

# AMEDDC&S: Occupational Therapy Branch

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The Occupational Therapy (OT) Branch has been busy teaching our largest class of future OT assistants in over 4 years. We currently have 19 students enrolled (13 active, 6 reserve). With so many students being trained, many of our clinics are receiving a student for Phase II clinical training. Thanks to all of you for giving these students a great training experience.

**“Project Paratus”** continues to take forward strides to transform behavioral health (BH) OT practice in the Army. As part of this process, the OT Branch’s BH curriculum revision is in full swing. Based on feedback from the field, we have significantly expanded our training in the area of BH OT practice. To give our students more exposure to people with BH problems, we now have all of our students completed a Phase I clinical training experience at San Antonio State Hospital (SASH). SASH provides our students the opportunity to observe inpatient OT evaluation and treatment services for people who are seriously mentally ill. We have also expanded our students’ BH evaluation skills by training them in the use of the Comprehensive Occupational Therapy Evaluation Scale (COTE), the Occupational Therapy Task Observation Scale (OTTOS), the Mini-Mental Status Examination (MMSE) and the Allen Cognitive Level Screen (ACLS). Be prepared to offer our students opportunities to practice these newly developed evaluation skills in their Phase II clinical training rotations.

To ensure that **Project Paratus** is on track to help Army OT personnel meet the BH treatment needs of Soldiers; the results of the Operation Iraqi Freedom (OIF) Mental Health Advisory Team (MHAT) visit were eagerly anticipated. The MHAT report was recently released to the public and is available at this link: ([http://www.armymedicine.army.mil/news/mhat/mhat\\_report.pdf](http://www.armymedicine.army.mil/news/mhat/mhat_report.pdf)). The MHAT report outlines BH problems and lessons learned in OIF. It turns out that the OT Branch has a role to play in correcting a deficiency found in the MHAT report. One of the findings of the MHAT report was:

**"There is a lack of systematic training/education in the implementation of Combat Operational Stress Control (COSC) Doctrine**

Over half of the 41 behavioral health providers...interviewed indicated either they did not know what COSC doctrine was, or did not support it. Further, over half of the BH personnel interviewed reported they had not received adequate training in combat stress prior to deployment. Providers stated there was a need for more intense training in COSC prior to deployment."  
(Annex B, page B-3)

One of the recommendations of the report was to:

**"Expand [the] existing Occupational Therapy (OT) COSC course into a multidisciplinary course and require attendance of all BH personnel prior to or in route to any TOE assignment"**

(Annex B, page B-11)

I am proud to say that the MHAT team was referring to the OT Branch's **Management of Combat Stress Casualties Course (MCSCC)**. This course has successfully trained 70% of active Army occupational therapists as well as numerous reserve OT personnel and other behavioral healthcare team members. It is the *de facto* "C<sup>4</sup>" for the BH community, a role that should be expanded in the future.

The OT Branch recently held the MCSCC at Camp Bullis, TX this past 9 to 21 May. This year's course was our largest yet with 37 student participants. The course content was revised based on lessons learned from OIF as well as from data derived from the BH OT Questionnaire and included training in the BH OT assessments now being taught in the 91WN3 course.

This year, the MCSCC had its first international student in attendance, a psychologist from the Greek Navy. We also had a US Navy psychiatrist (bound for the 3<sup>rd</sup> Marine Division) participate. In addition, this year's MCSCC teamed up the 111<sup>th</sup> Area Support Medical Battalion from the Texas National Guard. Our course served as the base for the 111<sup>th</sup> ASMB's Annual Training (AT). Fifteen of their members attend the full course and provided a medical treatment team and ambulance support during the field training exercise (FTX) portion of the course. The rest of the 111<sup>th</sup> ASMB's AT participants staffed Battalion and Company Tactical Operations Centers (TOC) and served as part of our casualty pool. It was a great experience for all involved and really supported the "One Army" concept.

As mentioned in a previous Medallion, several funded BH training opportunities are available to OT. The Alcohol and Drug Training Section of the Soldier and Family Support Branch at the AMEDD C & S provides several courses in support of the Army Substance Abuse Program (ASAP). Available courses include: Individual Counseling, Group Counseling and Advanced Counseling. Some OT personnel have already taken advantage of these training opportunities and have found them useful. More information can be found at this website [https://www.cs.amedd.army.mil/sfsb/AD\\_Courses.asp](https://www.cs.amedd.army.mil/sfsb/AD_Courses.asp).

Finally, data derived from last Fall's BH OT Questionnaire indicated that some Army OT personnel still don't have a clear understanding of OT's role in support of the broad spectrum of COSC missions. As such, look for an article on "**The Role of the Occupational Therapist in Combat Stress Control Operations**" to be published soon in the next AMEDD Journal (<http://das.cs.amedd.army.mil/JOURNAL.htm>). This next issue is a special edition on the AMSC and will have lots of other great information from across the AMSC as well.

***MCSCC course was a great success with 37 students participating this year!***

