



NAVAL CENTER  
**NCCOSC**  
COMBAT & OPERATIONAL STRESS CONTROL



*Global Health*

# MINDLINES

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# 2014 *A Year in Review*

*By Capt. Scott L. Johnston, Ph.D., ABPP  
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**A**s we settle into a new year, I'd like to take a little trip back in time and revisit everything NCCOSC accomplished in 2014 toward Navy Medicine's mission of "World-Class Care...Anytime, Anywhere."

**Resilience** was a hot topic for us throughout 2014, and rightfully so; we have learned that a resilient fighting force is a ready fighting force. We hit the deck running on resilience. With research and training and Mindlines and hashtags, we set out to tell everyone that resilience was and must continue to be the word of the day, particularly in today's ever-changing global climate. Serving in today's military can be a stressful experience. We have long, frequent deployments, demanding roles and increasing responsibilities. There's still so much out there in the world that is unknown, which means our role is always subject to change, so we must be ready to adapt and respond to whatever comes our way. We do know this: that having an active coping style (facing fears), using physical activity to keep those "happy hormones" flowing, maintaining a positive outlook, having a strong social support system, and practicing cognitive flexibility—the ability to find the good in a bad situation—are invaluable in bolstering resilience and ensuring we're ready to answer our nation's call.

**Operational Stress Control (OSC)** was a close second to resilience. OSC and resilience go hand-in-hand; when you successfully cope with or manage your operational stress, you increase

your resilience. OSC requires leaders' involvement in promoting resilience and psychological health in our sailors, Marines, and their families in the face of stress caused by today's high op tempo and wartime demands. The end goal of OSC is to prevent, minimize, and treat stress injuries, build and maintain resilience,

**We shared a common goal: a passion for caring for the psychological welfare of our warfighters.**

reduce stigma, and finally, maintain a ready fighting force. One way we brought OSC and resilience to the fleet in 2014 was during a visit to the USS Boxer, where we discussed the components of OSC—the Stress Continuum, Combat and Operational Stress First Aid (COSFA), and the Five Core Leader Functions; the four sources of injury (life threat, wear and tear, inner conflict, and loss); the impact of a stressed sailor on his or her home environment; how to recognize when someone needs help; factors that contribute to resilience; reunion and reintegration following a deployment; post-deployment challenges; and barriers to care. All of this was tailored to the Boxer, whose leadership has spread this information to more than a thousand sailors and Marines across the Boxer Amphibious Ready Group.

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# Impact Around the Globe

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Every day, around the globe, the Naval Center for Combat & Operational Stress Control (NCCOSC) is supporting the Navy Surgeon General's strategic goals of Readiness, Value, and Jointness by improving the quality and delivery of psychological health care.

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Last year we successfully enhanced the readiness of our nation's military and added value to Navy Medicine by promoting the Navy Medicine initiatives of Caregiver Occupational Stress Control (CgOSC), Operational Stress Control (OSC), and Resilience to providers throughout the Navy Medicine enterprise. We added jointness to the equation by collaborating with clinicians, academic institutions, military commands, and government and private organizations to compile and share research on best practices in psychological health care.

NCCOSC's Programs staff brought the tools and resources of CgOSC to Camp Lejeune, N.C. and New Orleans, La., where they taught providers to recognize early stress reactions, promote early intervention, and practice self-care, so they can continue to provide the highest quality of care to our nation's wounded warriors. They brought resilience-building skills to providers at the Navy's Recruit Training

Command in Great Lakes, Ill., aboard the USS Boxer (LHD 4) in San Diego, Calif., and to military medical facilities in San Antonio, Texas and Bethesda, Md., where they discussed the various methods of strengthening resilience, which include practicing optimism, flexible thinking, behavior control, and positive coping. At the Navy's Senior Enlisted Academy in Newport, R.I., NCCOSC staff taught the Academy's sailors to recognize the signs and symptoms of operational stress, presented strategies to prevent, respond to, and manage that stress, shared methods to reduce the stigma of reaching out for psychological health care, and emphasized early intervention to enable those sailors to stay resilient, ready to continue their mission, and be successful in their personal and professional lives.

Our Research Facilitation team traveled coast-to-coast across the United States, to locations such as Washington, D.C., San Francisco, Calif., Portsmouth, Va.,

Miami, Fla., Kittery, Maine, Philadelphia, Pa., San Diego, Calif., and Millington, Tenn., to present research they'd compiled on numerous topics and best practices pertaining to psychological health care. Of note, NCCOSC Director and Navy Clinical Psychology Specialty Leader Capt. Scott Johnston, along with three NCCOSC researchers, attended the 122nd Annual American Psychological Association (APA) Convention in Washington, D.C., an event which attracted more than 10,000 attendees. NCCOSC's presentations during this event included psychological health care in a post-DADT (Don't Ask, Don't Tell) military and gender differences relating to psychological health symptoms, among others. In addition to the APA convention, NCCOSC staff presented research at many other venues on topics such as the relationships between post-traumatic stress disorder (PTSD), stress, and alcohol use in military prison guards, stress levels in Survival, Evasion,





Resistance, and Escape (SERE) instructors, the use of the drug spice in residential substance abuse treatment programs, the effect of depression and sleep on PTSD treatment outcomes, the effects of stress and sleep on patients dealing with traumatic brain injury (TBI) and chronic pain, the relationship between stress and unit support/cohesion in Navy Independent Duty Corpsman (IDC) students, and the effect of child abuse on mental health and combat experiences.

NCCOSC's Programs and Knowledge Management teams introduced the Behavioral Health Data Portal (BHDP) to Naval Hospital Bremerton's branch health clinic in Everett, Wash., as part of a joint DoD-VA effort. BHDP is a secure, automated system the Army uses, now being implemented across all branches of the U.S. military, that allows providers, patients, and clinic leaders to access patient-centered data, so they can improve mental health treatment and customize care based

on each individual patient's needs.

NCCOSC reached a diverse global audience during the annual Combat & Operational Stress Control Symposium in San Diego, Calif. More than 150 military and civilian mental health professionals, psychologists, psychiatrists, social workers, case managers, chaplains, therapists, and

care, and the role of resilience and caregiver stress in clinical practices.

It is through these outreach efforts, combined with the leveraging of personnel and their unique skills, as well as a demand for a ready and resilient military, that NCCOSC is able to touch even more distant locations across the globe. Whether

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researchers from across the United States as well as such remote locales as Denmark, Canada, and Argentina attended the symposium in person and virtually through Defense Connect Online (DCO) to learn about combat and operational stress control best practices, the latest research and technology in the field of mental health

it is shipboard resilience training with an audience of a dozen, CgOSC training with an audience of five dozen, or a mental health conference with an audience of five thousand, it is our intention that those who attend will take what they've learned and implement it wherever the military takes them. 🏠



# What Makes You Optimistic About the New Year?

*The start of a new year* is a time that naturally lends itself to optimism. It's a time to embrace positive changes and look forward to new adventures. Optimism is also a factor that helps build resilience. And, when sailors are more resilient, they are better able to manage stress and withstand the challenges of military life.

So, in the spirit of the new year, we asked a few sailors at Surface Warfare Medical Institute aboard the Naval Medical Center San Diego campus, about what makes them optimistic. From promotions to deployments and opportunities for women in the military, these resilient sailors have a lot to be optimistic about as they sail into 2015.



**HM2 Jia Liu**  
 San Jose, Calif.

"I'm optimistic about the new deployments that are going to be opening up. There's going to be more opportunities to go to different places, and there's going to be a lot of things going on in Asia. I'm from Asia so I'm pretty excited about that. There's going to be a lot of collaboration with the countries over there, which means we'll have more opportunities to interact with them, and to understand and learn from each other."



**HM3 Andrew Bergen**  
 Arlington, Texas

"I'm looking forward to a lot of great new movies coming out this year, and I'm hoping to spend more time with my girlfriend who lives in Canada."



**HMCM Brad Kowitz**  
 Portland, Ore.

"Personally, I don't make New Year's resolutions. I don't think you need to wait until the beginning of a New Year to resolve to change unhealthy habits or try something new – there's no time like the present to take the initiative and make positive changes in your life. And, that's what makes me optimistic for the new year – we all have 365 opportunities to improve upon ourselves and make each day better than the one before!"





**HMCS Andy Burnett**  
Carrollton, Ga.

“This is a new job for me. I’ve been ship-board so long and I’m looking forward to working with corpsmen and being able to teach.”



**HM2 Rebekah Rhymes**  
Danville, Penn.

“I’m optimistic about every day of 2015. As a single parent I just try to focus on today, and just do what’s best for my son, and hope for better things tomorrow.”



**Cmdr. Jeremy J. Hawker**  
NC, USN  
Mankato, Minn.

“Passing of the FY15 budget, so we will be able to provide the necessary tools for our students to be successful in their training and future roles within Navy Medicine.”



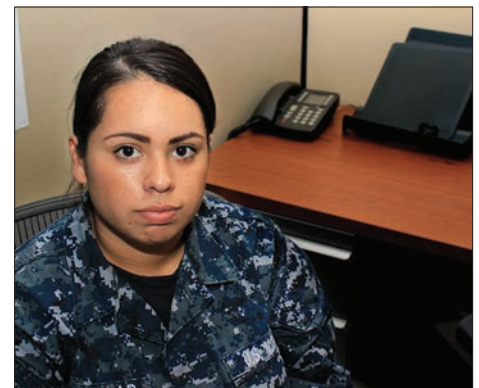
**HM1 Reynaldo Eugenio**  
Honolulu, Hawaii

“I’m excited to have more students come into our program and show them what the Advanced Dental Assistant Program is all about. I’m also trying to improve my running skills and get into the Outstanding category [on the Navy’s Physical Readiness Test (PRT)].”



**HM2 Bronson Eardley**  
Vincennes, Ind.

“I’m going to be reenlisting toward the beginning of the new year. I also just picked up second class and I’m looking forward to the challenges that this brings. The possibilities that come with reenlisting include opportunities for a school or the choice of duty stations. I’m thinking of cardiovascular technician school. I’m optimistic about a lot of opportunities presenting themselves for professional growth.”



**HN Nataly Alvillar**  
Phoenix, Ariz.

“I really like how there are a lot of opportunities opening up for females. The Navy is reevaluating male-only rules for special ops, letting females onto submarines, and they recently redid the policy for female hairdos that’s more accepting of different ethnicities and females, and I’m really appreciating that about the Navy.”



## DATES TO REMEMBER

**December 2009:** MCT 1 deploys to Afghanistan (Officer in Charge (OIC): Capt. Robert Koffman, MC, USN).

**December 2010:** MCT 3 deploys to Afghanistan (OIC: Cmdr. Joseph Sarachene, MC, USN).

**December 20, 2010:** The Marine Corps and Navy establish maritime doctrine for combat and operational stress control. (MCRP 11-C/NTTP 1-15M, 20 December 2010).

**December 2011:** MCT 5 deploys to Afghanistan (OIC: Cmdr. Barry Adams, MSC, USN).

**December 2012:** MCT 7 deploys to Afghanistan (OIC: Cmdr. Jean Fisak, NC, USN).

**January 2, 1941:** Navy Surgeon General Vice Adm. Ross McIntire outlines the official duties of Navy clinical psychologists in "recruit screening."

**January 1969:** Navy Medical Neuropsychiatric Research Unit conducts psychological evaluations on 81 crewmembers of USS Pueblo (AGER 2). Crewmembers were held as prisoners of war in North Korea from January 23 to December 23, 1968.

**January 2009:** Department of Defense (DOD) decides it will not award Purple Hearts to service personnel suffering from PTSD.

**February 1972:** As part of Operation Egress Recap, Navy medical personnel based in San Diego help transition POWs from Asian theater back home. First stage of airlift of 143 American POWs takes place in February.

**February 2009:** The Bagram Freedom Restoration Center opens, becoming the first mental health clinic in Afghanistan.



*Cmdr. Jean Fisak, NC, USN*



*Navy Surgeon General  
Vice Adm. Ross McIntire*



*News headline from 1968  
regarding the USS Pueblo*



## IN THE KNOW

### Our New Year's Resolutions

Being optimistic and setting goals can help boost your resilience. We at NCCOSC resolve to accomplish the following in 2015:

- Carry on with CgOSC and resilience initiatives—it is vitally important that we as Navy Medicine providers practice self-care, so we can stay resilient and ready to care for those who depend on us.
- Implement the Behavioral Health Data Portal to help providers customize and improve treatment plans and interventions for each individual patient.
- Continue to provide the highest quality care and support possible to those who need it most—patients, caregivers, providers, and families.
- Remain on the forefront of psychological health care by pursuing and establishing best practices on preventing, diagnosing, and treating stress disorders.
- Sustain and expand our presence around the globe.



## FAST FACTS

### Tips for Leaders to Reduce Stigma

Service members who feel stressed, anxious, or depressed may not seek help for fear they'll "lose face" or jeopardize their career. Ultimately, it is the moral obligation of leaders at every level to foster an environment of acceptance and support. Here are a few ways leaders can reduce or eliminate stigma in the workplace, unit, or command.

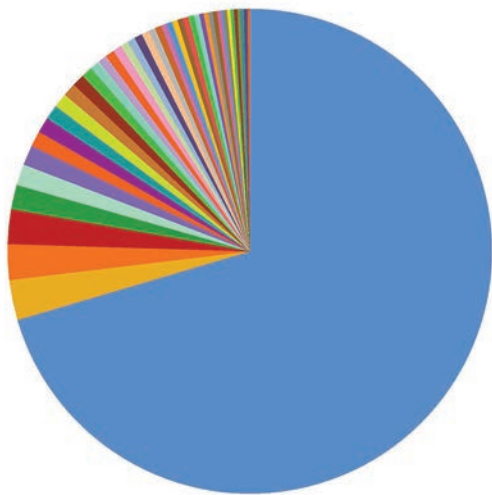
- Provide an opportunity for dialogue. Grant permission and encourage your junior troops to speak up if they need help. Remind them that your door is always open.
- Partner with your command chaplain and CgOSC team to get the word out that seeking help is nothing to be ashamed of.
- Celebrate those who may have benefited from treatment, and if they are willing, urge them to share their story and engage in the effort to end stigma.
- Prior to, during, and following a deployment or other potentially stressful event, remind your troops of the resources that exist should they need help.





## SOCIAL MEDIA

Our social media presence is robust and is growing daily, with currently more than 1,400 “likes” on our Facebook page and more than 500 followers on Twitter. Here is a snapshot of our global Facebook fan base.



- |               |               |                |
|---------------|---------------|----------------|
| ■ US          | ■ Philippines | ■ Mexico       |
| ■ Brazil      | ■ UK          | ■ India        |
| ■ Japan       | ■ Indonesia   | ■ Italy        |
| ■ Thailand    | ■ Turkey      | ■ Egypt        |
| ■ Germany     | ■ Peru        | ■ Iraq         |
| ■ Canada      | ■ Venezuela   | ■ Pakistan     |
| ■ France      | ■ Guam        | ■ Argentina    |
| ■ Spain       | ■ Taiwan      | ■ Portugal     |
| ■ Puerto Rico | ■ Australia   | ■ Greece       |
| ■ Morocco     | ■ Iran        | ■ Malaysia     |
| ■ Vietnam     | ■ Belgium     | ■ Colombia     |
| ■ Sri Lanka   | ■ Sweden      | ■ Georgia      |
| ■ Chile       | ■ Romania     | ■ Nigeria      |
| ■ Algeria     | ■ Hong Kong   | ■ Saudi Arabia |



## FOOD FOR THOUGHT



### Why Your Brain Loves Chocolate

**H**OT COCOA. CANDY BARS. CUPCAKES. FONDUE. EVEN CEREAL. Chocolate can be found nearly everywhere, and occupying nearly every form known to man. This time of year, as Valentine’s Day approaches, pounds upon pounds of chocolate can be found in drug stores, grocery stores, mall kiosks, even convenience stores, in the form of a heart-shaped box.

Researchers have found chocolate to be possibly the most craved food in the United States. People choose to eat chocolate for many reasons. It tastes good and can be addictive. The most common reason people eat chocolate is because of the way it makes them feel. Research has suggested that carbohydrates like chocolate have a comforting effect and also promote “feel-good” sensations...even if it’s just a small taste. Some researchers have even gone one step further, to suggest chocolate induces neurotransmitter activity in the brain that may help act as an antidepressant of sorts. How does this occur? Chocolate and cocoa contain a kind of lipid that is chemically and pharmacologically related to the cannabinoid *anandamide*. Anandamide, which translates as “internal bliss,” is a lipoprotein that binds to and activates cannabinoid receptors within the brain, mimicking the psychoactive effects of cannabinoid drugs and resulting in heightened sensitivity and euphoria. And dark chocolate might have an even better result, according to research. This variety of chocolate contains an antioxidant called resveratrol, which can boost the level of endorphins and serotonin in the brain. No wonder so much money is spent on those little heart-shaped boxes for Valentine’s Day! 🍫

*Above: Culinary Specialist 2nd Class Rodell Hardaway prepares chocolate desserts at the CulinAerie recreational cooking school. U.S. Navy photo by Mass Communication Specialist 2nd Class Kiona Miller.*



## BUSTED

### Myth: Grief only consists of sadness

**Reality:** Grief is suffering or distress over loss. It includes sadness but can also evoke other emotions and reactions, such as anger, anxiety, denial or guilt.

*Grief is influenced by many factors, making it impossible to predict. People deal with loss in different ways. There is no right or wrong way to grieve. It’s an individual process.*

*Effects of chocolate on cognitive function and mood: a systematic review, Andrew Scholey and Lauren Owen Article first published online: 3 OCT 2013, DOI: 10.1111/nure.12065, Volume 71, Issue 10, <http://onlinelibrary.wiley.com/doi/10.1111/nure.2013.71.issue-10/issuetoc> pages 665–681, October 2013. <http://psychcentral.com/blog/archives/2009/04/27/chocolate-and-mood-disorders/> <http://www.psychologytoday.com/blog/comfort-cravings/201110/the-3-minute-effect-chocolate>*



2014 Marine Corps Trials:  
Track and Field,  
Marine Corps Base  
Camp Pendleton



USS Makin Island (LHD 8)  
health fair, Naval Base  
San Diego



CgOSC Presentation,  
Marine Corps Base  
Camp LeJeune



American Psychological  
Association Presentation,  
Washington, D.C.

2014

2015



Armed Forces YMCA  
therapy dogs,  
Naval Medical Center  
San Diego



Navy Wounded Warrior-  
Safe Harbor program for  
Sailors and Coast  
Guardmen,  
Naval Base  
San Diego



Wounded Warrior  
Battalion East,  
Marine Corps Base  
Camp LeJeune



2014 COSC Symposium,  
Naval Medical Center  
San Diego

## A Year in Review

*continued from front page*

**Caregiver Occupational Stress Control (CgOSC)** was another top priority for NCCOSC during 2014. CgOSC is a Navy Medicine initiative to establish a program to address stress injuries in health care providers. CgOSC fosters resilience, strengthens unit cohesion, and helps develop a supportive work environment for caregivers. High operational tempos combined with the demands of patient care often meant the health of caregivers took a backseat to that of patients. We've learned that if we as caregivers aren't taking proper care of ourselves—if we're feeling stressed, anxious, or burned out, and we aren't addressing those problems—we won't be of much help to our patients. The goal of CgOSC is to arm caregivers with tools and resources to manage their stress and prevent burnout and compassion fatigue, resulting in—you guessed it—a more ready, more resilient fighting force, and improved patient care to boot.

All of our efforts in spreading the word on the importance of resilience, preventing and coping with operational and caregiver stress came together in September when we held the 2014 Combat and Operational Stress Control Symposium. The symposium focused on advancing the quality and

delivery of mental health care by sharing best practices and the latest research and technological advances for treating and preventing stress injuries. Presentations included evidence-based treatments for post-traumatic stress disorder, electronic data capture for mental health, resilience, occupational stress in the military, mind body medicine, and CgOSC. The end goal: to empower attendees with tools to help them stay resilient and ready to provide the best care possible to those entrusted to our care. We had a fantastic turnout for the symposium—69 participated online and 100 in person. And we shared a common goal: a passion for the psychological welfare of our warfighters.

I am excited about 2015 and proud to serve alongside so many dedicated Navy Medicine caregivers. 2015 promises to be an exciting year for the NCCOSC team, with the implementation of the Behavioral Health Data Portal (BHDP), to aid in electronic capture of patient health records. BHDP will give providers real-time data to tailor treatment plans and interventions to each individual patient. We are also continuing forward with CgOSC, because we know how vitally important it is to care for ourselves as caregivers, so we can continue to provide the top-notch health care Navy Medicine is known for. Best wishes to you and yours for a prosperous—and *resilient*—New Year. 🇺🇸

On the Cover: Photo-illustration by Joe Griffin.

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