at large.

6. Grading Components: (Scored on rubric/scale)

Did the learner establish a therapeutic alliance with the patient?

Did the learner appropriately apply COSC principles and BICEPS model to help the patient navigate COSR?

Did the learner adequately discuss the plan for level of care with the faculty?

7. Supplemental Case Materials



- a. Review of COSC
- b. COSC FM 4-2-51
- c. Medevac ATP 4-02.02