

## SWPAG E-Newsletter



### **CHAIR'S CORNER**

Mission: Ready, Set, Lead!

Greetings SWPAG! Well, suffice it to say we are over half way through our FY 2017 year. The journey has been a quick, fast ride, but no matter what I still remain honored, in awe, and overjoyed serving as your chair and serving along-side some of the most awesome, dynamic Social Work leaders around. Without the commitment of our S/C Leads, Co-Leads, and "Social Workers on the Move", SWPAG would not be able to reach its full potential. Though we received a tall order from HSPAC, including the restructuring of the organization and the adoption of new Uniform Bylaws, special assignments, , and many other changes and challenges, we continue to forge ahead to completing milestone after milestone of our 2017 goals and establishing new one's along the way.

I want to take this time to give a special shout out to our SWPAG Co-Chair/Chair Elect 2018, CDR Indira Harris; and to our Executive Secretary Extraordinariness, LDCR Marriah Lombardo! The two of you are a joy to work with, and if I haven't said before, I very much appreciate all you do. Also, I must point out a job extremely well done by all of the S/C Leads, Co-Leads, and our dedicated SWPAG members!!! And, here's a special acknowledgement to two officers who have recently been named to leadership roles within the SWPAG.

LCDR Allah-Fard M. Sharrieff, Ph.D., was named as the SWPAG **Data & Evaluation**Chair; LCDR Sharrieff serves as Deputy Chief, Department of Behavioral

Health/Deputy Installation Director of Psychological Health at Carl R.

Darnall Army Medical Center, Ft. Hood, Texas.



LCDR Mark Durham, LCSW was named as the SWPAG **Appointment Standards Chair** and is currently the assigned Licensed Clinical Social Worker in the
Emergency Department at Carl R. Darnall Army Medical Center.

We are delighted to welcome these two stellar officers to their new leadership role so please join the SWPAG in congratulating them as well!



Finally, It is my pleasure to highlight a number of SWPAG accomplishments and/or events (in no particular order):

- First-Ever "First" Voting Session
- Continue Partnership with George Mason University SBIRT Training/Social Work Summit
- Established relationship with District of Columbia University, College of Social Work Social Work Month Training
- ❖ Implementation of 2017 Learning Series where attendees receive 1 FREE Contact Hour
- ❖ 100% of Chair Positions filled on SWPAG Chart
- Updating and Restructuring of SWPAG Welcome Letter
- Updating of SWPAG Website & Roster
- 2017 COA Poster/Podium Presentations & recognized with most members on Category Day
- Planning & Organizing of White Paper
- ❖ Awards S/C Submission of Two (2) SWPAG Awards
- SWPAG Leadership during Wreathes Across America
- The development of SWPAG Welcome Videos
- SWPAG Members serving as presenters on national scale, i.e., The Inter-agency Shared VA/DoD/USPHS Social Work Webinar/NASW-DC Chapter/George Mason University
- Implementation of streamlined Technical Readiness Toolkit
- New Stakeholder & Engagement S/C Community Outreach Projects
- 2nd Year in a row SWPAG high visibility in the Reviewing Process of new Social Work CADs
- Continued Planning, Coordination, and Implementation of Joint Services Social Work Panel -AMSUS 2017
- SWPAG Leadership involvement in DC-COA Veterans and Military Outreach (VMO)

Sure, there are still some things on our collective and individual "to-do" lists, but moving forward we will continue to strive for excellence in that we do. And, always remember to learn something about yourself in every situation, and apt to share that with your fellow Social Workers and PHS colleagues! And in so doing, we will remain Corps Strong!

- CDR Sonjia Howard LISW-CP, BCD

### **SOCIAL WORK IN ACTION**

# SWPAG Welcomes Three New Social Worker Accessions During Officers Basic Course (OBC) 97

By: CDR Carlos Castillo, LCSW, BCD

The Commissioned Officer Training Academy (COTA) of the Commissioned Corps of the Public Health Service graduated three social workers from the Officers Basic Course (OBC) 97 on Friday, August 18, 2017. The graduation took place at the William F. Bolger Center in Potomac, Maryland.

The keynote speaker was Assistant Surgeon General, Rear Admiral Pamela Schweitzer.



Social Workers CDR Carlos Castillo and LCDR Israel Garcia represented the SWPAG at the graduation and met, greeted and welcomed the newly accessed graduates. The new social work officers are Lieutenants Dierdra Oretade-Branch, Shemil Ogilvie, and Jennifer Weekes, who will be working with the Federal Bureau of Prisons (BOP).

These officers expressed their sincere eagerness to begin a new chapter in their lives as USPHS Commissioned Corps Officers.

The Social Work Professional Advisory Group wishes them well and gives them a warm welcome!

In the picture, from left to right are: CDR Carlos Castillo, LT Dierdra Oretade-Branch, LT Shemil Ogilvie, LT Jennifer Weekes, and LCDR Israel Garcia.

### LIFELONG LEARNING

## Continuing Education Resources for Healthcare Integration & Improvement By LCDR Sean Bennett, LCSW, BCD

This month we are highlighting two online resources to obtain training on models of integration and healthy system improvement.

1. The Agency for Health Care and Quality Improvement (AHRQ) offers the TeamSTEPPS train via the Learning Management System. TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals and staff. It includes a comprehensive set of ready-to-use materials and a training

- curriculum to successfully integrate teamwork principles into any health care system. You can either enroll to become a Master Trainer, or simply compete individual modules. In all cases you can earn CE upon successful complete. FMI please click he following link <a href="https://tslms.org/">https://tslms.org/</a>
- 2. The Institute for Healthcare Improvement (IHI) provides access to the IHI's 'Open School' to support you in your quality improvement efforts. The Open School offers essential training and tools in an online, educational community to help you and your team deliver excellent, safe care and to build core skills in improvement, safety, and leadership. The Open School offers more than 30 online courses in quality, safety, leadership, the Triple Aim, and patient-centered care. FMI please click he following link <a href="https://www.ihi.org/layouts/15/ihi/userregistration/userregistration.aspx?displayuserreg=full&ReturnURL=http://app.ihi.org/lmsspa/#/validatePasscode">https://app.ihi.org/lmsspa/#/validatePasscode</a>

Consider signing up today for these professional development opportunities. Hope to see you around in the virtual classroom!

# SOCIAL WORKERS TO SOCIAL WORKERS (SW2SW) Feature Article

### Application of Leadership Theories in Embedded Behavioral Health By LCDR Mark Durham, LCSW, BCD

Many USPHS Officers are tasked with leading EBH clinics in the US Army. This article will detail the interaction of two leadership theories and successful EBH sustainment. The EBH design is a social entrepreneurial concept as the directive for the concept's implementation was published in July 2012; U.S. Army posts have implementing the concept on their installations. Social entrepreneurship is defined as an emergent discipline within the management sciences with the intent to answer social problems with sustainable solutions that create healthier communities (van Wyk, & Adonisi, 2010). Lieutenant General Patricia Horoho, the 43rd Surgeon General and Commanding General of the U.S. Army Medical Command explains, "Army Medicine has the opportunity and even the responsibility to foster a new wave of leadership thinking – thinking borne from a greater purpose" (EBH, 2012, p. 5).

Prior to the EBH program soldiers had to seek treatment from a behavioral health clinic, usually far from their duty station. The EBH concept seeks to develop relationships with the brigade, battalion, and company leadership (EBH, 2012). In order for the EBH program to be successful in the mission of provision of care to these Brigade leaders and stakeholder-soldiers, the clinic leadership should develop and maintain improved relationships with the stakeholders, from brigade leadership to the lower enlisted (Blair, Stanley, & Whitehead, 1992). Proof that the EBH program is social entrepreneurship is that its central and explicit focus is the social mission, instead of monetary profits; the mission of the EBH program is to better serve the soldiers (EBH, 2012), not to make a financial gain (Kaufman, Avgar, & Mirsky, 2007).

A mixture of authentic and team leadership theories applied to an EBH would benefit the clinic in several ways. The clinic morale would improve with the influence of an authentic leader as this type of leadership inspires followership and trustworthiness within the staff (Northouse, 2013). A team leadership theory would allow for the members to independently accomplish tasks and develop their team's competence (Northouse, 2013) as most EBH clinics have educated and experienced staff. These leadership theories would successfully meet the current needs for any U.S. Army EBH clinic.

#### **Authentic Leadership Applied**

U.S. Army Medical Command has established certain values to seek and promote in its mission. These values include duty, selfless service, integrity, loyalty, respect, personal courage and honor (EBH, 2012). Authentic leadership incorporates morality, ethics, an awareness of self and others, and virtue in the importance of others (Nazari, & Emami, 2012; Petit & Bollaert, 2012). Due to the authentic leader being self-aware, the leader's core values direct the leader's actions and the leader's past experiences shape leadership qualities (Dyk, 2009). In regard to the others-focused attribute to authentic leadership theory, a leader that is emotionally intelligent (EI) is able to authentically understand the emotions of others and identify accurately the needs and problems of subordinates (Walter, Cole, & Humphrey, 2011). Leaders with higher El generate and maintain confidence, trust, and cooperation from the staff. A leader with higher EI can inspire commitment, meaning, and identity in subordinates (Walter, et al., 2011). Authentic leaders mold other leaders by validating culturally defined worthiness, moral value, and exemplary conduct, and their effect on the (EBH) team elicits staff members to replicate these attractive attributes (Hannah, et al., 2011). Additional reading and training in authentic leadership theory would benefit the staff as authentic leaders are able to remain ethical via restraint from unethical acts due to moral courage (Hannah, Avolio, & Walumbwa, 2011). Also, training in authentic leadership theory for the staff of an EBH program would improve the staff's self/others awareness, building confidence, and self-efficacy (Shepherd, & Horner, 2010). US Army Medical Command values and authentic leadership theory attributes complement one another in the behavioral health mission.

#### **Team Leadership Applied**

A team leader focuses on networking and advocating (Northouse, 2013). The team lead should have an external focus where partnering occurs (Northouse, 2013). In the EBH model, the behavioral health providers are to partner with the Battalion commanders and Company commanders (EBH, 2012) creating social capital, allowing these community members to be productive and well-connected (Dyk, 2009). This external team leadership focus connects with the leadership of the Brigade, which profoundly enhances the Battalion and Company communities. The quality of life for the soldiers improves when the team leader explains the EBH model to these battalion leaders as access to quality care is more readily available (Dyk, 2009; EBH, 2012). This is easily accomplished as the behavioral health providers are focused on one set of Brigade, Battalion, and Company leaders, because the EBH program is a far forward model that targets early intervention (EBH, 2012; Tonna, Kelly, Crockett, Greig, Buss, Roberts, & Wright, 2009). Strategic planning focused on responsiveness is developed from the information gathered from the

relationships with the Battalion and Company leadership. This contextual strategic plan involves early intervention to improve effective behavioral health for the Brigade's needs and the specific characteristics for the soldiers (EBH, 2012; Tonna et al., 2009). To enhance team leadership theory, research suggests that mentoring be established so the more experienced members of the team can pass on knowledge to the less experienced members (Lester, Hannah, Harms, Vogelgesang, & Avolio, 2011). The development of efficacy and the building of trust within the mentoring programs will benefit the future leadership capabilities (Lester et al., 2011).

#### Conclusion

This scholarly paper has described the EBH model of the U.S. Army Medical Command as a social entrepreneurial organization. A duality of leadership theory, consisting of authentic and team approaches, were detailed as solutions to the leadership needs within an EBH clinic. Team leadership complements the EBH concept, advocating social change and social justice for vulnerable soldiers. When a PHS Officer is tasked with the challenging role of leading an EBH clinic, this articles recommendation is to exercise this duality of leadership to advance their clinic and the Corps.

### **JUST IN TIME**

# <u>Readiness Quick Tips-Summer 2017: 'Semper Paratu', Hurricane Season is Here!</u>

By SWPAG-Readiness Subcommittee

Having a "Go Bag" prepared is always important. However, during this time of year we recommend refreshing and inventorying your "Go Bag". So, dust off your bag and make sure you haven't left anything out!

Refer to the Essentials on the readiness page for full details ::

https://dcp.psc.gov/ccmis/ReDDOG/REDDOG essentials m.aspx



Pictured: Deployed USPHS Officers boarding C-17 in support of Hurricane Irma



### **2017 SWPAG ORGANIZATION CHART**

