VOLUME 5 ISSUE 1

The Navy Psychologist

March 2013

Inside This Issue

1 From the Editor & Message from the Specialty Leader
2 Psychologists at Sea
3 Switching from Green to Blue
4 Carrier Psychology and Ethics
5 Future of Navy Psychopharmacology
6 Navy Neuropsychology
7 Direct Accession Neuropsychologist
8 Naval Branch Health Clinic, Groton
9 Operational Psychology
10 MCESG: First Operational Psychologist
11 OSCAR Psychology
12 Awards and Recognition
13 Publications
15 Message from the National Training Director

Clinical Psychology Specialty Leader
CAPT John Ralph

From the Editor

Welcome to the newest edition of *The Navy Psychologist*, devoted to our specialty communities. Our subspecialty leaders provide an overview of carrier psychology, health/psychopharmacology, neuropsychology, operational psychology, and Operational Stress Control and Readiness (OSCAR). Our specialists provide some focused articles which allow for a glimpse inside each of these exciting communities. As usual our Specialty Leader and National Training Director provide invaluable information for all of our community.

In the next issue we will be reverting to our normal format so we'll be looking for short articles on any pertinent topic, a clinical case example, an ethics case example and as always news about awards, publications and other accomplishments by the active duty, reserve, and civilian components of our Navy clinical psychology community. Please submit your information and ideas to carrie.kennedy@usmc.mil for the next issue, anticipated in September 2013. Good reading!

Very respectfully,

CDR Carrie H. Kennedy

Message from the Specialty Leader

Dear Colleagues,

Greetings all, and welcome to another edition of *The Navy Psychologist*. This issue of *The Navy Psychologist* is devoted to our subspecialties. As Navy Psychology has grown and evolved through the years, our Executive Committee has periodically designated certain portions of the community as semi-official subspecialties. I say semi-official because these groups are not necessarily recognized by Navy Medicine or Navy Personnel Command. Some have specific subspecialty codes (e.g., Neuropsychology) and some are associated with particular Additional Qualification Designations (AQDs, such as the SWMDO device earned by most of our carrier psychologists), but often these subspecialties are recognized only within our own community. Through the designation of subspecialties, we enhance communication among those serving in similar billets, we provide them with a subspecialty leader who has a unique understanding of the needs and challenges of these billets, and we ensure that these psychologists are represented at Executive Committee meetings.

Currently we have 5 subspecialties: Carrier Psychology, Health Psychology-Psychopharmacology, Neuropsychology, Operational Psychology and OSCAR.

Carrier Psychology is one of our oldest subspecialties, created in the mid 1990's when we began assigning psychologists as permanent members of ship's company aboard every Navy aircraft carrier. This group is represented by CDR Arlene Saitzyk.

Health Psychology, represented by CDR Erick Bacho, is arguably our smallest subspecialty. This group consists of those who have completed postdoctoral training in health psychology, either through a military or a civilian program. This group also includes those who have or are pursuing prescription privileges. At this point we have no formal pathway for earning this qualification in the Navy, but we are continuing to explore options to resurrect this training in the future. (Continued on page 14)

Fostering Fair Winds and Following Seas: Psychologists at Sea

CDR Arlene Saitzyk, Carrier Psychology Subspecialty Leader

Aircraft carriers have long presented an excellent opportunity to orient psychology interns to the Fleet during their “week-at-sea,” and interns in the past also provided much needed assistance to service members while on board. Carrier Senior Medical Officers (SMOs) started noticing how psychologists’ quick and apt assessments and interventions eased the severity of personal and occupational problems of the crew, decreased personnel losses to the command, and overall improved performance. By the mid-1990’s, one carrier SMO asked Dr. Clapp, an internship faculty member who often accompanied interns on the carriers, to write a point paper on this very issue so that they could consistently provide psychologists to carrier medical departments. The paper was well-taken, and propelled a series of TAD assignments of psychologists to the carriers. Not surprisingly, standardly providing evaluation, consultation, and treatment on board helped maintain mission readiness, and resulted in a huge costs savings for those ships. Consequently, in 1998, the five-year “Psychologist at Sea Demonstration Project” was launched, with psychologists assigned to the carriers as part of ship’s company. A study comparing cost savings between carriers with and without a psychologist showed the former was superior and was about to become the wave of the future.

Needless to say, psychologists are now permanent members of carrier medical departments, providing services to ship’s company, embarked Air Wings, and Strike Groups. These services include urgent and routine evaluations, short-term inpatient psychiatric treatment when underway, outpatient therapy, and consultation to the command. The ship psychologist is also the clinical supervisor for the SARP (Substance Abuse Rehabilitation Program), overseeing evaluations, IMPACT (early intervention education), Level I Outpatient treatment, and the Aftercare program on board. As well as key members of the Health Promotions Committee, psychologists provide education and training on board, such as suicide prevention, anger/stress management, and command indoctrination classes on a variety of interpersonal issues. There’s also a good deal of freedom for psychologists to create programming to best meet the needs of ship personnel. For example, last year during deployment one psychologist facilitated a Men's Domestic Violence group, allowing substantiated Family Advocacy cases to complete required counseling rather than delaying care.

At present, there are 11 carrier psychologists, soon to be ten; after 51 years in the Fleet, the USS Enterprise (CVN-65) is being deactivated. LCDR Purewal will be staying with the Enterprise until decommissioned. We also wish fair winds and following seas to LT Lugo-Steidel from the USS Nimitz (CVN-68), and welcome aboard to LT Myers who replaced him in January 2013. LT Kraemer, now the psychologist for the USS Dwight D. Eisenhower (CVN-69) got his first taste of life at sea as a Reservist providing much needed services to Nimitz last summer. His article in this issue discusses his experience of “making the switch from the green side to the blue.” The second article from the carrier subspecialty in this issue is by LCDR Lippy, who is currently stationed on the USS Carl Vinson (CVN-70). His article addresses some of the ethical quandaries we face as embedded/expeditionary psychologists, including managing dual roles and malingering. The carrier psychology e-mail group provided great input to his article, and I’d like to thank a few regular contributors to the listserv, including LT Rariden from the USS Theodore Roosevelt (CVN-71), LT Lowe from the USS Ronald Reagan (CVN-76), and CDR Heim from the USS John C. Stennis (CVN-74). Thank you CDR Heim for your service (he had nearly back to back deployments the past year, and possesses a wealth of experience, with two separate carrier tours on his resume). I’d also like to thank LT Asgaard from the USS Abraham Lincoln (CVN-72) who recently completed an extended deployment and home port change. LT Domery from the USS George Washington (CVN-73) and LT Ecklund from the USS Harry S. Truman (CVN-75) hit the deck running and have been doing great work as relatively new members of this community. And finally, welcome to our newest addition to the Fleet (the ship that is, not the provider) LT Calvio from the USS George H.W. Bush (CVN-77). I should also mention that due to the success of psychologists on carriers, other ships have been repeatedly requesting assistance from mental health providers. Last year, LT Ayers, a Navy clinical social worker, deployed with the USS Iwo Jima (LHD-7).

While the week-at-sea is excellent orientation, a carrier tour is usually not recommended right after internship, because the psychologist must be licensed to practice independently, have experience with the line communities (especially surface and aviation), and be rather knowledgeable about managing alcohol treatment programs. As well, familiarity with community psychology-like programs is helpful. With the heightened optempo these days, ships are increasingly interested in prevention. For example, recently several psychologists conducted command wide trainings using a train-the-trainer model where senior enlisted members receive stress management/suicide awareness instruction with drills that walk leaders though situations they’re likely to encounter, and offer guidance on how to help service members in their respective divisions and departments. Several psychologists are writing columns in command newsletters or for the Plan of the Day, providing useful tips on handling various personal and professional challenges. Psychologists have also been consulting members to human factors-like boards assisting leadership with concerns about sailors. One ship even has a resiliency committee that is currently targeting issues involving alcohol and sexual assault. Finally, the carrier psychology subspecialty is in the final stages of a research proposal to best understand the unique needs of our population … more to follow. Ψ

Making the Switch: Moving From the Green Side to Blue

LT Tony Kraemer, Ship's Psychologist, USS Dwight D. Eisenhower (CVN-69)

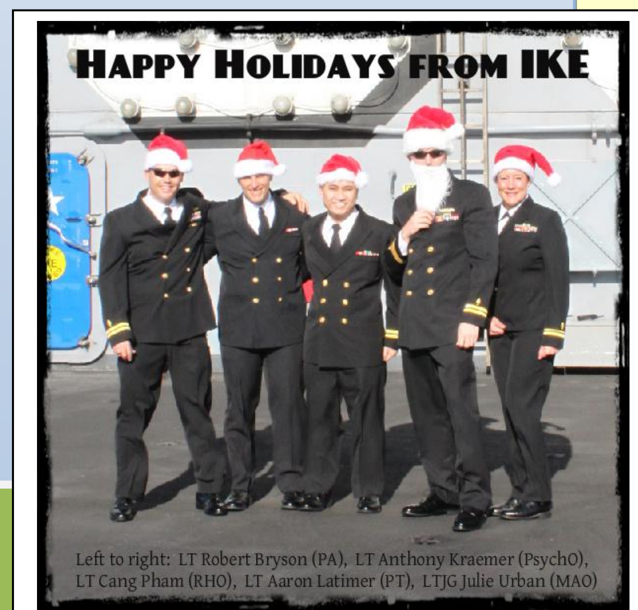
The following is a comparative look at the duties of the Psychologist coming from the Marine Special Operations Schoolhouse (MSOS) transitioning to duty as Ship's Psychologist on the USS Dwight D. Eisenhower (CVN-69).

BLUF: It is very different!

As the Psychologist at MSOS, I did some clinical counseling, but primary duties focused mostly on assessment and selection, and consultation/training for the Survival, Evasion, Resistance, and Escape/Personnel Recovery (SERE/PR) programs. Most of the clinical work was done by a clinical psychologist, or by the clinic on Camp Lejeune. This was largely because the MSOS psychologist could not provide the consistency necessary for a good therapeutic relationship and it was important not to mix the roles of operational and clinical psychologist.

Fortunately, I served briefly as a Reservist on the USS Nimitz (CVN-68) for about two months in 2011. The ship was in the yards, the hours were fairly set, and I got to go home (to the hotel!) at night. However, the pace was intense, and the needs of the crew provided a sampling of the kind of things I could expect on the Eisenhower. I've been the Ship's Psychologist on the Eisenhower now for about four months, and have seen sailors for various problems, ranging from marital and family issues, and adjustment disorders, to more severe depressive symptoms, suicidal ideation, and self-directed violence. I've also provided input for a number of security evaluations and completed command directed mental health evaluations on board. As well, the ship's psychologist is involved in the ship's Human Factors Committee, advising the command on issues related to the psychological health and well being of the crew in general. In many respects, the experience at MSOS nicely transferred to the shipboard environment – two examples are my comfort with "passageway consults" and my experience with health promotion activities, or more of a community-based psychological perspective on issues. Another interesting crossover I have encountered is the SERE/PR training I received while at MSOS. At MSOS, I was able to observe the training and preparation of service members for the possibility of capture or retention by foreign forces. This training has proven quite useful on the ship, as many of the Air Wing and Strike Group personnel have also gone through this training, allowing me a common footing to have therapeutic conversations with this often rather closed group. In addition, it has provided the opportunity to be involved with training exercises and to interact with personnel from the Joint Personnel Recovery Agency while on board.

So, there has been a definite shift in duties and priorities. The hours on board ship are long, and while the temperature fluctuates, the noise is, well, constant. Patient care is much more of a focus here, especially while deployed. The ship is self-contained while on deployment (sometimes sailors are placed on the ship's medical ward for stabilization), although some sailors just can't be effectively treated on board. An excellent relationship with the ship's other medical providers is a must, as is staying on top of records. Having positive relationships with medical providers in ports, whether at homeport or in foreign ports (like Bahrain) are critical. While the differences are definitely there, the work is equally rewarding. Ψ



Left to right: LT Robert Bryson (PA), LT Anthony Kraemer (PsychO), LT Cang Pham (RHO), LT Aaron Latimer (PT), LTJG Julie Urban (MAO)

To read more about psychology at sea please see:

http://www.apa.org/gradpsych/2008/11/sea.aspx

http://www.navytimes.com/news/2012/02/navy-carrier-enterprise-retools-mental-health-afloat-022012w/

http://nationalpsychologist.com/2002/01/psychologists-are-now-assigned-to-12-navy-aircraft-carrier-battle-groups-2/10588.html

Ethical Challenges of a Carrier Psychologist

LCDR Robert Lippy, Ship's Psychologist, USS Carl Vinson (CVN-70; pictured on the left)

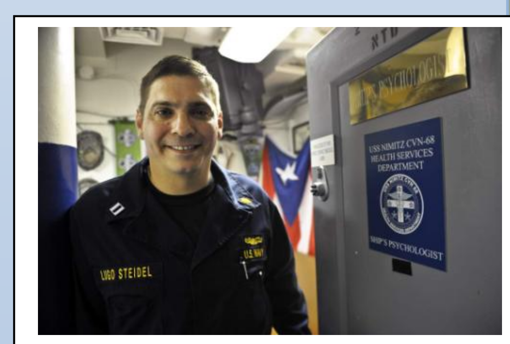
There are many ethical dilemmas I have encountered as an aircraft carrier psychologist that have made this the most rewarding and challenging billet in my Naval career. These include multiple relationships (patients may cut your hair, serve your food, or clean your stateroom), boundaries of competence (being the only mental health provider for the Strike Group, doing our best to treat whatever comes through the door), privacy issues, and record keeping. Perhaps the toughest ethical issue is malingering. Malingering, the intentional reporting of false or grossly exaggerated symptoms for external incentives, is an issue faced by Navy psychologists because of the significant secondary gain (e.g., to get out of duty/watch, avoid deploying, keep away from working with intolerable others, or separate from the Navy altogether). On an aircraft carrier the stakes are high. If you have never served onboard a ship it might be hard to fathom the rigors of shipboard life. Stressors include long work hours, cramped living conditions, lack of personal space, constant drills and evolutions throughout the ship, seemingly unending qualifications and inspections, and rotating watch schedules. These stressors take on added significance for sailors new to the Navy, new to a ship, and new to deployments. The reality of being "stuck" to endure these conditions for the next several years can be daunting, depressing, and anxiety-provoking. I have heard many describe life onboard as a "prison sentence." Despite exaggeration of symptoms, the distress is real and a somewhat expected reaction to the difficulties of adjusting to this arduous lifestyle.

Principle A of the APA Ethics Code states that "psychologists strive to benefit those with whom they work and take care to do no harm." So what is in the best interests of a sailor who is in such distress as to believe the only way for relief is by return to civilian life? The sailor believes what is in their best interest is to be let out of their contract via administrative separation. The chain of command's response typically depends on the attitudes of the leadership. Some leaders have little sympathy for these sailors and expect them to fulfill their contracts (and do all they can to ensure this happens, sometimes making life even more intolerable for the sailor). Other leaders take the view that these sailors are a "lost cause" and the best thing is to cut our losses and proceed with administrative separation. Each of us as Navy psychologists has likely developed our own attitudes for how we handle the complex issue of malingering and have our own threshold for determining when to proceed with recommending administration separation. Complicating this issue on an aircraft carrier is the fact that psychologists are part of the same command as our patients, supporting the command's mission of combat readiness by ensuring the mental well-being of its sailors. We have a responsibility to both our patients and our CO. Do we support the command's mission of retention, or the wishes of our patients to help them out of their contract because of difficulties adjusting to shipboard life? In general, I tend to have a high threshold for separation. Just as exposure therapy requires confronting anxiety-provoking situations, I believe helping a patient tolerate and work through their distress is both clinically and ethically sound. Only after I have exhausted all my skills to help a sailor adjust or when it reaches the point of causing genuinely heightened risk for harm will I consider recommending separation. I realize some may not agree with me.

I admit I can occasionally become overwhelmed by this issue, and remind myself I am seeing a skewed sample of the population. The majority of sailors onboard are highly motivated and hard working. It is inspiring to watch them carry out their duties with pride, precision, and professionalism. I feel humbled to serve on this great warship and do my part helping sailors and supporting the command's mission. I would encourage anyone considering a carrier psychologist billet to take the challenge and go for it!

LT Lisseth Calvio: Ship's Psychologist, USS George Bush, CVN-77

USS Nimitz, CVN-68 Ship's Medical Department



LT Lugo-Steidel: Outgoing Ship's Psychologist, USS Nimitz, CVN-68

Health Psychology/Psychopharmacology: Where we've been… where we're going.

CDR Erik Bacho, Health/Psychopharmacology Subspecialty Leader

We're back! The focus of Navy fellowship training in recent years has been on neuropsychology due to the large numbers of blast concussions seen during the war. This is changing. With the inventory of neuropsychologists reaching healthy levels, senior Navy Psychology leadership will be considering offering fellowships in areas that have been dormant. Health Psychology/Psychopharmacology fellowships are again moving to the fore.

This brief update will review the state of Navy Health Psychology and Psychopharmacology subspecialties. For the past several years, Navy psychology has taken a war-time footing, in order to meet operational demands. More recently, there has been a down-shift in Iraq and an impending draw down in Afghanistan. This has found more Navy psychologists returning to their traditional roles in MTF's, expanding their roles in primary care settings and continuing their embedded roles on ships and with Marine infantry units.

The advent of embedded Behavioral Health specialists in Medical Homeports deserves special mention here as it will be a major focus of Navy health psychologists/prescribing psychologists in the years to come. Psychologists routinely work with patients who require knowledge about complex interactions between medical conditions and psychological pathology and states. Frequently, psychologists are asked to help treat patients diagnosed with co-morbid medical and psychological conditions. Typically, these conditions co-occur in the context of complex social, logistical, and military or cultural barriers. These barriers often adversely impact the patient's access to care. There is a growing need for training in understanding pathophysiology, healthy lifestyles, and psychopharmacology, as psychologists have become an integral part of the medical team. As such, there is a need to train psychologists to meet the challenges of this shifting work environment that reflects a return to a peace-time footing in the coming years.

Between 2005 and 2009, a Navy Health Psychology Fellowship was offered in an effort to expand Navy postdoctoral training opportunities, provide psychologists with a path toward prescription privileges, and to serve as a retention tool. The Health Psychology Fellowship Program at Tripler Army Medical Center (TAMC) in Honolulu, Hawaii was selected as the primary site for this training. In addition to the Health Psychology curriculum, it offered certification in psychopharmacology. This gave graduates of the program the foundation for prescribing psychotropic medications and applying their skills in interdisciplinary environments, including primary care settings. From 2005 to 2009 there were 3 Navy graduates of this program, all of whom were equipped with the basic training foundation to pursue prescription privileges in the fleet. While the Navy's relationship with the TAMC fellowship ended in 2009, we are considering re-instituting this fellowship as our community's manning improves. A new version of the TAMC program has been implemented with new leadership and faculty, as well as a new partnership with the University of Hawaii-Hilo. This promises to be a top-notch program that has the potential to provide a unique training opportunity for Navy psychologists. Also under consideration is a less formal training program in which psychologists would have the option of training under prescribing psychologists based in Annapolis, Walter Reed and Fort Belvoir, as well as the creation of a prescribing psychology fellowship in the National Capital area. More to come…Ψ

Read about the first DoD prescribing psychologists: http://www.apa.org/monitor/feb03/prescribers.aspx and http://www.apa.org/monitor/may04/prescriptive.aspx

Keep up to date as to prescribing psychology and state laws: http://www.prescribingpsychologist.com/

Check out American Psychological Association, Division 55, American Society for the Advancement of Pharmacotherapy: http://www.division55.org/

Navy Neuropsychology

CDR Carrie Kennedy, Neuropsychology Subspecialty Leader

Navy neuropsychology has undergone massive changes in the past ten years. From a community that regularly maintained only 3-4 active duty neuropsychologists at a time to one in which we haven't been able to procure and grow enough, we have been a much-needed clinical specialty in order to meet the needs of the warfighter. Blast concussion and combat stress issues have been the predominant clinical foci of this war for neuropsychologists. Understanding the sequelae of blast concussion, interactions between concussion and combat trauma, implementing cognitive screening strategies both predeployment and in the war zone and providing mandated neuropsychological evaluations on warfighters in the combat zone have defined active duty neuropsychology during the war in Afghanistan. As the war winds down, these same neuropsychologists will be meeting the unique needs of veterans for years to come.

In combination with recent news reports about the effects of concussion on athletes, the urgency to appropriately assess and safely return to duty those with blast concussions has been significant. Neuropsychologists have been in a unique position to meet this need, but in order to do that effectively we had to grow. Growing a robust neuropsychology community hasn't been fast. It takes almost 18 months from announcement of an allotted fellowship slot to commencement of the fellowship. The fellowship itself consists of two years of formal post-doctoral training to meet the minimum standards for credentialing as a Navy neuropsychologist. Consequently, even though the community has been aggressively addressing the manning issue, it has taken us 5 years to grow from 3 active duty neuropsychologists to 7 (CAPT Tony Arita, CDR Robert Obrecht, CDR Carrie Kennedy, CDR Randy Reese, LCDR Shawnna Chee, LCDR Porter Evans and LT Ana Soper). This will increase to 9 in just a few months when our existing fellows graduate (LCDR Josh Kenton, UCSD and LCDR Efland Amerson, UVA).

For neuropsychologists, this war marks the first time that we have been needed and utilized near the front lines. Three of our neuropsychologists practiced neuropsychology in the war zone assessing acutely concussed service members and providing mandatory neuropsychological evaluations to those who sustained multiple concussions. Two of our neuropsychologists have recently arrived in Afghanistan. LCDR Chee is deployed to the Concussion Restoration Care Center on Camp Leatherneck and CDR Reese is deployed to Kandahar Air Field. If we are still in Afghanistan at the time of their departure the plan is to replace at least one of them with another Navy neuropsychologist.

We are fortunate to have two preferred training sites which have tailored their existing fellowship programs to meet the training needs of Navy neuropsychologists. Under the leadership of Dr. Jeffrey Barth of the University of Virginia and Dr. Bill Perry of the University of California San Diego, we have robust training programs that provide the highest quality training with special emphasis on concussion, military populations and the neurologic conditions most often seen in active and retired military populations.

War and specialty population requirements have also provided a need for Navy neuropsychology to become more integrated into all of our military treatment facilities. We now have coded billets for neuropsychologists at Camp Pendleton, Naval Medical Center Portsmouth, Naval Medical Center San Diego, Camp Lejeune and Naval Aerospace Medical Institute. To further meet the needs of our combat veterans we are looking at recoding billets at both Camp Lejeune, which would then have two neuropsychology billets, and Walter Reed. While in the past, neuropsychologists often only served one tour as a neuropsychologist, the increased needs at military concussion/TBI centers and military hospitals have created the need for specialists to serve in more than one billet as a neuropsychologist. This is good news for Navy neuropsychologists who have historically been faced with the reality of having to PCS to a non-neuropsychology billet and risk skill degradation or face the decision to leave the military to remain focused on the clinical specialty.

The future of Navy neuropsychology is robust. By this time next year we will likely have 7 coded billets and 9 active duty neuropsychologists in the fleet. We have asked the Navy for two fellowship slots to begin in 2014 and are waiting to hear which DUINS slots will be offered for the Medical Service Corps. Ψ

LCDR Chee, Camp Leatherneck, Helmand Province, Afghanistan

CDR Monahan (now retired) and CAPT Tony Arita, Concussion Management Training, Okinawa, Japan

Trails B: The Journey of a Direct Accession Neuropsychologist

LT Ana Soper, Marine Corps Recruit Depot, Parris Island

LT Soper's first salute

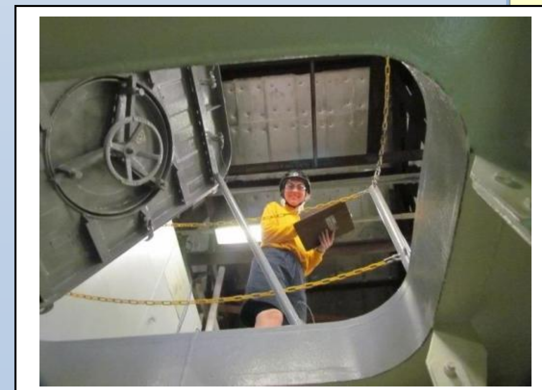
Do you recall the moment when you realized you were taking the "trails" less traveled by choosing to transition from civilian to officer? Although this was not the trail I had planned to take, the experience of being new to the Navy has given me some of the most broadening and poignant moments of my life (e.g., hearing Old Glory read aloud for the first time). In case you haven't heard, neuropsychologists can be a bit on the "thorough" side. As a Veterans Affairs (VA) staff neuropsychologist, I had a 30-year future career mapped out in detail, until I heard a life-changing talk given by a Navy neuropsychologist featuring the practice of neuropsychology in the Navy (in theater), and who spoke highly of the Navy's people. Come to find out that in the Navy you really do get to run with some amazing people…literally.

My first duty station is at Naval Hospital Beaufort, South Carolina, serving Marine Corps Recruit Depot (MCRD) Parris Island, the USMC's East Coast recruit command. As an early career neuropsychologist, I am engaged in opportunities I would only have dreamt of receiving later in my career had I remained in a civilian health care system. First, neuropsychology services have not previously been provided here and I have had the opportunity to develop a neuropsychology service at our hospital and to get a new cognitive rehabilitation component of a stress management program up and running. The Department of Defense (DoD) has promoted provider awareness of concussion and TBI well, in my observation. My command was extremely supportive and well-informed about what I do as a neuropsychologist.

I work within a hospital that serves Marines and Sailors who have served in combat, an extraordinary opportunity for a neuropsychologist who specializes in TBI assessment. However, given the additional patient population of retirees and dependents, it is also possible to see the full complement of neuropsychology cases that we would see in an adult general practice. Another way of looking at this experience is that you will never feel so valued as when your boots hit the ground at a small command, AND when people find out you are a neuropsychologist.

A few parting words applicable to direct accession neuropsychologists:

1) As a civilian neuropsychologist, you may be accustomed to being embedded within a large team of rehabilitation professionals as I was. In rehabilitation-speak, Navy Medicine is now your interdisciplinary team! Early outreach of those within my specialty community (e.g., regional colleagues at the Camp Lejeune Marine and Sailor Concussion Recovery Center) was critical. If you are new to the Navy, you will be part of a strong professional network. Our specialty leader greatly facilitates this. You will also certainly receive my warm welcome and offer of assistance!
2) My formative clinical experiences were through the VA health care system, which helped with readiness to serve our population. I recommend the high-caliber VA fellowship grads as a pipeline for our direct accessions. As we move toward inter-agency "jointness," it will be interesting for us to continue to develop our collaborative spirit with VA.
3) Routine discussion of ethical practice in the Navy has provided excellent preparation for those of us who are studying for board certification in neuropsychology (ABPP-CN).
4) As a direct accession, you enter the Navy as a junior officer, which can be an unfamiliar role for a neuropsychologist or rehabilitation psychologist. This is a personal journey that you go on as a direct accession, but I can tell you that when I focus my thoughts on "Ship, Shipmate, Self" there is no greater trail to travel. Ψ



Navy Training Vessel Buttercup – she looks way too dry, doesn't she???

Officer Development School Graduation

Naval Branch Health Clinic Groton launches Intensive Outpatient Program for Concussion and Traumatic Brain Injury

Stacey Warren, Neuropsychologist, Naval Branch Health Clinic Groton

The Tri-Service Warrior Care Clinic began offering an intensive outpatient program in May 2012. This four week, cohort-based program provides a variety of treatments for active duty service members of all branches who have sustained a mild to moderate brain injury. Typically participants have had multiple blast exposures and have been struggling cognitively, emotionally and interpersonally. Referrals come from their command, the Army Community-Based Warrior Transition Unit in Concord, MA, or their primary care doctor. Potential participants are evaluated by one or more providers and if they are appropriate for the program, a corpsman or social worker-case manager works with the parent command to secure orders.

Housed in a base hotel, service members spend their weekdays in the program while their weekends are free. They complete a packet of questionnaires on initial check-in, final day check-out and at their one month and three month follow up visits. The questionnaires are self ratings of depression, anxiety, PTSD, headache symptoms, sleep quality and cognitive symptoms. The results are entered into a database to track participant's development in the IOP and monitor their progress and quality of life post treatment.

The program offers a wide range of services including psychotherapy, speech pathology/cognitive rehabilitation, neurological and psychiatric care, neuropsychological assessment, occupational therapy, substance abuse education, along with a variety of add-on services, such as chiropractic care, nutritional assessment, optometry, and physical therapy, as needed. Treatments are provided individually and in group settings.

Navy psychologist, LT Heather Sterk, leads groups that address PTSD and stress, while also providing individual psychotherapy. LT Sterk splits her time between behavioral health and the TBI program. Our deployment health psychologist, Dr. Virginia Spaulding, leads a mindfulness group. Dr. Spaulding spends the majority of her time working out of the NHCNE Newport, RI site in deployment health, but once a week she makes the journey to Groton, CT to provide much needed services to our program. When possible, service members undergo neuropsychological assessment prior to participation in the program in order to better characterize strengths and weaknesses, and to guide their treatment. These assessments help to determine fitness for duty and allow service members and providers to monitor recovery of function.

During the program, service members meet with neurologist/psychiatrist, Dr. Cheryl Cottrol. She leads groups on headache management, medication, pain, TBI recovery, and PTSD. Individually, Dr. Cottrol attends to both psychiatric and neurological conditions for our service members. Speech pathologist and Division Officer, USPHS LT Michael Kluk, works with patients to increase knowledge about TBI and develop internal and external compensatory memory and communication techniques. Daily cognitive training sessions are administered individually using the Posit Science Auditory software package. Results of the computer training are tracked, graphed and shown to participants to visually aid demonstrated progress. Patients also complete exercises in memory compensation and identify tools that can aid them in their daily routines.

Our occupational therapist works to improve self regulation. Topics include visual stimulation, social engagement, cardiovascular exercise and heart rate monitoring. The goal is to improve self-awareness and help patients learn strategies to employ when their mood is labile. These tools can be used to modify negative conditions and maximize functional performance. By the end of the IOP patients are able to identify effective strategies to improve functional readiness and performance.

Psychiatric nurse, and certified yoga instructor, Ms. Caroline Lampasona, provides service members yoga classes several times a week to develop an understanding of stress management techniques, while her breathing and relaxation classes give patients an awareness of self control. Ms. Lampasona also leads sleep hygiene classes in which participants keep a sleep journal as part of the process of actively promoting healthy sleep habits.

Lead by Ms. Sarah Dufour, whose degree in I-O psychology provides a unique perspective, service members participate in a discussion regarding work place stressors and how to stay motivated during stressful times. Service members work on developing skills to manage a variety of workplace stressors such as difficult co-workers, expectations and overwhelming tasks. SARP counselors provide several groups throughout the program that address alcohol use.

LT Michael Kluk, Dr. Cheryl Cottrol, Sarah Dufour, LT Heather Sterk, Caroline Lampasona, HM2 Louis Roque

At the conclusion of the program a discharge summary is compiled summarizing each service member's progress and continued needs. The recommendations for return to duty or the need for continued care are provided. The social worker-case manager, Karen Kemp, ensures that each individual receives follow-on care when they return home. Because many participants come from afar, they require care coordination with their local MTF or VA.Ψ

Operational Psychology Update

CDR George Steffian, Operational Psychology Subspecialty Leader and
LCDR Joe Bonvie, Navy Operational Psychologist

CDR George Steffian

LCDR Joe Bonvie

So what exactly is "Operational Psychology?"
The past decade has witnessed the advance of non-traditional applications of psychology centered on consultation to operational decision-makers. Operational psychologists function outside a medical chain of command and report directly to operational decision makers to facilitate tactical, operational and strategic objectives. For example, operational psychologists conduct human performance research, contribute to personnel selection programs, and consult to a variety of missions including training, personnel recovery, intelligence and information operations.

Operational psychology is growing!
As psychologists have proven their worth to operational commands, the demand for embedded and operational psychology has steadily increased. Understanding the value of operational psychology, Special Operations commanders have expanded the number of psychologist billets to keep pace with the growth of their commands. Naval Special Warfare Command (WARCOM) and Marine Special Operations Command (MARSOC) currently have 14 military and 4 civilian psychology positions compared to only 2 military positions in 2006. There are currently 19 active duty Navy psychology billets classified as operational. These are located at Naval Center for Security Forces, SERE Det. Kittery, ME and SERE Det. North Island, Coronado, CA, Naval Special Warfare Center, Coronado, CA, Naval Special Warfare Group 1, Coronado, CA, Naval Special Warfare Groups 2, 4 and 10 in Virginia Beach, VA, Naval Special Warfare Development Group, Virginia Beach, VA, Naval Special Warfare Command, NAB Coronado, CA, Marine Corps Special Operations Command, Camp Lejeune, NC, Marine Corps Special Operations Command, Camp Pendleton, CA, Marine Corps Embassy Security Group, MCB Quantico, VA, Marine Barracks, Washington, DC, and Naval Aviation Medical Institute (NAMI) Pensacola, FL.

Training challenges
While basic clinical psychology skills serve as a foundation for operational practice, operational psychologists assume roles, apply skills and operate in environments that are orthogonal to traditional clinical practice. Moreover, in some settings, operational psychologists are strictly forbidden from functioning as clinicians. While there is presently no formal Navy operational psychology training program, a number of opportunities exist for developing this unique skill set. In recent years, Navy operational psychologists have provided briefs and site visits for Navy psychology interns. Over the past 2 years, interns from Walter Reed NMMC have had an opportunity to travel to MCB Quantico to attend the Joint Personnel Recovery Agency (JPRA) annual SERE Psychology conference and obtain SERE Psychology Orientation training. Additionally, a number of operational psychologists have attended advanced operational psychology training opportunities offered by other services such the Army's Behavioral Science Consultation Team (BSCT) training and Advanced Operational Psychology Training Course. At this year's Executive Committee meeting we proposed the idea of formally including an operational psychology orientation in Navy clinical psychology internship curricula. Last, we continue to pursue a joint, interagency operational psychology fellowship, and are awaiting approval for this training from the 2013 DUINS Board.

Certification is around the corner
Given the unique knowledge, skills and abilities required of operational psychologists, senior DoD psychologists have begun the process of establishing consensus-based lists of core competencies which will become standards for certification in the near future. This past year, we applied for a SERE psychology AQD which allows the Navy to rapidly identify and task psychologists to support personnel recovery operations world-wide. Approved this past summer, the new AQD allows Navy psychologists who have attended Level C Code of Conduct training (SERE school) and received the JPRA SERE Psychology Orientation course to be identified as having this specialization. A separate application has been drafted to code the 21 billets that support personnel recovery training and operations so that psychologists with the appropriate qualifications can be identified and assigned to these positions. Our community is also exploring the idea of creating a PQS process for demonstrating expertise across a broader range of operational psychology topics.

So you want to be an operational psychologist?
Many of the commands for which operational psychologists consult have a robust assessment and selection process for screening candidates that in a few cases includes formal screening for prospective psychologists. Because of the unique nature of many operational positions, Navy psychology leadership has applied a "goodness of fit" model for assigning psychologists to these operational billets. Talk to our specialty leader or subspecialty leader if you are interested in operational psychology to see if this work fits well with your interests and career goals. (Continued on Page 14)

Navy Operational Psychology: How the Greatest Recruiting Lie of All Time Resulted in the First Psychologist at Marine Corps Embassy Security Group and 8th and I

ENS Marcus VanSickle and LTJG Brendan Finton, MCESG Practicum Students

ENS Vansickle

LTJG Finton

2ndLt Pete Finley upon graduation from The Basic School in 1956

Pete Finley's story begins in Philadelphia where he attended LaSalle University to earn a Bachelor's degree in Psychology during the height of the Korean War. He attained an educational deferment for service while many of his classmates were drafted. Feeling called to service but heeding the advice of his advisor to continue on to graduate education, he attained a second educational deferment and went on to earn his Master's at the College of William and Mary. During his Master's education, he continued to feel called to serve so he sought out recruiters from the Army, Navy, and Air Force, all of which turned him down due to a gearing down following the end of the Korean War. At the advice of a friend he sought out a Marine recruiter. Although he did not at the time believe Marines employed psychologists, he met with an Officer Selection Officer (OSO). Much to his surprise and relief, he was informed that the Marines were most certainly in need of a psychologist! In fact, he was informed, that at that time they didn't have any at all and he would be the first one! The OSO informed him that he would need to attend Officer Candidate's School (OCS), because it was required of all Marine officers, but then he would be sent to a Naval Hospital or large Marine installation where he would design his own billet description.

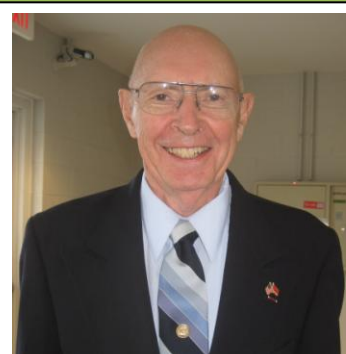
Pete Finley found the idea of being the first Marine psychologist very appealing and was willing to undergo OCS. Unfortunately, as he soon found out, there appeared to be a lack of communication between his OSO and his drill instructors (DI). When being briefed on attending The Basic School (TBS), he spoke up proudly that he had no intentions of attending but rather he would need to be transferred to a Naval Hospital so he could begin his work as a psychologist. After several weeks of laughter, through the tried and tested motivational techniques DI's are known for, he found himself on his way to TBS, where he was required to fill out his "wish list" for jobs within the Marines. He wrote down (1) Psychologist (2) Psychologist, and (3) Psychologist. His Platoon Commander made some minor edits, and his wish list was changed to (1) Infantry (2) Tanks, and (3) Artillery.

Shortly after graduating TBS as an Infantry Officer, then 2nd Lt Finley received orders to Camp Lejeune to deploy as a Platoon Commander. By this time he had begun to appreciate the opportunity to serve in this capacity and took ownership and pride in his role as leader. He reported for duty and conducted numerous operations overseas, including the rescue of approximately 3,000 U.S. Nationals in Egypt. After a successful deployment, Col Finley departed on another Med Float service as a Rifle Company XO. Following his active service, he returned to the reserves and completed his doctorate at Temple University. While serving as an infantry officer in the reserves he was tapped by a Marine General to conduct psychological program evaluations at Parris Island. Following the success of his recommendations, the General asked him to continue with similar special projects, to include assisting the Marine Embassy Guard School with Detachment Commander retention.

Later in his career, Col Finley was called upon to brief other Marine Colonels on stress management. A Lieutenant General entered the meeting and began to introduce himself to the attendees. The General proceeded to introduce himself to Col Finley, but no introduction was necessary; that Lieutenant General was Finley's OSO and the one who had promised he could be a psychologist in the Marine Corps! Finley reminded the General that they had met once before in a Marine Corps recruiting office. A brief discussion ensued in which Col Finley made it a point to remind the General of his "creative advertising" and to inform him he had spent his active career as an infantry officer. The General responded asking how it came to be that Col Finley was now presenting on stress management, to which Col Finley replied that he was now serving as a psychologist. Vindicated, the General exclaimed "I didn't say I was going to do it right away! We might just be a little slow at keeping our promises."

1stLt Finley during the landing in Lebanon in 1958 (Center and foreground)

In the wake of an espionage case, Col Finley was assigned to pioneer the screening programs for the Marine Corps Embassy Security Guards and the Presidential Support Program in the mid-80's. He retired from the Marine Corps after 31 years of service and continued to serve as a civilian contractor until 1998. He resides with his family in New Jersey.


Retired Col Finley on a visit to the new MCESG Schoolhouse in 2012

OSCAR: Where have we been, what is our mission and where are we going?

CDR Wayne Boucher, OSCAR Subspecialty Leader

Military psychologists were first pushed forward during the Korean War, with both Army psychologists and psychiatrists immersed into the front lines from the start. With this change, mental health providers came to better understand the needs of both individual service members and the command and became more effective providers and consultants. This approach took root, though implementation, command support and success were limited in both the Vietnam War and the Persian Gulf War (PGW).

It was in response to the lessons learned from the PGW that the 2nd Marine Division developed and fielded the Operational Stress Control and Readiness (OSCAR) program, in which psychologists, psychiatrists, and psychiatric technicians were organically assigned to Marine operational units. From 1999 to 2003 the OSCAR program remained in a Concept Phase but as Operation Iraqi Freedom (OIF) morphed into OIF-2, it became clear that sustainment was going to require more support. Thus, in 2004 the Navy and Marine Corps began to experiment with embedding mental health assets with Marine Ground Combat Element (GCE) units. Since 2004 the OSCAR program's mental health personnel have been continually assigned to GCE units. In 2008, assigning a permanent mental health program (OSCAR) to Marine infantry divisions and regiments became a top priority for the Marine Corps Combat Development Command and the Chief of Naval Personnel. In 2009, the Assistant Commandant of the Marine Corps directed the extension of OSCAR capabilities down to the infantry battalion and company levels by providing special OSCAR team training to existing medical and religious ministry personnel as well as to selected Marines and Fleet Marine Force corpsman. Currently we have 7 OSCAR psychologists: LCDR David Loomis, 1st Marines, CDR Wayne Boucher, 5th Marines, LT Nick Guzman, 7th Marines, LT Ron Rabinowitz, 2nd Marines, LT Ryan Maid, 6th Marines, CAPT Andy Davidson, 8th Marines, and LCDR Christopher Blair, 3rd Marines.

OSCAR's Mission: To Conserve the Fighting Strength of the Corps.

Combat and operational stress accounts for up to one-third of battle casualties, significantly contributing to the loss of fighting forces and negatively impacting military readiness. Preventing and managing stress-related injuries in theater provides better outcomes for individual service members and is a timely and cost-effective way to conserve combat power. Consequently, it has become increasingly evident that there is a need to embed mental health assets in order to mitigate psychological problems and combat stress-related injuries among deployed Marines and Sailors. The OSCAR psychologist plays a key role as a Special Staff Officer providing the commander with the critical information necessary to make sound decisions about the fitness and/or deployability of Marines. The OSCAR provider effectively functions as the command's COSC officer; it is his or her job is to assist their commander by providing prompt evaluations in forward areas and in garrison, providing clear dispositional recommendations and general consultation to the commanding officer.

Future Challenges, where do we go from here?

To be effective, the OSCAR provider cannot retreat to a traditional clinical setting. The OSCAR provider must learn to be comfortable in the world of the Marine warfighter and similarly, Marines must learn to work as a normal course of business with mental health professionals. OSCAR has been a challenge to implement, largely due to manpower shortages and the challenges present in establishing a new practice environment. Lack of formal doctrine and specialized training have been two of the hurdles in implementing OSCAR. Full implementation of OSCAR, as the Marine Corps' model for integration of mental health services into military operations, will take time and further investments in terms of organizational restructuring.

Although still early in its implementation, the OSCAR program shows promise for promoting the prevention, early identification, and optimal management of adverse combat/operational stress reactions as well as routine psychological difficulties. The embedding of OSCAR assets throughout the Marine Corps has the potential to reduce stigma by providing timely, expeditionary care in theater as well as increase access to behavioral health services in garrison.

Psychiatric Technician HM1 Martinez and CAPT Andy Davidson

HM2 Garling and CDR Boucher (not sure what is up with all of the cigars in this edition…)

Bravo Zulu Everyone!

Civilian Psychologist of the Year 2012

Dr. Scott Berry
NHCL Charleston

Junior Psychologist of the Year 2012

LT Larkin Magel
Navy Medical Center San Diego

Senior Psychologist of the Year 2012

CDR Carrie Kennedy
Marine Corps Embassy Security Group

Navy and Marine Corps Commendation Medal

LT Steven Fernandez
NH Bremerton

Public Health Service, Outstanding Service Medal

CDR Ingrid Pauli
Naval Medical Center Portsmouth

New Navy ABPP

CDR Rose Rice

OFFICER DEVELOPMENT SCHOOL

Alfred Award (For those of us who didn't get this…this is for receiving the highest scores in Military Bearing, Uniform and Room Inspections and Physical Fitness Tests)

LT John Knorek

WARFARE DEVICES

Surface Warfare Medical Department Officer

LT Lisseth Calvio
LT Mat Rariden

Fleet Marine Force Qualified Officer

LT James M. Keener
LT George T. Stegeman

Congratulations to newly promoted LCDR David Loomis!

Publications and Presentations (bolded names are Navy Psychologists)

Amerson, E., Kennedy, C.H., & Moore, J.L. (2012, November). *Using the Automated Neuropsychological Assessment Metrics in return to duty decisions in the combat zone.* Poster presented at the 32nd annual meeting of the National Academy of Neuropsychology, Nashville, TN.

Clark, A. A., & Owens, G. P. (2012). Attachment, personality characteristics, and posttraumatic stress disorder in veterans of Iraq and Afghanistan. *Journal of Traumatic Stress*, 25, 1-8.

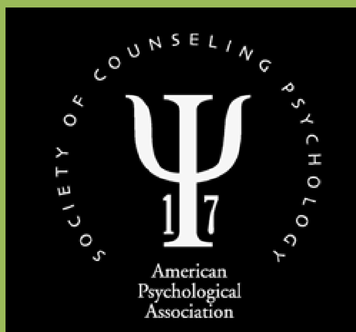
Gelso, C.J., Kivlighan Jr., D.M., Busa-Knepp, J., Spiegel, E.B., Ain, S., **Hummel, A.M.**, Ma., Y.E., & Markin, R.D. (2012). The unfolding of the real relationship and the outcome of brief psychotherapy. *Journal of Counseling Psychology*, 59 (4), 495-506.

Hummel, A.M. (2012, June 21). *Overview of behavioral health issues of military personnel and veterans*. Panel session. Society for Psychotherapy Research, 43rd International Meeting, Virginia Beach, VA.

Johnson, D.C., **Potterat, E.G.**, Van Orden, K.F., Simmons, A.M., Thom, N.T., & Paulus, M.P. (2012, September). *Effect of mindfulness-based Mind Fitness Training (MMFT) on mechanisms of stress recovery in Marines preparing for deployment*. Presentation given at the ONR Warrior Resilience Conference, Washington, D.C.

Kennedy, C. H., Evans, J. P., Chee, S., Moore, J. L., Barth J., & Stuessi, K. (2012). Return to combat duty following concussive blast injury. *Archives of Clinical Neuropsychology*, 27, 817-827.

Thom, N., Johnson, D.C., Flagan, T., Simmons, A., Kotturi, S., Van Orden, K.F., **Potterat, E.G.**, Swain, J. L., Paulus, M. P. (in press). Detecting emotion in others: Increased insula and decreased medial prefrontal cortex activation during emotion processing in elite adventure racers. *Social Cognitive and Affective Neuroscience.*



Read the Latest Edition of COSC Mindlines!

http://www.med.navy.mil/sites/nmcsd/nccosc/serviceMembersV2/mindlines/Documents/mindlinesWinter2013.pdf

Division 17 Announcement

Attention Counseling Psychologists: The Special Interest Group (SIG) on Military Issues in Counseling Psychology (Division 17) is currently being developed to address issues related to working with all aspects of military populations. The group intends to provide networking opportunities and professional support for practicing clinicians and bring together those interested in collaborating on research. Additionally, we hope to update members on legislation and policy relevant to this area, as well as any newsworthy events.

Individuals interested in joining the Military Issues SIG should contact Wendy Rasmussen (wrasmussen@iowa.uiowa.edu).

Join Division 19

http://www.apadivisions.org/division-19/membership/index.aspx

Consider contributing to the Division 19 Newsletter!

http://www.apadivisions.org/division-19/publications/index.aspx

Message from the Specialty Leader, Continued from Page 1

Neuropsychology is obviously a growing specialty within the military, particularly as we struggle to meet the needs of service members presenting with symptoms consistent with Traumatic Brain Injury. Led by CDR Carrie Kennedy, this group now consists of 7 neuropsychologists, with 2 more in training.

Operational Psychology encompasses a variety of positions that have emerged in recent years as a function of our increasing non-clinical role in operational settings. Represented by CDR George Steffian, our current OpPsych billets include 10 positions within the Navy Special Warfare community, 3 with Marine Corps Special Operations Command, 2 billets at our SERE schools, and other positions at Marine Barracks Washington and the Marine Corps Embassy Security Group, headquartered in Quantico. This subspecialty is concerned not with the provision of clinical care in operational settings, but with the provision of services outside of the medical chain of command. Operational psychologists typically report directly to operational decision makers in order to influence tactical, operational, or strategic objectives. The existence of this subspecialty reflects how far our community has evolved over the past decade.

Finally we have OSCAR psychology, represented by CDR Wayne Boucher, our newest subspecialty. These psychologists (currently 7, soon to be 8) serve as embedded providers within Marine Corps regiments, providing training and outreach designed to prevent mental health issues, reduce stigma, and increase resilience among Marines.

In the past we have also designated child psychology as one of our subspecialties. This was discontinued several years ago when it appeared that we would no longer be tasked with filling overseas pediatric billets. However, given that the need for child psychologists overseas is as strong as ever, I suspect that this subspecialty will be re-established soon. In fact, next year we will be funding our first postdoctoral fellow in child psychology in several years, as LCDR Dave Burke heads to his 1-year fellowship in Boston.

The existence of such a diverse set of specialties reflects the multitude of services that our community is providing. Navy Psychologists are clearly doing a lot of wonderful things, often under very challenging circumstances, contributing not only to the mental health of their patients, but to the operational readiness of their units. This issue of TNP not only highlights these diverse skills, but it illustrates the variety of professional opportunities that are available to each of you. Please take a close look at what these psychologists are doing. Every one of you will have the opportunity to serve in similar ways if you choose. Ψ

Operational Psychology Update, Continued from Page 9

What about promotion?

Promotion to senior ranks within the Medical Service Corps typically requires a diversity of experiences with an increasing emphasis on managerial ability and executive medicine leadership. This runs contrary to the need for increasing *specialization* within operational psychology, as senior operational positions must advise Echelon I and II commanders from a position of subject matter expertise. Furthermore, most operational billets are “one of one” billets without an opportunity to “break out” against one’s peers. Operational Psychology leaders have developed an informal career map representing a progression from junior to senior billets and necessary training requirements throughout an operational psychologist’s career. However, this model is based on the priority of subject matter expertise and sub-cultural competence over diversity of experience and increasing scope of leadership. Successive operational tours, particularly at more senior ranks, are not always advantageous for promotion. For this reason, special attention should be paid to these fitness reports through the use of "soft break outs" and other statements that show leadership experience and competitiveness with one's peers.

Bottom line

Operational psychology is a fast growing sub-discipline within Navy psychology that warrants formal recognition and management. Working in non-traditional environments with direct access to military decision-makers, operational psychologists require a number of career tools to succeed. Formalized education requirements, a pathway to certification, and deliberate guidance on career planning will promote effective, ethical practice and support the professional development of those performing this important work. Ψ

From the National Training Director: Two Internships Are Better Than One: Navy and Army Train Side-by-Side at Walter Reed National Military Medical Center, Bethesda

CAPT (Retired) Eric Getka (pictured on the right)

In August 2011, a procession of ambulances left the Walter Reed Army Medical Center in Washington, D.C., carrying 150 inpatients, many of them wounded warriors, and made its way around the Capital Beltway on a five-mile journey to the National Naval Medical Center in Bethesda, Maryland. Their carefully choreographed relocation marked a historic moment for both iconic institutions and one of the final milestones before two flagships of military medicine officially merged to become the Walter Reed National Military Medical Center, Bethesda (or, more concisely, Walter Reed Bethesda).

Preparation for the merger had been underway, at a steadily accelerating pace, for six years beginning soon after Congress directed it as part of the 2005 Base Realignment and Closure plan (BRAC). For three of those six years, the skyline of the National Naval Medical Center, Bethesda campus was dotted by construction cranes as a billion dollars worth of construction and renovation transformed the base, doubling the size of the hospital itself to 2.1 million square feet and adding barracks for wounded warriors and enlisted staff, a new fitness center, and multiple parking garages. The last of the construction cranes came down in November 2012 with the completion of a new two-story Navy Exchange. (Some recent additions to the Bethesda campus were not specifically part of BRAC. For example, the National Intrepid Center of Excellence (NICOE) for Traumatic Brain Injury and Psychological Health was a gift of the Intrepid Fallen Heroes Fund. (Chief of Staff at the NICOE is Navy psychologist CAPT Richard Bergthold). Three new Fisher Houses have also opened, bringing the total on the Bethesda campus to five. In its new incarnation, the President' s Hospital has thus far been commanded by two Navy admiral's, Vice Admiral Matthew Nathan followed by the current commanding officer, RADM Alton Stocks.

In the midst of this massive transition, a unique internship training arrangement has taken shape. Under the stewardship of Dr. Marvin Podd (Navy Internship Training Director) and his Army counterpart, LtCol John Yeaw, two APA-accredited internships, with over 100 years of combined training experience and accreditation, have been operating under one roof at Bethesda since October 2010. In October 2012, the third internship class since the merger began their training at Bethesda. The six Army and six Navy interns are now roughly half-way through the first of three rotations.

The rotations have evolved to take advantage of faculty expertise and to sharpen the focus on competencies required of skilled generalists who will also provide military-unique services such as concussion evaluations in the deployed setting. In the combined Health/Neuropsych rotation all of the interns receive training in Primary Care, outpatient evaluation and triage of TBI cases, and inpatient consultation to medical teams treating recently injured Marines and soldiers. Interns on this rotation also have the option of receiving more in-depth training in neuropsychological assessment or spending additional time in Primary Care and gaining experience in the evaluation and treatment of sleep disorders. The other two rotations consist of four months devoted to Psychodiagnostic Assessment in outpatient and inpatient settings and four months in the Adult Outpatient Clinic. The Army and Navy interns train together on the rotations and are only separated for service-specific training such as the Navy interns' week aboard an aircraft carrier and the Army interns' week-long trip to Fort Bragg. Feedback from interns and faculty on the new curriculum has been positive. The next big test of the new training arrangement will be in mid-February when both internships are scheduled for APA re-accreditation site visits.

In Case You're Asked…Overview of Navy Psychology Training Programs

For the past six years, the number of psychologists coming on active duty in the Navy has outpaced the number retiring or leaving active duty to pursue other career paths. This is due largely to the variety and attractiveness of our training options. The list below briefly summarizes the options in case you are queried by a civilian student who is curious about what the Navy has to offer. The specific training programs and the number of students accepted into them can change over time. Reductions in training opportunities typically occur when the number of psychologists on active duty approaches the number of billets. (For civilian readers unfamiliar with Navy lingo, a "billet" in this context refers to a job position). In recent years, the gap between billets and the number of active duty psychologists has been shrinking. Barring any change in this trend, we may see some reductions in training opportunities in the years ahead.

- **Post-doctoral Fellowship in Clinical Psychology – APA Accredited** (Two positions per year; Location: Naval Medical Center, Portsmouth, Virginia; 1 year of training/3 years of obligated service).
- **Predoctoral Internships - APA Accredited** (Six positions at each internship training site: Walter Reed National Military Medical Center, Bethesda, MD; Naval Medical Center, San Diego, CA; 1 year of training/3 years of obligated service).
- **Ph.D. Program – APA Accredited** (Two positions per year; Location: Uniformed Services University of the Health Sciences, Bethesda, Maryland; 5 years of training/7 years of obligated service; Applications accepted from active duty military and civilians; http://www.usuhs.mil/mps/clinpsychprogram.html).

Continued on Page 16.

Message from the National Training Director (Continued from prior page)

- **Scholarships (Health Professions Scholarship Program):** (5 scholarships per year; Applicants must be enrolled in an APA-accredited Ph.D. or PsyD program in clinical or counseling psychology. Scholarships provide tuition, books, fees and stipend for years 3 (years 2-4 in most programs). Qualified scholarship students attend the APA-accredited pre-doctoral internship at the Naval Medical Center, Portsmouth, Virginia; 4 years of training – scholarship + internship/3 years of obligated service).

For the latest information on training opportunities, feel free to contact me at eric.j.getka.civ@health.mil or (301) 295-2476.

Spotlight: The Sage of San Diego (AKA Dr. David Mather), by CAPT Eric Getka

It gives me great pleasure to shine the spotlight on Dr. Dave Mather, Ph.D., ABPP, Associate Director of Mental Health, Chairman of Psychology, and Director of Psychology Training at the Naval Medical Center in San Diego. "Sage of San Diego" is my personal nickname for Dr. Mather. It conveys my respect and appreciation for the wisdom he has shared with me over many years. Most of this consultation has focused on psychology training; however, he has, on occasion, shared his intimate knowledge of bicycle mechanics, talking me through the intricacies of rear derailleur adjustment over the phone.

Dr. Mather was born in Oklahoma City but his family moved to Dallas, Texas when he was one year old. His father's job as an oil lease broker for Atlantic Richfield Company kept the family firmly anchored in the heart of oil-country for many years. Dr. Mather made his way through Highland Park High School in Dallas, pitching for the Highland Park Scots baseball team and nurturing occasional fantasies of a professional baseball career. His pitching career continued through college with the Washington University, St. Louis Bears. During his sophomore year he met his future wife Valerie. Showing early signs of his fabled wisdom, he married her soon after they graduated from college. (Gaining permission to marry Valerie involved an audience with her Sicilian grandmother who made it clear, in true Tony Soprano fashion, that, if Dr. Mather valued his knees, he would take good care of her granddaughter. Satisfied that they had reached a mutual understanding, she blessed the union that has endured for 37 years).

Dr. Mather started his doctoral studies at Saint Louis University but transferred to the University of Connecticut his second year. It was 1979 and, at that point, the Navy, in the form of a Health Professions Scholarship, became part of his life. A pre-doctoral internship at the National Naval Medical Center, Bethesda marked his transition from Navy reserve scholarship student to active duty and was followed by assignments to Portsmouth, Virginia; Newport, Rhode Island, and Roosevelt Roads, Puerto Rico where LT Mather attempted to master the art of riding a bicycle backwards downhill.

After four years in sunny Puerto Rico, the Mathers, now with two daughters Beverly and Melanie in tow, opted for a return to Boston. That move was accompanied by a transition to the Navy reserve and private sector employment for Dr. Mather. In the ensuing eleven years, he held positions at a community mental health center, a private psychiatric hospital, and the Brockton, VA Medical Center. At the Brockton, VA he served as Clinical Director of a residential program for dually-diagnosed homeless veterans and Assistant Training Director for a practicum and APA-accredited internship. During this period, the Mather family expanded once again with the birth of their son David.

In 1999, Dr. Gail Bach announced his retirement as Psychology Training Director at the Navy Medical Center in San Diego (NMCSD). CAPT Freda Vaughan, MSC, USN (ret) was the head of the Mental Health Department in San Diego at the time and it was she who selected Dr. Mather for the Training Director position. As he tells the story, the call offering him the job came while he was shoveling two feet of "partly cloudy" out of his driveway on Boston's South Shore. Somehow that coincidence aided his decision to accept the job and before long the Mathers packed their things and headed for sunny San Diego where they have happily resided for fourteen years. Dr. Mather's many accomplishments during that fourteen year period include: training more than seventy Navy interns, completing four tours in command of Navy Reserve Units, being awarded the Legion of Merit in 2003 after completing a major command tour as CO of the NMCSD Reserve Command, and serving as an Internship Accreditation Site Reviewer for the American Psychological Association. In December of last year (2012), he was appointed a member of the APA Accreditation Commission, where he will be involved in the accreditation of internships, postdoctoral fellowships, and doctoral graduate programs in clinical, counseling, and school psychology.

If you have read this far, it should be evident that I am proud to call Dr. Mather my friend and colleague. I am sure that anyone who has trained under him or worked with him would share that sentiment. If you haven't had the pleasure of meeting him, I urge you to do so. There is no better reason to visit San Diego (OK - except for the sun, the beaches, the surfing, the fish tacos, the burritos…). He might even take you on a bike ride. Ψ

The views presented in this newsletter are those of the authors and do not necessarily represent the opinions or policies of the U.S. Navy, U.S. Marine Corps, Department of Defense or the U.S. Government.