



SWPAG NEWSLETTER

VOLUME III, ISSUE III

SEPTEMBER 2011

SWPAG Members at the USPHS Scientific and Training Symposium

LCDR Todd Lennon, LCSW

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2011 SWPAG Meetings

September 21, 2011
December 14, 2011

SWPAG Newsletter
created by
LCDR Julie Niven
CDR Christopher Cline

Over 20 social workers representing many different agencies and practice settings attended the 2011 USPHS Scientific and Training Symposium in New Orleans 20-23 June 2011. They took advantage of many opportunities to get together to share experiences and earn up to 17.5 continuing education credits.

Category Day saw social workers sitting together in a unity not found with other professions in the HSO category. Two social workers also received prestigious awards on Category Day. LCDR J.J. Lewis was presented with the 2011 Social Worker of the Year Award and LCDR Jamie Seligman was presented with the 2011 HS PAC Responder of the Year Award. Social workers were prominent presenters during first-ever round table sessions. Category Day wrapped up with a SWPAG breakout session attended by 13 social work officers. SWPAG Chair-elect LCDR Todd Lennon-representing SWPAG Chair CAPT Marina Banks-Shields-led a session during which officers learned about SWPAG's activities, issues facing the profession in PHS, how to become more involved, how to contribute to the profession through professional mentoring.

Social workers had the opportunity to get together during the annual awards luncheon and the annual Anchor and Caduceus Dinner. This brought together practitioners from diverse practice settings and geographic areas. In this informal setting senior officers shared lessons learned during their careers and junior officers expanded their ever-important networks.

One evening a group of 12 went to a local restaurant together and enjoyed some time with their hair down. All agreed that the time in New Orleans was time well-spent.

...Additional photos on page 2



Social workers at the COA Awards Luncheon

by CDR Donald Schmidt



SWPAG Members at the USPHS Scientific and Training Symposium

(additional photos—continued from Page 1)



LCDR J.J. Lewis receives the Social Worker of the Year Award from Deputy Surgeon General RADM Boris Lushniak and SWPAG Chair-elect LCDR Todd Lennon



SWPAG Chair-elect LCDR Todd Lennon-representing LCDR Jamie Seligman-receives the HS PAC Responder of the Year Award from Health Services Chief Professional Officer RADM Epi Elizondo on behalf of LCDR Jamie Seligman

National Prevention Strategy: America's Plan for Better Health and Wellness Priority: Mental and Emotional Well-being

LCDR Tracy Powell, PhD, MSW



Photo by HHS Photographer Christopher Smith

The Affordable Care Act called for the creation of the National Prevention, Health Promotion, and Public Health Council (National Prevention Council). Chaired by U.S. Surgeon General, VADM Regina Benjamin, the National Prevention Council consists of 17 heads of departments, agencies, and offices across the Federal government who are committed to promoting prevention and wellness. Under the leadership of VADM Benjamin, the National Prevention Council released the National Prevention and Health Promotion Strategy June 16, 2011. During the event, held in the Great Hall of the U.S. Department of Health and Human Services Humphrey Building in Washington, D.C., VADM Benjamin joined agency leaders Kathleen Sebelius (Secretary of HHS), Howard K. Koh (Assistant Secretary of Health, HHS), Tom Harkin (Senator of Iowa), Melody Barnes (Domestic Policy Council, Director), Lisa Jackson (Administrator of EPA), R. Gil Kerlikowsky (Director of Office of National Drug Control Policy), Robert Velasco (Acting Chief Executive Officer, Corporation for National and Community Service), and Jeff Levi

(Chair of the Advisory Group), to present the new and historical Strategy – the first-ever approach to prevention on a national level.

VADM Benjamin provided a comprehensive overview of the National Prevention Strategy in her opening remarks. According to VADM Benjamin, the vision for the Strategy is to improve the health and quality of life for individuals, families, and communities by shifting the national focus from treating sickness and disease to one based on prevention and wellness. The Strategy will emphasize that good health comes not just from receiving quality medical care but from stopping disease before it starts, and that good health also comes from clean air and water, safe highways, safe worksites, healthy foods, violence free environments, and healthy homes.

“As a primary care provider, I know the importance of prevention in a clinical setting. What is so exciting about the National Prevention Strategy is that it will support prevention at the doctor’s office and beyond,” said Dr. Benjamin. “We are creating a healthy and fit nation, and that means transforming our communities so that prevention is woven into all aspects of our lives.” In addition VADM Benjamin stated that the National Prevention Strategy’s overarching goal is to increase the number of Americans who are healthier at every stage of life. VADM Benjamin focused on the importance of Americans not only living longer but also being healthier throughout their entire lifetime.

The National Prevention Strategy identified four directions to help realize this vision and achieve its goals. These directions include Healthy and Safe Community Environments, Clinical and Community Preventive Services, Empowered People, and Elimination of Health Disparities. In addition to the four directions, the Strategy highlights seven priorities. The seven priorities focus on Mental and Emotional Well-Being. During her remarks, VADM Benjamin noted that many mental health and emotional disorders are preventable and treatable. To promote positive mental and emotional well-being, the Strategy recommends the following:

1. *Promote positive early childhood development, including positive parenting and violence-free homes.*
2. *Facilitate social connectedness and community engagement across the lifespan.*
3. *Provide individuals and families with support necessary to maintain positive mental well-being.*
4. *Promote early identification of mental health needs and access to quality services.*

To elaborate on both the directions and priorities, VADM Benjamin opened the floor for a question and answer session. The final question accepted by VADM Benjamin focused on the challenges associated with the National Prevention Strategy. In response, VADM Benjamin and panel members agreed that the challenges include changing the behaviors and thought process of Americans, maintaining the government focus on the strategy, and continuing to strengthen the collaboration among all agencies. In closing, VADM Benjamin encouraged all participants to become familiar with the National Prevention Strategy and all Americans to embrace the country’s new road map to a healthy and fit nation.

Key Documents:

For more information about and to download the National Prevention Strategy, please visit <http://www.healthcare.gov/center/councils/nphpphc> .

Mental Health: A Report of the Surgeon General

Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities

References:

National Prevention Council. (2011) National Prevention Strategy: America’s Plan for Better Health and Wellness [Press Release] Retrieved on June 16, 2011, Health Human Service, Great Hall, Washington, DC

National Prevention Council. (2011) *National Prevention Strategy: America’s Plan for Better Health and Wellness*. Washington, DC: Office of the Surgeon General

Federal Medical Center Devens implements *Get Fit Initiative 2011*

LCDR Osvaldo Baez, LICSW, BCD



The Federal Medical Center Devens, (FMC Devens), *Get Fit Initiative 2011*, was a vision from LCDR Osvaldo Baez, medical social worker, at FMC Devens. The purpose of the *Get Fit Initiative 2011* was to raise awareness of the value of wellness among FMC Devens staff.

The FMC Devens Get Fit Initiative 2011 was a fun way for FMC Devens Staff to participate in activities that promote a healthy lifestyle. One of these activities featured a Wellness Contest among the staff called the “Biggest Loser.” The challenge provided staff with a fun and creative way to make healthy lifestyle

changes. Seventeen teams, each consisting of four staff members, competed against each other in hopes of winning the ultimate title of “The Biggest Loser.” The contest started on March 4, 2011 and ended on May 27, 2011. The contest was based on the amount of “weight percentage lost” by team and individuals. Staff weighed-in twice a month in order to monitor their progress. At the end awards were provided to the individual and team with the highest percent of body fat lost.

During the Wellness Contest 23 out of 69 participants (32% of participants) were able to lose 10 pounds or more including Warden Grondolsky, who lost 17 pounds. At the end of the contest, most participants reported positive results. Many staff made significant lifestyle changes, including developing better eating habits, stress relief, increased work productivity, the reduction or elimination of medications, and just feeling better. Participants lost a total of 508 pounds. LT Anna Stevenson took the honor of “The Biggest Loser.” She lost a total of 36 pounds. The overall winning team, Fen-Phen Team - (LT Ezra Mell, LT Anna Stevenson, Melissa Badolato and Elizabeth Glasgow) lost a combined weight of 86.1 pounds.

Part of the supporting activities included individual counseling to staff from LT Frank Koch, RD and Julie Driscoll, RD from Clinical Nutrition Department; Weekly CrossFit training by LCDR Coons; Body Shape by Ms. Sherman, RN and Mixed Martial Arts and Kickboxing by LCDR Baez.

Most recent activity in support of FMC Devens *Get Fit Initiative 2011*, was the participation of 11 USPHS FMC Devens staff in the Hoppin’ Mud Run, 10 kilometers obstacle course held in Ambsbury, Massachusetts.



Task Force FMC Devens

from left to right: D. Goldstein, S. Spada, Dr. Spada, R. Coons, O. Baez, A. Stevenson, S. Einhorn, S. Spaulding, J. Lamare, L. Hogan, Unk, J. Jordan, F. Koch.

Rural Social Work 101

LCDR Janet Sanchez, LMSW

Twenty-five year old Mary reported to the hospital Emergency Department (ED) after she was physically and sexually assaulted by her husband, who she has been married to for 15 years. She has five children and the youngest is 9 months of age. She is unemployed and receiving monthly welfare benefits. She also receives SSI for one of her children. Her husband is unemployed and does odd jobs to support the family. He has a history of drug and alcohol abuse. He has not maintained or held a job for more than 2 months. The social services available to Mary are limited. She will become homeless if she leaves her husband. When asked about questions regarding the incident, she becomes anxious. When the police interview her, she is quiet and does not volunteer pertinent information. She fears that her husband will find out that the police spoke with her and that he will become angry at her again. Mary will not go to a safe house and refuses to file a report. She insists that, "He will change" and states, "It was my fault".

Mary is slender and exhibits a flat affect. She is wearing a long sleeve shirt on a hot summer day with long pants and torn shoes. Her hair is put up in a pony tail. Although we are offering help and giving Mary the opportunity to open up and seek services, she leaves the hospital and returns back to her home.

The hospital social service office eventually makes a referral to Child Protective Services (CPS), who then makes a home visit to Mary's home. Her husband does not seem to care about this visit and later, again assaults Mary. This time, Mary does not come to the hospital ED and is flown to another facility for a higher level of care.

This case scenario is common among the Indian Communities in rural areas. As a social worker and community member of the White Mountain Apache Tribe, there are many stories and cases that sound so similar far too often. As in most rural areas, there is a lack of immediate resources as compared to neighboring larger cities. The closest city to our community is four hours away.

We provide the best we care we can for our patients in meeting their immediate needs, however, it is usually not enough. We work with a small neighboring town for a domestic violence shelter house, as well as with the local police department and CPS. Due to staff shortages and the high volume of cases they have, their resources are limited as well.

We have to be creative and supplement our services to provide for the needs of this Native American community. We developed our own domestic violence booklet that contains local numbers for shelter, police and hospital. We wrote the booklet using easy to read vocabulary and large print. We educate the victims on the cycle of domestic violence and offer support, comfort and encouragement. We may see them in the hospital next weekend, next month or not for another year, but they will be offered all the services available to help them break the cycle of abuse.

The goal of the social workers in this rural hospital is to share information and provide awareness to the public. This is accomplished through the local radio talk shows and articles that are published in the local paper. We also go to other tribal programs and provide information on the topics of domestic violence, sexual abuse/rape, child abuse/neglect, suicide and teen pregnancy. We offer similar presentations in the local schools at their request. We continue to work closely with the local tribal programs and we do our best to let the community, public and local leaders know that we are offering all we can to meet the demanding needs of this rural community.

Stress is a common result from doing this type of work. As a staff, we try to relax by sharing a few snacks during the weekly case staffing meetings. We will leave the office and grab lunch for someone's birthday just to get away for awhile.

No matter the situation, we do what is best for our community and creatively try to adjust to the needs of a challenging population where social work is such a crucial part of the rural setting.



...SURVEY SAYS!...

In an effort to identify the needs of the Commissioned Corps social workers, provide quality service and ensure greater participation, a survey was conducted in Spring 2011. The survey was very simple but succinct and it was intended to highlight areas of concern and solicit ideas and ways to mitigate identified problems and concerns. Based on the results of the survey, 47 Commissioned Corps social workers responded to the survey. The following is a summary of the results:

Length of time in Commissioned Corps	Response Percent	Response Count		
1-3 years	42.6%	20		
4-6 years	21.3%	10		
7-10 years	19.1%	9		
10+ years	17.0%	8		
Licensure/Certification Held				
Graduate License	17.0%	8		
Clinical License	70.2%	33		
Advanced Generalist License	2.1%	1		
ACSW	6.4%	3		
BCD	51.1%	24		
QCSW	2.1%	1		
Other	17.0%	8		
Work Environment Conducive to Professional Development				
Yes	72.3%	34		
No	27.7%	13		
Control Over Schedule				
Yes	78.7%	34		
No	21.3%	10		
Support from COC/Supervisor				
Yes	95.7%	44		
No	4.3%	2		
Reason for Joining SWPAG				
Peer Support/Networking	37.2%	16		
Promotion of SW Activities	11.6%	5		
Professional Development	16.2%	7		
Information Sharing	32.5%	14		
Other	4.6%	2		
Days of Week for SWPAG Meetings/Teleconference				
	Beginning of Month (1-10)	Middle of Month (11-20)	End of Month (21-30)	Response Count
Monday	66.7	58.3	33.3	12
Tuesday	56.5	60.9	34.7	23
Wednesday	57.1	57.1	33.3	21
Thursday	43.8	56.3	25.0	16
Friday	50.0	66.7	66.7	12
How to facilitate SWPAG Teleconference/Meetings				
Better timing		27.6%	13	
Encourage participation		8.5%	4	
More Information on SWPAG		12.7%	6	
Reminders		6.3%	3	
Clinical area discussion/Trainings		6.3%	3	
Streamline meetings		4.2%	2	
Support from system		2.1%	1	
Unsure/no comment		25.5%	12	

	Response Percent	Response Count
Activities you want to benefit from SWPAG		
Trainings/Conferences/Information	65.7%	25
Mentoring/Networking	15.7%	6
Job Openings	10.5%	4
Unsure/No Answer	7.8%	3
Reasons for Low Attendance		
Timing	63.4%	26
Poor Impact of SWPAG	21.9%	9
Lack of Support	4.8%	2
Did not know/no answer	4.8%	2
Reason for Low Attendance during SWPAG Calls		
Poor timing/Schedule conflict	63.4%	26
Unaware of SWPAG calls	4.8%	2
Poor impact of SWPAG	2.4%	6
Lack of relevance of topics	17%	7
No answer	2.4%	1
Low Participation on SWPAG Sub-committees		
Timing/Schedule conflict	25%	10
Workload issue	15%	6
Unaware of opportunity to join	2.5%	1
Lack of recognition	2.5%	1
Poor impact	5%	2
Duplication of information	10%	4
Lack of relevance	17.5%	7
No reminders	5%	2
Lack of Clarity of roles	7.5%	3
Unsure	10%	4
No answer	2.5%	1
Reasons Nominations for Awards are Low		
No reason to nominate	7.5%	3
Lack of knowledge/purpose	35%	14
Lack of support	25%	10
Lack of effort/time/interest	17.5%	7
Lengthy process	5%	2
Low morale	5%	2
Other	2.5%	1
No answer	2.5%	1

The figures above have a story to tell. The results show that timing and conflict in schedule is the biggest hinderance to full participation in the SWPAG teleconferences and/or other activities. Support from supervisors and chain of commands do not seem to be a deterrent in our participation which is a positive outcome to embrace. Most social workers seem to have control of their schedule but workload demands have an impact on participation as well. There appears be strong demand for more opportunities for trainings and a chance to garner CEU's for professional development and enhancing clinical expertise. An area of concern which requires immediate attention and resolution centers is low nomination for awards. A majority of social workers are unaware of policies, processes and expressed lack of guidance in the nomination which contributes to lack of effort, time and interest in pursuing a nomination. There are also quite a few of social workers at duty stations where they are the only social workers. These social workers expressed that they do not feel they have the support they need and are uncomfortable in nominating themselves.

Survey results reveal that social workers join SWPAG to network with fellow social workers and for peer support, promotion of social work activities, and for professional development. It appears that these are the same reasons why there is a low attendance or participation in SWPAG calls/sub-committees. If social workers are not getting what they expect to get, then this accounts for the lack of relevance, lack of clarity of roles, and duplication of information. SWPAG leadership will be addressing these concerns and will take necessary action as part of their commitment to uphold the standards and expectations for this committee. Suggestions and recommendations are encouraged. Please submit these to the SWPAG sub-committee so the SWPAG can move forward in making a substantial difference and strengthening our team.

Teaching Neighbors How to Help in the Face of Crisis

LCDR William Satterfield, PhD, LCDR Malaysia Gresham, LICSW, BCD

LT Tricia Booker, LCSW BCD

In times of crisis, many people think they have limited resources and skills to assist each other, but as the people of eastern Kentucky found out, they have one of the most effective tools of all – each other. As part of Operation Foothold in Pikeville, Kentucky, the members of MHT-2 worked in conjunction with OFRD and the Remote Area Medical Event to provide basic psychological first aid training to thousands of local residents.

Pikeville is the county seat for Kentucky's largest county with a population of approximately 70,000. Pikeville and the surrounding counties are no strangers to disasters. Famous for its coal mines, hard working people, astounding poverty, and Loretta Lynn, this area is also prone to flooding and recently experienced crippling ice storms. The members of MHT-2 empowered the citizens of this region with a simple yet powerful psychological first aid program called "Listen, Protect and Connect".

The concepts of Listen, Protect, Connect (LPC) are simple, but have proven to be an effective tool in times of disaster. Originated by MHT-2 team's own Dr. Merritt Schreiber, the psychological first aid concept is similar to medical first aid. In a crisis, it often takes time for emergency personnel and other resources to respond. Meanwhile, people react and support one another by doing what they can with what they have. LPC is designed to provide people with the knowledge and skills to help ease the range of emotions and physical responses experienced by people exposed to disaster. These include common reactions such as confusion, fear, hopelessness, helplessness, sleeplessness, physical pain, anxiety, anger, grief, shock, aggressiveness, mistrustfulness, guilt, shame, shaken religious faith, and loss of confidence in self or others.

The first concept, "Listen", is simply being available to listen and pay attention to each other after a disaster, answering questions simply and honestly, and attending to non-verbal communication and major behavioral changes. "Protect" means making sure our neighbors and loved ones are safe, have their needs met, and are encouraged to get life back to normal as soon as possible. Lastly, "Connect" entails helping each other by offering support, connecting them to community resources, and checking on each other often.

Dr. Schreiber taught the MHT-2 members the concepts and then various strike teams set out to teach local community members. One presentation to a local Kiwanis club meeting was broadcast on a local television station, reaching thousands of additional citizens. Other teams presented to a senior citizens group, local medical providers, and on a local radio show. Perhaps the timeliest presentation was to a local youth group that was preparing to go to Joplin, Missouri to help the residents there recover from the effects of the deadly tornado.

In total, the MHT-2 demonstrated the effectiveness of using strike teams to advance the preparedness of thousands of local citizens in a very short period of time. To learn more about the "Listen, Protect and Connect", contact Dr. Schreiber at m.schreiber@ucla.edu.



From left to right: CDR Emily Williams, CDR Carolyn Cahn, LT Tricia Booker, local Kiwanis Club members, LCDR Malaysia Gresham



**Congratulations
to all
Social Workers
who were
promoted over
the last
promotion
cycle!**

...Other News ...



Fort Lee Army Post Offers ASIST Training this Fall

CAPT Kerima A. Gibbons LICSW, BCD

Kenner 's Department of Behavioral Health is proud to announce that in collaboration with the Virginia Department of Health, ASIST (Applied Suicide Intervention Skills Training) will be held on the grounds of Ft. Lee this fall. ASIST is a two-day workshop that prepares Caregivers of all backgrounds to provide suicide first aid to persons at risk. The training is very interactive and consists of small and large group work. Think of ASIST like you would think of a Basic Life Support (BLS), Course except the focus is to aid those at risk of suicide.

ASIST helps participants: 1. Explore their experiences and attitudes about suicide. 2. Develop a better understanding of the needs of a person at risk of suicide. 3. Learn how to use Suicide First Aid to meet those needs. 4. Build awareness and enhance skills that most individuals already possess. 5. Network and partner with community-based organizations. The overall goal of the ASIST program is to help create suicide safe communities.

The schedule for the fall is as follows:

October 2011: October 18th-19th Memorial Chapel -- 1901 Sisisky Blvd., Ft. Lee, VA

November 2011: November 8th-9th Memorial Chapel -- 1901 Sisisky Blvd., Ft. Lee, VA

There is no fee to attend the training, but we ask that participants register only if their schedule allows commitment to the two full days. Meals are on your own. ASIST will provide a training manual. Certificates and CEUs (if applicable) will not be given to applicants who miss any part of the training.

Once you are registered you will receive more details on training times. There is ample free parking at the Chapel. The minimum number per class is 15 with a maximum of 35. Please remember: to enter Ft. Lee you must have proper identification and proof of current insurance.

Registration for October 18-19, 2011:

<http://www.surveymonkey.com/s/FtLeeASISTOctober>

Registration for November 8-9, 2011:

<http://www.surveymonkey.com/s/FtLeeASISTNovember>

Point of Contact for any questions is CAPT Kerima A Gibbons: (804) 734-9056 or kerima.a.gibbons@us.army.mil

Call for Nominations for 2012 Chair-elect and Secretary

Nominations are invited for Chair-elect (Chair in 2013) and Secretary of the Social Work Professional Advisory Group (SWPAG) for the period of 1 January 2012 to 31 December 2012.

About the Positions

1. **Chair-elect:** This is a two-year commitment. This position assists the Chair in carrying out the responsibilities of the SWPAG for the first year (2012) and assumes the Chair for the following year beginning 1 January 2013.

The Chair and Chair-elect positions provide leadership to the SWPAG and support a liaison function to the HS PAC. The Chair-elect traditionally organizes Social Work Month activities and the annual election of officers. The SWPAG Chair is considered an ex-officio member of the HS PAC and is expected to attend the HS PAC meetings and any other significant events affecting the SWPAG.

The 2012 Chair-elect will have the unique responsibility to lead the 2013 Uniformed Services Social Work (USSW) Conference Planning Committee. The USSW Conference is the largest meeting of uniformed services and Veterans Administration social workers in the country. It is held concurrently with the Association of Military Surgeons of the United States (AMSUS) Annual Meeting. In 2013 USPHS is the lead service for planning the AMSUS and USSW conferences to be held in Seattle, WA.

2. **Secretary:** The Secretary position requires a one-year commitment. The Secretary is responsible for keeping a written record of SWPAG activities, including recording the minutes of meetings, maintaining reports and official documents of the SWPAG, and assisting the Chair and Chair-elect in carrying out the duties associated with their respective offices.

Additional responsibilities for both positions include:

- * Plan an event or campaign for Social Work Month in March;
- * Send out e-mails and listserv-related communications; and
- * Assist with conducting SWPAG activities at the USPHS Scientific and Training Symposium and the USSW Conference.

Benefits

What's in it for you? Serving as SWPAG Chair-elect or Secretary is an outstanding work experience and enhances your career by providing a leadership opportunity. As Chair-elect or Secretary, you have the opportunity to meet, work with, and assist fellow social work officers. You also have visibility as the lead for the social work profession in the Commissioned Corps, representing over 100 officers.

Nomination and Election Schedule

23 August: Nominations are solicited from Commissioned Corps social workers via the SWPAG e-mail distribution list.

...Continued on next page



...Other News...

...Other News...



...**CALL FOR NOMINATIONS** continued from previous page

13 September: Nominations are collected by the current Chair-elect and must be received by this date.

20 September: Candidates are announced. Voting ballot and candidate statements sent to members via the SWPAG e-mail distribution list.

19 October: Voting ends. All votes must be received by this date.

21 October: The election results are announced.

Nomination Process

* Prepare a profile in the format described below and complete all five sections. Officers seeking both positions should prepare two separate profiles.

* Send nominations via e-mail to SWPAG Chair-elect LCDR Todd Lennon (tlennon@hrsa.gov). Nominations must be received by Tuesday, 13 September 2011. If you are nominating a fellow officer, you must contact that officer and obtain his/her agreement to accept the nomination before submitting the information below.

* Note that responses to questions 4 and 5 are included with the voting materials distributed to the SWPAG.

1. Identify which position the nomination is for Chair-elect or Secretary
2. Provide personal information of the nominee:
 - a. Name and rank
 - b. Work address
 - c. Office phone number
 - d. E-mail address
3. In plain language, describe the nominee's current work function/position.
4. In no more than two paragraphs complete one of the following:

Chair-elect: describe the nominee's vision for the SWPAG; OR
Secretary: describe the nominee's organizational skills/recording skills.

5. For either position, describe the nominee's leadership ability and/or leadership track record in no more than three paragraphs. Include any SWPAG involvement and other experiences likely to help perform the duties of Chair-elect/Chair or Secretary.





Tips for Success

- "It's not whether you get knocked down, it's whether you get up." (*Vince Lombardi*)
- "I have not failed. I've found 10,000 ways that won't work." (*Thomas Edison*)
- "The person who gets the farthest is generally the one who is willing to do and dare. The sure-thing boat never gets far from shore." (*Dale Carnegie*)
- "What you do speaks so loud that I cannot hear what you say." (*Ralph Waldo Emerson*)
- "Courage is rightly esteemed the first of human qualities because it is the quality which guarantees all others." (*Winston Churchill*)
- "The time is always right to do what is right." (*Martin Luther King Jr.*)



2011 SWPAG Meetings

September 21, 2011

December 14, 2011

SWPAG teleconference

(209) 647-1000

passcode 682167#

1400 EST

ATTENDING IN PERSON?

Office for Human Research Protections

1101 Wootton Parkway

Tower Building

Suite 200

Rockville, MD

SWPAG Colleagues:

The Communications Committee encourages officers to submit any news/events information about fellow social workers, something you've accomplished, clinical issues, job/agency opportunities, recruiting ideas or strategies, career enhancement suggestions, educational opportunities (CEU's), publicity events, deployment/CFRD training experiences, COA events etc. for publication in the SWPAG newsletter. Please have submissions cut and paste ready. Thank you!



Please respond to CDR Cline at: Chris.Cline@phs.dhs.gov with submissions.