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The Combat Path: Sustaining Mental Readiness in Ukrainian Soldiers

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ABSTRACT: In Ukraine, soldiers’ psychological resilience is of paramount concern. Therefore, the Armed Forces of Ukraine have developed a new intervention, Combat Path Debriefing, designed to address combat stress and promote unit readiness for soldiers returning to combat. This article outlines the components of Combat Path Debriefing and discusses how it is rooted in principles of combat and operational stress control and the unique characteristics of Ukrainian military life. This perspective offers US and allied leaders real-world experience that can inform future efforts to support soldiers’ mental health and combat performance.

Keywords: debriefing, resilience, combat stress, psychology, recovery

The psychological resilience of soldiers is central to the fight in Ukraine. Since Russia’s full-scale invasion in 2022, more than 700,000 soldiers have deployed to the front lines as volunteers or conscripts. Their units routinely complete monthslong frontline rotations, with periodic one-to-three-week cycles for reconstitution before returning to the front. Relentless exposure to warfare’s ongoing demands endangers Ukrainian soldiers’ mental health, which can interfere with their mental readiness to continue fighting.

As defined in Holistic Health and Fitness, US Army Field Manual 7-22, mental readiness, or “the capacity to adapt successfully in the presence of risk and adversity,” can help “soldiers manage severe stress and grow mentally tougher in the process.” Mental readiness is an essential component of Ukraine’s response to Russia’s full-scale invasion. One example of this response is Ukraine’s Combat Path Debriefing, which is rooted in widely accepted combat and operational stress control (COSC) principles and designed to support teams while reflecting Ukraine’s cultural and geopolitical context.

This article addresses combat stress in the Ukrainian military context and how Western COSC principles can be a foundation for understanding Ukraine’s approach to stress management. It also introduces Combat Path Debriefing, a new intervention that can be rolled out at scale, is adapted
to Ukrainian culture, and is designed to help the Armed Forces of Ukraine (AFU) mitigate warfare’s psychological toll on their soldiers. Collectively, these insights provide the United States and its allies key lessons for mental health support during large-scale combat operations (LSCO).

The Ukrainian Context

The relationship between Ukraine and Russia must be considered to understand the current war’s context. Ukraine gained independence following the 1990 “Revolution on Granite” and the collapse of the Soviet Union in 1991. Although independent, the political, social, and economic boundaries between Ukraine and Russia remained somewhat blurred, and people on both sides of the border continued to regard the two countries’ fates as inextricable. In 2004, millions of Ukrainians mobilized to defend free elections and staged the Orange Revolution, dramatically recalibrating those lines. Through the Orange Revolution, Ukraine established itself as an independent state that valued free and democratic elections. This event profoundly affected Ukraine’s self-perception, and its development began to diverge sharply from the increasing authoritarianism in Vladimir Putin’s Russia.Outside this determination,

In 2014, Ukraine’s Euromaidan protests and the “Revolution of Dignity” forced its pro-Russian president to flee the country to escape justice following the killing of the “Heaven’s Hundred” protesters. In response, Russia sent unidentified troops (“little green men”) to Crimea (and the Donbas region) in 2014 to support pro-Russian separatists. They took over local authorities and police, ultimately annexing Crimea and proclaiming two “separatist” republics in the Donbas. Thus, in 2014, Ukraine launched the “Anti-Terrorist Operation” (ATO), in which approximately 430,000 citizens served, and more than 10,000 died defending against these separatists. In 2018, the mission was renamed the “Joint Forces Operation.” While active fighting became less intense, some attacks continued. Russia claimed the “Kyiv Regime” threatened Donbas’s safety. Three days after officially recognizing these separatist states as independent, Russia initiated a full-scale invasion of Ukraine on February 24, 2022. This invasion led to a large-scale military mobilization in Ukraine, and civilians suddenly needed to develop a military identity.

In Ukraine, military identity is rooted in the desire for self-determination and in the Zaporozhian Cossacks. The fearsome Cossacks’ fifteenth-to-eighteenth-century war-filled exploits inspire much Ukrainian lore. Zaporozhian Cossacks are the archetypal Ukrainian warriors: courageous, tough, and decisive. While embracing this cultural ideal of bravery, Ukraine has had to grapple with combat realities, which have significantly strained its military’s mental
health. In this context, the AFU recognized the need for more robust yet relevant combat-stress interventions.\(^4\)

**Combat Stress**

Warfare’s history is replete with soldiers experiencing combat stress or the transient emotional, physical, and behavioral responses to combat’s psychological demands. This history dates to Achilles’s emotional outbursts in the *Iliad*, “soldier’s heart” in the American Civil War, “shell shock” in World War I, and “battle fatigue” in World War II. After the Vietnam War, post-traumatic stress disorder (PTSD) became a recognized diagnosis to describe the persisting consequences of combat stress.\(^5\)

A combat-stress reaction, however, is distinct from PTSD. Combat stress is a typical and expected reaction to a set of physical and mental stressors in war. Physical stressors include environmental demands (such as heat, cold, and arduous terrain) and physiological demands (such as sleep deprivation, dehydration, and injury). Mental stressors include cognitive demands (such as sensory overload, ambiguity, and time pressure) and emotional demands (such as fear, grief, and anger). Symptoms include restlessness, panic, irritability, rage, confusion, memory problems, fatigue, insomnia, palpitations, shortness of breath, and dissociation, all of which vary in severity, intensity, and duration.\(^6\)

In contrast, PTSD symptoms are more severe, last longer, and may interfere with a soldier’s functioning over time. Combat stress and PTSD are essential to recognize and treat, but combat stress is not a diagnosable condition. Although not a disorder, combat stress is of immediate concern because prompt intervention can restore a soldier’s effectiveness, support team and individual safety, and optimize readiness.\(^7\)

In Ukraine, complex combat and operational stress is ubiquitous. Soldiers get little rest or time away from the front lines, and the combat operations in their homeland concurrently threaten their families and communities. The nature of warfare in Ukraine has put soldiers under extended artillery barrages and repeated waves of assault, resulting in continuous, prolonged combat stress. Soldiers are also under difficult conditions with overlapping fields of fire, close-quarters fighting, and difficulty distinguishing enemy forces from friendly forces. Medical care, mental health support, and opportunities for respite are limited. Ukrainian soldiers are fighting inside their country’s borders, watching their country be destroyed, grieving multiple personal losses, and worrying about their families and communities. While this existential threat can fuel the drive to fight,
it can also contribute to potentially incapacitating anxiety. Thus, integrating interventions to combat stress into military operations is relevant for Ukrainian military leadership.  

**Combat Operational Stress Control**

Self-help, peer support, leadership behaviors, and sometimes clinical care influence servicemembers’ well-being and functioning. The United States and other NATO countries have made efforts to manage combat stress through combat and operational stress control (COSC) principles. Within the US Army, COSC assets are embedded within brigade combat teams and the medical battalion. Standard COSC teams are comprised of 18 personnel, including mental health providers and specialized medics to support individual units in managing operational stress. These teams can be broken into smaller sub-teams to support individual units. Developed in the early twentieth century, the COSC approach originally used the acronym PIES:

- **Proximity** – treatment geographically close to operating units to reinforce attachment and warfighter identity
- **Immediacy** – intervention provided as rapidly as operations permit
- **Expectancy** – emphasizing the belief that individuals will recover and return to duty
- **Simplicity** – focusing on the “five Rs,” 1) rest, 2) rehydration and replenishment of nutrients, 3) restoration of confidence through meaningful work, 4) reassurance that recovery is likely, and 5) return to duty

More recently, the US military has adopted BICEPS, which incorporates two additional components to PIES to guide COSC interventions. These components are: 1) brevity, implying that treatment time should be limited (treatment is generally limited to 96 hours before additional interventions or evacuation); and 2) contact, which ensures soldiers sustain a connection to their unit and retain a warfighter identity as they recover.

Another COSC principle includes embedding mental health personnel within units to support prevention efforts, offer consultation with leaders, create a rapport with unit members that can facilitate unit members reaching out for assistance, and identify soldiers who need intervention. Quantifying the effectiveness of any of these stress-control principles
is challenging since successful outcomes may be defined in various ways and at different times. Return-to-duty rates, which reflect the proportion of soldiers deemed sufficiently recovered to return to combat, have been significantly greater in recent conflicts compared to World War I, and small and otherwise methodologically limited studies demonstrate a rapid reduction of symptoms when COSC principles are employed. Evidence is mixed, however, regarding the impact of rapid return to duty on long-term mental health. Although further studies are needed to determine the long-term effectiveness of forward psychiatry, COSC principles provide a framework for managing combat stress. Using COSC principles promotes operational continuity by including mental health providers in forward-deployed locations.\textsuperscript{11}

\textbf{Combat Operational Stress Control: The Ukrainian Experience}

Like their North American and Western European counterparts, Ukraine has developed combat-stress interventions. Nevertheless, these programs are relatively new, not integrated with other health care practices, and almost exclusively focused on the current mission rather than longer-term recovery. Thus, there is a need to promote resilience within the constraints of available resources and culturally engrained skepticism regarding psychology. Resilience, or “the mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, and learn and grow from setbacks,” has been associated with better mental health outcomes under conditions of high combat exposure. Combat and operational stress control principles can promote such resilience.\textsuperscript{12}

Historically, the Ukrainian military has not provided frontline mental health support. Instead, mental health support grew out of the old Soviet model of political officers. These officers were responsible for military-political training and indoctrination, monitoring and policing servicemembers’ psychological states. Political officers contributed to a climate of mistrust by reporting their findings to political and military leadership. Following independence from the Soviet system, Ukrainian political officer units were redesignated and given responsibility for social and psychological well-being.\textsuperscript{13}

In 2016, these units were renamed “Moral and Psychological Services” (MPS; Морально-психологічне забезпечення [МПЗ]). Moral in the Ukrainian military context refers to ethical conduct and following rules and orders. This redesignation intended to modernize Ukraine’s approach to mental health and signal a shift from a propaganda-based entity. Given the historical role of MPS officers, soldiers have remained wary. Senior leaders within the newly formed AFU have limited experience with embedded mental health models and are typically unaware of how contemporary MPS officers might benefit their
units. In 2021, the AFU addressed this challenge by forming “combat stress control groups” in some brigades, integrating COSC principles into unit practices. The COVID-19 pandemic slowed this modernization effort, and positions for new psychologists were delayed or canceled. Following Russia’s full-scale invasion, however, the expansion of combat stress control groups resumed.

Combat stress control groups are not part of AFU Mental Health Medical Services, which enables them to provide support close to the frontlines, but this means both organizations need to be especially deliberate in coordinating care. Furthermore, Ukrainian efforts to counteract combat stress necessarily focus on the immediate operational urgency to reestablish soldiers’ fighting capabilities rather than on preventing long-term mental health consequences. While some efforts focus on prevention and pre-deployment training, there is little focus on sustaining the Ukrainian military over the full arc of military operations.

Despite these challenges, Ukraine’s combat stress control groups have leveraged their unique position to develop novel ways to approach the problem of supporting soldiers repeatedly exposed to extreme circumstances. The need is apparent. Soldiers experience high levels of environmental, physiological, and cognitive stressors, as well as emotional stressors such as anger, grief, and frustration. As a result, combat stress control groups have turned to group debriefing to provide support to many soldiers across several topics.

**Unit Psychological Group Debriefing**

Most militaries are familiar with after-action reviews, where units systematically examine what went well and what did not, following a particular mission. These reviews commonly have a tactical focus, identifying lessons learned and improving processes for the future. In contrast, unit psychological debriefings, another kind of group-oriented review of events, are focused on managing combat stress, particularly following adverse events—such as a firefight or the death of a team member. Effective unit psychological debriefings achieve a collective understanding, normalize a complex, difficult experience, describe reactions soldiers may have, review resources, and create a future orientation for the unit.

Numerous models within the US Army’s Traumatic Event Management system for such groups and various terms describe these activities, including Walter Reed Army Institute of Research (or WRAIR) psychological and leader-led debriefing. There is a debate in the scientific literature about whether psychological debriefing is suitable for individual victims of trauma, and some models (including Critical Incident Stress Debriefing) have been criticized for their potential to cause vicarious traumatization by bringing
together individuals from disparate groups. Still, there is evidence regarding debriefing’s utility in a military setting where units expect to deal with potentially traumatic events as part of their occupation, train together before a mission, encounter potentially traumatic events together, and continue to work together as a unit afterward. Despite differences in the number and focus of steps characterizing trauma-informed after-action reviews, most of these methods direct unit members through some discussion or reflection of their shared experience.\textsuperscript{14}

Unlike event-driven interventions focused on supporting recovery from a specific traumatic event, a unit’s repeated trauma exposure during a prolonged combat deployment requires a different intervention. During the wars in Afghanistan and Iraq, the Walter Reed Army Institute of Research developed Time-Driven Psychological Debriefing, a method that did not focus on one event. Instead, after a brief introduction, unit members were asked to identify whatever event was still “sticking with” them and then discussed common stress reactions. Afterward, facilitators reviewed self- and buddy-care for sleep, social withdrawal, and anger. Finally, soldiers were reminded of their strengths and the need to return to a mission focus.\textsuperscript{15}

**Combat Path Debriefing**

Building on Time-Driven Psychological Debriefing, the AFU developed “Combat Path Debriefing,” which incorporates unique aspects of the Ukrainian context. Oleh Hukovskyy designed each step in the model based on US Army doctrine, the scientific literature, and his experience piloting the technique. Like other debriefing models, a series of questions guides the distinct steps. Fundamental features include a) articulating events to ensure a shared understanding, b) the opportunity to correct misperceptions, and c) the opportunity to hear other team members’ reactions as a way of normalizing their experience. Other unique characteristics include emphasizing a military identity, acknowledging grief, and introducing simple stress-reduction techniques.\textsuperscript{16}

Combat Path Debriefing provides a constructive way of meeting soldiers’ mental health needs and recognizes that while facilitators might not be able to address all soldier concerns, they can start by assessing the unit’s needs and then guide it on track. Facilitators describe the journey of individual unit members as they shifted from a civilian to a military identity and joined the unit. By conceptualizing the warrior’s journey as a metaphorical path, the intervention offers a platform for units to think about their stories as part of a longer, shared trajectory.
The debriefing requires the participation of platoon or squad members and typically takes 90 minutes. Sessions can occur during the reconstitution phase, during a brief rest and recovery cycle, or when a unit’s leadership requests them. Although near the front lines, the debriefing takes place in a protected location where unit members can self-reflect. This trauma-informed intervention occurs soon after units withdraw from the front lines, satisfying the COSC principles of proximity and immediacy. Embedded military or civilian psychologists working with the unit facilitate the sessions. Table 1 describes the five main steps, each takes approximately 15–20 minutes, consistent with the COSC goal of brevity.  

Table 1. Steps in Combat Path Debriefing

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
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| Introduction | • Introduce facilitators, focus on the civilian-to-military transition  
• Explain session goals  
• Have unit members introduce themselves, including length of time in the military and their jobs as civilians  
• Check in with unit members about current health-related concerns (such as headaches, anxiety, and sleep problems) |
| Narrative* | • Review unit history and combat path (including mobilization, key training events, key operational events, casualties, and reconstitution periods)  
• Create a timeline of the unit’s combat path  
• Appreciate the sacrifice of individuals by name  
* The “Narrative” and “Reactions” steps typically co-occur as units move back and forth between describing specific events and their reactions. |
| Reactions* | • Identify physiological and psychological responses to combat stress  
• Summarize themes using psychoeducation  
  • Normalize common stress reactions  
  • Acknowledge personal loss and grief  
  • Address the tendency to engage in second guessing  
  • Reflect on near misses  
  • Recognize the chaotic nature of war  
* The “Narrative” and “Reactions” steps typically co-occur as units move back and forth between describing specific events and their reactions. |
Table 1. Steps in Combat Path Debriefing (continued)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Care Strategies</strong></td>
<td></td>
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<tr>
<td></td>
<td>▪ Discuss effective coping strategies</td>
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<td></td>
<td>▪ Reinforce the basics (sleep, nutrition, exercise, connection, and purpose)</td>
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<tr>
<td></td>
<td>▪ Train mind-body approaches (such as breathing, grounding, Kevlar massage, and tactical clapping)</td>
</tr>
<tr>
<td></td>
<td>▪ Focus on acceptance (including “control the controllables”)</td>
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<tr>
<td></td>
<td>▪ Emphasize benefits of “appreciating the small stuff”</td>
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<tr>
<td></td>
<td>▪ Discuss group rituals for managing grief</td>
</tr>
<tr>
<td></td>
<td>▪ Review the tradition of writing farewell letters and planning their own funerals should they be killed in combat</td>
</tr>
<tr>
<td></td>
<td>▪ Consider group rituals for supporting moral</td>
</tr>
<tr>
<td></td>
<td>▪ Consider what was learned from these experiences</td>
</tr>
<tr>
<td><strong>Resetting</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Express gratitude for their service</td>
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<tr>
<td></td>
<td>▪ Set positive expectation for return to duty</td>
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<tr>
<td></td>
<td>▪ Set expectation they will use lessons learned in follow-on missions</td>
</tr>
<tr>
<td></td>
<td>▪ Provide resources (such as military hotlines and educational materials)</td>
</tr>
<tr>
<td></td>
<td>▪ Offer physical affirmation of connection (including handshakes and hugs)</td>
</tr>
</tbody>
</table>

In the first step, facilitators introduce themselves, explain the session goals and format, and ensure a shared understanding of confidentiality and respectful communication. Next, facilitators have unit members briefly introduce themselves and describe their backgrounds (where they are from, how long they have been in the military, and their civilian jobs). Facilitators then consult with unit members about common war–related health concerns they may be experiencing, such as headaches, anxiety, and sleep problems. By asking about these common concerns, facilitators paint a picture of the unit’s collective mental health. These initial conversations build rapport and establish trust between the unit and facilitators. In this first step, the facilitators also acknowledge their civilian-to–military transitions to foster trust with the unit and underscore their shared experience.
In the second step, the combat path narrative is constructed, with the facilitators discussing the team members’ journey from a civilian identity to that of a defender of Ukraine. Facilitators ask unit members to recall their mobilization, the formation of their unit, key training events, significant combat operations, casualties, and reconstitution periods. Reflecting on this sequence of events allows unit members to structure their memories and reinforces the shared nature of the experience and sense of military identity, consistent with the COSC goal of facilitating unit-level contact. The narrative allows new members to understand the unit’s history and contribute to its collective story moving forward. There is also an explicit recognition that the warrior’s path is a continuous series of steps. Like all journeys, the expectation is that it will continue.\[19\]

Combat Path Debriefing also emphasizes camaraderie. For Ukrainians, camaraderie reflects the tradition of the Cossacks and other warriors in their commitment to caring for one another. In Ukrainian military slang, units are even called “організм” (organisms). By creating a history of the unit, not just the individual, the narrative supports the traditional focus on cohesion.\[20\]

The third step is the reaction phase, in which soldiers reflect on how they have changed. Facilitators ask participants to identify psychological and physiological responses to combat stress, such as anger, withdrawal, or hyperarousal, and then provide psychoeducation about common stress reactions. Facilitators also discuss topics like the tendency for unit members to second-guess themselves. This approach is useful when dealing with the loss of a unit member in combat since soldiers often ruminate about what might have happened if they had done something differently, like being on the mission, in a different vehicle, or faster to respond. Decreasing rumination and clarifying misperceptions can help reduce feelings of guilt and anger.\[21\]

In the reaction step, facilitators also focus on acknowledging the unit’s experience of loss. High casualty rates among civilians and military personnel and exposure to atrocities mean soldiers experience loss in multiple domains, often with little time to grieve. This trauma occurs within the larger context of mass relocation, community devastation, and a dramatic shift in the Ukrainian way of life. Other debriefing models do not specifically target grief. In Ukraine’s combat environment, where grief is pervasive, it needs to be addressed directly.\[22\]

The fourth step provides strategies for care—self-care, buddy-care, and group rituals. Facilitators ask unit members to describe their effective coping techniques and then remind them of basic self-care, such as sleep, nutrition, exercise, interpersonal connection, and a sense of purpose. Basic self-care is consistent
with the COSC goal of simplicity. Another goal is to develop “body awareness,” an essential element of performance. Body awareness enables individuals to regulate their physiological arousal to optimize their activation levels to meet the needs of the task in front of them.\textsuperscript{23}

Soldiers are also encouraged to use self-regulation strategies to balance the body’s stress response. Different techniques from mind-body approaches like Bodynamic psychotherapy are introduced to support this balance, including soft-belly breathing to support the parasympathetic nervous system and ability to sleep, while controlled diaphragmatic (tactical) breathing helps soldiers manage panic attacks and anxiety. Other mind-body techniques include psychological grounding, which encourages soldiers to engage with a sense of being present in the moment, such as feeling their feet on the ground, and progressive muscle relaxation.\textsuperscript{24}

Soldiers also learn tactical massage, a simple technique that applies pressure along certain muscles. Combat Path Debriefing uses the “Kevlar massage” developed by the Ukrainian combat stress control team. Facilitators explain the need to relax the suboccipital muscles linking the back of the skull to the top of the neck. Massaging these muscles can enhance blood flow, reduce headaches, and release tension that can contribute to uncontrolled instinctual emotions (like rage). This simple and brief massage can be implemented as self-care and buddy-care. It is beneficial because concussions are a common problem for Ukrainian soldiers who encounter repeated and sustained artillery fire. Another form of buddy-care is tactical clapping, in which one soldier pats the torso of another soldier to reset body awareness. Tactical clapping can orient soldiers to the present moment by focusing their attention on their bodies.

Other forms of self-care include cognitive techniques, such as mastering the ability to “control the controllables.” To help soldiers develop this skill, facilitators discuss the need to recognize the limits of what soldiers can control. This awareness is important when unit members are stuck in a vortex of negative emotions like blame, guilt, and anger. Extending their recognition of the chaos implicit in combat can be helpful. By recognizing the limits of individual control, facilitators help unit members focus on what they can control.

Another self-care skill is “appreciating the small stuff” to maintain positivity. Soldiers can appreciate finding an energy bar in their backpacks, sharing a joke with friends, or looking at a colorful sunset. Remembering to value small moments can provide soldiers support even when confronted with adversity. Throughout this step, facilitators describe how unit members can use these self-care strategies as a form of buddy-care. In this way, psychology provides practical tools for operational units.
The care step also reviews the role of group rituals. Although the rituals have transformed over time, they are cornerstones of Ukrainian identity. In war, these rituals involve remembering fallen heroes, reminding soldiers of their roles in a long, historical fight against oppression, and maintaining a reverent attitude toward state symbols. The Combat Path Debriefing session represents a form of ritual to remember the lost and acknowledge their sacrifices. These rituals are powerful because they are not pro forma. They are genuinely felt and strengthen unit cohesion and adherence to military values.

In discussing the loss of fellow soldiers, facilitators ask whether unit members attended funerals or had contact with the fallen soldiers’ relatives. Following this sober conversation, facilitators honor this loss with a ritualistic phrase (for example, “rest in peace”) and mention the names of those lost. A moment of silence follows this acknowledgment, a tradition aligned with the national minute of silence observed daily since the start of the war. In this step, facilitators ask unit members how the fallen should be remembered and what rituals the unit can follow to honor them, such as creating a memory wall with photos, planting a memorial tree, or initiating a petition for honoring the individual as a “Hero of Ukraine.” For many soldiers, this conversation is the first acknowledgment of these losses. This opportunity, however brief, allows them to know that a soldier’s sacrifice is valued.

Depending on the unit’s openness to addressing grief and death, facilitators may also introduce the idea of completing a set of documents called the “Last Will of the Warrior.” This practice, adopted from the Danish military, provides family members with messages and guidance for managing in the event of the unit member’s death and helps soldiers feel they have done all they could to support their families in the event they are killed in combat.

The fourth step concludes with a discussion of what participants have gained by joining the army and what they have learned along their combat path. Although the topics addressed are difficult, there is an explicit recognition that individuals may also grow from joining the army. Focusing on positive change also supports a sense of strength and esprit de corps. Soldiers typically discuss having new skills gained, a sense of connection with their teammates (brothers-in-arms), and increased resilience. Collectively, soldiers describe many dimensions reflected in the concept of post-traumatic growth, such as relating to others, personal strength, appreciation of life, and spiritual change.

In the fifth and final phase of the session, resetting, facilitators express gratitude for the soldiers’ service and set a positive expectation about soldiers’ ability to resume their mission, satisfying the COSC principle of expectancy.
Likewise, soldiers are encouraged to use lessons learned from Combat Path Debriefing in their missions and reflect on their military identity. Facilitators offer a forward-looking perspective supporting the expectation that the soldiers will be healthy and rebound successfully following the reconstitution phase. Finally, facilitators offer physical affirmation of connection through handshakes or hugs, express appreciation, and provide handouts on mental health resources and the military mental health hotline number.\(^28\)

To date, Combat Path Debriefing has been well accepted by professional soldiers and recent recruits. Soldiers engage actively in the sessions and report that they feel understood. Anecdotal observation suggests these units are more organized and disciplined following the sessions, though there is no empirical evidence available testing the sessions’ effectiveness.

Combat Path Debriefing appears most effective when unit leaders are supportive. To that end, leaders are included in the sessions, giving them a chance to receive support and hear directly about the stressors and reactions their soldiers are experiencing. Future development of Combat Path Debriefing will explore ways to incorporate leaders more fully and prepare them to lead by example during the sessions.

**Lessons Learned**

Ukraine is responding with ingenuity to counter Russia’s invasion, rapidly redefining the role of mental health support, focusing on high-priority concerns and integrating cultural foundations to enhance the acceptability of mental health strategies. To that end, Combat Path Debriefing is one intervention with the potential to sustain Ukrainian soldiers’ mental health.

While Combat Path Debriefing has not been systematically assessed, it is an evidence-informed adaptation of existing COSC practices from allied countries. Given the pressing need to address mental health on the front lines, Ukraine has begun using the prototype of this intervention and integrating lessons from the field. While feeling acknowledged and learning stress-release strategies may contribute to soldiers’ well-being and resilience in combat, the long-term impact is unknown.

This technique is being refined amid a national crisis. With support from other countries, including the United States, mental health professionals responsible for enacting COSC principles in Ukraine are learning quickly and pivoting to adapt best practices. Such interventions and group rituals help inform a new Ukrainian military culture and community of care. Sustaining support of leadership at all levels and the continued role of international partners is critical for combat stress
control groups to become part of the fabric of life in the Ukrainian military and the foundation of the military’s journey along the combat path. Western military leaders may find Combat Path Debriefing an effective technique mental health professionals can integrate into combat units’ battle rhythms. Many Ukrainian professionals, like their fellow soldiers, have recently mobilized from civilian roles. Having a structured intervention like Combat Path Debriefing available to newly recruited professionals can help them to improve their units quickly. Other countries may similarly mobilize civilians for health care and combat roles in future multidomain LSCO with near-peer adversaries. In the context of hastily mobilized forces, militaries must adapt and implement interventions to address the diverse scope of potential challenges. Ultimately, these advances can promote mental health, strengthen unit cohesion, and sustain long-term military readiness for the long-term.

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Endnotes


17. West and Warner, “Combat and Operational Stress Control.” **Return to text.**


19. HQDA, “Combat and Operational Stress Control.” **Return to text.**

20. Тарас Калюндрук [Taras Kaljandruk], Тамниці бойових мистецтв України (Lviv, LA: “Piramida,” 2007), 304 c., іл; Дмитро Яворницький [Dmytro Yavorvntsky], Історія запорізьких козаків в 3-х томах [History of Zaporozhian Cossacks] (Kharkiv: Folio, 2023), 1744; and Adler, Castro, and McGurk, “Battlemind Psychological Debriefing.” **Return to text.**


28. HQDA, “Combat and Operational Stress Control.” Return to text.