

iCOVER

WRAIR

Walter Reed Army Institute of Research

Defense Health • Global Health

This module was developed by the Walter Reed Army Institute of Research (WRAIR). This is version 3 of the original training.

Approved for public release; distribution unlimited

Questions or comments can be emailed to the WRAIR:
usarmy.detrick.medcom-wrair.mbx.resilience-research@health.mil



Introduction

This module provides instruction on iCOVER, a six-step process that Service Members can use to help restore a buddy who has been rendered combat ineffective due to an acute stress reaction (ASR) to a critical event.

The six-step process is as follows:

1. Identify a buddy in need.
2. Connect with your buddy by making eye contact and asking them to acknowledge you.
3. Offer your commitment so they know you have their back and they're not alone.
4. Verify facts about the situation to help prompt logical thought.
5. Establish the order of the events by telling your buddy what happened, what is happening now, and what will happen to help them get reoriented.
6. Finally, request a specific, mission-related action so they can return to productive functioning.

iCOVER is based on research, lessons learned, and first-hand accounts of the issues commonly experienced from previously deployed Soldiers. The iCOVER strategy originated with the Israel Defense Forces (IDF), where the strategy is mandatory training for all Soldiers. The IDF has been refining the strategy and training process for years; this module incorporates their lessons learned and lessons learned from Ukraine.



Outline

Introduction

- Introduce training

Acute Stress Reactions

- Use video to illustrate an acute stress reaction
- Discuss activation and the role of the amygdala in creating an acute stress reaction

Responding to Acute Stress Reactions

- Use videos to illustrate ineffective and effective responses to an acute stress reaction
- Introduce iCOVER and describe each step of the iCOVER protocol

iCOVER Demonstration and Practice

- Demonstrate the iCOVER protocol
- Explain how to deliver iCOVER during a critical incident
- Check on learning
- Observe and facilitate participant practice of the iCOVER protocol
- Discuss common issues in delivering the iCOVER protocol

Summary

- Check on learning
- Conclude training

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Training Module Symbol Guide

Symbol	Represents	Explanation
	Timing	This symbol indicates the amount of time allotted for a given section of the material.
	Target / Intent	This symbol indicates the main function or rationale for a given slide.
1.	Key Point	Numbers are used to indicate the main points that must be addressed in order to meet a given slide's target / intent.
•	Sample Script	Bullets are used to elaborate on key points by providing a potential script that the trainer can use.
[TEXT]	Note to Trainer	Bracketed text indicates a note to the trainer which is not intended to be read aloud. These provide hints on how to present the material and tips to avoid potential issues that may arise within a given topic.
	Multimedia	This symbol indicates the use of supplementary audio/video files. To avoid down-time or technical difficulties, keep an eye out for these and plan accordingly.
	Handouts	This symbol indicates that the participants will use handouts at a given point in the module. To avoid down-time, keep an eye out for these and plan accordingly.
	Exercise	This symbol indicates the start of an exercise or activity. To avoid down-time, keep an eye out for these and plan accordingly.
	Continue	This symbol indicates that the training material for a given slide continues onto the next page.
	Stop	This symbol indicates that the training material for a given slide ends on this page.



iCOVER: 1 Hour



To introduce iCOVER.

1. Introduce iCOVER training and what to expect.

- I'm _____ and I'm going to be leading you through training that will help you and your team perform optimally during adversity.
- iCOVER will focus on a skill you can use to help a buddy who gets so overwhelmed by intense mental stress that they aren't able to function effectively. This is called an acute stress reaction (ASR).
- The iCOVER training was adapted from the Israel Defense Forces (IDF) to help Service Members overcome the ASR and get back into the fight.
- In this module, you will learn
 - How to identify ASRs,
 - How to administer the iCOVER protocol, and
 - How to help a Service Member if the iCOVER protocol does not work.

Record your own notes here:

To view the detailed and formatted trainer notes, click on the VIEW option in PowerPoint and then select the "NOTES PAGE" option.



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the event



Photo courtesy of WRAIR iCOVER Video

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Record your own notes here:



To use Videos 1 and 2 to introduce ASRs and ineffective responses.

1. Use **Video 1** to introduce ASRs. [?]

- Let's start by watching a video showing a team on mission when a critical event occurs.
- Imagine you are a member of that team.



[PLAY VIDEO 1: The Event (01:37):

- *Team on mission*
- *Team member gets shot*
- *Soldier, PFC McGurk, exhibits signs of an acute stress reaction.]*
- This team just experienced a stressful event, and as things unfolded, there were some different reactions.
- Most of the team responded effectively.
- **[ASK]** But what about McGurk?

[NOTE: Allow for responses. Responses may include:

- *PFC McGurk is sitting frozen on the ground, looking panicked, instead of returning fire.]*
- McGurk is having an ASR..



2. Explain the combat effectiveness of the Squad at this moment. [?]

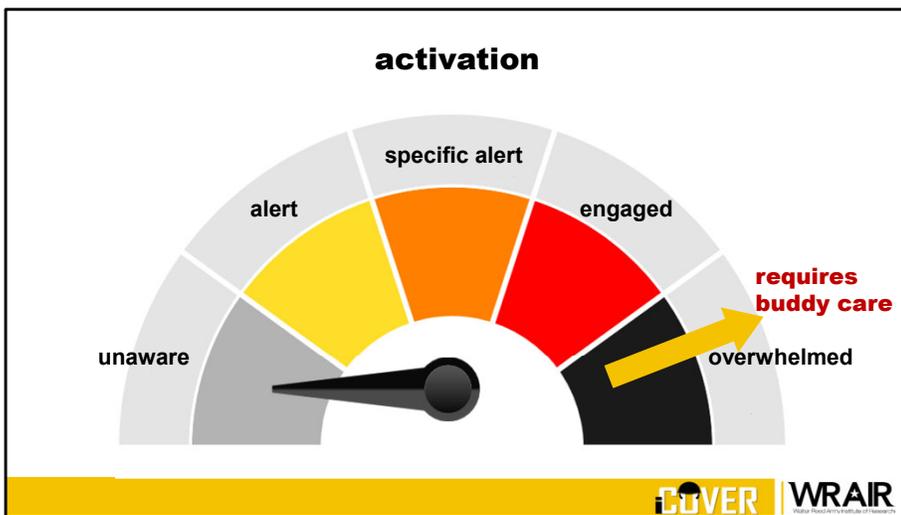
- **[ASK]** How effective is this Squad at this moment?

[NOTE: Allow for responses. Responses may include:

- 2 men down, 3 men out of the fight, ineffective or effective.]
- The Squad is combat ineffective.
- They have been engaged by an unknown enemy force and have two Soldiers out of the fight.
- One Soldier is bleeding profusely and unable to perform self-aid.
- The other Soldier is frozen and unable to protect themselves, let alone continue the mission.
- Both of these Soldiers need help from another Soldier--so in essence, the squad is down four Soldiers.
- That's an entire fire team.
- The Soldier with the gunshot wound is going to require constant care and evac. But with iCOVER, you have the opportunity to get the other Soldier back in the fight.
- Let's take a look at how iCOVER can help you increase your unit's combat effectiveness by optimizing levels of physical and psychological activation.

Record your own notes here:





Record your own notes here:



To explain the activation continuum.

[SLIDE BUILDS]

1. Explain the activation continuum.

- To demonstrate different levels of activation, let's talk about "Cooper's Colors." LTC Cooper was a US Marine who used a color code to highlight different mindsets.
- Using this approach can increase awareness of your stress level and the stress levels of those around you. It provides a language to talk about stress and activation.
- These colors map onto increasing levels of physiological and psychological stress.
- The more stress you feel, the more intense the effects and the greater your activation.
- When you are in the white, you are relaxed and inattentive, like when you are just waking up on your rack
- When you are in the yellow, you are alert but not stressed, like when you are walking around on the FOB
- When you are in the orange, your attention is focused – like when you are on patrol and something out of place draws your attention
- When you are in the red, you are engaged and ready to take action, like if you see a specific threat and you need to do something to address that threat



2. Explain what it means to be in the black.***[CLICK TO ADVANCE]***

- The highest level of activation is black—you are overwhelmed and no longer able to effectively respond to the threat or to your environment.
- In the present example, it's how you might feel if get overwhelmed, confused and disoriented and you are not able to take purposeful action.
- This is what is called being in the black.

[NOTE: There are skills that are taught as part of other programs (like Performance and Resilience Enhancement) that can help prevent someone from going into the black or can help deliberately move someone from a low level of activation to a higher level]

- When a Service Member has gone into the black, they are temporarily not able to take care of themselves and they need their battle buddy to help them get back to purposeful action quickly.

Record your own notes here:



in the black



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Record your own notes here:



To describe the cause of an acute stress reaction.

[SLIDE BUILDS]

1. Explain the role of the amygdala in creating an acute stress reaction.

- Understanding what happens to a Service Member's brain when they go into the black provides clues about how you can get them out of the black and back into action.
- Here's what's happening – normally, the brain is controlled by the frontal lobe or the part of the brain responsible for thinking.

[CLICK TO ADVANCE]

- During an intensely stressful situation, like combat, the thinking part may take a backseat and a deeper part of the brain gets activated and takes charge.
- This deeper part of the brain is called the amygdala, and it allows your body to go into fight-or-flight mode so you can make quick, effective decisions to ensure your survival.



Record your own notes here:

2. Explain the Amygdala hijack.

- But when the amygdala takes over too much, it's like a switch is flipped.
- This is called an amygdala hijack.

[CLICK TO ADVANCE]



in the black**acute stress reaction (ASR)****iCOVER | WRAIR**

Record your own notes here:

**To describe the cause of an acute stress reaction.**

1. Explain how an amygdala hijack and Cooper's colors are related.

- Cooper's colors and brain activation are two ways of talking about the same thing.
- Either way, the Service Member goes into the black, has an acute stress reaction, and stops functioning, possibly putting themselves and their unit in danger.
- This is different from when you are in a critical incident and your training takes over. In that case, you are on auto-pilot but you still have access to your higher cognitive functions.



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response to functional collapse



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Record your own notes here:



To use Video 2 to illustrate an ineffective response to an ASR.

1. Use **Video 2** to illustrate an ineffective response to an ASR. [?]

- **[ASK]** If you encounter a Service Member experiencing an ASR, like McGurk, what would you do?

[NOTE: Allow for responses. Responses may include:

- Secure the Service Member/get them under cover
- Feel angry or frustrated that they're falling apart and putting everyone at greater risk
- Try to reassure them that it's all okay
- Yell at them
- Push or hit them.]

- Let's see how one of McGurk's teammates handled it.



[PLAY VIDEO 2: Ineffective response to ASR (00:57):

- PFC McGurk exhibits signs of an ASR
- SPC Lopez yells and slaps PFC McGurk
- PFC McGurk does not respond.]



- **[ASK]** How effective was this method? Was SPC Lopez able to help PFC McGurk get out of the black?

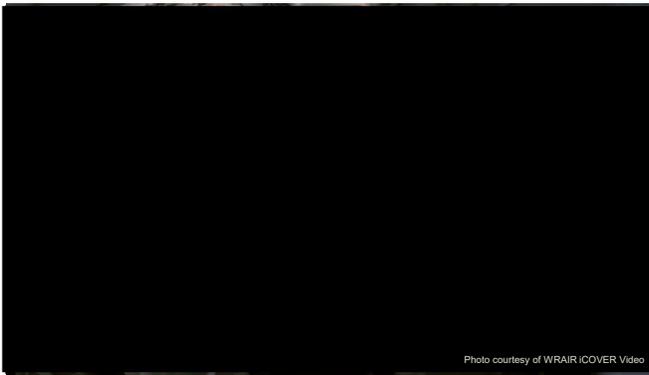
[NOTE: Allow for responses. Responses may include:

- *No, PFC McGurk's response did not change.]*
- This was the right time and the right place to intervene, but it was the wrong intervention.
- Shaking them or shouting at them doesn't work — because they're already overloaded.
- In the same way, talking to them about how they are feeling won't help them either because it doesn't prompt the thinking part of the brain to reassert control.

Record your own notes here:



response to functional collapse



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Record your own notes here:



To use Video 3 to illustrate iCOVER.

1. Use **Video3** to illustrate an effective response (iCOVER) to an ASR. [?]

- So let's take a look at a different approach for pulling your buddy out of the black.
- Think about what is different with this teammate's approach.



[PLAY VIDEO 3: Effective response to ASR (01:29):

- *PFC McGurk exhibits signs of an acute stress reaction*
- *Ssg Greene performs iCOVER*
- *PFC McGurk regains function and returns fire on the enemy.]*
- **[ASK]** What was different about SSG Greene's approach compared to SPC Lopez's?

[NOTE: Allow for responses. Responses may include:

- *Got down on his level*
- *Was calm but assertive (was not yelling or panicking)*
- *Told him what was going on*
- *Told him that he had his back*
- *Told him exactly what to do to refocus on the mission.]*



- And as a result, PFC McGurk was able to regain his mission focus.
- This is providing effective help for buddies experiencing an amygdala hijack.
- This is iCOVER in action.

Record your own notes here:





6^{steps} + < 60 seconds → restore purposeful action

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Record your own notes here:



To use Video 3 to introduce iCOVER.

[SLIDE BUILDS]

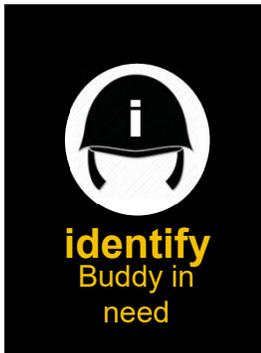
1. Introduce iCOVER.

[NOTE: Slide automatically advances.]

- In iCOVER, there are 6 steps that can all be performed in under a minute.
- These steps are designed to stop the amygdala hijack, allow the thinking part of the brain to regain control, and get your buddy back to taking purposeful action.
- Let's talk about each step in detail.



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**what**

identify buddy experiencing an amygdala hijack

why

to know if you need to intervene

how

look for lack of purposeful action

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Record your own notes here:



To describe the first step of iCOVER: Identify buddy in need

1. Describe the first step of iCOVER: **Identify buddy in need.**

- The first step in iCOVER is to identify a buddy in need.
- First, assess the Service Member and confirm that they aren't physically injured.
- It is important to check whether the Service Member has a serious physical injury.

[NOTE: In that case, the priority would be Tactical Combat Casualty Care (TCCC). It is also possible that a Service Member may be physically injured and have an acute stress reaction at the same time. After TCCC, the Service Member may still benefit from iCOVER.]

- Second, look for indicators that they are in the black and experiencing a functional collapse.

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ASR profiles

frozen



stiff, still, statue-like

dissociated



lights are on, no one's home

agitated



high activity

No Purposeful Action

Photos courtesy of Joint Medical Service,
Norwegian Armed Forces (Re_START video)

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Record your own notes here:



To describe indicators and categories of an ASR.

[SLIDE BUILDS]

1. Describe indicators of an ASR.

- There are three main ASR profiles. Two of them are characterized by being inactive or subdued whereas one is characterized by overactivity.

[CLICK TO ADVANCE]

- The first profile represents someone who is frozen.
- This means:
 - They may be temporarily unable to move one or potentially all of their limbs (as if they are paralyzed), and they may be unable to verbally respond or express themselves.
 - You might see this Service Member laying motionless or standing completely still, stiff, and silent – like a statue.

[CLICK TO ADVANCE]

- The second profile represents someone who is dissociated.
- Dissociated is similar to frozen except the Service Member may be moving or talking.
 - They are unable to connect with others.
 - They look dazed and disoriented like the lights are on but nobody's home.



[CLICK TO ADVANCE]

- The third profile represents someone who is agitated.
- This means:
 - They might be hyperactive or demonstrating extreme anxiety, panic, or even anger.
 - You might hear this Service Member yelling like a nonstop, broken record, “Oh God, oh God, oh God, we’re all going to die.”
 - Or you might see them behaving recklessly, completely disregarding their training.

[CLICK TO ADVANCE]

- The common denominator across all of these profiles is a lack of purposeful action—the Service Member is unable to function effectively and assist in the mission.

Record your own notes here:





what
break through the chaos

why
the Service Member feels sensory disconnection

how

- speak
- make eye contact
- touch

“ Look at me; squeeze my shoulder. ”

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Record your own notes here:



To describe the second step of iCOVER: Connect.

1. Describe the second step of iCOVER: **Connect**. [?]

- After identifying a buddy in need, the next step is to connect with them.
- The “What” is breaking through the chaos of the amygdala hijack and shifting their attention from internal experiences (like fear and confusion) to external experiences.
- The “Why” is to address their sensory disconnect from the outside world.
- The “How” is to speak, make eye contact and use touch.
- In the video it was: “Look at me. Squeeze my shoulder. Good, McGurk. Good.”
- **[ASK]** What senses are you prompting McGurk to use?

[NOTE: Allow for responses. Correct answers:

- *Sight*
- *Hearing*
- *Touch/Feel*].



- The step of connecting is a form of grounding.
- You are using sight, sound, and touch, to help your buddy direct their attention, bringing them back to the here and now.
- It's important to avoid using emotional or calming language. Instead, use a calm and composed tone.
- Be authoritative, clear, and mission-oriented.

[NOTE: Depending on the specific situation, you might need to be deliberate in your choice of whether to touch the individual. For example, if they've been assaulted, you might need to use just your voice and eye contact but for those individuals who you know and who are part of your team, touching is considered part of any routine first aid procedure.]

Record your own notes here:





what
reduce sense of isolation

why
the Service Member feels psychologically alone

how
tell them you are with them

“
I'm right here with you; you're not alone.
”

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Record your own notes here:



To describe the third step of iCOVER: Offer commitment.

1. Describe the third step of iCOVER: **Offer commitment.**

- In “Offer Commitment,” the “What” is to reduce the individual’s sense of profound isolation.
- The “Why” is that when an individual loses sensory contact with the outside world, it can fuel them feeling alone or isolated.
- As a species, humans are essentially pack animals so feeling alone or isolated can be debilitating. Offering commitment can help counter that sense of isolation.
- The “How” is that now that you have your buddy’s attention, you want to let them know that they are not alone -- you have their back and you are there.
- For example, “I’m right here with you; you’re not alone.”



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what
kick-start the thinking brain

why
the brain is dominated by the amygdala

how
ask 2-3 short, fact-based questions

“
What platoon are you in? Who are you in here with? Who's your commander?
”

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Record your own notes here:



To describe the fourth step of iCOVER: **Verify facts.**

1. Describe the fourth step of iCOVER: **Verify facts.**

- Now that you've gotten their attention and reassured them they are not alone, you need to kick-start their thinking brain. That's the "what."
- The "Why" is because you have to shift the individual's brain from being emotionally driven to being driven by logical thought. This step will help your buddy flip the switch so their thinking brain takes back control from their amygdala.
- The "How" is to get them to verify facts – ask easy questions that do not require a lot of cognitive effort for them.
- Because activation in the amygdala is still high, the intervention must be simple and clear. Responding to factual questions can help reduce overall emotional activation.
- Ask two or three short, fact-based, specific questions about the situation.



- Here are some examples:
 - *What unit are you in?*
 - *Who is your team leader?*
 - *Who is your squad leader?*
 - *Who is your platoon sergeant?*
 - *Who is your CO?*
 - *Where were you standing?*
 - *Who was with you?*
- It is critical to focus on concrete facts rather than your buddy's feelings.

Record your own notes here:





what
restore situational awareness

why
disoriented in real time

how
tell the Service Member
 what happened
 what is happening
 what will happen

“
We were in the building, and we took incoming.
Right now we're treating the injured. We need
you to cover this window.”

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Record your own notes here:



To describe the fifth step of iCOVER: **Establish order of events.**

1. Describe the fifth step of iCOVER: **Establish order of events.**

- Now that the individual is starting to regain control from the amygdala, the “What” is to restore the individual’s situational awareness.
- The “Why” is that the individual’s brain has to catch up to the present moment so that they can operate in real-time.
- The “How” is to explain in a few short sentences, what happened, what is happening now, and what will happen. It’s a kind of like a rapid SITREP to help get them reoriented.
- For example, “We were in the building, and we took incoming. Right now we’re treating the injured. We need you to cover this window.”

[NOTE: This step is also a form of psychological grounding, which is covered in the Performance and Resilience Enhancement module]



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what
re-engage in purposeful action

why
feeling a lack of control & the unit's need for mission effectiveness

how
give the Service Member a specific, mission-related task

“
Grab your weapon, get up, and cover.”
”

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Record your own notes here:



To describe the sixth step of iCOVER: Request action.

1. Describe the sixth step of iCOVER: Request action.

- The last step is to request a specific mission-related behavior. That's the "What".
- The "Why" is to address the individual's feeling of helplessness or lack of control. An acute stress reaction can make a Service Member feel like they are out of it – out of the action and like an observer, rather than a participant.
- You can counteract that feeling by having them re-engage in purposeful action
- This way, they won't have time for other "internally" focused distractions
- The "How" is to give your buddy a specific, mission-related task that they can immediately accomplish.
- This serves two functions: it restores their sense of control and gets them back to mission effectiveness and the capability of your team.
- For example, "Grab your weapon, get up, and cover."

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iCOVER demonstration

Record your own notes here:

**To summarize and demonstrate iCOVER.****1. Summarize the purpose and steps of iCOVER.**

- To recap: A critical incident occurs and a Service Member is not physically injured, but goes into the black.
- You can see the indicators of an ASR and know that an amygdala hijack has occurred.
- It is your responsibility to have your buddy's back, and that means helping them be able to take purposeful action using iCOVER if you are able.
- You do this by following the 6-step protocol:
 1. Identify a buddy in need.
 2. Connect with your buddy by making eye contact and speaking to them to get their attention.
 3. Offer your commitment so they know you have their back and they are not alone.
 4. Verify simple facts about the situation to help prompt logical thought.
 5. Establish the order of the events, telling your buddy what happened, what is happening now, and what will happen in order to help them get reoriented.
 6. Finally, request a specific, mission-related action so they can return to productive functioning.



2. Demonstrate iCOVER.

- I will now demonstrate iCOVER.

[NOTE: Role play with an audience member and demonstrate iCOVER at normal speed.]

3. Debrief the demonstration. [?]

- **[ASK]** How long did the 6-step iCOVER protocol take to execute?

[NOTE: Allow for responses. Highlight the following, if not addressed:

- All six steps were completed in less than a minute.]

- **[ASK]** What did you notice about my tone of voice and the language I used?

[NOTE: Allow for responses. Highlight the following, if not addressed:

- Authoritative voice
- Non-emotional language.]

- **[ASK]** What do you think is the hardest part of iCOVER?

[NOTE: Allow for responses: Possible responses may include:

- Keeping the steps in order
- Keeping my own self in check so I can take care of the Service Member.]

[ASK] What do you do if iCOVER does not work?

[NOTE: Allow for responses. Answers may include:

- Try iCOVER again, slap them harder, treat them as a casualty and evacuate.]

Record your own notes here:



iCOVER practice

Record your own notes here:



identify Buddy in need

Connect

Offer commitment

Verify facts

Establish order of events

Request action

impacted Service Member

- only respond as the first responder delivers each step of iCOVER
- time first responder's execution of iCOVER
- use checklist to assess first responder's execution of iCOVER

first responder

- execute iCOVER



To facilitate student practice of iCOVER.

1. Facilitate Service Member practice of iCOVER.



[NOTE: Distribute iCOVER practice cards.]

- Now I'm going to break you up into teams of two to practice iCOVER.
- Each team will have a Service Member who is experiencing an amygdala hijack and a first responder who will perform iCOVER.
- Impacted Service Members:
 - Don't make eye contact until the first responder instructs you to look at them (identifies buddy in need).
 - Don't respond until the first responder puts their hand on your shoulder and asks you to do the same (connects).
 - Don't respond until the first responder emphasizes their commitment (offers commitment).
 - Give short answers to the first responder's questions (verify facts).
 - Act confused until the first responder establishes a sequence of events (establish order of events).



- Act helpless and do not take action until the first responder tells you specifically what to do (request action).
- You also need to time how long it takes the first responder to complete the iCOVER protocol.
- First responders:
 - Once you see that your buddy has no physical injuries and is exhibiting signs of an ASR, execute the 6-step iCOVER protocol.
 - At first, focus on the quality of your practice—try to hit every step of iCOVER.
 - As you get more comfortable, try to increase your speed
 - By the end of your practice time, you should be able to execute the full iCOVER protocol in 60 seconds or less.
- After the first responder delivers iCOVER, the impacted Service Member will give feedback (one sustain, one improve).
- Practice for 5 minutes and then switch roles.

[NOTE: Allow Service Members to practice for 5 minutes, then have each pair switch roles. Circulate during the practice and provide feedback and support as needed.]

Record your own notes here:



iCOVER practice debrief

The logo for iCOVER | WRAIR, featuring the word "iCOVER" in a stylized font with a vertical bar and "WRAIR" to its right.

Record your own notes here:

**To debrief the iCOVER practice.****1. Debrief the iCOVER practice. [?]**

- **[ASK]** Generally speaking, how did your practice go?

[NOTE: Select questions from the list below. It is not necessary to ask all the questions. Provide appropriate feedback.

- *What was the hardest part for you?*
- *(How) Were you able to overcome that challenge?*
- *What was the easiest part for you?*
- *What did you see others struggling with the most?*
- *What did others improve the most on?*
- *Why do you think they improved?*
- *Do you feel more comfortable/confident in your ability to perform iCOVER?*
- *What are your concerns about performing iCOVER on a deployment? What can you do to mitigate those concerns?]*



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some common issues

- missing a step
- completing the steps out of order
- using an emotional tone
- forgetting to regulate emotions first
- adapting iCOVER if it's not safe



Record your own notes here:



To facilitate discussion about common issues delivering iCOVER.

[SLIDE BUILDS]

1. Discuss questions regarding the order of delivering iCOVER. [?]

- **[ASK]** What happens if you miss a step in iCOVER?

[NOTE: Allow for responses.]

- If you are still performing the protocol, add it in wherever you are.

[CLICK TO ADVANCE]

- **[ASK]** What happens if you do iCOVER out of order?

[NOTE: Allow for responses.]

- As much as possible, do the steps in order—train the way you will fight.
- However, if you find that you've mixed up the steps, you should not waste energy and attention worrying about it, just focus on doing all the steps.

[CLICK TO ADVANCE]

- **[ASK]** What happens if you use an emotional tone?
- An emotional tone can fuel the amygdala even more rather than getting the thinking brain back in gear. So it's important to avoid using emotional or calming language. Instead, be authoritative, clear, and mission-oriented.



[CLICK TO ADVANCE]

- **[ASK]** What happens if you forget to regulate your own emotions first?

[NOTE: Allow for responses.]

- Lessons learned from Ukraine made it clear that the individual conducting iCOVER needs to have a handle on their own emotions first.
 - One way to do that is to take a deliberate breath first.
 - You may not notice that you have forgotten to manage your own emotions until you start the iCOVER steps and you don't get the response you want.
 - In that case, take a moment and a deliberate breath and start again. What unit are you in?

[CLICK TO ADVANCE]

- **[ASK]** What if the environment isn't safe and you can't get next to the person with an ASR? For example, what if there is a drone attack and the person is freezes in an open area where lying flat won't keep them safe. What can you do to adapt the iCOVER steps?

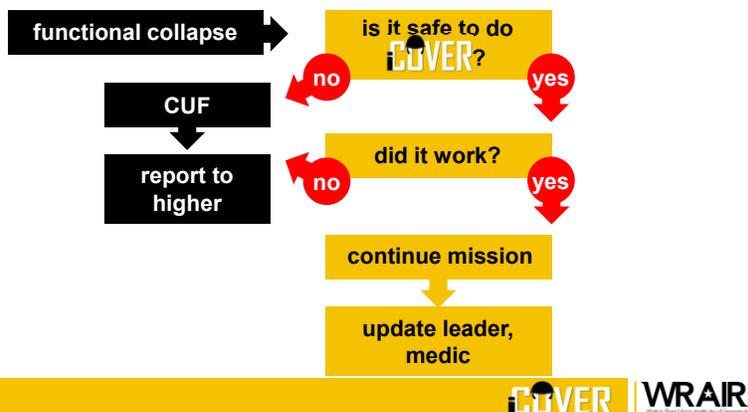
[NOTE: Allow for responses.]

- Lessons learned from Ukraine suggest it may be necessary to adapt the iCOVER steps in certain contexts – such as when under drone attack.
- If an individual experiences an ASR in a location that is not safe to approach, the iCOVER steps may need to occur from a distance.
 - If the impacted individual isn't in a safe location, you can talk to them and encourage eye contact (connect).
 - Then you can remind them that you are there and will talk them to safety (offer commitment).
- You can then ask the individual to give you a "thumb's up" or the equivalent (verify).
- You would then verbally establish order of events.
- Finally, you would direct the individual to get to a safer place, one movement at a time (Request action).

Record your own notes here:



iCOVER and Tactical Combat Casualty Care



Record your own notes here:



To explain the iCOVER protocol as it relates to Tactical Combat Casualty Care (TC3).

[SLIDE BUILDS]

1. Explain the iCOVER protocol as it relates to Tactical Combat Casualty Care (TC3).

- Let's put the iCOVER protocol into the context of Tactical Combat Casualty Care.

[CLICK TO ADVANCE]

- You identified a buddy experiencing a functional collapse.
- First, follow the Care Under Fire (CUF) protocol.

[CLICK TO ADVANCE]

- After you've confirmed there is no physical injury, you need to determine if you can safely perform iCOVER.
- And even if there is a physical injury, depending on the type of injury, you might still want to use ASR at the same as you are attending to that injury

[CLICK TO ADVANCE]

- If you are unable to safely administer iCOVER, you must shift your focus to ensuring your buddy's safety and preventing further injury.
- Follow the CUF protocol and report to higher.

[CLICK TO ADVANCE]



- If you can safely perform iCOVER, do it.
- Was your buddy's fighting capability restored?

[CLICK TO ADVANCE]

- If you've worked through the six steps of iCOVER and your buddy is still not able to take purposeful action, you must shift your focus to ensuring your buddy's safety and preventing further injury. Treat your buddy as a casualty—secure them and follow the CUF protocol and report to higher.

[CLICK TO ADVANCE]

- If your buddy is back to taking purposeful action, you can now continue with your mission.
- At a later point after the mission, update your first line leader or medic that you used iCOVER so they can follow-up with the affected Service Member.

Record your own notes here:



check on learning

what is the **purpose** of **iCOVER**?

- a. talk to your Buddy about their emotions
- b. give immediate tactical stress care to restore fighting capability
- c. dig into your Buddy's mental history
- d. support a Buddy in the days following a critical incident.



Record your own notes here:



To assess learning.

[SLIDE BUILDS]

1. Assess student knowledge of the purpose of iCOVER.
[?]

- **[ASK]** What is the purpose of iCOVER?
 - a) Talk to your buddy about their emotions
 - b) Give immediate tactical stress care to restore fighting capability
 - c) Dig into your buddy's mental history
 - d) Support a buddy in the days following a critical incident

[CLICK TO ADVANCE]

[NOTE: Allow for responses, then click to advance.]

- The purpose of iCOVER is to give immediate stress care to restore your buddy's fighting capability.



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check on learning

what are the **steps** of **iCOVER**?



iCOVER | WRAIR

Record your own notes here:



Discuss the purpose and rationale of each of the six steps.

[SLIDE BUILDS]

1. Discuss the purpose and rationale for each of the steps of iCOVER. [?]

- So, the first step of iCOVER is “identify”.

[ASK] What might an acute stress reaction look like?

[NOTE: Allow for responses: *disassociated, frozen, agitated*]

- **[ASK]** What is the second step of iCOVER?

[NOTE: Allow for responses. Correct answer: *Connect.*]

[CLICK TO ADVANCE]

- **[ASK]** Why is it important to connect?

[NOTE: Allow for responses. Responses should include:

- *Get their attention*
- *Establish sensory contact (senses)*

- Directing this Service Member to use their senses begins the process of bringing the thinking brain back into action.

- **[ASK]** What is the third step of iCOVER?

[NOTE: Allow for responses. Correct answer: *Offer commitment.*]

[CLICK TO ADVANCE]

- **[ASK]** Why is it important to offer commitment?



[NOTE: Allow for responses. Responses should include:

- *Break through isolation*
- *Ensure they don't feel alone]*
- It reassures the Service Member that you are with them and are there to help.
- **[ASK]** What is the fourth step of iCOVER?

[NOTE: Allow for responses. Correct answer: Verify facts.]

[CLICK TO ADVANCE]

- **[ASK]** Why is it important to verify facts?
- **[NOTE: Allow for responses. Responses should include:**
 - *Activate the thinking part of the brain.]*
- Having the Service Member verify facts causes the Service Member to begin using their thinking brain and take control back from the amygdala.
- **[ASK]** What is the fifth step of iCOVER?

[NOTE: Allow for responses. Correct answer: Establish order of events.]

[CLICK TO ADVANCE]

- **[ASK]** Why is it important to establish order of events?

[NOTE: Allow for responses. Responses should include:

- *Reorientation of time and event*
- *Puts the Service Member in context.]*
- This allows the Service Member *to catch up to the present moment so that they can operate in real-time.*
- **[ASK]** What is the sixth step of iCOVER?

[NOTE: Allow for responses. Correct answer: Request action.]

[CLICK TO ADVANCE]

- **[ASK]** Why is it important to request action?

[NOTE: Allow for responses. Responses should include:

- *Shift from helplessness to active coping*
- *The individual can support the mission]*
- Requesting action gives purpose, motivation, and direction, moving the Service Member from being helpless to being able to take purposeful action.

Record your own notes here:



conclusion**questions? next steps?**

Record your own notes here:

**Wrap up and conclude the module.****1. Recap iCOVER module. [?]**

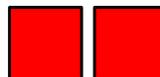
- **[ASK]** Are there any questions about anything that was covered today?

[NOTE: Answer any questions.]

- **[ASK]** How can you integrate iCOVER into routine training? Into training exercises?

[NOTE: Discuss if there are ways to build an acute stress reaction into a training scenario or to practice as a team.]

- Providing iCOVER is a relatively simple skill; however, in the heat of the moment, it is easy to forget something so simple.
- This is why you train the way you fight, so that your responses become like muscle memory.
- If you see another Service Member go into the black, your response in helping them get back into the fight is essential to mission success.



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Appendix A: Recommended Reading

- Shapiro, E. (2012). EMDR and early psychological intervention following trauma. *European Review of Applied Psychology*, 62, 241-251. <https://doi.org/10.1016/j.erap.2012.09.003>
- Adler, A. B., & Gutierrez, I. A. (2022). Acute stress reaction in combat: Emerging evidence and peer-based interventions. *Current Psychiatry Reports*, 24, 277– 284. <https://doi.org/10.1007/s11920-022-01335-2>
- Adler, A. B., Svetlitzky, V., & Gutierrez, I. A. (2020). Post-traumatic stress disorder risk and witnessing team members in acute psychological stress during combat. *BJPsych open*, 6(5), e98. <https://doi.org/10.1192/bjo.2020.81>
- Adler, A. B., & Gutierrez, I. A. (2022). Preparing soldiers to manage acute stress in combat: Acceptability, knowledge and attitudes. *Psychiatry*, 85(1), 30-37. <https://doi.org/10.1080/00332747.2021.2021598>

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