



USPHS

Social Work Professional Advisory Group Newsletter

Chair's Corner

Dear Fellow SWPAG Officers,

I am so delighted to be your SWPAG Chair this year and Happy



National Social Work Month! I would like to once again extend a congratulations to our new SWPAG Chair-elect CDR Tricia Booker and to give a special thank you and congratulations to LT Dierdra Oretade-Branch for agreeing to be our executive secretary again this year. Thank you also to CDR Indira Harris for agreeing to be our senior advisor. I am looking forward to working closely with all of you this year.

Last year CDR Indira Harris' theme was *The Time is Now*, which is a perfect segway to my theme for this year, which is ***Rising to the Top***. I chose this theme because I felt it nicely aligned with this year's National Social Work Month theme, *Elevate*. I also feel that we as social workers are *rising to the top* as we continue to help underserved communities and vulnerable populations while working in our respective agencies and on deployments. So, the *time is now* that we continue to *rise to the top, elevate*, and promote ourselves as one of the most highly skilled, versatile, and valuable professionals in the world.

SWPAG Executive Committee

- Chair: CDR Deloris Caldwell
- Chair-Elect: CDR Tricia Booker
- Exec. Sec.: LT Dierdra Oretade-Branch
- Senior Advisor: CDR Indira Harris

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Regarding our new initiatives this year, the PAG will be working in collaboration with the Black Commissioned Officer Association Group (BCOAG) on addressing the high suicide rates among African American's ages 18- 25. The community stakeholder's subgroup will be taking the lead on the planning and implementation of this initiative. The second significant initiative is our bi-monthly self-care sessions for all PHS social work officers. I felt this initiative was very important to implement because we often forget the importance of first taking care of ourselves before we can effectively take care of others. These trainings will provide the necessary information and tools to help officers take better care for themselves. CDR Holly Berilla has graciously accepted the lead for this initiative. CDR Angela Richardson facilitated our first outstanding session January 31st on "Compassion Fatigue." The second training session, on "Financial Health and Wellness," March 14th, was co-facilitated by Susan Witter, a field consultant with Federal Occupational Health and myself. This session provided officers with information and resources on the importance of becoming financially healthy and how EAP can help if anyone is experiencing financial problems.

The third significant initiative the PAG is undertaking is to create flyers and brochures for recruitment and marketing purposes. LCDR Robert Van Meir and his subgroup have taken the lead on this initiative. These are the three new primary initiatives. I would like to extend a special thank you to all the leads for these initiatives. Of course, we will continue our ongoing projects with the Asian Pacific Association Committee, George Mason University for social work month, CEU trainings, meet-and-greet socials, Homeless Veterans activities and many others.

So, as you can see, we have some very exciting initiatives this year and I would also like to say thank you to all the subgroups for their exceptional and hard work on initiatives that continue to strengthen the SWPAG. If anyone is interested in participating in any of these initiatives or joining a subgroup, please feel free to reach out to any of the subgroup chairs/co-chairs or me. Lastly, in honor of National Social Work Month, I leave you with this very inspirational quote by Dr. Martin Luther King Jr.. *"Not everybody can be famous, but everybody can be great because greatness is determined by service... You only need a heart full of grace and a soul generated by love."* **Happy National Social Work Month!**

*Sincerely yours,
CDR Deloris Caldwell*



MESSAGE FROM YOUR COMMUNICATIONS CHAIR

Hello SWPAG! With this first issue of 2019, I am pleased to roll out the redesigned SWPAG newsletter. Please let me hear from you regarding the changes along with any new ideas for future issues. This first issue is devoted to introducing this year's leadership teams with the goal to help foster a greater sense of relationship among us all. Our second quarterly issue will focus on the winners of the Junior and Senior USPHS Social Worker of the Year award and 2019 Promotions. The deadline for submission of articles for the second quarter issue is 17 June 2019. Please send **any and all articles** you believe would be of interest to your colleagues. I look forward to hearing from you and receiving your submissions. Thank you!

*Respectfully,
CAPT Julie Niven*

NEWSLETTER FEATURE ARTICLES

Meet CDR Deloris Caldwell, SWPAG Chair



CDR Deloris Caldwell is originally from Jacksonville, AR. Currently, she is enrolled in the Doctor of Health Sciences program and expect to graduate in 2019. She has worked the last six years as a Behavioral Health Clinical Consultant for the ICE Health Service Corps Headquarters Behavioral Health Unit in Washington DC. She has been commissioned in the

USPHS over 14 years ago. In her current assignment, she provides oversight, guidance, case coordination and consultation to mental health providers assigned to ICE detention facilities primarily in the western region of the United States. She also provide guidance and consultation to other key ICE components such as Enforcement and Removal Operations, Office of Detention Policy and Planning, Custody Management and Office of Principal Legal Advisor as it relates to the mental health status and disposition of detainees with serious mental illnesses. Prior to her current role with ICE, she worked as a senior social work consultant with Health Resource and Service Administration (HRSA) for eight years. During her time with HRSA, she was assigned to underserved community health centers providing direct mental health services and consultations to disadvantaged populations in both Detroit, MI and New Orleans, LA. In addition, she is a Health Service Officer (HSO) mentor, member of SAT team 5, and member of the HSO Career and Guidance Team.. She has a great interest in self-care as it pertains to mindfulness and other relaxation techniques.



Meet CDR Tricia Brooker, Chair-Elect and Readiness Subgroup Chair and her Team



CDR Tricia Brooker is a licensed clinical social worker and Board Certified Diplomate. CDR Brooker has been with the USPHS since 2010 and is currently stationed at Fort Bragg, NC. Professionally, she serves as an Officer in Charge for an Embedded Behavioral Health clinic, consults with command, supervises a clinic staff, works with active duty soldiers on a variety of behavioral health issues and is the deployment health subject matter expert for Fort Bragg. She was recently elected SWPAG Chair Elect for 2020 and is the current SWPAG Readiness Committee Chair. CDR Brooker's vision for the SWPAG will focus on Readiness, Awareness and Community Service. Due to the USPHS leadership's high priority on readiness, CDR Brooker will work to ensure social workers are in compliance with readiness standards, with the overall goal to improve the Social Worker's value and worth within USPHS by moving social workers front and center in participating and leading community service, continuing education opportunities and awards. CDR Brooker is the deputy team lead for Mental Health Team 2 and has deployed to help mitigate the problems caused by the Flint Water Crisis and Hurricane Sandy. As a graduate of UNC-Chapel Hill, her clinical expertise includes working with children, families and adults. In her spare time, CDR Brooker enjoys spending time with her family, reading, going to the beach, and watching sports. **LCDR Kari Harris, Co-Chair**, began her PHS career in Dover, DE (DOD) and later worked for Indian Health Services (IHS) in Sacaton, AZ. She is currently stationed at the BOP at FCC Victorville in Victorville, CA and is working as a Senior Clinical Social Worker. LCDR Harris was commissioned in the Public Health Service in October 2010. In 2018, she served as the president of the SO CAL COA Chapter, served as the Chair of the AMSUS JSSW Panel, and currently serves as the Co-Chair of the SWPAG. LCDR Harris is an active member of Mental Health Team 3 deployment team. She loves to spend time with her family. She also enjoys spending time horseback riding and traveling.



Meet LT Dierdra Oretade-Branch, Executive Secretary



LT Dierdra Oretade-Branch accepted her second term as SWPAG Executive Secretary this year. LT Oretade-Branch has been a clinical social worker for the past eight years and is presently detailed to the Federal Bureau of Prisons at the Federal Medical Center in Butner North Carolina. She has clinical experience within the field of Mental Health, Substance Abuse, Forensic Social Work, and Medical Social Work. As the SWPAG Executive Secretary her goal is to continue to efficiently assist the Chair and Chair-elect in fulfilling their respective duties through timely communication, accurate record keeping, and proficient maintenance of all official documents in order to advance the mission of the SWPAG in coordination with the HSPAC.

Meet CDR Indira Harris, Senior Advisor



Commander Indira Harris is a USPHS officer, licensed clinical social worker, and Board Certified Diplomate, with over 17 years clinical, management, and leadership experience in various local and state behavioral health settings. Initially upon commissioning, CDR Harris served at Fort Bragg Womack Army Medical Center as a Deployment Care Management Supervisor and Officer-in-Charge of Fort Bragg's 1st Embedded Behavioral Health Clinic. Her next duty station was with SAMHSA as a Public Health Advisor for the National Child Traumatic Stress Initiative. She then transitioned to the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau in Rockville, MD, where she served as a Public Health Analyst. Currently, she is detailed to the U.S. Immigration and Customs Enforcement's Health Service Corps (IHSC) as Chief of the Behavioral Health Unit. In her current role, she acts as the national mental health authority for ICE and its 23 IHSC detention facilities, and provides behavioral health consultation to other entities within the agency.



Meet CAPT Julie Niven, Communications Subgroup Chair and her Team



CAPT Julie A. Niven began her career in social work in 1998 and was commissioned in 2002. She has worked in outpatient, inpatient, ambulatory care, in the Alaska bush villages and as an embedded behavioral health clinician with IHS, DHS, BOP, and DoD. She

specializes in mental health clinical care and leads through the creation of resources where none previously existed. **LCDR Lorener Brayboy, Co-Chair**, currently serves as a Public Health Analyst/Project Officer for the Area Health Education Center Program, a diversity health workforce program within the Division of Health Careers and Financial Support at the Health Resources and Services Administration (HRSA). Prior to joining HRSA, Lcdr Brayboy served as a Mental Health Coordinator for the Eastern Region within the Behavioral Health Unit of ICE Health Service Corps in Washington, D.C. Lcdr Brayboy recently completed coursework towards a Doctorate Degree in Health Science.

Meet CDR Kymberly Spady-Grove, Awards Subgroup Chair and her Team



CDR Spady-Grove, originally from Virginia Beach, Virginia, has demonstrated exceptional leadership and commitment to excellence throughout her combined 20 years of active duty service in the US Public Health Service and US Navy Reserves. She currently serves as an Assistant Health Services Administrator for ICE Health Service Corps at Eloy Detention Center in Eloy, AZ and has taken on the additional roles Mental Health Consultant, Medical Grievance Officer, Prison Rape Elimination Act Coordinator, and Victim Advocate. **CDR**

Shumaker, Co-Chair, has accomplished seven TDY rotations to IHSC detention facilities due to critical staff shortages since 2016. He aided in Hurricane Harvey relief efforts to deliver food to seniors impacted in the Central Texas area and led fundraising efforts for HIV impacted individuals and families.



Meet LT Jamillah Bynum, Stakeholder & Community Engagement Subgroup Chair and her Team



LT Jamillah Bynum, MSW, LCSW, BCD is stationed at the National Institutes of Health (NIH) where she provides a full range of screening, assessment, diagnostic, treatment, and consultative services to Clinical Center patients, families, and staff. She currently serves as the Chair of the DCCOA. She recently took part in the 2019 Winterhaven Homeless Veterans Stand Down Event and Secretary of the NIH Public Health Service Social Subcommittee. **CDR M. Sony Fermín, Co-Chair**, is the Acting Chief for the Healthy Start East Branch in the Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services where she provides strategic leadership and day-to-day management for the National Healthy Start program and programmatic guidance to grantees under the Federal Healthy Start Program.

Meet LCDR Monique Richards, Training, Education and Mentorship Subgroup Chair and her Team



LCDR Monique Richards is currently a Senior Public Health Analyst within the Division of Healthy Start and Perinatal Services at the Health Resources and Services Administration's Maternal and Child Health Bureau. There LCDR Richards oversees a Healthy Start grant portfolio to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. LCDR Richards, a member of Service Access Team 5, deployed to Federal Coordinating Centers located in Atlanta and Shreveport where she provided care coordination and case management services to evacuees from St Thomas and St Croix during the Hurricane Maria and Irma relief efforts. LCDR Richards is very excited to Chair SWPAG's Training, Education and Mentoring Subgroup, with the support of **CDR Kimberley Jones** and **LCDR Monique Worrell** serving as **Co-Chairs!** Together, we strive to facilitate events and activities that will inform and support social work officers at large! If you're interested in joining the Training, Education and Mentorship Subgroup, please contact LCDR Monique Richards at mrichards@hrsa.gov.



Meet LCDR Allah-Fard Sharrieff, Data & Evaluation Subgroup Chair and his Team

Unfortunately, there was no submission received from this subgroup.

Meet CDR William Bolduc, Policy Subgroup Chair and his Team



CDR Bill Bolduc has been an active member of the SWPAG for five years, serving in the Policy and Recruitment and Retention Subgroups. CDR Bolduc is also active in the HSPAC, and is currently serving as Co-Chair of the Career Progression Resources Team of the Career Development Subcommittee. CDR Bolduc is a founding member of Operations Corps Strong and is the Mental Health Team#4 Team Commander. He currently serves as the Program Operations Branch Chief for Social Services Block Grant at Administration for Children & Families. Prior to this, he served as

Senior Monitor for the Mental Health Block Grant at SAMHSA, an Operations Officer at ASPR, Chief of Behavioral Health Services at Womack Army Medical Center's Emergency Department and Director of Training for the Fort Bragg Social Work Internship Program. **CDR Karen Hearod, SWPAG Policy Subgroup Co-Chair**, is a Regional Administrator at SAMHSA for Region VI. In this role, she provides technical assistance, promotes program development, policy innovation, and encourages system transformation through collaborative initiatives. She has previously served on the HSO Weekly Coordination Team and as the Region VI Social Work Mentoring/Meet and Greet Point of Contact. **LCDR Mark Durham** and **CDR Tina Bryant** are **Team Leads** for the **Appointment Standards subsection of the Policy Subgroup**. LCDR Durham, a former USAF social worker, joined the USPHS in 2011. LCDR Durham has worked in the past in direct patient care for IHS. He is currently stationed at the Carl R. Darnell Army Medical Center in Fort Hood, TX and is the OIC and Behavioral Health Consult Liaison for the Emergency Department. **CDR Bryant**, also a former USAF social worker, commissioned in the USPHS in 2007. She initially provided direct patient care for the Department of Homeland Security/Immigration Health Services for seven years then transferred to HRSA in Rockville, MD where she currently works as a Senior Public Health Analyst.



Meet CDR Dan Stanley, Administrative Management Subgroup Chair and his Team



CDR Dan Stanley was commissioned into the USPHS in 2008. He is currently assigned to the Federal Bureau of Prisons where he serves as the Western Regional Social Worker in Dublin, CA. Prior to taking this position he served seven years as a medical social worker at the U.S. Medical Center for Federal Prisoners in Springfield, MO. His first position with the USPHS was as a Behavioral Health Coordinator with the Department of the Army. CDR Stanley is a licensed clinical social worker, a Board Certified Diplomate and a certified nephrology social worker. **CDR**

Cole Weeks, Co-Chair, serves as a Senior Public Health Analyst with the Health Resources & Services Administration, Bureau of Primary Health Care. **CDR LaMar Henderson, Team Lead for the Membership subgroup**, is currently a Branch Chief in the Division of Community HIV/AIDS Programs (HRSA). **CDR Sheila Houghton-Antonucci, CDR Nancy Mautone-Smith, and CDR Teresa Baptiste, are Co-Team Leads for the Treasurer/Coin Sales.** **CDR Sheila Houghton-Antonucci** is currently the Chief, Department of Social Work, at Walter Reed National Military Medical Center. **CDR Nancy Mautone-Smith** is currently the Deputy Director of HRSA's Office of Women's Health and **CDR Teresa Baptiste** is currently the Chief of Behavioral Health at the Naval Branch Health Clinic in Millington, TX.

Meet LCDR Robert VanMeir, Recruitment and Retention Subgroup Chair and his Team



LCDR Robert E. VanMeir is a Board Certified Diplomate and has completed postgraduate training in psychoanalytic psychotherapy. He has 27 years of experience as a clinical social worker, supervisor, and educator. LCDR VanMeir assisted in the development of the NASW-NC Supervision Certificate Training helping train over 1,000 social workers to become clinical supervisors. LCDR VanMeir was commissioned in 2013 and has served with IHSC and DoD. LCDR Van Meir is on the SAT #2 and

has served on the NASW-NC and Washington-NASW board of directors. **LCDR Tanya Barragan, Co-Chair**, was commissioned in 2008 and started her PHS career with the Division of Immigration Health Services. Today, she works with HRSA providing direct oversight to 43 employees.





Do Evidence-Based Trauma-Focused Interventions Suffice?

by LCDR Robert E. Van Meir, MSW, LCSW, BCD, ICE Health Service Corps, El Paso, TX

Most of the time when we think about trauma, we think of Post Traumatic Stress Disorder (PTSD), but prior to the diagnosis appearing in the Diagnostic and Statistical Manual (DSM), trauma-based symptomology was termed “Nostalgia.” The symptoms of a service member diagnosed with Nostalgia included insomnia, weakness, anxiety, loss of appetite, and heart palpitations. The treatment at the time (1868) was to encourage the patient to become more realistic about war. Later in 1871, Dr. Jacob Mendez Da Costa recommended rest for those suffering from “Soldiers Heart”.

During the first World War, the set of symptoms was renamed “Shell Shock” by Major Thomas Salmon who devised the PIE method of treatment. The PIE method consisted of **P**roximity to the battle, **I**mediacy of treatment, and **E**xpectancy that everyone would return to the fight. The treatment lasted three to ten days after which the service member would be returned to active duty and the front lines of the fight. This method was continued in World War II when psychological tests began to be used in an effort to screen out those that would be prone to a trauma disorder. Unfortunately, the tests did not increase the mental health worker’s ability to screen out individuals who might develop future trauma-related symptoms.

In 1968, during the height of the Vietnam War, the DSM-II was released. This version of the DSM listed no symptoms for “Combat Stress,” so treatment was difficult since the providers had no definitive parameters for their work. Some veterans who were suffering trauma-related symptoms began to self-medicate with drugs and alcohol. PTSD was first added included in the DSM-III in 1980. The diagnosis included exposure to traumatic events (not just war) and could include sexual assault, serious accidents and other forms of trauma.

It has been 39 years since PTSD became a part of the DSM. Since that time, the diagnosis has been studied and written about thousands of times. In 2010, the Department of Veterans Affairs and the Department of Defense published guidelines for treating PTSD. The 56 reviewers gave their strongest recommendations for the use of Prolonged Exposure, Cognitive Processing Therapy, Stress Inoculation Training, and Eye Movement Desensitization and Reprocessing (EMDR). Web-based Cognitive Behavioral Therapy, Dialectical Behavior Therapy and Acceptance and Commitment Therapy did not demonstrate sufficient evidence of efficacy to recommend either for or against these therapies.

In a study by Forbes et al., (2010) a panel of experts in the field of PTSD indicted that the current evidence-based practices were not sufficient to drive most of the above recommendations.



The panel did support the use of the recommended treatments but concluded that these treatments would not resolve the traumatic stress experienced by individuals alone.

What are the other elements that the researchers recommended to improve clinical outcomes for people suffering from trauma? The first is the old tried and true “therapeutic relationship;” - this is Social Work 101 - to start where the patient is and not where we want them to be. It might be tempting to place a patient in a 12-session protocol therapy before they are really invested in the particular form of treatment. This leads us to the second idea: develop a comprehensive clinical assessment of the individual; full biopsychosocial assessment which is another hallmark of social work. Next, have a case formulation - what drives this patient - are there secondary gains to be considered, what level of ego-strength does the patient possess and is he or she ready to do the work? Lastly, an individual treatment plan needs to include goals that include the patient’s input. The therapist can ask the patient, “What are the goals you wish to achieve and do you believe they are realistic?”

Forbes, D., Creamer, M., Bisson, J. I., Cohen, J. A., Crow, B. E., Foa, E. B., . . . Ursano, R. J. (2010). A guide to guidelines for the treatment of PTSD and related conditions. *Journal of Traumatic Stress, 23*(5), 537-552.



CONTINUING EDUCATION OPPORTUNITIES



PsychArmor Institute is a national nonprofit that provides **FREE** Online Education and support to all Americans who work with, live with or care for Military Service Members,

Veterans and their families. Sponsored by TriWest Healthcare Alliance. To access the various courses, a number of which deal with trauma and healing, caregiving, grief, communication, relationships, self-care and volunteering, visit <https://psycharmor.org/>

READINESS TIP

Brought to you by the SWPAG-Readiness Subcommittee



Throughout 2018, we saw many changes within the Commission Corps. Readiness was no exception, and we now have some written guidance that will assist us in our continued compliance. Even if you have been keeping up month by month with these on-going changes – we encourage all our officers to slow down long enough to read the new Readiness Compliance POM. Your official readiness status is now being tracked and has the potential to impact your career beyond deployment opportunities.

Remember, our proactive work towards readiness can help reduce our stress levels during both our daily duties and when the need to deploy arrives. By staying focused, Social Workers will continue to lead the way and be Corps Strong!

Please refer to the following CCMIS pages for full details:

(POM 821.69) - <https://dcp.psc.gov/ccmis/bulletin/Requirements.aspx>

USPHS MERCHANDISE

Please note that Asian Pacific American Officer Committee (APAOC) merchandise will be available for purchase at both the PHS Awareness Day Event @FDA and also Minority Officers Liaison Council (MOLC) booth during the COA Exhibit Hall. For MOLC booth @COA Symposium Event, we highly encourage you to pre-order with CDR Phung to ascertain that we have your items and sizes available for pickup at the event. To purchase APAOC Merchandise, please contact CDR Hai Lien Phung (yvt3@cdc.gov).





2019 USPHS SWPAG Shirt is now on sale!

The Administrative Management Subgroup is proud to announce the t-shirt contest winning design is now available for purchase. Get a great dri-fit shirt for only \$25 while supporting SWPAG! Thanks to CAPT Julie Niven for inspiring this year's design!

Just visit the link below for ordering details:

<https://www.customink.com/fundraising/usphs-social-work-pag>

Questions?

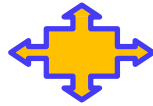
CDR Nancy Mautone-Smith – Nmautone-smith@hrsa.gov

LCDR Sheila Houghton-Antonucci – Sheila.M.Houghton-Antonucci.mil@mail.mil

CDR Dan Stanley – dstanley@bop.gov

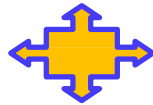


**The Mission of the U.S. Public Health Service
Commissioned Corps is to protect, promote,
and advance the health and safety
of our Nation.**



**For more information about our PAG,
visit the SWPAG website at**

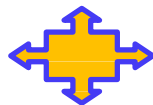
<http://usphs-hso.org/?q=pags/swpag>



SWPAG Subgroup Vacancies

Subgroup Chairs,

*Please send me your vacancies and needs and I will post them in
next quarter's issue.*



SWPAG Meetings

The *SWPAG general body meeting* is held the third Thursday of
each month at 1300 EST

The *SWPAG executive board meeting* is held every second Monday
at 1200 EST.

Watch for emails with agendas and call-in instruction.



Support Your SWPAG!

** Editor's notes **

⇒ *When submitting articles, please include your name, rank, credentials, agency, city and state.*

Please limit word count to no more than 500 words.

⇒ *“Officer” is not always capitalized. According to Webster’s: “capitalize the job title when it comes immediately before the name, in a formal context or in direct address. It is not generally capitalized if it comes after the person’s name, or if there is a “the” before it.”*

Please submit articles for future publication in the SWPAG Newsletter to:

CAPT Julie Niven, Chair, SWPAG Communications Subcommittee, julie.niven@ihs.gov
LCDR Lorener Brayboy, Co-Chair, SWPAG Communications Subcommittee, LBrayboy@hrsa.gov

Upcoming Issue Information:

2nd Quarter 2019: *USPHS Junior and Senior Social Worker of the Year and 2019 Promotions*

Deadline for submission of articles: 17 June 2019, Proposed Publication date: 24 June

3rd Quarter 2019: *COER and Promotion Tips for 2020*

Deadline for submission of articles: 16 Sept 2019, Proposed Publication date: 23 Sept

4th Quarter 2019: *End of the Year Wrap-up and Accomplishments*

Deadline for submission of articles: 9 Dec 2019, Proposed Publication date: 16 Dec

