





SWPAG NEWSLETTER

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IUNE 2016

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News letter created by Communications Committee:

LCDR Peglowski

HHS Agencies Celebrate Social Work Month Joint Agency Social Work Mentoring/Meet-and-Greet Event By LCDR Holly Berilla



In the winter of 2016, five HHS Agencies (SAMHSA, HRSA, IHS, AHRQ, and PSC) relocated to a renovated federal building in Rockville, MD. Having these Agencies in such close proximity has provided the convenience of networking and increased collaboration. The five Agencies employ numerous social work civilians and Corps officers, alike.

In an attempt to promote networking and mentoring/ learning opportunities among social workers in the building, two HRSA social workers, LCDR Monique Richards and Molly Wirick (civ), coordinated and sponsored a cross-Agency Social Work Month celebratory event, held on March 24. The purpose of the event was to promote and inform the social work profession while fostering an opportunity for social workers to network and discuss how their social work training informs their work.

The event included an interactive discussion and a panel presentation of social workers, including Heather Hauck (HRSA, HIV/AIDS Bureau Deputy Director), CAPT Wanda Finch (SAMHSA), LCDR Holly Berilla (HRSA), LCDR Bethany Parrish (HRSA) and Patrick Weld (IHS). The topics discussed were relevant to career development, current career role and path, training/mentoring resources, and a discussion of future networking and sharing opportunities. Thirty-five civilian and PHS social workers from across the Agencies attended and added to an enriching dialogue. Future plans for additional social work mentoring/meet-and-greet events are underway!



According to LCDR Richards, securing panelists across the Agencies was not problematic due to the proximity of the Agencies and the ability to reach former social work colleagues outside of HRSA.

The SW PAG Mentoring Subcommittee provides support to social work mentoring/meet-and-greet events through regionally based points of contact (POCs). POCs are being sought to fill vacancies in HHS Regions 2 and 5. If you are interested in learning more about SW Mentoring/Meet-and-Greet events or in volunteering as a POC, please contact or CDR Jerald Mahlau-Heinert (Jerald.L.Mahlau-Heinert@uscg.mil) or CDR Marivic Fields

from the SWPAG Chair



Greetings SWPAG Leaders,

Myself and our executive membership committee members are extremely grateful and blessed to have the opportunity to serve with you during times of great change in the USPHS and the HS PAC. We have the pleasure of working with many of you on groundbreaking initiatives to including establishing a new SWPAG CAD Review Team and rolling out our first-ever voting membership. The SWPAG CAD Review team vetted 81 applications and I cannot thank all of our leaders and volunteers for the hard dedication and work that has been put into supporting PHS HQ. I also want to thank the social workers who assisted with screening potential applicants at PHS HQ. We cannot thank our HS PAC leadership CPO, CAPT Jeanean Willis-Marsh and PAC Chair, CDR Bobby Rasulnia for their leadership and support of the SWPAG. Stay tuned for the roll out of the new organizational structure and bylaws of all of the PAGs under the HS PAC. This is great news as this will allow for additional leadership roles within the SWPAG. I would be remised to thank all of the senior social work leaders who advise me daily. We look forward to continuing our progress with advancing the SWPAG and to protect, promote, and advance the health and safety of our Nation. Thanks for all you do every day!

Many blessings, CDR Malaysia H. Gresham 2016 SWPAG Chair

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Flint Michigan Deployment: A Summary LCDR Tricia Booker, LCSW

Flint, Michigan was once a prosperous town. It was nicknamed "the Vehicle City" due being a major hub for many American automotive companies, like Buick, General Motors and Chevrolet. These companies all once called Flint their home. One by one, as the automobile companies left, the once great city became a city in turmoil. Unemployment is high and many residents use government programs, like Medicaid. Statistics show that median income for Flint is \$23,000 per year, while the state of Michigan averages around \$48,000. Currently, the median home value in Flint, MI is just \$29,000. Meanwhile, the crime rate soared and Flint regularly topped lists of one on American's



most dangerous cities (http://www.city-data.com/city/Flint-Michigan.html). This city was struggling, and then they find that the water supply is poisoned. Now, this struggling city is a time bomb.

In 2014, the state decided to temporarily switch Flints' water source form Lake Huron to the Flint River. This was a cost saving measure. Prior to the switch, the Flint River had a reputation of being dirty. After the switch, the residents started to complain about the quality of their water, which it looked, smelled and tasted funny. Residents' complaints were dismissed. Later, it was found, that the water was highly corrosive and that the state had failed to treat the water, in accordance to federal law. By this time, the water service lines had been corroded and leached into

the water of the city's homes. Lead exposure is dangerous for anyone. Symptoms of exposure include skin lesions, hair loss, memory problems, and anxiety/depression. Research shows that lead exposure can affect a developing child's IQ, resulting in learning disabilities. A local pediatrician, Dr. Mona Hanna-Attishia found that the lead levels in toddlers had doubled, and in some case tripled, since the water source was switched. As Dr. Hanna-Attishia made her finding public, the county declared a public health emergency.

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2016 Meeting Schedule

Bi-Monthly 3rd Friday of the month Meeting time: 1300 EST

Next Meeting: August 19, 2016

For more information about visit our new PAG website,

SWPAG website

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Community Involvement

LCDR Monique Worrell

On Sunday, May 29, 2016 approximately six junior Public Health Officers (3 HSOs, 1 Nurse and 2 Pharmacists) served DC residents through the interfaith, community based organization, So Others May Eat SOME (SOME). SOME exists to help the poor and homeless in the nation's capital and strives to meet the immediate daily needs of people with food, clothing and healthcare.

SOME helps break the cycle of homelessness by offering services, such as affordable housing, job training, addiction treatment, and counseling, to the poor, the elderly, and individuals with mental illness. One of the emergency programs of SOME involves serving a hot breakfast and lunch to hungry men,

women, and children in their main dining room every day of the year. The six junior PHS officers helped to prepare and serve breakfast for the homeless and sorted and organized clothes in the organizations clothing closet. The experiencing was rewarding and embodied USPHS core values of: leadership, service, integrity and excellence. The volunteer opportunity was organized by the Junior Officer Advisory Group (JOAG) Public Health and Community Service Committee. Other opportunities to serve alongside SOME staff will be organized through JOAG. To learn more about these opportunities, join the Public Health and Community Service Subcommittees monthly call, more details can be found below:

The Public Health and Community Service Committee meets the 2nd Tuesday of every other month from 1130-1230 EST.

Call in Information: Number: 712-432-0111 Passcode: 605726#

SW PAG MENTORING SUBCOMMITTEE The Importance of Mentoring Relationships for Social Work Officers

LCDR Holly Berilla

Whether officers are new to the PHS Corps or have been serving for some time, many find mentoring to be a beneficial tool at various career stages. New CADs may need guidance to establish themselves as an officer in their work center and in learning the culture of the PHS Corps. Established officers may seek mentoring to help guide a change in career path, to work toward exceeding career benchmarks, to prepare for promotion, etc. Regardless, a mentoring relationship can serve as an essential resource to support one's career success.

Mentor, **defined**.... The term 'Mentor' originated in Greece and was the name of Odysseus's friend and advisor in the "Odyssey." Other characterizations of "mentor" include a wise and trusted counselor or teacher and an influential senior sponsor or supporter.

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The Other Silent Victims

LCDR LaMar Henderson, LISW, BCD

Raped! Victimized! Traumatized! Now close your eyes and repeat those three words for 10 seconds. What are the initial images that come to mind? Are they of a woman/girl? Did you think of men/boys as victims? How far down on the list did it take for men/boys to become a category? If it took you a while, you're not that different from a large part of society. Men/boys are typically not thought of as victims, unless it through a physical assault like a fist fight.

The ability and environment for woman to use the title "victim" is much safer than it is for a man. This is not to say that woman relish in this challenging category; yet, it is merely to point out that their gender, sexuality, and emotional strength is not compromised by them disclosing trauma, especially a sexual violation. According to childtrauma.org, in the U.S., one out of five males have been victims of sexual abuse before the age of 18 years. And according to the American Academy of Experts in Traumatic Stress (AAETS), 30% of all male children are molested in some way. In both of the above figures, a strong footnote of under reporting has been acknowledged.

One has to wonder what happens when these boys grow into men having never reported and/or received treatment for their trauma. Studies have shown that unreported/ shamed male victims typically experience:

Emotional Disorders

Men and boys who have been sexually assaulted are more likely to suffer from PTSD, anxiety disorders, and depression than those who have never been abused sexually.

Substance Abuse

Men who have been sexually assaulted have a high incidence of alcohol and drug use. For example, the probability for alcohol problems in adulthood is about 80% for men who have experienced sexual abuse, as compared to 11% for men who have never been sexually abused.

Risk Taking Behavior

Exposure to sexual trauma can lead to risk-taking behavior during adolescence, such as running away and other delinquent behaviors. Having been sexually assaulted also makes boys more likely to engage in behaviors that put them at risk for contracting HIV [hypersexualized] (such as having sex without using condoms). Consequently, it is never too early to begin making a safe space for men/boys to acknowledge their victimization. Along with therapists, we as a society must assist men in seeing the connection between hyper/hypomasculine, aggression, and self-destructive behavior. Moreover, we must work effortlessly to reduce the stigmatization and demasculization of males who display the courage to express their victimization. It is through these acts that we can give men their full voice.

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Managing Bullying in the Workplace

CDR Julie A. Niven, LCSW

Not being acknowledged or spoken to, smiled at (when smiling and greeting one another is the norm), or being saved a seat at a table where all other members of your team have been saved seats – these are all examples of direct (active) and indirect (passive) workplace bullying. Sadly, bullying behavior does not end when we leave grammar school. Some statistics show that up to 50% of U.S. workers have experienced bullying in the workplace. Though there are many reasons why bullying occurs, rather than deliberate on the specific motivations of the bully, I would like to discuss a few external and internal ways to manage workplace bullying behavior.

External Ways to Manage Bullying

One of the healthiest ways to manage workplace bullying is to direct your energies towards co-workers who show a genuine interest in you. Building a positive support network in your place of employment helps buffer whatever negativity might be thrown at you during the workday. We must realize we cannot change others and that some of our colleagues will never be fond of us no matter how many times we extend ourselves in an effort at friendship. Avoid using the support network you build at work to perseverate about the bully. Talking about the problem with your co-workers doesn't normally make things better and can sometimes makes things worse.

To manage the emotional stress of workplace bullying, it is essential to have a life *outside of work*. Active involvement in secular and non-secular non-work activities insulates us from a cold shoulder we might encounter at work. Build fun into your life through hobbies, volunteer work, spending time with friends and family, or whatever passion invigorates you.

The Employee Assistance Program (EAP) is a good resource and an appropriate place to discuss the particulars of your situation and share your feelings in a safe and confidential setting. Your Human Resource department can help you get connected with your EAP if you wish to exercise this option. Your immediate supervisor is also a good resource with whom to discuss your situation.

Internal Ways to Manage Bullying

In recent years, awareness has grown regarding emotional intelligence (EI). High EI is key to managing various types of difficulties in the workplace as well as in our personal lives. Studies have shown that individuals with high EI are more successful overall than individuals who possess high IQs, but low EI.

Daniel Goleman in his book, <u>Emotional Intelligence</u>, defines the five components of EI as: Self-Awareness, Self-Regulation, Motivation, Empathy, and Social Skills. Bradberry and Greaves in their book <u>Emotional Intelligence 2.0</u> define EI as Personal Competence and Social Competence which involves awareness of self and awareness of others.

Cognitive behavior therapy (CBT) is an extremely useful tool to manage emotions. One of the core principles of CBT is the technique of challenging one's thoughts. Bullying behavior breaks victims down psychologically. This denigration can be effectively diluted by simply asking oneself if some action has been committed to warrant the resulting treatment. Stop and question yourself! If nothing has been done to deserve maltreatment, then realize that others may be trying to create problems for you. Externalize the situation! The situation is not always personal. Acknowledge within yourself the relationships in your life that are mutually respectful as well as all the things you are having success with in your life.

2016 Promotions

The SWPAG would like to take a moment to recognize our fellow officers who were recently promoted. It is with great pride that we share this information.



Stacy Evans
Thomas Hochberg
Todd Lennon
Julie Niven
Jaqueline Rodriguez
Dale Thompson
Jerald Mahlau-Heinert

To O-5:

Holly Berilla
Tricia Booker
Marion Collins
Sarah Garrett
Lamar Henderson
Anthony Johnson
Joel Nelson
Christine Nemetti
Evelyn Pleasanton
Dana Varkis

To O-4:

Maraiah Lombardo Marvin Mitchell Loquita Roberts Robert Van Meir





Continued: Flint Michigan Deployment: A Summary LCDR Tricia Booker

This was not your typical PHS deployment. There was not a major event, like a hurricane or a tornado. This was city on the brink of collapse, and then the water crisis, due to failures at multiple governmental levels, caused a huge upheaval. Upon our arrival, there was a still lot of blaming and mistrust, a lot of Flint residents felt betrayed; no longer trusting the county and state guidance and information. Needless to say, tensions and stress levels were high among the residents, as well as, the first responders. The city had established water resource sites, to pick up bottled water and water filters, and lead level testing was requested among all children under the age of 6. The community rallied together to get information out to its residents, multiple blood testing events were established, volunteers worked countless hours and donations of water came in from all over the country. Despite all this work, the city was stuck in crisis mode.

As part of MHT-2, a total of 8 officers were deployed over a 4 week span. We partnered with state and local partners to include, American Red Cross, local mental health agencies, county health department, universities, school system, faith base communities and grass roots agencies and, as collective group, developed four behavioral health goals. These goals were identified as to develop long range behavioral health planning and data collection; provide psychological first aid training to first responders and community members and stress management and force health protection to the front line workers. In my rotation, our main objective was to get the established goals in action by setting up workgroup with the various local partners to create and achieve sustainable plans. The team also provided psychological first aid and stress management trainings to various community agencies.

When I arrived in Flint, I came burdened with the information presented above, a crime ridden decaying city in turmoil. However, when I left, I was impressed with the community resilience and willingness to work together to create a better place to live. Throughout my time, I was continuously surprised at all the positive aspects of Flint, a thriving downtown, the local resources already established and working, the beautiful architecture of its homes and buildings, and the pride and passion of its residents. I left feeling optimistic that this city will overcome and become great again.



Sign posted above the water fountain at the local mental health



The MHT-2 Deployment team meeting Retired NBA player Rasheed Wallace

Continued: SWPAG Mentoring By LCDR Holly Berilla

Benefits of mentoring: According to the HHS mentoring program, an effective mentoring relationship helps mentees adjust to and succeed in their position. It is also stated that when communication and commitment are established between employees and the organization, reports of employee dissatisfaction and turnover may decline. Furthermore, serving as a mentor produces leadership and communication skills and fosters personal and professional growth.

Why is mentoring important for social workers? Social workers are fortunate to have diverse career options ranging from direct, clinical practice to macro practice. Sometimes, the choices are overwhelming; thus, social workers can benefit from mentoring to make career decisions and respond to related challenges (from program funding issues to shifting of practice requirements, etc.). According to the National Association of Social Workers, social work mentors are equipped with an understanding of our diverse career field and various career options. They are able to provide support in making career choices, have an understanding of practice specialization opportunities and insight regarding career transition options in the field – including direct practice, administration, education, policy, research, and community organizing. (http://careers.socialworkers.org/documents/Mentoring.pdf)

Obtaining a PHS Corps social work mentor is especially helpful to those considering a switch from direct practice to macro-level duties. A social work officer generally possesses a unique combination of skills as well as an understanding of professional, career, and promotional requirements and can aid mentees in navigating the Corps, understanding how one 'fits into' various civilian and military based agencies and in maximizing an officer's effectiveness in across complex work environments.

Additionally, a mentor can help one to maintain a fulfilling career and in identifying professional development needs and requirements to meet benchmarks and professional goals.

To learn more about PHS Corps Health Services Officer mentoring or to link with the HSO mentoring database, visit http://mentor.usphs-hso.org/. Also, the SW PAG Mentoring Subcommittee is available to answer questions or aid in becoming or securing a mentor.

Readiness Quick Tips-Summer 2016:

Brought to you by SWPAG-Readiness Subcommittee

Are you interested in joining a response team but you're not too sure what they are or which one is a good fit for you? Response teams are often recruiting for additional members and remember we're not limited to a Mental Health Team. If you are skilled or just interested in planning, foreign languages, logistics, responding to urgent health needs or in providing resources and assistance to State, Tribal and local health authorities throughout the US, you may be an asset to one of the many response teams.

ReDDOG has a list of teams providing additional information regarding each team. You may review them at https://dcp.psc.gov/ccmis/ReDDOG/REDDOG_current_teams_m.aspx or call 1-301-443-3859 for more information.

*Remember, you have to be basic ready and have supervisor approval to join a team.

Social Work Month 2016

Social workers are faced with challenging issues each day as we seek to serve individuals, families, communities and society. Some of the hallmarks of our profession are innovation, problem solving and perseverance in the face of challenges. In honor of the hard work and sacrifice demonstrated by social workers

on a daily basis, the Social Work Professional Advisory Group (SWPAG) decided to hold an event to celebrate social work month and offer continuing education units to social workers in the Washington D.C, Maryland, and Virginia area. Additionally, an event was held in Fort Bragg, North Carolina to celebrate the work of United States Public Health Service Commissioned Corp Social Workers.

On March 30, 2016, SWPAG collaborated with George Mason University Department of Social Work to hold Forging Solutions out of Challenges: A Social Work Symposium, in honor of Social Work Month. The event was held at Fellowship hall at Fairfax Presbyterian Church, and was highly attended by social workers, students, and academia. Rear Admiral Peter J. Delany and Paolo Delvecchio from the Substance Abuse Mental Health Services Administration (SAMHSA) Director of the Center for Mental Health Services were both featured speakers.

The following topics were topics discussed at the symposium:
Grand Challenges For Social Work: A Social Agenda
Health Care Delivery Through the Affordable Care Act
Using Apps to Support Recovery
Disproportionality in Child Welfare
Inter-professional and Collaborative Practice



In addition, the event was attended by our newly appointed Health Services Officer Chief Professional Officer, CAPT Jeanean Willis-Marsh. As we continue to carry the torch for social workers we hope you all will consider serving as a site to celebrate and promote the work of social workers in 2017.



A special thanks to Thomas Prohaska (Dean, College of Health and Human Services), Dr. Molly Davis (GMU), Rear Admiral Peter J. Delany, CDR Sonja Howard, CDR Aimee Williams, CDR Malaysia Gresham, LCDR Karri Harris, LCDR Stephanie Felder, and Paolo Delvecchio (SAMHSA) for support of this endeavor.

Continued: Managing Bullying in the Workplace By; CDR Julie Niven, LCSW

Another useful technique of CBT is recognizing that thoughts precede moods. Sometimes our thoughts are so automatic that we don't recognize that they contribute so intricately in a negative mood. Workplace bullying can degrade self-esteem if the message the bullying is trying to send begins to be believed. Check your thoughts about yourself and actively practice realistic positive thinking to counter negative messages and maintain a healthy mood.

These include Daniel Goleman's <u>Emotional Intelligence</u> and Bradberry and Greaves' <u>Emotional Intelligence</u> <u>2.0.</u> A quick online self-assessment from the Institute of Health and Human Potential can be found at http://www.ihhp.com/free-eq-quiz/. For a more detailed self-assessment, check out the 10 page Emotional Intelligence Self-Assessment from Linac Limited, a learning and development company found at http://www.linac.co.uk/images/PDFs/PersonalDownloads/EI_SelfAssessment.pdf.



