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2015 SWPAG Chair

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# Mindfulness and Brief Solution-Focused interventions on Deployment

By  
CDR Scott Eppler, LCSW-BCD  
OIC, Soldier Recovery Unit  
Ft. Riley, KS



Using a guided, progressive relaxation script, to help guests relax; via noticing their body, tensing; directing they relax muscle groups; this progressed through the body, which aided the lowering of anxiety. This brief BH intervention resulted in the mitigation of panic attacks in real time. Many Afghani guests reported efficacious helping and lowered stress within the camp.



Cognitive treatment assisted guests to ponder such questions as “How are things better since last week? What healthy behaviors, thoughts, or feelings would you have if things were better?”

Mindfulness exercises such as stopping and simply taking note of the landscape at different times of the day, recognizing the rugged beauty of the landscape, noticing the colors, the wind, and temperature (when pleasant). Guiding the afghani guests to reflect on the positive hopes for their future was effectual in their present as well. Not only are these brief BH interventions beneficial for the guests, they are helpful for deployed officers as well, as they can lower our stress and maintain our well-being while deployed, serving and practicing.

If you would like resources for your toolkit, please feel free to reach out to CDR Scott Eppler, LCSW-BCD at [scottie.m.eppler.mil@health.mil](mailto:scottie.m.eppler.mil@health.mil).

During my deployment in support of Operation Allies Welcome at Ft. Bliss, TX I saw first-hand the value of using mindfulness, relaxation, and brief solution-focused interventions. In addition to the concerns Afghani refugees have about their long-term future such as where they will live and how will they make a living, they have immediate, here-and-now stressors.

These stressors include crowded tents with decreased privacy, excess noise at various hours of the night, managing changes in the behavior of children, which produce anxiety, depression (often with survivor/escapee guilt), and insomnia. Given that USPHS officers deployed for mental health support of our Afghani guests are typically on 30-day rotations, we cannot take on a customary caseload for a routine trial of treatment.



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## SWPAG Officer Career Paths and helpful hints

By  
LT NaKeisha Williams LCSW-C BCD  
Mental Health Provider  
316th Medical Squadron  
Joint Base Anacostia-Bolling, D.C.

### Rank and Name

CDR O-5, Marion Collins

### Current Agency Employed

United States Coast Guard



### Current Duty Station

Health Safety Work Life, Norfolk Va.

### Current Job Title

Behavioral Health Technical Authority

### Brief Description of Current Job Duties

Provide Technical and Clinical Oversight to ten Uniformed Behavioral Health Officers embedded throughout the USCG.



1. **Three words to describe yourself**  
Reliable, Trustworthy and Empathetic
2. **How long have you been a Social Worker?**  
I have been a social worker for 30 years
3. **Do you have any other degrees besides your MSW?**  
I have a bachelor's degree in Human Services and Counseling.



4. **When did you become a PHS Officer?**  
I became a PHS Officer in 2010 – I will never forget my fellow Officers in OBC 30 in February of that year – it was the year that Snowmageddon blanketed Rockville, MD with over 38.3 inches of snow falling in less than a week. Needless to say, my comrades and I did not venture out and remained on site for several days with the facility staff. It was an unforgettable experience; I formed several long-lasting friendships during that time!

Career Paths, continues pg. 6



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

I worked for DOD for 10.5 years where I performed in multiple roles including Senior Clinical Advisor for several behavioral health programs including support at the East Coast Naval Consolidated Brig, where I provided care to active-duty inmates as a collateral duty.

I transitioned over to the USCG in 2020 to assist with the development of a brand new organic Behavioral Health Program for this underserved branch of service. My team and I work under the Operational Medicine Division of the Coast Guard and our primary role is to ensure Coast Guard members are mentally fit for duty and able to perform their jobs safely without threat to the member or the mission.



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

I deployed to Hurricane Isaac in 2012 where I assisted with case management efforts for displaced elderly and disabled victims. I have also had the opportunity to TDY on three occasions for the Coast Guard to provide behavioral health Surge Staffing at critical duty locations including Kodiak, AK.



**7. College degree(s) & certification(s) outside of Social Work.**

I am a certified Yoga Nidra Level I Instructor –Trained in EMDR (Eye Movement Desensitization), as well as ASSIST (Applied Suicide Intervention Skills Training). I have also received instruction in DBT (Dialectical Behavioral Therapy) and CBTi (Cognitive Behavioral Therapy for sleep). These skills have assisted me in the delivery of mental health care and staff trainings with military members and dependents.



USCG Air Station Kodiak, AK

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

- Seek Positions that will challenge you both clinically and administratively
- Remain flexible when asked to take on task outside of your regular duties – Lean into discomfort and utilize the experience as an opportunity to develop new skills.
- If you are not in a position to return to school, consider exploring a certification program that will increase your knowledge of public health, bolster your skills and support the CORPS mission.

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## Introduction to the SWPAG Mentoring Corner

By

CDR Vickie Smith Stowers,  
LCSW, BCD, CCHP-MH  
Supervisory BH Provider  
ICE Health Service Corps  
Krome Service Processing Center

CDR Valarie Gardner  
LCSW, MAC, BCD  
Chief, BH/Wellness Officer  
National Weather Services

LT Robert Brant, LCSW, BCD  
US Department of Justice  
Federal Medical Center Carswell  
Ft. Worth, Texas

Mentorship is not a new concept; however, we may not always take full advantage of maximizing mentoring opportunities. The Social Work Professional Advisory Group's (SWPAG) Training, Education and Mentoring (STEM) Subcommittee is committed to supporting and enhancing your overall mentoring and mentee experience this year and beyond. We encourage every PHS social worker to take an active mentoring role.



Mentoring demonstrates your commitment to the mentee's growth and allows you to promote PHS and the social work profession. You improve your influence and impact when you develop forthcoming talent.



As a mentee, you can stay focused on your personal and professional growth, acquire confidence, achieve goals, and broaden your network with the help of a mentor. Having a mentor assists with self-discovery as well as promotes personal and professional development.



If you are a senior SWPAG officer and mentor, we invite you to contribute mentoring tips, articles, and resources to the Mentoring Corner. Additionally, if you are a mentee and have areas of interest that you would like to see in the Mentoring Corner, or if you would also like to contribute to the Mentoring Corner, please email the Mentoring Co-Chairs: CDR Stowers ([Vickie.A.Stowers@ice.dhs.gov](mailto:Vickie.A.Stowers@ice.dhs.gov)), LCDR Gardner ([Valarie.Gardner@noaa.gov](mailto:Valarie.Gardner@noaa.gov)), or LT Brant ([r2Brant@bop.gov](mailto:r2Brant@bop.gov)). The Mentoring Corner will be featured in selected SWPAG Newsletters.



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# Executive Leadership in Social Work: Do I need a Doctorate degree?

by  
LCDR Alexia Blyther, DSW, MSW,  
LICSW, BCD  
Senior Clinical Social Worker  
Administration for Children and  
Families,  
Office of Refugee Resettlement,  
Unaccompanied Children’s Program



In 2018, I had been a Social Worker for 14 years. I had my clinical license and practiced in a broad array of settings. I trained many young social workers and other healthcare professionals. I had previously qualified to join the elite class of officers in the United States Public Health Service (USPHS) and served in several positions of national influence.

I believed that I was a Leader and since I was a Social Worker, I thought that made me a Social Work Leader. I must humbly admit that I was wrong.

That same year, I attended an information session that was available to USPHS Social Work officers through the SWPAG. A representative from the University of Southern California (USC) Suzanne Dworak-Peck School of Social Work shared details about the Doctor of Social Work (DSW) online program at this institution. I would describe the discussion as friendly and light-hearted as many social work information-sharing sessions can be. As friendly as it was, I remember thinking, “there’s no way I am going back to school after 14 years.”



I went home that day and could not get the idea of getting this doctorate out of my head. Why do I think it was bothering me? Because I realized deep inside that I was entering a mid-career crisis. For me this meant, I had come just far enough away from the core principles, values, and practice of social work to be jaded but not so far that I completely forgot what that once meant. I said to myself, “well if you just keep going, in 10 or so years you could retire, and it won’t matter.” Then I remembered how much I once loved the passion of advocacy, empowerment, and justice principles that, no matter the setting, were the driving force of my social work practice.



USC DSW, continues pg. 9





What is the goal of the DSW at USC? The goal is to develop an innovative solution to one of the Grand Challenges of Social Work. More importantly, the DSW program at USC positioned this goal as a call to action for all advanced practicing social workers. It purported that we all have an obligation to the field to use the culmination of our advanced experiences to further the field. To “reach back” to the most current wicked problems and quite simply “help.” It was not just about becoming a “Doctor” or being held in high esteem. It was about what social work was always about, the work. This resonated with me, and I was deeply connected to this idea.



There are many ways to define Leadership in personal and professional ways. However, Executive Leadership in Social Work is about leading the change process, empowering those whom you lead, inspiring others, and sharing a broader vision. It does not emanate from external actions but from internal passion driven by the desire to do the work. This passion combined with advanced practice experience leads to powerful Executive Leadership.

In 2019, I began the USC DSW online program and through the process developed and published my Capstone entitled, “The Women and Girls Center for Maternal Health: Intergenerational Approaches to Address the Black Maternal Health Crisis.” I received my doctoral degree in 2021.



Was this program hard? Yes. Not just because of the long hours and endless writing, that was the easy part. It was hard because it challenged my idea that because I had worked hard early in my career, I could now take it easy in my nice government job. It reminded me that the work of social work is never done. We are obligated to continuously “reach back” and “help.” We must stay connected organizationally and collectively as a field to continue to build consensus on wicked societal problems. Finally, we must each individually seek out new and renewed solutions to these problems.



Do you need a Doctorate in Social Work to become an Executive Leader in Social Work? This is a very personal question that only you can answer. I hope that this article gives some insight into why I did.



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# Mental Health Awareness Campaign: ICE - Houston Processing Center – May 2022

By  
LCDR Tyson Baize, LCSW, BCD  
Supervisory BH Provider  
ICE Health Service Corps (IHSC)  
Houston Contract Detention Facility

There are many reasons to highlight Mental Health Awareness. As social workers, officers, and family members we all understand the importance of paying attention to mental health. Often, we fail to pause and provide support to those who are in our immediate surroundings, daily.



This year, we felt the Mental Health Awareness month provided a lovely opportunity to focus on the importance of our overall well-being. Specifically, our Houston Behavioral Health Team decided to create an initiative that would impact our entire facility throughout the entire month.

This outreach effort included our Behavioral Health Staff Members (2 Behavioral Health Providers, 2 Behavioral Health Techs and Psychiatric Mental Health Nurse Practitioner).



Purposefully looking beyond, the day-to-day, Mental Health services for our non-citizen population. The intended recipients included both our own Medical Clinic staff and Core Civic (detention facility) staff. To encompass all staff, we discussed our intentions with the local executive staff; we acquired a breakdown of the various shifts and staffing schedules. To reach all our recipients we conducted ‘Mental Health Walkabouts’ across 2 different personnel cards and 2 shifts (day/night). Staff positions vary extensively and include: security officers, unit team members, administrators, cleaning crews and maintenance.



MH Awareness, continues pg. 11



Social Work Professional Advisory Group



NEWSLETTER



Fall 2022, Volume IX, Issue III



Our intention was a multi-prong approach: promote mental health awareness, provide EAP resources (for both contract and government staff) and develop positive relationships with our colleagues. We supplied choices of chocolate bars, licorice, fruit rollups and a selection of Mental Health inspirational quotes. The cards with inspirational quotes also included the EAP contact information and a reminder of the free Mental Health resource available to them.

At the end of the month, we successfully covered all shifts and various departments in multiple buildings throughout the ICE contract facility with 400+ individuals. In addition to the core civic outreach, we provided a lunch and breakfast to our IHSC clinic staff – 1 day and 1 night shift. We placed mental health awareness flags and mental health educational banners in common areas.



For all clinic staff we offered weekly Mental Health quizzes with a prize drawing for all those that provided 100% accurate answers. As we hoped, we received a great deal of positive feedback for reaching out to our diverse facility staff. It was a nice opportunity to discuss Mental Health and share some positive, humorous, and educational moments.

- BHP – LCDR Tyson Baize
- PMHNP – LCDR Ignatius Otteh
- BHP – Mrs. Trayon Reed
- BHT – Michelle Lyles
- BHT – Janieca Sharp



~





# Mindfulness Practices: The Benefits of Meditation

by

CDR Vickie Stowers  
 LCSW, BCD, CCHP-MH  
 ICE Health Service Corps  
 Supervisory BH Provider  
 Krome North Processing Center  
 &  
 LT Nathan Drew  
 LICSW, LCSW-C, BCD  
 ICE Health Service Corps  
 BH Provider  
 Communicator Coordinator  
 Krome North Processing Center



to focus and concentrate. Social scientist researchers theorize that meditation promotes healthy brain development and increases positive psychological functioning in areas of decision making, constructive processing and fear reduction. It has also been known to help with rewiring of the brain, which leads to contentment, tranquility, and successful mental outcomes. Here are 5 notable benefits of meditation that can increase your quality of life both personally and professionally:

Do you often feel stressed out? Are you constantly experiencing negative thoughts that consume your mind and contribute to unhealthy behavior? Do you find yourself being easily distracted and/or struggling to concentrate?



**U.S. Immigration and Customs Enforcement**

If you answered "yes" to any of the abovementioned questions, engaging in meditation practices may prove to be extremely beneficial. Meditation is a life-changing tool that can help you to exchange a lifestyle filled with overwhelm and frustration for one filled with calmness and peace. The practice of meditation is often viewed as a mindfulness technique that increases an individual's state of psychological awareness and enhances their ability

- 1) **Reduces Stress** – If you are like others, stress shows up in your life when you least expect it. Well guess what, meditation can help you learn how to relax and focus your attention on positive energy. Through a deep state of meditation, you will be able to eliminate negative thinking and reduce unhelpful cognitions that create stress. Scheduling time to meditate each day can help you manage stress and protect your body from the negative consequences of bad stress.
- 2) **Reduces Anxiety and Depression** – If you are experiencing depression and anxiety due to the COVID-19 pandemic or other life stressors, you are not alone. According to the World Health Organization, the prevalence of depression and anxiety increased by 25% globally in the first year.

Mindfulness, continues pg. 13



There are many strategies known to decrease depression and anxiety - meditation is a major one! Fortunately, it is free and easily accessible. Meditation reduces anxiety by allowing the mind to drift into a deep state of relaxation. It helps refocus ones' attention and discard the persistent negative and unhelpful thoughts that contribute to stress. In addition, meditation can help decrease the occurrences of depression by regulating emotions. Meditation aids in reshaping how people respond to stress.



3) **Lowers Blood Pressure** – The Center for Disease Control (CDC) reports that 47% of American adults have hypertension. Hypertension is a condition where the force of the blood against the arterial walls is too high. Researchers suggest that regularly practicing meditation increases a compound that helps relax and widen blood vessels, thus allowing the blood to flow more easily. Uncontrolled hypertension is a serious condition that can led to stroke or heart attack and should not be taken lightly. If you are considering meditation to lower your blood pressure, please consider pairing this meditative practice with a low sodium diet, physical exercise routine, and medication therapy (if recommended by your medical provider).

4) **Improves Sleep** – Do find yourself needing to count sheep to fall asleep? Do you lie awake at night plagued with ruminating thoughts or worry? Meditation aids in relaxing the body and brain, while silencing the distracting thoughts that can occupy the

mind. Studies show meditation reduces cortisol, the primary stress hormone. Cortisol plays an important role in several functions the body performs, namely the sleep and wake cycles. By lowering cortisol levels, meditation helps to shorten the time it takes to fall asleep and improves overall sleep quality and quantity.

5) **Strengthens Will Power** – The brain is a powerful tool! It can be likened to a machine, constantly running with millions of thoughts throughout the day. These thoughts, both constructive and destructive translate into behaviors. Management of your destructive thought patterns and subsequent behaviors can be challenging at times and takes consistent effort and awareness. Meditation practices can assist with this. During meditation, the goal is to resist these urges and impulses. With mindfulness practices, the brain learns how to become more focused and disciplined. By practicing meditation consistently and learning to control the wandering mind, it will become easier to avoid unhealthy habits, promote better decision-making, live healthier.



It is my sincere hope that this article resonates with you. If you are desirous of improving your mood and overall quality of life, effectively managing stress, managing hypertension, or simply becoming more mentally disciplined, please consider incorporating meditation into your daily routine. Little to no time is needed for this, and the benefits are plentiful. To learn more about the benefits of meditation and various meditation techniques, visit [www.mindful.org](http://www.mindful.org) and [www.headspace.com](http://www.headspace.com).

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# Social Work Leadership Reflection- The Way Forward

By  
CDR Stephanie Felder  
PhD, LCSW, LCAS-A, ACTTP  
PHERST, CCHQ

“Like great actors, great leaders create and sell us on an alternate vision of the world—a better world of which we are an essential part. They suspend us, to paraphrase Max Weber, in webs of significance (xiii) (Leadership Presence written by Belle Lina Halpern and Kathy Lubar, 2003)

Lately I’ve been thinking a great deal about social work leadership. The National Association of Social Workers (2008) states, “the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (para. 1). How do we show up as social work leaders and ensure that this mission is upheld?

I think about the leaders that I look up to in the United States Public Health Service, national social work leaders, and global leaders—why do I look up to these leaders? What is it about them that I want to emulate? After pondering these questions, I found myself thinking about what kind of leader I want to be and how I want to show up for those whom I lead. More importantly, I think about how I can inspire those who I lead to act decisively and empower those who they are leading.



These ponderings lead me to pursue a leadership course with one of the top universities- the Harvard Business School. After reviewing their course offerings, I landed on the High Potential Leadership Class. The course description: This program empowers high potential leaders to overcome the increasingly complex challenges that emerge as they take on greater leadership roles. Immediately, I knew this was the course for me. I am at a point in my life where I am taking on greater leadership and I value being a change agent and inspiring others.

My arrival at the Harvard Campus in Cambridge, Massachusetts, on an early Sunday afternoon was a surreal experience. I was greeted by the bellhop, assigned a room, and immediately taken there to prepare for class that would begin that evening. That first night, Dr. Linda Hill stood in front of the class, welcomed us on a journey of self-exploration and leadership development. She explained how one cannot develop as a leader without being able to self-evaluate and identify both strengths and areas of improvement. She also mentioned that a few of us would be designated as group leaders, and of course, I was selected. Despite feeling nervous I had yet another task—to use the infamous Harvard case study format and lead my group each morning in preparation for a class debate each day. I quickly adapted and prepared my mind for an intense week of learning and reflection.



CDR Felder, PhD, LCSW – 3<sup>rd</sup> from bottom right in khakis

The Way Forward, continues pg. 15



During the weeklong course, I worked on the following course goals and continued to stretch myself in these areas:

- Balancing my personal leadership style with the demands of the organization without compromising my own principles
- Developing the next class of high potential leaders—and inspiring leadership throughout the organization
- Building high-performance teams that are more than the sum of their parts
- Receiving feedback with an open mind and delivering it with tact

More importantly, my time at Harvard set me on a course to be a better leader. One that listens not to respond but to understand. A leader that my behavioral health team can depend on and feel comfortable working alongside during challenging missions. So, I challenge you all to come on this leadership journey with me as we are all social work leaders and reflect on the following questions:

- What kind of leader do you want to be? How do you know if you are being effective?
- How are you ensuring as a social work leader, that you are upholding our social work mission?
- How would you characterize your leadership strengths and weakness? How do you plan to improve?
- How are you feeding your leadership knowledge, skills, and abilities?

I leave you with this final quote, “Leadership and learning are indispensable to each other.”

**President John F. Kennedy**



## My First Time Participating in a PHS Retirement Ceremony

By  
LT Christine Nappa, LCSW, BCD  
Social Worker, Public Health  
Emergency Response Strike Team  
(PHERST), CCHQ

I had the privilege of serving in a retirement ceremony in August 2022, celebrating a 30-year career in the Public Health Service (PHS) for Nurse Officer, CAPT Moira McGuire. It was chock-full of pomp and circumstance, so a thorough understanding of customs, courtesies, and operational procedures for ceremonial events was vital for participants. Being a new Call to Active Duty (CAD) officer with no prior military service who went through Officer Basic Course (OBC) virtually, I had limited knowledge of or even practice with drill and ceremonies. I felt excited, but also nervous and intimidated in anticipation of the retirement ceremony knowing there would be multiple flag officers as well as several other high-ranking officers and civilians in attendance.

I met CAPT McGuire when we deployed together in December 2021 to support Operation Allies Welcome (OAW).



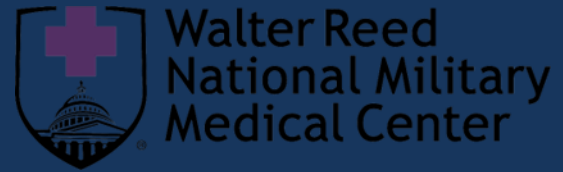
Retirement Ceremony, continues pg. 16



We worked together to provide oversight of the behavioral health program at our site. We instantly bonded, became a great team together, and remain in contact as friends today. I was honored when she asked me to participate in her retirement ceremony, which was held at the Memorial Auditorium at Walter Reed National Military Medical Center (WRNMMC) in Bethesda, MD.



During the retirement ceremony, I served as a Side Boy for Piping the Side, as well as a participant in the Old Glory Ceremonial Detail. "Piping the Side is a long-standing Naval tradition conducted to honor the arrival and departure of dignitaries," per the PHS Drill and Ceremonies Manual. As a sea service, PHS continues the Piping the Side tradition. The Manual also describes the purpose of the Old Glory Ceremony: "Officers retiring from the PHS Commissioned Corps shall be presented with a United States flag as an expression of the Nation's appreciation for their service. The presentation is often marked by the Old Glory Ceremony. A folded American flag is ceremoniously passed through the ranks – representing the progression of that officer from their beginnings as a young public health professional into a seasoned public health leader."



I am fortunate to work in an office with several senior officers, some of whom also have prior military service experience. I spent time with them practicing my salutes, standing at attention, marking time, and marching prior to rehearsal for the retirement ceremony. I wanted to arrive at the rehearsal at least knowing fundamental commands and movements. It certainly paid off, as we ended up spending three hours in rehearsal practicing Side Boy and Old Glory motions, leaving little time to catch up on the basics. We rehearsed for about three more hours the day of the ceremony to smooth out any last minute glitches or issues. When it came time for the ceremony, our team of officers completed Piping the Side and Old Glory with flying colors.



I am beyond proud to have participated in the ceremony and am grateful for the helpful instruction from other officers as well as for the time spent in rehearsals. I even got to meet Sully, the late President George H. W. Bush's service dog, who joined the ranks of WRNMMC's facility dogs after President Bush's passing.

[Retirement Ceremony, continues pg. 17](#)





The retirement ceremony as a whole was beautiful, thoughtful, and everything CAPT McGuire deserved in a PHS send-off. If you ever have the chance to participate in a ceremonial PHS retirement, I highly recommend you take advantage of it.

For those who may be unaware, Admiral Rachel L. Levine, currently serves as the 17th Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS), following nomination by President Joe Biden. She was confirmed by the U.S. Senate in 2021; and is a PHS Admiral.



~

## Distinguished Visitor Planning

by

LT Brittanie Butler  
LCSW, BCD, CCHP-MH, MBA  
ICE Health Service Corps  
BH Provider  
Krome Service and Processing Center  
Miami, Florida

SWPAG, your fellow social work officer, LT Brittanie Butler, planned and organized the historic Assistant Secretary of Health (ASH), Admiral Rachel L. Levine's, two-day visit to Miami, Florida!



This prestigious dignitary visited Miami, Florida on June 28 & 29, 2022; and this visit resulted following an urgent email request for assistance sent directly to LT Butler, who was then serving as Secretary for the South Florida Commissioned Officers Association (SFLCOA).

The email request for assistance was sent from a USPHS Director of CDC Commissioned Corps Activity/Commissioned Corps Liaison; and the request specifically sought local Commissioned Corps officer(s) volunteers to help with transportation of the ASH around Miami to her scheduled events on June 28th and 29th. The request was also to secure volunteer(s) to coordinate a Meet and Greet with local USPHS officers stationed in the Miami area.

Prior to this request arriving at the home office of LT Butler, attempts to recruit other local officers for this task were unsuccessful. However, LT Butler, successfully delivered fulfilling the requests of this tall order with USPHS and social work pride.





LT Butler’s swift email response to the request for assistance, and the subsequent call for and gathering of available hands-on deck (consisting of both junior officers and senior officers in leadership), was paramount to the successful execution of this affair.



LT Butler put in place a small task force of local officers within record turnaround time to successfully deliver on the urgent request for help in preparation for the honorable dignitary visit. During the planning and preparation stages, LT Butler proved resilient in overcoming barriers that could have jeopardized ability to successfully deliver on the task at hand. Barriers that were overcome included: only a few days to deliver on the immediate request for assistance, minimal volunteers offered to support, limited resources (ex. no company vehicle, budget, etc.), competing work obligations, and a SFLCOA executive team that was operating at only fifty percent capacity at the time in relation to fellow team members being away on assignment(s) or out of town.

In the end, the ASH’s request was fully delivered upon as, she was able to have her desired Meet and Greet with local USPHS officers; and she received two Escort Officers who utilized personal vehicles to transport her around town for the two days during her trip. LT Butler also served as one of these Escort officers to help rise to the occasion in absence of additional volunteers to serve in this capacity.

Not only was the ASH able to receive what was desired during her visit; the voices of local USPHS officers in the field were heard by the ASH and her representatives during this visit.

ASH connections to local USPHS leadership were established at the Officer Meet and Greet (ex. ASH representative contact information exchanged w Senior Officer Leadership/Captains, etc.) and USPHS leadership initiatives were also heard and actively entertained by the ASH.

Additionally, two junior officers (LT Brittanie Butler and LCDR Tenile Gilzene) were afforded an opportunity to serve in an official capacity (as Escort Officers) through an ultimate display of: leadership, service, camaraderie, and *Espirit de Corps*!



But not for the actions of fellow social work officer, LT Brittanie Butler, in relation to the: planning, organization, and service as an Escort Officer for the ASH's June 2022 visit to Miami, the requested events would not have taken place. This monumental event will go down in history; and LT Butler currently serves as the SFLCOA branch President following the dynamic end of SFLCOA year/term closeout immediately subsequent to this affair.

DV Visit, continues pg. 19



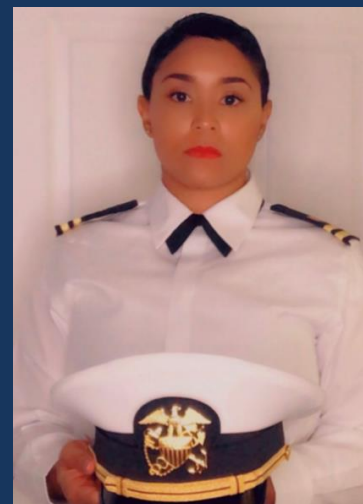


L2R: CAPT Robert Windom, CAPT Indira Harris, CAPT Jean Pierre Debarros, ADM Rachel Levine, LCDR Tenille Gilzene, LCDR Natasha Senat, LT Brittanie Butler, LCDR Janelle Phillip, LT Jeremy Garcia

LT Butler recommends the following tips should you ever find yourself charged with planning or preparing for a dignitary visit in the future:

- Consult senior leadership for support and/or assistance
- Coordinate with dignitary (DV) staff for additional information regarding trip itinerary, schedule of daily activities, /locations, flight information, to establish visit Points of Contact (POCs)
- Develop a group chat platform with fellow event team members (if applicable) to maintain effective communication
- Research USPHS customs, courtesies, and dignitary presence protocol and procedures prior to event
- Determine dignitary special accommodations and/or any related special requests (ex. dietary preferences, entertainment preferences, etc.)
- Map out best trip routes in advance. Study such to be knowledgeable of departure and/or arrival times as related to the dignitary’s agenda

- Properly greet and introduce self to the DV upon arrival
- Assist with luggage/items, open doors
- Use formalities such as, Ma’am or Sir during interactions with the DV
- Present as well-groomed and neatly dressed in uniform. Having your Service Dress Blues on hand is a MUST
- Be able and prepared to multi-task
- Be organized, self-reliant, and resourceful
- Take initiative to learn and research any information where there may be deficiencies in effort to properly perform associated duties



LT Brittanie Butler, LCSW, BCD, CCHP-MH, MBA is a Behavioral Health Provider at the IHSC Krome Service and Processing Center in Miami Florida. LT Butler is a Board-Certified Diplomate in Clinical Social Work; and is a Certified Correctional Health Professional with specialization in Mental Health from the National Commission on Correctional Healthcare. LT Butler has served in the USPHS since March of 2021; and prior to her call to active duty with the USPHS, was employed as a Federal Contract Behavioral Health Provider at the Krome Service and Processing Center’s Krome Behavioral Health Unit (KBHU). LT Butler is a Chicago, Illinois native and educational attainment includes: a master’s in social work (MSW) degree from Chicago State University (CSU), master’s in business administration (MBA) from Roosevelt University, Chicago; and a Bachelor of Arts degree in Psychology from the University of Illinois at Chicago (UIC).

~



**Discuss and establish expectations up-front**

# Successful Mentoring, 6 Tips

By  
By CDR Valarie Gardner  
MSW, LCSW, MAC, BCD  
Chief, Behavioral Health/Wellness  
National Weather Services

CDR Vickie Smith Stowers,  
LCSW, BCD, CCHP-MH  
Supervisory BH Provider  
ICE Health Service Corps  
Krome Service Processing Center  
&  
LT Robert Brant  
LT Robert Brant, LCSW, BCD  
US Department of Justice  
Federal Medical Center Carswell

Successful mentors are good communicators and planners. They understand the importance of establishing expectations in the early phase of the mentor/mentee relationship. It is important to make sure that the mentor and mentee are on the same page regarding what is required of each other. Minimizing confusion and clarifying expectations is critical to establishing a healthy mentor/mentee relationship.

### Lead by example

Always be willing to jump in the trenches and demonstrate how to travel the road to success. Respect is vital in mentor/mentee relationships and is often earned by leading and guiding. The adage “Do as I say, not as I do” is definitely outdated. Leading by example builds respect and trust in the mentor/mentee relationship.



LT Tamika Finch-Hall (Mentor) and LT Robert Brant (Mentee)

The ability to succeed in one’s professional endeavors often does not occur without some form of mentoring. Even the most self-driven and highly motivated individuals require guidance and seek advice from time to time. Because mentoring is an essential part of officership, it is important to learn how to become an effective mentor.

Successful mentoring is one of the most important interpersonal components of building a powerful and healthy organization. However, it is important to note that successful mentoring is a process and skill set that is learned over time and requires practice. As you strive to become a successful mentor you should consider and apply the following tips:

### Be flexible in your thinking

Flexibility is the key to growth for all humans. Remember that the mentor/mentee relationship is an interactive process, and that information should flow in both directions. Successful mentors lead, but also follow. Look for opportunities to learn from your mentee and encourage him or her to respectfully challenge you to remain current and knowledgeable. Successful mentors take pride in learning and welcome opportunities to grow.

Mentoring 6, continues pg. 21



While it is the mentee’s primary responsibility to be aware of career advancement opportunities, mentors should also be knowledgeable. Successful mentors provide helpful and accurate information to steer mentees in the right direction.

**Take pride in helping others and be genuine**

Successful mentors are compassionate about helping others because they realize that their success did not occur without the help of others. Develop a sense of compassion for helping others, guide from your genuine concern for their professional growth and not out of obligation. Mentees are more likely to gravitate toward and connect with genuine mentors.



**Stay focused on the overall mission**

Successful mentors lead and guide because they understand that successful accomplishment of the organization’s mission requires everyone to contribute. They do not get distracted by “temporary” change or chaos. Successful mentors keep their eyes on the prize (mission) during change and assist mentees in doing the same.



FMC Carswell with Fort Worth skyline

**Be knowledgeable about career advancement opportunities and requirements**

A key responsibility of any mentor is to assist mentees in their professional development. This requires mentors to be familiar with career advancement opportunities and relevant requirements of their mentees.



**Conclusion**

Guiding and leading individuals who are less experienced can be very challenging, but also rewarding. Do you remember the time when you longed for support and guidance? As you move forward in your professional endeavors and enter mentor/mentee relationships, please consider the tips outlined above -our future is in your hands.

~





## Delayed but not Denied

By  
 LT De-An Watkins  
 LCSW, BCD, MDiv  
 BH Provider  
 ICE Health Service Corps (IHSC)  
 Folkston ICE Processing Center  
 Folkston, Georgia

I first learned of PHS over a decade ago as an itinerant mental health clinician serving in Kotzebue, Alaska, a rural Alaskan village 33 air miles above the arctic circle; home of the Inupiat.



First, let me answer a few questions that most people ask regarding rural Alaska. No, the Natives do not live in igloo's, they live in apartments and houses just like you and me. No, it is not 6 months of complete darkness; more like 3-4 months of twilight during the day and normal darkness at night. The sun always rises and sets, sometimes for only an hour or so depending on how far north you are; except if you are in Utqiagvik. And yes, I tried many of the Alaskan native foods including bowhead whale blubber (muktuk), salmon, ptarmigan, seal intestines (inluaq), seal (uugruk), Eskimo Ice cream (akutuk, it's not your typical ice cream; I won't spoil the surprise), beluga whale, polar bear, black bear, muskox, all the berries and the list goes on. Let's just say, rural Alaska is my second home.

Now back to my story, I was walking down the hall of the hospital one day and caught a glimpse of a dentist wearing a khaki uniform. She shared with me that she was an officer in the United States Public Health Services Commissioned Corps (USPHS). I became curious, so I asked a fellow social worker who happened to already be interested in joining. From the moment I learned the mission "to protect, promote, and advance the health and safety of our nation," the emphasis on serving the underserved and under privileged, as well as the rapid response to natural disasters and critical incidents, I knew I had found my calling. PHS presents a career that speaks to the core of who I am and fulfills a call in my life.



The journey of becoming a PHS officer was long and challenging. For a number of years there was no call for social workers. Then in 2017, there was a call and lo and behold, I missed it! I had been focused on figuring out how as a VA employee I could deploy during a time of multiple large-scale disasters. I was able to serve through Federal Emergency Management Agency (FEMA) Surge Capacity Force; the first in my VISN (Veterans Integrated Services Network) to utilize this partnership. Upon my arrival and throughout my three weeks in San Juan, I was able to work alongside many USPHS officers.

*Delayed, continues pg. 23*



I vowed not to miss another call and became more vigilant about periodically checking the usphs.gov site. After some time, I put a reminder on my calendar to begin checking in January 2020 (it was November). Somehow, my reminder went off in December, so I decided to check the site and to my amazement, there was a call to active duty for new applications.



My chance had finally come, I applied in December 2019. After repeated requests to resubmit documents, I received my Call to Active Duty (CAD) in June 2022. I will admit, there were moments when I thought it was not going to happen; but I kept telling myself, great things are worth waiting and fighting for!



Folkston ICE Processing Center

My CAD was perfect timing I would say. I had the privilege of attending the first in-person Officer Basic Course (OBC) since COVID 19; another answered prayer. Through my experience as an Air Force Reserves Chaplain Candidate, I knew the value of in-person training for new officers and the significance of the formed relationships and comradery. So much so, that I played a role in creating the OBC Class 137/10's chant/motto: **“Back in person, fall in line, move over COVID, it's our time to shine.”**

My position in the Corps is a Behavioral Health Provider at the Folkston Immigration Customs Enforcement (ICE) Center Annex. I first applied for this position as a civilian (GS employee). I was informed that the position had closed, no more applications were being considered. I was offered the same position as an officer! I stayed strong and did not give up on the process. I had reaffirmed faith that this was the path for me. **I am more than honored and thrilled to don the Gold and Blue and to give voice to the silent, aid the forgotten and underserved, encourage and empower the downtrodden. Indeed, my journey of becoming a PHS Officer was a dream delayed, not denied.**



~





## Behavioral Health Integration Team Leadership at NNMC

By  
LT Kiki Shawn Wato, MSW, LCSW  
Acting Supervisor, BH Integration  
Medical Social Work  
Dept./BHI-Iina Counseling Services  
I-Northern Navajo Medical Center  
Shiprock, NM



On January 25, 2022 I was placed on temporary duty (TDY) assignment as the Acting Supervisor for the Iina Counseling Behavioral Health Integration Program in the Mental Health Department at Northern Navajo Medical Center in Shiprock, New Mexico. My assignment is for a period not to exceed 360 days. I am tasked with the performance of supervisory oversight within and supporting the BHI Program. I provide managerial oversight of 6 employees and lead efforts and coordinate activities across a team, prioritizing work and making assignments to ensure efficient workflow of the program.



My leadership style is a participative leadership approach, which is congruent with social work values and positively benefits human service organizations on multiple levels. Employers invite employees to take a part in organizational decision-making. While this leadership style is not as common in the corporate world, some professions require this type of attitude, e.g., social workers, group therapists, and facilitators, hence why this method appears fitting for me.

Delegation is a vital management skill but at times can be challenging to put into practice for various reasons. However, it is imperative to know what to delegate because not every task can be delegated, even when you are overwhelmed. I play into my employees' strengths and goals. I make certain I've got a real clarity of objective on the tasks being delegated which includes having alignment on what does good look like and by what timeline, and the technique of measuring the success of their work. And if the person(s) I'm delegating work to needs specific training, resources, or authority to complete the assigned project, it is my role, as a manager, to provide all three. And while I want to avoid micromanaging delegated tasks, I establish a communication channel, so that to whom I delegate, feels comfortable asking questions and providing progress updates. It is not a "I'll just give you the task and don't worry about it anymore." Lastly, after I delegate tasks and they are seen through to completion, I always give credit to those who achieved the work.

BHIT Leadership, continues pg. 25



I truly believe feedback is kindness, feedback is compassion. In theory, individuals might think a world without feedback would be great. No one would ever say anything to us, and we could do what we wanted to do. But in reality, a lack of feedback can be scary because employees would not know where they stand. My experience with providing and receiving feedback from my team has been opportunely positive. I try to focus on the idea that I am doing my employee a favor by helping them to be successful. And in contrast, I relish on learning from others because, in order to be a great leader, one must continue to learn. The way I try to receive feedback personally is to do 3 specific things: be accepting of the feedback, find something in it to agree with, and determine how it can help me in the future. I feel fortunate and am very grateful of any feedback I may receive and always encourage my staff to continue doing so.



Interpersonal conflict in the workplace is a natural part of colleague interaction. Resolving the issues among a team is never fun but they need to be dealt with. Each member brings different perspectives and knowledge to the team, which should be recognized and taken into consideration. The approaches I utilize to stop conflict before it gets out of hand is to be proactive; be fair, impartial; observe; avoid assumptions; step in when needed; show empathy; and be patient.

Ahéhee (Thank you)



I enjoy working with staff who are driven to succeed, but not at the expense of others. I want to be around staff who pick each other up and keep the team moving forward. I also enjoy working with individuals who work hard and love what they do. Being surrounded by passionate people motivates me and helps me perform my duties as a supervisor even greater. And thankfully all 6 of my employees are pleasant to work with. And I would imagine individuals who are “know-it-all's” and pretentious would present some challenges in the workplace.

## Certifications Demonstrate Clinical Best Practice

by

LT Rogenia Parker  
LCSW-BCD, CCTP, EdS  
Corps Care Program Coordinator  
CCHQ

I am LT Rogenia Parker. I have been commissioned with the Public Health Service (PHS) since April 2022. I am grateful for the past 7 months because my commission has inspired me to be a better person and professional. Since joining PHS, I have completed 2 certification programs.



Certifications, continues pg. 26



The first certification program I completed is the Clinical Trauma Competency Program for Social Workers via the International Trauma Training Institute (ITTI). Thanks to this virtual, self-paced certification program, I am now a Certified Clinical Trauma Professional (CCTP). The course has 6 modules, with a weekly quiz and an overall quiz at the end of the program. I earned 13 CEUs.



ID# 886782500-1939

I chose this certification program because I have a background in psychotherapy and understand that people experience traumatic situations at times. I was inspired to increase my professional knowledge base to provide better service to people who encounter traumatic situations. I especially appreciate how this certification program educate social workers how to reduce the prevalence of secondary traumatization and encourage resiliency.

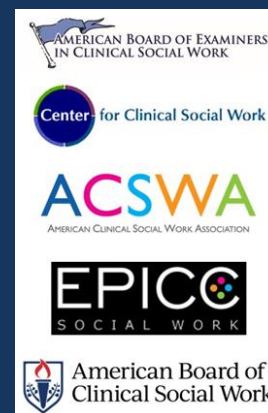
This course examined the current theories and practices regarding the neurobiological, psychological and socio-cultural components of trauma. I learned about the various dimensions addressed by clinical social workers regarding

traumatic reactions and recovery throughout the life span. Lastly, this course taught me concrete skill acquisition and interventions that have applicability to a range of contexts and populations traditionally served by the social work profession. I felt this would be beneficial for the officers that I serve in my position with the Public Health Service (PHS) and individuals I may encounter while serving in the community during deployments, trainings or other missions. This training has allowed me to have a deeper connection with officers and help with working through traumatic events.

Officers interested in completing this certification training are encouraged to go to:

<https://traumaonline.net/certified-clinical-trauma-professional/cctp/>

Since joining PHS, I also earned my second certification, the BCD. This certification does not require testing; Licensed Clinical Social Workers (LCSWs) can apply directly via their website and must recertify annually if interested in maintaining this certification. The BCD certification is an advanced-clinical practice certification. As a social worker with this certification, I am held to the highest standards regarding clinical education, training and experience. I chose ABCSW because they are recognized by PHS for board certification.



History of ABCSW.org

Certifications, continues pg. 27





This certification ensures I am practicing at an advanced level in the social work profession. The application process was simple. PHS acknowledges this certification via remuneration or Board-Certified Incentive Pay (BCIP). I plan to sustain this certification throughout my career. All social work officers interested in applying should visit the following website: <https://abcsww.memberclincks.net/>

~

## National AIDS Memorial Quilt Event

by  
LT Melody Wilson, LCSW  
Family Advocacy  
David Grant Med-Cen, Travis AFB  
DoD

This past June, on a windy and breezing Saturday, I had the honor of volunteering to help spread awareness and promote the National HIV/AIDS Strategy, #NHASeverywhere and the CDC’s Together Campaign at the National AIDS Memorial Quilt event in San Francisco, CA. #NHASeverywhere is an exciting social media effort to spotlight organizations that are doing amazing work in their communities to help reach the goals detailed in the National HIV/AIDS Strategy.



NHAS focuses on prevention, improving health outcomes, reducing health disparities and to better integrate and coordinate the efforts to ending the HIV Epidemic. The CDC’s together campaign encourages conversations about the importance of getting tested, using condoms, pre-exposure prophylaxis and HIV treatment.



This event brings in thousands of people to the Bay area each year to spread awareness and provide an opportunity of remembrance. This year ADM Rachel Levine and the White House HIVS/AIDS Director, Harold Philips were both among the presenters. It was a wonderful experience to meet ADM Levine and Mr. Philips at our HIV.gov booth which was manned by Golden Gate COA USPHS Officers. In addition, I thoroughly enjoyed the extraordinary networking opportunity with numerous fellow USPHS Officers. Individuals gathered at our table to learn more about #NHASeverywhere and the Together Campaign. We were able to field countless questions about the programs and provide guidance to those that stopped by our booth.

The Quilt has over 50,000 individually sewn on panels with more than 1,110,000 names stitched into the fabric. The Quilt has been a powerful tool to spread awareness, encourage activism, and to remember those who were impacted by the HIV/AIDS epidemic. During the event, volunteers took turns over the loudspeaker listing the names of those that were lost to offer remembrance.

Quilts, continues pg. 28



This event had a very meaningful impact on me and importantly reaffirmed my desire to continue to give back to my community, volunteering. The Quilt often travels around the country. I encourage everyone to either help with volunteer efforts or attend, experience the Quilt’s powerful message.



I acknowledge that we all have an immense workload, however, I challenge you to consider the reasons why you joined the Corps or even social work to begin with. If service is one of the reasons then I entreat you to get involved in your local community and make a difference! This event was brought to my attention by my local COA chapter and I have been able to engage in several other volunteer opportunities since. I am truly thankful for the experience and hope to volunteer again next year at the event!

~

## FHP in American Samoa

by

LT Christine Nappa, LCSW, BCD  
Public Health Emergency Response  
Strike Team  
PHERST Behavioral Health Officer  
OASH/CCHQ

Deployment Narrative – FHP in American Samoa  
Force Health Protection-Behavioral Health (FHP-  
BH)

### What is your current assignment in USPHS?

I am a Licensed Clinical Social Worker (LCSW), and currently serve as a behavioral health officer with the Public Health Emergency Response Strike Team (PHERST), based out of Commissioned Corps Headquarters (CCHQ) in Rockville, MD. I joined PHS in July 2021.

### What was the mission of your deployment?

The PHS deployment to American Samoa took place over 65+ days during March, April, and May 2022. It was a COVID-19 mission during which our team developed and implemented processes to provide more than 11,000 vaccinations and over 1,600 monoclonal antibodies/antiviral therapies to the citizens of American Samoa.

### What was your role during this deployment? What skills did you use?

I deployed as a Force Health Protection-Behavioral Health (FHP-BH) officer, serving as the sole behavioral health provider for 49 officers on 2 deployment teams. My primary responsibility included providing recommendations to officers and team leadership on mitigating stress, including conflict resolution, sleep, shift assignments, work/life balance, early demobilization, etc. I also managed morale-welfare-recreation (MWR) activities for deployed personnel.



FHP in American Samoa, continues pg. 29





**Was this your first deployment? Either way, how did you prepare for the deployment, personally or work-wise?**

This was my third deployment since joining PHS in July 2021; however, it was my first traveling deployment, as my first two were local deployments supporting Operation Allies Welcome (OAW). This was my first deployment as a Force Health Protection (FHP) officer, providing behavioral health support to deployed officers. I prepared for the deployment by meeting with other officers who formerly served in the FHP role to gain insight into the responsibilities and understand role expectations. Fortunately, my Officer-In-Charge (OIC) for the American Samoa mission had a job action sheet that her team from a previous deployment created for the FHP role, so I was able to use that to guide my strategy. I also prepared for the deployment by researching American Samoa culture, local resources on the island, and resilience topics that I might want to address with the team while deployed.



Turtle and Shark site, Vaitogi, Pago Pago, American Samoa

**Do you have any advice or “pearls of wisdom” for fellow officers who are being deployed or are interested in deploying?**

My advice for fellow officers is to be patient with yourself and with your team. There is only so much you can do to prepare for a deployment. Many times, you end up making it up as you go, or

“building the plane while you fly it” due to constantly changing mission priorities, various requests from leadership, and unanticipated challenges. There’s a reason “Semper Gumby” is a thing! Embrace it and use it as a learning opportunity instead of getting frustrated with the fluidity of the situation. Prepare as best you can but manage your expectations.



**What was the most important thing you learned during this deployment?**

Boundaries and self-care are key! Force Health Protection is an around-the-clock role, so managing my schedule and setting time aside for myself was important in maintaining my own resilience throughout the deployment.

**What were some of the key challenges that you experienced?**

The biggest challenge for me was being reimbursed into a full-blown COVID-19 emergency response, especially after two years of pushing through the pandemic fatigue that we all felt. American Samoa had its very first case of community transmission in February 2022. While we had been going through it for two years, American Samoa was COVID-free. So, when COVID hit the island and we deployed in response, it felt like we had gone back in time to March 2020 and the days of lockdown. It felt surreal because at the same time, the country was starting to open again, mask mandates were being lifted, and people were getting ready to go back to work in person. Frequent check-ins with the officers, quarantine resources, virtual communication, and SELF-CARE were critical to getting through it.

FHP in American Samoa, continues pg. 30



# PHERS+

## What did you enjoy the most (e.g., favorite memory) about this deployment?

My favorite memory from American Samoa was being able to explore the island. The citizens of American Samoa are some of the nicest people I have ever met—they were incredibly hospitable, and some families even welcomed us to their villages to explore their beaches and sites. One of my favorite places to visit was the Turtle and Shark site in the village of Vaitogi. The cliffs were volcanic rock. Waves that crashed against the cliffs were the biggest and bluest I had ever seen. It was stunning and magical to witness. It was only about a 10-minute drive from our lodging, so sometimes a group of us would bring our dinner and eat on the cliffs while watching and listening to the waves.

Check out a beautiful animated short video about the Turtle and Shark legend if you want to know more here: <https://youtu.be/VEL7EZTLq6s>

(Please note: inclusion of this video does not imply endorsement by the U.S. Department of Health and Human Services.)

## What would you consider to be your major accomplishment stemming from this deployment?

I created a framework for future deployments as a behavioral health officer. I discovered what resources I like to use, saved my favorite handouts and worksheets, created psychoeducational trainings on various topics, and gained leadership experience working with all ranks and categories, thus setting myself up for success in future missions.



## Were there any classes or trainings that helped you in your deployment?

I appreciate the skills trainings provided by FOCUS (Families Over Coming Under Stress). FOCUS teaches practical skills to help service members and their families overcome the challenges associated with deployments and transitions. I especially enjoy the resources and trainings on communication and emotional regulation. For those interested, more information can be found here:

<https://focusproject.org/>. (Please note: inclusion of this resource does not imply endorsement by the U.S. Department of Health and Human Services.)



## How was your post-deployment/reintegration experience? Was it a smooth transition back to your daily activities?

The hardest part of my reintegration was the jet-lag—there is a 7-hour time difference between American Samoa and Eastern Daylight Time. It took about a week for my sleep schedule to get back on track and that was challenging for me. Being able to take time off from work, adjust my circadian rhythm, and catch up with family was critical to getting back into my normal routine.

## Please feel free to share anything else regarding your deployment to highlight your experiences or to increase the readiness of fellow officers.

Behavioral health and wellness of deployed officers is critical to mission success. I'm grateful for the opportunity to have served on the American Samoa mission and I hope that PHS continues to deploy FHP-BH assets for future missions.

~



## The 988 Suicide & Crisis Lifeline: A National Resource to Increase Access to Care

LCDR Nicole Pascua  
MPH, MSW, LICSW  
Public Health Advisor

Government Project Officer  
HHS, Substance Abuse and Mental  
Health Services Administration  
The Center for Mental Health  
Services/Division of Service and  
Systems Improvement

LCDR Marie P. Cetoute  
MSW, LCSW, BCD  
UC Monitor

Office of Refugee Resettlement  
Unaccompanied Children Programs

In 2020, the National Hotline Designation Act (Public Law 116-172) was signed into law, identifying the three-digit number ‘988’ as the national suicide prevention and mental health crisis hotline by July 16, 2022. The Act’s purpose was to create a system where callers in mental health distress could receive free and confidential support.

The Lifeline paves the way for strengthening and expanding crisis care response and services in the United States and its territories to connect community-based providers to distressed individuals. Callers can discuss concerns not only related to suicide but to other issues such as substance use, economic and financial worries, sexual identity, illness, abuse, depression, mental and physical illness, and even loneliness. Trained crisis counselors will listen, provide support, and connect callers with needed help or resources.



The 988 Suicide & Crisis Lifeline builds upon the existing National Suicide Prevention Lifeline by including a national network of over 200 local, independent crisis centers. The Lifeline, which also consists of the Veterans Crisis Line, operates 24 hours a day, 7 days a week, and is available across the United States, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.



Moreover, the 988 Lifeline is accessible using any landline, cellular, or Voice over Internet Protocol (VoIP) service provider.

988, continues pg. 32





Individuals in distress can receive help by call, chat, or text. Callers connect to their closest crisis center in the Lifeline network based on area code and hours of operation. Spanish language services are available when using the call-in option. Additionally, the Lifeline features a chat option accessible at <https://988lifeline.org/chat/>. When using the chat option, individuals will first complete a short survey about their current situation before being connected to a crisis counselor. Lastly, an alternate option for accessing Lifeline services is via texting 988. The chat and text Lifeline options are currently only available in English.



As social workers, we are at the front lines of meeting individuals who may need this resource through our client and professional interactions. In addition to being prepared to share this resource with others, we must not be afraid to use it personally if needed. We must take care of ourselves first to be better prepared to help others, including our loved ones, colleagues, and clients. Take the time to learn more about this resource, share it with others, and use it if needed.

To learn more about the 988 Suicide & Crisis Lifeline and to download resources to share with clients, colleagues, and community partners, social workers can visit the Substance Abuse and Mental Health Services Administration (SAMHSA) and access their Partner Toolkit at: <https://www.samhsa.gov/find-help/988/partner-toolkit>. The Toolkit contains factsheets, a presentation slide deck, logos, and printable materials, such as wallet cards and posters, to increase public knowledge of the 988 Lifeline network.

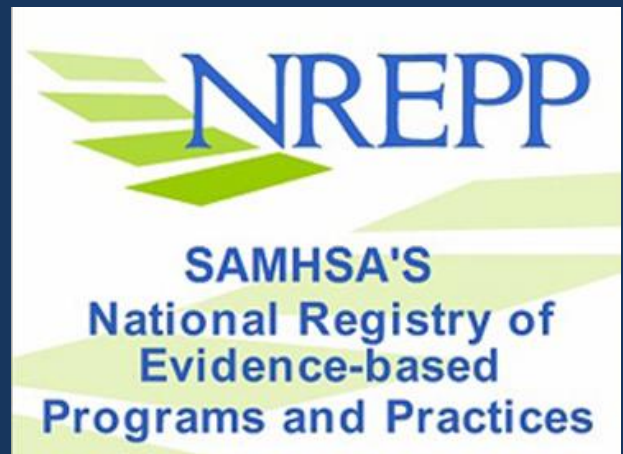


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## Chair's Last Call



CDR Robert E. Van Meir  
LCSW, BCD, CCHP-MH, CCTP  
Supervisory, BH Provider  
ICE Health Service Corps (IHSC)  
Eloy Detention Center

SWPAG,

It has been an honor and a privilege to serve as the SWPAG Chair for 2022. As I think back to all of the many accomplishments of the SWPAG this year I feel very grateful for all of the hard work of our officers. The focus of the SWPAG this year was providing social work officers with useful tools to help with promotions, self-care, and to increase officers' involvement within the SWPAG. I want to say thank you for your willingness to serve and for the many hours of hard work that is unseen by those around you. I wish to acknowledge your families and friends, who know firsthand of your daily sacrifices. They also serve alongside of you.



I believe that the quality of presentations we provided our officers helped enhance our mission. These presentations and subsequent discussions provided our members a national format to address issues that impact our ability to provide best practice clinical care and social work services to the most vulnerable people to who we have been entrusted to assess, diagnose, and treat. The social work officers, who are in administrative positions, brought their unique social work perspective of their mezzo and macro practice, which highlighted the impact USPHS commissioned social work officers provide the corps and our nation.



I want to thank all the past SWPAG Chairs for their hard work and how each one has helped to further the goals of the SWPAG. Once again, I want to thank CAPT (retired) Sonjia Howard who pushed me into running for the Chair and helped to guide my early career. I feel fortunate to have worked with many of the past SWPAG Chairs, since I was commissioned. I feel blessed to have been molded into the Officer I am now today because of their decisions and actions.



This year, SWPAG initiated a social worker-to-social worker outreach program, which attempted to contact every current USPHS Officer. Increased engagement assessed the biggest concerns for social work officers. SWPAG considered methods to help and support our fellow social work officers.

Chair's Last Call, continues pg. 34



As we prepare for another promotion cycle, I know that it can come with increased anxiety, excitement for a few and dread for others. Remember you are more than a rank, you are a change agent, an advocate, a life preserver, a person who has been called to a higher purpose – a Commissioned Corps Officer. You represent our Nation, our social work profession, and we are all in one uniformed service; this is good. I stand, proudly serve with you.



As I transition to the Senior Advisor of the SWPAG in 2023, our PAG is strong and growing. This January CDR Richards will assume the Chair. I know that the best is yet to come. I have seen her hard work, dedication, and commitment to the social workers serving in the United States Public Health Service. Again, I thank all of you for your support and encouragement this past year. I will remain available to our members to assist, encourage, and be available any way I can.

*Semper Servientes ~*

