



SOCIAL WORK PROFESSIONAL ADVISORY GROUP OF THE COMMISSIONED  
CORPS OF THE US PUBLIC HEALTH SERVICE

# SWPAG NEWSLETTER

VOLUME VI, ISSUE II

JULY 2014

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News letter created by  
Communications  
Committee:

LCDR Booker  
LCDR Peglowski

## CONGRATULATIONS!

### 2014 Promotion Results for USPHS Social Workers!

**CONGRATULATIONS!** to all!

#### *Selected for Captain:*

Janet Cochran  
Jennifer Nussbaum

#### *Selected for Commander:*

Kelli Bonyeau  
Jennifer Burke  
Tracy Pace  
Daniel Stanley  
Aimee Williams

#### *Selected for Lieutenant Commander:*

Mark Durham  
Stephanie Felder  
David Lewis  
Marlene Nicholson





# from the *SWPAG Chair*

## ***Social Workers Rock***

Recently, I attended the 2014 USPHS Conference in Raleigh, North Carolina and left the conference fired up. Why? Because ***Social Workers Rock***. I met some outstanding social workers who are committed to advancing the nation's health while also taking care of each other. I have always enjoyed interacting with compassionate professionals and I am ecstatic to be a social worker and an officer in the United States Public Health Service.

You and I both have the honor and privilege of representing two of the greatest professions in the healthcare arena. However, with honor and privilege comes responsibility and commitment. I would like to take a moment to talk about the responsibility and commitment that you and I have to society, the United States Public Health Service (USPHS) and our colleagues.

### **Societal Responsibility**

As social workers we are responsible for promoting the general welfare of society on all levels. We take pride in developing people, communities and environments. This is our charge and commitment. Additionally, we advocate for living conditions conducive to the fulfillment of basic human needs and promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice. The aforementioned are just a few of the societal responsibilities that you and I commit to on a daily as social workers. With this in mind, I am proud to say,

***“Social Workers Rock.”***

### **USPHS Responsibility**

As social workers who are privileged to serve in the United States Public Health Service, we are responsible for adhering to commitments made to our employer and employing organizations. What does this mean? This means that you and I should be in the forefront when called upon to deploy, to fulfill positions in remote locations, to take on additional duties and most importantly to provide vision and purpose in public health through inspiration, dedication and loyalty. As I interacted with social workers at the 2014 USPHS conference, I met several officers who are truly committed to achieving the Commissioned Corps' mission. Given this, I am proud to say, ***“Social Workers Rock.”***

### **Colleague Responsibility**

As social workers we are responsible for engaging in advocacy that seeks to ensure that our colleagues have equal access to the resources, employment, mentors, and opportunities they require to experience a fulfilling career in the Commissioned Corps. All social workers should be prepared to improve and/or change systems that inhibit advancement and growth. To accomplish the latter responsibilities, the SWPAG leadership launched the *No Social Worker Left Behind Initiative* with the intent of ensuring that all social workers are aware of and are afforded opportunities to access human capital and informational resources that can enhance their careers and prepare them for professional and promotional advancement. With this level of commitment and camaraderie present within the PAG, I am proud to say, ***“Social Workers Rock”***.

In conclusion, I would like to thank each of you for what you do. It is without question that you add value to the USPHS and the nation. In keeping with our life-changing and systems' improvement heritage, I challenge each of you to examine your current contributions as leaders. Ask yourself what can you do better to enhance the Commissioned Corps and to let the world know that ***Social Workers Rock***.



**Message from the 2014 SWPAG Chair**  
**CDR Dwayne L. Buckingham**

## **SWPAG**

# **SOCIAL WORKERS of the YEAR!**

## **2014**

### **SENIOR SW OF THE YEAR** CDR (P) Jennifer Nussbaum



CDR Nussbaum currently is assigned to the DoD, Fort Drum Medical Activity 3/85th Warrior Transition Battalion (WTB), where she is serving as the Chief of the Social Work Management Services for the North East Region, as well as Deputy Commander for Disaster Response Mental Health Team 3. She is a gifted officer who has had a profound impact on the highly visible, politically sensitive mission of Warrior Transition for the Army. Through her inspirational leadership, she has defined the role of Social Work within Solider transitions, taking on projects, challenges and new missions with confidence and a solid grasp of complexities involved, growing the program beyond the expectations and scope of her responsibilities. Her efforts resulted in a 100% decrease in cadre suicide for the region, the successful transition of over 3,500 soldiers and 16,000 clinical contacts. She provides consultation on program management to the WTB Social Work departments across the Army; and training, guidance, support and coaching to over 220 military and civilian staff. She has deployed five times in response to natural and manmade disasters, readily accepting leadership roles and fully investing herself into the mission; defining the new role of mental health deployments as stand alone deployment strike teams. Achievements throughout her career exemplify her contributions to Social Work and to the Corps., such as: restructuring the sick call process and orchestrating the containment of the H1N1 virus for a 1900 bed detention facility; providing an instrumental role in the formation of the MEDDAX Strategic Action Committee, leading to the implementation of Patient Centered Medical Home model for primary care; and developing and implementing a metric tool to assess complexity of risk across the battalion. She is generous with her time, volunteering as a mentor for junior officers, and serving as a resource for therapeutic foster care, as well as providing training for the staff and foster families.

**Congratulations CDR (P) Nussbaum!**

**Continued on page 4**

**JUNIOR SOCIAL WORKER OF THE YEAR**  
**LCDR LaMar Henderson**

LCDR Henderson was nominated for his technical and professional contributions to the Center for Substance Abuse Treatment (CSAT). Through initiative, he displayed leadership while exuding “esprit de corps” by producing impactful high quality work for his former center and agency. During his tenure, LCDR Henderson oversaw more than \$23 million in cooperative agreements, while developing and managing essential, yet complex projects. He also provided technical expertise while assisting management with coordination, communication, research, data collection, technology, and planning efforts.

One of his greatest achievements is authoring the “Selection of Evidenced Based Practice (EBP) {<http://www.samhsa.gov/grants/2013/ti-13-014.pdf> (page 17)} guidelines for treatment grants. LCDR Henderson conducted over 10 hours of strategic research on best practices in treatment and consulting with agency researchers. LCDR Henderson developed a 7 point criterion that all grantees had to adhere to when selecting an appropriate evidenced based practice for substance abuse treatment. This criterion was heralded by the CSAT’s center director and the agency administrator both who have legal backgrounds, for it’s strategic design and efficiency. Prior to his departure, LCDR Henderson wrote an application to the OMB on the effectiveness of selective EPS and assisted in the development of a \$6 million contract that would analyze EBP.



LCDR Henderson is known for his knowledge of physical and emotional trauma. He had a recent presentation for the Violence Prevention Workgroup on “Transference, Counter Transference and the illusion of Normalcy” to over 60 professionals. He currently works as Program Management Officer at the Health Resources Services Administration (HRSA).

**CONGRATULATIONS LCDR Henderson!!**





**The Social Work (SW) Professional Advisory Group** Recruitment and Retention (R&R) Subcommittee, chaired by LCDR Sonjia Howard, was called to action in 2013 with a renewed vision and focus. The Subcommittee is tasked by the SWPAG with a mission to review and recommend policy relative to the recruitment and accession of Social Workers in the U.S. Public Health Service and to advise the SWPAG Chair and Executive Committee, accordingly. Additionally, the R&R Subcommittee is responsible for welcoming and disseminating the SWPAG Welcome Packets to newly commissioned Social Work Officers to assist with their transition into the Public Health Service Commissioned Corps.

The primary duties of the R&R Subcommittee Recruitment/Retention: Keeps membership informed of policy changes issued by Division of Commission Corps Personnel and Readiness (DCCPR), manual circulars, CCPM, and executive orders from the ASH and the SG. Committee provides assistance to officers that request support in entry, assignment transitions, and change in status, etc. and finally the SWPAG R & R maintains awareness of and involvement in recruitment activities.

The R&R Subcommittee has 10 members who represent various federal departments and continues to seek Social Work Officers for general membership and leadership positions. If you are interested in becoming a member or have questions or suggestions regarding recruitment and/or retention activities, please contact the following:

LCDR Sonjia Howard at [sonjia.a.howard.mil@mail.mil](mailto:sonjia.a.howard.mil@mail.mil)  
LCDR Robert Van Mier [Robert.VanMeir@phs.dhs.gov](mailto:Robert.VanMeir@phs.dhs.gov)

The R & R Subcommittee meets via teleconference the first Monday of the month at 1030.  
**CALL IN INFORMATION: 760-984-1000; ACCESS CODE: 546654# (\*6 to MUTE)**

## MORE GREAT NEWS!!

In keeping with one of our goals of recognizing our Social Work Officers and Leaders doing outstanding work, congrats to our very own LT Robert Van Mier, MSW, LCSW, BCD and Co-Chair, SWPAG R & R Subcommittee for his selection to present at the Durham, NC Clinical Supervision Certification Course. This is an extraordinary honor and opportunity to Lead by Example.

## Understanding Personality Disorders

### Part I: Personality

Authored by LT Robert E. Van Meir, MSW, LCSW, BCD  
Submitted on behalf of SWPAG R & R Subcommittee

Most providers are familiar with the major mental health issues that their patients face. The big ones: Depression, Anxiety, Bipolar, Schizophrenia, and one of the most common problems Adjustment Disorders. When a Patient presents with a set a symptoms most providers take the complaints at face value (or wonder about secondary gain) and then attempt to help that individual. A referral to mental health or some type of pharmaceutical intervention is attempted.

To your dismay, there is a segment of the population that has an underlying personality disorder. This disorder can be hard to assess and can go undetected for years. The purpose of this series of articles is to provide a basis understanding of the various personality disorders that are out there and ways to emphasize and understand these often time misunderstood (and difficult...I mean very difficult) people.

When we talk about a person's "personality" we usually mean the fairly typical way in which that individual behaves, acts, interacts, or thinks on a daily basis. We have all probably said something like "That's not like him" or "that's out of character" as ways to describe when someone is acting differently then normal.

We can talk about someone who has a "good personality" or "lots of personality". We can even say that they have a "difficult personality", or that they are "Just that way". My personal favorite is "that's just Terry being Terry". Like that's the reason why they behave the way they do. The key is that we have to come to an understanding as to how that person behaves. It is mostly consistent and we learn to "accept them" as they are.

In the old days we mental health types referred to this subgroup as Character Disorders. They were said to have Character Armor. This makes sense. These folks have a narrow way in which they understand the world and have limited coping skills. They see the world a particular way all the time. So they develop armor as a way to protect their sense of self and their self-esteem.

So to have a basic understanding of Personality Disorders lets differentiate "Normal" from "Disordered" personality. In the Normal Personality structure we will see that the individual has a high degree of "flexibility". They can go with the flow. They can adapt and overcome obstacles in their path. They are able to take feedback, and this point is critical to our understanding of personality, and makes use of it. They can use it to achieve goals and make self-corrections or adjustments to how they interact with the world.

They become aware of their likes, dislikes, how they operate in general. They start to understand their own biases and their tendencies. For example, they figure out that they are a great worker-bee and like to follow clear direction or, they like to be in charge and enjoy the challenge that comes from being the person held ultimately responsible for the success or failure of the task at hand.

Normal personality individuals also "play well with each other". They can share, take turns, and help each other out. They thrive on being productive and enjoy rich attachments to others. These attachments are healthy relationships that provide them with support, love, and offer protection when life is well, and then life events happen (i.e., divorce, death of a parent, etc...)

They take responsible for their lives and the choices that they make. When a decision turns out to be negative they can make a "self-correction". They generally have more positives in their lives then negatives. They have sufficient cognitive (thinking), behavioral (doing), flexibility when added with self-awareness and the ability to

## Donating life, is it possible on an Indian reservation?

*Submitted by LCDR Janet Sanchez, LMSW*  
Whiteriver Service Unit, Whiteriver, Arizona

As social workers, we work with many social issues and problems. We also do community service and assist other programs as needed. Resources are limited on my Indian reservation and we rely on collaborating with various local programs to get services for our clients. Education and teaching to our community members help them see things from a different perspective. One area, for example, organ and tissue donation is a sensitive topic. Living on a reservation and growing up in this community, death is never discussed or talked about. This barrier, as a social worker, is difficult, especially talking to families about the possibility of donating their loved one's organs and tissue.

This year, in collaboration with Donor Network of Arizona (DNA), the Whiteriver Service Unit (WRSU) Social Service Department participated in a Health Care for Hope drive. Here, the WRSU social workers educated the public and community about the importance of donating organs and tissue, and at the same time, sought to register potential donors.

The WRSU had four registration drives throughout the month of April and have obtained over 25 registrations. With only over 14 registrations two years ago, this year's number is the highest number of registrations ever obtained from our culturally sensitive community.

Native Americans do not talk about death. When social workers deal with a death in the hospital, we talk to the families about the possibly donating the loved one's organs and tissue. However, about 98% decline this request. So, it was quite a surprise to obtain 25 registrations this year. This is an interesting topic, and we are here to educate the community as much as we can about donor and tissue donation. Thus far, they have been receptive.

There is one tribal member who actually donated his organs and tissue last year because he had signed up to be donor. His mother honored his request and allowed the donation to happen. In honor of this young man, DNA provided cards with a nice picture of him on them. During our drive, we handed these special cards out and people were able to identify him and they knew who he was. They were surprised to know that he was a donor. I believe that this fact was the push in our drive, as people could relate to someone for this purpose. It was not as foreign to them, because they knew this young man.

Donor Network of Arizona is a non-profit organization. Additional information may be obtained at: [www.dnaz.org](http://www.dnaz.org).

I am proud of my social workers for exceeding the goal. I am also proud to say that the WRSU Social Service Department received the 2013 Outstanding Social Service award from DNA. So remember, social work is not just about dealing with problems but it is also about giving hope to people through education, prevention and Donating life.



Social Work Corps Officers...are you ready?  
Reminder - Hurricane Season begins June 1st

Having a "Go Bag" prepared is always important. However during this time of year we recommend incorporating a refresher on your "Go Bag" as a part of other 'spring cleaning' activities. So dust off your bag and make sure you haven't left anything out!

Refer to the readiness page for full details <http://usphs-hso.org/?q=pac/sub/readiness/ofrdinfo>



Brought to you by SWPAG-Readiness Subcommittee

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Now, cue the music...dum...dum...dum...dum!!!....Disordered folks appear on the surface to have some of these qualities but they are internally driven by a rigid trait, belief, or have an overreaching theme in their life. "All people are suckers, so if you get conned well that's life". "Some people have all the luck".

They are "missing" the ability to make self-corrections. They cannot see themselves or others in an objective of realistic way. If you have ever watched "American Idol" you see this all the time. After a truly horrible performance and a rejection from the judges we see this reaction: "I'm going to be star, just you wait and see", then they throw a major temper tantrum on national TV. They have no remorse, or embarrassment. They are wonderful, if you doubt them their must be something wrong with you.

Since they lack the ability to make use of feedback from their environment, they have the tendency for unproductive escalations of behavior. Drama, drama, and more drama. When they ask (demand) the provider to do something reasonable... like an all-steak diet and the answer is no...well becoming aggressive, angry, and loud is a reasonable response.

They lack the ability to problem-solve. This is why so many providers (including) mental health providers get "stuck". Attempting to use logic and cause-and-effect interventions usually fail. They are avoidant, helpless, hostile in the face of problems. They are quick to dismiss any possible solutions. "That could never work for me because...." See they are special, entitled, and blameless.

This of course makes them so very, very difficult to work with. They do not have that internal resources to help. They don't have that ability to form a treatment relationship with the provider. They don't learn from previous failed attempts to receive help, form attachments, or understand the need for self-change.

Most providers are overwhelmed with the workload, constant changes to the system, the demands from their supervisors, and their clients. Now that we have a framework to understand normal vs. disordered personality structure we will turn our attention to the different "favors" of Personality Disorders out there. In the next article we will focus on ways to empathize with them and a way to talk to them about how their "presentation style" affects the way in which they are treated by others.

# Recognize Anyone?? Pictures from SWPAG COA 2014



# ...Other News ...



## SWPAG'S CAPT Wanda Finch doing great things...

Web TV Show Focuses on Military Mental Health

[http://www.dcoe.mil/MediaCenter/News/details/14-06-10/Web\\_TV\\_Show\\_Focuses\\_on\\_Military\\_Mental\\_Health.aspx](http://www.dcoe.mil/MediaCenter/News/details/14-06-10/Web_TV_Show_Focuses_on_Military_Mental_Health.aspx) ]

DCoE News – 10 June 2014

“Capt. Wanda Finch, division chief for psychological health advocacy at Deployment Health Clinical Center, joined panelists to discuss military behavioral health topics and its effect on young families for the Substance Abuse Mental Health Services Administration’s (SAMHSA) talk show,

“Knowledge Network for Systems of Care” (KSOC TV). By understanding that psychological health support is available and by accessing these resources, the panel agreed that young military families can maintain healthy relationships



SWPAG has started at FACEBOOK Page. Please go and request to join. The plan is to keep it updated with information that pertains to our SWPAG. We want to know all the good stuff that happens to you or if you have something important to share with the group.

If you want to post something, please send to:

tricia.h.booker.mil@mail.mil or  
justin.j.pegowski.mil@mail.mil

As usual, keep the articles coming for the newsletter!!

**LIKE US ON FACEBOOK !!**

## NASW National Conference Social Work: Courage, Hope & Leadership

If you are in need of CEUs, please consider attending the 2014 NASW national conference, *Social Work: Courage, Hope & Leadership* which will be held July 23-26, 2014 in Washington, DC.

Registration for the conference includes all materials, refreshment breaks, and admission to see the Social Work Film Festival on the evening of Thursday, July 24.

CDR Dwayne L. Buckingham was selected as a workshop presenter and will be presenting on July 25, 2014 from 10:30 AM to 12:00 PM in Marriott Wardman Park Hotel, Lincoln 5. His presentation is entitled, "The Empathic Leader: An Effective Management Model for Inspiring Employees to be their Best."

To secure more information or to register for the 2014 NASW national conference, please visit <http://www.naswconference.org/>



### REMINDER!!! SWPAG Meetings

10 Sept 2014 - 1430-1530  
EST

3 Dec 2014 - 1430-1530 EST

For more information  
about our PAG, visit the  
SWPAG website at  
[http://usphs-hso.org/?  
q=pags/swpag](http://usphs-hso.org/?q=pags/swpag)

## Submitted on behalf of SWPAG R &amp; R Subcommittee



The SWPAG R & R Subcommittee is collaborating with the **HSPAC** Health Services Assignment Assistance Program (**HSAAP**) Administrators regarding but not limited to acting as liaisons; creating partnerships; examining retention trends; and making recommendations to improve the health and welfare of SWPAG Recruitment and Retention Initiatives.

Although the program was originally designed to assist PHS applicants in the commissioning process, it has extended services to Officers looking to secure new assignments.

**ATTENTION:** If you are a Social Worker affected by the DOD/DHA MOA Billet Review process, and want assistance in your job search, please take advantage of this new initiative.

**REMINDER:** Health Services Assignment Assistance Program (HSAAP). The HS PAC Recruitment and Retention (R&R) Subcommittee is excited to announce recent enhancements to the Health Services Assignment Assistance Program (HSAAP). The original program (HSAPP) was designed to assist applicants through the commissioning process and find appropriate employment opportunities within various agencies. The new HSAAP expands upon the program to provide these services to active duty officers. While not a placement service, the program will match HSO officers with an HSAAP Liaison who will assist the officer through the process of securing a new suitable assignment.

Changes and enhancement to the HSAAP will take place over the next few months, to better assist HSO Officers. HSAAP will also continue to assist and engage Call to Active Duty (CAD) officers who have been board approved by DCCPR.

Officers interested in participating in the program may email ([HSAAP@usphs-hso.org](mailto:HSAAP@usphs-hso.org)). From there, officers will be paired with an HSAAP Liaison who will provide personalized assistance. For more information about the new HSAAP, please visit our page on the HSO website: : <http://www.usphs-hso.org/?q=pac/sub/recruitment>



## All You Ever Wanted to Know About Space Available (A) Travel

Morale, Welfare, and Recreation (MWR) Subcommittee July 2014

Author: LCDR [Sonja Howard](#)

**What is and How to Navigate Space-A-Travel?** When you think of vacations and flying you usually have booking flights in mind, but in this case traveling on Space-A is the way to go, especially during these economic times when saving money is on everyone's mind. "Space-A" is short for Space Available via [Air Mobility Command \(AMC\)](#). Follow the link on aforesaid find out more. [www.amc.af.mil/amctravel/index.asp](http://www.amc.af.mil/amctravel/index.asp)

**History:** Air Mobility Command, activated on June 1, 1992, is a major command headquartered at Scott Air Force Base, Ill. AMC provides worldwide cargo and passenger delivery, air refueling and aeromedical evacuation. The command also transports humanitarian supplies to hurricane, flood and earthquake victims both at home and around the world.

**It's Mission:** to provide global air mobility ... right effects, right place, right time. According to the AMC Website, more than 133,700 Active-Duty, Air National Guard, Air Force Reserve Command and Department of Defense civilians make the command's rapid global mobility operations possible.

Space-A travel for Active Duty Members: Active Duty members may travel Space-A in Category-3 along with their dependents while on Leave. Members can sign-up and travel using Space-A flights once they are on leave. The Active Duty Sponsor must be in a *valid* leave status and within the dates on an approved leave form. It is the member's responsibility to ensure documentation presented to AMC Passenger Service Agents represent accurate leave information when signing up for Space-A travel."

Travel is via air transportation on government owned or controlled aircraft. "When mission and cargo loads allow, there are often seats made available to eligible active duty, uniformed service members, dependents, and retirees. AMC Terminals are nation and worldwide. With a little patience and flexibility, you can travel all over the world for almost nothing. Space-A does have "Priority Movements" and strict rules apply.

Air Mobility Command passengers **must** have all required documentation available upon check-in. All rules, regulations and restrictions must be adhered to at all times. To learn more, visit the [link](#) here. Be sure to read: **Travel Information and Documents found on link above as well. This website provides you with all you need in order to navigate Space-A travel. Short time of research may save you tons of \$\$.**

For a complete map of all the AMC terminals and for one near you open the [AMC PDF here](#). For more information, visit the website or contact the AMC Office of Public Affairs; 402 Scott Drive, Unit 1-M-8; Scott Air Force Base, Ill. 62225; DSN 779-7843 or (618) 229-7843 / email: [amc-pao@us.af.mil](mailto:amc-pao@us.af.mil).

## Leadership within a Small to Mid-Sized Commission Officer Association Branch

Written by CDR Dale Thompson, LMSW, BCD

Like many of you who have a passion for engaging in a local Commission Officer Association (COA) Branch that is active in your community and supportive of officers in your area, I too have had high aspirations in my career toward involvement in my local and national COA. I have been greatly honored to serve as a president of the Pikes Peak Branch in Colorado, vice president of Fort Worth Branch, and co-founder of South Texas Branch. In 2012 a group of officers assigned to Fort Carson in Colorado started looking for an opportunity to serve and get involved in a local COA. We identified the Pikes Peak Branch in our area. At the time the branch was inactive. Instead of chartering a new branch, we decided to reinvigorate the Pikes Peak Branch, with the support of officers in a broad geographic area.

I, like many of you, am often impressed with the projects and accomplishments of our thriving branches in major metropolitan areas. I genuinely acknowledge the tremendous coordination, communication, and team work it takes to successfully pull off large scale events. When the opportunity arises, it is quite rewarding to stand and serve alongside officers in these branches. The fact is that the majority of COA branches are small to mid-sized. Given the limited number of officers taking part of these branches, we often face issues of burn-out, striving for relevance, poor attendance, apathy, scheduling issues, geographic challenges, limited resources, and the impact of PCS(s) on smaller branches. My goal herein is to share personal insight in the sustainment of smaller branches; though the content is also relevant to all. I hope to stimulate a discussion to encourage, empower, and inspire you as an officer. I would like to make the following disclaimer, “what we claim to know comes from both our successes and our shortcomings. The marvelous part of maturing through [experience](#) is you gain the wisdom, but do not always have to admit how you came by it”. Some of what I have learned has been through the “school of hard knocks”.

- Consider all officers in your geographic area in all your endeavors (e.g., active duty and retired)
- Send out signed letters to officers who are uninvolved or marginally involved; give them a taste of what’s going on and personally invite them to take part
- Query officers relative to what they would participate in (e.g., SurveyMonkey, Woffo, etc.)
- Set achievable and well supported/popular goals early on; thinking too big without sufficient planning and resources can end up setting a branch back (e.g., apathy and burnout)
- Value and act on “division of labor” and “shared responsibility”
- When someone says “the branch should do this or that....”, empower them to take action
- Address current issues and become the “source” officers look to in staying current – assign an Information Officer with regular branch communications (e.g., monthly or quarterly postings)
- Provide video or tele-conference for officers in geographically remote locations
- Don’t feel you have to be the “main event” for each meeting; invite a recently retired officer to speak on the retirement process and resources or invite a financial advisor who is familiar with government and uniformed personnel benefits
- Consider inviting your Branch Liaison, National COA Board of Directors Member, or an Executive staff member (e.g., Director James Currie or Deputy Director John McElligott)
- Create a spirit of unity and legacy by incorporating Corps and local branch traditions in formal and informal gatherings (e.g., coin check, promotion celebration, USPHS March/Song, etc.)
- Involve senior leadership in promotion ceremonies, mentoring efforts, farewells, etc.
- Combining efforts with other branches is a great way to build moral and network

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- Provide mentor opportunities toward equipping your future branch leadership
- Let it be known that officers who participate in activities and leadership will receive recognition

You can be an officer that “takes up the baton” and moves the Corps forward in writing and communicating the next bullet points. There are unwritten pages in our “branch-to-branch user’s guide”. By sharing our ideas of building and maintaining strong local branches of COA, we inspire one another and unify the Corps.

### **Social Work Month Conference and Mentorship Meet & Greet**

By, LCDR Holly Berilla, CDR Malaysia Gresham, CDR Aimee Williams, and LT Israel Garcia

On March 28, in recognition of Social Work Month, the Department of Health and Human Services (HHS)/ Substance Abuse and Mental Health Services Administration (SAMHSA) partnered with the SW PAG and held a social work conference and meet-and-greet/mentoring event. SAMHSA’s Commissioned Corps Workgroup (CCW) organized and executed the social work conference, “Trauma Informed Care: Ethical Considerations for Social Workers,” which provided 32 social work Commissioned Officers and agency civilians with up to 6.5 CEUs.

Officers in attendance represented HHS operational divisions as well as the Department of Defense (DoD), serving in a multitude of capacities from direct clinical care up through organizational leadership and policy. The conference included a keynote, opening presentation from RADM Peter Delany and included presenters from PHS as well as highly esteemed civilian presenters from SAMHSA, Walter Reed National Military Medical Center (WRNMMC), and the Tragedy Assistance Program for Survivors. All providing exceptional training and education on trauma and ethical decision making throughout social work practice.

The SWPAG Mentorship Subcommittee hosted a social work meet-and-greet/mentoring event during the 60 minute lunch break. This meet-and-greet/mentoring event was facilitated by RADM Peter J. Delany, Ph.D., LCSW-C, who provided words of wisdom and guidance surrounding being a commissioned corps officer and a social worker within an ever changing environment.

This presentation was provided to an audience of approximately 20 PHS and civilian social workers within the federal system. The active and lively discussion centered on the importance of mentoring, career guidance, and supervision throughout an individual’s career as a social worker. The event concluded with the presentation of a certificate for RADM Delany on behalf of the SW PAG.

An important takeaway from the day included the need and importance for ongoing fellowship and mentoring among social workers. The SWPAG has successfully hosted meet-and-greets in the Washington, D.C. area and encourages officers to reach out to the SWPAG and SWPAG Mentorship Subcommittee in an effort to organize and/or participate in events or to learn more about the meet-and-greet/mentoring initiatives. Thus far, a total of 6 events have been held and included over 50 PHS/Military officers and civilians. Events have been held in the Washington D.C. area, Norfolk, Virginia, and Ft Bragg, North Carolina!

The SW PAG Mentorship Committee would like to expand the mentorship meet & greets nationwide. Please contact LT Israel Garcia at [IGarcia@hrsa.gov](mailto:IGarcia@hrsa.gov) or LCDR Holly Berilla at [Holly.Berilla@samhsa.hhs.gov](mailto:Holly.Berilla@samhsa.hhs.gov) for more information or to inquire about hosting an event in your area.