The NAVY PSYCHOLOGIST

WINTER 2010

A Newsletter for the Navy Clinical Psychology Community

Volume 3, Issue 1

THINGS THAT MATTER: FAMILY, DEPLOYMENTS, AND MONEY

Special points of interest:

- Updates from NAVY Clinical Psychology Leaders on the direction of our community and career information.
- Inaugural segments to help NAVY Clinical Psychology families.
- New Segments highlighting research looking to integrate technology and the practice of psychology.
- Insights from colleagues from around the world about what psychologists are doing and how to succeed.

Inside this issue:

FROM THE EDITOR

"It's amazing that the amount of news that happens in the world every day always just exactly fits the **Newsletter**."
-from Jerry Seinfeld's "Seinfeld"

When CDR Brice Goodwin asked me to take the helm I immediately had visions of grandeur. I thought of how, as the Editor of the Navy Psychologist, I'd garner multiple Pulitzer Prizes and be listed in the pantheon of print media greats like Johannes Gutenberg, William Randolph Hearst, and BACHO!

But alas, as I busied myself with the actual work of editing, I realized that a more realistic role for me was to provide an engaging newsletter, that informs, provokes thought, and if possible inspire. To this end, I am pleased to offer the latest issue of The Navy Psychologist (TNP).

This is a newsletter about and for the community of NAVY psychologists. Consistent with past issues, it is intended to build community, bolster morale, disseminate information, and serve as an outlet for both personal and professional announcements. At least once per year, the TNP will be circulated with a list of current members of our community (both uniformed and civilian) and their duty stations. I will work to make your newsletter inclusive of active duty, reserve, and civilian interests. At present, I anticipate two issues per year. Expect the second issue to be circulated in the Summer. It will offer a number of announcements relevant to the annual APA convention and the Navy Day meeting. The newsletter will be circulated via email and will simultaneously be posted to the web at the address listed below. Also, as a new feature, all articles and references will be made available via links on in the NAVY CLINICAL PSYCHOLOGYFACEBOOK page.

In this edition, I chose to focus on the three top issues identified to be of most interest to NAVY Psychologists. Namely, "FAMILY, DEPLOYMENTS, AND MONEY." These topics were identified in a recent needs survey conducted by CDR David Jones and his colleagues at NMC-Portsmouth. The highlighted articles will focus on aspects of these topics. Other segments such as "THE SCUTTLE BUTT" and "SPOTLIGHT ON ETHICS" will offer a diversity of observations and information relevant to NAVY psychologists.

The articles in this TNP installment represent perspectives that are both informative and, at times, humorous. We will also hear from a sample of newly appointed "REGIONAL ADVISORS." They will present their vision of their role and projects they will institute in the coming year. Future editions will highlight progress on their efforts.

Also in this edition, I will present "INNOVATION STATION" which will highlight interesting projects and programs from around the Fleet that integrate technology, research and the practice of psychology. You will also find a section entitled "ABOUT THE FLEET" which is a map of current duty stations and their incumbents with a particular emphasis on operational billets. Subsequent editions will highlight new billets such as the ROLE 3 programs in Afghanistan, as they emerge.

I welcome your contributions and invite each of you to consider a contribution to this effort. In the upcoming editions we will be considering short articles or column pieces on Research/ Program reviews in various areas of practice.

CDR Erick Bacho
Editor, The Navy Psychologist

The Naval Health Clinic Annapolis… The current home of The Navy Psychologist

CDR John Ralph,
Navy Clinical Psychology's New Specialty Leader

"Communication has been a huge focus of mine over the last few months. In the future, you can expect a more active website that includes sections on reference materials, a calendar of events, and even a discussion forum. "

A MESSAGE FROM THE SPECIALTY LEADER

By CDR John Ralph

Greetings all, and welcome to the latest edition of "The Navy Psychologist." This is my first TNP article as Specialty Leader, so let me take a moment to reiterate how proud I am to represent this community. There are few specialties in the Navy that are in such high demand or are the focus of so much attention. This is a mixed blessing of course; these are challenging times, but we know we're making a difference.

The focus of this newsletter is "Things That Matter: Family, Money and Deployments." This topic stems from the results of the Needs Assessment Survey we conducted last summer. Four major needs were identified by this survey: the timely receipt of incentive pay, good quality of life for families, maintaining communication with other psychologists, and a fair and equitable deployment process. As you've heard from me many times, we are actively addressing each of these issues. I've tried to lift the perceived veil of secrecy from the deployment process and increase everyone's understanding of why it can be such a challenge to meet our deployment requirements. While we will probably never create a process that functions smoothly all the time, I think we are making progress toward increasing the predictability of deployments and maximizing the transparency and perceived equity of the process. If you have suggestions about how we can improve it even more, I would love to hear them.

We're attempting to address family issues through the establishment of our Family Liaison. Please encourage your family members to enroll in our family group on Facebook. We're also establishing a working group to address quality of life concerns. Again, suggestions for improvement are more than welcome.

Communication has been a huge focus of mine over the last few months. In the future, you can expect a more active website that includes sections on reference materials, a calendar of events, and even a discussion forum. This website is actually very close to reality through Navy Medicine Online, so stand by to hear more about this soon. We also expect to hold regular teleconferences in 2010 – much like our psychiatry colleagues have been doing for some time. Please also don't forget that there is a Facebook group for our active duty psychologists. This site was created earlier this year by Dr. Carrie Kennedy, and is a great way to keep in touch with colleagues.

However, everyone's most immediate concern is the implementation of our new bonus package. As you know, this has taken longer than expected. What everyone should understand is that this delay in no way indicates that these bonuses are in doubt. They will happen, and they should be happening very soon. Again, this package will include a multiyear retention bonus ($10K/year for a 2-year commitment, $15K/year for 3 years and $20K/year for 4 years), $5K/year incentive pay for all licensed psychologists, $6K/year for board certification, and a large accession bonus for fully licensed providers.

Please stay tuned to the listserve for updates on all of these issues. Thanks for all you are doing, and have a great 2010!

A MESSAGE FROM THE NATIONAL TRAINING DIRECTOR

Dr. Eric Getka National Training Director.

NAVY PSYCHOLOGY TRAINING: GROWING TO KEEP PACE WITH THE DEMAND FOR ACTIVE DUTY PSYCHOLOGISTS

By Dr. Eric Getka

More Training

The past twelve months have been a period of unprecedented growth and expansion for our psychology training programs. There are now more options than ever before for people to receive advanced training in psychology through the Navy. In addition to our longstanding doctoral program at the Uniformed Service University of the Health Sciences (USUHS), pre-doctoral internships in San Diego and Bethesda, and specialty post-doctoral fellowships such as neuropsychology, we now have:

A post-doctoral fellowship in general clinical psychology at Naval Medical Center, Portsmouth open to applicants who have completed, or are in the process of completing, an APA-accredited, civilian pre-doctoral internship but are not yet licensed. Health Professions Scholarships that provide comprehensive educational funding plus a stipend for individuals finishing their first year in an APA-accredited clinical or counseling psychology doctoral program (Ph.D. or PsyD), and Duty Under Instruction for Navy Medical Service Corps (MSC) officers who are interested in pursuing a doctoral degree in clinical or counseling psychology or MSC officers who wish to convert from another type of psychology to clinical or counseling psychology.

Naval Medical Center (NMC) Portsmouth Resumes its Role in the Training Mission

Under the very able leadership of Dr. Tom Kupke (NMC Portsmouth Psychology Training Director) and CAPT David Jones, Portsmouth has opened the Navy's first post-doctoral fellowship in general clinical psychology. The Portsmouth faculty graduated their first post-docs this past summer, LT's Amber Scott and Brandon Heck, and they are awaiting the arrival of LT's Greg Asgaard and Ryan Maid in mid-March. Applications are being accepted for four additional fellows to start in the September/October timeframe.

NMC Portsmouth will play another important role in psychology training when they open their pre-doctoral internship program in the summer of 2010. This internship will have the unique mission of training USUHS graduates and recipients of Navy scholarships. The first three interns, who will be transferring from USUHS to NMC Portsmouth this summer, are LCDR Kenneth Sausen, LTJG Cynthia Rose, and LTJG Jeremiah Ford.

Intern Selection

As this issue of The Navy Psychologist goes to press, we are about to convene the Selection Board for the San Diego and Bethesda internship classes of 2010-2011. We will be taking a total of 12 interns, with 6 going to San Diego and 6 to Bethesda. We are all immensely pleased with the quality of our current intern classes and are hoping for a repeat with this year's Match. Our prospects for doing so are enhanced by a 43 % increase in the number of applications compared to last year. As of this writing, the Selection Board will have 40 applications to review.

Speakers Bureau

This past year, we have seen an increase in the number of Navy psychologists who have volunteered to visit universities or attend national and state psychology meetings to talk with students, training directors and licensed clinicians about the rewards and challenges of serving in the Navy. People are invariably impressed by the quality of the psychologists who are wearing Navy blue and by the variety of professional opportunities the Navy offers. There is no question that these visits have played an important role in the increased number of applicants for the internship and the sustained trend, over the past four years, of accessions exceeding attritions by a sizable margin. Many of these trips have been funded by the Navy Recruiting Command under the Speakers Bureau Program. The funds for this program are used across the board for Medical Service Corps recruiting but, with the priority being given to psychology accessions by Big Navy, we have been getting ample support.

Integration of NNMC and Walter Reed Internships

If you have had the chance to visit NNMC, Bethesda recently, you have seen major construction projects underway everywhere you look. This is the result of a billion dollar make-over that will culminate, in 2011, with the closure of Walter Reed Army Medical Center and the creation of a joint, Army/Navy medical command in Bethesda. As the merger of NNMC and Walter Reed proceeds, planning has also been underway since May to integrate the psychology internships that have been run by the separate institutions for many years. The combined internship will have two tracks, one for Army and one for Navy interns, but the training program will be fully integrated with Army and Navy interns progressing through their clinical rotations and didactics together. The separate tracks will allow applicants to Match separately with Army or Navy and participate in service-specific training activities.

"People are invariably impressed by the quality of the psychologists who are wearing Navy blue and by the variety of professional opportunities the Navy offers."
-Dr. Eric Getka

FAMILY: This inaugural segment will be the first in a series of regular articles offering insights to the experiences of families of Navy Clinical Psychologists.

A MESSAGE FROM THE NEW NAVY CLINICAL PSYCHOLOGY FAMILY LIASON

"Communication has been a huge focus of mine over the last few months. In the future, you can expect a more active website that includes sections on reference materials, a calendar of events, and even a discussion forum. " - Allison Evans

By Allison Evans

I have been a Navy spouse for almost six years and during that time we have been stationed at four different duty stations from the east to the west coast. We have been attached to medical treatment facilities, operational commands, and training commands, all of which have had distinct benefits and challenges. As a Navy spouse, I have learned that accurate information on topics such as where to live and what to expect with regard to work hours and deployments can have a tremendous influence on the quality of your experience at a given duty station. My vision for the family liaison is to create a forum where spouses and family members can openly exchange information to ensure the best possible experience while in the Navy. Additionally, since family concerns emerged as a significant issue in the most recent Navy Psychology needs assessment survey, I want to create a forum where family members and spouses can bring concerns directly to the executive committee without fears of harming the active duty psychologist. To begin to address these goals, I have established a Facebook page (Navy Psychology Spouses' Group), which will serve as a forum where spouses and family members can exchange information about duty stations and voice concerns. All spouses and family members are encouraged to join and provide information regarding their experience at different duty stations as well as any concerns they may have. I can also be contacted directly at Navy_Psych_Liaison@yahoo.com to discuss concerns or ways that the family liaison position can best support Navy Psychology. I look forward to working with you as the Navy Psychology Family Liaison.

FAMILY NEWS YOU CAN USE: MORE MONEY FOR SPOUSES

"Professionally licensed spouses are hit especially hard. On top of the difficulty of securing high paying jobs, another problem for licensed professionals married to the military has to do with expenses of licensure. " -Laura Bacho

By Laura Bacho

As with all things hard, some things just have to give. For me, since our last PCS, what had to give was my career. I thought it would be too hard to take care of the kids, the house, and a job while my husband was deployed. Isn't that a familiar refrain? How often have I heard military spouses say the same thing?

Frequent moves and deployments leave military spouses facing obstacles that few civilians can appreciate. We have all had to make tough choices when faced with obstacles to our careers. Unfortunately, women and men who marry into the military often postpone or give up a chance to establish a thriving career.

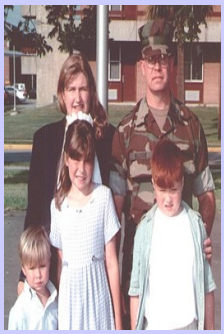
Professionally licensed spouses are hit especially hard. On top of the difficulty of securing high paying jobs, another problem for licensed professionals married to the military has to do with expenses of licensure. Since most licensed professionals are governed by individual states, spouses need to pay for and might need to test for new licenses with each move. The process can get expensive.

Several months ago I seem to recall reading an email from www.military.com about The Department of Defense's expanded "Spouse Tuition Assistance" program now called "Military Spouse Career Advancement Accounts"(MyCAA). I didn't pay it too much attention to it, since I'm not returning to school. I should have. Military Spouse Career Advancement Accounts (MyCAA) program can provide up to $6,000 of Financial Assistance to military spouses and is not limited to tuition. The program will pay licensure fees and required professional continuing education credits as well.

This is not exactly "new" news since the program was rolled out in May of 2009, but since this is our first newsletter, this deserves to be mentioned. There are some restrictions and applications to make, but it's all pretty straight forward. To get yourself established in this program, visit www.militaryonesourse.com or your local Family Service Center.

We now have some help. Any little bit is appreciated. Now if we just could get some help with finding those high paying jobs…. That is another article altogether.

FAMILY: Homecoming...Things you may want to know (Adapted from the Military Family Institute at Purdue University/DoD's 2010 brochure for Deployed Service Members and Their Families)



"Family takes many different forms in our community... Although many know to do these things already, for those new to the Navy Clinical Psychology community with spouses, children, or single and caring for a parent, these tips can go along way in helping your family's transition from deployment"

COUPLES

Reuniting with your Spouse:

It is normal to feel nervous and anxious about homecoming. Often Service members wonder whether my spouse will still: "Be proud of me?" "Love me and need me?" "Expect things from me?"

Plan for homecoming day. After homecoming, make an agreement with your spouse on the schedule for the next few days or weeks. Where do the children, extended family members or friends fit in?

Realize the day of homecoming is very stressful. You and your spouse may not have slept much and may be worn out from preparations.

Don't be surprised if your spouse is a bit resentful of your deployment. Others often think of the deployment as more fun and exciting than staying at home—even if you know otherwise.

Take time to get used to each other again. Reestablishing sexual intimacy will take patience, time and good communication—some people need to be courted again.

COMMUNICATE!! Tell your spouse how you feel—nervous, scared, happy, that you love and missed them. Listen to your spouse in return. The best way to get through the reacquaintance jitters, regain closeness and renegotiate your roles in the family is by talking and actively listening.

You've both been used to doing what you wanted during personal time. Feeling like you need some space is normal.

Your fantasies and expectations (especially professional expectations) about how life will be upon return may be just fantasies. Be prepared to be flexible.

You and/or your spouse may be facing a change in job assignment or a move. Readjustment and job transition cause stress. Allow yourself time to make these adjustments.

Resist the temptation to go on a spending spree to celebrate the reunion. The extra money saved during deployment may be needed later for unexpected household expenses. Stick to your budget. Show you care through your time and effort.

SINGLES, SINGLE CARE GIVERS, and SINGLE PARENTS

Reuniting with Parents, Extended Family Members and Friends:

You have certainly missed your family and friends, and they have missed you. Let them be a part of the reunion but balance your needs with those you love and care about. You will have a period of readjustment when you return home.

If you are single or live with/care for elderly parent(s), family, or a friend, many of the above tips for a reuniting with spouses and children may apply. Changes in the house or routine may be stressful. Go slowly in trying to make the adjustment to being home again.

Some things will have changed at home while you were gone—marriage in your family or with friends, new babies born, new neighbors, changes in relationships.

Some things will change with the people you've lived and worked with prior to deployment. Married friends will be involved with their families. Others may return to their old friends and you may feel left out.

Your parents and family have been very worried about you over the past months. Give them time and special attention.

You may be facing a change in job assignment or a move, or trying to meet new people, looking for a new relationship. All these things cause stress.

FAMILIES WITH CHILDREN

Reuniting with Your Children:

Children may be feeling the same confusing things you and your spouse feel—worry, fear, stress, happiness, excitement. Depending on their age, they may not understand how you could leave them if you really loved them.

They may be unsure of what to expect from their returning parent. They may feel uncomfortable around you or think of you as a stranger.

It's hard for children to control their excitement. Let them give and get the attention they need from you before you try to have quiet time alone with your spouse.

Children's reactions to your return will differ according to their ages. Some normal reactions you can expect, and suggestions for handling them are:

Infants: Cry, fuss, pull away from you, cling to your spouse or the caregiver they know. Talk to them while holding, hugging, bathing, changing, feeding, playing, and relaxing with them.

Toddlers: Be shy, clingy, not recognize you, cry, have temper tantrums, return to behaviors they had outgrown (no longer toilet trained). Give them space and warm up time. Be gentle and fun. Sit on floor at their level and play with them.

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FAMILIES (Cont'd from page 5)

o **Preschoolers:** Feel guilty for making you go away, need time to warm-up to you, intense anger, act out to get attention, be demanding. Reinforce that they are loved unconditionally, listen carefully, accept their feelings, find out new things they are interested in, play with them, control attention-getting behavior.

o **School Age:** Excitement, joy, talk constantly to bring you up to date, boast about you, guilt about not doing enough or being good enough. Review pictures, school work, family scrapbook, praise for what they did during your deployment, do not criticize.

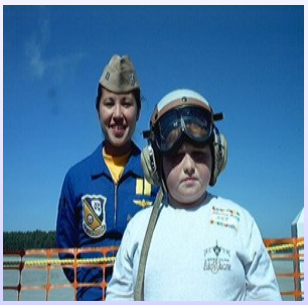
o **Teenagers:** Excitement, guilt about not living up to standards, concern about rules and responsibilities, feel too old or unwilling to change plans to meet you or spend extended time with you upon your return. Share what's happened during deployment, encourage them to share, do chores together, listen, respect privacy and friends, don't be judgmental.

Reassure children and spouse and communicate your love to family. Children are excited and tend to act out. Accept and discuss these physical, attitudinal, mental, emotional changes and get re-involved with your children's school and social activities.

For more information go to Military Family Research Institute's website http://www.mfri.purdue.edu/

RELIEF FOR SPOUSES

Message to families via LCDR Sausen



The President has signed the Military Spouse Residency Relief Act. This Act, among other things, would provide that when a service member leaves his or her home State in accord with military or naval orders, the service member's spouse may retain residency in his or her home State for voting and tax purposes, after relocating from that State to accompany the service member. When the military orders service members to move, spouses who move with them often have to pay taxes in a new State or locality and lose the right to vote in the place considered to be home. This legislation will alleviate these and other burdens on military families. The White House statement can be found at: http://www.whitehouse.gov/the-press-office/statement-president-s475

PROGRAMS FOR FAMILIES:

S.T.O.M.P.
(Specialized Training of Military Parents)

STOMP, was established to assist military families who have children with special education or health needs. It is a parent-directed program exists to empower military parents, individuals with disabilities, and service providers with knowledge, skills, and resources so that they might access services to create a collaborative environment for family and professional partnerships without regard to geographic location.

STOMP provides information on:

♦ Special education laws
♦ The Individual Education Program (IEP)
♦ Support groups
♦ EDIS and Early childhood services
♦ DODDS/DDESS
♦ SSI/Medicaid
♦ Transition from school to adulthood
♦ TRICARE or ECHO
♦ PCSing and Networking
♦ Other resources

STOMP will provide military parents with individual assistance and information about parents rights and responsibilities in achieving special education services for their children whether located in the United States or overseas. STOMP also provides tailored workshops on a variety of subjects to meet the unique needs of the community or installation - these workshops can include:

- Working with the educational or early intervention planning teams to get services for their child who has a disability.
- Accessing educational and medical records and developing a comprehensive home file.
- Accessing resources in both current duty stations and future duty assignments to speed the process of receiving services quickly when the family transfers.
- Making informed decisions with respect to overseas assignments and/or services within DoDDS overseas and DDESS schools.

FOR MORE INFORMATION

http://www.cfs.purdue.edu/MFRI/pages/military/deployment_support.html

*"**STOMP**, was established to assist military families who have children with special education or health needs."*

DEPLOYMENT: This segment offers insights to the experiences of recently deployed Navy Psychologists:

NEW DEPLOYMENT OPPORTUNITY: The Role 3 NATO Hospital Kandahar Airfield (KAF), Afghanistan

By CDR David E. Jones, Ph.D., ABPP

Getting Ready to Deploy. What a tremendous experience this deployment has turned out to be! Believe me; the start of this deployment was difficult. I received word on Friday 31 JUL 2009 that I was the alternate for a deployment to Afghanistan that would mobilize at NMPS Norfolk on 10 AUG. I was preparing that weekend for a long anticipated family vacation where we would go to Niagara Falls and then Toronto, Canada to attend APA (where I had two presentations to give) and then visit Montreal and other sites in the country. My POMI said that given my alternate status, I needed to start all the administrative and medical processing for the deployment, as if I was going. I knew deep inside that I would end up going. So the trip to Canada was cancelled and my family and I prepared for me leaving on a short-fused deployment. On 5 AUG, I received word that I had moved from the alternate to the primary pick and was ordered to report in 5 days for pre-deployment processing. Like a hard punch in the gut, reality set in. Since I live in the Norfolk area, a little of the sting was taken away because I could at least go home at night for that week before we headed to FT Jackson, SC. After my first day at NMPS, I was heading home in traffic when I felt my back passenger tire go flat after catching a nail in the road. So I pulled off on a side street and put the spare tire on and drove to a tire store for a repair or new tire. As I sat in the waiting area about 1730, all I could think was that I just wanted to be home at home to spend as much time with my wife and girls as I could before I had to leave. Fortunately that was the only real hassle I had with NMPS (OK, there was NKO, but don't get me started!) and then it was on to combat training. While at NMPS, I got to meet the other members of the Combat Stress Team and saw that we had a strong 7-person group assembled for the work ahead.

> "So 8 pounds lighter and almost 800 rounds later, I qualified on both the M-9 and M-16 and even had my turn on heavy weapons, including the 50 cal and SAW. Even learned to belt out an Army 'Hoohah' with gusto! "
> - CDR Dave Jones

Pre-Deployment Combat Training. So what does a 50 year-old, (and truth be told: out of shape), Navy Psychologist do to get ready for combat deployment? Well, Uncle Sam books him (or her) for an a 3 week all expense paid trip to "beautiful" Camp McCrady Combat Spa and Sweatbox Resort in hot and humid FT Jackson, South Carolina in A-U-G-U-S-T, no less. Wow, there were a couple of days there, folks, where I did not think I was going to make it wearing body armor and a Kevlar helmet in that summer heat. Lesson to the wise, get in shape now because the action has shifted to Afghanistan and we're going to be sending more Navy IAs there via Camp McCrady in the future—your turn maybe next. Slowly, but surely, through the combat training, I was toughening up, trimming down, and learning all about weapons handling and convoy patrols. So 8 pounds lighter and almost 800 rounds later, I qualified on both the M-9 and M-16 and even had my turn on heavy weapons, including the 50 cal and SAW. Even learned to belt out an Army "Hoohah" with gusto! The Army trainers were excellent, I just wish there were more of them because we had a big class going all over the AOR and there was too much "white space" built into the training schedule and too few buses to haul us to the various ranges. After Camp McCrady, we took another turn at convoy training under spartan conditions at the Udairi Range in Kuwait. (It's not as bad as it's billed to be). We also did close order firing on that range where you had to pay attention and trust your buddies who were firing near you on your left or right. After all of our combat training we arrived in Afghanistan at 0130 on 13 SEP 2009 in full battle rattle and checked into our tents. We had a day to get rested and then placed our medical hats back on as the Navy team trained to take over the NATO Hospital on KAF from the Canadians.

Boots on Ground in Afghanistan. My first several weeks on KAF involved orientation training and just getting acclimated to life here. Although we live in a desert area, it's not as hot as Kuwait. There are mountains off in the distance. For the first several weeks on KAF, I lived in a large tent with 55 of my new closest friends in an area called Southpark. The heads were portapotties about 50 yards from the tent; the cold water shower with no lights was 150 yards from the tent and the hot water shower with lights was 400 yards away. After a while, it just became too much of a hassle to go to the hot water shower each time and most of us started going the cold water route and, man was that water breathtakingly cold!

Now I don't want to create too bleak of a picture because KAF is an international base where there are lots of amenities like access to gyms, multinational PXs and DFACs (dining facilities), MWR phones and computers, and a collection of shops and eateries known as the Boardwalk. Life on KAF is a resort compared to life on some of the FOBs in the region. After about a month (as the Canadian medical team members rolled out), I moved to the NATO barracks. It truly is a night and day experience living in the barracks because we have indoor plumbing and stay in a rocket proof building with 2-man rooms that are comparable to any good college dorm in the States with internet connectivity and heating/cooling systems in each room. The walk to the hospital is now less than 15 minutes.
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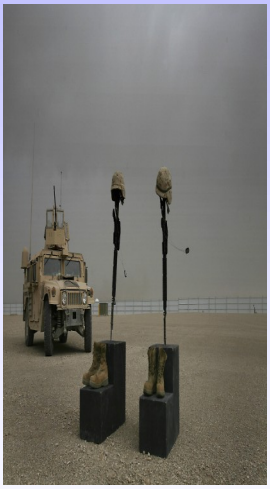
During our first few weeks, we had a couple of rocket attacks that hit unpopulated areas on the base. I'm not aware of any injuries from rockets since we've been here. A few days after we arrived, we were awakened about 0230 and people were asked their blood type. All of us with O+ were asked to quickly dress and be ready to get on a bus to the hospital. Try that at home sometime: early some morning when your spouse is in a dead sleep, shine a flashlight in his or her face and ask your partner to name his/her blood type. Can you see how that might be a little bit jarring?--Yeah, that's how we felt about it too, until we learned that some young Brit had been hit by an IED and needed so many transfusions that the blood bank had been depleted. Fortunately, there were so many folks that had responded from around the base to the walk-in blood bank that we were not needed. I know I fell promptly back into a dreamless sleep.

The Role 3 Hospital. In a dignified international ceremony on 15 OCT 2009, the Navy under CAPT Via took over primary leadership of the NATO hospital here. The term "Role" is NATO-speak equivalent to our word "Level". So we work in a 200+ person Level 3 hospital that is the main trauma center for southern Afghanistan. We have an international team aboard of Americans, Brits, Canadians, Dutch, Germans, and occasionally Romanians. The medical team here expertly fields an array of cases with a focus on combat trauma and surgically stabilizing coalition soldiers for aeromedevac to Landsthul, Germany. The hospital also serves Afghan National Army and Police personnel, and local Afghans injured in the fighting, including children. Per the Geneva Convention, enemy combatants and detainees are also treated. As you might imagine, the medical and ethical challenges are immense, especially in determining the extent to offer First World medical treatment to local Afghans who will be returning to impoverished Third World conditions where any complicated follow-on care is not sustainable. There have been plenty of heartbreaking cases, particularly in treating severely injured children. That said, the camaraderie and morale in the hospital is high because people know that they are doing important work that truly is making a difference in the lives of the people served. Our Combat Stress Team has two psychiatrists (LCDR Ken Richter and LT Neil Hines), a psychiatric nurse practitioner (LCDR Bobbi Dittrich), 1 British medical nurse (CPT Nick Parry), 1 Canadian social worker (CPT Shelly Woodhouse-Gordon) and 4 psychiatric techs (HM1 Rodney Taylor, HM2 Larry Shipman, HN Wyatt Creel, and HA Seth Sweger), and of course, one psychologist, me. We're offering a full range of services, including: combat stress education and group support, traumatic event management, routine mental health evaluations, command-directed evaluations, consultation to commanders, medication management, individual therapy, psycho-educational and coping skills classes, and in the near future a combat restoration program, and assessment and education service for mTBI/post-concussive syndrome. I'm primarily involved in direct patient care. I've been "outside the wire" three times so far (once by convoy and twice by helo) to FOBs to provide combat stress support and traumatic event follow-up services, after units have had soldiers killed in action. Without a doubt, this tour will be one of the most memorable and satisfying of my time in the Navy.

Some highlights so far: 1) Meeting medical staff and/or mental health representatives from all over the world. Even passed the time in a bunker waiting for the "all clear" signal with a group of Jordanian medics—fortunately their broken English was way better than my virtually non-existent Arabic; 2) My church care group pushed me into the 21st century and sent me a surprise gift of an iPod loaded with music, videos (including one from them), and some excellent sermons. What a great gift!; and 3) While visiting a FOB last week, I observed (from safely inside the FOB, thank you) a special ops mission quickly unfold about a mile from the FOB complete with a helo assault with rocket and machine gun fire. It's just not every day that you witness something like that on your way to a counseling session!



I could go on, but one more story will have to suffice. Two weeks ago, I was completing an evaluation in the trailer I work out of near the main hospital and stepped out to see an arresting sight. A row of ambulances had pulled up and several of our nursing staff and corpsmen were wheeling flag draped body bags to the vehicles for the short ride from the trauma bays to mortuary affairs on another part of the compound. These Stryker battalion soldiers had arrived here after a horrific IED explosion in which 7 were instantly killed along with their Afghan interpreter. A day later at the request of the Battalion, I was on a Blackhawk helicopter flight with two of my techs to meet with the unit that had suffered such a terrible loss. As I sat and talked with these men who shared their grief, their anger, and their helplessness at seeing so many of their buddies die, I was struck by the very special work that we do in Navy Medicine and felt a deep sense of honor at simply being able to be present with these soldiers and sharing with them in their time of loss. Four hours later, they were back out on a mission. They were not sent to a particularly dangerous area. The intent was to keep them to working together as a team as part of their recovery process and to keep them in the fight. Tougher missions would soon be ahead for them. That's how it is out here: we work with men and women and use our clinical skills and experiences to keep them in the fight. Of course, a few for a variety of reasons, will not be able to function adequately out here and we will help move them back to the rear. The vast majority of troops, however, who come our way through combat stress services, just need some compassionate care to keep on keeping on—it's our privilege in Navy Psychology to stand in a proud tradition to provide just that type of care that helps our coalition troops complete their mission.

Greetings from Camp Leatherneck,Helmand Province, Afghanistan.
Suggestions for individual augments to the USMC By LCDR Jonathan Locke

This is my fourth deployment as an individual augment (IA) to a USMC logistical unit. While reflecting on my current and past deployments, and experiences ranging from comical to tragic, I thought I might have a few opinions worth sharing, more particularly for people deploying as IAs for their first time.

Be a FNG (fine new guy/gal). You may be one of many strangers who find themselves working to organize into a functional group. You may see storming, norming and (hopefully) performing (think Yalom in MARPAT). You will likely have excellent opportunities to be a model-setting participant by being an open and appropriate communicator. A smile, handshake and small talk can be important. While creating interpersonal bridges, you can also help set the tone for the deployment for everyone. Cheerfully providing good quality mental health consultation, and just being a likeable person, can go a long way to establishing one's credibility and reputation. Because you do not know who may benefit from your assistance, it may be important to exercise some restraint in your self-disclosure, retain a little dignity, and to always be clear about what your role is. This may be a bit like practicing in a small town.

"Show heart. If you get sick while riding a CH-53, try not to hit the person next to you, and barf like you mean it."
…LCDR Locke

When in Rome... My deployments to Haiti and Iraq, and living in Japan, have impressed upon me how helpful it can be to speak even a little bit of the local language. So has Afghanistan; I dined with Afghan soldiers and I don't know any Pashto or Dari. Consider studying the spoken language, and the local culture, as if you were going to be a tourist (Pimsleur or Rosetta Stone language programs may be helpful). I have found that simple phrases like "hello" and "how are you" can foster a positive rapport, create opportunities for oneself, and perhaps avert problems you might not see coming. Also, it can be very important to know the local dos and don'ts.

It can be helpful to know how to show respect and proper manners, and it could be unfortunate to offend or insult someone for whom personal, tribal, ethnic and religious honor are very important. More generally, how locals feel about us can have a huge impact on an operation; consider yourself an ambassador and act accordingly.

Learn USMC customs and culture. And perhaps growl. Create credibility and avoid problems by knowing and adhering to USMC grooming standards and uniform regulations. Also be aware that USMC culture can be perceived as a little aggressive at times. You might experience yourself as being pushed into taking positions you do not actually believe or approve of. So, be a FNG and politely stand your ground. And if perceived pushing becomes more aggressive, consider politely, and clearly, pushing back. "This is just a recommendation. It is your call, and your liability."

Be open to new experiences, especially unpleasant ones (AKA 'Embrace the suck.'). It seems that every silver cloud has at least a little grey.

There may be many forms of grey, including weather and other conditions (heat, dust, flies, and mosquitoes), conditions on the ground (indirect fire) and creature comforts (the quality and availability of food and accommodations). It may be helpful to accept difficult experiences for what they are, to keep them in perspective, and attempt to learn and grow from them.

At times, your gear may feel like a burden, but simply be an under-appreciated asset. It may be helpful to tinker with your stuff to learn it, especially if there are more experienced persons (Corpsmen, Marines) around to assist you. You might want to take your things for a test drive. You think you will only need your poncho liner and you can ditch the sleeping bag? Try sleeping under the stars on an isomat in 0 degrees Celsius and see what you think. You might consider window-shopping online at military surplus stores and companies such as Blackhawk, Brigade Quartermasters and Ranger Joe's. Also, consider looking into companies that supply camping gear.

You only have what you carry. When you deploy, you will not have Wal-Mart nearby, and if there is a local PX it may only supply tobacco products and boot bands. My suggestion is that you think through the essentials and semi-essentials for the duration of your deployment (clothes, medications, toiletries, writing supplies, etc.) and do your best to pack that stuff as efficiently as possible. Again, plan for the full duration of the deployment. It was over a month before I got my first mail in Afghanistan, and I am still getting things sent two months ago.

Victory through logistics (and the United States Postal Service). So, you have seven months' worth of stuff but the CIF (consolidated issuing facility) gear is crowding your seabag? You might package your supplies up into relatively small boxes, put blank mailing address labels on the boxes, and then entrust them to someone reliable (giving them money ahead of time may help). Mail sometimes seems to disappear, so you may wish to mix contents (i.e., not have only one type of cargo in each box). You might keep an inventory list of what each box contains, and give each box an identification number. When you reach your destination, you can send your mailing address to that trusted person, and ask him or her to mail you your stuff, either as successive boxes or as a single volley.

Be wary of potential hazards. During my deployments, controllable hazards have produced results I have seen, including negligent gunshot wounds and a Marine's three fingers being crushed off on aviation equipment. My suggestion is to generally try to be aware of your surroundings with an eye to potential dangers, whether it be loading equipment perhaps being operated recklessly; someone for whom muzzle awareness is an alien concept, or someone who just seems like a menacing character. It may be helpful to bring other people's awareness to the perceived danger, perhaps phrased as a question if you don't want to sound like an alarmist: "Do you think that Iraqi officer is paying attention to where he is pointing his AK-47?" Show heart. If you get sick while riding a CH-53, try not to hit the person next to you, and barf like you mean it.

DEPLOYMENTS: BEEN THERE...DONE THAT

The life and times of Lieutenant Commander Andy Martin

Lieutenant Commander Martin has deployed twice to Iraq with various Marine Corps Logistics and Supply Battalions, served as Ship's Psychologist on board USS John C. Stennis, and served a couple of months underway on USS Abraham Lincoln.

When I joined the Navy for internship ten years ago, I planned to do my four and get out - partly to avoid ever becoming ship's company. Then I watched a friend serve as ship's psychologist, saw him make rank, and saw him compete successfully for loan repayment. So with a renewed and financially-based interest in staying Navy, I considered my friend and thought, if he can do it, maybe I can too. As it turned out, my ship tour was the best of my career thus far, and not because of money or career progression. In the end, the lasting benefits were a sense of accomplishment and a deeper connection to the Navy and its traditions.

I certainly never wanted to deploy to the desert (not twice anyway), seeing it as neither financially beneficial nor career-enhancing. It was simply something we all had to do. In reflection however I can say that when asked someday about the highlights of my career, serving Marines on deployment will be in the top two, along with carrier duty. I entered each experience with ambivalence, and was surprised how fulfilling each deployment has been. What's that cognitive term for rationalizing a bad experience by extolling its virtues? Have I fallen prey to that? You decide. Here are some of my experiences of deployment (good and bad). Hopefully those who are still undecided about putting themselves in a position to deploy will find something useful in them.

Flexibility and patience. I wish I had more of both on all my deployments. Although the first two most challenging aspects of deployment were separation from family and being placed in a potentially dangerous environment, more pervasive and a close third was the change in environment and practice. In the military treatment facility we are required to independently focus our time and effort according to our training and the needs of our beneficiaries. The command's mission is healthcare and there is great pressure to independently ensure the highest productivity and efficient use of our time.

On deployment, we are one small cog in a command whose mission we support sometimes by providing healthcare, sometimes not. Keeping this in perspective is key for me and took some getting used to. One of my least favorite parts of deployment is fellow providers complaining of the command's incompetence, measured by the provider's downtime, wasted time, and training requirements unrelated to healthcare. Personally, I think if people acknowledged stressors one and two a bit more honestly, there would be less need to direct frustration elsewhere. Nonetheless, it IS frustrating to wait twenty hours to move one-hundred yards, then discover you must move back. It seems pointless to be trained to disassemble and reassemble crew-served weapons. Weapons and safety training can also be unnerving, given its ultimate purpose, however unlikely. I've said it myself - ?If the psychologist is needing to man this weapon, it's too late already (I'll never need this training).? Again, facing normal fears can I think, reduce the seemingly pointless nature of such training. And in the end, taking seriously as much training as possible made me feel safer once in theater.

A successful deployment requires all the usual coping skills of course. Keeping in contact with loved ones, maintaining your health, and developing mutually supportive friendships are all key. Did you enjoy high school? Did you not enjoy high school and would like to try again? New and fulfilling friendships develop quickly on deployment, which helps replace some of the support usually provided by loved ones. And I recommend NOT scheduling patients seven days a week, even if others claim to be working seven eighteen-hour days. As you've heard, most of them would not trade jobs with us and they definitely don't want us to burn out at our jobs.

If you have the opportunity, get Surface Warfare or Fleet Marine Force qualified. The learning and testing process can be tiresome, especially if you went from Kindergarten to Doctorate without taking a break. But the hidden benefit is that with a greater understanding of the Navy and Marine Corps, the work becomes easier and more fulfilling. This is also probably the source of a greater connectedness to the organization and its traditions.

Finally, I took great enjoyment in new and unique experiences, which continue to give joy through memories and shared stories. Flying from ship-to-ship for consulting or patient-care, witnessing the beauty of extreme weather, taking part in sea-going traditions that are thousands of years old, experiencing foreign cultures, being part of a multi-national effort, having access to hundreds of commanding officers from whom to learn through the consulting process, getting to support the worlds bravest people, and the list goes on.

During my exit interview, my aircraft carrier commanding officer said, "Andy, you don't even realize right now how much you've learned and grown by serving on this ship. But you will over the next several years. Personally, I don't like being told what I know and don't know, and honestly a few diagnoses ran through my head at that time. But here I am eight years later with more confidence, having the greater perspective and clarity gained by diverse experience, and of course writing this article….LCDR Andy Martin

DEPLOYMENTS: Resilience at Sea

LCDR Saitzyk decked out topside during her deployment on the USS Nimitz

"Trying to keep my mind on what's really important, rather than sweat the small stuff like overnight liberty policy helps me remain focused." - LCDR Arlene Saitzyk

LCDR Arlene Saitzyk, Ship's Psychologist, USS Nimitz (CVN-68)

I once read we "teach best what we most need to learn." So it's only fitting CDR Bacho's request to write about resilience at sea arrived in my Inbox right after a fairly demoralizing morning muster on board Nimitz. We had just learned about liberty restrictions, port cancellations, fit rep changes, upcoming spot checks, and impending zone inspections. It should be noted these underwhelming news bites were digested in the context of an ominous rumor … of our already extended deployment of eight months being re-extended.

Resilience is exhibiting positive behavioral adaptation when facing significant adversity. So, I quickly clicked out of my Inbox, and clicked onto the Green Sheet (Plan of the Day) to see when FOD walk downs (collection of Foreign Object Debris from the flight deck) were scheduled, and whether I could fit one in in-between patients. Fortunately the answer was yes! I was not going to let the morning insults cause permanent damage, and so I seized liberty where I could. Enjoying ten minutes of flight deck sunshine while grabbing debris and helping save aircraft from certain destruction was somehow comforting. And while FOD walk downs will not immunize me from further letdowns, they're an essential element to my multivitamin supplement at sea.

Resilience to stress is different from resistance to stress. Resistance implies there is no response to stress, whereas resilience is "bouncing back." Here's an example - a steel bar is resistant to stress and maintains its form while bearing large loads, but it's susceptible to shearing with total failure or bending under the load and remaining bent. In contrast, a rubber brick bends easily under even small loads, but is extremely difficult to snap or break. And, once the load is removed from this rubber, its inherent flexibility returns it to the original form.

So the question is how do we maintain Semper Gumby at sea? My own mental gymnastics includes both getting to the light daily (FOD walk downs or at least peering out the hangar bay because it is possible to go days without getting outside the skin of the ship) as well as taking a look at the darker, or more serious side on occasion, i.e., taking a moment to remember how we're part of the bigger picture. Just like the janitor who replied, "I'm putting a man on the moon," when asked what he was doing for Apollo 13, I try to remember how we're not only taking care of our patients on board, but also marines, soldiers, and coalition partners on the ground. So, I watch disconcerting movies like "Band of Brothers" with Air Department on Friday nights, and remember we're in this together. Trying to keep my mind on what's really important, rather than sweat the small stuff like overnight liberty policy helps me remain focused.

But enough about me and my resiliency, what about those around me? I surveyed my rubber-brick colleagues from various communities on Nimitz to learn about their experiences of conflict and resolution regarding deployment at sea. Responses varied by community, and indeed a few were consistent with the literature which cites health, self-confidence, active coping, sense of meaning, acceptance of limits, family support, community, spirituality, and positive outlook as keys to psychological resilience. My first informal round of focus groups, amongst the nukes, indicated negative reinforcement is their primary coping tool. "At least I'm not on a sub," was the first reply from them all at dinner in the wardroom one night. Living in a world governed by laws like Boyle's and Ohm's and "net positive suction head," they said they were sharing with me an example of the "law of relative happiness." Their second most frequently cited coping mechanism (offered by saltier sailors) was, "Make fun of people senior to you." To their credit, the nukes do have some of the best and most warped senses of humor on board. And I wholeheartedly agree laughter has been a close second to sunshine in my medicine cabinet (and doesn't require a prescription). I'd be willing to wager the Aviation Intermediate Maintenance Department (AIMD) has this built into their SOP – I've never watched some of the dumbest and funniest movies in my life than with this group on a routine basis.

My colleagues in Health Services also leaned toward the relative happiness school of coping, albeit with a little less edge than nukes. Many health care providers are Fleet Marine Force (FMF) qualified, so "keeping it real" is their forte. "We're not in Iraq or Afghanistan this time." Notably, there's a group of medical/dental folks here now who are uniquely talented at putting a positive spin on almost anything. You'd think I work with a group of cognitively trained therapists the way these colleagues can reframe! They appreciate the opportunity to get out of their MTF comfort zone, and relish connecting Navy Medicine with Big Navy (btw, this was definitely my motivation for requesting a carrier after my tour in Bahrain, as it was fascinating to learn what the rest of the Navy does).

Finally, we ARE on an aircraft carrier, so I thought it only fitting to find out what Air Department does for resilience. Indeed they are the largest department on board, and they said "Functioning as part of a team helps put stress into perspective." A daily Air Plan cartoon (in which they usually poke fun at other departments) also keeps them in good spirits.

Finally, as mentioned above, sometimes worship of a higher power helps. It's good to believe someone more reliable and powerful than a Ship's CO has the "con" on our well-being, and that helps us sleep at night. In sum, there aren't always fair winds and following seas, but with the help of sunshine, perspective, and my shipmates, I'm really glad I'm here, and I'd recommend sea duty to all my fellow PsychOs.

MONEY: This inaugural segment will be offering insights and updates related to the financial issues and other incentives affecting the career decisions of Navy Clinical Psychologists.

MONEY: BONUS UPDATE

By CDR John Ralph

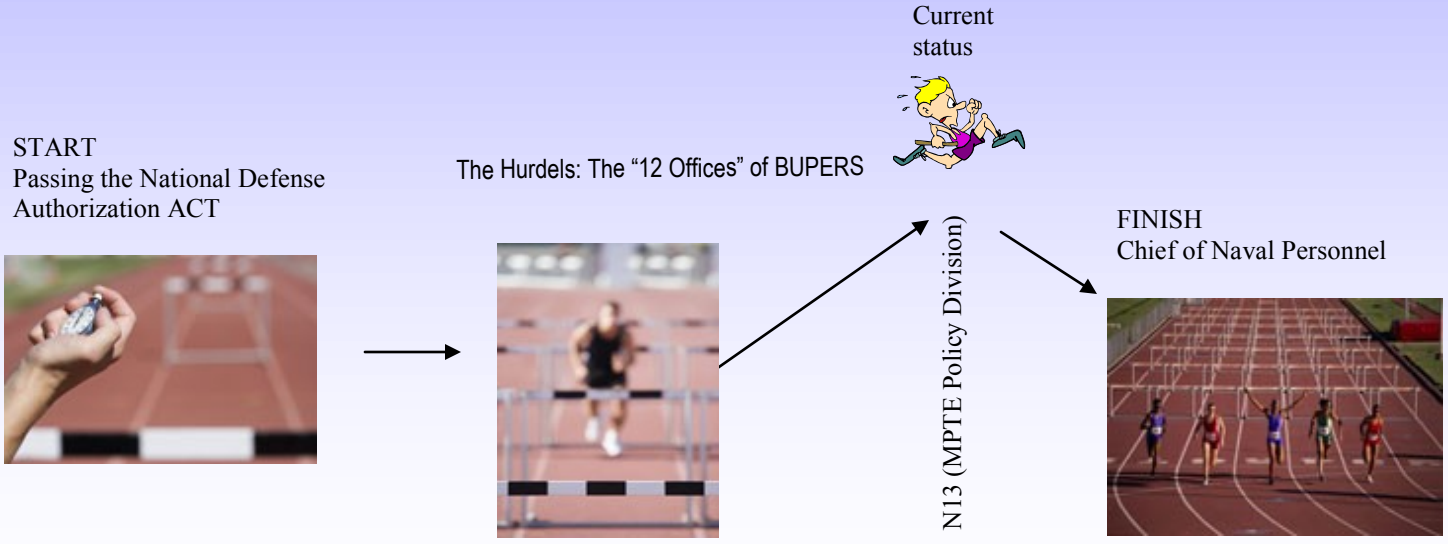
Despite the fact that our bonuses were approved by Congress in 2008, they still have not been implemented. Of course this has been the source of great frustration among members of our community. Why is it taking so long? First, it's important to remember that this is the first pay package of its kind under the new consolidated special pay initiative approved through the National Defense Authorization Act of 2008. Once these bonuses were approved by Congress, the Office of the Secretary of Defense had to direct each of the services to come up with a plan for how they would be implemented. This is more complicated than you might think. For instance, each service has to create policies for how these bonuses will be requested, how they will fit in with existing incentive pays, how the money will be paid out (monthly vs. lump sum) and how other details will be resolved, such as how the services will respond to those who leave the military after accepting a retention bonus.

For several weeks our community manager (CDR Melody) worked to write from scratch the new chapter 7 of the OPNAV instruction and the NAVADMIN detailing how these pay packages would be implemented within the Department of the Navy. The total package then had to be reviewed by several offices at The Bureau of Personnel, including lawyers, compensation specialists, and budget analysts. There are about 12 separate offices within the Bureau of Personnel that must review all pay changes. Each of these steps can take several weeks or even months to complete. For example, the package spent several months in N130, which is the compensation branch of N13 (MPTE Policy Division).

Currently the package is with RADM Holloway in N13. This is the last step before it goes to "the triangle" within the Chief of Naval Personnel's office. The triangle consists of the CNP's JAG, his PAO, and himself. The CNP himself is the last step in the approval process; once he signs it, the package can be implemented. Best estimates suggest that this could happen by the end of this month, but this is only a guess.

The most important thing to remember is that approval of this package is a certainty. The delays we've experienced should not be interpreted as indicating otherwise. Keep the faith - the money is coming soon.

"The most important thing to remember is that approval of this package is a certainty… Keep the faith the money is coming soon." - CDR John Ralph



MONEY: FUNDING BOARD CERTIFICATION AND SPECIALTY TRAINING

DUINS and FUNDING ABPP: Reasons to Stay?
By LT J. Porter Evans

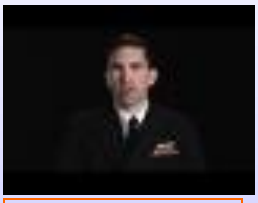
Opportunities to become board certified by the American Board of Professional Psychology (ABPP) and complete a specialized fellowship through the duty under instruction (DUINS) program are designed to promote clinical excellence, and additionally act as retention incentives for uniformed psychologists. The Navy will often fund the ABPP qualification through the Naval Education and Training command, which costs approximately $1000.00 plus travel expenses if necessary in exchange for agreeing to stay on active duty for an additional year. In addition, the ABPP qualification will result in a $6000.00 (proposed) a year specialty pay, which after the first year does not result in any additional obligation. While, the DUINS director's training fellowship program allows a psychologist to gain specialized skills that are highly marketable in exchange for four years of additional service. This article will address the process of ABPP certification and DUINS with a focus on the advantages of these opportunities.

Individuals who are two years post doctoral degree and have spent at least one year licensed are eligible to begin the ABPP certification process. Becoming certified begins with a review of your credentials to include vitae, license verification, graduate transcripts, and a detailed description of clinical experiences. After passing the credentials phase you are invited to submit a work sample that contains essays on critical areas of clinical practice and video taped samples of your clinical work to often include inventions and assessments. The work sample is assigned to a committee of three board certified psychologists who review all aspects of a candidates work to determine if they are qualified for the oral examination. The oral examination can usually be scheduled in your local area if you are in a large city, or in some cases will require travel. The oral examination focuses on defense of your essays and work samples. In my experience the oral exam was very similar to a dissertation defense. Once certified you are eligible for board certification pay from the date of your successful oral examination.

Additionally ABPP certification often results in increased ease of transferring your license to another state and may increase competitiveness for positions outside of the Navy.

DUINS allows for the completion of an advanced fellowship at the site of your choice in exchange for remaining on active duty for up to four additional years after completing the training. In the past there have been a variety of fellowship opportunities to include a child focus, psychopharmacology/health psychology, and operational psychology. Currently the opportunity for fellowship training is in clinical neuropsychology. The application process involves submitting an application through the specialty leader who ranks the applicants and then forwards completed applications to a formal board that reviews all relevant information and selects the most qualified applicants. Completing a fellowship through DUINS has a number of significant advantages. First, given your diverse military clinical experience and the fact that the Navy is paying the majority of the costs for you to attend the fellowship, you are highly competitive for the majority of top training programs. Second, traditional fellowships pay around $35,000 a year while you continue to receive your full active duty pay and benefits. Lastly, should you decide to leave active duty, you can now have highly specialized and advanced training, which provides a number of exciting and rewarding career choices.

Becoming board certified and/or completing a specialized fellowship represent incredible opportunities to advance your career in both clinical practice and career areas. Further, should you decided to leave active duty after your service obligation, you significant increase the job opportunities for which you are qualified. While each of these opportunities takes considerable investments, the benefits provide a career, professional, and financial rewards.



LT J. Porter Evans spotlighted in NAVY Medicine recruiting video. Check out the link: http://www.navy.com/about/videowebcasts/ and select the third video from the menu. Also, you can catch him online in "Behind the Ribbons" on www.navy.com

"Becoming board certified and/or completing a specialized fellowship represent incredible opportunities to advance your career in both clinical practice and career areas."- LT J. Porter Evans

REGIONAL ADVISORS : This is the inaugural segment for updates from the newly established cadre of regional leaders.

INTRODUCTION TO THE NEW REGIONAL ADVISORS

By LCDR Shannon Johnson, West Coast Region

It is hard to believe that I have been a member of the Navy Psychology Community for over a decade now and even harder to believe how much our community and our mission has changed during that time. Uniformed psychologists face challenges and greet opportunities that are novel and rapidly changing. Gone are the days of the "typical" Navy psychology career path. As our roles continue to expand, and the value of our expertise is increasingly appreciated at all levels within DOD, Navy Psychologists must constantly adapt to new missions, job requirements, and environments; each of us must remain open, flexible, attuned to ethical/professional concerns, and willing to leave our comfort zones behind. If ever we needed a strong and supportive community, it is now.

I have really appreciated our Specialty Leader's frequent emails over the last few months, with updates on deployments, specialty pay, training opportunities and new policies that impact the way we practice. This regular communication on the state of our community strengthens our cohesion and increases our collective competence. I also appreciated the Needs Assessment Survey, spearheaded by CAPT (sel) Jones. The feedback was thoughtfully analyzed by our community's executive council in August and already we are seeing evidence-based changes and initiatives. Two examples include the creation of our family liaison program to support our families, and the identification of regional advisors to serve as an additional resource and to help keep the community leaders informed about the unique challenges at the MTFs within each region.

I suspect that each of us assigned to serve as a regional advisors (RAs), brings a unique vision to this role, and hopefully we will be able to share ideas and learn from one another as the concept evolves. My own vision reflects what I see are the needs created by our continually expanding mission, unrelenting deployment requirements, and the growth of our community through the direct accession program. In my role as West Coast RA, I see myself functioning as a resource, an advocate, and an additional source of personal and professional support.

As a resource, it will be my responsibility to remain well informed on policy changes, new instructions, practice guidelines, research findings, and ethical issues. Mental health issues are high visibility these days, and with this comes increased scrutiny and leadership interest. In this fluid environment, we are expected to be the experts, keeping our commanders apprised of changing rules and requirements. RAs will be available to help you respond to specific questions, decipher policies, and better understand how changes impact practices in your AOR.

It will also be my responsibility to stay updated on training opportunities around the region and share this information with you. At some point, we will all be handed an assignment or asked to serve a population for which he have had little experience and preparation. At these times, RAs will serve as another resource, linking you with relevant materials, consultants, and pertinent training. While I will strive to be knowledgeable and maintain a library of essential resources, I may not be the right person to respond to each of your inquiries or provide guidance in every circumstance. In these cases, it will be my job to connect you to the right expert, who can help us all to become better informed.

Regional Advisors will also be able to function as advocates for both the individual psychologist and MTFs within each geographic region. As our Specialty leader has stated, RAs will not interfere with your ability to directly communicate with our SL, ASL or detailer. Instead, as a RA, my role is to add an additional voice, ensuring that decision-makers have relevant information when considering IA assignments, PCS moves, and training programs. My job will be to keep in regular contact with each of the psychologists within my region, and maintain awareness of licensure status, deployment experiences, individual career interests and goals, family issues, and additional collateral duties and leadership responsibilities you may have. In addition to staying informed regarding your individual situation, I will be asking you to help educate me about the personnel situation and the primary missions covered by your command. I know that each MTF is resourced differently, and therefore, the impact of deployments and placement of an unlicensed psychologist poses unique challenges for each command. It will be my responsibility to keep the SL and ASL informed, communicate your personal concerns and recommendations, and advocate for the commands and missions within my region.

Given the mounting demands on our community and the rising stress on each psychologist serving in uniform, we can never get too much support. More than ever, we need to stay connected and reduce any sense of isolation. RAs will be well positioned to provide an additional source of support to the members in their regions. In my view, this will be most critical when one of our members is in some phase of the deployment cycle. For some, deployments can be lonely, and at times, overwhelming experiences. Sometimes it just helps to get some encouragement from a colleague. At other times, RAs can assist by providing professional consultation or practical problem-solving. RAs can also assist with the anxiety-provoking pre-deployment preparations. Finally, I see it as my responsibility as an RA to check in with individuals during that sometimes discombobulating post-deployment phase. Sometimes it just helps to have another colleague let us talk about our reactions to returning, and remind us to engage in self-care. Over the years and through two deployments to Iraq, many of you have been there for me; it made all the difference. As the West Coast RA, I hope that I can be a source of support for the uniformed psychologists in my geographic region.

Instituted by the Specialty leader, these advisors' primary role is to monitor and advise issues pertinent to the MTFs in each geographic region and make recommendations to the Executive Committee.

Naval Hospital Pensacola

LCDR Bonvie European Region Advisor, holding down the fort

INTRODUCTION TO THE NEW REGIONAL ADVISORS (Cont'd)

ASIA/SOUTH PACIFIC REGION

By LCDR Christopher Blair

I want to start out by acknowledging what an honor and privilege it is to serve the Navy Psychology community, but more specifically the excellent providers working in the Asia/Pacific area. What I see as being one of my primary duties in serving as a Regional Advisor that of advocacy. There are special and unique challenges in serving in these particular duty stations and I will work hard to advocate for the needs of the psychologists in these areas. Being a liaison with the Specialty Leader and the Executive Committee will hopefully decrease the additional occupational stressors that can develop when we perceive our particular needs are not heard or valued. Mentorship is another area in which I hope to be able to be of service. There are few seasoned senior psychologists in this particular area, and I hope to be an additional resource for others in assisting them in any way I can along their professional journey (e.g., assist towards licensure/board certification status; ideas/ assistance on fitness report writing, assist in understanding and implementation of new Navy policies if/when they are released, or helping in any other administrative or professional issues that anyone may have). Being a liaison between the psychologists in my area and the Specialty Leader/ Executive Committee and advocating strongly for our needs, as well as being available for mentoring anyone who needs assistance is my vision and direction for this coming year.

SOUTHEAST REGION

By CAPT Andy Davidson

My primary role as the Regional Advisor South East is to report to the Specialty Leader timely and accurate date regarding psychologists within my region. Equally important is my responsibility to the psychologists of my region to provide them with answers regarding the Executive Committee. Third, I see my role as another source for feedback on any concerns regarding Navy Psychology. Our community has changed considerably during this decade. The need to develop a broader organization within our ranks is apparent. We need to be more proactive and less reactive to the numerous changes affecting us. Hopefully with more avenues of address and redress all of us will experience more opportunities to effect change rather than simply be affected by change. I know all of us have been affected by deployment and the changing nature of our business. For me it has been both exciting and exasperating. As I look over the decade I do see a lot of progress. I also see a lot of missed opportunities. I expect this reorg will help bring many of those opportunities to the surface and have a major positive effect throughout our community.

EUROPEAN REGION

By LCDR Joe Bonvie

The European Region currently houses five active duty psychologists between Naval Hospitals Rota, Naples, Sigonella, and wanna-be-European Branch Clinic Bahrain. As the inaugural Advisor for this Region I view the first objective of the position as being to connect our corporate knowledge and capitalize on lessons learned. This can help with historical issues as well as provide updated situational awareness on current areas of interest such as deployment and emerging trends like overseas screening deficiencies. The second objective is to advocate with the Specialty Leader about our areas of want and need. Overall, the Regional Advisor position affords an opportunity to pool talent, solicit timely solutions to current European AOR issues, and assist with ensuring that each psychologist's voice is getting heard.

NORTHEAST REGION

By CDR Erick Bacho

As a new regional advisor, my primary role is to monitor the situation at each of the MTFs in the Northeast geographic region and make recommendations about what is required - e.g., licensure, staffing, supervision, etc. to the Executive Committee. I am seeking to help facilitate programs to help our returning troops. A series of programs such as the outreach efforts such as the Peer Counseling Program (PCP) spear-headed by Dr. Regina Chace at Naval Health Clinic-Annapolis, the Psychological Health Clinic at Earle New Jersey, and utilizing tele-health and web-based technology to reach throughout the region. Each program will focus on creating a comprehensive multileveled community support program staffed by peers and supported by professional members. The essential focus and intention of these programs are to strengthen armed forces and families by strengthening their innate and inherent abilities and improving their level of resilience and coping through training and experience. Services provided include psychological first aide for those in military service , treatment of compassion fatigue and burnout for military medical professional personnel, improved communications across disciplines, improved ability to identify problems at sub-acute levels , early first-aid level intervention, and referrals to appropriate resources. Efforts are currently underway to obtain BUMED research funding for piloting this program and expanding there services to other Military Treatment Facilities (MTF) in the Tri-care North Region.

SPOTLIGHT ON ETHICS

Alcoholic XO….the hypothetical Case of a Messy Multiple Relationship

"The XO was clearly intoxicated. What's an LT to do? She went and picked up her boss… The XO blew a 0.32."
-LCDR Carrie Kennedy

By LCDR Carrier Kennedy

The Case

The patient was the Executive Officer (XO) of a Military Treatment Facility (MTF). The psychologist was a Lieutenant who was in the Chain of Command (CoC) of the XO and who was the Department Head of the Substance Abuse Rehabilitation Program in an overseas duty station. One Tuesday afternoon the LT received a phone call from the XO, who was at a local convenience store and asked the LT to come and pick him up. The XO was clearly intoxicated. What's an LT to do? She went and picked up her boss. The LT brought him back to the SARP where she had the corpsman administer a breathalyzer. The XO blew a 0.32.

The Conflict

The primary ethical dilemma in this case is that of a dual or multiple relationship. The patient is the second most senior person in the LT's CoC. He will have input into her fitness reports, can make determinations of potential career enhancing collateral duties, and can make decisions regarding her department and staff. He essentially wields profound power over the LT. From the point of view of the XO, the LT is a junior officer and subordinate. Going to see her as a patient may interfere with his ability to get adequate treatment. Admitting that you have an alcohol problem is difficult enough without having to do so to one of your junior staff.

The Ethical Analysis

Standard 3.05 (Multiple Relationships) of the APA Ethic's Code is clear that psychologists do not enter into a treatment relationship with a patient if the presence of a multiple relationship may impair the psychologist's objectivity or effectiveness. This multiple relationship represents a significantly problematic situation for both the LT and the XO as it pertains to his ability to get alcohol assessment and treatment. Using a Best Interest Approach, the LT must weigh the needs of the military and the patient, using the Ethic's Code as a guide.

A Best Interest Solution

As there was no other English speaking substance abuse treatment program at this overseas facility and the XO had acute needs, he had to be seen by the LT. She minimized their contact and had her senior civilian counselor conduct his alcohol evaluation. She also utilized the services of a reservist internal medicine physician who was doing a brief period of service at the hospital and who managed his detoxification. This minimized the regular hospital staff being involved in the XO's care for a stigmatizing condition. A residential bed was obtained at another MTF and once cleared for travel by the physician he was flown to CONUS for treatment. Per guidelines, he had to be accompanied on the commercial flight in order to ensure sobriety upon arrival at the facility. The LT sent her Senior Chief who was the same age as the XO and was also a recovering alcoholic.

While the LT was unable to completely remove herself from the care of her XO, she utilized available resources to minimize her contact while managing the necessary components of the evaluation in order to set him up with alcohol treatment at a more appropriate facility. She also discussed the ethical issues of multiple relationships with him during the assessment and referral process and the ways in which she was attempting to address both of their vulnerabilities in the situation. The open discussion of the potential pitfalls of the situation appeared to be beneficial for both the LT and the XO.

For further information related to the various approaches for addressing multiple relationship and military-specific ethical dilemmas, please see the following resources:

American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57* (12), 1060-1073.

Barnett, J.E. & Johnson, W. B. (2008). *Ethics Desk Reference for Psychologists*. Washington, DC: American Psychological Association.

Johnson, W. B., Ralph, J., & Johnson, S. J. (2005). Managing multiple roles in embedded environments: The case of aircraft carrier psychology. *Pro professional Psychology: Research and Practice*, 36, 73-81.

In each issue of the Navy Psychologist, a case, taken from the fleet, will be highlighted which displays one of the primary ethical conflicts of military psychologists. Please contact LCDR Carrie Kennedy at carrie.kennedy@med.navy.mil if you have a case which would be educational for the rest of the community. Cases will be changed as needed, such that patients and individual psychologists cannot be identified.

LCDR Kennedy and her new combat training buddies

INNOVATION STATION: This is the inaugural segment for ideas that utilitizes research, technology and the practice of psychology in new and exciting ways.

CDR Scott Johnson spearheading Virtual Reality Treatment Program at NMC-SD

“”...75-80% of the patients had significant reduction in PTSD symptoms and 60% no longer met the diagnosis for PTSD. “- CDR Scott Johnson

Virtual Reality Treatment for PTSD

By CDR Scott Johnson

Utilization of virtual reality in treatments for mental health issues has been gaining popularity over the last few years. In 2005, the Office of Naval Research started a program to develop Virtual Reality (VR) for the treatment of Post Traumatic Stress Disorder (PTSD) in Service Members returning from OIF/OEF. The idea had previously been tried in Vietnam Veterans with some success, but the first challenge was to develop software, machinery, and therapy techniques that matched the current generation of warriors. Three studies totaling over 3 million dollars were funded, two of which were conducted at Naval Medical Center San Diego and Camp Pendleton, and one at Tripler Army Medical Center. These programs resulted in at least two forms of therapy being applied - Virtual Reality Exposure, which is similar to Prolonged Exposure therapy with the addition of Virtual Reality, and Virtual Reality Exposure with Stimulus Control, in which physiological monitoring and biofeedback are used to allow patients to tolerate virtual environments and stress. We found that both techniques were found to be safe and effective in single-group studies. More specifically, 75-80% of the patients had significant reduction in PTSD symptoms and 60% no longer met the diagnosis for PTSD. These results joined over 18 other published articles on VR therapy for PTSD, and moved VR into the mainstream. Many military facilities in the Army, Air Force, and Navy have started clinical use of VR. For example, the Air Force recently contracted for VR equipment in 10 of its military hospitals to treat PTSD. A system was even used in Iraq by Dr. Rob McLay, where results were found to be similar to those seen with traditional prolonged exposure. A recent small randomized control trial conducted at Naval Medical Center San Diego indicated that VR therapy resulted in about 70% of patients having a clinically significant improvement in PTSD (Defined as greater than a 30% improvement), a result seen in only 11% who were randomized to the "usual care" control condition. Although these early indications support the use of VR, studies are still ongoing to examine if the technology is actually the active component that allows patients to get better. A study at Madigan Army Medical Center is comparing VR therapy to traditional prolonged exposure, and a study at Naval Medical Center San Diego is comparing a full, VR set up versus a similar technique applied with a simple still, computer image. Still other researchers are developing more detailed VR simulations, and methods to use the technology for stress inoculation or as a method to screen Service Members for return to duty.

Please contact me at Scott.Johnston@med.navy.mil if you have any questions or comments or call 619-532-9406

The Peer Counseling Network

By Dr. Regina Chace

The purpose of the Web-based Peer Counseling Program is to implement a peer counseling program as the first step towards a comprehensive multileveled community support program staffed by peers and supported by professional members. The Peer Counseling Program will establish an organized network by which clients and paraprofessionals, can have input into the administration of the program and which will provide necessary support and supervision for their efforts. This network will be supported by computer based training platforms and will utilize a web-based interface for peer counselors, their supervisors and service-members. It will also link to an online Newsletter which will publish a periodic online newsletter which will contain items of information regarding the program, such as training, workshop notices, suggested reading material, helpful counseling hints and referral information.

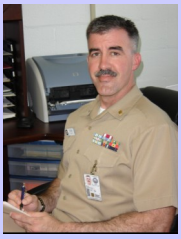
Dr. Chace is a civilian psychologist at the Naval Health Clinic Annapolis. For more information about her program you can reach Dr. Chace at regina.chace@med.navy.mil

(continued on page 18)

INNOVATION STATION: (Cont'd from page 17)

CRYSTALS AND INCENSE AID MARINES WITH PTSD….ok maybe not.

By A. P. Doran, CDR, USN



"The author reports that there are over 1,000 forms of therapy – so many that most people have just stopped counting and is there really certification for all these forms of therapy, not to mention the efficacy of these treatments" - CDR Tony Doran

A recent article in Newsweek titled "Ignoring the Evidence: Why do psychologists reject science?" dated 12 October 2009 (http://www.newsweek.com/id/216506/output/print) caught my attention. The author reports that there are over 1,000 forms of therapy – so many that most people have just stopped counting and is there really certification for all these forms of therapy, not to mention the efficacy of these treatments. An APA task force surveying notes that clinicians gave equal weight to personal experience of the clinician and scientific evidence. Since 2005-2006, different Navy psychologists have raised concerns about the lack of evidenced based-training for mental health combat related injuries. Thousands of studies have been conducted on evidenced based techniques on treating trauma.

Results of March 28, 2008, Key Word Search for PTSD Treatment Research

Research Database	CBT	BT	ET	CT	VRT	CPT	EMDR
PILOTS (worldwide PTSD)	239	495	450	1,096	4	49	533
NIMH (general treatment)	1,050	1,040	1,036	1,060	28	69	2
NIMH (PTSD treatment)	78	165	70	87	5	15	2
DVA National Center PTSD	18	30	27	76	0	28	9
DoD (PTSD research)	526	108	368	647	111	61	0

CBT = cognitive-behavioral therapy; BT = behavior therapy; ET = exposure therapy; CT = cognitive therapy; VRT = virtual
reality therapy; CPT = cognitive processing therapy; EMDR = eye movement desensitization and reprocessing therapy. PILOTS =
international posttraumatic stress disorder (PTSD) research database maintained by the Department of Veterans Affairs, National Center for PTSD. 'DVA National Center PTSD' is a query of all PTSD treatment research articles published by the DVA's National Center for PTSD. NIMH-National Institute of Mental Health-'General Treatment' is a query of all NIMH-sponsored mental health treatment research; NIMH-'PTSD treatment' is a query of specific c clinical trials for PTSD; DoD (PTSD research) is a query of DoD's research database specific to PTSD maintained by the Office of the Secretary of Defense Web site

http://www.nimh.nih.gov/research
http://www.clinicaltrial.gov
http://www.research.va.gov
http://www.deploymentlink.osd.mil/deploymed/projectsList.jsp?researchTopic=9&researchSubTopic=21

OK you do not have time to read the over 300,000 articles on therapy contained in PsyInfo…but one resource that Navy psychologists continue to have available to them is the training provided at the Center for Deployment Psychology. The training lasts two weeks, provides 50 CEs and is training in exposure therapy. Whether you are new to the military or been around for years, put away the crystals and incense and get over to the Center for Deployment Psychology (http://deploymentpsych.org/).

THE "SCUTTLE-BUTT"

Many people have sent me things that they thought would be of interest to the entire community. So this segment combines professional announcements, tips for the masses, and nautical terminology and lore necessary for survival in today's modern Navy...

CHILD PSYCHOLOGIST, NAVAL OFFICER, AND TV STAR

LCDR Eve Weber has been doing a series of morning AFN radio shows on resiliency…ask her how she is at USNH EDIS Okinawa, Japan
DSN 634-2747/2689.
eve.weber@med.navy.mil

CDR ERIC POTTERAT: RESEARCHER EXTRAORDINAIRE

CDR Eric Potterat has been a very busy man. Check out some of his great research work recently published in various refereed journals:

Taylor, M.K., Mujica-Parodi, L.R., Potterat, E.G., Momen, N., Dial Ward, M.D., Padilla, G.A., Markham, A.E., & Evans, K. (2009). Anger expression and stress responses in military men. Aviation, Space, and Environmental Medicine, 80(11), 962-967.

Paulus, M.P., Potterat, E.G., Taylor, M.K., Van Orden, K.F., Bauman, J., Momen, N., Padilla, G.A., & Swain, J.L. (2009). Developing a neuroscience approach to understand human performance in extreme environments. Neuroscience and Behavioral Reviews (in press).

Taylor, M.K., Mujica-Parodi, L.R., Padilla, G.A., Markham, A.E., Potterat, E.G., Momen, N., Sander, T.C., & Larson, G.E. (2009). Behavioral predictors of acute stress symptoms during intense military training. Journal of Traumatic Stress, 22, 212-217.

Taylor, M.K., Markam, A.E., Reis, J.R., Padilla, G.A., Potterat, E.G., Drummond, S.P.A., & Mujica-Parodi, L.R. (2008). Physical fitness influences stress reactions to extreme military training. Journal of Special Operations Medicine, 8(4). 103-108 (Previously published in Military Medicine; permission granted to republish in JSOM).

MARINE RESILIENCE STUDY

In case you haven't seen it, here is a link for a story on the Marine Resilience Study being conducted at 29 Palms:

http://news.yahoo.com/s/ap/20091120/ap_on_he_me/us_med_predicting_ptsd

DEALING WITH CARRIER WITHDRAWALS

Anonymous

Camaraderie develops quickly at sea. And if I ever really miss the ship, I can always:

1) Run all of the piping and wires inside my house on the outside of the walls.
2) Invite 5000 friends to come over, and then board up all the windows and doors to the house for eight months. After the eight months is up, take down the boards and wave at my friends through the front window of my home ... I can't leave until the next day. I have duty.
3) Make my family qualify to operate all the appliances in the home (e.g., dishwasher operator, blender technician).
4) Needle gun the aluminum siding on the house after the neighbors have gone to bed.
5) Lock myself and the family in the house for about six weeks. When the end of the sixth week rolls around, inform them that Disneyland has been canceled due to the fact they need to get ready for Material Maintenance Management System (3M) inspection, and that it will be another week before they can leave the house.
6) Be sure to have at least one of my patients showering next to me every day for six months, and have at least three of my patients cooking my meals.
7) Once a month, take every major appliance apart and put them back together again.

> *"Make my family qualify to operate all the appliances in the home (e.g., dishwasher operator, blender technician)."*

8) Install a fluorescent lamp under the coffee table and then get under it and read books.
9) Raise the thresholds and lower the top sills of the front and back doors so that we either trip or bang our head every time we pass through one of them.
10) When the children are in bed, run into their room with a megaphone, and shout at the top of my lungs that our home is under attack, and order them to man their battle stations ("General quarters, general quarters, all hands man your battle-stations")

DEFINITION:

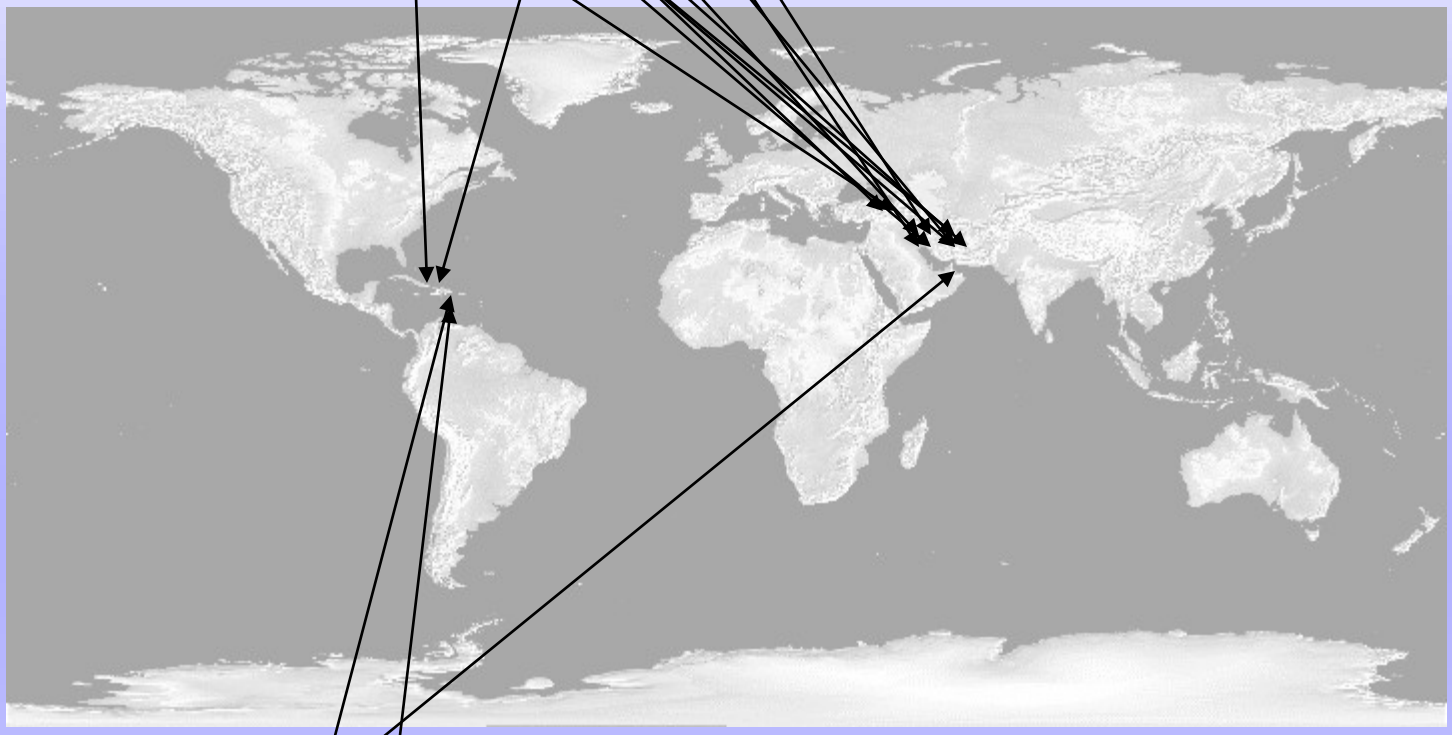
SCUTTLE BUTT [noun]

Slang usage.. rumor or gossip, deriving from the nautical term for the cask used to serve water (or, later, a water fountain).

The term corresponds to the iconic colloquial concept of a water cooler in an office setting, which at times becomes the locus of congregation and casual discussion. Water for immediate consumption on a sailing ship was conventionally stored in a **scuttled butt**: A butt (cask) which had been scuttled by making a hole in it so the water could be withdrawn. Since sailors exchanged gossip when they gathered at the scuttlebutt for a drink of water, scuttlebutt became Navy slang for gossip or rumors.

ABOUT THE FLEET: During this time of year in particular, please keep all of our deployed psychologists in your thoughts and prayers (As of 15 JAN 10):

LT Efland Amerson, NH Yokosuka (Afghanistan)
CDR Richard Bergthold, BUMED (EMF Kuwait)
LT Dave Grow, Bethesda (Iraq)
LT Saacha Hake, Camp Pendleton (Afghanistan)
CDR Dave Jones, Portsmouth (Afghanistan)
CAPT Margaret Lluy, Pax River (Iraq)
LT Jonathan Locke, Sasebo (Afghanistan)
LT Matt Rariden, Portsmouth (Afghanistan)
LT Angela Rood, Yokosuka (Iraq)
CAPT Robert Schlegel, Parris Island (GTMO)
LT Lisa Stinson, Hawaii (GTMO)



LCDR Robin Lewis (PHS), Haiti
LCDR Arlene Saitzyk, GoO
LT Susan Malboeuf, USS Carl Vinson

Afghanistan:
LCDR Carrie Kennedy,
LCDR Robert Lippy,
LT Shane Eynon,
LT Michael Domery,
LT Rachel Passmore

Iraq:
CDR Tony Arita

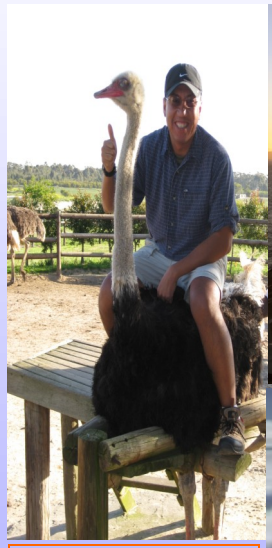
Kuwait:
LT Eve Weber

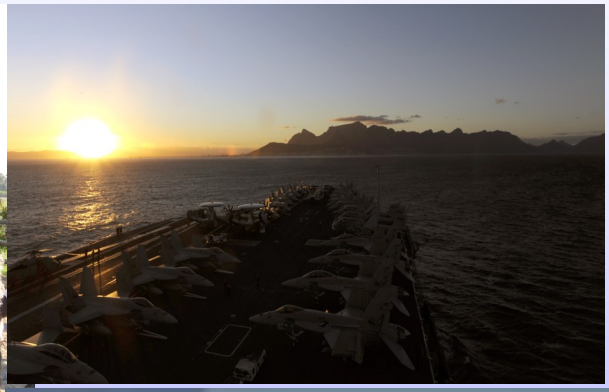
Carriers:
CAPT Robert Younger, USS Truman
CAPT Bryce Lefever, USS Roosevelt
CDR Cunha, USS Reagan
LCDR Robert Hines, USS Bush
LT Ryan McDonald, USS George Washington
LT Nicole Stewart, USS Enterprise
LT Michael Connor, USS Eisenhower
LT Adeline Ong, USS Abraham Lincoln

This is also a good time to acknowledge all of those who will be deploying sometime over the next few months and those at sea:

FROM A GRATEFUL COMMUNITY…
THANK YOU FOR YOUR SERVICE TO YOUR COUNTRY

SEE YOU ABOUT THE FLEET: IMAGES FROM VARIOUS DEPLOYMENTS

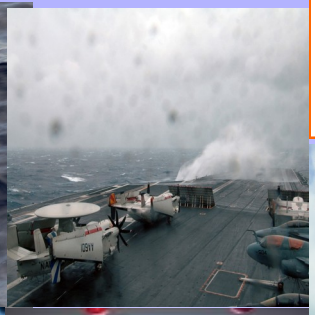




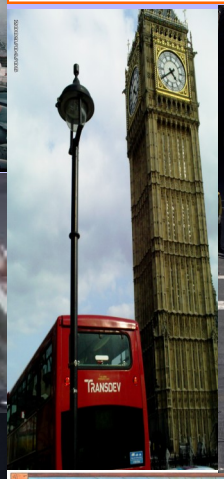
What a hideous and obnoxious beast...and the bird isn't that good-looking either.

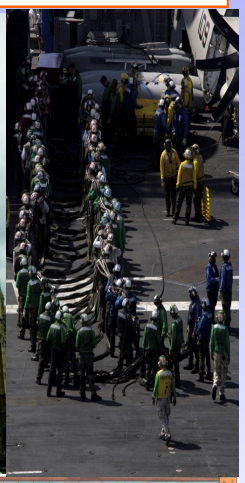
CDR Erick Bacho (He's the one in the blue shirt) on Safari in Cape Town, South Africa

"Be open to new experiences, especially unpleasant ones (AKA 'Embrace the suck.'). - LCDR Jonathan Locke



CAPT Lluy and LT Rood in full battle-rattle!





Navy Clinical Psychology

Mailing Address
250 Wood Road
Annapolis, Maryland
21402

Phone: 410-293-3208
E-mail: roderick.bacho@med.navy.mil

Keeping Navy Psychology Connected

I welcome your contributions and invite each of you to consider a contribution to this effort. In the upcoming editions we will be considering short articles or column pieces on:

- Research/program reviews in various areas of practice. Many of you continue to do research in a number of interesting and diverse areas.
- More from Family Liaisons, Updates on pay, Deployments, Regional Advisors
- Serving overseas. The highs and lows of deployment
- Career concerns and advice for Navy psychologists
- Recommendations for practice in specific billets or with unique client populations.
- More Innovation Station, Scuttle-Butt, About the Fleet, and more…

These are just a few ideas. All brief submissions are welcome. Please submit your articles to me. Finally, I offer my thanks to the National Naval Medical Center for hosting the webpage.

CDR Erick Bacho, Ph.D., ABPP
Roderick.bacho@med.navy.mil

We are on the web:
http://www.bethesda.med.navy.mil/careers/navy_psychology/index.aspx
http://www.facebook/navy clinical psychology/

SEE YOU IN THE SUMMER
NAVY DAY AUGUST (TBA)
APA 2010 in SAN DIEGO, AUGUST 12-15

2009 APA Convention in Toronto.

[Navy Clinical Psychologists after a long day at NAVY DAY relax at an Orioles vs. Blue Jays game in CDR Arita's "really sweet" sky box hotel room]...GO NAVY!"

The American Psychological Association is having its 118th Annual APA Convention, August 12-15, 2010, San Diego, CA. Some of our colleagues were there for the inaugural convention (Just Kidding)! Connect with the best in psychology at APA in San Diego!

Join your colleagues to hear top-notch speakers, network and get the latest information on current topics in education, public interest, practice and science. Choose from a wide selection of continuing-education workshops and sessions. And see the largest exhibition of psychological products, publishers and testing materials.

While you are at it make it a point to swing by San Diego early and catch up with your Navy colleagues at NAVY DAY. Updates on the community, networking and a great venue to strengthen your ties and have a great time while doing so.

Even if you aren't going to the Convention, NAVY DAY promises to be a great event. So come on by, we'll leave the light on!