



SWPAG Newsletter



SOCIAL WORK PAG CHAIR'S CORNER

THE TIME IS NOW!

By CDR Indira Harris, LCSW, BCD



Dear Social Workers,

The Time Is Now! If you don't have your updated APFT, still working to shed a few more pounds before weight standard submissions are due by 30 SEPT, attempting to get in an additional conference for more CEUs before your license expires, or trying to get your COER bullets just right, I have three words to tell you - GET IT DONE - NOW! If last year's hurricane season didn't give you adequate foreshadowing of what lies ahead, I'm not sure what will. We have to be ready to deploy, ready to act, ready to provide our technical and subject matter expertise and knowledge at all times. But at the same time, we have to be willing to listen to our bodies, pay attention to our intuitive senses that tell us we are stretching ourselves to full capacity - both personally and professionally. Just like you will act to make sure you are deployment ready, be just as vigilant to ensure that you've taken care of *yourself* both *mentally, emotionally, spiritually, and physically*. I am a firm believer that we all have an inner reservoir of strength that lies within all of us. That innate *resilience* must be cultivated at times, however. This, too, is a significant part of ensuring readiness. We cannot fully commit to helping and supporting others, if first we don't help and support ourselves. They don't tell you to secure your own mask first before assisting someone else on an airplane for nothing. Don't keep putting off that 60-minute massage, that overdue medical appointment, yoga class, hiking trip, family vacation, girls trip, guys getaway, or that much needed week off. Then make a conscious effort to consistently do these things to keep your cup *full*. Take heed, Social Workers. Listen to that inner voice telling you ***The Time Is Now***, then act!

Indira Harris

MESSAGE FROM THE COMMUNICATIONS CHAIR

CAPT Julie A. Niven, LCSW, DCSW, MAC, IHS, Red Mesa, AZ

Hello SWPAG! I wanted to let you know about the change of leadership in the Communications Chair. CDR Bennett has stepped down (Thank you CDR Bennett for your service to the SWPAG!) and I have assumed the helm. As some of you may remember, I was the Communications Chair from 2012 to 2014 and enjoyed the work I was privileged to do on the Newsletter. I look forward to my work again with the newsletter, with the newsletter team and with the SWPAG. Please note the themes and deadlines for the final two issues of the newsletter for the remainder of 2018 (on the last page of the Newsletter). I anticipate that many of you have articles to share that could benefit the PAG overall. Please put your voice in writing and send your articles to one of us on the team. As social workers, it is in our nature to share our experiences and wisdom with our colleagues. Thank you in advance for sending your articles to YOUR Newsletter!

And I hope you enjoy this issue devoted to fellow social worker's deployment experiences.

SOCIAL WORKERS FRONT AND CENTER

Deployment and USPHS Core Values

By CDR Teresa Baptiste, LCSW-BCD, Naval Branch Health Clinic, Millington, TN

Greetings fellow social work professionals! It is an honor to share my deployment experience with the SWPAG as it was my first deployment as a PHS Officer. My deployment was to Atlanta, GA during the month of December 2017 in response to Hurricanes Irma and Maria to support case management and patient movement-related services. The timeframe was 14-days working with SAT2 Team. Overall this was an enjoyable, rewarding opportunity. I gained knowledge as to how the USPHS functions within a deployed setting interacting with various community, state, and other federal agencies.



During my deployment, two of the four USPHS Core Values stood out to me: 1) Service “demonstrates a commitment to public health through compassionate actions and stewardship of time, resources, and talents”. Working with the families to ensure needs were met was not an 8-5 job. It required going above and beyond. Each officer was committed to connecting families to services and following up to ensure connections were made and obligations were fulfilled. Ensuring this job was done required hours of sitting, multiple phone calls, and conversations followed by electronic documentation, and 2) Integrity “exemplifies uncompromising ethical conduct and maintains the highest standards of responsibility and accountability.” Each officer worked independently meeting the needs of their assigned families with no one looking over their shoulder. During turn over often there was no opportunity to brief the incoming replacements, thus officers had to resume seamless care from the review of electronic notes. As new officers transitioned in I did not hear complaints - only willingness to serve and support.

My first deployment experience as a PHS Officer was an honor and a reward. I look forward to future opportunities to serve and to carry this experience forward along with the four USPHS Core Values: Leadership, Service, Integrity, and Excellence.

Boots on the Ground: From OBC to SOC

***By CDR Kimberley Jones, LSCSW, BCD, MPH, CHES, LCAC, COR,
Irwin Army Community Hospital, Ft. Riley, KS***

“Teamwork; forward leaning will get you far as an officer. I know we covered a lot of information, just file it away in the back of your mind...you will refer back to it at some point in your future as a PHS officer.” Words from OBC 48 echoed in my mind as I landed in Washington, DC for my first deployment. I was to report to the Secretary’s

Operations Center (SOC) in support of Hurricanes Harvey, Irma and Maria. I reported for duty and was escorted into the SOC. My role was to support the Operations Section Chief. There were many PHS officers and FEMA staff working together to support hurricane relief efforts in USVI, Texas, and Florida. My initial duties included receiving requests within the Operations Section, establishing work orders, routing work orders to ensure funding and helping manage other resources in various locations. Each shift was 12 hours, and each shift began and ended with a huddle inclusive of every agency local and remote participating on the call. My first week was quite a steep learning curve. I learned how to access the database and files, manage workflow, routing lists, phone consultations, perform crisis management, and other unique issues. Specifically, I recall asking the Operations Chief if there was a plan in place for individuals with special needs who could not be reached by conventional means due to communication, physical, or cognitive barriers. By the end of the shift, there was an Operations Huddle in which this very issue was identified and discussed. The words first heard at OBC had materialized as did my professional growth as an officer.

Three C’s stood out as the capstone of my deployment experience:

Communication: A vital and imperative entity for mass response efforts. It can make or break a process. There are various forms of communication. Self-reflect and identify your primary communication style, but be open and flexible to other people’s styles.



Collaboration: Key to achieving end state goals. In mass response efforts, the success of the whole depends on the sum of the parts.

Coordination: Planning and execution follows a chain of command; working within the scope of your assigned duties will result in successful coordination.

By the conclusion of my deployment, I leaned forward and took on more responsibility to include Acting Operations Chief for night watch during the second week of the deployment. I was coined by the Operations Section Chief for rapidly acquiescing the essential duties of the Operations Section.

Deployment Experience Teaches Resiliency, Humility and Gratefulness

By LCDR Lorener Brayboy, MSW, LICSW, HRSA, Rockville, MD

In 2017, the USPHS was called upon to respond urgently to two devastating hurricanes impacting Texas, Florida, Puerto Rico, and the Virgin Islands. As a new member of SAT IV, I had the opportunity to serve evacuees from the U.S. Virgin Islands. Upon arriving to southern Florida, I was feeling varying emotions of excitement and nervousness as this would be my first deployment since 2010. Our hotel was filled with USPHS officers from across the country serving on other SAT Teams, RDF Teams, etc. On the 3 day, we received word of our first patient movement mission of receiving and transporting 99 dialysis patients and non-medical attendants (NMAs) and family members from the Virgin Islands to a Federal Medical Station (FMS) in Miami, FL. We processed these patients from Miami International Airport several of whom were wheel-chair bound or amputees. Many were tired and hungry from their journey as well as anxious to get to baggage claim to obtain their belongings. This mission required much coordination in identifying the patients and family members listed and confirming they arrived to the FMS. While waiting for transport, I had the opportunity to engage with the evacuees and hear their story.

During the second leg of the deployment, I was part of the first six member USPHS team to deploy to the Atlanta Federal Coordination Center Patient Reception Area at Dobbins Air Force Base. Our team worked closely with the Department of Defense, Georgia State Department of Health, the Veteran's Administration, FEMA, the End-Stage Renal Disease Network of the South Atlantic, the Red Cross, and other volunteer nurses and doctors from local hospitals to ensure the safe arrival and care coordination of patients and family members from the Virgin Islands. Over 125 hurricane evacuees were transported on C-17s and individual planes. Most of the evacuees were individuals with complex health needs such as, end stage renal disease, diabetes, and significant mobility issues within different stages of the life cycle.

Evacuees needing higher level of care were directly admitted to various hospitals across the Atlanta Metro Area. These patients had been evacuated from a hospital in the Virgin Islands and we needed to ensure continuity of care and further monitoring. Others were temporarily placed in hotels throughout Atlanta. My team was responsible for conducting health and social needs assessment and ultimately providing disaster case management. This consisted of identifying community resources to accommodate the evacuee's health and social needs, coordinating care, and



providing psychosocial support to help alleviate stress as well as strengthen coping skills associated with displacement. My interactions with evacuees was invaluable and it was inspiring to witness the resiliency, sense of community, and hope they manifested throughout my deployment. Each of evacuees were very appreciative of our efforts through this natural disaster. This experience further emphasized the important role and mission of USPHS Officers during natural disasters. I am truly grateful to have been able to work with such a supportive team!

PHS Officers Serving in Key USVI Hurricane Recovery Role

By CDR William Bolduc, MS, LCSW, BCD, Administration for Children and Families, Washington, DC

Several USPHS officers, including two social work officers, have recently played a key role in the Hurricanes Irma and Maria Recovery Response Team, serving as the Behavioral Health Liaison officer in the U.S. Virgin Islands. The HHS Recovery Mission is coordinated through the Assistant Secretary for Preparedness and Response (ASPR), partnering with FEMA, the Armed Services and Non-Governmental Organizations such as American Red Cross and others. HHS personnel assisting in the Recovery Mission work out of the Joint Field Office (JFO) in St. Croix and St. Thomas and are led by an ASPR Field Coordinator.

Social work officers who recently deployed to serve as the Behavioral Health Liaison officer (Behavioral Health LNO) include CDR William Bolduc and CDR Jennifer Bornemann. CDR Aimee Williams at ASPR served in a key role as the Behavioral Health consultant, advising ASPR Field Operations and Planning sections and coordinating with the Behavioral Health LNOs on the ground in St. Croix and St. Thomas. Key roles for the Behavioral Health LNOs in the Recovery Mission included conducting a needs assessment of behavioral health



resources and gaps; implementing a strategic plan to address the gaps; high level coordination with key behavioral health stakeholders including the USVI Health Commissioner's office, the Substance Abuse Mental Health Services Administration (SAMHSA) Regional Administrator; helping to form a Behavioral Health Coalition of providers and stakeholders; planning and facilitating training to local behavioral health providers; and identifying grant funding opportunities and other resources to sustain and build on the progress made.

The Behavioral Health LNO role is an example of the breath of services that social work

officers can play during disaster response. PHS social work officers, along with their psychologist, psychiatrist and nurse colleagues from several Service Access Teams (SATs) and Mental Health Teams (MHTs) also deployed to USVI immediately following the devastating back-to-back Category 5 hurricanes in September 2017 to provide Mental Health First Aid and Disaster Case Management. The Behavioral Health LNOs built off from the relationships formed during the initial response.

While the Recovery Mission has winded down, the efforts of the Behavioral Health LNOs helped to provide a solid foundation for the USVI behavioral health community to build on and have made a significant impact in the unified joint federal response.



LIFELONG LEARNING

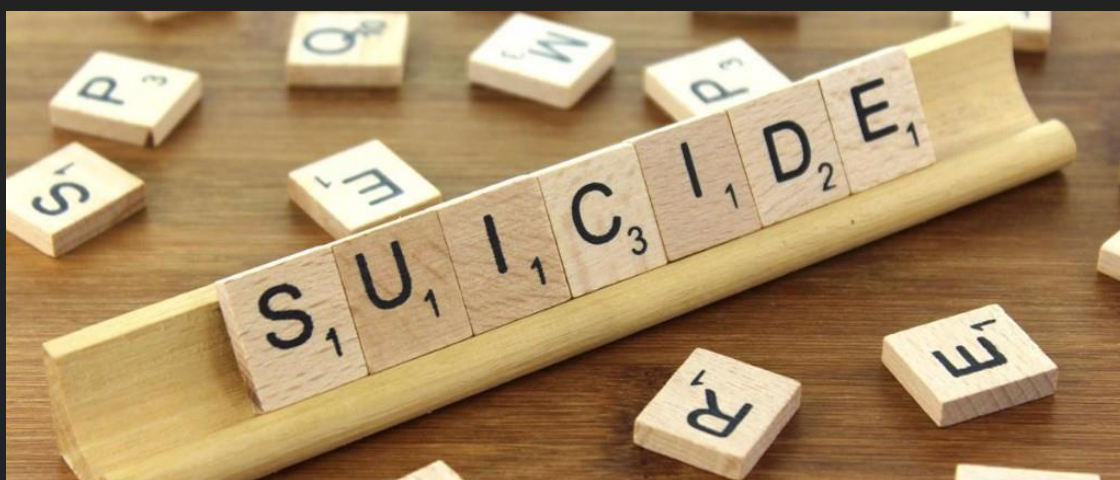


USU

Uniformed Services University

CDP

Center for Deployment Psychology



Suicide Prevention Month approaching in September

Suicide Prevention Website Takeover

During the month of September, the CDP will be observing Suicide Prevention Month and will be using our website to spotlight prevention-focused blogs, resources, and training opportunities. Look for content to be available early next month at our website: www.deploymentpsych.org.

Suicide Prevention Webinar Series

We are happy to announce that next month the second iteration of the Suicide Prevention Webinar Series will be brought to you by CDP with partial CE sponsorship from the Cohen Veterans Network (CVN). All of the webinars will be FREE, and eligible for 1 CE CREDIT. Webinars will begin at 12:00 PM EST, registration is now open:

9/6/18 - [Suicide Survivorship: Applying TAPS best-practice Model to Support Military Families, Veterans, and Clinicians](#) Shauna Springer PhD & Kim Ruocco, MSW.

9/13/18 - [Suicide Prevention for Veterans with Other Than Honorable Discharges](#) Caitlin Thompson, PhD, Rajeev Ramchand, PhD, Dana Montalto, JD, Kristofer Goldsmith.

9/20/18 - [Achieving the Promise of Suicidality Interventions: What do we know and how do we use it](#) Kate Comtois, PhD, MPH.

9/27/18 - [Lethal Means Safety Counseling to Reduce Suicide Risk](#) Megan McCarthy PhD.



The Uniformed Services University (USU) National Center for Disaster Medicine and Public Health (USUHS) is proud to announce a free, eight-hour, online Disaster Health Core Curriculum for All Health Professionals intended for a wide range of health care professionals. The course consists of eleven, 30-minute to one-hour online training lessons covering a variety of disaster health topics such as personal or family preparedness, communication, ethical and legal issues encountered in disasters, and much more. This curriculum is free and designed to be taken in pieces or as a whole to be flexible for our busy healthcare professional learner.

The foundation of this curriculum is the [Core Competencies for Disaster Medicine and Public Health](#).

Accessing the Course: Training curriculum and lessons can be accessed online from [USU website](#).



From the Clinician's Toolbox...

Communicating with Children After a Disaster and/or Traumatic Event

CDR Jamie Seligman, LMSW-C, BCD, SAMHSA, Rockville, MD

Hurricanes, tornadoes, wildfires, earthquakes, mass violence, or acts of terrorism—disasters can happen at any time, but you can help your kids deal with them. While adults focus on preparing for potential threats or trying to restore safety and resume a normal life in the aftermath, kids often try to make sense of what may seem utterly senseless. The trauma of a disaster or other type of emergency can bring up different feelings and emotions; it can also be a teachable moment for children and their families to come together to talk and support each other.

For adults, it's important to recognize the effect that traumatic events can have on mood, stress level, job attendance and performance, and routine. The disruption caused by natural and man-made disasters is common and often difficult to manage. Adults may try to cope with alcohol, by isolating themselves or by exhibiting outbursts of anger, which may be uncharacteristic. Because children often model adult behavior, self-care is especially important. Finding healthful ways to get through difficult, stressful experiences can set the stage for healthy dialogue and support for the whole family.

There are some key tips for parents, teachers and other adults on how to approach the conversation:

- **Talk.** It can be difficult to talk about what's happening but kids need to share what they're feeling, thinking, seeing and hearing. Children need to know there are no bad emotions and that it's normal to have a range of reactions. They may also bring up fears or concerns that are unrelated to the crisis. Staying connected with open communication will provide opportunity for deeper understanding and can help identify a need for extra reassurance and support.
- **Be honest.** While children look to adults for answers, during times of crisis it can be difficult to know what's happening and when. It's important to be honest and open, while being speaking at an age appropriate level
- **Balance with the positive.** While focusing on the loss, grief and distress experienced in times of crisis is normal in the aftermath, it will be beneficial to help children also identify and see the good that is happening around them. Emergency responders, volunteers and others in the community who mobilize are great examples of resilience and strength and can provide a sense of hope and healing.
- **Return to routine.** Getting back to a schedule, in which kids can engage with friends or someone they trust can be very helpful.
- **Limit media exposure.** It's normal to want lots of information during and after a disaster. Staying tuned in to the latest news can help to bring back a sense of control and awareness but it can also be a little overwhelming. For parents, it's especially important to limit exposure and to be present when kids are watching, listening or reading about an event. News coverage can often bring about new questions for children so be prepared to respond accordingly to their age.

- **Reinforce peace and tolerance.** Things can be chaotic during and after a crisis. While the news media or people interviewed may highlight or blame a particular ethnic or cultural group's actions, it is important to keep a peaceful and inclusive perspective with kids. Be sensitive to cultural, ethnic, religious or other experiences, as they can also influence how people respond differently in times of crisis.
- **Make a crisis plan.** Times of disaster or emergency can highlight what people might do differently or better to stay connected, respond together and to feel prepared for the future. Developing a crisis plan for your family gives everyone something to do and participate in and will help you all feel on the same page about each person's role and responsibility. Kids should also be encouraged to discuss their safety concerns and validating their feelings.

Because each stage of a child's development offers new opportunities to learn and process stressful events, it's important to know what's manageable for a child at a specific age. To help, the Substance Abuse and Mental Health Services Administration (SAMHSA) offers age-specific information on how kids respond to trauma and tips on how to talk about what's happening during a crisis. "Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers" is at <http://store.samhsa.gov/product/Tips-for-Talking-With-and-Helping-Children-and-Youth-Cope-After-a-Disaster-or-Traumatic-Event-A-Guide-for-Parents-Caregivers-and-Teachers/SMA12-4732>.

Kids are resilient but some may need a little extra support to navigate through a difficult disaster or crisis. If kids are struggling to sleep, aren't connecting with friends, having a difficult time talking about what they're feeling or have a sudden shift with their grades at school, the trauma of what's happened may require more attention. Seeking assistance from a counselor or mental health professional may be helpful. If you have any questions about additional SAMHSA disaster behavior health resources feel free to contact me at Jamie.seligman@samhsa.hhs.gov.



The above article is adapted from a previous one: **Seligman, J.** (2016) When Disaster Strikes: Helping Kids in the Aftermath. Retrieve from <http://www.napsnet.com/articles/72176.html>

READINESS ROUND-UP



Extra! Extra! Read all about it!!

Height and Weight Guidance has just been released!!

Submitted by CDR Deloris Caldwell, SWPAG Chair-Elect, LCSW, BCD, ICE Health Service Corps, Washington, DC

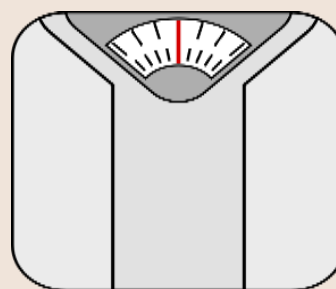
The new height and weight standards have just been released. Please make sure you review these standards carefully. You are expected to have an active duty officer be your testing official and submit the results of your weight/BMI on PHS 7044-1 before midnight Eastern Standard Time on September 30, 2018. An officer is considered to be in compliance if his or her BMI is between 19 Kg/m² to 27.5 kg/m². If the officer's BMI is outside these permissible ranges (under 19 Kg/m² or over 27.5 kg/m²) the officer must complete the measurements procedures as required in the CCI 241.01 to calculate estimated percentage of fat. Please review this link for further details:

https://dcp.psc.gov/ccmis/ccis/documents/POM18_001.pdf.

The new PHS 7044-1 is to be used for recording your height and weight. PHS 7044-1 can be found at:

https://dcp.psc.gov/ccmis/PDF_docs/PHS-7044-1.pdf

Failure to submit the required information by the deadline will result your not meeting basic readiness, which can impact you significantly especially if you are up for promotion.



Please submit articles for future publications of the SWAG Newsletter:

CAPT Julie Niven, Chair, SWPAG Communication Subcommittee, Julie.niven@ihs.gov

LCDR Lorener Brayboy, Co-Chair, SWPAG Communication Subcommittee, LBrayboy@hrsa.gov

CDR Jenny McCorkle, SWPAG Newsletter Story Producer/Writer, Jenny.McCorkle@ihs.gov



Upcoming Issue Themes:

September/October: *COER*

Deadline for submission of articles: 8 October

November/December: *Holiday Season/Promotion/Year in Review*

Deadline for submission of articles: 10 December

