



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

SWPAG NEWSLETTER

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December 14, 2011

SWPAG Newsletter
created by
LCDR Christopher Cline
LCDR Julie Niven



HAPPY SOCIAL WORK MONTH - MARCH 2011!

SWPAG members in the National Capital Region gathered together for fellowship and celebration of Social Work Month during March 2011. Officers met for lunch on 31 March 2011 at Oro Pomodoro in Rockville, MD. SWPAG chair CAPT Marina Banks-Shields made brief remarks, thanking officers for their work in support of the PAG and encouraging them to involve others. The group agreed that a gathering like this should happen more frequently than just once a year.



Left to Right: CDR Jean Plaschke, LCDR Tarsha Wilson, CAPT Dan Kavanaugh, LCDR Kristin Kelly, CAPT Elise Young, LT LaMar Henderson, LCDR Sherri Bisci, LCDR Kelly Smith, LCDR Todd Lennon, LT Jonathan White, CAPT Marina Banks-Shields, CAPT Laura Aponte



8 Tips for Successful Mentoring

CDR Dwayne Buckingham, LCSW, BCD, National Naval Medical Center, Bethesda, MD

Successful mentoring

The ability to succeed in one's professional endeavors often does not occur without some form of mentoring. Even the most self-driven and highly motivated individuals require guidance and seek advice from time to time. Based on the fact that mentoring is an essential part of officership, it is important to learn how to become an effective mentor.

Over the course of my professional career as an officer and clinician, I have had the privilege of working with and for individuals who took pride in mentorship. As a result of being exposed to excellent mentoring, I accomplished career milestones in a timely manner and have learned the importance of leading and empowering junior officers as they strive to accomplish their goals and pursue their professional aspirations.

Successful mentoring is one of the most important interpersonal components of building a powerful and healthy organization. However, it is important to note that successful mentoring is a process and skill set that is learned over time and requires practice. As you strive to become a successful mentor you should consider and apply the following tips:

Discuss and establish expectations up-front

Successful mentors are good communicators and planners. They understand the importance of establishing expectations in the early phase of the mentor/mentee relationship. It is important to make sure that the mentor and mentee are on the same page in regards to what is required of each other. Minimizing confusion and clarifying expectations is critical to establishing a healthy mentor/mentee relationship.

Lead by example

Always be willing to jump in the trenches and demonstrate how to travel the road to success. Respect is vital in mentor/mentee relationships and is often earned by leading and guiding. The old adage "Do as I say, not as I do" is definitely outdated. Leading by example builds respect and trust in the mentor/mentee relationship.

Be flexible in your thinking

Flexibility is the key to growth for all humans. Remember that the mentor/mentee relationship is an interactive process and that information should flow in both directions. Successful mentors lead, but also follow. Look for opportunities to learn from your mentee and encourage him or her to respectfully challenge you to remain current and knowledgeable. Successful mentors take pride in learning and welcome opportunities to grow.

Take care of yourself

The mentor/mentee relationship is primarily lead by the mentor. Therefore, it is imperative that mentors take care of themselves. Successful mentors acknowledge and recognize that they can't give what they do not have. Teaching mentees the importance of engaging in healthy behavior and delegating is an important element of the mentor/mentee relationship. Successful mentors understand that professional development can come to a standstill if emotional, physical or spiritual health is compromised on a regular basis.

Maintain a Positive Attitude

Any organization is only as good as the people who work in it. Successful mentors understand that they have the ability to set the tempo and standard for less experienced people. In some mentor/mentee relationships there will be some level of tension, conflict or disagreement. However, successful mentors realize that their attitude will influence how the conflict is resolved. Successful mentors strive to maintain a positive attitude when faced with adversity.

Take pride in helping others and be genuine

Successful mentors are compassionate about helping others because they realize that their success did not occur without the help of others. Develop a sense of compassion for helping others and guide them out of genuine concern for their

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The current Chair of the SWPAG PAC Committee has requested that Senior (05/06) USPHS Social Workers become Mentors for new/existing Social Work Junior Officers . Currently there are more Mentees, than Mentors.

The mentoring program database is reviewed monthly. It is important to remember to be patient while the matches are made. Matches are not made exclusively by geographic location, they are also made by:experience within the same agency and same best practice-Micro/Macro Tract

The goal of this year's sub-committee is to have 100% participation in the SWPAG network. Last year there were twenty-seven matches made involving Social Workers, the most of any discipline in our HSO category. Our goal is to exceed the current record, however, we need your help and greatly appreciate your support.

QUICK & EASY PROCESS

Step I - Recognize that **YOU** as a Senior Officer are valued and have a great deal of knowledge and skills to share

Step II - Recognize that **YOU** as a Junior Officer are valued and are the future PHS Leadership

Step III - Go to CCMIS website- <http://dcp.psc.gov/go> to links select Professional Advisory Groups, click HSO Category-Mentoring program is listed on the left.

Step IV - Commend yourself for wanting to be Mentor/ Mentee

Note: You will not be overwhelmed. The current process is to match no more than two mentees per mentor.

Contact: CAPT Kerima A. Gibbons, Chair Mentoring Subcommittee Suicide Program Manager, Ft. Lee Army Post, Ft. Lee, VA at 804-734-9056. Email Address is: kerima.a.gibbons@us.army.mil if you have questions or require any assistance.

professional growth and not out of obligation. Mentees are more likely to gravitate toward and connect with mentors who are genuine.

Be knowledgeable about career advancement opportunities and requirements

A key responsibility of any mentor is to assist mentees in their professional development. This requires mentors to be familiar with career advancement opportunities and requirements that are relevant to their mentees. While it is the mentee's primary responsibility to be aware of career advancement opportunities, mentors should also be knowledgeable. Successful mentors provide helpful and accurate information to steer mentees in the right direction.

Stay focused on the overall mission

Successful mentors lead and guide because they understand that successful accomplishment of the organization's mission requires everyone to contribute. They do not get distracted by "temporary" change or chaos. Successful mentors keep their eyes on the prize (mission) during change and assist mentees in doing the same.

Guiding and leading individuals who are less experienced can be very challenging, but also rewarding. Do you remember the time when you longed for support and guidance? As you move forward in your professional endeavors and enter into mentor/mentee relationships, please consider the tips outlined above -our future is in your hands.



PHS Social Work At A Joint Base

*By LT Brooke Wallace, LCSW, BCD,
Brooke Army Medical Center, Fort Sam Houston Medical Clinic*

As a former US Army Social Work Officer, who entered active duty with the USPHS in October 2009, I thought I'd know what to expect when accepting a position at an Army Medical Treatment Facility. That would have been true if Fort Sam Houston were just an Army Installation. In writing this, my guess is that fellow PHS Social Work Officers stationed at other joint bases will be able to relate to my experience.

Shortly after arriving at my place of duty—Brooke Army Medical Center (BAMC), I attended several meetings focused on Joint Base San Antonio (JBSA). To provide a little history— The Department of Defense (DoD) received Congressional authorization for a Base Realignment and Closure (BRAC) in 2005. BRAC Joint Basing is a means to achieve several goals: eliminate excess infrastructure, reshape the military maximizing both war fighter capability and efficiency, pursue joint-ness, optimize military readiness, and realize significant savings in support of transforming the DoD. Under Base Realignment and Closure Joint Basing plan for San Antonio, approximately 49 installation support functions at the Army's Fort Sam Houston will combine with those at Randolph and Lackland Air Force bases to form what could be the largest base organization in the DoD when actions are completed by 2011. The Air Force is the lead agency for the San Antonio Joint Base, which is one of 12 locations where DoD functions will form joint bases.

What does all of this mean? All of the construction at BAMC means practicing "mobile" social work. The staff will be moving later this month to yet another location- the 4th clinic in 18 months. Coordinating the logistics for these moves takes time, organization and flexibility. It also involves easing the staff member's anxiety. With change usually comes anxiety, and we are no exception to that here. We are learning new systems and programs and adopting new ways of doing business.

My current position is as the Chief of Outpatient Social Work at Brooke Army Medical Center (BAMC) located at Fort Sam Houston in San Antonio, Texas. I manage both GS and contract social workers (all LCSWs) and administrative support staff. I have been presented with tremendous learning opportunities over the past 1 ½ years. I've had the opportunity to run the clinic in the absence of the Chief of SW services. I have learned the ins and outs of the Civilian Personnel System (and continue to learn all the little nuances). I have worked with the Family Advocacy staff and have been able to provide treatment to a diverse group of soldiers, sailors and airmen along the way. My passion remains rooted in my clinical work. I carry a caseload of clients and provide group, individual and marital therapy. My clients consist of active duty military members, their dependents, and retirees. It is a nice

mix of folks and keeps each day full of variety, which I feel is a luxury.

As mentioned above, the Air Force is the lead agency for JBSA. Therefore, our current Army Family Advocacy Program (FAP) will soon be run by the Air Force. However, dates for the transition are still not clear. Our FAP staff needs a new place of duty and a new manager, but we continue with business as usual until we get further guidance from the Air Force. While it seems like the process should be fairly easy, I'm realizing it's complicated on multiple levels.

Throughout all of the transition, I've learned how to manage both up and down the chain of command. As a PHS Officer, the vantage point is unique. Since I'm neither an Army nor an Air Force Officer, I can look in from the outside, while still being part of the process. I understand the Army and the Air Force value their rich histories and traditions. This becomes evident when attending JBSA meetings with members of various services. Each branch wants to hold tight to their values, traditions, and their own way of taking care of their service members. Some fear they will lose part of their branch's identity throughout the joint basing process. That's when being a PHS Officer truly offers an exclusive experience. I am an additional asset, here to provide treatment to the population we serve. I don't have to fear losing the identity of my service, as I'm simply a bonus player at the table in this most fascinating time of transition. The pace is slow at times, and the process often frustrating, but history is being made at my installation and the outcome is exciting for all involved.



Providing Care to Our Warriors and Families: Resources for PHS Officers

CAPT Gail Hamilton, PhD, MA, LMSW
Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

On April 15, 2008 the DoD and PHS signed a memorandum of agreement establishing the DoD-PHS Partners in Mental Health: Supporting our Service Members and Their Families initiative.

Currently mental health officers in the Commissioned Corps are detailed to military medical treatment facilities (MTFs) across the United States to treat service members who are returning from overseas deployment, as well as retirees and family members.

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) was created in November 2007 to be the open front door of the Department of Defense for warriors and their families needing help with psychological health and traumatic brain injury issues. DCoE accomplishes this goal by promoting the resilience, recovery and reintegration of warriors and their families.

DCoE website provides information and resources on traumatic brain injury, psychological health issues, and combat stress specifically tailored to health care professionals. Here you can learn about treatment and training options for PTSD and TBI. As well find out about PTSD and TBI Training Events at your military treatment facility, base, or community. Visit the website www.dcoe.health.mil to find resources on evidence-based clinical practice guidelines, as well as upcoming trainings at MTFs, webinars, related websites and reports.

Stay tuned: In the future we hope to include specific treatment and training related articles

“Social Workers - Who We Are and What We do”

LT Sonjia Howard, LISW, Chief Mental Health, ICE Health Service Corps
Elizabeth, NJ

We Educate, Teach, Motivate, Nurture, Inspire, Influence, and Empower

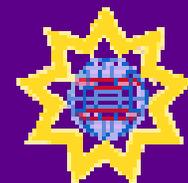
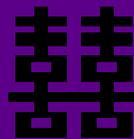
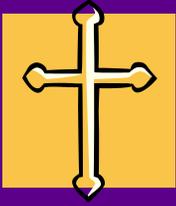
Individuals, groups, and communities who face a variety of challenges are more likely to fully recover and restore their lives when they are embodied, educated, motivated, and empowered to develop the assurance and confidence necessary to navigate health treatment services, social, economic, educational, recreational, cultural opportunities, and resources. Therefore, it is critical as Social Workers, scholars, and conscientious advocates to provide responsible, legitimate, and efficient tools necessary to our clients in order to achieve these goals. Based on my experience working with a variety of cultures, I strongly believe that clients who feel rejuvenated and empowered flourish not only personally by increasing self-awareness and accountability but also boost their desire to contribute to their communities as peers, employees, parents, residents, students, volunteers, teachers, and active citizens. My goal as a Social Worker is to provide the framework to make this vision a reality. Therefore, I will demonstrate how to start first with self then client.

Self-Awareness is the self-observation, contemplation, and reporting of one's inner attitudes, thoughts, and behaviors. It is a conscious and purposeful process relying on reasoning and judgment while examining one's own fears, strengths, weaknesses, beliefs, and prejudices.

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Spiritual Assessment: A Necessary Component in Meeting The Joint Commission Standards

LCDR Julie A. Niven, LCSW, Kenner Army Health Clinic, Fort Lee, VA



Just within the last few years, The Joint Commission (TJC) began requiring treatment providers to include as a portion of a patient's overall evaluation an assessment of the patient's spiritual outlook. The point of inquiring about the importance of spirituality in a patient's life is to determine how the patient's personal theological views might affect his or her care and recovery. TJC does not delineate what specifically must be included in a patient's spiritual assessment. Instead, TJC suggests at minimum that a treatment provider assess if a person has any particular religious affiliation and if a patient has particular theological beliefs that he or she feels are especially important in his or her life. The answers to these initial questions will provide guidance on whether more in-depth assessment is necessary. *The bottom line:* does the patient have beliefs he or she wants to incorporate in treatment and to what extent?

Patients possess widely varying spiritual beliefs, and providers vary in their individual comfort levels when assessing their patients' spirituality. TJC suggests that organizations provide an opportunity for dialogue between providers and their supervisors as well as a clear framework in regards to conducting the spiritual assessment portion of a patient's overall assessment. Training should be available to supervisors and providers who are unfamiliar or uncomfortable with conducting a spiritual assessment. Because there are so many different beliefs, cultural competency is also of particular relevancy.

When I worked with ICE Health Service Corps (formally Division of Immigration Health Services), I had the opportunity to work with a diverse range of patients with an equally wide range of strongly held religious beliefs and spirituality. Many of patients I met with in the Mental Health Department used their spirituality and faith as their primary coping mechanism. When this was so, I capitalized on the patient's coping mechanism that was already in place and often provided handouts that the patients could take with them back to their dorms. Following are a few of the spirituality-related resources I found most well helpful in my work.

1. **"The Serenity Prayer"**: *God, (or another higher power; whatever the patient's preference) grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.* Most of us are familiar with this little prayer, but did you know there is a second verse? One website that has the complete version as well as several translations other than English is: <http://www.thevoiceforlove.com/serenity-prayer.html>. *The Serenity Prayer* is particularly useful for patients who express feelings of powerlessness.
2. **"Anyway"**: a poem attributed to Mother Teresa is frequently helpful to patients who feel wronged by others. This poem encourages a person to focus on forgiveness and choosing "right" actions despite discouragement and difficulty.
3. **Referral to the chaplain.** Not all sites have a staff chaplain, but when a chaplain is available, he or she can be a valuable resource for support and/or a source of religious handouts.
4. **"Footprints in the Sand"** is a poem by Mary Stevenson that can help patients feel less isolated, sad, or desperate. And just as in *The Serenity Prayer*, the word "Lord" can be changed to fit an individual's particular belief without losing the meaning of the poem itself.
5. **"The 8 Beatitudes of Jesus"** (<http://www.jesuschrist Savior.net/Beatitudes.html>) can help patients who feel persecuted or who are mourning losses. This particular version of the Beatitudes offers study notes that can help the reader glean additional meaning from the scripture.

“A Black Woman’s Worth”

*CDR Dwayne Buckingham, LCSW, BCD
National Naval Medical Center, Bethesda, Maryland*

Psychotherapist and filmmaker, Dwayne Buckingham is catching the nation’s attention, one city at a time with his psycho-educational book and film, “A Black Woman’s Worth.” The captivating documentary has initiated conversations on the value of Black Women while challenging the stereotypes that effect and entrap many women. The film gives an insight into startling statistics that motivated Buckingham to write and produce “A Black Woman’s Worth.” The controversial question of what is the value of black women opened up other questions about who we are as a people, a community and why it is important to acknowledge black women in a positive light.

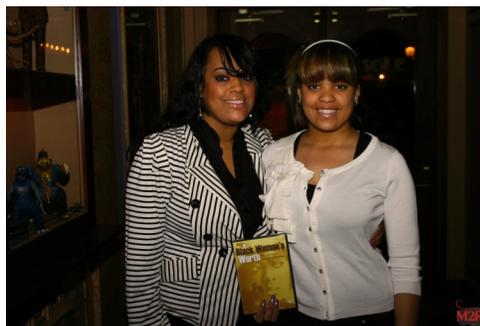


Buckingham believes it is necessary to uphold black women in the highest of esteem because negative impressions of black women leave a lasting impression on the youth that is detrimental to their growth. He reinforces that black women are the backbone of the family structure and have always been. The image of black women has too often been embattled with the scars of negative stereotypes. “A Black Woman’s Worth” examines the wounds of those stereotypes and the consequences of accepting those notions as truth. The film also serves as a learning tool to educate and encourage healthy dialogues between black women and men.



Buckingham: “I believe that the poverty and crime problems that we face in the inner cities are something that can be fixed if everyone works together and dedicates their time to educating those who are living without purpose, identity or education.”

Buckingham is convinced that the core of problems in the lives of youth stem from economic hardship, undiagnosed mental health issues and psychological problems that evolve from lack of parenting and stress. Buckingham believes that understanding the value of black women and the importance of a solid family structure is very vital to the future of our community.



Buckingham has appeared on NBC, ABC, Fox, The CW 11 and other television formats discussing “A Black Woman’s Worth.”

- http://www.youtube.com/watch?v=rPC7ctFjrco&feature=player_embedded#at=24es
- http://www.clipsyndicate.com/video/playlist/8178/2248184?title=homepage_channel&wpid=8989
- <http://www.ksdk.com/news/article/250315/3/Local-filmmaker-celebrates-black-women>
- <http://www.fox2now.com/videobeta/?watchId=f7df7f4d-f87c-4f32-b63e-9c18c3f25e29%3Fvideo%3DYHI&t=a>



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As a clinician it is essential to emphasize and promote not only professionalism but self awareness, humility, compassion, inspiration, integrity and conviction. Ask yourself do I have the following qualities and if you do put a check mark by them. Self preservation; self confidence; service to others; understanding; resilience; perseverance; character; judgment; decision-making; conflict resolution; creativity; imagination; and mindfulness. These are only several attributes social workers should hold true. There are dozens more I could go on with but for time sake we will concentrate on the above few. Engaging in introspection on a regular basis enables and fosters these same or similar characteristics in our clients. That is the reason before you can “help” others’ you need to “help” yourself. Set goals for yourself and your clients. Your goal is to ultimately provide invaluable services and resources from a reliable source - you.

In the field of human services, problem solving and establishing personal and social change may sometimes be difficult, but definitely not impossible. Furthermore, each and every one of us needs to create a platform from which we expect to build, enhance, change, or manifest our clients’ knowledge, capacity, and behavior. Although there are quite a variety of Social Work Theories and Evidence-based Perspectives to name a few: (Freudian, Cognitive Behavioral, Structural, Ecosystem, Strength-based, Cultural, etc.), Keep in mind it is imperative during our growth and development that we refine our practice not only through adopting and incorporating bits and pieces from Social Theory, build from knowledge, skills, experience and abilities but set our foundations in keeping with the tradition of NASW mission, core values, ethical principles and responsibilities. Also, as USPHS Commissioned Officers to incorporate and adhere to these concepts with the USPHS Commissioned Corps Mission and Core Values will keep you on track to reaching your goals for yourself and your clients.



A few basic goals for my clients I believe embody the epitome of who we are what we do:

- To provide a safe and secure means for self expression and peace of mind.
- Create and manifest change through acceptance, understanding, empowerment; encouragement, and independence
- Develop and enhance of self esteem; self worth; self discipline; courage; responsibility; and accountability using strength-based perspectives
- Instill and enable clients to put phase of life and complicated circumstances into perspective by examining their own attitudes, thinking, and behaviors while providing useful tools for problem-solving.
- Teach, establish, and foster realistic coping alternatives in real life situations
- Influence clients to focus on ones’ life outlook by concentrating and creating their own personal short term goals
- Enable clients to realize “options” and “choices” equal possibility, opportunity, and yes “change”

When the goal is to uplift, support, rejuvenate, inspire, and recover Social Workers must first consider their own bias, strengths, weaknesses, and limitations before they take on responsibilities’ greater than their scope. Stay within your range of practice. Engage in self awareness routinely to enhance growth, and development. Build and maintain a healthy attitude. Fill your toolbox with energetic, artistic, useful and resourceful items and don’t be afraid to refer your clients out in the event of conflicts of interests. Last but not least set realistic achievable goals for yourself and your clients.

2011 Army Medical Service Corps Junior Officer Week

LT Malaysia Gresham, Kimbrough Ambulatory Care Center, Fort Meade, MD

LT Malaysia Gresham and LT Latoya Belgrave, both Clinical Social Workers, were among the four United States Public Health Officers selected to attend the 2011 Army Medical Service Corps (MSC) Junior Officer Week. Junior Officer Week is an opportunity for Joint Service Medical Service Corps Officers, including the Army, Navy, Air Force, and USPHS to be recognized for excellence and develop leadership skills among their peers and leaders. It was held March 27- April 1, 2011 coinciding with Social Worker Month.

The Army has held this training since 1985 at Fort Myer, VA, and has included USPHS officers in the National Capitol Region for the last four years. The officers had the opportunity to meet and discuss issues with senior Army MSC leadership, the Army Surgeon General, the Army Medical Department, and other agencies including the MSC Corps Chiefs for the Air Force and Navy.

The Joint Service Officers were honored to have the amazing opportunity to tour Capitol Hill and were briefed by Congressional Professional Staffers. The officers toured the Walter Reed Army Medical Center's Military Advance Training Center providing cutting edge treatment for wounded warriors. They also toured the Pentagon where they were briefed by the Joint Staff leaders and paid tribute to fallen heroes at the Pentagon 911 Memorial.



LT Malaysia Gresham, 2nd row, 2nd from the left. Lt Latoya Belgrave, 2nd row, 3rd from the left.

In addition, they toured Arlington National Cemetery where the future leaders witnessed the honorable tradition of the Changing of the Guard Ceremony at the tomb of the Unknown Soldier.

LT Gresham and LT Belgrave were honored at the Award of Excellence Dinner hosted by MG David Rubenstein, US Army Chief, Medical Service Corps. Both social workers received a Certificate of Appreciation for Outstanding Service to the Medical Service Corps. The officers were recognized for making significant contributions to the AMEDD mission and performing in an exceptional manner. The certificate read, "Your demonstrated leadership, enthusiasm, and motivation have helped support a Nation at War, and offer a distinguished example of professionalism and competence for all Junior Officers to emulate. Your superb efforts attest to your abilities and potential as a valued member of the Medical Service Corps team. As the Chief of the Army Medical Service Corps, I salute you on your achievements and wish you the best as you continue to grow as a military leader."

LT Gresham and LT Belgrave were among the few officers selected to be invited to this prestigious leadership development training. They were grateful to have been chosen for this once in a lifetime chance to learn from our great leaders how to positively impact the future of our country. They were also blessed to begin lifelong friendships with other Joint Services Officers.

Both officers are currently serving under the Department of Defense Behavioral Health Initiative providing behavioral health services to active duty members, their families, veterans and other beneficiaries. LT Gresham is stationed at Kimbrough Ambulatory Care Center, Primary Care Clinic at Fort Meade in Maryland. LT Belgrave is stationed at Fort Campbell Department of Social Work, Blanchfield Army Community Hospital in Kentucky.

The SWPAG Career Development (CD) Subcommittee actively seeks and disseminates information on career opportunities for professional development, vacancies, and special assignments. In an effort to accomplish its mission the CD Subcommittee has created a calendar that lists various trainings/webinars, conferences and continuing education credit opportunities that might be of interest to our members. Please find a link to the calendar here: http://usphs-hso.org/pags/swpag/swpag_data/swpag_career_development_calendar.pdf

Please email questions/comments, suggestions for making the calendar better and information about trainings/webinars, conferences and continuing education opportunities to LCDR Tracy Pace, Chair, SWPAG Career Development Subcommittee, at tpace@hrsa.gov.

For your convenience here is a sample of opportunities available for **June 2011**:

June 1: Webinar: "Teaching self-advocacy skills: The Cancer Survival Toolbox Model", <http://www.socialworkers.org/ce/online/lunchtime/lcourses/Default.aspx?courseID=46d4f906-7f5d-4999-9320-0281367d2149&header=OFF>

June 8-12: Conference: International Critical Incident Stress Foundation, Inc. San Francisco, CA. <https://www.regonline.com/builder/site/Default.aspx?EventID=929821>

June 15: SWPAG Meeting: Contact: marinna.banks-shields@hhs.gov <<mailto:marinna.banks-shields@hhs.gov>>

June 20-23: Conference: "2011 USPHS Scientific & Training Symposium", <http://www.phscofevents.org/>

June 30: USPHS/OFRD "Field Medical Readiness Badge" eligibility scan, <http://ccrf.hhs.gov/ccrf/>

The Career Development Subcommittee would like to conduct a career progression teleconference that would include a discussion about items such as: continuing education for SW officers, career tracks, assignments (clinical, analytical, and administrative), DHHS and Non-DHHS billets for SW PHS officers, and permanent change of station process. The SWPAG Career Development Subcommittee is actively recruiting senior Social Work PHS officers to share their experiences with new Social Work officers. If you are a senior officer and interested participating in the panel please send a "statement of interest" to LT Cole Weeks, DoD, Schofield Barracks, Hawaii at ncsweeks@aol.com <<mailto:ncsweeks@aol.com>>

2011 SWPAG Meetings

June 15, 2011

September 21, 2011

December 14, 2011

Call in number...

(209) 647-1000

passcode 682167#

Coming in person?

Office for Human Research

Protections

1101 Wootton Parkway

Tower Building, Suite 200

Rockville



*Taps at the Memorial Day Ceremony in Richmond, VA
May 30, 2011*