



General Conference Information

Registration

Atlas Foyer

Hours of Operation

Monday, 17 May	1600 – 1900
Tuesday, 18 May	0700 – 1700
Wednesday, 19 May	0730 – 1700
Thursday, 20 May	0730 – 1000

Exhibits:

Golden Ballroom

0930 – 1600 Tuesday, 18 May

0930 – 1600 Wednesday, 19 May

Closed: 1030 hrs – 1130 hrs and 1300 hrs – 1400 hrs

Conference Attire:

For Marine Corps: Summer Service Charlies

For the Navy: Chiefs and Officers, Summer Whites
E1-E6, Year-round Service Uniforms

Civilians: Business Casual

Speaker Ready Room:

All speakers must visit the Speaker Ready Room located in room Royal Palm Salon Six 24 hours prior to presenting to review and approve their presentations. The speaker ready room is available:

Monday, 17 May	1600 – 1900
Tuesday, 18 May	0700 – 1700
Wednesday, 19 May	0700 – 1700
Thursday, 20 May	0700 – 1000

Speaker Presentations:

Session video recordings and presentations will be available online after the close of the conference via the conference website, <http://www.med.navy.mil/sites/nmcsc/nccosc/Pages/coscConference2010.aspx>

Media Room

Located in Royal Palm Salon Four, the Media Room is a resource and work area for all media in attendance.



Schedule At a Glance

Tuesday Morning, 18 May 2010 *What are the Challenges?*

The Navy and Marine Corps have developed a new conceptualization of “war wounds” to include psychological wounds that adversely affect mind, body, and spirit. This concept was extended to include not only individual service members but family members as well. Consequently, Combat and Operational Stress Control (COSC) and Operational Stress Control (OSC) programs were created to preserve a ready force, and to promote long-term health and well-being of individual Marines, Sailors, and family members.

The new conceptualization views psychological stress on a continuum of severity, duration, and impairment. This conceptual paradigm ranges from “ready” (mission ready) to “reacting” (mild/transient/functional) to “injured” (moderate/persistent/distressed) to “ill” (severe/prolonged/disabled).

The stress injury concept provides leaders with a framework for assessing psychological health in their people, enabling improved risk detection and intervention to restore health and wellness. It is consistent with current scientific literature and research evidence on the effects of stress on the brain, body, and mind. This model reframes stress reactions and responses to reduce the stigma associated with seeking mental health care.

Grand Hall

0800 – 0820 Opening Ceremony
 0820 – 0830 Welcome - *CAPT Paul Hammer*
 0830 – 0840 Opening Remarks - *RADM Christine Bruzek-Kohler*
 0840 – 0900 Preserving the Psychological Health of Your Marines: A Warfighting Issue for Leaders
 0900 – 0920 A Culture of Psychological Fitness - *FLTCM John T. Minyard*
 0920 – 0940 A Hero is Re-born - *SGT Michael Blair*
 0940 – 1010 Break
 1010 – 1030 “Grow the Green, Shrink the Red: Overview of the New DON COSC Doctrine” – *Dr. William Nash*
 1030 – 1050 US Navy Operational Stress Control Program Update – *CAPT Lori Laraway*;
 1050 – 1110 US Marine Corps Combat and Operational Stress Control Program Update - *Greg Goldstein*
 1110 – 1150 Panel Discussion: Stakeholder Champions and Overview of Breakout Tracks
COL Willy Buhl; Dr. Robert McLay; Dr. Brett Litz; Mrs. Debbie Paxton

1150-1300 Lunch on your own

Tuesday Afternoon, 18 May 2010 - Breakout Sessions for Leadership, Caregivers, Researchers & Families

COSC and OSC Challenges for Leaders

Grand Hall

1300 – 1330 Moral Injury: What Leaders Should Know
Dr. Kent Drescher; Dr. Brett Litz; Dr. Shira Maguen; Dr. William Nash
 Because moral injury (MI) is arguably the least acknowledged source of combat stress injury by Marines and Marine Corps leaders, the presenters will introduce the concept of MI so that leaders can be better informed and better prepared to strengthen, mitigate, identify, treat, and reintegrate Marines who face such challenges.

1330 – 1400 Combat Warrior in a Garrison World
Ms. Laurie Giertz, PA-C
 Ground level training on common post deployment symptoms that a Marine may likely encounter when they first return home. What is considered normal and when its time to seek help. The struggle of flipping off “Combat Mode” and why they see the world through a different set of glasses back in CONUS.

1400 – 1430 Break



1430 – 1500 PH Challenges in Wounded, Ill, & Injured

COL Gregory Boyle; CAPT Oakley Watkins

The presentation illustrates the WWR's non-medical care coordination capabilities; specifically highlighting the Regiment's work to help recovering Marines focus on their abilities by providing healing environments and recreational therapy programs. It underscores the WWR's commitment to staying connected to Marines to ensure their physical, psychological, and non-medical needs are met.

1500 – 1530 The Critical Impact of Military Leadership on Family Resiliency

Ms. Tonya Ricklefs

Military leaders are told how important our military families are. But, we do not teach leadership critical skills that enhance military family resiliency and better prepare military units to be mission ready and more effective. This presentation will show the direct link between effective leadership and effective military family and what skills should be developed within our leaders.

1530 – 1600 Coffee Break

1600 – 1630 OSC Command Climate Assessment

Ms. Leanne Braddock, MA; Mr. Geoff Patrissi, MA; Dr. Paul Rosenfeld

This presentation will describe an effort to develop a Navy command-level assessment of OSC. The command-level assessment items will be developed, field-tested and integrated into the DEOMI DEOCS survey. This effort will likely result in OSC questions being made a permanent part of the DEOCS for Navy.

1630 – 1700 High-Risk Mission Specific Operational Stress Control

CAPT Lori Laraway, Dr. Rollin McCraty

Recent research identified Detainee Operations personnel at extremely high risk for PTSD and related disorders. Navy OSC, in conjunction with HeartMath, has developed and piloted a resilience program that enables Sailors to shift into an optimum physiological state that helps mitigate immediate and future challenges by providing practical techniques that allow them to better prepare for, self-regulate during, and quickly recover from high-risk, stressful experiences.

COSC and OSC Challenges for Caregivers and Clinicians Golden West & California Rooms

1300 – 1330 How Relevant are Evidence-Based Treatments for Civilian Single-Assault PTSD Treatments for Combat-PTSD: Reviewing PE, CPT, SS, EMDR, VR

Dr. Jim Spira

Most evidence-based treatments of PTSD utilized in the DoD and VA healthcare systems have been developed and proven effective for civilian female victims of single sexual assaults. However, PTSD developed in mostly males due to ongoing combat exposure may require revalidation and modifications of these approaches to be effective.

1330 – 1400 Virtual Reality Treatment of PTSD

Dr. Robert McLay

This talk will cover research conducted at Naval Medical Center San Diego. Projects are examining genetic vulnerability to PTSD, stress inoculation, and ways to better identify and treat PTSD. In particular, the use of Virtual Reality to treat PTSD will be discussed; including results of what we believe is the first randomized controlled trial of any therapy to be completed in service members with PTSD related to combat in OIF/OEF.

1400 – 1430 Break

1430 – 1500 Care Giver

Dr. Heidi Kraft

This talk will emphasize the risks and challenges facing uniformed medical personnel as they provide care for trauma that might be very close to their own. The concepts of compassion fatigue and shared trauma, as they



relate to frontline connection with warfighters, and the necessary battle against stigma for medical personnel to seek needed help for that compassion fatigue, is discussed.

1500 – 1530 Reintegrating America's Returning Warriors to the Workplace and their Families: The Subtleties of Reintegration

LTC Jeffrey Yarvis, PhD

Despite an abundance of literature on post-deployment psychopathology associated, there is little known about how reactions affect reintegration. Service members have returned to the United States with a different pattern of disease, illness and injury than in prior conflicts and these differences will also play out differently for the families affected.

1530 – 1600 Coffee Break

1600 – 1700 Moral Injury: What Leaders Should Know – What Clinicians and Caregivers Need to Know

Dr. Kent Drescher; Dr. Brett Litz; Dr. Shira Maguen; Dr. William Nash

A moral injury (MI) is the lasting psychological, biological, spiritual, and social consequences of perpetrating, failing to prevent, or witnessing acts that transgress deeply held moral beliefs and expectations. The presenters will offer a definition of MI, share research on the topic, and present strategies for moral repair for Marines.

COSC and OSC Challenges for Researchers

San Diego Room

1300 – 1330 Do Deployment Experience and Mental Health Status Affect Reasons for Leaving Military Service?

Ms. Charlene Wong, MPH

Military retention is of great importance during times of high operational tempo. Personnel of the current wars screening positive for mental health conditions post-deployment were more likely to leave service. This study investigated whether status of mental health and deployment were associated with specific reasons for leaving service.

1330 – 1400 What Factors are Associated with Anti-Social Behavior in Marine Combat Veterans?

Dr. Stephanie Booth-Kewley; Ms. Robyn Highfill-McRoy, MPH

The objective of this study was to identify factors associated with antisocial behavior in 1,543 Marines who deployed to combat. Five factors were linked with antisocial behavior: posttraumatic stress disorder (PTSD) symptoms, deployment-related stressors, combat exposure, age, and being divorced. PTSD and deployment-related stressors had the strongest associations with antisocial behavior.

1400 – 1430 Break

1430 – 1500 The Impact of Deployment and Marital Status on Mood and Recreational Substance Use in Military Members – Results of the DoD Health Behaviors Survey

Dr. Jim Spira

Analysis of the DoD Health-Related Behavior Survey shows that combat deployment, gender, being single or deploying singly substantially increases risk of heavy alcohol and tobacco use, depression, PTSD, suicidal thoughts and attempts, and isolating behaviors. Implications for command-level interventions and other organizational support will be discussed.

1500 – 1530 Peritraumatic Behavior Questionnaire (PBQ)

Dr. William Nash

We describe the development and early validation of The Peritraumatic Behavior Questionnaire (PBQ), a 15-item Likert-scale instrument developed to aid the recognition of Orange Zone distress, dissociation, or dysfunction in operational settings, to promote indicated prevention interventions such as Combat and Operational Stress First Aid (COSFA). From



1530 – 1600 Coffee Break

1600 – 1630 Operational Stress in Joint Task Force (JTF) Guantanamo Detainees Program
Dr. Scott Johnston

1630 – 1700 Bench to Battlefield: The Neuroscience of Combat Stress Risk and Resilience
Dr. Deane Aikins

This presentation provides a novel application of neuroscience research methods to better understanding combat stress risk (defined as PTSD) and resilience. Data will be presented on a pilot sample of Light Infantry Service Members who underwent functional Magnetic Resonance Imaging while completing a fear conditioning study and DNA tissue analysis.

COSC and OSC Challenges for Families
Town & Country Room

1300 – 1330 Panel of Paralympic Athletes
Mr. Casey Tibbs

1330 – 1400 Project CAPS: Child Adjustment to Parental Separation
Dr. Deane Aikins; Dr. Julie Wargo Aikins

This presentation covers an on-going DoD-funded collaboration between civilian scientists and the behavioral health MEDDAC of the 10th Mountain Light Infantry Division. The project entails the assessment of parents of a child between the age of 3 and 7 and whose spouse/partner is currently combat-deployed.

1400 – 1430 Break

1430 – 1500 Parental Stress, PTSD, and Infant Health Outcomes in US Military Families
Dr. Ava Conlin

This presentation describes a study linking distinct data sources to evaluate health outcomes among infants born to US military personnel in order to investigate how parental stress, and PTSD in particular, affect infant health while controlling for confounding. Various parental mental health symptoms may negatively impact infant health outcomes.

1500 – 1530 Understanding Blast Injury: An Overview and Unique Elements of “The Signature Injury” of Iraq/Afghanistan Conflicts’ Effects on Brain Injury in the Military on Family and Caregivers
Dr. Mark McDonough

Brain injury alters not only the patient, but varied venues. Effects on spouses and family members are significant moderating variables in post-trauma adjustment. Significant others are often left out from treatment focus though are untowardly effected by the injury, impacting systemically across the serviceman’s unit, family, and in other contexts.

1530 – 1600 Coffee Break

1600 – 1700 FOCUS Data on Challenges of USN & USMC Families - Impact of the Long War on Military Children and At-Home Spouses: Assessment to Guide Intervention
Dr. Margaret Feerick; Dr. Angela Huebner; Dr. Patricia Lester

Living with wartime separation and reintegration challenges, military children may be affected by wartime deployments and parental combat operational stress. This presentation describes findings from a UCLA/USMC/Army study with children, comparing adjustment during and following deployment, and identifying specific risk factors for greater child distress related to wartime deployments. These findings may inform strategies for evidence-based prevention for families.

Outside Tiki Pavilion

1800 – 1930 Meet the Heroes Social *Attendees and Guests Welcome



Wednesday Morning, 19 May 2010

Taking Action

Service members recovering from serious wartime injury may face a long and difficult process that is challenging to the individual, the family, and to caregivers. Physical and emotional wounds are often present in some form and expressed in diagnosable conditions and disorders. Less obvious, especially for combat veterans, are spiritual wounds (Moral Injury) which are equally necessary to treat. Compounding such injuries are the myriad practical issues associated with the military disability system, continued military service, or transitioning back to civilian life. The Department of Defense, the Department of Veterans Affairs (VA), and numerous governmental and private organizations are taking action to address these multiple and often complex problems. This Plenary session focuses primarily on the concept of Moral Injury and on combat (COSFA) and operational stress (OSC) programs currently in use.

Grand Hall

0800 – 0810 Welcome

0810 – 0910 Combat and Operational Stress First Aid (COSFA): A Tool for Leaders, Caregivers, and Family Members to Promote Recovery

CAPT Richard J. Westphal; Dr. William Nash; Dr. Patricia Watson; Dr. Brett Litz

0910 – 0930 OSCAR Extenders and Mentors: Enhancing the Role of Marine Leaders - *SGT MAJ Michael Timmerman*

0930 – 0950 Awards Ceremony – *RADM Karen Flaherty*

0950 – 1020 Break

1020 – 1040 Resilience in the Face of Operational Stress in Today's Navy - *VCNO, ADM Jonathan Greenert*

1040 – 1100 US Navy Chaplains: On the Front Lines of OSC – *RADM Robert F. Burt*

1100 – 1120 The Role of Leaders in Preventing Moral Injury – *Dr. Jonathan Shay*

1120 – 1140 Resilience: Current Biological, Psychological, Social and Spiritual Perspectives -*Dr. Steven M. Southwick*

1140 – 1200 Prevention of Mental Disorders: Current Perspectives – *Dr. William R. Beardslee*

1200-1300 Lunch on your own

Wednesday Afternoon, 19 May 2010 – Breakout Sessions for Leadership, Caregivers, Researchers & Families

COSC and OSC Tools and Metrics for Leaders

Grand Hall

1300 – 1330 OSCAR Program

Dr. Tom Gaskin

1330 – 1400 Marine Corps Martial Arts Program

LT COL Joe Shusko

The Marine Corps Martial Arts Program (MCMAP) is a tool Leaders can use to assist them in Combat and Operational Stress Control. Unfortunately, a lot of Commanders don't understand the benefits of this tool. My intent is to educate others on what MCMAP can do for them to mitigate COSC.

1400 – 1430 Break

1430 – 1500 Wounded Warrior Program at the Outdoor Odyssey Camp

MAJ GEN Tom Jones

Certain innovative training tools have proven to prepare individuals for combat through the replication of events that closely approximate actual combat operations. Albeit anecdotal, experienced combat leaders have concluded that individuals and units perform at far greater levels of proficiency when exposed to this type of training event that closely mirrors the trauma and adversity of actual combat operations.

1500 – 1530 Infantry Immersion Trainer

Mr. Clarke Lethin

Training methods and concepts of the past must change to focus on improving training effectiveness, training efficiency, inoculating for stress and building resiliency. Immersive training systems offer a means for creating



complex operating environments that expose Marines to conditions that allow them to experience danger, build confidence and hone their warfighting skills.

1530 – 1600 Coffee Break

1600 – 1630 Explosive Ordinance Disposal OSC Implementation

CDR Marty Anderson

Faced with internal and external stressors on their high-demand/low-density force, EOD Group ONE and EOD Training and Evaluation Unit ONE led the Navy in developing and formally integrating COSC into their training pipeline. CDR Anderson, EODTEU ONE CO, will present his perspective on Navy EOD's "inoculating" program.

1630 – 1700 Combat Operational Stress in a Garrison Environment

LTCol Jason Barrett

Resources to address PTSD and Combat Operational Stress have been surged to the operating forces. Yet, in many instances, it is the supporting establishment where these symptoms manifest. More needs to be done to account for the needs of those in garrison who suffer this condition.

COSC and Tools and Metrics for Caregivers and Clinicians

Golden West & California Rooms

1300 – 1330 NMCS D's C5 Program and Its Newest Additions

Ms. Joanne DeRubertis; Dr. Nancy Kim; Ms. Jennifer Town

A general overview of the C5 Program of rehabilitation care, covering a brief history, its evolution, current components and future offerings. Specifically, the programs dedicated to mild TBI rehabilitation and the new Intensive Outpatient Program dedicated to PTSD will be highlighted in depth, including the use of Outcome Measures.

1330 – 1400 Care for the Caregivers: Avoiding Vicarious Traumatization

Ms. Catherine Butler, MFT

Treating trauma is considered to be "working with the handiwork of fear" and can result in compassion fatigue in providers. This workshop is designed to help participants recognize the signs in themselves and others, and work to reduce the effects of the stress on their professional and personal lives.

1400 – 1430 Break

1430 – 1500 Adaptive Disclosure: A Brief Unified Psychotherapy for Combat and Operational Stress

Dr. Brett Litz

We will describe Adaptive Disclosure (AD), a psychotherapy that is an extension of cognitive-behavioral therapy strategies packaged to target life-threat trauma, loss, or moral injury. We will present our experience with AD and the results of a pilot project at Camp Pendleton treating Marines with PTSD.

1500 – 1530 The Okinawa Experience: USNH Okinawa's Caregiver Occupational Stress Control Program

LCDR Jean Fisak; CAPT Richard Westphal

U.S. Naval Hospital Okinawa has an active Caregiver OSC program with involved team members throughout the command. Discussion on USNH Okinawa's program will include trials, triumphs, and a "Stress-O-Meter" tool from the data collected, as well as the barriers encountered in implementing a more vibrant program.

1530 – 1600 Coffee Break

1600 – 1700 Residential, Intensive Outpatient Program (IOP), Day Treatment Approaches in Treating PTSD

Dr. John E. Fortunato; Dr. Sharon Stewart; Dr. Jerry Wesch

Army Medicine has been instrumental in developing intramural programs for treating combat and operational stress disorders. Three novel programs will be presented. Each of these programs share integrative medicine



approaches in a therapeutic milieu treating not only the target symptoms of PTSD and co-occurring disorders but also focus on building resilience.

COSC and Tools and Metrics for Researchers **San Diego Room**

1300 – 1330 Magnetoencephalography (MEG) and Diffusion Tensor Imaging (DTI) for Differential Diagnosis in mTBI and PTSD

Dr. Mingxiong Huang

PTSD and mild TBI (mTBI) are major health problems in the military personnel with severe symptom-overlaps, but conventional structural neuroimaging techniques are usually not useful in detecting abnormalities in these disorders. Our study examines a multimodal neuroimaging approach using magnetoencephalography and diffusion tensor imaging for differentially diagnosing PTSD and mTBI.

1330 – 1400 Behavioral Health of Combat Veterans

Dr. Stephanie McWhorter; Mr. Shiloh Beckerley, MA; Mr. Ryan Darby; Ms. Jennifer McAnany, MA; Dr. Cynthia Thomsen

This presentation will discuss the project's data library used to conduct original analyses. Examples of results published in the BHQ will be discussed, including analyses of the impact of combat deployment on (1) Reserve/ Guard personnel and their families and (2) female AD and Reserve/Guard personnel and their families.

1400 – 1430 Break

1430 – 1500 Resilience: Defining and Measuring the Construct in Military Personnel with the Response to Stressful Experiences Scale

Dr. Chris Johnson

The Response to Stressful Experiences Scale (RSES) was developed at the National Center for PTSD, and validated exclusively in OEF/OIF samples (N = 1014). The RSES is an individual differences measure of psychological factors that buffer against the effects of high-magnitude stressors. This presentation will describe scale psychometrics, to include reliability, factor analysis, and convergent, discriminant, and concurrent validity. Discussion will address current and future use of the RSES in operational and research settings.

1500 – 1530 PTSD Comorbidities

Dr. Sonya Norman

While PTSD is the best known psychiatric consequence of trauma, other disorders such as depression, alcohol/substance use disorders, and other anxiety disorders are also highly prevalent. This talk will focus on understanding comorbidity including clinical course, common underlying factors, and how best to treat individuals with multiple disorders.

1530 – 1600 Coffee Break

1600 – 1700 Marine Resiliency Study

Dr. Dewleen Baker; Dr. Brett Litz; Dr. William Nash

The Marine Resiliency Study is a very large prospective longitudinal of the psychological, biological, social, and deployment experiences that confer risk and resilience for operational stress and PTSD in Marines. The presenters will describe the study design and the findings from the first 1000 Marines studied.



COSC and Tools and Metrics for Families Town & Country Room

1300 – 1330 Social Security Administration & Wounded Warriors

Ms. Yolanda York

Military service members can receive expedited processing of disability claims from Social Security. Benefits available through Social Security are different than those from the Department of Veterans Affairs and require a separate application. The expedited process is used for service members who become disabled while on active military service on or after October 1, 2001, regardless of where the disability occurs.

1330 – 1400 Marine Corps Family Team Building Program

NF04 Lisa Gahagan

MCFTB offers Combat Operational Stress Control (COSC) training to increase family member's awareness of this condition and means to identify, and mitigate resources available in addressing both during the pre-deployment brief and as a readiness stand alone training session.

1400 – 1430 Break

1430 – 1500 US Paralympics

Mr. Charlie Huebner

Created in 2004, the program provides post-rehabilitation support and mentoring to American servicemen and women who've sustained physical injuries such as traumatic brain injury, spinal cord injury, amputation, visual impairment/blindness and stroke. Veterans are introduced to adaptive sport techniques and opportunities through clinics and camps and are also connected with ongoing Paralympic sports programs in their hometowns.

1500 – 1530 Navy Fleet & Family Services Center

Dr. Stan Beason; Dr. Jeff Erkenbeck

- A short "Personal Stress Awareness" exercise
- Deployment readiness (preparation and uncertainty)
- Individual Augmentee families (getting them together)
- Psycho-educational school groups (recognized, set-apart, and empowered)
- Homecoming readiness (celebration and change)
- 90-180 days afterwards (network and communicate)

Included: Metric information from a focus group; observations from networking groups; notes from one-on-one debriefings; training and "Scope of Practice" for clinicians

1530 – 1600 Coffee Break

1600 – 1700 FOCUS Project: Program Evaluation, Adaptations and Healing Stories

Dr. Mia Bartoletti; Dr. Gregory Leskin; Dr. William Saltzman

This presentation will describe the core features, program evaluation data, adaptations and healing stories from families who participated in FOCUS project. FOCUS project is funded by the US Navy's BUMED to provide family-centered, resiliency training to USMC and Navy families contending with multiple deployments and/or parental combat operational stress.



Thursday Morning, 20 May 2010
Measuring Results

This session brings together a national network of military and civilian agencies, clinician experts, and academic institutions to discuss “first line” metrics measuring care management and program outcomes. Development of uniform methodologies enhances more effective comparisons and ultimately translates into cost-effective care resulting in recovery and reintegration. This partnership and network of a multi-agency and multi-disciplinary consortium supports and facilitates the psychological and physical health needs of military service members and veterans’ families.

Grand Hall

- 0800 – 0810 Welcome
- 0810 – 0830 Meeting the Needs of Wounded, Ill and Injured Marines and Sailors – *RADM Karen Flaherty*
- 0830 – 0850 Defense Centers of Excellence (DCoE): Building Bridges of Collaboration – *MAJ Todd Yosick*
- 0850 – 0910 National Intrepid Center of Excellence: Advancing Care for Intrepid Fallen Heroes – *Dr. James P. Kelly*
- 0910 – 0930 Operational Stress Control as an Integral Part of Force Health Protection – *CDR Meena Vythilingham*
- 0930 – 0945 Marine Corps West Region Integrated Behavioral Health Support Pilot Project – *Mr. David McIntyre*
- 0945 – 1015 Break
- 1015 – 1035 VA Center of Excellence for Stress and Mental Health (CESAMH): Integrating Research, Education, and Clinical Care – *Dr. Dewleen Baker*
- 1035 – 1135 Panel Discussion: Operational Stress Control – The Way Ahead
COL Willy Buhl; Dr. Robert McLay; Dr. Brett Litz; Mrs. Debbie Paxton
- 1135 – 1145 Closing Remarks