Chapter 15

THE EVOLUTION OF THE TRI- SERVICE COMBAT STRESS CONFERENCE, INITALLY HELD AT CAMP PENDELTON

Now Known as The International Military and Civilian Combat Stress Conference -- The Longest Continuing Combat Stress Conference in the World

For over 22 years, every May, The International Military and Civilian Combat Stress Conference has covered topics ranging from the battlefield to the neighborhood.

It was first called the Tri-Service Combat Stress Conference and was held at Camp Pendleton Naval Hospital. The conference was organized by the United States Army Reserve 6252, General Hospital, Section 1, located in Santa Anna, California.

The conference came about shortly after the first Persian Gulf conflict. At the time of the first Persian Gulf War, the 6252 USAR General Hospital, Section 1 in Santa Anna California was called to active duty. Instead of the hospital being called up in total, the medical staff was called up individually over a several week period. They were deployed at various locations throughout the world. Once they were deployed, even though the war ended only weeks after people were shipped out, they had to remain on active duty for a one-year period.

Upon initial deployment, it was obvious to me that many people were not ready to be leaving their civilian occupations and families on short notice. The hospital unit had never been deployed in the

past to active-duty on this scale and even though they were thoroughly trained, they did not anticipate being called to duty on such short notice. As the former commanding officer of the hospital section, I had the responsibility to notify the 250 to 300 hospital personnel when they were to be shipped out. I recall vividly, the buses rolling in to the Army Reserve Center and calling out people's names that had to board the buses and leave for active-duty. Their families looking on with tears in their eyes, through a tall chain link fence. This procedure occurred several times, since people were being deployed individually. As stated in an earlier chapter, it is not good for morale when you train as a unit and get deployed as individuals, not knowing the people you will be working with on active duty.

When the initial word came that the hospital was being deployed, their appeared to be a high degree of stress among the whole unit. The stress was to be expected, since it is normal for people making this type of transition. What was unexpected was the way the transition was made in increments of people instead of a total unit, as well as a lack of readiness.

I recall shortly before people had to leave, I took the unit for a walk in the adjacent park near our reserve center. Since this was going to be the last time we would all be together, it gave everyone an opportunity to say goodbye to each other for at least a year. Although I had another psychologist on staff, I took the lead in having everyone lie down on the grass and I thought them a progressive relaxation exercise, which hopefully they could carry with them and utilize in their new assignment. This simple progressive relaxation exercise was well appreciated, since many of the soldiers returning stated that they utilized it

multiple times when preparing to leave and actually, utilizing it in their new assignment. When doing the exercise in the park, it appeared humorous when I looked for assistance from the other psychologist, and to my surprise, I saw him laying on the ground with everyone else, leaving me alone to administer the instructions to about 300 people.

A year later, when everyone returned to the hospital section, there were many problems identified by the returning staff. These problems ranged from divorces, financial losses, job losses, health issues (One nurse was in the initial stages of pregnancy when called to active duty and had to be returned home within a matter of weeks due to complications of her pregnancy), etc. When they completed their deployment, one of the staff that just returned told me that he felt the Army had no heart in the way people were deployed. He stated that many people, including him, were not ready for deployment and were sent to work with people that they had not trained with in the past. In a sense, they were the new kid on the block and it took time to work their way in with the new group of military personnel.

Very shortly after everyone returned, we had a staff meeting and decided the first thing we wanted to do was put together a conference to discuss readiness issues and general combat stress issues. We decided that there would be a Tri-Service conference and we would invite all other services to attend. A logical location within the Southern California area was decided upon at Camp Pendleton Naval Hospital, located in Oceanside California. Our first goal was to develop a readiness interviewing protocol, which could be administered to all military personnel, and would involve questions regarding their readiness for deployment,

as well as their family's readiness for them to be deployed. Since many people felt that the military had no heart in the way they deployed personnel, the name of the protocol was called the Human Assistance Rapid Response Team (HARRT). We gave the service a HARRT. This interviewing protocol would look at every aspect of a person's life ranging from physical, financial, spiritual, emotional, legal, family readiness, etc. The profile also identified emotional stability in terms of potential suicidality/homicide tendencies.

Since the overall command had a Combat Stress Company, we utilize their staff extensively in setting up the conference, as well as working on the HARRT program. The initial conference was on a Saturday and Sunday in the basement conference room at Camp Pendleton Hospital. The agenda covered many areas and had several speakers. We had a hands-on exercise that involved a terrorist attack taking hostages and these hostages being rescued after being stressed out and then debriefed by the combat stress team.

This was almost the first and last conference, since we had a close call when we did the hostage scenario. Prior to the conference, I met with the security staff at the hospital and explained to them that there would be some strange looking people coming in the back door of the hospital carrying weapons. I explained it was a training exercise that would be well supervised and the military personnel played the role of terrorists were Green Beret Special Forces. The Green Berets were instructed specifically to check their weapons at the main gate, having all their weapons in a locked secured box to be inspected by the guard at the main gate. Approximately a half-hour before the exercise was to begin, the Green Berets drove up to the back door of the hospital. When I asked if

everything went well at the main gate, they said they did not check in as instructed. I had them get back in their vehicles and return to the main gate and check-in. After they did this, we asked people if they would want to experience being taken hostage, and the people who did not were moved to the rear of the classroom as observers.

When the exercise started, the terrorists came in and started the training exercise. I discovered at the time that the old saying, "everyone doesn't get the word" was very factual. Standing outside the door to the conference room, I observed hospital security running toward the conference room with drawn weapons. Fortunately, I was able to wave them down and explain what was going on. The exercise was a tremendous success in demonstrating the effectiveness of the de-briefing of individuals who were highly stressed. There was one situation that we did not expect and that was one of the observers, becoming so stressed, from observing the exercise, that she had to be taken aside and individually worked with to calm her down.

Although the first year's conference was a tremendous success, funding for the next four years was nonexistent from the Army organization that allowed me to initiated the conference. In order to continue the conference, I had to call on my family members and friends to help with registration, etc. I did have the availability of some of the staff but no funding for supplies, meals, transportation and other incidental expenses. During the first five years, approximately 300 to 500 people attended the conference each year. The Navy and Marines provided most of the support for the conference.
The fifth year conference was a milestone. We held this conference at the Army Reserve Center on base and bused approximately 500 people to combat town

on base. We had an extensive exercise, where soldiers were taken captive and rescued under fire. The combat stress company moved in with their equipment, such as combat stress chambers, and did extensive debriefings. All of the major television networks, ABC, NBC and CBS where they're reporting on the conference. The conference was not only attended by military personnel, but by the FBI, Los Angeles SWAT and other police agencies.

At the end of the conference, the Army regional commanding general commented to me that we, meaning the Army, performed a great training exercise. When I asked the general if I could talk to him honestly, he agreed. I explained that except for a few of my immediate staff, the success of the program was largely due to the Navy and Marines, since they provided all of the personnel, such as the rescuers, as well as the terrorists and all the ordinance. I explained that the Army provided primarily Meals Ready to Eat (MRE's), which had contaminated chocolates removed and the bus drivers, who drove Navy buses and got lost on the way to the combat town range. After hearing this, the general instructed me to submit paperwork for any and all funding for the following year. This was the first year that my military organization truly recognized the value of this conference. The conference proceeded for several more years with funding and each conference focusing on various topics. The conference became so successful that there were requests to do an East Coast as well as West Coast conference each year. We had the conference at the Ft Bragg Kennedy Center (Special Forces Facility) for 2 years but the distance was too difficult to maintain for my unit and we had to discontinue the conference on the east coast.

The conference actually enabled changes to be made in the military and government. The year we had our

focus on prisoners of war, the position paper that we wrote, as we did after every conference, was personally taken to the Veterans Administration and new policies were implemented to assist prisoners of war. We also were able to get Major League Baseball's San Diego Padres, to issue lifetime passes to all POW's from WW II and Korea since Viet Nam POW's and POW's after Viet Nam received these passes.

Since our prisoner of war conference was so successful in California, we were asked to put on the same conference at the newly built Prisoner of War Museum in Andersonville Georgia. It was the first conference ever held their. It was a unique conference since it was held in a very large tent adjacent to the Museum building. The museum building could not handle the large number of people attending the conference.

Every participant attending the POW conference had to enter through a small tent to register. When they exited the rear of the small tent, they walked into an open area surrounded by Confederate reenactors with rifles and fixed bayonets. For two day's, all attendees at the conference were under guard throughout the day and had to be accompanied by Confederate guards, even when they left the main large tent for the restroom. Each 15 min. break and lunch break consisted of all attendees forming up in a column of twos and being marched under guard to the stockade, which was approximately 100 yards from the conference site. At the stockade, they watched reenactments of Confederates interacting with union prisoners. Any questions they asked the Confederate guards were answered as if it was during the Civil War. The guards stayed in character throughout the two day conference. Saturday evening consisted of the conference attendees being given a nightly furlough to attend

a party at an antebellum plantation historical building. There they interacted with the Confederate troops and their families. The Confederate troops were dressed in authentic dress uniforms and their families were also in period clothing. The food was what one would expect to get during the Civil War and the music was played on original musical instruments from that period in time. The next day the conference attendees return to the conference site and again were held under guard.

Although the weather was muggy and we were below the gnat line (many bugs), there was very little complaining since attendees realized that the union prisoners lived this life for their total confinement, 24/7.

Andersonville prison was responsible for the deaths of thousands of Union soldiers due to the extremely poor conditions and contaminate water. I was told by the museum staff that the Confederate Capt. who ran the prison, was the only Confederate executed after the war for war crimes. The overall conference was very powerful and one that people will never forget.

Another relationship that was established by another Combat Stress Conference was between the Army Combat Stress Company and the Marine Corps **Chemical Biological Incident Response Force** (CBIRF). The members of CBIRF were not familiar with the Army's Combat Stress Companies. At this particular conference, we had a field exercise where an evacuation Hospital was attacked with chemical agents dispersed from a helicopter (Another close call happened right above our heads when the helicopter had a close call with a single engine plane flying off course). We immediately called in the Marines CBIRF team to do the

decontamination as well as other procedures. Simultaneously, the Army Combat Stress Team was called in to work with the military personnel who were experiencing combat stress symptoms related to the potential destructive nature of the chemicals. This was the first time that CBIRF trained with an Army Combat Stress Company. This relationship between CBIRF and the Army's Combat Stress Teams continued long after this conference.

Shortly after I retired in 2002, I was contacted by my previous command and told that they did not have the staff or funding to continue the conference. They did ask if I would volunteer to keep the conference going and after contacting my previous commander (retired General) and some other retired staff, we decided to continue the conference.

The first fifteen years of the conference was held at Camp Pendleton, the next five years in the Los Angeles area and the most Asrecent two years in Carlsbad California, at the Tri-City Wellness Center. Over the 22 years of presentations, I realized the most effective treatment of choice involved in treating individuals for combat stress and preparation them for deployment was recognized by many as Integrative Treatment/Wellness Programs.

The conference was responsible for many constructive programs in teaching individuals how to best work with our veterans. Some of the conference accomplishments were; the Pentagon recommending the utilization of the HARRT program military wide and making it a part of the Combat Stress DOD directive, the 2010 Congressional Hearings looking at the relationship between the use of psychiatric medication and suicide in the military, POW programs being expanded upon by the VA and POW license plates in California (Thru the work of Dr Fernando Tellez, former WW II Bomber

Pilot POW), the training of thousands of military and civilian personnel on combat stress treatment (Actual interview by network TV of a Combat Stress Officer in Iraq stating he was trained at our Combat Stress Conference) , the Marine Corps CBIRF Team and Army Combat Stress Teams training together, the general media making the public aware of this aspect of war, etc, etc.

After several Years of operating the Tri-Service Combat Stress
Conference, we noticed people requesting to present and attend from outside of the United States. We had representatives from military organizations throughout North America, Europe as well as Asia, attend the conference and present how their countries militaries were dealing with combat stress. Since the conference took on an international presence, we decided to change the name to the International Military And Civilian Combat Stress Conference.

As the conference evolved, the different methods of dealing with residual effects of combat stress were hotly debated. The conference has always been noted for being very professional & presenting both sides of all issues. On several occasions, heated discussions took place. One such instance was at a conference shortly after 9/11. The topic discussed was on the issues of suicide potentials by military personnel. A world renowned psychiatrist spoke about suicide and the relationship psychiatric medications may have in regard to contributing to potential suicide. He commented that when our troops return from combat, we should not provide them with psychiatric medications but transitional counseling and therapy. His three hour presentation was well received by about 99% of the 350 people attending that conference. There were 2 military

psychiatrists who were not receptive to his presentation, but failed to question him over his three-hour presentation, nor afterward when he was autographing textbooks. It wasn't until the following Monday after the conference, that I received an e-mail from one of the military psychiatrist stating that if we ever had this psychiatric icon return in the future, they would boycott the conference. Their failure to bring up their own opinions during the conference was not consistent with the overall purpose of the conference, where professionals are allowed to express their opinions, pros and cons and recognizing, that the attending audience is the ultimate group that makes their own decisions on what they feel would be most effective. This type of interaction spurs growth and more effective ways of dealing with residual effects of combat stress.

In this vain, when we volunteered to continue the conference, we assured everyone that the format of the conference would not change and that various treatment modalities would be presented, looking at all sides of issues. We felt very strongly that we would not take money from any organization to continue the conference and that the conference would only run, as long as people would attend and pay minimal registration fees. I explained at this year's 22nd annual conference, that the fees of the registrants is all that was necessary to continue the conference each year.

During the 15th anniversary conference at Camp Pendleton, I was approached by a high-ranking medical officer stating that he could secure funding for future conferences. He appreciated our group voluntarily running the conferences but felt that funding would be instrumental in assuring the conference continued. When I inquired as to what criteria would be required for the funding, he

stated that his military organization would need to be responsible for developing the agenda for all future conferences. His offer was refused, due to the fact that we did not want to have an in house agenda for future combat stress conferences. It's been seven years since this offer was made and the conference is still operating the first week of each May.

This decision to not accepted funding with strings attached has proved to be a correct decision and we continue to have presenters who present on both sides of issues. An example of our willingness to hear both sides of issues could be seen at the last conference. We had two military psychiatric nurse officers expressed their opinion that without psychiatric medications, you could not be effective in working with psychotic patients. They were quite adamant about their stand to the point of stating that procedures such as frontal lobotomy's and electroshock were also adequate at times to treat the severe mentally ill. One of the nurses even alluded that sterilization may be appropriate at times. I asked both nurses to prepare a presentation for next year on their thoughts. Even though the conference has evolved to recognizing integrative treatment, without the use of psychiatric meds, to be the most effective way of dealing with mental illness, we still welcome input looking at both sides of issues.

As you can see from some of the following agendas of the combat stress conferences over the years, the above conclusion of providing this type of training is extremely effective in helping our War Fighters and their families. The utilization and growing awareness of integrative treatment can also readily be seen from agendas of past conferences.

SOME PREVIOUS CONFERENCE AGENDAS & PRESENTERS

2002 Combat Stress Conference (CSC)

COL William Marshall, M.C., USAR – Narrator Command Surgeon, 63d RSC, Los Alamitos

Chaplain (COL) Donald R. Forden USAR - Invocation, Command Chaplain, 63d RSC

MG Robert B. Ostenberg, Commanding General, U.S. Army 63d Regional Support Command

MajGen James T. Conway, Command General 1st Marine Division, Camp Pendleton

Chaplain (COL) Donald R. Forden, USAR, 63d RSC

New York City Experience at Ground Zero Chaplain (LTC) John South, USAR, 63d RSC

Cohesion, Leadership, Training: Keys to Prevention of Psychological Injury
Dr. Jonathan Shay, M.D., Ph.D, Boston, MA

Psychiatric Evaluation of Suspected Terrorists (PEST) LTC Ansar M. Haroun, M.D., USAR, 4211th U.S. Army Hospital, San Diego
BG Harold Shively, M.D., USAR (Ret)
COL Bart P. Billings, Ph.D., SCNG-SC (Ret)

Is the Army Medical Command (USAMEDCOM)? Ready for Weapons of Mass Destruction
BG Richard D. Lynch, D.O., USAR (Ret),

Grief...A Tangled 'Ball of Emotions', Dr. H. Norman Wright, M.R.E., M.A. Long Beach, CA

Dealing with Combat / Operational Stress in

Homeland Security COL James W. Stokes, M.S., USA, Combat Stress Control Program Officer, U.S. Army Medical Command (USAMEDCOM), San Antonio

Current *Bio-Terrorism Threats (and how we dealt with the first anthrax)* Ronald D. Harris, LtCol, USAFR, M.C., OTSG, USA, AVIP Agency as Director Reserve Medical Affairs

Victim and Perpetrator: The Experience of Terrorist CDR Kevin Moore, MC, USN, 1st Marine Division, Command Surgeon, Camp Pendleton

Readiness in Relation to Stress Management Chaplain (Col) Linda E. Jordan, USAFR, HQ Air Mobility Command/Headquarters Chaplain, Scott AFB

Our Changing Culture-Coping with Terrorist Threat LTC Michael Bridgewater, M.S., Ph.D. USAR, 807th Med Bde, TX

Combat Stress Units Operational
COL Jaime I. Albornoz, M.D., Ph.D., USA

Chief, Combat Stress & Control Programs
SSG George Loucks, NCOIC, Special Subject, USAMEDCOM

Bio-Chem Threats & 9-11 Pentagon Experience COL Ed Wakayama, M.S., USA, Director Operational Test / Evaluation, OSD, Pentagon

Psychological Impact of Mass Fatalities MAJ Richard T. Keller, A.N., USA, Psychiatric Consultant – Liaison Services, Walter Reed AMC 1700

2004 CSC

Ethics of War: Ansar M. Haroun, LTC, M.D., USAR,

4211th U.S. Army Hospital, San Diego, CA

Bio-Terrorism: Ronald D. Harris, Col, M.C., USAFR, OTSG, U.S. Army, AVIP Agency as Director Reserve Medical Affairs

Current Combat Stress Control Mental Health Operations: James W. Stokes, COL, M.S., USA, Combat Stress Control Program Officer, U.S. Army Medical Command (USAMEDCOM), San Antonio, TX

Combat Stress Battle Fatigue: Thomas Hicklin, COL, MC, USAR, 113th Medical Co. (CSC), Stanton, CA

Evolution of Disaster Mental Health: Jeffery T. Mitchell, Ph.D., C.T.S., International Critical Incident Stress
Foundation (ICISF)

Suicide Intervention: A Psychological First Aid Approach &
Psychological Counterterrorism: George S. Everly, Jr.,Ph.D., F.AP.M., ICISF

Countering New Threats to Communities and Commands: Planning, Intelligence and a Coordinated Response: John A. Sylvester, Special Agent, FBI-San Diego, Counterterrorism Squad 15 And More

Critical Incident Stress Management (CISM) Certification Courses: 14-16 CEUs 3 – 6 May 2004
CISM Training
CISM Basic (3-4 May): Elizabeth Dansie, M.A., M.F.T., B.C.E.T.S., Concord, CA

Pastoral Crisis Intervention (3-4 May): Thomas E. Webb, Th.M., Oceanside, CA

CISM Advanced (3-4 May): David F. Wee, M.S.S.W., Mental Health Program Supervisor, Berkeley, CA

Individual Crisis Intervention & Peer Support (5-6 May): Kristin L. Gray, Employee Assistance Program Coordinator for the U.S. Coast Guard, Seattle, WA

NG Train Crisis Responder Terrorism/Disaster Response (5-6 May): Phillip C. Conner, D.Min., Chaplain (MAJ) USA, Curriculum Developer/Writer/Analyst, AMEDD Center and School, San Antonio, TX

Suicide Prevention, Intervention & Postvention (5-6 May): Denise Thompson, Maj, BSC, USAFR, Chief Behavior Health, Operational Stress Response Coordinator AFRC, Robins AFB, GA

2006 CSC

Tri-Service Combat Stress Conference- Theme: Supporting Our War Fighters & Their Families, Combat Stress, Terrorism, Operation Iraqi Freedom (OIF) Issues, PTSD

Richard Lynch, BG, M.C., AUS (Ret)

Andre Henry, COL, M.C., USAR, Command Surgeon Office, U.S. Army 63d Regional Readiness Command, Los Alamitos, CA

Michael J. Pomorski, LTC, CH, USAR – Invocation Chaplain, 4211th USAH, San Diego, CA
William Marshall, COL, M.C., AUS (Ret) – Narrator

Combat Operational Stress Control: Edward A Brusher, MAJ, M.S., USA, AMEDDC&S

CISM, Leadership & Family...After 2 Wars & A Hurricane, What Have We Learned: Kerry E. Keithcart, Col, USAFR, 434th Air Refueling Wing

Combat Psychiatry in Iraq: Hermant K. Thakur, COL, M.D., USAR, 55th Med Co (CSC)

Traumatic Event Management (TEM): Edward A Brusher, MAJ, M.S., USA, AMED DC&S

The Development and Validation of a Training Curriculum on Psychological First Aid for Non-Mental Health Personnel: George S. Everly, Jr., Ph.D., F.A.P.M., Johns Hopkins Bloomberg School of Public Health & International Critical Incident Stress Foundation

Practical Steps in Developing a Strategic Crisis Plan: Jeffrey T. Mitchell, Ph.D., C.T.S., International Critical Incident Stress Foundation

Physiological aspects of stress and trauma: Recent advances in Biofeedback: Richard Gevirtz, Ph.D., Alliant International University, San Diego, CA

Hurricane Katrina Response: Charles Woods, LtCol, CH, ANG, Commandant, Academy for Innovative Ministry (ANG/AIM), McGhee Tyson ANGB, TN

Pre-Mobilization Model: Philip Holcombe, MAJ, M.S., CA ARNG and Martin Krell, LTC, M.C., CASMR

Reintegration Initiative: John Morris, MAJ, CH, MN ARNG

Early Psychiatric Intervention with the Hospitalized Wounded To Decrease Chronic Disabling Psychiatric Disorders and the Stigma of Mental Health: Harold J. Wain, M.D., Walter Reed Army Medical Center

Unit Cohesion Training: Paul H. Wang, CHC (CAPT), Ph.D., USNR, REDCOM SW Staff Chaplain 1400 Break

PTSD for Clinicians: Peter E. Bauer, MAJ, M.S., USAR, AMEDD APMC Fort McPherson, GA

Odysseus in America: the Home Coming Motivational Enhancement

2007 (15th Annaversary)

Law & Ethics Update (6 CE Hours) • Lawrence E. Hedges, Ph.D., ABPP with Special Guest GEN (Ret.) David Michael Brahms, Attorney At Law

Living Military History From Rome to Current Era Exhibitor Hall Open in "Crawford Ballroom" (0730 to 1700)

Introductions • Richard Lynch, D.O., BG, M.C., AUS (Ret.)

Opening Remarks • Congressman Brian Bilbray / 50th District, House Committee on Veterans' Affairs

Welcome • Lynda C. Davis, Ph.D. / Deputy Assistant Secretary of the Navy

New Wounded Warrior Hospital At Fort Sam And How It Will Be Utilized Richard Lynch, D.O., BG, M.C., AUS (Ret.)

Recent Findings Regarding Brain Damage With Gulf War Vets Mark McDonough, Ph.D. & Jim Stokes, M.D., COL, M.C. AUS (Ret.)

Family Violence In The Military and Preventative Programs • The Honorable Pamela Isles

Biological Effects In Regard To Family Violence • George S. Everly, Jr., Ph.D., F.A.P.M.

AFTERNOON WELCOME by Congressman Bob Filner /

Chairman, House Veterans' Affairs Committee
Scotopic Sensitivity Syndrome And Its Relationship To Combat Stress
Helen L. Irlen, M.A. • Andrew G. Yellen, Ph.D. • Robert Dobrin, M.D., FAAP

Collaborative Debriefing And Readjustment: The Vermont National Guard Model Stan Gajda, M.A., MAJ, MS, VTARNG & Trish Hasper, MSW, CPT(P), MS, VTARNG.

The Psychology Of Terrorism And Pandemic Influenza—An Update • George S. Everly, Jr., Ph.D.

OPTIONAL: Free Pre-Show Dinner FOR Military Families

SPECIAL EVENT: "A Show For Family Support" Hollywood Produced Variety Show (FREE Admission)

Critical Incident Stress Management: Current Developments • Jeffrey T. Mitchell, Ph.D.

Early Psychological Intervention In The Marine Corps: What And Why • CAPT William Nash, M.D.

Panel Discussion: Various Intervention Techniques—What Works And What Doesn't COL Elspeth C. Ritchie, OTSG • CAPT William Nash, M.D. • Jeffrey T. Mitchell, Ph.D. George Everly, PhD, John Hopkins psychologist

Current Army Programs On Treatment Of Combat Stress Thomas Hicklin, M.D., COL, AUS, Office of the Surgeon General of the Army

Mental Health Impact Of OIF/ OEF Combat Operations: Lessons Learned • COL Charles W. Hoge, M.D.; Director, Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research

The Medical-Psychological Stress Concept Of The Bundeswehr (German Armed Forces) Dirk Preusse, M.D.

Preventing, Mitigating, And Alleviating Psychological, Moral, And Spiritual Injury Through Unit Leadership Training And Peer Mentoring • Paul H. Wang, M.Div., Ph.D., CAPT, CHC, USN, Command Chaplain, EXPEDITIONARY STRIKE GROUP SEVEN DET 218 • Rev. Channing Kearney, LCDR, CHC, USN

Experiences Of A Commander & Observations On Combat Stress • BG John S. Harrel, DC-40th ID

Family Support and The HARRT Interviewing Protocol PamelaJune "PJ" Anderson, M.Div., D.Min. LCDR, CHC, USN. Unit Command Chaplain, Naples, Italy 106 1700
Adjourn / Sign-Out / Turn-In Conference Evaluation / Pick-Up Certificate of Attendance for 16 CE Hours

Operation Iraqi Freedom (OIF) Veteran Reintegration Program (A Two-Day Course; 0800-1700; 16 CE Hours) • Rev. Channing Kearney, LCDR, CHC, USN, Project Manager

The Changing Face Of Crisis And Disaster Mental Health Intervention (A One-Day Course; 0900-1600; 6 CE Hours) George S. Everly, Jr., Ph.D., F.A.P.M., Johns Hopkins Bloomberg School of Public Health & ICISF

CISM-I: Group Crisis Intervention (A Two-Day Course; 0900-1700; 14 CE Hours) David F. Wee, M.S.S.W., LCSW *No Prerequisites

CISM-III: Advanced Group Crisis Intervention (A Two-Day Course; 0900-1700; 14 CE Hours) Jeffrey T. Mitchell, Ph.D., C.T.S., International Critical Incident Stress Foundation *Two Prerequisites: Completion of CISM-I + CISM-II

1200 Lunch (A buffet is available on-site for $10 [cash only] per person.) 1300 Morning Courses Resume 1700 Adjourn / Sign-Out

OIF Veteran Reintegration Program

'The Johns Hopkins' Curriculum on Psychological First Aid for Non-Mental Health Personnel (A One-Day Course; 0900-1600; 6 CE Hours) George S. Everly, Jr., Ph.D., F.A.P.M., Johns Hopkins Bloomberg School of Public Health & ICISF

Innovative Holistic Approaches To The Treatment Of Combat-Related Stress & PTSD (A One-Day Course; 0900-1600; 6 CE Hours) • Hemant K. Thakur, M.D., COL, MC, USAR, 55th Med Co (CSC)

Strategic Response To Crisis (A Two-Day Course; 0900-1700; 14 CE Hours) Jeffrey T. Mitchell, Ph.D., C.T.S., International Critical Incident Stress Foundation

Family Support and Learning How To Administer the HARRT Protocol (A Two-Day Course; 0900-1600 each day; 12 CE Hours) PamelaJune "PJ" Anderson, M.Div., D.Min. LCDR, CHC, USN. Unit Command Chaplain, Naples, Italy 106; William Glasser, M.D., Founder of Reality Therapy & Choice Theory; and Tom Bellows, Ph.D.

CISM-II: Individual Crisis Intervention & Peer Support (A Two-Day Course; 0900-1630; 13 CE Hours) W. Thomas McSherry, M.C. *One Prerequisite: Completion of CISM-I

2014 CSC Conference

Law and Ethics for Healthcare Workers (6 hours), David Jenson – JD, CAMFT Lawyer

PTSD, Tissue Memory and Yoga (6 hours) 9AM to 4PM

Jeff Masters LMT, E-RYT, NASM-CPT, MPCT, MSc (Hon)
Owner – Thunder Mountain Yoga Studio

REBOOT: Transitioning To Civilian Life (6 hours)
9AM to 4PM Maurice D. Wilson, MCPO, USN (Ret)
President/National Executive Director of National Veterans Transition Services, Inc.

"The Impossible we do every day. Miracles take a bit longer:" A Week at Warrior Camp® Arnold (AJ) Popky, Ph.D, CPT . Sean Levine, ARMY Chaplain, Eva Usadi, LCSW Trauma and Resiliency Resources, Inc. (6 hours) 9AM to 4PM

Emotional Detox Intuitive Therapy - EDIT (6 hours)
Sue Hannibal, Holistic Trauma Expert EDIT is a fast, effective 3-step protocol that releases the nightmares, flashbacks, sights, sounds, smells and PTS from the limbic brain without retraumatization 9AM to

RECEPTION and Hidden Enemy VIDEO 600PM to 900PM (2.5 hours CEU credit)
COL (Ret) Bart Billings PhD and panel of combat veterans including Marine Recon and NAVY SEALS featuring an advanced showing of the documentary film Hidden Enemy

Congressional Appearance Scott Peters - 52nd District (San Diego) US Congress House of Representatives

Approaching Wellness As A Team Siene C. Freeman, B.S. TriCity Wellness Staff
Using Pilates and Yoga to Help our Veterans Return to a Healthier Physiological State Marianne Seare Pilates Coordinator/Pilates Instructor and Jade Butley E-RYT Tri-City Wellness Center

Cardio Vascular Disease and PTSD Mimi Guarneri, MD www.pacificpearllajolla.com

Emotional Detox Intuitive Therapy - Sue Hannibal, Holistic Trauma Expert EDIT is a fast, effective 3-step protocol that releases the nightmares, flashbacks, sights, sounds, smells and PTS from the limbic brain without retraumatization. www.guidedhealing.com

Student Veterans in Higher Education Eugenia Weiss PsyD USC School of Social, Jose Coll PhD Director of Veteran Student Services Saint Leo University

Incidence and treatment of combat related PTSD in the German armed forces Ira Schöfmann, Clinical Psychologist Captain, German Air Force

The Use of Psychiatry Medications in the Military and the VA including withdraw Peter R. Breggin, MD, former consultant at National Institute For Mental Health (NIMH), and author of Antidepressant Fact Book, Medication Madness, Talking Back To Prozac, and Toxic Psychiatry.

Having PTSD Does Not Mean you are Weak or Crazy: The Neurobiology of PTSD Charles C. Ertl, Ph.D. Jean M. Ertl, LCSW

Mantam Repetition for Healing Jill Borman PhD, RN Nurse Researcher, VA San Diego

Secondary Gain in PTSD: Dealing With Deceit MAJ Jeffrey McConihay PhD VA Psychologist/ARMY IRR

Vital Warrior – Reconnecting From Within Mikal A Vega – Retired NAVY SEAL and EOD Instructor www.vitalwarrior.org

REBOOT: Transitioning To Civilian Life Maurice D.

Wilson, MCPO, USN (Ret) President/National Executive Director of National Veterans Transition Services, Inc.

HOMEMIND – Services for Danish Combat Veterans Christina Teichert Danish Psychotherapist

Toxic Exposures, Military Service and Stress: An Innovative Approach to Restoring Resiliency and Quality of Life David E. Root, MD, MPH, Colonel (ret.), U.S. Air Force

Stress: Problem, Solution or Both? Brian Alman Phd www.drbrianalman.com

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