



SWPAG Newsletter



SOCIAL WORK PAG CHAIR'S CORNER

It's COER Season - Shine!

By CDR Indira Harris, LCSW, BCD, DHS, Washington, DC



Dear Social Workers,

It's the time we've all been waiting for (*not!*) ...**it's COER season!** As the year draws to a close, we are compelled to take inventory of things we have done and did not do in our personal and professional lives. With that in mind, here are some tips to minimize the pain:

TIP#1: Think very hard about what you set out to do this year and your accomplishments.

Don't minimize their impact. In fact, underscore their significance in excruciating detail on paper, then succinctly, summarize these accomplishments in bullet-form on your COER. Many times, I review other officers' COER bullets and think to myself, "This is great, but so what?" That is how I was trained by my two mentors, as this is what they used to ask me. Be sure to answer the question of 'so what' in your accomplishments and don't be bashful about lavishing yourself with praise if it is an accurate depiction of what you've done.

TIP#2: Your accomplishments should be quantifiable.

One of my tried and true best practices is to write the entire COER myself in a Word document. I include each domain that is being assessed, indicate the rating I feel I deserve, and provide a narrative detailing what I've done (in quantitative and qualitative terms) to justify the rating. I have a 1:1 meeting with my supervisor and discuss each domain and my written feedback. I provide 'suggested' RO comments and supervisory comments *for their convenience* as well.

TIP#3: Do the same for your ROS.

I've written the entire ROS and provided it to the Reviewing Official, encouraging him or her to edit as deemed appropriate. Most times, this gesture is greatly appreciated and the vast majority of the time my supervisor will never make a change (or may even enhance what is written). So be sure if you do this, you submit what you intend to be conveyed to the Promotions Board.

In addition, here are some additional tips on planning a successful career progression strategy:

- Participate in initiatives and activities that you feel passionate about and that speak to your professional and personal aspirations
- It's not about quantity, it's about quality
- Focus on community, national, and global impact. Aim to further the mission of the Commissioned Corps of the US Public Health service; highlight the work social workers do within every level of government – both in policy and clinically; and stay true to yourself and your values

Most importantly, no matter what you do – whether you employ these practices or not, just do it with 100% effort. Begin planning for the next chapter in your personal story. Go after your goals with steadfast intention. *The Time Is Now!*

*Your Social Work PAG Chair,
Indira Harris*

MESSAGE FROM THE COMMUNICATIONS CHAIR

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

Hello SWPAG! **Thank you to everyone who is submitting articles.** This issue is devoted to the COER, but contains other interesting and useful articles as well. I'd like to say in this season of the COER that **it is (not) all about promotion.** What you ask?? Yes, you heard me correctly! Though we all want to be promoted (and will be if we do exceptional work), I believe each officer's focus should be first and foremost on what he or she is doing to help his or her clients, agency, and nation rather than on promotion per se. If we approach our work with energy, creativity, enthusiasm and produce the results of these same positive energies, **promotion will come.** It is not so much about being seen at the COA Conference or some other popular venue, it is more about what we **do** and **why we do it** both in our personal and professional lives. Step out daily with integrity and a willingness to do the heavy lifting **and promotion will come to you before you know it!**

There are tools to help the spectacular tasks you've accomplished shine as bright as they ought to. On 25 September HSPAC officers CDR Sarah Trinidad and LT Ryan Marie Smith gave an excellent presentation entitled **Writing Impact Statements.** If you were unable to attend the webinar, the slide deck these officers put together is very informative and can be requested by emailing: careerdevelopment.hspac@gmail.com

NEWSLETTER THEME ARTICLES

My Experience with and Advice about the USPHS COER

By LCDR Lorener Brayboy, HRSA, Rockville, MD



The Commissioned Officer's Effectiveness Report (COER) is a vital document within the career of any USPHS officer. The COER is completed mid-way through the year, annually and for transfers. I find it amazing that such a short document can impact the course of one's career so dramatically. For some officers, this document can be easy to complete; for others it may take longer. Requiring reflection, rummaging through files, and having comprehensive discussions with our supervisors - completing the COER is not always an easy task. I have found the first COER in a new assignment is always the hardest as I am adapting to a new environment and understanding what the expectations are within our new position. We are all busy throughout the year with our regular job duties and USPHS

activities, and at times it can be hard to keep track of what we have accomplished to highlight within the COER. Guilty of not always keeping track in the past, I now keep a list of presentations, agency workgroups, and USPHS activities to reference. I also keep track of trainings, collateral duties, deployments, and conferences. This list has been very helpful for me as I often "stare" at a blank COER document thinking, "How should I write this?"

Officers are rated on the following elements: (a) leadership, (b) initiative and growth, (c) communication skills, (d) interpersonal skills, (e) planning and organization, (f) professional competencies, (g) critical thinking, decision-making, and judgement, and (h) overall effectiveness. It is vital to highlight each of these elements concisely as you write your COER - and don't forget to SAVE the document often as you are working on it!

My Thoughts about the COER

By CDR Tina Bryant, HRSA, Rockville, MD

COER season is fast approaching as officers begin to reflect on their annual activities and accomplishments. A major component of assessing an officer's performance and providing a better understanding of one's duties, the COER can cause a sense of anxiety for some. The COER is completed annually and is a major component within the promotional review process. The officers should work closely with their supervisor throughout the year to make certain they are demonstrating their best performance in order to receive the best possible evaluation. Frequent communication with



supervisors is necessary for officers to gain a better understanding of how they will be evaluated and what their supervisors perceive as exceptional. Thereby, officers can pace themselves throughout the course of the year, highlighting leadership, planning and organization, judgment and communication skills.

The COER is a good mechanism to document future professional goals to increase proficiency within an officer's current role/duties, but also leadership opportunities within the officer's current agency. There are a multitude of leadership and collateral duty opportunities within the officer's agency. An officer can often reference back to past COERs and verify if they are on-track with the goals they set for themselves previously or they may decide on new professional goals. The COER is a good measuring tool, to assess the officer's past, current and future goals and accomplishments. Listing "measurable" goals within the COER is essential to demonstrate accomplishments and impact, in addition to, aligning with an officer's job description. There are other opportunities for the officer to take advantage of prior to COER season. The officer can elect to participate in their PAC's Mentoring Program and gain knowledge and insight from senior PHS officers within their category. Mentoring allows an officer to meet regularly and discuss their goals with someone from within their category. This can help strengthen the officer's COER throughout the year.

Officers should routinely glance at the COER in order to stay mindful throughout the year of the specific topics that their supervisor will use during their evaluation. In doing so, the officer will have assurance that they are maximizing their performance during the year in the COER's key areas. This practice will help improve an officer's overall COER evaluation.

ADVOCATES, LEADERS, CHAMPIONS

Alumnus Jay Seligman Awarded U.S. Public Health Service Meritorious Service Medal

By Lauren Antista, External Relations Coordinator, Florida State University, College of Social Work

There are many ways to serve your country, and the career of Captain Jay A. Seligman reflects a lifetime of dedicated service to both his country and its citizens. After four years of service as a clinical social worker and an officer with the United States Air Force, Captain Seligman knew he wanted to serve in a different capacity. He commissioned with the United States Public Health Service Commissioned Corps and received an assignment with the Bureau of Prisons (BOP) in 1998. Seligman held several subsequent positions of responsibility with Immigration Health Services, U.S Marshalls, and the Center for Disease Control, until 2014 when he was named the BOP Chief Social Worker. In this role, he oversees social work services in more than 122 institutions across the nation.



With the implementation of the Affordable Care Act (ACA), Captain Seligman was faced with the challenge of implementing health care coverage and services for more than 186,000 justice-involved individuals, 43,000 of which who were released annually into the community. Seligman recognized the importance of providing seamless access to this population as incarcerated individuals have a higher rate of infectious and chronic disease, mental illness, and substance abuse disorders than the general population.

“Health care is very fragmented and complex,” Captain Seligman explained about his approach to this unique challenge. “It is crucial that inmates receive up-to-date information and resources, and social workers excel in connecting these individuals to community services.”

With a background in public health, including a doctoral degree in health sciences (Nova Southeastern University, 2006) and social work, including an MSW from FSU (1993; BS, 1990), Seligman was uniquely qualified to solve this problem.

“I had the opportunity through my twenty-five-year career to take courses in leadership, be mentored by senior officers and become a mentee later in my career,” he said.

Captain Seligman described how the systems perspective of social work guided his leadership approach beyond the supervision of people and programs. It provided him with the insight needed to see the big picture and create a vision for how to enhance an organization. Seligman set about improving the infrastructure that would provide healthcare access, formerly-incarcerated individuals. He wanted to ensure these individuals gain a better understanding of health care coverage, so creating a learning module for them was crucial.

His “Health Care Coverage When You Release” learning module prepared individuals for their release. All inmates received online access to materials that provide information about why health care coverage is important, available coverage options available, and how to apply for benefits. These resources were also incorporated into the Release Orientation Program lessons and materials. Seligman also partnered with federal stakeholders to provide access to healthcare navigators, which in turn would assist justice-involved individuals with navigating the health care system before and after their release. Of particular interest for him was ensuring that the elderly and disabled received proper access to their benefits and coverage.

Seligman noted that he did not go into social work with a particular interest in prisons but took on roles working with this population because the experience would be challenging as well as rewarding. “I wanted to work with underserved populations,” he reflected. “It’s difficult to work and takes someone who is dedicated to the mission. You don’t become rich working with this population, but I receive the immense satisfaction that my work makes the community a better place.”

His efforts to improve the lives of incarcerated and formerly-incarcerated individuals were acknowledged in May 2018 with his nomination for the U.S. Public Health Service Meritorious Service Medal by CAPT Judith Sutcliffe, National Health Services Administrator for the Bureau of Prisons. The medal recognizes members of the Corps in recognition of an individual whose career exhibits notable recognition in a technical or professional field and exemplary leadership. CAPT Seligman will continue in his role as BOP’s Chief Social Worker until he retires in March 2019.

“I always wanted to dedicate my life to the well-being of individuals and communities,” he concluded. “I built a bench of exceptional social workers for someone to take the reign and keep the mission moving forward.”

Seligman continues to lead by example in public service, promoting the values of social work and keeps his Alma Mater close to his heart with “garnet and gold running through his veins.”

OTHER ARTICLES OF INTEREST TO COLLEAGUES

Do Social Workers have a Social Work Identity Issue?

By LCDR Robert E. Van Meir, MSW, LCSW, BCD, Embedded Behavioral Health, Fort Bragg, NC

Recently I presented at the NASW-NC Clinical Social Work Supervision Certificate program. I helped to develop this training in 2004 and this year we had over 200 social workers complete the 20 hour training. NASW-NC was on the forefront with this important professional development and has probably trained over 2,000 social workers on supervision standards and ways to navigate the difficult maze of helping young social workers starting their professional careers and the added important task of helping them solidify their professional identities as a social worker.



Social workers who possess the (LCSW) Licensed Clinical Social Worker credential are trained in a specialty practice area of social work which focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances. Individual, group and family therapy are common treatment modalities. Social workers who provide these services are required to be licensed or certified at the clinical level in their state of practice

In fact according to the Substance Abuse and Mental Health Services Administration (SAMHSA), professional social workers are the nation’s largest group of mental health services providers. There are more clinically trained social workers—over 200,000—than psychiatrists, psychologists, and psychiatric nurses combined. Federal law and the National Institutes of Health recognize social work as one of five core mental health professions.

Social workers provide more psychotherapy than all other providers combined. Psychotherapy, often shortened to just "therapy," is a catchall term for care provided by a licensed mental health practitioner to someone who is dealing with mental illness, emotional distress, addiction or compulsive behaviors. A therapist may use a variety of techniques, including cognitive-behavioral therapy, art or drama therapy, and psychoanalysis to help clients recover from trauma or address damaging moods or behaviors. Social workers are psychotherapist.

However, in spite of all of our training and accomplishments it appears that some social workers are hesitant to identify themselves with social work. Sometimes when I present for NASW I ask the audience members for their business cards. I am amazed when I see and hear new and seasoned social workers identify themselves as a “Licensed Behavioral Health Professional” or “Licensed Therapist” or even a “Licensed Clinical Psychotherapist”. These terms are not accurate and in some cases do not exist. It calls to mind the NASW Code of Ethics:

4. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES AS PROFESSIONALS

4.06 Misrepresentation

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, and services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

It may be a leap to say that social workers are engaging in unethical behavior by using the above “titles”. Where does this disconnect come from? Social work as a profession has been subject to being maligned all the way back to Abraham Flexner’s (1915/2001) infamous speech conveyed his “dismissive attitude toward social work’s professionalism,” I know many social workers who feel significant professional marginalization from their colleagues. Adding to the issue The Guardian Social Lives research (2014) surveyed hundreds of social workers that year to explore how happy they were in their work. This research found that 90% of social workers feel undervalued by society. 85% said negative press makes their jobs harder to do and only 3% felt that Social Work has a positive public image.

This may play an important part of the reason why some social workers may be reluctant to self-identify as a social worker. How do we change the public perception of social work? Well I think a great start would be to call ourselves “social workers”. Everyday social workers are doing great things and accomplishing so much for the betterment of individuals, group and society as a whole. We are hardworking, conscientious, compassionate professionals who carry huge responsibilities. If we are “calling” ourselves something else then that group (the psychotherapists) gets the credit and all the hard earned rights, privileges, and respect we continue to work and strive for each day. My name is Robert E. Van Meir and I am a Social Worker.

Advocacy in Practice

By CDR Justin Peglowski, LCSW-R, LICDC, BCD, Director of BH, Seneca Nation Health System, Irving, NY

Recently, the Haudenosaunee Providers Coalition was honored by the National Indian Health Board (NIHB) with a 2018 local impact award. The mission of NIHB is to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

The Haudenosaunee Providers Coalition is composed of members of the Haudenosaunee Confederacy. Known as the Iroquois Confederacy by the French, and the League of Five Nations by the English, the confederacy is properly called the Haudenosaunee Confederacy meaning People of the long house. The confederacy, made up of the Mohawks, Oneidas, Onondagas, Cayugas, and Senecas was intended as a way to unite the nations and create a peaceful means of decision making.

Together as a coalition, we were able to effectively advocate for a change in state regulations. New York had required all substance use programs operating in the state to be certified through the Office of Alcoholism and Substance Abuse Services (OASAS). While there are many reasons for a state to require such certification, it forced Tribal programs to be subjected to state regulations. Tribal Nations are sovereign nations and as such have specific opportunities to provide culturally relevant and appropriate treatment to their communities.

The Haudenosaunee Providers Coalition worked together over the course of a year to partner with NYS OASAS to change this regulation. On February 14, 2018, the regulation was changed, expressly acknowledging Tribal program exemption from certification requirements. This change not only continues to demonstrate respect for Tribal sovereignty; however, it allows Tribal programs to expand services and seek reimbursement for the services they provide.



Pictured from left to right: CDR Justin Peglowski, Seneca Nation Health System; Melerena Back, Saint Regis Mohawk Health Services; Connie Thompson, Saint Regis Mohawk Health Services; Chief Beverly Kiohawiton Cook, Saint Regis Mohawk Tribe; Marlene Wakefield, Seneca Nation Health System; Paela Everingham, Onondaga Nation

Seeking a Promotion?

You may want to consider your Mentoring Readiness



By CDR Holly Berilla, MSW, HRSA, HIV/AIDS Bureau, Rockville, MD

Mentoring readiness is defined as the intentional effort to attain and maintain a mentoring relationship as a Commissioned PHS officer. Mentoring is not mandatory; however, it is strongly recommended for professional growth and development as an officer. Mentoring can assist officers in ensuring readiness standards are met, in establishing and meeting essential career milestones and goals, and can assist in making improvements and changes to one's career path..

The HSPAC manages the mentoring match database and assists in providing resources, training, and matching of mentors to mentees.

The SWPAG Mentoring Workgroup serves social work officers, specifically, by liaising and sharing information with the HSPAC Mentoring Subcommittee. The Workgroup ensures that social workers are able to access mentors, mentees, and needed resources. As mentoring is considered essential to career development and is highly recommended by promotion boards, Workgroup members felt it would be helpful to meet with the HSPAC Mentoring Subcommittee to gain more understanding of the matching process and available requirements and resources.

Earlier this year, the SWPAG Mentoring Workgroup, alongside Regional Mentoring Representatives, interviewed CDR Thornton of the HSPAC Mentoring Subcommittee. CDR Thornton provided an overview of the HSPAC Mentoring Program and functions and operations of mentoring match database. Findings are summarized, below...

- The HSPAC monitors and administers the mentoring program for HSOs, which includes the mentoring match database, satisfaction surveys for HSOs, and mentoring training for mentors. The program emphasizes senior officer participation - fostering support for career development among officers.
- The mentoring program encourages senior officers (O5 and higher) to serve as mentors, but may make exceptions to this on a case-by-case basis.
- Mentors may be same rank as mentees in special situations. The program is looking at including a peer-to-peer mentoring opportunity for officers of same rank.
- Unless specific names of mentors/mentees are indicated upon signing up, the system will match based on discipline and/or agency. Exceptions may be made for relationships with differing disciplines. Interested parties are encouraged to email CDR Thornton of the HS oPAC, directly.
- Disciplines included in the database are environmental Health Services, Dental, and Pharmacy.
- The HSPAC sends letters confirming the mentoring relationship to mentors and mentees, as information is updated in the database. Updates are to occur at the one-year anniversary of the mentoring relationship or as any changes in the relationship are made.
- If a mentor or mentee wishes to end the relationship, they may contact HS oPAC to terminate.
- The database automatically may assign up to three mentees to a mentor – if a mentor wishes to have less than three mentees matched, they must indicate such.
- The maximum number of mentees is three – mentors may select a maximum number indicated within the database. If the number of mentees is beyond three, the HSPAC will contact the mentor to discuss/confirm.
- To obtain credit/recognition for the mentoring relationship, officers must have a letter stating that they are matched with a mentor/mentee on file (eOPF) through the matching program.
- No credit is given to officers with civilian mentors or others who are not assigned in the database.
- Group mentoring is not in a credit option.

New CADs: An HSO is present at OBC to provide resources and link new HSO CADs with a mentor. CADs are signed into a 12-month specialized mentoring program and receive a certificate in their mention database profile and eOPF. The system tracks the certificates and the CADs are then rolled into the traditional program after one year. At this time, CADs will have to locate a mentor to continue receiving mentoring and credit for participation.

HSPAC is seeking ideas to incentivize the program and on improving the program. Please contact a member of the SWPAG Mentoring Workgroup for information on the mentoring program.

LIFELONG LEARNING



Women's Leadership Support Group Podcast Series

The Women's Leadership Support Group (WLSG) Public Relations Subcommittee announces the release of the Inaugural Women's Leadership Support Group Podcast Series - An Interview with RADM Pamela Schweitzer, Pharm.D., BCACP, Chief Professional Officer, Pharmacy Category.

RADM Schweitzer will be talking about her early beginnings with USPHS and how her career unfolded. She will share insights into career decisions she made and how those impacted her professionally and personally. Learn what is always first and foremost on her mind when making decisions and hear what advice she would give her younger self. You don't want to miss hearing about some of the most impactful moments in this Admiral's career and learning her secret tips to success for work-life balance. RADM Schweitzer will also share some of her favorite quotes that have inspired her throughout the years.



There are Two WAYS TO LISTEN:

Max.gov: <https://community.max.gov/pages/viewpage.action?pageId=1005847667>

OR

YouTube: https://youtu.be/Oc343_sVztI



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](#).



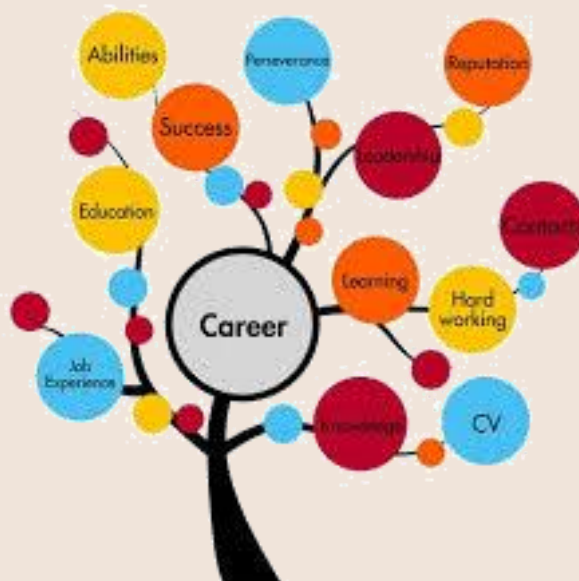
FROM THE CLINICIAN'S TOOLBOX

A Social Worker's Day in the Emergency Department

By LCDR Mark H. Durham, Carl R. Darnall Army Medical Center, Fort Hood, TX

As a clinician in the U.S. Army Carl R. Darnall Army Medical Center (CRDAMC) Emergency Department (ED) I never know what clinical puzzle is next for me to construct. CRDAMC ED provides medical emergency medicine to a population between 100,000 and 110,000 soldiers and their dependents, retirees and their dependents, veterans, and the occasional civilian emergency. My job as an LCSW is to liaise clinically between the patient, department of behavioral health, and the ED physicians. There are several intriguing examples that I could discuss, however I will detail one.

A 23-year-old female patient (Pt) called the police from her home to explain that she was the Lord and prepared to assist in their cases that need the Lord's intervention, as she described herself as "the Lord born down here." Police and EMS subsequently transported the Pt from her house to the ED. The Pt presented as hyper-religious, delusional, and with pressured speech. She was experiencing auditory and visual hallucinations. During my assessment, the Pt contacted her ancestors in the universal consciousness for answers in order to provide the most accurate and truthful answers. The Pt stated she was receiving no command to harm herself or anyone else and denied she had the intent or plan to do either. The Pt had not transported to the ED because of any actual dangerous incident having occurred. However ED Nurses and physicians were nonetheless very concerned for the Pt as she was clearly psychotic and the providers felt it would be best to initiate an emergency order of detention. After two lengthy conversations with my team, I was able to convince the chief resident, resident, and attending physicians that the Pt could be discharged home with an outpatient follow up appointment scheduled for the next day. The Pt's baseline was psychotic and she had no history of harm to self or others as well as no current plan of harm. The Pt was medically cleared as physically healthy. Her cognition was not influenced by an overdose or illicit substances. The Pt had the cognitive and social capacity to make contact with a family member for transportation back home. As an ED LCSW, I am expected, within a short amount of time, to piece together a wide variety of clinical puzzles ascertaining the various systems at play as well as identifying the responsibility of the providers involved. Equally important, my team must simultaneously protect the rights and dignity of the Pt and provide the best level of care in the least restrictive environment. My work is a challenge I enjoy and learn from daily!



READINESS ROUND-UP



Don't wait until the last minute to meet basic readiness, by then you've missed the deadlines!!!!

By LCDR Tanya Barragan, LCSW-BCD, ICE Medical Referral Center, El Paso, Texas

A part of healthy living and having productive lifestyles involves fitness. It is the season officers are preparing for annual COER evaluations and promotion. The busier our schedules become the harder it can be to find the time for physical fitness activities. A five-minute workout can help you keep fitness in your life and can be done anywhere even while sitting at your desk.

Do each for 1 minute:

1. Jumping Jacks
2. Wall Sit
3. Calf muscle toning while sitting: Raise legs in an upward motion on the very tips of your toes.
4. Chest & Shoulders: Place both hands on the chair arms and slowly lift your bottom off the chair. (PLEASE BE CAREFUL AND ENSURE YOUR CHAIR IS SECURE).
5. Simple waist rotations: Sitting straight up in your chair pull in your abs, rotate at the waist to one side while maintaining the upright position. Hold for 5-10 seconds and then repeat on the other side.

Last but not least!!!

Don't forget to submit the PHS Annual Physical Fitness Test (APFT). This standard ensures U.S Public Health Service officers are healthy, fit, and capable of performing their duties and most importantly is a requirement for promotion.



***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

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



Upcoming Issue Themes:

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

Deadline for submission of articles: 10 December

**** Editor's notes ****

"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."

All letters in "SWPAG" and "HSPAC" are written together; no spaces.

