



# Conference Guide

## NAVY AND MARINE CORPS COMBAT & OPERATIONAL STRESS CONFERENCE 2010 **TAKING ACTION, MEASURING RESULTS**

**18-20 May 2010**

Town and Country Resort & Convention Center  
San Diego, California



[www.nccosc.navy.mil](http://www.nccosc.navy.mil)





# Town and Country Resort & Convention Center Map



Welcome Letter..... 2

Conference Purpose and Objectives..... 3

General Conference Information ..... 3

Conference Events ..... 4

Biographies ..... 5 - 8

Accreditation Statements..... 9

Core Elements of COSC..... 10

Conference Schedule..... 11 - 17

Notes..... 18 - 19

“Re-Entry,” a play about coming home ..... 20

Exhibitor Map and Listing..... 21

NAVY AND MARINE CORPS COMBAT & OPERATIONAL STRESS CONFERENCE 2010  
**TAKING ACTION, MEASURING RESULTS**

**18-20 May 2010**

Town and Country Resort & Convention Center,  
San Diego, California



[www.nccosc.navy.mil](http://www.nccosc.navy.mil)





**Welcome**

It is a sincere pleasure to welcome you to the 2010 Navy and Marine Corps Conference on Combat and Operational Stress. Though our time is short and our topics are many, I am confident that this year’s forum will be productive and, as importantly, motivating.

“Taking Action, Measuring Results” means we must move forward. Our country soon will enter a 10th year at war, and there is no abatement in the psychological challenges that come with the prolonged combat and highly demanding operational environments faced by our warriors. This delivers a clear bottom line: Training for mental resilience and stress management are an essential part of military life. They are as critical as anything we do.

In the two years since we last met, there have been notable gains in educating ourselves and the public about the psychological health concerns facing our service members. There is greater awareness and appreciation for the challenges at hand. Now there must be action and accomplishment.

The Department of the Navy’s Combat and Operational Stress Control Doctrine, currently in draft form, gives us the framework in which to do this. It clearly outlines the responsibility that leaders, individual service members, their health care providers and their families must share in order to promote psychological wellness.

The pieces are in place, and fundamentals are defined. With the Stress Continuum, we have a common language with which to describe psychological stress and to deal effectively with it. The five core leadership functions — strengthen, mitigate, identify, treat and reintegrate — are concisely spelled out to address adverse stress outcomes across the continuum, and the principles and applications of Combat and Operational Stress First Aid are delineated.

It is now the job of each of us to take these concepts, develop them to successfully reach the many different communities in which our sailors and Marines serve, and incorporate them into all facets of our everyday work. Above all, we must realize that this cannot be a one-time effort. It must be practiced and practiced again.

The information and experiences presented at this conference will greatly help in this pursuit. Thank you for your attendance and thank you for all you do to help our Marines and sailors effectively manage combat and operational stress.

A handwritten signature in black ink, reading "P. S. Hammer". The signature is fluid and cursive, with a long horizontal stroke at the end.

**Capt. Paul S. Hammer, MC, USN**





## Conference Purpose and Objectives

### Purpose:

The purpose of this conference is to bring together subject matter experts and stakeholders in the combat and operational stress control (COSC) process and to present, examine and become informed on COSC policies, programs and practices specifically tailored for sailors, Marines and their families.

Representation from command leadership will be essential to improve efforts in prevention, identification and early intervention to maximize force preservation and readiness. This year’s goal is to introduce the new joint Navy-Marine Corps COSC Doctrine and our theme, “Taking Action, Measuring Results,” focuses on implementing the doctrine. Leaders at all levels will learn new ways to strengthen our force, recognize stress injuries and tackle the challenges of stress illnesses. The 2010 USN-USMC COSC conference will improve collaboration in pursuit of these goals.

### Target Audience:

- Navy and Marine Corps leaders
- Researchers
- Treatment providers
- Chaplains
- Family members

## General Conference Information

### Registration 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	
Tuesday, 18 May.....	0930 – 1600
Wednesday, 19 May.....	0930 – 1600
Closed:	1030 – 1130 and 1300 – 1400

### 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

### More Information

Please visit [www.nccosc.navy.mil](http://www.nccosc.navy.mil) for more information including: CEUs, conference evaluations, and session materials and video.

### Speaker Ready Room

All speakers must visit the Speaker Ready Room, located in 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/nmcscd/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.



## Conference Events

### Tuesday, 18 May

#### Lion Fountain Court

Good Morning Networking Hour .... 0700 – 0800

#### Exhibit Hall – Golden Pacific Ballroom

Break ..... 0940 – 1010

Break ..... 1400 – 1430

Coffee Break..... 1530 – 1600

#### Royal Palm Poolside

Meet the Heroes Social ..... 1800 – 2000

### Wednesday, 19 May

#### Lion Fountain Court

Good Morning Networking Hour .... 0700 – 0800

#### Exhibit Hall – Golden Pacific Ballroom

Break ..... 0950 – 1020

Break ..... 1400 – 1430

Coffee Break..... 1530 – 1600

#### Grand Hall

ReEntry Performance ..... 1900 – 2000

All attendees and guests welcome. See page 20 for details.

### Thursday, 20 May

#### Lion Fountain Court

Good Morning Networking Hour .... 0700 – 0800

Break ..... 0945 – 1015

## Awards

### NCCOSC 2010 Epictetus Leadership Award

*“Anyone can hold the rudder when the sea is calm.”* (Epictetus, AD 14)

Presented to Col. Gregory A.D. Boyle, USMC, for exemplary leadership in the United States Marine Corps in guiding and caring for Marines under his command.

Presented to Cmdr. Martin A. Anderson Jr., USN, for exemplary leadership in the United States Navy for guiding and caring for sailors under his command.

19 May 2010

Epictetus was a Greek philosopher and Roman slave who lived in the first century. He was an extremely astute observer of human behavior and often used nautical metaphors in dispensing his philosophy. The impetus for this leadership award comes from the metaphor of the ship’s captain at the helm of a vessel in turbulent seas: “Anyone can hold the rudder when the sea is calm.” The clear inference here is that it takes a strong, confident and undeterred leader to keep the ship afloat, on course, and the crew safe — particularly when the seas are rough. This award embraces these leadership characteristics in individuals who model behavior for other aspiring leaders to emulate, who maintain mission focus at all times, and who demonstrate concern and a caring attitude for “shipmates.” This year’s award is presented to Cmdr. Martin Anderson and Col. Gregory Boyle.

### NCCOSC 2010 Peabody Caregiver Award

*“The secret to the care of the patient is caring for the patient.”*

(Francis W. Peabody, MD, Harvard Medical School, 1927)

Presented to Capt. Richard J. Westphal, NC, USN, for his efforts in promoting compassionate care of Marines, soldiers and sailors suffering with combat and operational stress conditions.

19 May 2010

Francis W. Peabody was a physician, teacher and researcher at Harvard Medical School. He is best known for his classic article in the March 1927 issue of *The Journal of the American Medical Association*, entitled “The Care of the Patient.” The article was derived from an earlier 1925 lecture to Harvard medical students that Dr. Peabody concluded with the essential healing component in all treatment: “For the secret of the care of the patient is in caring for the patient.” This award is presented to a health care provider within the military health care system who has demonstrated competent mental health skills, values, attitudes and behaviors that exemplify compassionate concern and caring for patients. This year’s award is presented to Capt. Richard Westphal.



**Admiral Jonathan W. Greenert, Vice Chief of Naval Operations**

Adm. Jonathan W. Greenert is a native of Butler, Pa. He graduated from the U.S. Naval Academy in 1975 and completed studies in nuclear power for service as a submarine officer.

His career as a submariner included assignments aboard USS Flying Fish (SSN 673), USS Tautog (SSN 639), Submarine NR-1 and USS Michigan (SSBN 727 - Gold Crew), culminating in command of USS Honolulu (SSN 718) from March 1991 to July 1993.

Subsequent fleet command assignments included Commander, Submarine Squadron 11; Commander, U.S. Naval Forces Marianas; Commander, U.S. 7th Fleet (August 2004 to September 2006); and Commander, U.S. Fleet Forces Command (September 2007 to July 2009).

Adm. Greenert has served in various fleet support and financial management positions, including deputy chief of naval operations for integration of capabilities and resources (N8); deputy commander, U.S. Pacific Fleet; chief of staff, U.S. 7th Fleet; head, Navy Programming Branch, and director, Operations Division Navy Comptroller.

He is a recipient of various personal and campaign awards, including the Distinguished Service Medal (five awards), Defense Superior Service Medal and Legion of Merit (four awards). In 1992, he was awarded the Vice Admiral Stockdale Award for inspirational leadership. He considers the awards earned throughout his career associated with unit performance to be the most satisfying and representative of naval service.



**Lieutenant General Richard C. Zilmer, United States Marine Corps Deputy Commandant, Manpower and Reserve Affairs**

Lt. Gen. Richard C. Zilmer was born in Reading, Pa. He was commissioned a second lieutenant in the Marine Corps Reserve following his graduation from Kutztown University in 1974, where he

earned his bachelor of science in secondary education. Lt. Gen. Zilmer also holds a master of arts degree in national security strategic studies from the Naval War College.

Among his many assignments, Lt. Gen. Zilmer served as operations officer for Task Force Ripper during Operations Desert Shield/Storm; section head of Ground Officer Assignments, Headquarters Marine Corps; the Senior U.S. Marine Exchange Officer to the Royal Marines for the Joint Warfare Staff in Poole, England; Commanding Officer of I Marine Expeditionary Force, 15th MEU (SOC); Director, Counter Terrorism Joint Planning Group at the United States European Command in Stuttgart, Germany; and Director, Strategy and Plans Division, Plans, Policies and Operations Department at Headquarters, U.S. Marine Corps.

Lt. Gen. Zilmer commanded the Marine Air Ground Task Force Training Command at Marine Corps Base Twentynine Palms, Calif.; served as the Commanding General of the 1st Marine Expeditionary Brigade at Camp Pendleton, Calif.; and served as the Commanding General of Multi-National Force-West in Al Anbar Province, Iraq, in support of Operation Iraqi Freedom.

Lt. Gen. Zilmer was appointed to his present rank and assumed duties as Commanding General, III Marine Expeditionary Force, and Commander, Marine Corps Bases Japan, from June 2007 through September 2009. Upon his departure from Japan, he assumed the duties as Deputy Commandant, Manpower and Reserve Affairs.



## Rear Admiral Robert F. Burt

Rear Adm. Burt is a native of Springfield, Ore. He began his Navy career in May 1970 and his enlisted service included serving as communications technician “R” branch and data processor aboard USS Kitty Hawk (CV63).

Rear Adm. Burt received his honorable discharge in March 1977. He later received a bachelor of science degree from Eugene Bible College and a master of divinity degree from Western Evangelical Seminary; he was ordained minister of Open Bible Churches. The National Association of Evangelicals then endorsed Chaplain Burt for military chaplaincy.

Some of his duty stations and assignments include USS Arkansas (CGB 41); USS Kansas City (AOR 3); the Arabian Gulf during Desert Shield/Desert Storm; Submarine Base Bangor; USS Nimitz (CVN 68) as command chaplain; regimental chaplain with First Marine Regiment, First Marine Division FMF; assistant chief of staff, religious programs and support services; and the Chaplain Corps senior detailee and placement officer. He was the fleet chaplain in Pearl Harbor, and in 2003 reported for duty as the 15th chaplain of the Marine Corps and deputy chief of chaplains for the Navy. The Senate confirmed his appointment as the 24th chief of Navy chaplains in 2006.

Rear Adm. Burt has completed six deployments to the western Pacific, Indian Ocean and North Arabian Gulf. His decorations and awards include a Meritorious Service Medal with two stars, Navy Commendation Medal with gold star and a Navy Achievement Medal.



## Rear Admiral Christine Bruzek-Kohler

Rear Adm. Christine M. Bruzek-Kohler is a native of Camden, N.J. She earned her bachelor of science degree in nursing from Villanova University, where she was commissioned as an ensign in 1974. She also holds a master of education degree from Providence College and a master

of arts and doctor of education degrees from George Washington University. Rear Adm. Bruzek-Kohler also is a Fellow in the American College of Healthcare Executives.

In her distinguished career, Rear Adm. Bruzek-Kohler served as charge nurse, National Naval Medical Center, Bethesda, Md.; staff nurse, U.S. Naval Regional Medical Center, Naples, Italy; ambulatory care coordinator, Naval Hospital Newport, R.I.; director of academic support department, Naval School of Health Sciences, Bethesda; head of enlisted training programs, Naval Health Sciences Education and Training Center; director of nursing/acting executive officer, Naval Hospital Great Lakes, Ill.; director of nursing, U.S. Naval Hospital, Guam; executive officer, Naval Hospital, Pensacola, Fla.; commanding officer, Naval Hospital, Lemoore, Calif.; assistant deputy chief for medical operations support, Bureau of Medicine and Surgery, Washington, D.C.; chief of staff and deputy chief, medical operations, Bureau of Medicine and Surgery. She served as the 21st director of the Navy Nurse Corps from 2005 until 2009.

She assumed the duties of commander, Naval Medical Center San Diego and Navy Medicine West in May 2009.

Rear Adm. Bruzek-Kohler’s personal decorations include the Legion of Merit (four awards), Meritorious Service Medal (two awards), Navy and Marine Corps Commendation Medal (two awards), Navy and Marine Corps Achievement Medal (two awards) and various service awards.





### **Rear Admiral Karen Flaherty**

Rear Adm. Flaherty assumed duties as the 22nd Director of the Nurse Corps on September 1, 2009. Since August 2008, she has served as the Deputy Chief, Wounded, Ill, and Injured at the Bureau of Medicine and Surgery.

Rear Adm. Flaherty is a native of Winsted, Conn., and joined the United States Navy as a Nurse Corps Candidate in July 1973. Upon graduation from Skidmore College, she attended Officer Indoctrination School in Newport, R.I., in August 1974.

Rear Adm. Flaherty served in various capacities at Quantico Naval Hospital, Philadelphia Naval Medical Center, Naval Recruiting Command and the Naval Reserve.

Among Rear Adm. Flaherty's subsequent tours were assignments to numerous Naval Hospitals and Fleet Hospital commands. She served with Fleet Hospital 15 in support of Operation Desert Shield/Storm and as CO OPNAV 093 prior to assuming Flag duties as the Deputy Commander Force Integration National Capital Area and the Deputy Chief for Health Care Operations at the Bureau of Medicine and Surgery.

Rear Admiral Flaherty received her master of science from the University of Pennsylvania.

Rear Adm. Flaherty's awards include the Legion of Merit (two awards), Meritorious Service Medal, Navy and Marine Corps Commendation Medal (two awards), Navy and Marine Corps Achievement Medal, Meritorious Unit Citation (two awards), National Defense Service Medal (three awards), Humanitarian Service Medal and Armed Forces Reserve Medal.



### **Captain Paul S. Hammer, MC, USN**

Capt. Paul S. Hammer is currently the director of the Naval Center for Combat & Operational Stress Control, located at Naval Medical Center San Diego.

Capt. Hammer served four years and was honorably discharged from the Marine Corps as a sergeant. He received his bachelor of science degree from the University of San Francisco and his medical doctorate from the Uniformed Services University of the Health Sciences.

Capt. Hammer served as the division psychiatrist for the 1st Marine Division, Camp Pendleton; head of the Fleet Mental Health Unit at Naval Station San Diego; head of Operational and Community Mental Health Services; and head of consultation-liaison psychiatry. As head of the Special Psychiatric Rapid Intervention Team (SPRINT), Capt. Hammer deployed to Guam to provide disaster intervention for the crash of a Korean Airline flight, to Central America during the Hurricane Mitch disaster and to Haiti after the January 2010 earthquake. Capt. Hammer deployed to Iraq twice in support of Operation Iraq Freedom, first in 2004 with 1st Medical Battalion in al-Taqqadum and Fallujah and Bravo Surgical Company during the Battle of Fallujah, and again in 2006 as the I MEF (Fwd) psychiatrist.

Capt. Hammer's awards include the Meritorious Service Medal (three awards), Joint Service Commendation Medal, Navy-Marine Corps Commendation Medal (two awards), Joint Service Achievement Medal, Marine Corps Good Conduct Medal and Expert Rifle and Pistol ribbons.



**Sergeant Major Michael S. Timmerman, United States Marine Corps**

Sgt. Maj. Timmerman enlisted in the Marine Corps in 1979, attending the Aviation Structural Mechanic Hydraulics course in Millington, Tenn., and the EA-6B Organizational Hydraulics and Flight Controls course

at Whidbey Island, Wash.

He has completed deployments aboard the USS Nimitz, the USS Saratoga, and from August 1990 to April 1991 deployed to Southwest Asia in support of Operations Desert Shield and Desert Storm.

Sgt. Maj. Timmerman served in various support assignments, including non-commissioned officer in charge of the Hydraulics work center and Quality Assurance Representative, Phase Crew Airframes senior non-commissioned officer in charge, Quality Assurance Division shift supervisor, and Airframes Division Chief.

Upon his promotion to First Sergeant in August 1998, he reported to Marine Corps Base Hawaii and assumed the duty as Director, Staff Noncommissioned Officers Academy.

In April 2002, Sgt. Maj. Timmerman reported to 1st Battalion, 3D Marines MCBH, Kaneohe Bay, Hawaii, and participated in Operation Enduring Freedom Philippines, Operation Southern Watch and Operation Iraqi Freedom.

He served as the Battalion Sergeant Major at Marine Corps Security Force Battalion, Kings Bay, Ga., the Squadron Sergeant Major and a year later, the Marine Aircraft Group 14 Sergeant Major at VMAQ-3, MCAS Cherry Point.

He assumed his current post as the Sergeant Major, Personal and Family Readiness Division, MCB Quantico, Va. in June 2009.



**Fleet Master Chief John T. Minyard**

FLTCM (SW/AW) Minyard became the 15th fleet master chief for the U. S. Pacific Fleet in 2009. He enlisted in May 1984, attended recruit training in Great Lakes, Ill., and upon completion of basic training, reported to Dam Neck, Va., where he attended Operations Specialist “A” School.

FLTCM (SW/AW) Minyard served aboard USS Gridley (CG 21), USS California (CGN 36) and USS Howard (DDG 83), and he completed six Western Pacific deployments. His shore-duty commands include Pacific Missile Test Center, where he served as the air intercept controller supervisor (AICS) during Operation Desert Storm, and Navy Fighter Weapons School (TOPGUN), where he served as the lead enlisted AICS instructor. He was assigned to Fighter Squadron 22 (VFA-22), the “Fighting Redcocks,” deployed aboard USS Ronald Reagan (CVN 76) during its maiden deployment, and was assigned to Carrier Air Wing Two, completing a deployment on board USS Abraham Lincoln (CVN 72) in support of Operations Iraqi Freedom and Enduring Freedom.

Prior to assuming his current duties, FLTCM (SW/AW) Minyard served as the command master chief to Commander 3rd Fleet. He graduated from the U.S. Senior Enlisted Academy and the National Defense University’s Keystone Course.

His personal awards include the Meritorious Service Medal, Navy and Marine Corps Commendation Medal (four awards), Navy and Marine Corps Achievement Medal (five awards) and various campaign and service awards.



## Accreditation Statements

### Physicians

The Navy Medicine Manpower, Personnel, Training & Education Command, (NM MPT&E), Continuing Medical Education (CME) Department, Bethesda, Maryland is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for Physicians. NM MPT&E designates this educational activity for a maximum of 14.5 AMA PRA Category 1 Credits™. Physicians should only claim credits commensurate with the extent of their participation in the activity.

Disclosure Statement: As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), it is the policy of Navy Medicine Manpower Personnel, Training, and Education (NM MPT&E) Command to require the disclosure of the existence of any significant financial interest or any other relationships a faculty member or a sponsor has with the manufacturer(s) or any commercial product(s) discussed in an educational presentation, and also to disclose discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). NM MPT&E Command has established policies in place that will identify and resolve all conflicts of interest prior to this educational activity. Detailed disclosure will be made on the date(s) of the activity.

### Nurses

This continuing nursing education activity was approved by Navy Medicine Manpower, Personnel, Training and Education Command, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

14.5 CNE contact hours are provided for participation in this educational activity.

In order to receive full contact-hour credit for this CNE activity, you must attend the activity, participate in individual or group activities such as exercises or pre/post tests, and complete and submit the evaluation and verification of attendance forms at the conclusion of the activity.

### Psychologists

The Mental Health Service, NMCSO, is approved by the American Psychological Association to sponsor continuing education for psychologists. The Mental Health Service, NMCSO, maintains responsibility for this program and its content. Up to 14.5 CE credit hours for psychologists are available for completion of this course, dependent on specific sessions attended.

## To Receive Education Credits

To receive your education credits (CME, CNE, APA & SW) you must complete evaluations for each session you attend as well as the overall conference. The evaluation website will be available starting on Thursday, 20 May. Please visit [www.nccosc.navy.mil](http://www.nccosc.navy.mil) for a link to the website.





## THE STRESS CONTINUUM MODEL

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<ul style="list-style-type: none"> <li>• Good to go</li> <li>• Well trained</li> <li>• Prepared</li> <li>• Fit and focused</li> <li>• Cohesive units and ready families</li> </ul>	<ul style="list-style-type: none"> <li>• Distress or impairment</li> <li>• Mild and transient</li> <li>• Anxious, irritable, or sad</li> <li>• Behavior change</li> </ul>	<ul style="list-style-type: none"> <li>• More severe or persistent distress or impairment</li> <li>• Leaves lasting memories, reactions and expectations</li> </ul>	<ul style="list-style-type: none"> <li>• Stress injuries that don't heal without help</li> <li>• Symptoms and impairment persist over many weeks or get worse over time</li> </ul>
Unit Leader Responsibility	Individual, Shipmate, Family Responsibility		Caregiver Responsibility





## Tuesday Morning, 18 May 2010

### What Are the Challenges?

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

The new concept views psychological stress on a continuum of severity, duration and impairment. This 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 a framework with which to assess psychological health in their people, enabling improved risk detection or intervention to restore health and wellness. It is consistent with current scientific literature and research evidence on the effects of stress on the 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  
*Rear Adm. Christine Bruzek-Kohler*
- 0840 – 0900** Preserving the Psychological Health of Your Marines: A Warfighting Issue for Leaders  
*Lt. Gen. Richard C. Zilmer*
- 0900 – 0920** A Culture of Psychological Fitness  
*Fleet Master Chief (SW/AW) John T. Minyard*
- 0920 – 0940** A Hero is Reborn  
*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** U.S. Navy Operational Stress Control Program Update  
*Capt. Lori Laraway*
- 1050 – 1110** U.S. Marine Corps Combat and Operational Stress Control Program Update  
*Mr. 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 and 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 might encounter when first returning home, such as understanding what is considered normal or when it’s time to seek help. The presentation examines the struggle to turn off “Combat Mode” and why Marines may see the world through a different set of glasses once back in CONUS.
- 1400 – 1430** **Break**
- 1430 – 1500** **PH Challenges in Wounded, Ill and Injured**  
*Col. Gregory Boyle, Capt. Oakley Watkins*  
The presentation illustrates the Wounded Warrior Regiment’s (WWR) 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 to 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 families 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 describes the development of a Navy command-level assessment of OSC, including those assessment items to be developed, field-tested and integrated into the Defense Equal Opportunity Management Institute Organizational Climate Survey (DEOMI DEOCS). This effort will likely result in making OSC questions a permanent part of the Navy's climate survey.

**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 program to help sailors build resistance. The program enables sailors to shift into an optimum physiological state that allows them to prepare for, self-regulate during, and quickly recover from high-risk, stressful experiences.

**COSC and OSC Challenges for Caregivers and Clinicians**

*Golden West and 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 used in the DoD and VA health care 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 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 is believed to be 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 Caregiver**

*Dr. Heidi Kraft*

This talk will emphasize the risks and challenges facing uniformed medical personnel as they provide care for trauma that might resemble their own. Dr. Kraft will discuss compassion fatigue and shared trauma as they relate to frontline connection with warfighters and the necessary battle against stigma medical personnel may experience when seeking the help they need.

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

*Lt. Col. Jeffrey Yarvis, PhD*

Despite an abundance of literature on post-deployment psychopathology, little is known about reactions affecting 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 affect families in various unfamiliar ways.

**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 consequence 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 recovery and 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. Results from one study show that personnel of current wars screening positive for mental health conditions post-deployment were more likely to leave service. This study investigated whether mental health status and deployment were associated with specific reasons for leaving service.

#### 1330 – 1400 What Factors are Associated with Antisocial 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: post-traumatic 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 Behaviors 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*

Dr. Nash describes the development and early validation of the Peritraumatic Behavior Questionnaire (PBQ), a 15-item Likert-scale instrument. The PBQ was developed to help those in operational settings recognize Orange Zone distress, dissociation or dysfunction. It is also intended to promote the use of preventative interventions, such as Combat and Operational Stress First Aid (COSFA), when indicated.

#### 1530 – 1600 Coffee Break

#### 1600 – 1630 Operational Stress in the Joint Task Force (JTF) Guantanamo Detainees Program

*Cmdr. Scott Johnston*

Stress is a daily reality at the military detention facility at Guantanamo Bay, Cuba. This study examines the stress and psychological sequelae of the Army and Navy personnel assigned to detainee operations. Attitudes toward mental health treatment and effects of being a deployed individual augmentee are also examined.

#### 1630 – 1700 From 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 understand 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

*Petty Officer 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 children between the ages of 3 and 7 whose spouses/partners are currently deployed in combat.

#### 1400 – 1430 Break

#### 1430 – 1500 Parental Stress, PTSD and Infant Health Outcomes in U.S. Military Families

*Dr. Ava Conlin*

This presentation describes a study linking distinct data sources to evaluate health outcomes among infants born to U.S. 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 have a negative impact on 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*

Blast injuries to a patient’s brain can have far reaching effects on a service member’s unit, family or others, showing up in a variety of contexts. The effects on spouses and family members are significant moderating variables in post- trauma adjustment, and despite being unduly affected by a loved one’s injury, significant others are often left out of treatment plans. This presentation reviews issues affecting these populations.

**1530 – 1600 Coffee Break**

**1600 – 1700 FOCUS Data on Challenges of USN and 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. See page 20 for details.

In 1968, pinned down by heavy fire in the Vietnamese village of Dai Do, USMC Colonel Jay R. Vargas (Ret.) freed one of his platoons by personally destroying three enemy machine gun positions. Vargas then carried his seriously wounded battalion commander to safety and saved seven other Marines. Sustaining wounds three different times, he left 15 enemy dead and refused to leave the battlefield until his injuries compelled him to. He received the Medal of Honor in 1970.

**Wednesday Morning, 19 May 2010**

**Taking Action**

Service members recovering from serious wartime injury may face a long and difficult process that challenges individuals, families and 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 to civilian life. The Department of Defense, the Department of Veterans Affairs 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 and Operational First Aid (COSFA) and Operational Stress Control (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 S. Timmerman*

**0930 – 0950** Awards Ceremony  
*Rear Adm. Karen Flaherty*

**0950 – 1020** Break

**1020 – 1040** Resilience in the Face of Operational Stress in Today’s Navy  
*Vice Chief of Naval Operations, Adm. Jonathan Greenert*

**1040 – 1100** U.S. Navy Chaplains: On the Front Lines of OSC  
*Rear Adm. 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 and Families

#### COSC and OSC Tools and Metrics for Leaders

*Grand Hall*

**1300 – 1330 USMC OSCAR Program**

*Dr. Tom Gaskin*

The USMC Operational Stress Control and Readiness (OSCAR) program assists commanders in preventing, identifying and managing combat and operational stress problems. This presentation describes new training to help Marine leaders, supported by medical, religious ministry and mental health staff, work effectively as a team to improve force preservation and readiness.

**1330 – 1400 Marine Corps Martial Arts Program**

*Lt. Col. Joe Shusko, USMC (Ret.)*

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 – 1530 Hyper-Realistic Training: Stress Inoculation**

*Maj. Gen. Tom Jones, USMC (Ret.); Col. Clarke Lethin, USMC (Ret.)*

This presentation describes Hyper-Realistic Training and discusses its efficacy in preparing warriors for combat and helping wounded warriors upon return. It also explains how the Camp Pendleton Infantry Immersion Trainer Program is currently using HRT for stress inoculation. In addition, this presentation will explore how HRT can be used to effectively address Orange Zone stress responses so that leaders learn how to identify and mitigate stress responses in vivo.

**1530 – 1600 Coffee Break**

**1600 – 1630 Explosive Ordnance Disposal OSC Implementation**

*Cmdr. 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. Cmdr. Anderson, EODTEU ONE CO, will present his perspective on Navy EOD's "inoculating" program.

**1630 – 1700 Combat Operational Stress in a Garrison Environment**

*Lt. Col. Jason Barrett*

Resources to address PTSD and Combat Operational Stress have been pushed out to the operating forces. Yet, in many instances, it is in the supporting establishments that these symptoms manifest. More must be done to account for the needs of those in garrison who suffer from conditions related to PTSD and operational stress.

#### COSC and Tools and Metrics for Caregivers and Clinicians

*Golden West and 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, 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 signs in themselves and others and work to reduce the effects of 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*

Dr. Litz 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. He will present his 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**

*Lt. Cmdr. 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 shares integrative medicine approaches in a therapeutic milieu treating not only the target symptoms of PTSD and co-occurring disorders, but also focusing 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 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 active duty 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. Douglas C. 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 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 1,000 Marines studied.

**COSC and Tools and Metrics for Families**

*Town & Country Room*

**1300 – 1330 Social Security Administration and Wounded Warriors**

*Ms. Yolanda York*

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



**1330 – 1400 Marine Corps Family Team Building Program (MCFTB)**

*Ms. Lisa Gahagan*

To assist families in developing their readiness, MCFTB identifies available resources and offers Combat Operational Stress Control (COSC) training to increase awareness of stress conditions. Both topics are addressed during pre-deployment briefs and as readiness stand-alone training sessions.

**1400 – 1430 Break**

**1430 – 1500 U.S. Paralympics**

*Mr. Charlie Huebner*

Created in 2004, this program provides post-rehabilitation support and mentoring to American servicemen and women who have 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 connected with ongoing Paralympic sports programs in their hometowns.

**1500 – 1530 Changing a Culture within Naval Special Warfare Group ONE**

*Mr. Wallace Graves*

Build a warrior society that is physically and emotionally strong, accountable, culturally intelligent and empathetic using a public health approach that is contemporary, relevant and includes the spouses (partners) and children of the military members. This is accomplished by creating a continuum of services that uses a humanistic approach and is tied to human performance.

**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 the FOCUS project. FOCUS is funded by the U.S. 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 that measure care management and program outcomes. Developing uniform methodologies allows more effective comparisons, translates into cost-effective care and ultimately results in recovery and reintegration. This multi-agency, multi-disciplinary consortium is a partnership that 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

*Rear Adm. 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

*Cmdr. Meena Vythilingham*

**0930 – 0945** Marine Corps West Region Integrated Behavioral Health Support Pilot Project

*Col. David McIntyre, USMC (Ret.)*

**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







# *ReEntry*, a play about coming home



Three years ago, Emily Ackerman and KJ Sanchez began interviewing Marines returning from the wars in Afghanistan and Iraq.

Emily and KJ are sisters of combat veterans. It was vital to them that their play sidestep politics and portray what returning home is like for these remarkable men and women.

They ask how we as families, as a culture, a society and as a country can help.

---

*"I was deeply moved to see just how accurately they captured and portrayed what I have been thinking and feeling."*

**Kevin Naranjo, LCDR**

*"It was so real, so powerful and moving to the point of leaving me spellbound. After seeing ReEntry I was literally overwhelmed with emotion. Having heard thousands of combat experiences, I believe this play conveyed a strong depiction from a warrior's perspective."*

**Bridget Cantrell, Ph. D. Founder of Hearts Toward Home International**

*"ReEntry is like war itself: complex, layered and visceral. It will resonate as much with those who have lived through the horrors of war as it will with those who have only ever seen war through the often-sanitizing distance of reportage."*

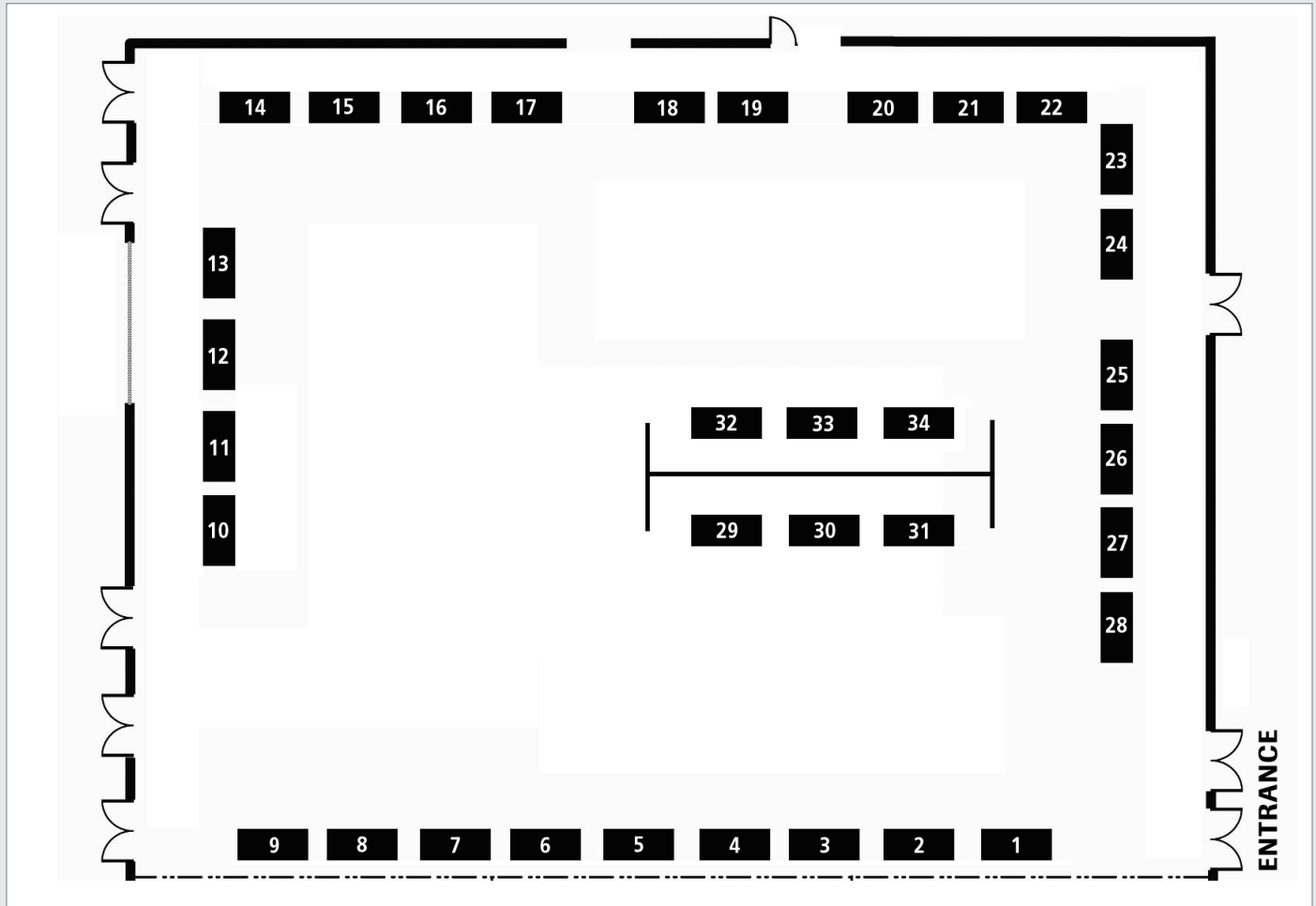
**Col. Mathew Bogdanos USMC (Reserves)**

---

PLEASE JOIN US FOR A PRODUCTION TAILORED EXCLUSIVELY FOR OUR CONFERENCE

19 MAY 2010 • 1900 HRS • IN THE GRAND HALL

## Exhibitor Map and Listing



### Table # Organization

<b>1</b>	American Red Cross
<b>2</b>	Defense and Veterans Brain Injury Center
<b>3 &amp; 4</b>	Defense Centers of Excellence "Real Warriors" Campaign
<b>5</b>	CNG Family Assistance Network
<b>6</b>	Fleet and Family Support Programs Murphy Canyon Branch
<b>7</b>	FOCUS
<b>8</b>	MHS Courage to Call
<b>9</b>	Freedom Care
<b>10</b>	Heartmath
<b>11</b>	Heroes to Hometowns
<b>12</b>	USC San Diego Academic Center
<b>13</b>	Martinsburg Institute
<b>14</b>	Marine Corps Recruit Depot
<b>15</b>	Military OneSource Consultant (MOS), Joint Family Resource Center
<b>16</b>	Navy Safe Harbor
<b>17</b>	Navy Operational Stress Control
<b>18</b>	VA San Diego Healthcare System

### Table # Organization

<b>19</b>	USC School of Social Work, San Diego Academic Center
<b>20</b>	Social Security Administration
<b>21</b>	Surface Forces Ombudsman
<b>22</b>	VA Medical Center
<b>23</b>	The Soldiers Project
<b>24</b>	Twelve Oaks Alcohol and Drug Treatment Center CARF
<b>25</b>	US Paralympic Military Program
<b>26</b>	USAA Military Affairs Representative for San Diego
<b>27</b>	VA Regional Office in San Diego
<b>28</b>	Veteran's Village of San Diego
<b>29</b>	Warrior Mind Training
<b>30</b>	TriWest Healthcare Alliance
<b>31</b>	Pedestal Caloric Cranium Cradle - PCCC
<b>32</b>	VA San Diego PTSD Intervention and Research Teams
<b>33</b>	Premiere Properties
<b>34</b>	TriWest Healthcare Alliance
<b>Trailer outside</b>	VA Mobile Vet Center





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

[www.nccosc.navy.mil](http://www.nccosc.navy.mil)

