THE NAVY PSYCHOLOGIST

SPECIAL ISSUE: SPOTLIGHT ON OPERATIONAL PSYCHOLOGY

FROM THE EDITORS

Hello Navy Psychology Community! Welcome to the latest edition of The Navy Psychologist – Special Issue, Spotlight on Operational Psychology. The scope of Operational Psychology is continually evolving, and the articles in this edition aim to highlight this exciting and vigorous field by profiling many of our operational billets, detailing the new Operational Psychology Fellowship, discussing ethical issues, and presenting a unique perspective on moving between clinical and operational arenas throughout the course of a career. We also introduce a new feature "Focus On History." Enjoy! We look forward to hearing from you again, next edition.

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INSIDE THIS ISSUE

Clinical Psychology Specialty Leader
CAPT Scott Johnston

MESSAGE FROM THE SPECIALTY LEADER: PSYCHOLOGISTS WANTED

Navy Clinical Psychology is a dynamic, innovative, and exciting specialty within the Medical Service Corps. Navy Clinical Psychology's mission is to improve the psychological health of Sailors and Marines by delivering evidence-based comprehensive care, supporting warriors across the deployment cycle, and building a ready and resilient fighting force. As the overall size of our military decreases, clinical psychology continues to expand. Our specialty has grown from 137 billets in 2009 to 212 billets in 2015. This is evidence of the outstanding service that psychologists provide around the world.

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APPLYING FOR BILETS IN THE RESERVES: WHAT OFFICERS NEED TO KNOW

CDR MICHAEL BASSO

To obtain a billet in the Reserves, officers apply for jobs through a screening process, called the Junior Officer and Senior Officer APPLY Board.

For junior officers (Lieutenants and Lieutenant Commanders), a first billet in the Navy Reserve is typically negotiated by your recruiter with Commander Naval Reserve Forces Command. When the projected rotation date (PRD) approaches, junior officers use the Reserve Forces Manpower Tool (RFMT). This online program is available via the Navy Reserve Homeport APPLY link (https://private.navyreserve.navy.mil/apps/rfmt/Apply/Pages/default.aspx). Once there, hit the JOAPPLY tab. Using RFMT, junior officers receive billet assignments on a quarterly basis. If a junior officer is without a paid billet for longer than four months, they may be transferred into a non-pay status (i.e., the Voluntary Training Unit). Such junior officers would drill for retirement points, and they may be unable to perform two weeks of annual training. If a junior officer receives a billet in the RFMT program but declines it, they will be transferred to the Individual Ready Reserve (IRR: i.e., inactive status). Don't be that guy. It's very hard to come back to a paid status from the IRR.

For Commanders and Captains, remaining in a paid billet becomes a bit more difficult. Across the Navy Reserve, sixteen billets exist for clinical psychologists. Eleven are slated for Lieutenants or Lieutenant Commanders, four are slated for Commanders, and one for a Captain. If an open billet exists, over-grade waivers are sometimes given for senior officers to serve in junior officer billets. The reserve clinical psychology community is fully-manned, and some senior psychologists are without a billet. Waivers should not be expected. Senior officers must also use the RFMT program to seek a billet. Rather than using the JOAPPLY program, they will hit the tab for APPLY. The Senior Officer board meets in August, so now is a good time to make preparations and to enhance your competitiveness. Here's a synopsis of how it works and how to prepare.

Each Spring, Commander Navy Reserve Force releases the COMNAVRESFORNOTE 5400 Fiscal Year National Command and Senior Officer (05/06) Non-Command Billet Screening and Assignment Procedures. This document provides guidance to the entire Navy Reserve with respect to assignment of billets. This document and supporting documents are available on the APPLY webpage (https://private.navyreserve.navy.mil/apps/rfmtweb/Home/Index). All reserve officers should familiarize themselves with this document.

Who needs to visit the APPLY page? Everyone. Even if you have tenure remaining in your billet, you are obligated to register on the APPLY page. When should you do so? A deadline is published in the COMNAVRESFORNOTE 5400, and it typically occurs by the end of May.

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INTEGRATING DIVERSE ASSIGNMENTS INTO A NAVY PSYCHOLOGY CAREER: FROM THE MTF, TO THE EMBEDDED, TO THE OPERATIONAL - AN OVERVIEW OF PSYCHOLOGY BILLETS

CDR RAY NAIRN

Psychologists in the Navy began in the very traditional role of treating patients in hospitals. Psychologists identified pathology, conducted psychological testing, and treated patients with psychotherapy. In the mid-1990's, psychologists ventured onto aircraft carriers, at the beginning of the war in Iraq into Marine Corps units, and more recently, into unique domains that require knowledge and competencies outside the traditional medical model. In response to this evolution of psychology there are three types of billets within the Navy: Military Treatment Facility (MTF) billets, embedded billets on operational platforms, and billets that require distinct "operational" competencies.

At the MTF, Navy psychologists focus on providing treatment for service members, and possibly family members, determining fitness/suitability for duty, and initiating Limited Duty or Medical Boards. Psychologists may liaison with operational commands about fitness/suitability for duty, but typically communicate through a medical representative of the command, not directly with the line commander. MTF psychologists report to the hospital Commanding Officer, who also signs their Fitness Reports. Examples of these types of billets are the "Big Three" (Naval Medical Center San Diego, Naval Medical Center Portsmouth, and Walter Reed National Military Medical Center), and the smaller hospitals and clinics across the U.S. and the world.

The embedded psychologist provides similar services as the MTF psychologist, but the position differs in three important ways. First, the embedded psychologist is physically located at the line command. This allows the psychologist to be much more accessible than at the MTF, gain cultural competence into how that particular community functions and thinks, and earn trust by being present and interacting with command members on a daily basis. Trust in these communities is a key component to service members being willing to talk with the psychologist, and is a critical factor in an embedded psychologist's success. Second, the embedded psychologist typically engages the line commander directly regarding mental health issues, which often results in additional requests for consultation from the leadership. One of the easiest ways to measure success in these billets is the frequency with which the psychologist is sought out for consultation by the Commanding Officer and other top leaders at the command. Finally, the signature on the embedded psychologist's Fitness Report is the line commander. Some examples of these billets are the carrier billets, Naval Special Warfare Group 1 and 2, and the Operational and Stress Control and Readiness (OSCAR) billets.

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FROM COLD, TIRED, AND HUNGRY TO WET AND SANDY: ONE PSYCHOLOGIST'S OPERATIONAL JOURNEY

LCDR MELISSA HILLER-LAUBY

LCDR Hiller-Lauby with the bell and the helmets of BUD/S students past at NSWC in Coronado.

I have had the opportunity to serve in a number of clinical, expeditionary, and operational roles including one of the Navy SERE Schools and the Naval Special Warfare Center. I first heard about SERE school from some of my Officer Indoctrination School (now known as Officer Development School) classmates who were talking about it being part of their pipeline. At first I was intrigued, and then upon discussion of potential pain, discomfort, and hunger, it quickly dropped from the "things I want to do" list. My re-interest in SERE came a bit by chance as a junior psychologist on the USS Nimitz when I was asked to help provide risk management coverage for the SERE psychologist while he was away from the school house. I was hooked. For me it was the perfect blend of community based psychology, stress and trauma work, and assessment while also getting to be a trusted member of the team. A few years later, I joined the ranks of bona fide SERE psychologists, and after two weeks in Maine and the best tasting rabbit stew ever, I was well on my way to one of the most rewarding career assignments I have held.

SERE stands for Survival, Evasion, Resistance, and Escape. While originally designed to prepare pilots in the event they were shot down, the schools now serve all military personnel with the potential to be isolated, and in the worst situations, how to resist exploitation and survive captivity. Being a SERE psychologist teaches you a lot about yourself and others in a way that being a therapist does not. As the SERE psychologist, it is your duty to see that instructors continue to follow the well-choreographed program of physical and psychological dilemmas that are presented to the students to ensure not only that we do no harm, but also that the students walk away having had an excellent learning opportunity. Flexibility is vital, as well as having a good arsenal of therapeutic options that can be used in varied and sometimes unusual settings. A sense of humor helps too. In the end, the reward of getting to see your students work through challenging physical, mental, and emotional situations is priceless. Attending SERE school is a great opportunity to become oriented to the operational world. By completing a Level C course you begin your pathway to becoming SERE certified. The SERE schools have always been very receptive to providing seats for interested psychologists.

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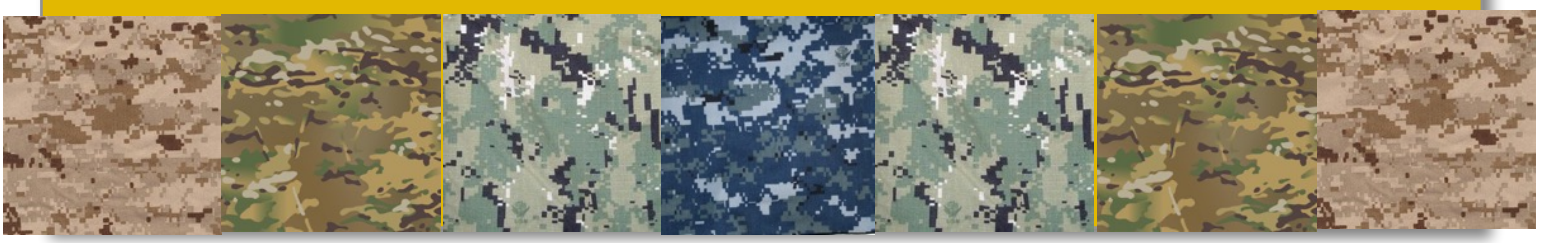

THE OPERATIONAL PSYCHOLOGY FELLOWSHIP: "SOMETHING DIFFERENT"

CDR JOE BONVIE

The Operational Psychology Fellowship, new to the Navy Psychology Community since 2014, has generated a great deal of interest among those psychologists looking for advanced training. After fielding inquiries about the fellowship over the past two years, the top two reasons psychologists have been interested in the fellowship boil down to: a desire to be "operational," and to "do something different." It's safe to say we have some adventurous folks in the Navy Psychology community. However, that's where the commonalities stop, as the definition of "operational" and "different" are as varied as the people asking the questions. So let me clarify what an opportunity the fellowship is for those audacious enough to apply.

First, the Why. With the Global War on Terrorism (GWOT) came a demand for embedded behavioral health that opened up opportunities outside of traditional hospital and clinic settings in addition to the upstart aircraft carrier billets. Psychologists found themselves boots on the ground in greater numbers with the Navy, Marine Corps, and Army, interacting with line leaders, and contributing to the mission in unique arenas. With good work and increasingly psychologically-savvy line leadership came more opportunities for psychologists in non-traditional areas, that required more experience and a higher level of training. Hence, the fellowship was born to instill the core operational psychology competencies early on in Navy psychologists' careers so they would have the tools to meet the demands of their commands' missions. The fellowship is also timely as operational psychology billets have tripled since 9/11, with continued growth expected over the next two years, reflecting the unrelenting pace at which our counterterrorism, counterintelligence, and unconventional forces continue to work.

To learn more about the evolution of Operational Psychology during GWOT, I'd recommend reading LTC Mark Staal and LTC James Stephenson's article, "Operational Psychology Post-9/11: A Decade of Evolution," in *Military Psychology* (2013, Vol. 25, No. 2).

The What. The Operational Psychology Fellowship is 12 months long, and based out of Naval Special Warfare (NSW) command located in Virginia Beach, VA. The curriculum will vary some depending on the Fellow's background, but the emphasis will be on graduating with a strong understanding of Assessment & Selection (A&S) and Survival, Evasion, Resistance, and Escape (SERE) Psychology. You will work towards your SERE Psychology Additional Qualification Designation (AQD) if you hadn't started that previously. These are two core competencies of Special Forces operational psychology that will be achieved through didactics, formal training with our Joint and Intelligence community partners, on the job instruction, and mentoring from experienced operational psychologists. Once successfully graduated, the Fellow will work with the Operational Psychology Sub-Specialty Leader and Specialty Leader on a utilization tour. Our inaugural Fellow, LCDR Matthew Schumacher, is presently completing his utilization tour at Marine Special Operations Command (MARSOC) West at Camp Pendleton, CA.

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HAPPY ANNIVERSARY: 20 YEARS OF CARRIER PSYCHOLOGY

LCDR ROBERT LIPPY

In 1996, then LT Helen Napier was given TAD orders to the USS Kitty Hawk (CV-63) for a six month deployment, and in executing her orders, she ushered in the era of operational psychology in the Navy. This year marks 20 years that psychologists have been deploying on aircraft carriers. Through her hard work and professionalism LT Napier demonstrated the value of an embedded mental health provider. Her efforts were noted by the Senior Medical Officer on the USS Kitty Hawk, in an article in which he summarized how in her short time onboard, "LT Napier became a key player to whom both the CO and Admiral repeatedly turned for wise counsel" (Clapp, 2010).

In 1998, the Bureau of Medicine and Surgery (BUMED) initiated a five year pilot project, the "Psychologist-at-Sea Demonstration Project," to assign psychologists as permanent crew members on carriers. CDR (Ret) Robert Obrecht was the first psychologist permanently assigned to a carrier, and CAPT (Ret) Maggie Lluy was the first female psychologist permanently assigned as ship's company. Very quickly, psychologists directly proved their worth through the substantial decrease in costly medical evacuations for psychological issues during carrier deployments. The success of the carrier psychology program has resulted in attempts to have psychologists assigned to large deck amphibious warfare ships deploying as part of Fleet Surgical Teams (FSTs).
Similar to duty at military treatment facilities, one of the primary duties of a carrier psychologist is to provide direct clinical care. The advantage of permanently assigning psychologists as ship's crew is that proximity allows the crew to gain familiarity and trust.
By living and working among the crew, carrier psychologists develop credibility with the ship's crew, and they are more likely to seek out care.

Psychologists are assigned a psychiatric technician who can be leveraged as a true provider extender by pre-screening all new referrals, facilitating psychoeducational groups, administering psychological testing, and providing peer support. This not only supports the psychologists, but also advances the clinical skills of psychiatric technicians and makes them a more valuable resource for future duty stations. Within the last year, BUMED and Navy Installations Command signed a Memorandum of Understanding, adding civilian therapists, called "Deployed Resiliency Counselors" (DRCs) to all large deck ships. The DRC is able to complement the mental health care on the ship by providing non-medical counseling for such things as occupational stress, grief, and other adjustment issues.

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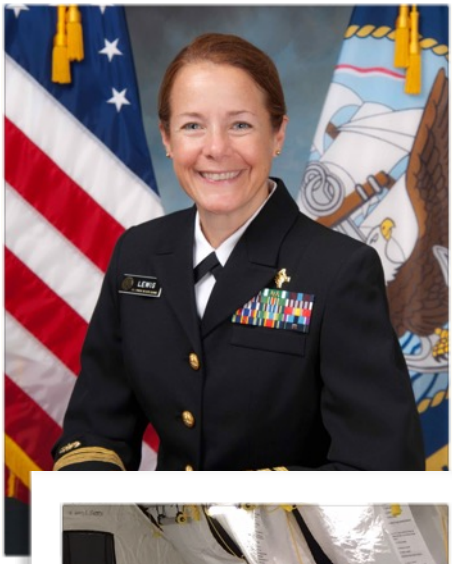
USUHS Clinical Psychology students (ENS Jared Bollinger, ENS Julia Garza, LTJG Amy Lee, LTJG Kyna Pak, LTJG Aaron Weisbrod, and ENS Viktor Kolto) aboard the USS George Washington with LCDR Lisseth Calvio and LCDR Jason Duff.

MENTAL HEALTH PERSONAL PROTECTIVE EQUIPMENT (PPE): FROM A PRIOR NAVY, NOW A PUBLIC HEALTH PSYCHOLOGIST

CAPT ROBIN LEWIS

Last year at this time I was probably midway through a night shift at a Monrovia Medical Unit (MMU) in Liberia with the United States Public Health Service (USPHS). I along with 74 other professional medical staff, did the same thing, day after day, night after night within several hundred gated yards of each other. We cared for those with Ebola and we cared for each other.



CAPT Robin Lewis and her team provide psychological support and brief assessments to medical personnel donning and doffing personal protective equipment to care directly for Ebola patients.

The Mental Health Team (MHT) providers were told we were there primarily for "Force Health Protection" and secondarily for limited patient support. Details of what that meant were left open for interpretation. As with most deployments, there was a steep learning curve. Within days, we found a way to use our skills to help our colleagues and the patients at the MMU. Broadly, the role of the psychologist at the MMU fell into three realms: the industrial organizational advisor, the team barometer, and the observer and intervention ninja when changes in personality occurred.

First, the industrial organization advisor. There are numerous challenges that play out within any organization that operates around the clock, 24 hours a day. Enclose those operations, along with daily living, in a small geographic space, and you have a recipe for growth or disaster (let me emphasize small – living quarters perimeter of .17 mile; "inhabitable" space perimeter at the MMU, less than .14 mile). Having trained eyes to see what may be considered common sense problems allowed for opportunities to advise and put in place corrective "force health protection" measures. One example of this was protecting the staff's basic need for sleep. We advised leadership on the placement of night and day staff, the importance of maintaining dark and quiet sleeping areas, and making a space outside of the tents for people to rest while others were sleeping in the tents. However it was not until we emphasized the dangers of sleep deprivation when dealing with Ebola patients that recommendations were heeded. Can you imagine having a provider drop an IV line into a fully dehydrated patient, in full PPE, hot and exhausted? With research on our side, coupled with some team examples, changes were made. Success.

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ETHICS IN OPERATIONAL PSYCHOLOGY

CDR ROSE RICE

The ethical practice of operational psychology has been a hot topic as of late, specifically with regards to psychologists supporting national security activities and interrogations. Unfortunately, this has led to a myopic view of operational psychology, and many misperceptions about those who practice it. With the exception of specific issues associated with National Security related consultation, most ethical challenges operational psychologists face are variants of ethical issues clearly addressed within the current ethics code.

As most of you know, some psychologists have alleged that operational psychologists have engaged in unethical conduct by interrogating and otherwise using "torture" against persons who have been detained. The American Psychological Association (APA) Board of Directors commissioned an independent review to examine the association's conduct in regard to the Psychological Ethics and National Security (PENS) Task Force, and the association's dealings with the Department of Defense and the Central Intelligence Agency (CIA) regarding torture and interrogation techniques. The final report and revision has been made public and are available at http://www.apa.org/independent-review. Division 19's response to the report is available at http://www.apadivisions.org/division-19/news-events/response-hoffman-report.pdf. I encourage you to read the report and responses first hand so as to fully understand the accusations, perceptions, and facts. These discussions have implications for all psychological activities outside the traditional doctor-patient relationship.

CDR Rice maintaining her operational psychologist cultural competency.

Less controversial, but often more prevalent, are the challenges of developing and maintaining professional and cultural competencies, and navigating mixed agency and multiple relationship conflicts. These are not new ethical issues for military psychologists, but being embedded in the unit tends to complicate the resolution. Let's look at LT X:

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OSCAR BILLETS: ONE SKULL MECHANIC'S JOURNEY

LT ASHLEY CLARK

Operational Stress Control and Readiness (OSCAR) psychology billets are located at each of the Marine Divisions in North Carolina, California, Japan, and Hawaii. The OSCAR model was born out of lessons learned from military psychologists dating back to the Korean War. However, it wasn't until after the Gulf War that the Marine Corps attempted embedding mental health assets. Starting on a trial basis at 2d Marine Division in Camp Lejeune, and expanding from 2004-2008 to all Marine ground combat units, OSCAR psychologists, psychiatrists, and psychiatric technicians are now steady figures at Marine Divisions and Regiments. Mental health providers embedded within these units serve the Commanding Officer as Special Staff Officers, providing real-time consultation to leadership to mitigate combat and garrison risks, preserve force readiness, and decrease any remaining stigma associated with seeking treatment. By penetrating the Marine Corps culture and the command climate, OSCAR providers can make believers out of skeptics, and serve as reliable advisors on many personnel matters.

Let me be candid about my OSCAR experience - I was not embedded at the Regimental level and so this account may not generalize to the experiences of all OSCARs. I covered four of the independent battalions within First Marine Division aboard Camp Pendleton, CA. First off, due to the timing of my tour (2013-2015) deployments were sparse except for Marine Expeditionary Units (MEUs) and those were being augmented by Military Treatment Facility (MTF) assets. While this was disconcerting because I thought OSCARs would be the first to deploy with their units, I respected the alternate view, that is, that we had proven ourselves so valuable that Commanders in garrison were leery to let us out of their grasp! When emotions and psychosocial stressors are involved, leaders appreciate consulting their resident "skull mechanic" to sift through the gray areas (note: "skull mechanic" – a name given to me by a Marine Commander, as he referred to the "body, soul, and skull mechanics" embedded with the command – i.e., the doc, Chaps, and OSCAR psychologist).

Initially, I looked for a written Standard Operating Procedures (SOP) manual to dictate how OSCARs function. 7th Marine Regiment and 2d Marine Division had versions of an SOP that I referenced, but ultimately I realized that the relationship you cultivate within the command has a much stronger bearing on day-to-day practice. In the early months I attended every meeting that had an open chair, gave out my contact information, and welcomed jokes about "the Wizard." Many Marines had never served at a command with dedicated psychological services; soon they wondered how they managed Platoon and Company level personnel issues without consulting an OSCAR.

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SPOTLIGHT ON HISTORY: PSYCHOLOGISTS REACHING OUT THROUGH THE AIR WAVES

LCDR LARKIN MAGEL

The founding of the Armed Forces Network (AFN) has allowed Navy psychologists to pursue outreach in radio for many years now. The history of broadcast radio in the military actually began during WWII when Armed Forces Radio Service (AFRS) aired their first program. When the U.S. entered the war and posted forces in remote areas, the War Department decided to take steps to take care of troops in the field by providing education, entertainment, and information. The Department issued an order creating the AFRS on May 26, 1942. After WWII, AFRS continued to follow service men and women into areas of combat such as Korea, Vietnam, Lebanon, Honduras, Panama, Saudi Arabia, Kuwait, Somalia, Haiti, Bosnia, Hungary, Macedonia, Croatia, and Kosovo.

More recently, one of the first psychologically-oriented radio shows was started by former LCDR Eve Weber in Okinawa, Japan in 2009. She launched a "destigmatization campaign" in the form of a monthly 30-minute radio show called "Okinawa Shrink Rap," which was a talk show about mental health issues presented in a relaxed format, with a focus on sharing tools to foster mental wellness. Dr. Weber presented results of her outreach work in 2011 at the Tricare Military Medicine conference, and received one of the "Innovative Worldwide Top 20 Programs for Tricare" awards.

In another remote area of the world – Guantanamo Bay, Cuba – another very successful mental health radio program is the Joint Stress Mitigation and Restoration Team (JSMART) Radio show. It was founded by LCDR Jason Duff in 2010. LCDR Magel gained some experience while deployed there in 2011, and took this experience to another overseas duty station - Naval Hospital Sigonella, Italy. In 2014, after contacting the local AFN station in 2014 and asking, "Hey, can I come on the radio for regular interviews regarding mental health topics?" the enthusiastic response received from the station Senior Chief, was "When can you start?!"

Within a few weeks, the first episode of "Therapy Thursday" aired at 0600. LCDR Magel and three other enlisted staff at the radio station discussed topics such as PTSD, social anxiety, personality disorders, and suicidality. Similar to Okinawa Shrink Rap, the purpose of the show was threefold: (1) decrease the stigma of accessing mental health services, (2) inform the community about the available resources, and (3) educate the community about common behavioral health issues.

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MARSOC: AN IDEAL ASSIGNMENT FOR NEW AND EXPERIENCED OPERATIONAL PSYCHOLOGISTS

LCDR YARON RABINOWITZ & LT ADAM TOMLINSON

Marine Special Operations Command (MARSOC) is the youngest of all Special Operations Command (SOCOM) units and as such, offers both unique challenges and opportunities for operational psychologists. MARSOC officially stood up in 2005 after successful proof of concept deployments in 2003 and 2004. Comprised of approximately 2,500 personnel, MARSOC is the smallest of all the SOCOM units. Similar to Army Special Forces, who use Operational Detachments Alphas (A-Teams or ODA's) to accomplish their mission, the primary operational unit for MARSOC is the Marine Special Operations Team (MSOT) comprised of 12 operators and led by a single officer (O-3). MARSOC is tasked with a diverse mission set to include irregular warfare, foreign internal defense, special reconnaissance, and direct action.

Although similar, the mission and culture of MARSOC is distinct from Naval Special Warfare (NSW). Like NSW, direct action and amphibious operations is a primary capability. However, unlike NSW, there is a significant emphasis on irregular warfare, and MARSOC's mission, culture, and capabilities more closely parallel Army Special Forces (Green Berets). For example, a premium is placed on language skills and all operators undergo rigorous language training at the conclusion of the training pipeline. Because of the considerable breadth inherent in MARSOC missions, the selection, training, and support of MARSOC Critical Skills Operators (CSOs) involves a significant psychological emphasis, making MARSOC an ideal place for operational psychologists to work.

There are currently three psychology positions within the organization, two at the battalion level (1st and 2d Marine Raider Battalions), and one at the Marine Special Operations School (MSOS). While the MSOS position is owned by the MSOS CO, the Battalion (BN) positions are administratively controlled by medical but operationally controlled by the BN commanders. As such, the BN positions have both an operational and a clinical function whereas the MSOS job is more purely operational (though we do carry a limited clinical load as circumstances dictate).

The primary responsibility of the MSOS psychologist is to oversee the Assessment and Selection program, serve as the Survival Evasion Resistance and Escape (SERE) psychologist, and support both the operator training pipeline and advanced training courses. Support to training involves leadership development and coaching (both at the group and individual level), performance enhancement, curriculum development, and support for field exercises. The position requires significant experience with assessment and selection, SERE certification, and experience both teaching and coaching. Moreover, the ability to run a large scale selection program and serve as a SERE schoolhouse psychologist is unique across all of the Department of Defense, as these are typically two distinct positions. Overall, this is an advanced operational psychology job which necessitates a broad experience base.

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MESSAGE FROM THE SPECIALTY LEADER
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The largest growth in our community has occurred within operational settings. Psychologists bring a unique set of skills to assist line leaders in meeting their mission. Operational Psychologists function in four primary domains: Assessment, Intervention, Operational Support, and Organizational Consulting. Some of these domains are similar to the general field of psychology but their function within operational psychology is distinct from other subspecialties. We often serve as direct staff officers to the commanding officers in these settings. Increasingly, psychologists support optimizing human performance and increasing force readiness, in addition to treating psychopathology. CDR Joe Bonvie is the Operational Psychology Subspecialty Leader and has worked tirelessly to move this subspecialty forward. He is currently championing a request to establish a subspecialty code for Operational Psychology.

Operational Psychology opportunities continue to grow, particularly in the embedded mental health role. The line commanders continue to want increased psychological capacity. We recently received 12 new billets, rolling in over the next three years, to serve with the Marine Logistics Groups around the world. We are assisting with a temporary fill for the seven submarine squadrons throughout the Navy. Requests are underway to translate these temporary fills into new permanent clinical psychology billets. The Naval Expeditionary Combat Command will likely take a temporary clinical psychologist while they budget for more psychologists in the future. Navy Special Warfare has had a significant increase in their psychologists over the past five years and they are talking about even more in the future.

I believe that serving in an MTF builds a better operational psychologist and vice versa, and CDR Ray Nairn will go into more detail on this later in this issue. That being said, as the quantity and diversity of operational billets increase, the potential for an operational career path also increases. Some of the new billets have increasing leadership aspects to include WARCOM, MARSOC, DEVGRU and possibly JSOC. This allows for more senior psychologists to remain competitive for more senior ranks.

I would like to take this opportunity to share with you about two working groups that were chartered by the Navy Clinical Psychology Executive Committee. The Workload/Burnout Working Group is chaired by LCDR Michael Conner and is looking into issues of workload, access, and collateral duties, and how they affect burnout, work/life balance, and job satisfaction. This is often expressed as a concern for many of you and hopefully some guidance and advocacy may improve the situation. The Promotion Working Group is chaired by LCDR Melissa Hiller-Lauby and is looking into how to improve psychologists' promotion rates by identifying predictive factors. These two issues were identified by the community on our last community survey as the top two issues of concern (85 percent and 68 percent respectively). The two working groups are making strong progress and briefed the EXCOM in January.

We received overwhelmingly positive feedback about our new model for Navy Day. Instead of holding our yearly gathering of psychologists at the APA convention, we are holding it at our larger medical centers and virtually. Last year, Navy Day was held at the Naval Medical Center Portsmouth and this year Navy Day will be held at the Naval Medical Center San Diego on 24 Aug 2016.

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Free continuing education credits will be provided again this year. This model was such a success that the social work and psychiatric nurse practitioner communities will also hold similar meetings on the same day. This should allow for some great networking between our mental health specialties.

To maximize communication and collaboration across our vibrant community, please ensure you are included on the clinical psychology listserve, update your contact information on milSuite, read The Navy Psychologist, follow us on Facebook, and attend the town hall meetings.

It is an exciting and dynamic time to be a Navy Psychologist. Due to the outstanding service you all provide across the Navy, the future of clinical psychology is strong. It is my honor and privilege to serve as your specialty leader. Please contact me if I can be of assistance. Thank you all for a job well done. Ψ

MESSAGE FROM THE RESERVE ASSISTANT SPECIALTY LEADER

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After you register, you have options. If you have tenure remaining in a billet, you can apply for a Command billet (i.e., CO or XO billet). You can also apply for Senior Executive billets (i.e., DFA). The RFMT program will not permit you to apply for other non-command or non-senior executive positions (i.e., a clinical psychology billet in a different command) if you have tenure remaining in your current billet. If your projected rotation date will occur during the next fiscal year and you want to remain in a paid billet, you will need to look for a job.

Typically, by the first week of June, reserve commands will post all validated vacancies. You can search for jobs by rank, designator and subspecialty code. After identifying a set of billets, you will rank order preferred choices in a dream sheet. You are also encouraged to write a letter to the reviewing board to discuss your history, intentions, and advocate for your record. The dream sheets are locked typically by the third week of July. This is also the deadline for submitting a package to the board. This is different from the note included in the RFMT system. Go to BUPERS Online, and review your record. See if you are missing FITREPS or awards. If so, send a package to the board with a cover letter. For your convenience, a sample letter to the board is provided on the RFMT website. You can send the letter hardcopy or via e-mail to BUPERS, and this is detailed in the sample letter to the board.

In mid- to late-August, the screening board will assemble in Millington at BUPERS. These will include senior officers from the Medical Corps, Nurse Corps, Dental Corps, and Medical Service Corps. They will first review each candidate's performance and history of assignments. A confidence rating will be assigned to each candidate. Subsequently, individuals who have applied for Command billets are slated. Those with the highest confidence ratings receive their most preferred billets. Afterward, non-command billets are slated in a similar manner.

How do you remain competitive? Make certain your record is complete and up to date. Seek tougher assignments. Take on collateral jobs. Have a mentor review your record and offer a critique. Think about cross-rating to another NOBC of sub-specialty code. If you take on collateral duties as an assistant administration or training officer, especially on a headquarters staff, you might be able to qualify for sub-specialty codes that expand the number of billets to which you can apply. Your initiative will not be entirely self-serving, because you will gain additional skills, thereby permitting you to offer better service to the organization. Ψ

FROM THE MTF, TO THE EMBEDDED, TO THE OPERATIONAL

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Psychologists in operational billets have the responsibilities of the two aforementioned categories, but the focus is on enhancing an operational mission's effectiveness by utilizing behavioral science principles. One of the ways this can occur is in the Assessment and Selection (A&S) of command members. A key component of A&S is to not think of psychological testing solely in terms of identifying psychopathology, but also as identifying traits that indicate goodness of fit for the position and the command. Mastering this skill is a fundamental piece of becoming a good operational psychologist, and requires subject-matter expertise in the tests that are being used, along with cultural competence. Another mandatory component for these positions is attending Survival, Evasion, Resistance, and Escape (SERE) school and becoming SERE certified. The Psychologists in operational billets are more likely than any other psychologists in the Department of Defense to be called upon to assist with Personnel Recovery missions. Finally, there are often opportunities to support other dimensions of the command that may require some cross-cultural expertise, or knowledge in organizational psychology or performance psychology. What distinguishes the Navy from other services is the fact that Navy psychologists in these billets provide clinical care as needed, whereas other services often rely on MTF-based psychologists for such care. Some examples of operational billets include those at the SERE school and Marine Special Operations Command.

How do you become an operational psychologist? Various career progressions have begun to emerge as the embedded and operational billets become more plentiful. Navy psychologists, whether out of internship, post-doc, or direct accession, should go to some type of MTF billet as their first duty station after completing training in order to build competency in the core skills of military psychology. Proficiency in diagnosing, report writing, initiating boards, and understanding the culture of the supported command are refined during the first tour. In addition, if you want to pursue an operational billet, one thing you can do is volunteer for deployment. Upon completion of the first tour, the next logical step in moving toward an operational billet is to volunteer for an embedded billet, apply for the operational fellowship, or seek a junior position at an operational command. These types of positions give a psychologist experience in thinking critically in ambiguous situations, honing consultation skills to the line, and time for senior psychologists to assess maturity, adaptability, conscientiousness, and self-awareness for more challenging operational billets. Performing well and establishing a good reputation at an embedded billet, in the operational fellowship, or in a junior billet at an operational command may open the door for another operational billet.

A career housekeeping note is to make sure you have a Navy Psychologist mentor review your Fitness Reports, because the line commanders may not be familiar with what to write for a Medical Service Corps board to make your fitness report stand out.

If you serve in an operational billet, or have back to back tours in an embedded billet, you may consider returning to the MTF in a leadership position. This will hopefully offer more dwelling time at home, and afford the opportunity to apply some of the leadership principles you learned from the line commanders. Career diversity between the MTF and the embedded/operational world will certainly benefit you as a leader, your patients, and Navy medicine.

(Continued on next page)

Because of the excellent performance of many Navy psychologists in embedded billets, the demand by line commanders for these positions has significantly increased over the past ten years. There will always be a place for the active duty psychologist at the MTF, but because the embedded and operational psychologists effectively serve the service member by increasing accessibility, decreasing stigma, and enhancing the psychologist's cultural competence and leadership skills, the percentage of Navy psychology embedded and operational billets will likely continue to grow for the foreseeable future. Ψ

FROM COLD, TIRED, AND HUNGRY TO WET AND SANDY

CONTINUED FROM PAGE 4

Following my role at the SERE school, I was given the opportunity to transfer to the Naval Special Warfare Center. In my current position I oversee the assessment and selection of all enlisted and officer SEAL (Sea, Air, and Land), SWCC (Surface Warfare Combatant Crewman), and high risk instructor candidates, and the many clinical and performance-based programs for the instructors and students. In this capacity I must remain an active consumer of research, and guide the chain of command in its decision processes. My work has resulted in an incredible growth period for the Psychology Division at the Center. Over the past three years, we have expanded the initial psychological screening given to all our students to become a broader assessment, selection, and development program for our SEAL and SWCC students, as well as our instructors. As a consultant to the command, I help our leadership understand who might or might not be the right fit for the job, and also what the testing tells us about areas for development. We are now looking at ways to use that assessment data to systematically provide feedback to better develop students as they progress in training - whether that is through helping him (and very soon her) better understand their personality or giving them specific mental toughness techniques to improve performance. If you are interested, consider volunteering to assist in our assessment and selection opportunities. At the Center we test almost 2000 individuals a year and have routinely hosted (and at times begged) psychologists to come help.

Perhaps the most rewarding aspect of my role as an operational psychologist has been the opportunity to meet and learn from many of our sister Naval Special Warfare, joint, and interagency processes. In this regard, I have one more word of advice - find a mentor who can help you prepare for the kind of operational work you will be doing, and who can continue to provide guidance on building your skills and the required network and relationships with your command that will make you successful in your billet. For example, a few years ago I found myself in a tri-service group discussion for female operational psychologists. Females occasionally have additional stresses, such as how to be a female and an expert in a command that is literally all male (e.g., at the Center), and how to integrate family life and being a mother with the demands of operational jobs. Having a mentor to bounce things off of can really be a sanity saver. But more importantly, a mentor can also help challenge you to grow and be successful on your path.

In sum, there certainly can be days that are exhausting. But, there are also many days when I am standing on the beach observing training or assessing students, and I can truly say that I have the best job in the Navy. Ψ

THE OPERATIONAL PSYCHOLOGY FELLOWSHIP
CONTINUED FROM PAGE 5

In terms of opportunity, Operational Psychology is the most diverse sub-community in Navy Psychology, offering psychologists a range of embedded clinical and operational psychology experiences. The bulk of our billets are in NSW and MARSOC, but the diversity within these populations and the type of work the psychologist performs varies in each of the 11 NSW billets and three MARSOC billets. Outside of Special Operations, we are also represented in such functional areas as the SERE school houses on each coast, supporting staff selection and training safety, the Marine Corps Embassy Security Group (MCESG), providing assessment and selection of Marines who guard U.S. embassies and consulates throughout the world and overseeing insider threat processes, and the Marine Barracks (8th & I), supporting presidential military guard force selection and providing clinical consultation to its constituency. Another unique billet is the Naval Aerospace Medical Institute (NAMI), a neuropsychology billet located in Pensacola, FL that also provides assessment and selection support to aviation personnel.

The Who. Back in the late 90's, embedded behavioral health was a pilot program on aircraft carriers; today it is an accepted tenet of military psychology and the foundation of operational psychology. A good candidate then would have embedded psychology experience, such as assignment to an Operational and Stress Control and Readiness (OSCAR) billet, aircraft carrier, remote overseas clinic, or conventional deployment, in order to learn the importance of cultural competency and its impact on command consultation and ethical decision making. He or she would also have strong case conceptualization and report writing skills. Because the greater Operational Psychology community is small and often working alone and/or in fluid environments, a good candidate would need to be mature, think quickly on their feet, and appreciate the importance of peer consultation.

For what makes an effective embedded psychologist I'd recommend reading LTC Mark Staal's article, "Improving Military Psychologists' Credibility in Combat Units," in *The Military Psychologist* (2015, Vol. 3, No. 2)

The When. Our next open Operational Psychology Fellowship seat is expected to run from August 2017 to August 2018.

The Bottom Line. If you are operationally inclined and looking for "something different," then contact me at: joseph.bonvie@navsoc.socom.mil. Ψ

Army Second Lieutenant Jennifer Berry, prior Division 19 Student Activities Committee Chair, in collaboration with CDR Bonvie and Joint Expeditionary Base Little Creek, toured the base to highlight the exciting work of operational psychologists to prospective psychology accessions and current students:

"The Navy OpPsych briefing at JEB Little Creek exceeded expectations in every way. An incredible amount of information was covered in a half day format without feeling rushed. CDRs Bonvie, Franks, and Nairn were as gracious as they were knowledgeable, and the Navy Clinical Psych interns and post-docs were a phenomenal source of peer-to-peer information. We all came away feeling truly inspired and looking forward to future events. Great work done by Navy Psychology!"

HAPPY ANNIVERSARY: 20 YEARS OF CARRIER PSYCHOLOGY

CONTINUED FROM PAGE 6

Shipboard duty affords psychologists the opportunity to be innovative. Many carrier psychologists over the years have expanded beyond direct clinical care to conducting more primary prevention/outreach training. Carrier psychologists have conducted all hands training on suicide awareness/prevention, domestic violence, leadership and development. Psychologists have utilized ship's newsletters, television programming on board, and the 1MC (speaker system throughout the ship) to disseminate information. Some psychologists have conducted telehealth sessions with crew on other ships in the strike group. A few adventurous psychologists have even taken helo "hops" to other ships to provide training, assessment, and brief treatment. "PsychOs" (an affectionate term given to the Psychology Officer) have organized "awareness walks" around the flight deck for suicide awareness and mental health, along with other wellness activities such as yoga and meditation.

Beyond these fun activities, carrier psychologists are sought out to provide expert consultation to command leaders (Chief's Mess, Division Officers, and Department Heads). Consultation covers a continuum from informal passageway ("p-way") discussions and helpful suggestions for dealing with behavioral problems, to specific patient recommendations to the chain of command, to formal assessments of an entire work center, division, or department complete with focus groups and detailed recommendations for improving morale or productivity. Commanding Officers have requested carrier psychologists' presence for consultation during Captain's Mast proceedings. The value of carrier psychologists has reached a point where some Commanding Officers will not get underway without them.

As a sea-going service, carrier psychology offers the quintessential Navy experience. Shipboard duty allows psychologists to experience firsthand the rich traditions and history of our Naval service. Carrier psychologists have the opportunity to learn common Navy vernacular such as "bulkhead," "knee knocker," "ladder," "goat locker," "foc'sle," "pollywog," "POD," and "GQ." Carrier psychologists are able to earn the Surface Warfare Medical Department Officer (SWMDO) pin, which comes with an Additional Qualification Designator (AQD) and some nice "chest candy." Through the SWMDO qualification, psychologists learn broad concepts of surface warfare such as the composition of a carrier strike group, warfare commanders, navigation, and detailed facts about shipboard firefighting equipment, propulsion systems, electronic warfare, and weapons systems. For psychologists wanting to go that extra step and truly experience shipboard life, a few carrier psychologists have qualified to stand in port watches such as Officer of the Deck (OOD) and Assistant Command Duty Officer.

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LT Morrison and members of the medical team of the USS Theodore Roosevelt (CVN71) take a seaside break on the deck while on a brief "FUNderway."

The overall success of carrier psychology has resulted in an explosion of operational psychology billets, many covered in other articles in this issue of the newsletter. Most recently LCDRs Matt Rariden and James Rapley have led the expansion of mental health to our submarine community. They pioneered a pilot project providing Executive Coaching style personality assessment feedback to prospective submarine commanders. Based on their work, submarine fleet commanders have now requested their own dedicated mental health assets. The growth of embedded mental health within the past few decades has been exponential and continues. It is with reverence and respect that we trace the roots of this movement to our carrier psychology community.

* This article is dedicated to all Carrier Psychologists, past and present.

Reference:
Clapp, J. (2010). Psychologists aweigh! A history of the first carrier psychologists, Grog Ration, 5(5).

Psychologists LTs Kathleen Saul, Joseph Pascetta, and Claudia Rojas join Bethesda psychology interns LTs Titus Hamlett, Mark Palcan, Linett Sierra, Sakshi Sharma, Shawna Rodriguez, and Kelsey Blomeke in navigating the collapsed structure trainer while visiting the Marine Corps Embassy Security Group.

MENTAL HEALTH PERSONAL PROTECTIVE EQUIPMENT
CONTINUED FROM PAGE 7

The MHT also continually assessed the mood of the team and responded accordingly. As mental health professionals, we are trained barometers. The MHT providers implemented small, intentional interventions daily to improve the mood. There were also more published "mood boosters." When morale was low overall, we worked to create activities like 5K runs (imagine that on a .17 mile interior "track"), poker tournaments, and small outings. We also intentionally addressed issues of mood, when at the beginning of the deployment a lack in night shift leadership was a significant issue. LCDR Wade Keckler (another USPHS psychologist) and I held nightly all hands meetings where various issues could be addressed and we could get a better sense of how the staff was feeling. A major concern that came up during these meetings was in relation to the information that family members were receiving from stateside points of contact about Ebola quarantine requirements. Family members were given information about contact recommendations post-deployment that were quite different from the scientific evidence the team was given by the Centers for Disease Control. Family members were essentially told no physical contact for 21 days, even if there was no exposure. The team was given lengthy seminars on viral levels and risk exposure that clearly put the majority of the team in a category of low risk, and no limitations on contact with others. The conflict in messages and the feeling family members and communities were not being supportive based on miscommunication was a huge morale buster. When this issue was addressed, the mood of the team improved. It may seem like a common sense thing, but without the MHT providers on the team, the problem would have exploded rather than defused.

What I felt was the most important part of having the MHT providers on the team had to do with observing and assessing personality change within individuals. On the night shift, LCDR Keckler and I would "round" on the staff. This involved checking in with each staff member in a very informal manner and then checking in with each other. We also played an active role in helping staff doff and don PPE to care for Ebola patients. When going through the process of donning and doffing, a covert mental status exam was easily conducted, as was assessing for exhaustion, anxiety, and depression – all of which could have presented safety risks to the patient and others on the team. We had the ability to pull staff aside, suggest that someone else take their rotation, and send them back for sleep or self-care as needed. We were not providing therapy to our teammates, but we were providing therapeutic interventions based on their presentation and in turn providing overall force health protection.

Each member of the MHT team found specific areas in which they were able to assist and support the team. I was able to liaison with the Army Chaplain to provide religious support services, and held a daily Bible study for the Liberian Nationals who worked at the MMU. Another MHT member made daily banners and posted them around the MMU with the time, date, news from "the outside," and jokes. Each person brought part of who they are on a personal and professional level in providing the best Force Health Protection possible. Ψ

ETHICS IN OPERATIONAL PSYCHOLOGY

CONTINUED FROM PAGE 8

Although LT X is excited about his orders to an "operational psych position," he has never worked outside a Military Treatment Facility (MTF). Upon arrival, he meets his sponsor (a fellow single LT) and quickly begins to hang out. At the end of a one week turnover, LT X is to begin an Assessment and Selection (A&S) evolution followed by an overseas temporary duty for battlefield circulation. The previous psychologist had excitedly shared experiences of doing intelligence consultations while overseas. LT X begins to worry about his preparedness to do his job and a range of ethical issues. His concerns grow when he finds out his sponsor is one of the candidates at the A&S evolution, and after a week of hanging out suspects his sponsor may have an alcohol problem.

There are several issues facing LT X and many of us have been in similar situations. As you may recognize, these issues are similar to those any embedded psychologist may face. The challenge for LT X is that declining to complete the A&S evolution or go overseas may not be realistic or desirable. He must balance his ethical concerns with the command's need to have that "CAN-DO" psychologist. There is likely a path that is still ethical even if less than ideal.

As I have heard throughout my career, "never worry alone." In this case, LT X would be wise to seek consultation and mentorship from the psychologist he replaced and other psychologists in similar units to develop a plan for some of the issues before him:

Professional competence - In this case, it may be a reasonable for him to execute the A&S evolution with consultation and mentorship from those more experienced and familiar with the unit's culture, the required traits and attributes, etc. We have all been in situations where on-the-job-training complements knowledge we already possess. Depending on the specifics of the evolution, this may not be a problematic extension of skills given his previous background in clinical assessment and testing. Discussion, mentorship, and phone consultation may be sufficient to get through this first round. Additional formal training in personnel assessment should then be sought out to develop expertise.

(Continued on next page)

SPECIAL CONGRATULATIONS TO OUR 2015 PSYCHOLOGISTS OF THE YEAR!

JUNIOR PSYCHOLOGIST OF THE YEAR (01-03)
LT MANNY GONZALEZ

SENIOR PSYCHOLOGIST OF THE YEAR (04-06)
CDR ARLENE SAITZYK

CIVILIAN PSYCHOLOGIST OF THE YEAR
DR. MARY BRINKMEYER

Cultural competence - LT X has been in the military for a few years and has a solid grasp of the military culture to build upon. While this organization presents a subculture, he has the ability to rapidly gain knowledge of the terms, mores, and behaviors associated with this group. Time within the unit will also be helpful, and so will reading books written by unit members and operational reports, speaking with senior unit members, and getting integrated into the unit.

Multiple relationship conflicts - LT X has befriended someone he unexpectedly is slated to assess for selection purposes. While it is incumbent on LT X to attempt to deconflict these roles, it may not be possible. A discussion with the fellow LT about the now known dual roles would be appropriate along with the concerns it presents and possible courses of action. If another psychologist assists with the A&S then the other psychologist should do the evaluation. As a member of the unit, an operational psychologist will certainly have relationships with other unit members who may require some type of service by the psychologist. It is impossible to predict all the possible scenarios. Nevertheless, care must be taken a priori to avoid potentially damaging dual roles that could easily be foreseen.

Ethics in operational psychology is not an oxymoron. Quite the contrary. The same steps you have taken throughout your career to identify, explore, and resolve these issues apply in this arena as well. Be a critical thinker, and never worry alone. The person you consult who is outside the unit may help you see the issue in a different light. That psychologist is not encumbered by the organizational dynamics that you as a unit member experience. It may actually be more straightforward than it initially seems. Ψ

ONE SKULL MECHANIC'S JOURNEY

CONTINUED FROM PAGE 9

I relished the freedom to create my own schedule that accommodated "on-demand" safety assessments, Force Preservation Councils, Fleet Marine Force qualifications, occasional after-hours phone calls, and "I was just seeing where your office is, Ma'am" drive-bys. This helped me be accessible, thereby reducing a major barrier to treatment seeking. One positive experience with the OSCAR can reap major dividends in the long-term, and I took this responsibility seriously. In many respects, OSCAR billets allow you to practice the true art of military psychology by treating your own community, addressing ethical quandaries that will inevitably arise, and developing officer and warfighting fundamentals by stepping out of a more pure clinical role and coming to fully appreciate decisions made by line leaders.

My four Commanders welcomed the OSCAR team with open arms, and that made my tour fulfilling. Others might have vastly different stories to share. But, no matter what you might encounter, like other professional challenges, if you have the will and desire to be flexible and accessible (yet also with strong boundaries), you can be successful as an OSCAR psychologist. Ψ

PSYCHOLOGISTS REACHING OUT THROUGH THE AIR WAVES

CONTINUED FROM PAGE 10

Within a few short weeks, there was a tremendous positive response from the community. Listeners commented on the AFN Facebook page about the broadcast. Many remarked it became their favorite broadcast to listen to on their way into work. Individuals who heard the show decided it was time to get some help, and self-referred. The show has been so successful it was awarded the First Place Award for the Audio – Information Program category, under the Russell Egnor Navy Media Awards for 2014. This means it was deemed the best audio information program throughout the entire Navy!

Recently Therapy Thursday has been experimenting with using Periscope to broadcast the show live, since many people cannot access the AFN link for Sigonella. Using Periscope has broadened the international audience, and allows listeners to interact with the hosts during the show. In Europe, listeners can live-stream the show at http://afn360sigonella.radio.net/ Thursdays at 0600 Central European Time (CET). Listeners outside of Europe can tune in to @LarksAdventures on Periscope Thursdays at 0600 CET, or via podcast at: larkinmagel.podbean.com Ψ

MARSOC

CONTINUED FROM PAGE 11

The BN psychologists are responsible for the mental health care for the members of their battalion, yet have the opportunity to gain invaluable operational experience. Within the battalions, psychologists are involved in direct operational support across a variety of domains, which include selection for specialized programs and support of intelligence operations. They deploy with their units, maintaining operational readiness and expanding intelligence capabilities down range. The BN psychologists advise the CO on policy and procedure regarding mental health issues within the command, yet when performing patient care, they are responsible to the Command Surgeon. The BN positions can be conceptualized as advanced entry level positions. Their dynamic nature makes them ideal choices for psychologists who are comfortable delineating new areas of responsibility.

There are currently plans to expand the role of psychology within MARSOC. The intent is to develop billets at multiple levels of the organization to ensure representation throughout the command and to afford operational psychologists a variety of opportunities to advance to positions of greater leadership and responsibility within the organization.

MARSOC has been extremely open and receptive to operational psychology. In just a short period of time the unit has undergone a significant transformation in terms of how it perceives, integrates, and utilizes operational psychology. Psychologists are arguably more integrated in MARSOC than at most SOCOM units. We are a highly valued commodity and the requests by special programs for increased psychology involvement outpace current resources. The Assessment and Selection program alone has been recognized by other SOCOM units for its innovations and empirical focus, and psychologists from both the Air Force and Army Special Operations Commands routinely request to support our program. As MARSOC continues to grow as an organization, the opportunities afforded psychologists will only increase, making this an ideal place both for new and experienced operational psychologists. Ψ

BRAVO ZULU!

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PRESENTATIONS

Shenberger, A., **Saul, K**, & **N'Cho, H**. (August, 2015). Family-focus in military and veteran systems of care for PTSD. Paper presented at the 123rd annual conference of the American Psychological Association, Toronto, Canada.

BLOGS

I Am Navy Medicine: Naval Hospital Bremerton 2015 Jr. Officer of the Quarter: LT Kathleen Saul, Psychologist. http://navymedicine.navylive.dodlive.mil/archives/9867

OFFICER OF THE QUARTER & YEAR

Junior Officer of the Year, Naval Health Clinic New England: LT Daniel Babskie
Junior Officer of the Quarter, Naval Hospital Bremerton: LT Kathleen Saul

BRAVO ZULU!

NAVY & MARINE CORPS ACHIEVEMENT MEDAL
LT Ann Crosby

NAVY & MARINE CORPS COMMENDATION MEDAL
LCDR Jason Duff

SURFACE WARFARE MEDICAL DEPARTMENT OFFICER (SWMDO)
LCDR Jason Duff

MARINE CORPS MARTIAL ARTS PROGRAM (MCMAP)
LT Joseph Pascetta - Tan Belt
LT Trinity Parker - Tan Belt

PISTOL QUALIFICATIONS
LT Hammad S. N'Cho - Expert
LT Joseph Pascetta - Sharpshooter
LT Kathleen Saul - Sharpshooter
LTJG Kyna Pak - Sharpshooter

RIFLE QUALIFICATIONS
LT Hammad S. N'Cho - Expert

ABPP
LT Stephanie Long
LCDR Erin Eudell Simmons
LT Kristin Lynn Somar

Increasing military cultural competency - LTs Pascetta and Parker completing MCMAP Tan Belt training (above) and LTs Pascetta and Saul obtaining pistol qualifications (below).

That's all for now, we hope you've enjoyed this special edition of The Navy Psychologist! Our next issue will feature the fine work of our clinicians - so, Military Treatment Facility based psychologists, neuropsychologists, child psychologists, Integrated Behavioral Health Care providers, etc., send us news of your great work!

Your Editors,
CDR Saitzyk & LT Morrison