



SWPAG NEWSLETTER

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In Times of Need there is Strength in a Social Worker

**LCDR Howard, Sonjia – Womack Army Medical Center, Fort Bragg, NC
– Dept. of Emergency Medicine, Social Work**

Every person, family and community has strengths from which they can draw when times are difficult. Social Workers can help build upon those strengths.

The National Association of Social Work has designated March as National Professional Social Work Month. To all the SWPAG Social Workers - who consistently demonstrate nothing short of strength, endurance, perseverance, and tenacity, have a good month.

This year's theme – Social Work Paves the Way for CHANGE...



The Mission of the Army Social Worker:

To apply principles of social work to resolve personal and environmental difficulties in order to enhance performance and coordinate a rapid return to duty

The Social Work Team at the Womack Army Medical Center, Dept. of Emergency Medicine Fort Bragg, NC will be focusing on collaboration and partnerships accentuating a variety of prevention/intervention strategies to include but not limited to the use of accessible resources to strengthen and empower military, families, and civilians through strength and change

People who become Social Workers do so because they seek a purpose for their career, and recognize that there are many different paths where a social work degree might lead. We know that social workers are passionate, purpose-driven individuals who want to do an excellent service for individuals and communities. We need to bring more of these compassionate people to the profession to ensure its future . (continued page 9)

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Newsletter created by
Communications
Committee:

LCDR Booker
LCDR Peglowski





from the *SWPAG Chair*

Happy Social Work month! The NASW social work theme for social work month is "Social Work Paves the Way for Change". Thanks to all of you for "paving the way for change" as social workers across whatever operating division in which you serve! Providing care to or advocating for those in need is along and noble tradition predating the modern social work movement of which Jane Addams is widely considered to be the modern founder. As we reflect on the work we do and our service as officers to our clients and each other, please explore some of the rich legacy of compassion and service set forth by her example of paving the way for change.

For example, in...

1889 she founded Hull House, a shelter/transitional living home for the poor in Chicago, IL

1909 she helped found NAACP

1911-1914 she became the first Vice President of National American Woman Suffrage Association fighting for women's voting rights

1920 she helps found ACLU

Reference:

<http://castle.eiu.edu/~wow/classes/fa04/jaachievements.html>

What she began or helped to begin has since helped so many others over time. Be encouraged today that serving others is always worth it because you will reap what you sow! So pave the way and plant positive seeds for change!

It is an honor to serve as your Chair this year and I thank you for your service!

Very Respectfully,

CDR Scott Eppler, LCSW-BCD
United States Public Health Service
Mendoza Behavioral Health Clinic



Policy and the United States Public Health Service

Have you ever asked yourself questions like – “What is the policy for Commissioned Corps Officers as it relates to standards of conduct or leave” or “What is the policy for Commissioned Corps Officers to apply for a detail outside of your agency ?”

As federal personnel, PHS officers are governed by the standards issued by the Office of Government Ethics (OGE) and supplemental standards issued by HHS, PHS Headquarters, and the organization to which the officer is detailed. Officers are to uphold the general standards of conduct associated with public service, which reflect the highest degree of competence, integrity, and impartiality. They are expected to comply with the policies that guide support of federal programs, compensation and financial interests, political activities, use of government property, conduct in federal buildings, acceptance of gift or favors, use of information, outside employment, holding office in professional societies, and acceptance of awards.

It is important to know that the United States Public Health Service (USPHS) also known as the Commissioned Corps has several processes and systems in place to develop policies. Below you will find several links that provide policy information. It is highly recommended that you familiarize yourself with each of these as they will benefit you throughout your career as an officer.

The Commissioned Corps Management Information System (CCMIS), located at <http://ccmis.usphs.gov/ccmis/>, holds the key to accessing information from policy, all the way up through promotion statistics for previous years. It is within this system, at this link, http://ccmis.usphs.gov/ccmis/MENU_policy_m.aspx, that you can access information about policy to include the Commissioned Corps Issuance System, which provides direction on overall policy for the Commissioned Corps, as well as information pertaining to Equal Opportunity, Political Restrictions, Promotion Ceremony Protocol, and of utmost importance, Uniform Standards. If there are specific policies you would like additional information on, please contact the SWPAG Policy Subcommittee Chair, CDR Malaysia Gresham at Malaysia.h.gresham.mil@mail.mil or Co-Chair CDR Aimee Williams at aimee.williams@hhs.gov.

Submitted by,

SWPAG Policy Subcommittee

2015 Meeting Schedule

10 June 2015
9 September 2015
9 December 2015

Meeting time: 1430

**For more information
about our PAG, visit the
SWPAG website at
[http://usphs-hso.org/?
q=pags/swpag](http://usphs-hso.org/?q=pags/swpag)**

Happy 2015! A Tip from the SWPAG Readiness & Deployment Subcommittee...

From one end of the globe to the other, the USPHS is ready to assist with any sort of public health emergency or need. Or are we?

A team is made up of individuals who agree to work with one another, but a willing spirit is only one part of an effective team. As individuals and officers, we must be ready not only in spirit, but physically, emotionally, socially, and intellectually. A complete USPHS “Go Bag” is essential in helping meet our physical needs, but how do we maintain readiness in the other important areas of our lives?



A good place to start is with those we are closest to – our family, friends, colleagues, and faith community. One idea is to discuss what deployment can mean to the various aspects of our lives with those who are most supportive of us. Soliciting feedback from those who know us well can provide us with good advice and assistance. It can help us as well as help those who support us to be “ready” if/when we deploy and are separated from our support systems for however long.

SWPAG has started at FACEBOOK Page. Please go and request to join. The plan is to keep it updated with information that pertains to our SWPAG. We want to know all the good stuff that happens to you or if you have something important to share with the group.

If you want to post something, please send to:

tricia.h.booker.mil@mail.mil or justin.pegowski@ihs.gov

As usual, keep the articles coming for the newsletter!!

LIKE US ON FACEBOOK !!
Under USPHS SWPAG



What's for Lunch? LCDR Tricia Booker

By population, Fort Bragg is the largest Army installation in the world, Approximately 63,000 military and 11,000 civilian personnel work at Fort Bragg. It provides services to a customer base of more than 250,000 providing a home to almost 10 percent of the Army's active component forces soldiers, civilians, family members, and retirees. It also currently has 6 USPHS officers, 2 of which are social workers. As an initiative from the SWPAG Mentoring committee, LCDR Tricia Booker and LCDR Indira Harris reached out to all social work officers on post and invited them to lunch. Including the PHS officers, there are 18 social work officers assigned to Ft Bragg, and what started as a way to unite the profession, has become a monthly tradition. There is a range of ranks, age and experiences that lends a unique mentorship to all involved. Ft. Bragg hosts an Army Social Work Internship Program, so it is not uncommon to see a Colonel talking to a First Lieutenant. The conversations at lunch flow from career advice, where the best duty station, current behavioral health trends to more friendly topics.



The lunch creates a bond and fellowship amongst the officers. Ft Bragg also houses an active air field, which has over 1000 active duty Air Force service members. Guess what? One is a social worker. MAJ Laura Nicholas had just PCSed to Fort Bragg two months and was thrilled to connect others in the field and verbalized “These lunches have been invaluable to me to be able make connections that ultimately facilitate professional growth and ease coordination of patient care; as well as potentially prevent burnout.”

When USPHS Social Worker LCDR Sonja Howard also PCSed from Ft. Jackson to Ft. Bragg this past year, she also found the monthly lunches an asset “I think the lunches promote comradery and networking opportunities with like professionals. We get to share experiences from our work site; discuss interventions; assess what works what doesn't work, etc. It also fosters self-care, enhances resiliency, and decreases burn-out”.

It is safe to say that all enjoy the lunches and enjoy each other's company. There is no question that the tradition will continue, but the main question on everyone's mind is “What's for lunch?”

**“To do more for the world than the world does for you,
that is success.” – Henry Ford**

“You’re Going to Glynco!”

submitted by CDR Julie A. Niven, FMC Rochester, MN

The opinions varied widely from, “this isn’t what I hired on for” to “wow, these skills will be useful on and off work” and everything in-between. What was everyone talking about? The Federal Bureau of Prisons’ (BOP) 3 week training in south Georgia. Otherwise known as “Glynco,” the BOP Introduction to Correctional Techniques Phase II training is mandatory for all new hires at any one of BOP’s 147 prisons. The BOP trains everyone to be a correctional officer (CO) first because maintaining security at each of its institutions takes precedence over all other occupations and specialties. Glynco is precisely tailored to teach the foundational skills every CO needs to know.

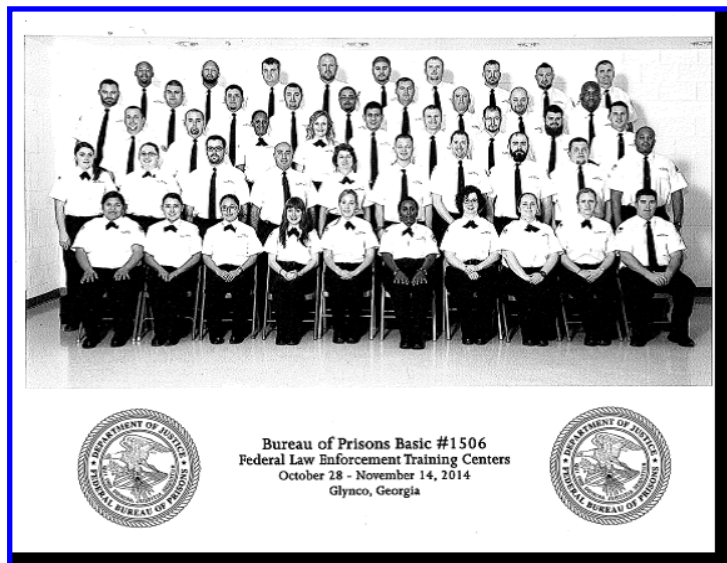
I arrived at the Federal Law Enforcement Training Center (FLETC) in late October 2014. FLETC was formally a naval air station and so is ideally suited as a training environment. I had just started my new position at the Federal Medical Center in Rochester, Minnesota 8 weeks earlier, and had first heard about Glynco during my interview while I was still working at Fort Lee Army Post in Virginia. BOP shows an overview video of Glynco to all prospective new hires. Not everyone is interested or capable of the type of physical and mental work needed to complete Glynco successfully. The video looked interesting, challenging, and also talked about the possibility of earning honor graduate. I was interested! Approximately 8 weeks later, I was unpacking my belongings in a FLETC dormitory room the night before the first day of class #1506.

Glynco is a multifaceted training which includes methods of self-defense, practical and didactic instruction on how to manage common inmate difficulties in a variety of settings, and an overview of the BOP itself. Students have to pass a physical abilities test which includes running through an obstacle course, climbing stairs wearing a weighted vest, and dragging a 70 pound “dummy” bag across a gym floor. There were also a series of firearms trainings for non-PHS staff. In place of firearms qualification, PHS staff completed a challenging computer cross-training course. My class instructors were top-notch and shared how they had striven to get to their current positions because it meant something to make a difference in new hires’ lives. This was motivating in itself!

For balance, our three week stay wasn’t all work. Over the two weekends in-between, the FLETC bus was available to take students to local venues such as the beach or a nearby city for a day of sightseeing or shark fishing. And throughout our stay, we enjoyed a wide variety of good food and all we cared to eat at the local FLETC dining hall.

Working for BOP is something I had thought I would enjoy for a number of years prior to actually being hired. Glynco was a great experience, albeit difficult at times, and challenging both physically as well as mentally. Now you know what my opinion of Glynco was (is), but do you know who in the picture earned honor grad?

Go BOP!



Clinical Corner: Etiquette and Practice Principles for Tele-Mental Health

By

LT Robert E. Van Meir, MSW, LCSW, BCD, CCHP

Co-Chair of the SWPAG Recruitment and Retention Subcommittee

Tele-Mental Health (or Tele-Behavioral health, Tele-psychiatry) is the use of telecommunications technology to provide behavioral/mental health services. Examples of Tele-mental health services include providing mental health workers in remote areas with continuing education on mental health topics, videoconferencing consultations on routine and crisis behavioral health cases using a "virtual" case management team, and providing traditional psychotherapy and psychiatric consultation services through real-time videoconferencing.

PHS officers work from remote sites that it may be the only way for our patients to be seen by a psychiatrist for possible medication evaluation. The idea of using emerging technology to assist with patient is actually not a new idea. In its early manifestations, African villagers used smoke signals to warn people to stay away from the village in case of serious disease. In the early 1900s, people living in remote areas of Australia used two-way radios, powered by a dynamo driven by a set of bicycle pedals, to communicate with the Royal Flying Doctor Service of Australia

It has been reported that between 2007 and 2012, the University of Virginia Health System hosted a videoconferencing project that allowed child psychiatry fellows to conduct approximately 12,000 sessions with children and adolescents living in rural parts of the State. Our sister services have been using Tele-Mental Health to help treat soldiers who are "down range".

Let's look at how to plan the consultation via video chat. First the clinician needs to allow more time for the interview and it requires the mental health professional to have increased concentration. It might be wise to spend about 5-6 minutes with "chitchat" to help both parties feel more comfortable with this way of providing care. Be sure to maintain eye-contact and it is probably a good idea to exhibit more facial expressions than normal. Not over the top but more than your usual. Given consideration to what you are wearing and what is in the background. Bright colors may be distracting as well as flashy jewelry that can reflect the light.

All the individuals involved need to be on time and also understand informed consent. The Patient's history needs to be emailed to the provider. In some cases the mental health professional may be working with a psychiatrist who is located in another state. In these cases the mental health professional can write up a case summary and email it to the psychiatrist the day before the encounter.

Be sure that the equipment is in proper working order. The computer is actually hooked up to the internet and that the provider knows how to turn up the volume. It may sound simple but while I was on TDY and using Tele-Mental Health the main issues centered on the equipment. Be sure that the camera shows the patient and that it is at eye-level. Also, as always we need to work on ensuring confidentiality.

Remember to practice good basic clinical skills like respect and empathy. Active listening and being patient focus will part a bigger part in utilizing this type of treatment option. This approach will be new to many seasoned practitioners and may even seem to be against some of the basic training we received as clinicians. For detailed guidelines for online work please check the following web-site: American Telemedicine Association guidelines-www.atmeda.org.

So I see that you are in Navy!

By

**LT Robert E. Van Meir, MSW, LCSW, BCD, CCHP
Co-Chair of the SWPAG Recruitment and Retention Subcommittee**

So I see that you are in Navy? I do not know how many times I have been asked that question in the last year. As a proud member of the United States Public Health Services I must confess that on a weekly and sometimes daily basis I get ask the following questions when I am out and about in my uniform... What follows are the answers I usually give...When I have the energy...

Are you in the Military?

I am a Commissioned Corp Officer of the United States Public Health Service (USPHS). The PHS as we call it for short has been around since 1798 in some form or fashion. We are part of the seven uniform services of the United States of America. The Army, Navy, Marines, Air Force and the Coast Guard are the *five Armed Services* the USPHS and NOAA make-up the two uniformed services.

So you're in the Navy?

No, I wear a uniform with the rank of LT (0-3). We in the PHS have sea rank. This is a rich part of our history. We started with making sure that sailors were free from disease and at the time when sea travel was the major way goods were transported we needed a way to make sure that diseases were also not being transported to another part of the country. We also cared for the older seamen in hospitals.

That's what I say you're Navy?

No but I wear a naval uniform (we in PHS had the uniform first), again with naval rank but I have the PHS symbols (which I point too). But sometimes I wear my ODU (which to add more confused is patterned after the Coast Guard)

Do you deploy?

Yes, but we are considered America's first responders. We are deployed in the United States, for hurricanes, natural disasters, mass shooting, etc... We can and do deploy overseas when we are detained to another one of our sisters serves or asked by the President of the United States. Currently we have over 60 PHS officers proudly serving in West African for the Ebola crisis.

Why have we never heard of this before?

Probably the only movie I have every seen us (the PHS) in was the one with Matt Damon called "Contagion". I recently saw Godzilla and looked for PHS folks in the aftermath helping people and saw none.

Recently I drove onto Joint Based Lewis-McChord the guard an army specialist asked what I was doing so far away from the Navy base. I looked behind me and saw that there were no other cars behind me, so I decided to explain who and what I am. The Specialist listened and was very polite and shook his head to let me know that he was getting it. He saluted me again and as I drove away I heard him say "Anchors away, sir". I just shook my head. My girlfriend was in the car and she looked at me and said "why did he say that?" I answered "because he still thinks I am in the Navy".

(continued from page 1)

We also know that Social Workers have unique and specialized training and education to see the purpose and possibility in the lives of those they serve. Professional Social Workers are educated at a program or school of social work in the theory, practice, and policy of Social Work and Social Change. Through their education, Social Workers participate in field placements that allow them to get hands-on experience with individuals, families and communities. Lastly, they understand that the potential of clients and communities is plentiful.

History of Social Work Month

The White House officially recognized National Professional Social Work Month in 1984. From 1984 until 1998 – the centennial year of the profession – NASW selected a social issue to promote every year. Topics included the health care crisis, hate crimes, violence prevention, racial and ethnic harmony, HIV/AIDS, children in poverty, aging parents, value of work, homelessness and more. From 1998 to 2004, Social Work Month themes promoted the profession with general campaigns about who social workers are and how they benefit society.

About the National Association of Social Workers (NASW)

The National Association of Social Workers (NASW) Washington, D.C., is the largest membership organization of professional Social Workers with 150,000 members. It promotes, develops, and protects the practice of social work and Social Workers. NASW also seeks to enhance the well-being of individuals, families, and communities through its advocacy. For more information see below:

Some Useful Websites:

National Association of Social Workers - www.nasw.org

SC Society for Clinical Social Work - <http://www.seclinicalsocialwork.org/>





SPOTLIGHT On a Social Worker

Making a Difference

LCDR William (Bill) Bolduc describes his experiences as a social worker in PHS Commissioned Corps as amazing, challenging and humbling. Commissioned in January, 2010, LCDR Bolduc's first assignment was to stand up a 24/7 behavioral health program at Womack Army Medical Center's Department of Emergency Medicine. With no SOP, one other PHS social work officer and an Army social work intern, LCDR Bolduc relied on his civilian experience pre-corps and reached out to his colleagues at Darnell Army Medical Center, Fort Hood, TX, the only other 24/7 Army Medical Center emergency department behavioral health program at the time as well as coordinating with Womack's Department of Behavioral Health, Family Medicine, Deployment Care and Social Work departments. What started out as a program to fill a critical gap and reduce dependence on the on-call system became a robust program with 4 PHS Officers, 2 Army Officers 3 civilian social workers and a practicum/teaching program for MSW students at Fayetteville State University.

Three years later, LCDR Bolduc was asked to help start-up Fort Bragg's first Embedded Behavioral Health (EBH) program under the direction of his colleague, LCDR Indira Harris. While serving as a clinician for two units in the 82nd Sustainment Brigade, LCDR Bolduc also provided supervision and overall coordination of the deployment care team. As the EBH program expanded, LCDR Bolduc's leadership and clinical skills were again needed to direct the Fort Bragg Army Social Work Internship Program, which had been fledging due to changes in leadership and reorganization of the department. LCDR Bolduc established and chaired the first Faculty Committee and organized and led weekly didactics while providing clinical supervision and overall program oversight to 5 Army Social Work Interns. At the same time, LCDR Bolduc assisted Dr. John Lesica in standing up a Child and Family Behavioral Health Services (CAFBHS) program and personally provided direct care to Fort Bragg dependents. As ancillary duties, LCDR Bolduc was appointed by the Womack Commander to serve on the installation Juvenile Rehabilitation Board and was directed by the Chief of Social Work to represent the department on the installation Suicide Prevention Task Force and Cumberland County Fatality Board Review.

Wanting to expand beyond his clinical leadership roles, in October 2014, LCDR Bolduc accepted a position as an Emergency Management Specialist/Operations Officer at HHS headquarters in the Secretary's Operations Center in Washington D.C., where he is currently assigned to a branch that monitors situational awareness of potential national public health and medical response and informs key leadership of critical events. Though LCDR Bolduc has a relatively short tenure in PHS Commissioned Corps, he has nearly 20 years of experience as a Licensed Clinical Social Worker, including 15 years of civilian experience prior to joining the Corps. In his pre-Corps years, LCDR Bolduc operated a private practice for nine years in rural Maine, served as a clinical director for a community mental health center, worked in state and county crisis intervention centers, a psychiatric hospital in Boston, MA and provided school-based therapy in Boston, MA and Waterville, ME. He also provided consultation and counseling to foreigners while living in Osaka, Japan from 1999-2001. A graduate of Hofstra University in Hempstead, NY, LCDR Bolduc received his Master of Social Work from Boston University in 1995 and his Master of Science in Health Policy and Management from the Muskie School of Public Service at University of Southern Maine in 2009. LCDR Bolduc is a Board Certified Diplomate in Social Work and teaches an online class in Post-Traumatic Stress Disorder at Fayetteville State University.

LCDR Bolduc became a USPHS officer in 2009. While doing research to complete his requirements for Master of Health Policy and Management in July, 2009, LCDR Bolduc stumbled across the PHS Commissioned Corps website. At the time, the Corps was actively recruiting behavioral health clinicians for the Department of Defense/ HHS Behavioral Health MOA. LCDR Bolduc contacted the recruiting department, submitted his application and was commissioned six months later

LCDR Bolduc is very proud to be a Commissioned Corps Officer and hopes to use his clinical and public health training, experience and leadership to positively impact mental health policy at the federal level. He is an active member of the Social Work PAG and serves on the Commissioned Officers Association Legislative and Benefits Committee, recently serving on subcommittee to examine the recommendations of the Military Modernization Committee.



We want to hear YOUR story! Please consider being in our SWPAG officer spot light!

Contact LCDR Tricia Booker at tricia.h.booker.mil@mail.mil