



## March 2014

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## From the Editor

Welcome to a special issue of *The Navy Psychologist*, devoted to the topics of professional development and mentorship. In this issue many of Navy Clinical Psychology's leaders came together to provide advice on writing fitness reports, getting promoted, career management, executive medicine, networking and even interacting with journalists.

In the true spirit of sharing opportunities and professional development, I will shortly be sending out a call for a Co-Editor of TNP. Any psychologist with some publication experience, at least one full tour under their belt, and some free time on the weekends...should think on it. As always, send word of publications, photos, awards, accomplishments, and news regarding the great work our active duty, reserve and civilian components are doing in the fleet. Submit your information and ideas to [carrie.kennedy@usmc.mil](mailto:carrie.kennedy@usmc.mil) for the next issue, anticipated in September 2014. Good reading!

Very respectfully,

CDR Carrie H. Kennedy

## Message from the Specialty Leader

Hello Navy Clinical Psychology Community,

It is my honor and privilege to serve our community as your Specialty Leader. The Navy has provided me with so much and I look forward to giving back to this outstanding community. I want to again thank CAPT Ralph for four years of dedicated service as our Specialty Leader. He masterfully guided us through our largest expansion and greatly improved the overall state of our community.

The mission of Navy Clinical Psychology 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. Each one of you meets and exceeds this mission everyday with dedication and passion. My responsibility is to assist the Navy Surgeon General to meet the mission of Navy Medicine, advise him about issues related to our community and to ensure each of you reach your fullest potential. To that end, I am glad the focus of this issue is on the important topic of professional development. Today, I would like to discuss opportunity, deployments and promotion.

It is a great time to be a Clinical Psychologist in the Navy. Even though the military is drawing down after 10 years of war, the opportunities for active duty psychologists are increasing. This is the result of all the successes psychologists have had in their ever increasing roles and environments. Our greatest growth is in the operational arena – carriers, OSCAR and Naval Special Warfare – and more are on the horizon. We have shown that we bring a unique skill set that is valued by line leaders. The profession looks completely different from when I joined the military 20 years ago. I am proud of the varied and exciting opportunities and multiple career paths that our junior psychologists now enjoy.

Due to the drawdown, our scheduled deployments have decreased, as they have for almost all active duty members. This reality brings with it both positives and negatives. We will now be able to reconstitute after 10 years of grueling deployment

(Continued on page 11)



Clinical Psychology Specialty Leader  
CAPT Scott Johnston

## Career Management in the Reserve Community

CDR Michael Basso, Assistant Specialty Leader for Reserve Psychology



Career management in the reserve community differs from active duty. Most reserve psychologists will provide clinical service only during their two weeks of annual training or during a mobilization. During most drill weekends, a reserve psychologist will complete a variety of administrative and training requirements.

Consequently, being an excellent clinician will be insufficient for career progression, and you will need to distinguish yourself from other MSC officers. As a now-retired flag officer told me, "Remember that you are a Naval Officer first and a clinician second. You can be the best clinician in the world, and that isn't going to promote you."

Instead, your skills as a leader and administrator will set you apart. For some who transition from active duty to the reserve community, this can be a surprise. However, it serves as an excellent opportunity to refine existing skills and acquire new ones. If you hope to progress in rank, I submit some recommendations for your consideration. (Caveat: What follows is entirely subjective. As the automobile advertisements state, "Mileage may vary.")

- 1) Find a Mentor. In most reserve commands, there is only one psychologist. In a detachment, you may be the only MSC officer. Who is going to guide you or provide career advice? If you do not have an MSC mentor, seek out an ambitious and generous senior officer in your detachment. From personal experience, most of my mentors have been Nurse Corps officers. Promotion opportunities in that community are as competitive as in the MSC ranks. Much of what is pertinent for nurses is pertinent for MSCs. Don't let a designator limit your pursuit of a mentor.
- 2) Learn your craft. Ask the Officer-In-Charge of your detachment for a leadership position. You may not know how to read a RUAD, track training accomplishments in FLTMPs, or decipher medical readiness in a MRRS forecast, but acquiring this knowledge is important to your progression in the reserve community. As a leader, you will be graded on whether members of your detachment are mobilization ready with respect to administrative, training, and medical requirements.
- 3) Seek out increasingly more challenging leadership opportunities. When your record is briefed before the board, your advocate has about 30 seconds to give a synopsis of your career activities. If you have progressed from assistant training officer to department head on a headquarters staff, then you are going to seem worthy of promotion. If you showed up for drill reliably, completed requirements in a timely manner, and occasionally offered training to the detachment on some psychological matter, that is probably going to be insufficient. Leadership is often the most discussed quality before the board. It is important to demonstrate that you have effectively served in a position of rank-appropriate leadership.
- 4) Expand your skill set. You may not have any experience writing awards, fitness reports, or managing training records. Yet, acquiring such skills will give you the opportunity to distinguish yourself from peers. Imagine that you are a clinical psychologist attached to a Marine Corps Reserve medical unit. During the two weeks of annual training, there will rarely be a psychologist billet on the table of organization. For you to be gainfully employed on an exercise, you may have to serve as the officer in charge of the medical detachment. You may be called upon to serve as the medical planner for the exercise, and write the Annex Q for the Operation Order. Although this has little to do with being a clinical psychologist, it demands many of the skills that aided your progression in graduate school. Doing so also permits you the opportunity to lead, and that is essential for career progression.
- 5) Serve as a recorder. Ever wonder what the selection board looks at when they review officer records? Volunteer to serve as a recorder. Around November or December, solicitations for board recorders are distributed. The 05/06 promotion board normally meets in February. Recorders sit quietly while the board evaluates records. As a recorder, you will see what is emphasized and what is deemed inconsequential. As you continue in the reserves, many people will have many opinions about what is important for promotion, and many of these opinions are contradictory. Nothing clarifies the fog of conjecture like empirical observation.
- 6) Aggressively advocate for your record. Keep a record of your monthly activities. When you are asked to submit a brag sheet for your fitrep, those aggregated details will facilitate your submission. Have a mentor review your fitrep before submission. Hone your narrative like a pro. Check out [www.navyfitrep.com](http://www.navyfitrep.com) for some suggestions. When you are in-zone, submit a package to the board. Write a brief letter summarizing your accomplishments while in rank. What would you like the board to know about you? Make your advocate's job easy. Remember, nobody will take care of you as well as you will.

Obviously, this list is inexhaustive. As you progress, you will acquire your own nuggets of wisdom and experience. Be a mentor, and share them with your peers and subordinates. At the end of your career, knowing that you did your duty, completed the mission, and took care of those entrusted to your leadership will probably be the most gratifying qualities of your service, more so than promotions and awards. Ψ

## Fitness Reports 101

CAPT John Ralph, Chief of Staff, BUMED M9, Wounded, Ill and Injured Programs



Every organization has its own method for assessing the performance of its personnel. How an organization provides feedback to personnel, and documents and communicates who the best and worst performers are, depends on a variety of factors. The larger the organization, the more structured this process needs to be. For Naval Officers, this process is rooted in one particular tool: the Officer Fitness Report, or fitrep.

Back in the days when men were made of steel and ships were made of wood (in other words, when I joined the Navy), the fitrep process was much different than it is now. Back then, officers were given letter grades on about a dozen variables. There was no forced distribution, so everyone got straight As. In fact, if you got a B on any variable, it was likely the kiss of death on the next promotion board. While this had the advantage of making everyone's Mom proud of them, it didn't do much to differentiate the top performers from everyone else. This limitation eventually resulted in the development of the current system, which was created to ensure that both the top performers and the bottom performers were clearly singled out at promotion time.

Even this system has evolved over time. When it was first rolled out in the mid-1980s, the guidance was that officers doing a very good job should be given a "3." Fives were initially reserved for only the most elite performers. Over time, grade inflation has brought the average score up somewhat, but there are two characteristics of the modern day fitrep that prevent this grade inflation from getting out of hand. The first is the fact that every Commanding Officer carries a career fitrep average for each paygrade. That is, every CO has a documented historic average of their performance marks for O-1s, O-2s, etc. All individual reports can be compared to this historic average, ensuring that any officer fitrep can be evaluated relative to how this particular CO rates similar officers. Further, since COs are stuck with their average forever, they are very motivated to maintain it. If a CO's average gets too high, he or she has little opportunity to single out high achieving officers. This system not only allows fitrep scores to be compared to a standard group, but it also prevents grade inflation over time.

The second characteristic of the fitrep process that guards against grade inflation is the promotion recommendation. As you all know, every officer is given a promotion recommendation, typically an EP (early promote), MP (must promote), or P (promotable). (Tip #1 - if you ever get less than a P, it's time to start updating your civilian resume). Performance recommendations are made based on a forced distribution, so only a certain number of officers in each group can get an EP, MP, etc. It is through the use of the CO's reporting average and the forced distribution promotion recommendation, that promotion boards can get a clear idea of how an officer is rated against his or her peers. These two characteristics constitute the real meat of the fitrep.

It is important to remember that you don't have to be great as soon as you arrive at your command. In fact, there are good reasons why your first fitrep at a new command will likely be a "promotable" and below the CO's reporting average. Sometimes the EPs and MPs are used for those officers who have been at the command longer, or are coming up for promotion relatively soon. This is fine. It's not important to get great marks immediately, but to show performance improvement over time. What the board likes to see is that, the longer the CO knows you, the more highly he or she values you. It's perfectly fine to start off with a "P" below the CO's average, then rise to an MP above the CO's average. You don't even need to get an EP by the time you leave your command, particularly if you are an O-3. Rising fitreps are good, even if you fall short of where you would like to be.

Also, don't put too much stock in detaching fitreps. These typically have higher marks than periodic fitreps and almost always rate officers in the EP range. However, they don't allow promotion boards to see how you rate against your peers. A good MP from a competitive group will hold more value to a promotion board than a detaching 1:1 fitrep that is an EP (tip #2 - if you don't get an EP on a 1:1 fitrep, get that resume out again.)

So the biggest factors in any fitrep are how you rate against the CO's average, and where you fall in terms of promotion recommendations, particularly for fitreps on which you are being competitively ranked against your peers. The bottom line is that improving fitreps are good, and declining fitreps are bad. It's also important to note that if you get a new CO, reduced fitrep scores can actually be okay. If you go from an MP under one CO, then get a P from his or her relief, this won't necessarily be seen by the promotion board as a declining fitrep. It still might not be a good thing, but whether or not it is bad depends on the specific circumstances of the case. The only situation you really want to avoid is a declining fitrep under the same CO.

The next most important element of the fitrep is the narrative (i.e., block 41). A good narrative cannot overcome a low promotion recommendation or trait average, but it can certainly confirm the objective marks received, and if used well, can provide valuable insight into those marks. As the MSC Corps Chief recently put out, the standardized format for Medical Department fitrep narratives consists of the following:

## Fuzzy Bunny Makes the Navy Times: A Hard Lesson on Giving Interviews

LCDR Amarjeet S. Purewal, Oceana Branch Health Clinic



Navy psychologists serving as the Command Psychologist for a Carrier Strike Group can experience numerous professional and personal rewards. We not only serve to meet the mission of increasing operational and battle readiness, reduce costs to the command, but cherish providing quality mental health care to dedicated sailors operating in a stressful environment. We gain first hand insights into the challenges of tight quarters, limited resources, noise, operational tempo, and provide first hand expertise to the leadership regarding mental health concerns of their sailors. It is when the application of one's craft are accepted and appreciated by the command and crew that the psychologist knows he or she is doing well.

Acceptance as a respected crew member on a ship comes with many benefits, not the least of which can be a call sign. The call sign is one of those intangible, yet integral and powerful parts of military culture. And mine as you already know became Fuzzy Bunny... So there I was...

In 2010 I was completing a clinic tour and was ready for more expeditionary challenges. I accepted orders to USS Enterprise and was excited to boldly go where only a few Navy psychologists had gone before. My report date to the ship was to be after the work up cycle and just prior to the deployment. I thought I was well prepared for a carrier tour, as I was confident in my clinical skills, read a lot about ship life, queried my shipmates about the challenges of going out to sea, and was ready to get to work on Big E.

ENTERPRISE's deployment of 2011 provided challenges for the crew and myself as a clinician including: a young crew (70% under the age of 23 and participating in their first deployment), firing of a CO days before the deployment, a zero defect leadership mentality, 27 days of River City (a period in which outside communications are not authorized), and 2 lengthy periods out to sea exceeding 65+ days. The crew also participated in a difficult operation resulting in the death of four Americans only to be followed by the loss of 2 shipmates to suicide. We provided numerous crisis management sessions, operational stress control sessions, and a vast array of other services, including public service announcements debunking the myths surrounding psychological services, a poster campaign educating the crew on their mental health provider, and making "house calls" to various departments, that usually finished with a brief regarding an overall assessment of the crew to the XO.

I was truly embedded and a part of the crew. In true Navy spirit, when such camaraderie arises so does the opportunity to gain the time honored call sign. It was during one of the numerous crises we faced that the CO decided to move away from calling the Psychology Officer – PsychO (the traditional reference to the Psychology Officer on the ship) to simply my rank and name. Shortly thereafter, I just happened to conduct an acute evaluation whereas the patient arrived with a pink fuzzy bunny. In good jest, the Chaplain, PAO, and Senior Medical Officer indicated perhaps I should be called Fuzzy Bunny. Once the XO overheard it, the rest was history and hence my call sign.

After acquiring a few sea stories, feeling good about my accomplishments, and earning a call sign, things were looking good. It was during an underway period that a casual comment contributed to a cascade of events. The PAO was entertaining a reporter from the Navy Times and was queried about mental health services in light of the previous deployments. The PAO radioed down "Fuzzy Bunny, can you help me out with answering a few questions for this reporter?" Naively, I agreed to answer a few questions without thinking about the full ramifications. I thought this would be a great opportunity to speak to the services provided by the mental health department during a difficult deployment. The reporter had reassured me that the story would focus on providing mental health services on an aircraft carrier at war.

The story that emerged on the front cover of the Navy Times was "Carrier Retools Mental Health At Sea" and the rest of the story focused on Fuzzy Bunny, not a funny call sign between tight-knit crew members, but purported to be a formal means of destigmatization! The positive message regarding mental health services was lost and embarrassment to the whole psychology community ensued. There were numerous lessons learned from this experience and I urge you to heed the following advice:

\*Think it through before agreeing to do any interview and make sure you have PAO permission from your command and potentially BUMED (depending on the situation). Consulting your mentor can never hurt either.

\*Understand the purpose of the story and the angle of the reporter so that you can make an informed decision.

\*Know that you can ask to review interview questions ahead of time and even answer the questions in writing.

\*Have someone else give you a reality check by proofing your written responses or provide you practice in answering questions face to face.

\*Take advantage of the occasionally offered PAO training where experts will teach you to do a good interview.

\*Ask for a pre-read of the article. This will not always be possible, but it can't hurt to ask.

\*Know that you can say NO to interviews and when in doubt, just say no. Ψ

Link to the infamous Fuzzy Bunny article: <http://www.navytimes.com/article/20120220/NEWS/202200313/>

## XO: 5 Months on the Job

CAPT David Jones, Executive Officer, James A. Lovell FHCC



On 23 AUG 2013, I checked aboard the CAPT James A. Lovell Federal Health Care Center (FHCC) in North Chicago, IL as the Executive Officer (XO). Our hospital is the first fully integrated Department of Defense (DoD) and Veteran's Affairs facility in the country. We have over 850 Sailors and 2200 VA employees serving Active Duty members and their families, as well as veterans in northern Illinois and southern Wisconsin. We support the Navy's only boot camp and in 2013 helped to process over 44,000 recruits. Through this article I want to describe some of my experiences during my first months here on the job and use this forum for mentoring fellow psychologists on Executive Medicine.

1. Strength of the Triad. Navy commands are built on the foundation of three central roles:

Commanding Officer, Executive Officer and Command Master Chief (CMC). The triad sets the direction for the command and is responsible for how the unit meets its mission. Whether at sea or on shore, the triad functions the same with the Skipper ultimately responsible for the command, the XO tasked with implementing the CO's guidance for day-to-day operations, and the CMC entrusted with leading all the enlisted Sailors. From Day 1, I had "instant credibility" because I was *the* XO. I have seen the strength and value of this simple, yet powerful set of relationships and it is an honor to be serving our entire DoD/VA team here at FHCC.

2. Surgeon General's (SG) Visit. Here's a quick recap of my first 3 weeks on the job: visit by the Senate Armed Services Committee, then a visit by the Medical Inspector General team, followed by a visit by the SG, VADM Nathan. Had to have traffic cops posted to keep from running into the VIPs! As the Skipper (CAPT Jose' Acosta) and I met the SG at the curb before piping him aboard, the SG turned to me and said "XO is a hard job, if you're having any fun, then you're not doing the job right." He pretty much summed up my experience in those first 3 weeks. XO is indeed a hard job. So why do it? All I can say, it is an incredible opportunity to serve. I say to our community as a whole, we need to be attracting some of our best and brightest to Executive Medicine. There is something about our profession with its experience base--on individual and organizational behavior, resilience, emotional intelligence, and command consultation--that is SO valuable for leading in today's increasingly complex health care environment.

3. "What the Navy chooses." Before I even knew I was coming to FHCC, CAPT Neill (formerly Chief of Staff for Navy Medicine East and now Skipper at the Role III in Kandahar) sat me down for a mentoring session. She said when she reflected on the places she's been in the Navy that she chose for herself versus those the Navy chose for her, there was always a quality about the places the Navy chose that led to unexpected opportunities and professional growth. She went on to say that when we choose for ourselves, it usually is with our own interests in mind (and that's OK), but it may limit us from seeing possibilities elsewhere, or even from considering certain places. There was no preference sheet I filled out for XO. That may have been the way it was done in the past, but now the Board of Admirals slates people for specific positions. So the central proposition is this: do you want to be an XO?-- then here's where you're going. Now there is a significant degree of humility you feel in being chosen at all, plus there is an undeniable satisfaction in knowing that a Board of Admirals picked YOU for a particular XO (or CO) position.

4. Make the call (or stop dithering and move on). I trace my first truly formative lesson in becoming an XO to a conversation I had with my Department Head CDR Mike Cross (now CAPT Ret) during my first tour at Naval Medical Center Portsmouth (1997). I was the PRT coordinator and was struggling with putting our LPO on the Fitness Enhancement Program because he was a hair out of standards. Back in those days, you could pull the tape a bit tighter and makes things work, ahem:)—of course that posed an ethical dilemma. So then LT Jones was going back and forth—oh, what to do, what to do. We were at Lafayette River Mental Health Clinic in those bygone days and 10+ miles including a tunnel ride from the hospital. If I put the Petty Officer on FEP, then he might not be available for the work of the clinic, and that would impact our business--oh what to do, what to do. I had just received orders to Headquarters Marine Corps and would be going there in about 4 months after the Spring PRT cycle. So I presented my "problem" to my DH. After hearing my story, CDR Cross said, "LT Jones, do you know that Marine Officers of your same grade at HQMC make 15 decisions like you're trying to make before their first cup of coffee?" OUCH—thanks I needed that. Are you dithering about something? Own the decision, make the call and move on. As my Skipper says, a large number of our decisions each day have to be "fire and forget"—we need to decrease the mental load, so that our focus can be available for the truly hard and/or important decisions. (Oh, and yeah, I put the Petty Officer on FEP).

5. Executive Officer's Inquiry (XOI). XOI is the last stop in the disciplinary chain before Captain's Mast. By the time you get to XOI, there's been an investigation and a Disciplinary Review Board with the Chiefs. The XOI is one last chance to make sure all the facts are known so that the Skipper can make the right disposition at Mast. When I'm looking someone in the eye at XOI, it's in a very different role than in my past life as a therapist. The XOI format has some elements of good theater—the accused stands in front of the XO with his/her chain of command representatives in a line on the right and the Command Suite reps on the left (CMC, Legal Officer, Chaplain and CME). If it's theater, it would be classified as drama with a very serious purpose. People's careers and livelihoods are at stake and you have to get it right. One of the unexpected things for me is how much you have to reflect on what you can do better as a command. Yes, we're holding the individual accountable for his

# Standing out in the Crowd: Getting Promoted When Everyone is Exceptional

CAPT Aaron D. Werbel, Director, Midshipmen Development Center



Unless you are noted for your histrionics or your narcissistic sense of style, standing out in a crowd might go a bit against your grain. It is something you need to learn and be comfortable with if you want to ensure you get promoted in the Navy. Let's acknowledge up front that there often seems to be a randomness and chance aspect to selection. I have seen many exceptional officers passed over at each rank. That is one reason why I would never recommend you select jobs based on "advancement potential" or because they offer a sure footing for promotion. They don't. The best way to preference your next job is balancing your personal and professional goals with the unique skills you bring to the Navy. Promotion does not happen because of the jobs you hold. You will be selected based on how your fitness reports and OSR reflect your performance. One reason for the apparent randomness in the selection process is that the "person" is not really selected for promotion, the documented record is selected. It should go without saying that you must make sure your record is complete: Make sure all of your personal awards and university degrees are listed, but that is not enough. There are many great candidates at each rank so you must do everything you can to make your record stand out in the crowd.

There are many ways to do that but I'd like to focus this article on three specific areas: fitness report "wows!", additional qualifications designators, and testimonial letters.

1. Fitness Report Wows! Reflecting great credit to the Navy – look for opportunities in your job or our community that are outside the box. We are all great clinicians and Naval Officers. Is there a way to demonstrate that you are "the go to subject matter expert" in your particular area of expertise on your fitrep? Are you a member of a DON, DoD or Federal board, committee, or agency? Did you conceive of, implement, nurture, or see to fruition "a singularly unique ground breaking initiative" that benefited Sailors, Marines or the system as a whole? Who asks for your professional opinion? Get yourself in front of a flag officer, SES leader, or Secretary level executive to brief and then note their appreciation. In other words you "implemented a program the Navy SG declared will revolutionize care for Sailors!" Are you "the command level influencer who inspires high morale among Sailors?" Have you won any awards or presented at national or international conferences. Don't leave out what may sound ordinary to you, but will impress others because it suggests that having you in uniform makes the Navy look good!

2. Additional Qualifications Designators ("Special Qualifications" on the Officer Summary Record) – quite possibly the most overlooked area of the OSR is the additional qualifications designators or AQDs. There are quite a few for which MSC officers are eligible and psychologists are uniquely qualified. Here is the information website on AQDs: <http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/officers/Pages/NOBCAQD.aspx>. You can find a full list of AQDs here: [http://www.public.navy.mil/bupers-npc/reference/noc/NOOCSVol1/Documents/Manual%20I%2045\\_PT\\_D%20\(AQD\).pdf](http://www.public.navy.mil/bupers-npc/reference/noc/NOOCSVol1/Documents/Manual%20I%2045_PT_D%20(AQD).pdf). Here are a few questions to get you started: Were you an individual augmentee to an intraservice assignment (UIM/J2M, etc)? Are you SERE certified (6OS)? Have you published one article in a juried journal (6ZF)? Are you an adjunct professor at a local college or university (6ZA/B/C/D)? Are you Green Belt CPI certified (2C1)? Have you taken the executive medicine course (67A)? Are you warfare qualified (SWMDO/FMF/Aviation) (e.g., LA7)?

If you answered yes to any of these, ask if you qualify, and then follow the guidelines for listing as an AQD on your OSR. If not, some are easier than others to make happen. Many local colleges would be thrilled to add you to their adjunct faculty. Getting Green Belt certified is easier than you think because you do process improvement projects all the time. You just need to document leading two projects after taking the 1 week course and your local command CPI office will be happy to help because they also benefit from the command initiating projects.

3. Testimonial Letters – Here is the official guidance from the MSC Junior Officers Sea Bag of 2008: *Testimonial letters from others (reserve for above zone)*. I completely disagree. If you are considering submitting a dry, run of the mill letter from your CO or a Captain/Colonel that merely reiterates that you are great, don't use it for your first look; Or your above zone look for that matter. But, if you've got your hands on a truly impressive letter from a Flag Officer that adds something to your record...DON'T WAIT! There are three reasons to submit a letter to the board:

A. It is from such an impressive figure the board can't help but take notice that this person appreciates what you do. While true that we want to stand on our own merits – this person wouldn't write you a letter if you didn't impress and the fact is, the Flag Officer's star quality does rub off!

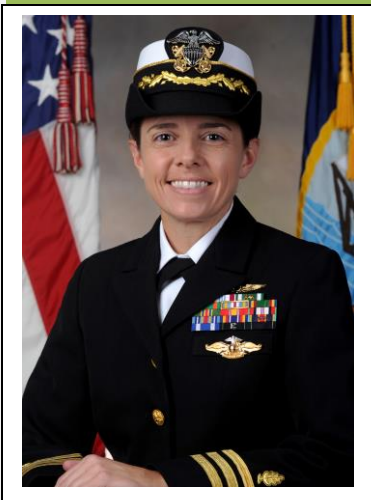
B. It adds something significant to your record that is not contained in your fitreps. I'll give you an example. My CO wrote me a letter to discuss that I had been requested by name from a strike group commander to fly out to a forward deployed ship in support after two suicides. This wasn't in any of my fitreps and justified a letter that described it in strong positive terms about supporting the war mission.

C. It explains a glaring question in your record such as why you may have missed a typical assignment or deployment.

There are more items that will help, but if you pay attention to these three - fitness report "wows!", additional qualifications designators, and testimonial letters – you will be well on your way to ensuring you stand out in the crowd at your next promotion board. Ψ

## Navy Psychologist Guide to Networking

CDR Carrie Kennedy, Group Psychologist, Marine Corps Embassy Security Group



A simple fact of success in the Navy, is you can do very little without strong networking in and out of the Navy Psychology community. Much networking isn't tangible like a well-written fireproof bullet but it can pay off big for both you and the military. A well-networked Navy psychologist has an array of resources to answer general questions, get support for ethical concerns, receive professional advice and have name recognition when professional choices are being made for jobs and other opportunities. For your patients, your clinical treatment options become greater once you are networked with psychologists from all branches of service all over the world. Networking is an ongoing process, not a singular activity and should be approached from a variety of angles. The following are some of the primary means of networking for Navy Psychologists.

**Strategically Choose Collateral Duties** Networking begins locally at your command. While attendance at all mandatory fun events is obvious, your choice of collaterals may be less so. When thinking about collaterals, ask yourself how much of the command will any particular collateral expose you to? Some collaterals expose you to EVERYONE (think CFC, wardroom officer, or planning the Navy Ball or a Dining Out). Yes, these are time intensive collaterals but there is a huge payback. Collaterals which have little impact and are done in solitude in your office are not good choices. It is never the number or bulk of collateral duties that you should

consider but the command impact and exposure to varying medical communities and the Chain of Command.

**Actively Seek Mentors** We need mentors for a number of eventualities. These include clinical specialty questions, ethical dilemmas, military specific issues, and MSC/career questions. You get to choose your mentors, though some grow naturally out of our training programs and duty stations. In addition to providing you professional and emotional support throughout your career, mentors are great for networking. Some of your mentors will be senior members of the community who have spent an entire career building a network of their own. This network indirectly then becomes accessible to you through referrals and assistance with career opportunities.

**Get Involved in Your Local MSC Organization** As you progress through the Navy you will be stationed with MSCs from prior commands over and over again. It is hard to argue with the point that having pre-existing relationships with HCAs, comptrollers and the pool of future detailers is a good idea. And as clinical care becomes more integrated, already knowing the other MSC providers significantly helps to coordinate care for patients. Obviously the same can be said about getting involved with all of the medical specialties at your command.

**Join the American Psychological Association and Other Pertinent Professional Organizations** APA Divisions, particularly 18 (Public Service) and 19 (Military Psychology), have a ready network of military psychologists from all branches of service as well as the VA. There are always social functions for both Divisions at APA (in Washington DC this year!), Division 19 has a Facebook page and listserve, and Division 19 is always actively looking for members to join committees and run for office. Both the President and Treasurer of Division 19 are currently Navy Psychologists!!

**Facebook** We have 165 past and current Navy psychologists on the Navy Clinical Psychology page. That's 165 magic people to reach out to in a matter of seconds when you need to find someone, figure out what resources are at another command, get gouge on a new duty station, make an announcement for a CE workshop, etc. People have varying opinions about Facebook, but it's hard to dispute that it has significantly enhanced communication amongst those who use it. One note, if you are on the page using an incomplete or altered name, your networking ability is not greatly enhanced as no one will relate your use and discussions on the page to you. Part of networking is getting people to recognize your name and remember you. Facebook also brings the benefit of not having to keep up with constantly changing contact information for Navy psychologists.

**LinkedIn** LinkedIn is a great place to network with psychologists from all branches of services, other medical professionals, researchers, etc. Like Facebook one doesn't have to worry about keeping up to date with anyone's contact information amid routine relocations. There are a variety of professional groups available and LinkedIn has a significant job search function for those getting out of the Navy or retiring. (Growing your network now even if you aren't looking for a job will set you up for success in 3 years or 20 years, whenever the time comes.) LinkedIn is not the place to connect with old high school friends (use Facebook for that) as it searches for jobs for you based on your profession and the companies that your connections work for. I also recommend that you only connect with people you actually know and have a professional relationship with. If you believe someone to have questionable ethics or other problematic behavior, don't agree to connect with them. Finally, keep your list of skills to a manageable amount including only those that you have full competence to perform independently.

## Mentorship and Readiness

CDR Walter Labrie, Psychology Department Head, Naval Medical Center Portsmouth

Sometimes mentoring is about preparing and helping people advance in this organization, but my experience has been, that the more enjoyable and rewarding type of mentorship to deliver and receive is mentorship in service of readiness.

After completing a post-internship assignment at Naval Hospital, Cherry Point, I eagerly looked forward to a tour aboard a carrier. For the most part, I received a lot more mentoring than I gave. Mentorship occurred both actively and passively. Actively, the senior (salty) officers and (saltier) chiefs in the medical department explained how shipboard care differed from MTF care and how the role of a medical professional aboard ship was different than in the hospital. For example, it was explained that the enlisted sailors aboard didn't see your Corps Device first and with that came certain expectations. Also, clinical decisions are made in the context of the operational needs of the ship. Passively, leadership lessons were learned in the wardroom. Mustang SWOs (prior enlisted, now Surface Warfare Officers) with decades of Navy experience shared their thoughts on how to get things done, with a focus on results and completing the mission. My application of this wisdom came through efforts to shape the delivery of mental health care aboard the carrier. For example, the commonly held view of the psych tech assigned to me was simply another medical asset – someone to support sick-call, stand duty and assume a variety of collateral duties. All of the information I was gathering and absorbing led me to insist that first and foremost, the psych tech's role was to serve as the enlisted subject matter expert on mental health. Sick-call duty was secondary to the tasks and orders I needed completed and followed. Thanks to the guidance I received, I was able to affect this change.

Next, as the first Navy Psychologist at JSMART (JTF-GTMO), I had greater opportunities to be "the mentor." I received a young and eager psych tech to facilitate the transformation of the Army's Combat and Operational Stress Control Center into something with a Navy flavor. This tech came to Cuba with excellent management and administrative abilities. He was a capable LPO in all ways, except the way he was most needed – as a psych tech. Fortunately, he was up to learning the job the Navy had trained him for, and through a gradual process we refreshed the learning and training he had received in school and applied it to the challenges faced by those who worked with detainees. Additionally, we worked together to solve complicated personnel problems. Here, just so I didn't forget, the Chiefs mentored me on some basic personnel management issues.

Most recently, as Psychology Department DH at NMCP, opportunities to provide mentorship are everywhere. Newly commissioned interns and post-docs, along with multiple post-internship psychologists provide a well-spring of opportunity. I admire the clinical skills these junior psychologists bring to the table – they are far ahead of me at a comparable point in their career. What they need is guidance in the application in the military setting. The solution to every problem is not LIMDU or ADSEP. Additionally, the above experiences and other deployments have meant re-focusing the development of enlisted personnel. Gone are the days of the best psych tech being the person with the best customer services skills on the phone, the fastest CHCS booking skills or the most brownies at the bake sale. Instead, skilled paraprofessionals are required. To achieve change, I've coaxed the member, the member's chain of Command and anybody else who would listen.

All of the above efforts and experiences came into play on September 16, 2013, when the Special Psychiatric Rapid Intervention Team (SPRINT) was mobilized to respond to the mass shooting at the Washington Navy Yard. I led thirteen members from NMCP. Because of the scope of the response required, additional support from NMCP, Naval District Washington and WRNMMC was essential. Many of those providing the additional support knew nothing about SPRINT or the doctrine SPRINT operated under. Fortunately, the core members of the NMCP team were well versed in these concepts and were able to lead and teach these augmentees. It was not uncommon for an HM3 to be leading a small team that consisted of one or two O-3 or O-4 providers and another enlisted member on a mission to provide the emotional and psychological support required. And so, while mentorship is often about helping someone negotiate the tricky career or educational path, some of the most valuable and critical mentorship relates to readiness. Ψ



Washington Navy Yard SPRINT Team, representing a mix of military services and specialties. CDR Labrie is in the center of the photo in the back (in khakis).



## Navy and Marine Corps Achievement Medal

LTJG Brendan Finton 

LT Jesse Locke 

LT Vahe Sarkissian 

LT Ana Soper 

LTJG Marcus VanSickle 

## Navy and Marine Corps Commendation Medal

LT Mary Cava 

LT Lindsay Gleason 

LT Kristin Somar 

## Meritorious Service Medal

LCDR David Loomis 

## Navy Pistol Expert Qualification

LT Mary Cava

LTJG Brendan Finton

LT Julianna Simmons

LT Kristin Somar

LTJG Marcus VanSickle

## Navy Rifle Expert Qualification

LT Mary Cava

LTJG Brendan Finton

LT Kristin Somar



LTs Somar (on the left) and Cava, prior to shooting.

## Graduate of the University of California San Diego's 2-year Neuropsychology Fellowship LCDR Joshua Kenton

## Passed the Psychopharmacology Examination for Psychologists (PEP)

LT Yaron Rabinowitz

## WARFARE DEVICES

## Fleet Marine Force Qualified Officer

LT Yaron Rabinowitz



## Congratulations to LCDR Jason Duff who was promoted at the USS Arizona Memorial!



## Congratulations to LCDR Lisseth Calvio who was promoted at The Lone Sailor Memorial!



## **Publications and Presentations (bolded names are Navy Psychologists)**

**Front, C. M.** (2014). Commentary on the Article by King (Personality and Psychopathology Assessment in the Selection of Pilots): Good to Go or Disqualified? Interrelated but Distinct Tasks, Challenges, and Tools in Pilot Selection. *The International Journal of Aviation Psychology*, 23(1), 74-77.

Kivlighan Jr., D.M., Gelso, C.J., Ain, S., **Hummel, A.M.**, & Markin, R.D. (In press). The Therapist, the Client, and the Real Relationship: An Actor Partner Interdependence Analysis of Treatment Outcome. *Journal of Counseling Psychology*.

Markin, R.D., Kivlighan Jr., D.M., Gelso, C.J., Ain, S., & **Hummel, A.M.** (In press). Clients' and Therapists' Real Relationship and Session Quality in Brief Therapy: An Actor Partner Interdependence Analysis. *Psychotherapy*.

Morgan, C.A. **Rabinowitz, Y.G.**, Hilts, D. Weller, C.E., Coric, V. (2013). Efficacy of Modified Cognitive Interviewing, Compared to Human Judgments in Detecting Deception Related to Bio-threat Activities. *Journal of Strategic Security*, 6(3), 100-119.

Morgan, C.A. **Rabinowitz, Y.G.**, Leidy, Robert H., Coric, V. (in press). Efficacy of Combining Interview Techniques in Detecting Deception Related to Bio-threat Activities. *Behavioral Sciences and the Law*.

**Rabinowitz, Y.G.** & Balmer, R.P. (2013). Managing a Deadly Asymmetric Threat: A proposed model for force preservation. *Marine Corps Gazette*, 97(12), 88-92.

## **Navy Medicine Blogs**

Caregiver Operational Stress Control Part 1: The Basics  
by **LCDR Jason Duff**

<http://navymedicine.navylive.dodlive.mil/archives/5563>

Caregiver Operational Stress Control Part 2:  
Membership and Training by **LCDR Jason Duff**

<http://navymedicine.navylive.dodlive.mil/archives/5613>

Therapy Dogs: Meet Lucca by **LTJG Brendan Finton**

<http://navymedicine.navylive.dodlive.mil/archives/5747>

Resilience: A State of Mind or Dispositional State  
by **LCDR Robert Lippy**

<http://navymedicine.navylive.dodlive.mil/archives/5646>

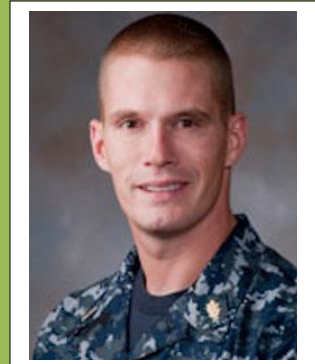
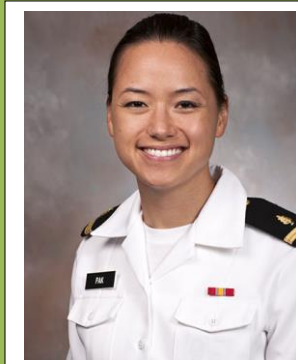
Take Control: Suicide Awareness by **LT Libby Peachy**

<http://navymedicine.navylive.dodlive.mil/archives/5644>

OSCAR Team Uses Technology to Identify Mental Health  
Risk Factors by **LT Yaron Rabinowitz**, LT Russell P. Balmer,  
**LT Darren Norris**, HM3 Justin Seabrook, HM2 Stephen Windle  
and HN Samuel Malone

<http://navymedicine.navylive.dodlive.mil/archives/5656>

**Congratulations to ENS Kyna Pak and LTJG Marcus VanSickle who were awarded the Military Suicide Research Consortium Conference Travel Grant**



Off going OSCAR Psychologist LT Norris (on the left) and on coming psychologist LT Locke during a routine battle field circulation in Afghanistan. It is the psychologist's job to push forward, breaking down barriers to care and treating Sailors and Marines where they are in order to keep them in the fight and healthy long term. LTs Norris and Locke join a long line of OSCAR providers forward deployed throughout the war.

**KEEP YOUR RECORD UP TO DATE!  
FOR DETAILS GO TO:**

<http://www.public.navy.mil/bupers-npc/officer/Pages/default2.aspx>

## Message from the Specialty Leader, Continued from Page 1

schedules and most likely no one will be ordered to deploy if they do not want to. Those who do want to deploy, however, may not be able to do so. But there are many other unique challenges out there and unexpected deployments pop up all the time. For example, we recently sent psychologists to Djibouti and aboard LHAs. Of course, you will continue to deploy if you are organic to a deploying operational unit. Also, remember that this is the state today and can change as the world situation changes.

One of my major responsibilities as Specialty Leader is to ensure that each of you have the best opportunity to promote. As we discuss billets, PCS, opportunities, deployments, etc., this is always on my mind. As a community, we promote very well. As you can see in the attached figure, over the last 10 years Clinical Psychologists promote to LCDR and CDR at a higher rate than MSC overall. Particularly, to CDR we promote extremely well. It is true that last year we only had a 60 percent selection to LCDR, below our 10-year average. We searched for any systematic factors contributing to this but could not find any. The old saying rings true - "The promotion board selects the best records, not always the best officers." Grow where you are planted, consult often with your mentor and put in the time writing the best FitRep possible.

I look forward to serving this wonderful community and I am here to support you in any way I can. Later this year we will conduct another Navy Clinical Psychology Needs Assessment Survey. I encourage all of you to complete it, as it guides our strategic planning. Thank you for all you do every day. Ψ

## Networking, Continued from Page 7

### Professional Conference and Meeting Attendance

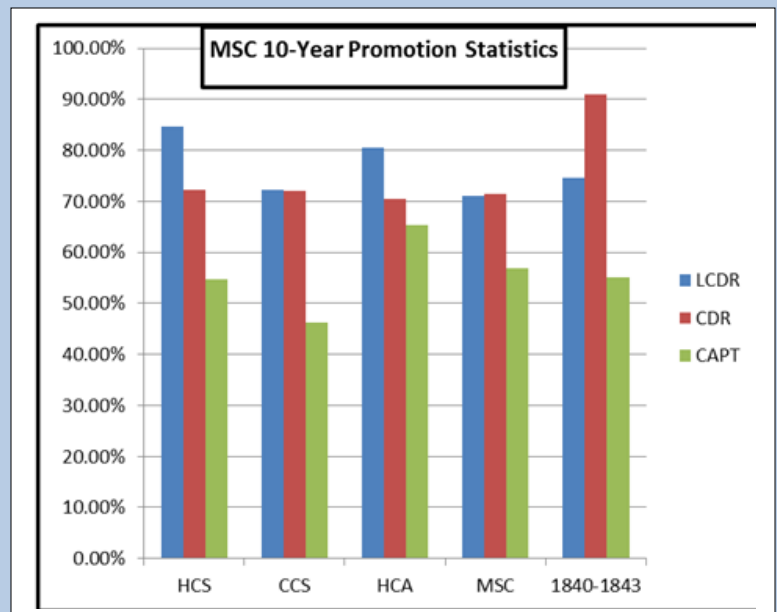
Yes, I know this is a tricky one. However, without attendance at professional conferences there is no possible way to maintain skills, maintain knowledge of current research or network appropriately. So, I advise you to deal with the painful application process and continue to request attendance at pertinent conferences. If you don't ask, the answer is always no.

### Publish in Both Peer-Reviewed and General Venues

You'd be surprised how many people you meet in the course of the publication process. Ironically however, some of the best venues for networking through publishing aren't the hard-core scientific journals but the Navy Medicine blog, your local command newspaper, the Division 19 newsletter and The Navy Psychologist (though it is always the peer-reviewed journals that establish your expertise!). When you publish in The Navy Psychologist for example, you have just had direct exposure to the Specialty Leader, who has to approve of each issue as well as the PAO at BUMED. In most of our TNPs over the past 2 years, the BUMED PAO has asked to publish articles from TNP on the Navy Medicine blog, which has a wider readership than TNP. Effective networking through publishing snowballs.

**Think About Appropriate Awards** We all know the shameless self-promoters in the community. I'm not telling you to be like that BUT if you fail to advocate for yourself, your amazing work may go unnoticed by those who could promote both the work and you. Awards that mean a lot are awards from your professional communities recognizing you as an expert in the field in general, not just in the military; Division 19 awards recognizing you as making significant contributions to the advancement of the profession of psychology in the military; and last but not least, Navy Psychologist of the Year (POY). It seems like POY becomes more competitive every year. This year there were many amazing submissions and you may think that for those who didn't win it was a wash. Not so. POY is an avenue for all of the senior members of the community to read about the amazing things that the nominees did over the past year, things that they would never have known about had the nomination never been submitted. Those names are now on the radar of every Navy CAPT in our community – not too shabby.

In short, get busy effectively networking. Ψ



## Fitness Reports 101, Continued from Page 3

- A hard-hitting opening statement (maximum of two lines) that potentially includes a “soft breakout”
- One line of white space
- Three to four cause-and-effect (impact) bullets with the most significant listed first
- Another line of white space
- A closing statement with a promotion recommendation and recommendation for future assignments.

Regarding the “hard-hitting opening statement,” this is the BLUF of the fitrep – the overall message. For instance, “LT Mayonnaise is one of the finest officers with whom I have worked, a true game-changer who is making measurable impacts on the overall readiness of the command.” This doesn’t have to be specific – the specifics will be detailed in the “cause and effect” statements that will come later. Often included in this section is some kind of “soft breakout.” A soft breakout is a statement within the fitrep narrative that informally ranks you among your peers, or alternatively explains the actual promotion recommendations in a positive way. Examples include “my #1 O-4, regardless of designator,” “my 3<sup>rd</sup> ranked of 10 O-3s, regardless of service or specialty,” “my #1 MP – a clear EP if not for forced distribution.” Such statements clearly show the promotion board where you stand, and go a long way toward creating a positive impression.

The body of the narrative should include 3-4 cause-and-effect statements. Note that this does not mean that you should provide a job description. A common fitrep error is the inclusion of statements such as the following: “responsible for a clinic of 5 providers and 3 psych techs, managing a budget in excess of \$150K.” Note that while this will make your Mom proud, it says nothing about the kind of job you’re doing. A better statement would be something like the following: “Implemented creative clinic processes that increased access by 30%, saving \$1.3M in network care costs.” I realize these cause-and-effect statements might be hard to come by, but do your best to identify how you have made your workplace better since you arrived. What have you done that has made an impact?

The closing statement should include some kind of remark related to your future potential. Sometimes these are made using a particular form of excitable punctuation, perhaps with all capital letters (e.g., “PROMOTE NOW!”). However, I’ve always failed to see how exclamation points can help. A better statement would be something like this “LCDR Ketchup is a rising star in Navy Medicine – he would be a great XO today. He has my strongest possible recommendation for early promotion.” In other words, PROMOTE NOW!

Don’t forget to avoid “jargon” in your fitreps – write them so the average 6<sup>th</sup> grader can understand what you are saying. This isn’t a dig on the promotion board, only an acknowledgement that board members have to read a lot of records, so anything that makes their job simpler and easier will be well-received.

Finally, it’s important to keep in mind that your record of performance is your set of fitreps. In a large sense, if something is not reflected in your fitreps, it didn’t happen as far as the promotion board is concerned. So spend some time on them. Ideally, you should be drafting your fitrep throughout the year, documenting your achievements as they occur. That being said, while you want to spend time making your fitreps good, you don’t want to make fitrep scores your ultimate goal. Rather, concentrate on doing a good job and making an impact, and good fitreps will inevitably follow. Ψ

For more on writing fitreps, start here: [www.navyfitrep.com](http://www.navyfitrep.com)

## Congratulations to 2013 Navy Clinical Psychologists of the Year!

**Junior Psychologist of the Year: LT Yaron Rabinowitz**

**Senior Psychologist of the Year: LCDR Matt Keener**

**Civilian Psychologist of the Year: CAPT (Ret) David Mather**

# XO: 5 Months on the Job, Continued from Page 5

or her actions—and appropriately so. What the situation also calls for is a follow-on discussion and review on what we as a chain might have missed leading us to this very point.

6. Moneyball Mentality. Ever see the movie “Moneyball” with Brad Pitt? It’s based on a true story about his character’s work as a General Manager for the Oakland Athletics baseball team in trying to find talent to compete with the big market ball clubs using stats in a new way. Rent it or stream it and think about the implications of the decisions in the movie for the work we do as psychologists. I can say that as XO, I spend a ton of time as a talent scout. Always trying to find talent in obvious, as well as hidden places to meet current needs, and set the ground work for new projects and services. If you have to choose between rank/experience and someone who is just plain hungry—look at the stats and be willing to take a chance on “hungry.” That’s Moneyball, that’s Navy leadership.

7. Apollo 13. OK, one last movie reference. The namesake of our hospital is CAPT James A. Lovell, the Mission Commander for Apollo 13 in 1970. If you saw the movie Apollo 13 by Ron Howard, then CAPT Lovell is the character played by Tom Hanks with the famous line “Houston, we have a problem.” The attached photo is from our Veteran’s Day Celebration November 2013. That’s my Skipper on the left, CAPT Jose’ Acosta, and that’s CAPT Lovell on the right with me in the middle. The front page headline with the picture in the Lake County News-Sun, a Chicago Sun Times regional paper said “Valor, Dignity, and Courage”—when I showed the newspaper to my brother, he said “not bad Dude, you got to be Dignity sitting right between Valor and Courage.” Nice thought. It’s great to be an XO. Ψ



The collage features the NCCOSC logo at the top center. To the left is a screenshot of the Facebook page, showing the profile picture and cover photo. In the center is a screenshot of a Twitter feed with several tweets from @NCCOSC. To the right is a screenshot of the YouTube channel page for NCCOSC TV. At the bottom right is a screenshot of a SlideShare presentation. The overall theme is digital presence and outreach for the center.

Visit our website at: [www.nccosc.navy.mil](http://www.nccosc.navy.mil) • Follow us on: Facebook, Twitter, YouTube and SlideShare

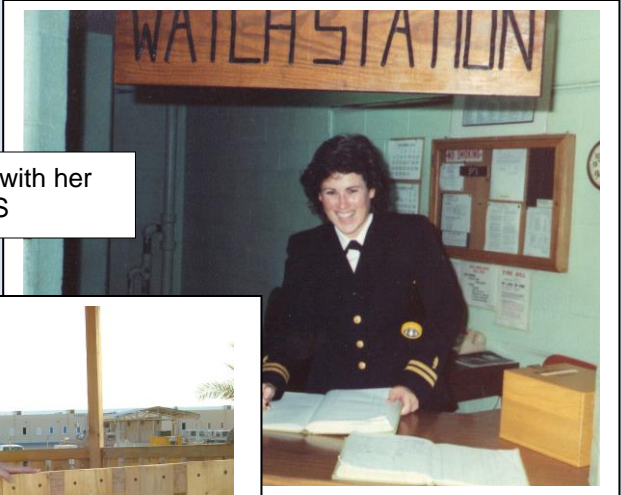
# Fair Winds and Following Seas

## CAPT Margaret A. Lluy

Captain Lluy was commissioned in July of 1991 and completed internship at the National Naval Medical Center, Bethesda. She was then assigned to the United States Naval Academy as an Associate Professor and was awarded the Colleen Smiley-Owendoff Teaching Excellence Award. In 1995, she was selected to be the coach of the All-Navy Softball Team. Following a Post-Doctoral year at Harvard Children's Hospital, she served as the Clinical Director for Educational and Developmental Intervention Services (EDIS) in Okinawa. Leaving Okinawa, she was offered a carrier and became the first psychologist aboard the USS DWIGHT D. EISENHOWER (CVN-69) from 1999-2001. Clearly it was time for an MTF tour so she took orders to Naval Medical Center, Portsmouth where she was privileged to work with several intern classes. From 2004-2007, she served as the Command Psychologist for the Marine Embassy Security Guard Battalion Quantico, Va followed by a one year assignment in Bahrain. Returning with ample rugs, she took orders to Patuxent River, Md and then finished her 22 year career at the Naval Health Clinic in Quantico, Va. During the course of her career, Captain Lluy deployed to Iraq and to Guantanamo Bay Cuba. She wishes to thank the community for a wonderful career and leaves with amazing memories and many lifelong friends. Ψ



LT Lluy in 1991 at Officer Indoctrination School



LT Lluy armed with her flashlight at OIS



CAPT Lluy in Iraq 2009



LCDR Lluy, First Carrier Psychologist aboard the USS EISENHOWER

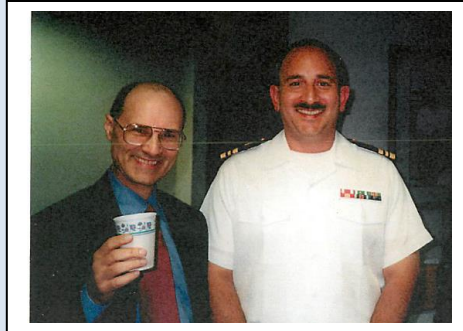
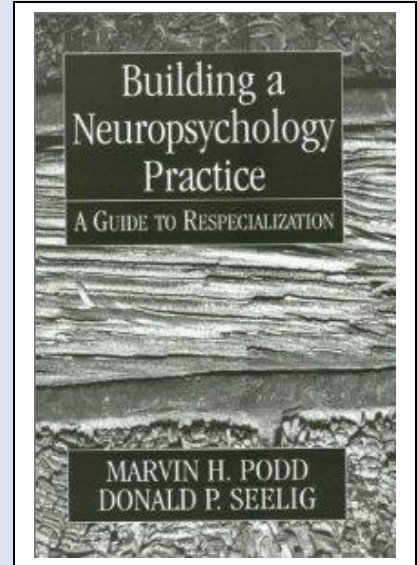


Captain Margaret A. Lluy, USA, USN  
 Congratulations on your retirement and 22 years of dedicated service  
 Thank you for your service to our country

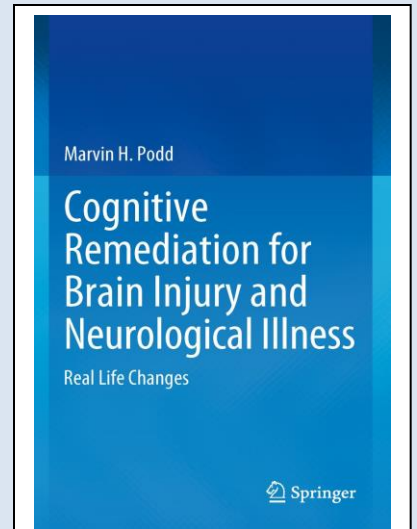
## Fair Winds and Following Seas

### Dr. Marvin Podd

Dr. Marvin Podd received his PhD from State University of New York at Buffalo in 1969. From 1969 to 1986 he held a variety of positions at St. Elizabeth's Hospital working his way up to Chief Psychologist of O'Malley Division, a division of more than 600 psychiatric inpatients and outpatients. In 1986 he was hired as Associate Director of Psychology Training and Research at National Naval Medical Center and in 1990 he was promoted to Director. As Director he developed and coordinated the internship training program for Navy interns, provided supervision, and conducted psychotherapy, neuropsychological assessment and cognitive remediation. In addition, he maintained a position as adjunct faculty at the Uniformed Services University of Health Sciences. Dr. Podd is a member of the National Academy of Neuropsychology (NAN), American Psychological Association (Division 40, Neuropsychology), and the Potomac Psychoanalytic Society, where he served as President from 1993-1998. He retired on 31 October 2013. Ψ



Dr. Podd and now retired Navy CAPT Vic Huertas.



Dr. Podd enhances his cultural competence by learning some "sailor" skills.

Dr. Podd at the 2009 Navy Psychology Internship graduation.



A great turnout of 3 decades of Navy Interns at Dr. Podd's retirement on 25 October 2013.



## Mentorship Parting Shot: USE YOUR LEAVE!

### CAPT Richard Bergthold

I have a very good friend--a military provider (not a psychologist)--who, whenever asked how things are going, inevitably comments that he is up to his ears in work and has "over 100 days of leave on the books!" This is almost worn as a badge of honor. Some of you may know co-workers who, though they take leave, do so as a means of having long periods of uninterrupted time so they can "get more work done." But even my friend would occasionally admit that his tendency to work long hours, day after day without taking breaks, was "unproductive" in the long run.

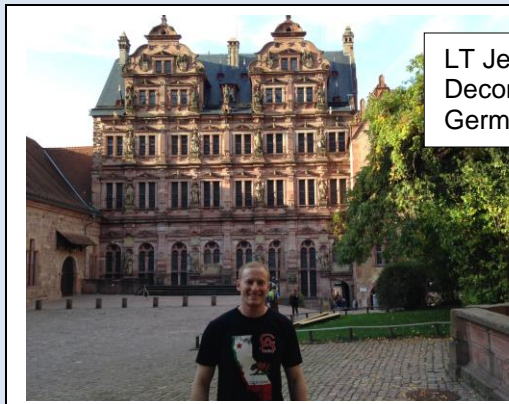
We are fortunate to work in an organization that values time off (I've always appreciated the fact that I am earning leave while I'm taking leave!). Our ability to earn 30 days a year comes with a few implied messages: 1. The Navy values time off; 2. Time off is good for us, good for our family, and allows us to refresh and be more productive in our jobs (all stuff we undoubtedly tell our patients); and 3. Our work will be there when we return, and the command will survive in our absence.

How do we effectively use our leave? Planning time off is increasingly difficult as technology allows for constant "connection" and "accessibility." Even the term "time off" is anachronistic. We've got to be proactive and strategic in our leave plans and requests—and we need to be away for more than just a day or two. It takes at least that long to crawl out from under our routines and do something different—something out of the ordinary (and in the Navy we've got lots of opportunities to travel to extraordinary places).

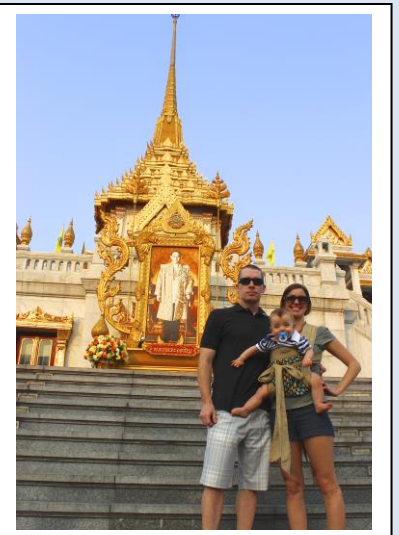
And we need to model good self-care for those we lead—they are watching! My hospital Commander said something this past holiday season that I had never heard from previous leaders—he noted that the only time in the year that military medicine really "slows down" is between the middle of December and the first week in January (not true in deployed settings I know!). He challenged us to take advantage of the time—to do things that we've been looking forward to doing, to spend time with friends and family, and to recharge. He went on to say that he intended to do the same thing. And he did! He modeled self-care, while at the same time giving us permission to take leave too. Let's model the same for those that work for us. Safe travels! Ψ



LT Larkin Magel at Selinunte in southern Sicily, getting the most out of her Italy tour.



LT Jesse Locke takes Decompression seriously in Germany.



The LCDR Jason Duff Family taking full advantage of their Okinawa tour and their proximity to the rest of Asia. (This was taken before fulfilling the mandate of the two baby tour...)



LT Graham Sterling (left) and LTJG Marcus VanSickle managing stress in Mexico with their MUCH better halves.



LT Angela Rood (left) and LCDR Lisseth Calvio growing culturally at the Great Wall of China.

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.