



## SWPAG Newsletter

## Semper Servientes (Always Serving)

LCDR Lorener Brayboy, DHS, LICSW  
Communications Chair

LCDR Mark H. Durham, DSW, LCSW  
Editor-in-Chief

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## SWPAG Officer Career Paths Within PHS & Helpful Hints...

From the Recruitment & Retention Sub-Group

by LCDR Robert E. Van Meir, LCSW, BCD, CCHP, CCTP  
Supervisory, Behavioral Health Professional  
ICE Health Services Corps (IHSC)

Rank and Name  
CAPT Indira Harris

Current Agency Employed  
Immigration and Customs Enforcement (ICE)  
Health Service Corps (IHSC)

Current Duty Station  
ICE Health Service Corps HQ, Washington, DC

Current Job Title  
IHSC Chief, Behavioral Health Unit

Brief Description of Current Job Duties  
provide national leadership and direction in the development of IHSC's goals, priorities, policies, and program activities designed to prevent and treat mental illness and promote mental health. I also serve as the chief advisor to the Deputy Assistant Director for Clinical Services on policy matters related to the prevention and treatment of mental illness and the promotion of mental health and is the focal point for the agency's efforts in mental health services. I directly supervise 9 clinical social workers and clinical psychologists and have clinical oversight of over 80 behavioral health providers throughout the nation.

1. Three words to describe yourself.

Determined, innovative, and focused (some would say "intense"!)

2. How long have you been a Social Worker?  
19 years

3. Do you have other degrees besides your MSW?  
DHSc (Doctor of Health Science)

4. When did you become a PHS Officer? (Can you include a description of OBC experience?)

I was commissioned as an LT (O-3) on September 11, 2010. I was a member of OBC 37 and it was a wonderful experience. I was selected as the class speaker at our graduation, Incident Commander during the second week, and Team Lead for the OBC Honor Guard. It was a whirlwind 2 weeks, but I would not change any part of it for the world!

5. What agencies, duty stations and responsibilities have you been assigned to throughout your career?

(1) Fort Bragg Military Installation (Womack Army Medical Center) where I served for almost 5 years in the following roles: Emergency Room Social Worker; Deployment Care Management Supervisor and Officer-in-Charge of Fort Bragg's 1st Embedded Behavioral Health Clinic (in the latter I supervised a team of 9 licensed behavioral health providers - psychiatrist, psychiatric nurse practitioner, LCSWs, and psychologists); (2) SAMHSA where I served for almost 2 years as a Public Health Advisor for the National Child Traumatic Stress Initiative; and (3) HRSA where I served for 2 years as a Public Health Analyst for the HIV/AIDS Bureau.

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6. What deployment missions and roles have you fulfilled during your career?

Hurricanes Harvey and Irma  
Ebola - Family Support Network (FSN)

7. Can you provide some recommendations for Junior Officers regarding graduate degrees, career progression and standing out for promotions?

Pursue advanced degrees in areas you feel most passionately about and that impact the mission of the Corps well. These academic opportunities should also lead to professional growth in the future.

8. College degree(s) & Certification(s) outside of Social Work.

DHSc - Doctor of Health Science from Nova Southeastern University

9. If you have another degree(s) or certification(s), why did you choose that one specifically?

I am planning for executive-level professional preparation and post-Commissioned Corps retirement plans. I wanted a versatile degree that was specifically designed for public health practitioners, senior medical administrators, and clinical health professionals.

10. Do you feel it has helped you in your career progression? Please explain.

I recently officially received it on Sept 30, 2020. I wanted to pursue this specialized degree for a higher echelon of leadership opportunities in the future.

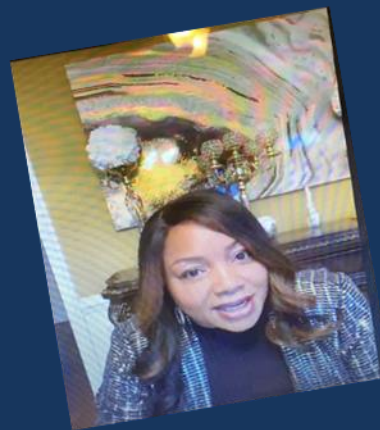
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## SWPAG's Latest Event – “Zoom In and Chat with Two Captains”

### Virtual Modern Networking In the era of COVID-19

By LCDR Monique Worrell-Oriola,  
LT Jamillah Bynum, and LT Heather Light



Our SWPAG Stakeholder and Community Engagement Subgroup's mission is to support officers in their uniformed service career and profession.

This month, following on the tail winds of promotion results, we offered officers an opportunity to attend the SWPAG's first ever virtual networking opportunity. The event was rescheduled from March's Social Work Month Celebration, which was delayed after the COVID-19 Commissioned Corps (CC) operations ramped up the same month.

The event was held on July 23rd, 2020 with over fifty officers in attendance for this virtual chat with USPHS CC social work CAPTs Malaysia H. Harrell and Sonja Howard. The captains were provided questions submitted by the attendees prior to the event allowing them to compose well thought out comprehensive responses. During the chat, the Captains spoke with

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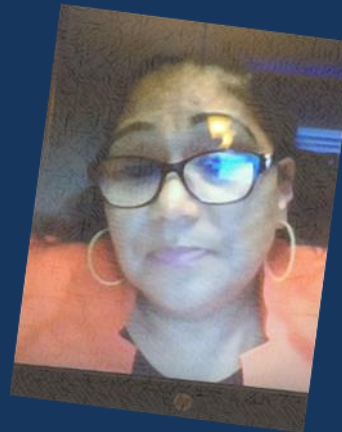
authority about career development, PHS promotion, deployment and officership.

**CAPT Malaysia Harrell**, promoted 2019, and is currently detailed to the Department of Defense, Defense Health Agency, where she serves as the Commissioned Corps Liaison. Captain Harrell joined the United States Air Force in 2003, as a First Lieutenant. She served for over seven years providing psychological assessments and treatment to over 20,000 Department of Defense beneficiaries. In 2010, Captain Harrell commissioned into the United States Public Health Service Commissioned Corps. She is dedicated to serving her community and provides mentorship to children, students, and colleagues.

**CAPT Sonja Howard**, also promoted 2019, and is currently detailed to the U.S. Department of Justice, Federal Bureau of Prisons (BOP). She also serves as the Health Services Division National Student Recruiter and BOP PHS Interim Liaison. Captain Howard is a clinical social worker by trade, and a people person at heart. She has over 25 years of public service experience including 7.5 years of AD Army and 10.5 years of PHS. She is passionate about serving uniformed members, children, families, and underserved populations. Captain Howard's motto is "I don't 'help', I motivate, influence, teach, empower, create, and support". She also believes one should lead by example and know one's self.

**Top Tips:** The Captains stated that in the Health Service Officer (HSO) category, with so many different professions and educational qualifications, the things that had the most significant impact on their career progression as a junior officer were:

- immersion into their work and PHS roles
- attending the annual Commissioned Officers Association Symposium to observe, network, and set career goals
- joining Junior Officer Association Group (JOAG) and SWPAG and contributing their strengths to each organization
- seeking mentorships and receiving career counseling from people in and outside of the CC
- remaining open and receptive to advice provided during career counseling
- following through on all assigned tasks
- maintaining work-life balance
- progressing gradually into leadership roles at work and within PHS
- taking on collateral duties, & willingness to relocate to positions/agencies less popular



**Career Progression:** In terms of junior officers continuing to progress through the CC Modernization Initiative, Captain Howard recommended junior officers understand the PHS mission, determine their

personal missions and goals, accept, welcome and embrace change. She believes thinking and behaving optimistically, as well as immersing yourself in your role will be beneficial. Subsequently, she recommends know your environment, spend less time complaining or ruminating and more time knowing where to locate, your agency, and PHS policies and procedures. These actions help to "eliminate the stress that may pose as a challenge to our sanity". She recommends seeking guidance from senior advisors/leaders, becoming resourceful,

[Zoom In and Chat, continues pg. 6](#)



and “learning from others as much as they learn from you”. “Get and staying ready” to complete future tasks or goals is key. As one of her mentor’s always says, “If you stay ready you don’t have to get ready.”

**Promotion:** With the recent declining promotion rates, attendees were curious on how CAPTS Harrell and Howard set themselves apart to be promoted in 2019. A total of five PHS social workers were promoted during this last cycle. Captain Howard stated that one way to increase your chances of being promoted to not be a “shammer,” an officer that avoids putting in the work. “Have a strong work ethic and be willing to work hard, as ‘no one is entitled to anything’. Some things will require a fight, but most things will work out the way they are supposed to because of your humility, work, effort, and consistency.”

**Leadership:** Captain Howard also encouraged attendees to be “extremely creative and not be afraid to take risks.” Engage in activities and specialized trainings that others don’t do. They were also encouraged “to create something, start something, run, operate and manage something. Put your stamp on something and strive to lead something and others.” An officer should also be a team player and remember that “no person is an island”. “Bring other officers up and allow them to ride your coat tail.” Captain Howard recommended participants to only ride the coat tails of positive, energetic, people who are engaged in “action” activities and to engage in many group/team activities. Certificates of Appreciation are good but writing and receiving group awards for initiatives is even better.

**COER:** When writing your COER, Captain Howard recommended reading the benchmarks “with a fine-tooth comb.” Use your creativity to

set goals based on that and write your bullets accordingly. Make sure you include short, concise data driven ACTION & IMPACT statements. Most of all, remember that while promotion is important, “rank doesn’t define who you are”!

A well-attended and popular event, the SWPAG Stakeholders and Community Engagement Subgroup is planning to host another career event based on the survey responses from attendees and ideas from our Captains Harrell and Howard. Look for details on the next event coming in early Fall in our weekly newsletter.



We would like to thank everyone who participated and contributed to the success of this event, especially our esteemed presenters, Captains Malaysia Harrell and Sonjia Howard. Their dedication and service to the Corps and the social work profession are inspiring. The SWPAG Stakeholders and Community Engagement Subgroup was honored to have them as presenters and look forward to working them and other officers in the future! ~

## On The Move: Israel Garcia

by Stephen LeBlanc

originally posted on 3/5/2020,  
Office of Communications, HRSA

LCDR Israel Garcia has been awarded the U.S. Department of Defense Armed Forces Joint Service Achievement Medal for his four tours in

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Mexico providing behavioral health Israel training to more than 1,000 members of the country's Navy, Army and National Civil Protection Force.



With deep personal roots in Mexico, LCDR Israel Garcia knows the migrant experience. The senior public health analyst in the Bureau of Primary Health Care immigrated to the U.S. when he was just 19 and put himself through college on restaurant wages.

It was a homecoming of sorts for the BPHC veteran, who spent his childhood in rural Mexico and dreamed of someday becoming a doctor.

Today, the licensed clinical social worker is a senior public health analyst overseeing more than \$60 million in community health center funding for grantees in New York City and the New England states. He is also a lead agency expert on migrant health.

He first became familiar with the health center program in 2008, when he went to work for

the North Carolina Primary Care Association as its first Migrant Health Center coordinator. He joined BPHC's Quality Improvement shop in 2010 and signed up with the Commissioned Corps two years later. "I became very passionate about the Health Center program, and realized that BPHC's mission was well aligned with my values of helping the most vulnerable populations," he said, noting that his personal history figured prominently in his decision.

Garcia grew up in a small town in the Mexican state of Hidalgo that had no electricity until he was about 10 years old. The second youngest of six children, he started working on the family farm at an early age.

"My family was going through a very difficult time financially," he recounted. "My dad had been going through multiple surgeries - I saw a lot of suffering - and as a boy in the family I wanted to help out."

He came to the United States in 1990 at age 19, intending to work for a couple of years, earn money to help his family, and then return to Mexico to attend medical school.



Joint Service Achievement Medal

Israel Garcia, continues pg. 8



It took Garcia seven years to become a permanent resident of the U.S., during which time he enrolled in the City College of New York. He paid his tuition with money earned in a succession of restaurant jobs. He graduated in 1999 with a degree in Psychology. Having found his calling, Garcia worked as a youth counselor for a non-profit while earning a Master's in Social Work from Columbia University in 2005, with a specialty in geriatrics and public policy. He was soon recruited by the New York City Department of Aging to work as a policy analyst.

Garcia has served multiple USPHS deployments since coming to HRSA, providing mental health counseling, crisis intervention and emergency assistance in the immediate wake of disasters and other national emergencies. In the U.S-Mexico border region, Garcia has encountered Latin American parents and children struggling mightily.

"Seeing children my own kids' age," he says, "brings back memories of the suffering I saw in Mexico, back in the 1990s when I (immigrated.)"

In 2017, he deployed to St. Thomas in the Virgin Islands after Hurricane Irma. There he counseled and consoled people from every economic strata -- "without housing, without food, without water, without shelter" – and connected them to the Federal Emergency Management Agency.



Off the clock, Garcia enjoys playing soccer, running, and spending time outdoors. Sugarloaf Mountain is among his favorite relaxation spots. He's also looking forward to a 20<sup>th</sup> wedding anniversary trip to Hawaii next year with his wife Natalie. The couple has two children, ages 14 and 11.



LCDR Garcia (back row, second from right) provided training on recognizing and treating combat-related psychological trauma to units of the Mexican Army in November 2019 -- one of four training rotations he has provided to service members in his home country.

~

## Detroit, MI Case Management Strike Team 3

### A COVID-19 Response

By CAPT Cavanaugh, CDR Pace, and LT Bynum, LCSW, BCD

The COVID-19 virus has negatively impacted many states throughout America. On May 1, the state of Michigan reported more than 41,000 COVID-19 cases resulting in over 3,000 deaths.

Detroit and the surrounding southeastern counties were the most affected regions of the state. At the request of the state, the U.S.

Strike Team 3 continues pg. 9





Department of Health and Human Services (HHS) deployed a team of U.S. Public Health Service (USPHS) officers, commonly referred to as Strike Team-3-MI, to augment the state and local medical capacity to provide care to patients infected with the novel coronavirus disease (COVID-19) at the TCF Regional Care Center in Detroit, Michigan. The U.S. Army National Guard, Army Reserves, Army Corps of Engineers, Active Duty Army, Air Force Reserves, state and Detroit local health professionals, including those from the Henry Ford Health System, McLaren Health Care, Beaumont Health and the Detroit Medical Center also provided support during this mission.

Approximately 350,000 square feet of the TCF Convention Center was converted to accommodate 970 beds.



On April 10, 2020, the facility opened for, and accepted COVID-19 patients. The goal of the facility was to provide clinical and healthcare services to COVID positive patients who were transferred from surrounding hospitals.

It operated under a step-down model for COVID-19 patients who required access to treatment but did not exhibit symptoms rising to the level of critical care. The facility had the capability to serve patients that required oxygen, IV fluids, and supplemental medicines.

**LT Bynum, LCSW, BCD**

Strike Team 3 consisted of officers with specialized experience in the clinical, healthcare, scientific, public health, and logistical backgrounds necessary to support the needs of the state of Michigan. I had the honor of serving as Case Management Team Lead which provided discharge planning of medically stable patients from the TCF Center. In addition, the team developed and established the TCF Center’s case management discharge planning blueprint workflow, processes, and SOP. This information aided in the creation of the first TCF Center case management COVID-19 cold zone operations, used to enhance safety pre-cautionary measures, improve process efficiency, and enable the TCF Center limited case manager personnel to focus specifically on their duties of case management discharge planning. Challenges, such as conducting case management without an electronic medical record and lack of case management experience and knowledge, were common frustrations among the team.



However, having support and guidance from senior leadership of Strike Team 3 and fellow social workers (Deputy Team Leader, CAPT Tarsha Cavanaugh, and Deputy Case Management Team Lead, CDR Tracy Pace), as well as, the officership exhibited by other team members helped us overcome these challenges.

Strike Team 3 continues pg. 10



### CAPT Cavanaugh

As Deputy Team Commander, I worked closely with Team Command Staff and Section Leads/Chiefs to ensure mission objectives were executed. I also enjoyed my role and ability to work collaboratively with the Case Management Team Lead/Deputy, LT Jamillah Bynum and CDR Tracy Pace to establish “cold zone” case management operations. Together we problem-solved and persevered through challenges, which led to the development of policies and procedures that ensured patients received healthcare services needed to return home to their respective communities.



Throughout this experience, strong partnerships were formed at all levels and the team demonstrated a great deal of flexibility to meet the demands of constant change in processes and procedures to meet mission goals. What I appreciate most of all, is willingness of team members who stepped out of their comfort zone to lead others with and without ideal resources. Even in the face of uncertainty throughout the nation, we accomplished our mission collectively and successfully for the residents in Detroit, MI.



## COVID-19 Impact on Professional Development within Social Work,

### Challenge Accepted!

by LT Keisha Bryan, LCSW-C, BCD  
Walter Reed National Military Medical Center

We are at a critical juncture of time in history. What we once considered normal, may never return. Upside, we have the opportunity to redesign how we do things and re-envision our future. In the middle of adversity there are opportunities. It is in moments of uncertainty that provide the greatest opportunity to make strategic and necessary change.

For the months leading up to March 2020, hours of networking and coordinating was put in to secure a variety of dynamic presenters who would execute two days of trainings to all Social Workers at Walter Reed National Military Medical Center (WRNMMC).



This two-day symposium has been occurring for a few years and was designed to bring Social

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Workers together to celebrate Social Work Month. As COVID-19 progressed and precautions were expeditiously executed, this symposium was cancelled.

Increasing challenges of providing clinical services during a pandemic included:

- challenges in balancing work and family,
- sheltering in place,
- not being able to visit loved ones,
- loved ones not being able to visit family members admitted to our hospital

The overall challenges in providing services via telehealth to some of our more vulnerable and chronic patients and overall challenges with coping during a pandemic has resulted in burnout, increased fatigue and increased feelings of isolation.



To support Social Workers during this time and to keep us together when the country and world stayed apart, I developed a virtual training program. This platform provided an opportunity for Social Workers across WRNMMC to reconnect with each other, to be provided with professional development in areas specific to their needs and increase access to a variety of subject matter area experts. Training topics have included, but not limited to:

- Social Work and Leadership,
- Domestic Violence Challenges during COVID-19,
- Drug and Alcohol Treatment Considerations during COVID-19
- Culturally Grounded Practice: Research, Equity and Sustainability.
  - This program has been occurring twice a month during the lunch hour of 1200-1300 resulting an increase in staff participation.



The impact of this virtual training program has been great. Over the four-month period, 170 staff have attended, which averages out to 42 staff in attendance

on a monthly basis. Many staff members have attended multiple trainings. The most impactful statistic is this virtual training model has eliminated the time constraints that may have prevented someone from presenting or attending a training.

United States Public Health Service (USPHS) Officers graciously welcomed and accepted the opportunity to train in their area of expertise. The ability of presenters and attendees to log into the virtual training platform 5 minutes before the training begins, from anywhere, has exponentially increased the likelihood of securing presenters and attendees with varied experiences and backgrounds. Presenters and

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staff have shared that access has been efficient and effective and does not take extra time away from their workday in being able to serve military families and retirees.



Flexibility, easy accessibility and recreating a sense of community during COVID-19 are the reasons why I developed this ongoing virtual training program. It has significantly improved the feeling of connectedness during the COVID-19 pandemic. ~

## The Power of a Slogan

LCDR Lorener Brayboy, DHSc, LCSW, BCD

Slogans are perfect mechanisms to inform the public about ideas, a product or service in a short and concise way. Informational in nature, slogans help give identity and branding to an organization. As the Social Work Professional Advisory Group (SWPAG) expands efforts to increase visibility within the USPHS and local communities, it was necessary to give our advisory group a slogan that represents our mission and solidify our PAG.

In July 2020, the SWPAG initiated a slogan challenge encouraging officers to submit a slogan for consideration. Submission guidelines included inclusivity of all social workers, one sentence or less, and professional. The SWPAG received nine submissions in which a survey was sent out for voting to all USPHS Officers. CAPT Donald Schmidt had the winning entry, “Semper Servientes (Always Serving).”

Semper Servientes embodies the work of social workers in USPHS in helping and empowering individuals, families, and communities. We tackle broad social issues. PHS social work officers promote all aspects of social work practice within our distinct agencies. ~



*Semper Servientes*





# COVID-19 Experience at a Youth Regional Treatment Center

Recovery Happens.

CDR Justin Peglowski,

LCSW-R, LICDC, BCD

Health System Administrator,

Desert Sage Youth Wellness Center

COVID-19 has created numerous unforeseen challenges for all. As PHS officers, we have all had the opportunity to address these challenges to ensure we can still carry on our mission. I have had the distinct pleasure of working with a great multi-disciplinary team who have worked hard together to maintain patient care while increasing employee and patient safety.



Our team is responsible for providing residential treatment to Native American/Alaska Native adolescents who are struggling with substance use disorders and co-occurring behavioral health disorders. We are the first, and only IHS direct

care facility in California. As a congregate living program we face an increased risk of significant COVID-19 outbreaks which have the potential to dramatically disrupt care.

Over the course of this pandemic, we have had to overcome concerns with staffing, patient admissions from various states, the provision of safe patient care, as well as discharge/aftercare planning. With seemingly daily recommendation changes amid new information the need to be flexible has never been more necessary.



During the last several months, our team has completely restructured our admission process which included a redesign of our physical space to allow for an observation space that is separate from our other patients. This has created an opportunity for our amazing team to demonstrate their dedication to the mission. Asking staff to reimagine their role all while they are concerned about the health and safety of their family is a big ask. Our team stood up and continue to amaze the leadership.

In addition to the newly realized admissions area; we had to create policies and procedures to manage long term safety for staff and patients. Absent any guidance we had to forge ahead and

YRTC continues pg. 14



create it. The Youth Regional Treatment Centers (YRTCs) are a part of IHS; however, being there are only 12 centers (6 Federal, 6 Tribal) in the country, we are often left to develop our own recommendations for care and treatment. Our team played an integral role in the creation and development of the IHS’s “Guidance for Caring for Patients in Youth Regional Treatment Centers During the COVID-19 Pandemic”.



We have established protocols for staff/patient screening, contact tracing and notification, surveillance testing, infection control measures related to COVID-19, and more robust tele-health integration. Given the nature of our facility we had a need to develop policies that relate not only to behavioral healthcare; but also, congregate living, nutrition services, education, spiritual services, and traditional medical care. At this time we are the only YRTC to be conducting point of care COVID-19 Antigen testing weekly on all staff.

While we have experienced several staff/patients testing positive for COVID-19, I am proud that the policies and procedures our team has developed has resulted in 100% mitigation of infection spread at this time. I am so grateful to have the honor of working with

such a fine team. Our leadership team consists of many talented individuals including some of the finest in PHS. CDR Emily Streeter, Psy.D., MPH, CPH serves as our Clinical Director and LT Angela McClendon, MSW, LCSW, BCD, CCTP serves as our Milieu Coordinator. ~



### Core Skills and Competencies for Mentors (Part 1 of 2)

CDR Kimberley Jones,

LSCSW, BCD, MPH, CHES, LCAC, COR

Program Director, Intensive Outpatient Program

Irwin Army Community Hospital

Webster’s dictionary defines mentor as “A trusted counselor or guide.” Mentoring is a necessary component in career progression, professional and personal maturation, and often times misunderstood. Clearly defined skills and competencies can serve as guides to nurture and develop the mentor/mentee relationship.

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Core Mentoring Skills\* (Defined as fundamental basics to foster partnerships)

- **Listening Actively-Most basic mentoring skill; the other skills build on it and require it**

Examples:

- Appear genuinely interested by making encouraging responses or paraphrasing
- Avoid interrupting mentees when they are talking
- Show interest in things mentee has said in the past (“How did the meeting go?”)
- Summarize key elements of what each mentee and mentor has said

**\*\*Resist** the impulse to turn the conversation to your experiences and opinions and to find immediate solutions to problems you may be hearing. Role model active listening and problem exploring for your mentee\*\*

- **Building Trust- Basic value to cultivate the mentor/mentee relationship**

Examples:

- Admit your errors and take responsibility for correcting them
- Respect your mentees’ boundaries
- Spend appropriate time together

**\*\*With** cross-difference mentoring (e.g. age, style, culture), trust building is **crucial** and is developed over time\*\*

- Encouraging- A most valued mentoring skill by mentees

Examples:

- Point out positive traits (such as perseverance and integrity) in addition to their performance and accomplishments
- Send encouraging messages and/or leave complimentary voice mails
- Compliment accomplishments or actions

**\*\*Ensure** praise and encouragement are **sincere**. Err on the side of too much praise, rather than too little. Maintain ratio of **four to five praises** for every corrective remark\*\*

- **Identifying Goals - Have a personal vision and specific goals**

Examples:

- Recognize areas in which you perform at the good to excellent level
- Identify specific weakness or growth areas observed in yourself and noted by others
- Set tentative one to five year personal and professional goals
- Know what is most important to you and what you desire most

**\*\*Effective** mentors **regularly incorporate** new feedback and observations on a regular basis\*\*

*\*Adapted from Skills for Successful Mentoring: Competencies of Outstanding Mentors and Mentees Linda Phillips-Jones, PhD*



## Chair’s Last Call

CDR Tricia Booker, LCSW, BCD

SWPAG,

It is hard to believe the year is winding down. It has been such an eventful year for our nation and the Corps. As I am writing this, I am on my second deployment since March and I am sure many of you are in the same boat. It has been a challenging year for many, trying to balance

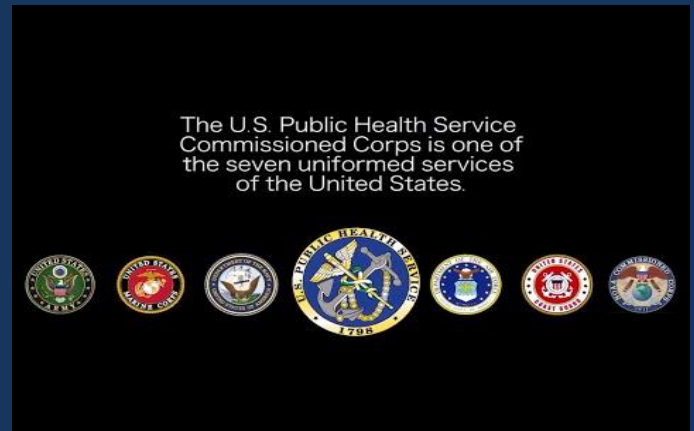
Last Call continues pg. 16



work and family and all our USPHS obligations. We are in the middle of COER and promotion preparedness season, still supporting a global pandemic, virtual learning for our children, tele-work challenges, and facing a contentious election season. It all sounds emotionally and physically exhausting, and it is. The good news is that as a group, social workers are some of the most resilient group of people I know and respect. I encourage you all to stay the course and keep moving forward, but also take time out to care for yourself. We all can preach this to others, but often we are the last to take our own advice. This time, listen! Take some leave, reach out to a trusted friend/peer, take a long walk, get your nails/hair done, read that book, journal, etc. You know what to do. It is just a matter of execution.



SWPAG has also faced some challenges this year and we have led the way in HSPAC in regrouping and moving forward in the middle of a pandemic. We have continued to plan and execute creative activities for our members. I want to thank all our SWPAG Executive team for setting the bar high and working so hard.



Despite the pandemic, we have launched a book club, provided training opportunities on Ethics, DSW programs, and EMDR, held officer's forums, and conversations with a Captain. We still face some challenges and I will continue to advocate for all SWPAG Members and have confidence in the incoming leadership of CDR Felder. We also need continued participation from our members to step up and lead. It has been a pleasure serving you and look forward to seeing our future.

CDR Tricia Booker, LCSW

2020 SWPAG Chair

