



# THE NAVY PSYCHOLOGIST

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## FROM THE EDITORS

Greetings Navy Psychology Community and welcome to the latest edition of The Navy Psychologist. In this edition we bring you news from both our active and reserve specialty leaders, the training director, articles from around the fleet, a clinical case, and a mentorship parting shot. It is with some sadness that I report that this is my last edition of TNP. However, I leave it in the good hands of the new Senior Editor, CDR Arlene Saitzyk, and Junior Editor, LT Jay Morrison. As always, please contact them ([arlene.saitzyk@usmc.mil](mailto:arlene.saitzyk@usmc.mil) and [jaya.morrison3.mil@mail.mil](mailto:jaya.morrison3.mil@mail.mil)) with good news from around the community for publication in the next edition. The next issue will focus on the specialty of Operational Psychology in the Navy so folks working with MARSOC, MCESEG, SEALs, 8th and I, the Operational Fellowship, etc. should fire-up their computers. Good Reading!

- CDR Carrie Kennedy

## MESSAGE FROM THE SPECIALTY LEADER

### CLINICAL PSYCHOLOGY IS STRONG

The week of 24 August 2015 was a big one for our community of Navy Clinical Psychologists. Thank you to everyone who made it such a great week and thank you to the Naval Medical Center Portsmouth for hosting us. We had our Executive Committee Meeting (EXCOM), Navy Day, Navy Day Dinner and 2015 Combat and Operational Stress Control (COSC) Symposium. It was a week of firsts with our first Navy Day at a major MTF, not in conjunction with the APA Convention, first Navy Day to have CEU credits available and first COSC Symposium in conjunction with Navy Day, also with CEU credits available. If numbers are any indication, this new model was well received. We had 18 participants at the EXCOM, 108 at Navy Day (in person and virtual), 50 at the Navy Day Dinner and 270 at the COSC Symposium (in person and virtual).

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Clinical Psychology Specialty Leader  
CAPT Scott Johnston

**MESSAGE FROM THE RESERVE ASSISTANT SPECIALTY LEADER**

For many active duty officers, transitioning to a new billet occurs through negotiations with a detailer. For reserve officers, obtaining a paid billet is remarkably different. For Lieutenants and Lieutenant Commanders, a first billet in the Navy Reserve is typically negotiated by your recruiter with Commander Naval Reserve Forces Command. When the projected rotation date (PRD) approached, junior officers previously used the JOAPPLY online program to apply for their next billet. Starting this October, junior officers in need of a new billet will use the Reserve Forces Manpower Tool (RFMT). This online program is available via the Navy Reserve Homeport APPLY link (<https://private.navyreserve.navy.mil/apps/rfmt/Apply/Pages/default.aspx>). In many ways, the RFMT will be similar to the JOAPPLY program. However, rather than update billets monthly, junior officers will receive billet assignments on a quarterly basis. It is critical to enter the RFMT program. If a junior officer is without a paid billet for longer than four months, they may be transferred into a non-pay status (i.e., the Voluntary Training Unit). Such junior officers would drill for retirement points, and they may be unable to perform two weeks of annual training. If a junior officer receives a billet in the JOAPPLY program but declines it, they will be transferred to the Individual Ready Reserve (IRR: i.e., inactive status). Once you land there, it is hard to exit. Heed the warning, and don't let this happen to you.



Clinical Psychology Reserve  
Assistant Specialty Leader  
CDR Michael Basso

For Commanders and Captains, remaining in a paid billet becomes a bit more difficult. Across the Navy Reserve, sixteen billets exist for clinical psychologists. Eleven are slated for Lieutenants or Lieutenant Commanders, and five are slated for Commanders and Captains. If an open billet exists, over-grade waivers are sometimes given for senior officers to serve in junior officer billets. However, the reserve clinical psychology community is fully-manned, and such waivers should not be expected.

Senior officers must use the APPLY program to seek a billet. This process is competitive, and requires deliberate planning. Here's a synopsis of how it works and how to prepare.

Each Spring, Commander Navy Reserve Force releases the COMNAVRESFORNOTE 5400 Fiscal Year National Command and Senior Officer (05/06) Non-Command Billet Screening and Assignment Procedures. This document provides guidance to the entire Navy Reserve with respect to assignment of billets. This document and supporting documents are available on the APPLY webpage (<https://private.navyreserve.navy.mil/apps/rfmtweb/Home/Index>). Essentially the process involves senior officers updating their profile online, searching for billets, expressing a rank order preference of billets, and a panel of senior officers evaluating each candidate's qualifications and then assigning people to billets.

Who needs to visit the APPLY page? Everyone. Even if you have tenure remaining in your billet, you are obligated to register on the APPLY page. Doing so validates your occupancy in the billet for another year. At this time, you also update your profile in the system.

When should you do so? A deadline is published in the COMNAVRESFORNOTE 5400, and it typically occurs by the end of May.

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## MESSAGE FROM THE NATIONAL TRAINING DIRECTOR



National Training Director  
CAPT (ret) Eric Getka

In this message, I would like to tell you about the state of Navy psychology training, bring you up to date on recent developments, and shine a spotlight on our newest training program, the post-doctoral fellowship at Navy Medical Center (NMC), Portsmouth.

### STATE OF THE TRAINING PROGRAMS

To begin, I am happy to say that the state of our training programs is strong. Whether viewed from the vantage point of APA accreditation, BUMED support, or competency-based outcomes, the training programs are firing on all cylinders. 2015 was a banner year for accessions. All of our training billets at USUHS, Bethesda, Portsmouth and San Diego were filled by excellent candidates. In fact, the 12 internship positions in Bethesda and San Diego listed in the national Match were filled by our 12 top-ranked applicants.

In case you are not aware, the 7 internship slots at NMC, Portsmouth are not listed in the Match but are applied for annually by 5 scholarship students and 2 USUHS students. We awarded five scholarships again this year. As usual, the competition for the scholarships was fierce and the new scholarship students, whose names appear in this issue (see insert, page 5), have every reason to be proud of the accomplishments that led to their selection.

Looking ahead to 2016, we are not expecting a reduction in our recruiting goals compared to last year. With approximately 15% of our non-training billets unfilled and the possibility of additional billets coming online, we are optimistic that BUMED will endorse CAPT Johnston's request for 17 training billets and 5 scholarships.

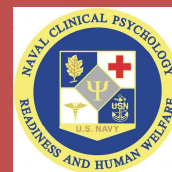
### TRANSITIONS

As many of you already know, the Training Director positions at Walter Reed, Bethesda and NMC, Portsmouth have been filled by Dr. Richard Berthold and CDR Mike Franks respectively. For those of you who haven't had the pleasure of meeting Drs. Bergthold and Franks, I want to take this opportunity to introduce them to you. They join Dr. Dave Mather (aka "The Sage of San Diego") in completing a triumvirate of remarkably talented and dedicated Training Directors.

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**It's that time of year already!**

**Start getting your nominations for Navy Junior, Senior and Civilian Psychologists of the Year together.**



**RECRUIT MENTAL HEALTH: WELCOME TO THE QUARTERDECK OF THE NAVY!**

LT ADRIENNE MANASCO &amp; LT ASHLEY SHENBERGER

Naval Station Great Lakes in North Chicago is home to the only Naval Recruit Training Command (RTC) in the country. Each year approximately 40,000 men and women become enlisted Navy Sailors after graduating from boot camp at RTC. Health care for all Recruits at RTC is provided by the Captain James A. Lovell Federal Health Care Center (FHCC). FHCC is a unique command, notably the first integrated DoD/VA facility in the world. Recruit Mental Health (RMH) is based at USS Tranquillity, a FHCC branch clinic within the Fleet Medicine Directorate embedded in RTC. Currently, RMH is staffed by military and civilian psychologists, psychiatric technicians, a psychiatric nurse practitioner, and an administrative assistant. RMH is led by Supervisory Clinical Psychologist Dr. J. Ruddy, a Navy veteran.

Recruit Mental Health (RMH) is comprised of three divisions: Recruit Evaluation Unit (REU), Psychoeducational Program, and Psychological Resilience Outreach. The primary mission of REU is to conduct suitability for service evaluations. Suitability for service evaluations refer to assessment of past or current psychiatric diagnosis, treatment, or symptomology that is disqualifying for military service according to DoDI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services.

Suitability assessments are comprehensive and include a thorough interview, records review, psychological testing and assessment, and review of collateral information from Recruit Division Commanders (RDCs). While most Recruits are returned to duty, if a Recruit is recommended for separation due to a disqualifying condition or history it is recommended they are removed from training and housed in the separation barracks to await administrative processing. It is here that the RMH's Psychoeducational Program (PEP) provides in-house support in the form of group and/or individual psychoeducation. The primary mission of PEP is to promote psychological stability during the separation process, and to ensure the safety and wellness of recruits who may be facing difficult emotions as they transition back to civilian life.

In addition to the services described above, RMH also offers resilience programming. Housed in the Recruit barracks, Psychological Resilience Outreach (PRO) hosts 16 groups per week. Managed by LT Adrienne Manasco, PRO serves Recruits within Special Programs: Recruits who are experiencing difficulty passing the final PFA, third class swim qualification, or are injured and require physical rehabilitation. Interventions are informed by sports psychology, positive psychology, and other modalities to promote Recruit resilience, enhance performance, and ultimately bolster skills leading to successful graduation from RTC. Under PRO, LT Jenny Siddiqi created the Swim Augmentation Group, which uses cognitive-behavioral interventions to decrease psychological barriers to passing the third class swim qualification. LT Chris Udell created the Mindfulness for Pain group, based on the Acceptance and Commitment Therapy modality, to teach Recruits to effectively respond to physical and emotional pain.

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LTs Jenny Siddiqi, Chris Udell, Adrienne Manasco, and Ashley Shenberger at Naval Station Great Lakes.

# WELCOME TO THE 2015 TRAINEE SELECTEES!

TRAINING PROGRAM	SELECTEE	SCHOOL
SCHOLARSHIPS (HPSP)	Micahel Lombardi	Adler University
	Kendall Moore	University of South Carolina
	Amber Heckler	Wayne State University
	Rosanna Aijian	Biola University
	Julia Von Heeringen	Indian University of Pennsylvania
BETHESDA INTERNSHIPS	Shawna Aubuchon	Alliant University of San Diego
	Kelsey Blomeke	University of Notre Dame
	 Titus Hamlett	California School of Professional Psychology, Los Angeles
	Mark Palcan	Chicago School of Professional Psychology
	Sakshi Sharma	Spalding University
SAN DIEGO INTERNSHIPS	Linett Sierra	NOVA Southeastern University
	Michael Croke	Massachusetts School of Professional Psychology
	 Alyssa Garofalo	Florida Institute of Technology
	Grace Hamelberg	Chicago School of Professional Psychology
	Yolanda Holland	Fordham University
CLINICAL PSYCHOLOGY POSTDOCTORAL FELLOWSHIP	Crystal Peterson	Alliant University of San Diego
	Erin Roubal	Illinois Institute of Technology
	Katheryn Ryan	American University
USUHS PHD	Stefan Schalk	Midwestern University
	Alexandria Moretti	California State University, San Marcos
	Julia Garza	University of North Texas

## CLINICIAN'S CORNER: A TOWER JUMPER, A DROWN-PROOFER, AND AN UNDERWATER NINJA WALK INTO A POOL ...

CDR ARLENE SAITZYK AND BMC (RET) TONY RICHTER

Sometimes my office is an Olympic size pool. Over the past 3 years, I've had the opportunity to help student Naval Aviators with "water phobias," and work side by side with a Navy diver to implement a protocol that includes successive approximations in situ, cognitive behavioral exercises, and some fun. Most of the referred students do not report a history of traumatic experiences, but rather that they have had limited exposure to pools or open water in their youth. Somehow they muscled their way through the tower jump and swim at OCS. When they arrive for flight training, however, for the first time they are faced with a 2-week water survival course that includes a mile swim in flight suit, jumping off a 15 foot tower and swimming 15 yards under water, and treading water 2 minutes then "drown-proofing" for 7 minutes in flight suit, boots, gloves, vest (not Kevlar, but it is heavy!), and helmet. Oh, and then there's the helo dunker, but that's another story.

The referral from the Flight Surgeon is usually: "I have a student who's having difficulties in the pool. He's had mounting anxiety over his lack of progress the past 2 weeks. He's only getting about 2-3 hours of sleep per night because he's constantly thinking about the pool. Lacks confidence and at this point looks like he has conditioned himself to have a negative outlook toward the pool. I would greatly appreciate it if you could work with him."



And we're off. Step 1 is an in-office interview, not a clinical interview per se, but I assess for traumatic experiences, history of anxiety, mood symptoms, and substance use issues, current stressors, any other difficulties in the aviation program so far (e.g., academics, introductory flight training), and I explore their motivation to fly. They usually come to the office reporting anticipatory anxiety, physiological symptoms, and catastrophizing ("I'm going to drown!" or "If I can't do this, I'll be kicked out of the flight program!"). In the first session we break down the fear, introduce the Subjective Units of Distress (SUDS) concept so that in the pool we can quickly ask, "What's your number?" and we create an anxiety hierarchy to design our successive approximations. The "ladders" often center on amount of donned gear, length of evolution, depth of water, or height of tower. Students complete Thought Records after every training evolution, where they identify the situation, distressing feeling, SUDS level, automatic thought, evidence for and against automatic thought, more balanced thought, and new SUDS level. We also discuss when and

where the student feels most relaxed (or as Mr. Richter calls it, the student's "happy place"). This is particularly useful for enduring 7 minutes of drown proofing!

Step 2 is a swim assessment with a Navy diver. Students often express relief after just the interview and assessment. They are now out of a "testing/attrition" situation, and feel they have the appropriate coaches. Next we ask them to demonstrate a swim skill they've identified at a low to moderate SUDS level. We provide feedback, and allow them to stay in the situation until their SUDS level decreases. We end the first (and every other) session with a success experience.

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## AEROMEDICAL PSYCHOLOGY TRAINING COURSE: LESSONS LEARNED

LT JAMES LARSEN

The Army's Aeromedical Psychology Training Course (APTC) is a 3-week program at Fort Rucker, Alabama. The course is distinct from the Navy's aeromedical psychology program at Pensacola, Florida, and does not result in the same certification or privileges. However, for those interested in aviation, it provides an introduction to the unique cognitive and psychological demands of the aviation environment. Although the course is primarily intended for psychologists who are preparing to fill embedded billets with the Army's Combat Aviation Brigades, the course is open to psychologists from all branches of the service. The curriculum includes presentations from experts on topics ranging from personnel selection to performance enhancement. A detailed description of the course can be found on the program's website (<http://www.cs.amedd.army.mil/Portlet.aspx?ID=514ef0b4-b761-4243-bbd1-121870833fe3>). However, rather than provide a detailed description of the course material, the following are four lessons learned from the program.

### Lesson 1: The Squeaky Wheel Gets the Grease

Most commands in the Navy have no precedent for sending psychologists to the APTC, and those interested in the program may have to advocate for themselves in order to receive support and funding.

Information about the course, including a description of the potential contributions of an aeromedically-oriented psychologist, can be found on the program's website, listed above. The course director can also be contacted directly for assistance in navigating the enrollment process. Local flight surgeons can be surveyed to assess their interest in having access to a psychologist with aviation orientation, and immediate supervisors can act as advocates with command leadership. Finally, through appropriate channels, official requests for travel funds can be made through the chain of command. Despite the current financial climate, such requests may be approved, providing an experience that will stand out as a career highlight. Anyone who has a career goal, or is seeking a specific experience while they are in uniform should remember that it never hurts to ask. Sometimes the squeaky wheel gets the grease.

### Lesson 2: Be a Student First

A good portion of the curriculum at the APTC has little to do with clinical work. Students spend hours learning about flight theory, altitude physiology, safety equipment, and the roles of different aviation platforms. They flush out their sinuses in the dunker and make fools of themselves in the hypobaric chamber. They learn hundreds of different ways to crash a helicopter in the flight simulator, and they fly around for hours in seats that make the economy class flight home seem extravagant. In short, they catch a small glimpse of what it's like to belong to the aviation community, and in doing so they become more aware of aviation demands. Whether a psychologist works with aviators or submariners, Marines or SEALs, they can serve those communities better when they first learn about their culture and the specific demands of the work they do.

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## INNOVATIONS IN SEXUAL ASSAULT PREVENTION AND AWARENESS PROGRAMS: NAVAL SERVICE TRAINING COMMAND SAPR LIAISON

LT TARA SMALLIDGE



Naval Service Training Command's (NSTC) mission is to transform volunteers into Naval Service Professionals. NSTC instills and reinforces enduring core values, knowledge, and skills to prepare them for the fleet. NSTC oversees Recruit Training Command, Officer Training Command, Naval Reserve Officers Training Corps (NROTC) and Navy Junior Reserve Officers Training Corps (JROTC). The Sexual Assault Prevention and Response (SAPR) Command Liaison's role is to ensure that all commands within NSTC are equipped with the right knowledge, skills, and abilities regarding SAPR. The NROTC units generate a significant portion of the Liaison's consultation requests. They are unique due to the fact that they are geographically dispersed and are considered students, called Midshipmen (MIDN), from 160 Colleges and Universities. Since most MIDN are living on campus and away from Military bases, most of the calls are from these units unsure of how to find resources, implement SAPR training, and respond to cases of reported sexual assaults. The goal of the liaison role is to increase awareness among units and Midshipmen about how to handle incidents if they arise and to follow proper reporting procedures while still supporting the rights and needs of the person who has been assaulted.

Midshipmen (MIDN) are also unique in that they are not on active duty most of the time. Therefore, if a sexual assault occurs on campus they would follow their university policy and then be recommended to civilian services. However, if Midshipmen are conducting training on various different platforms throughout the summer to gain experience being underway, they are considered active duty. This is called summer cruise. If a Midshipman is sexually assaulted during the summer cruise, then normal SITREP procedures are followed. This process can be confusing for COs/XOs and MIDN of units. It is the job of the SAPR liaison to ensure the policies, regulations, and instructions are clear, and most importantly that those involved have the right resources available to them.

NSTC staff is always thinking about how technology can improve the mission. The new SAPR website started to evolve from the need to disseminate information more effectively to these groups. All of the important SAPR information from the most popular DoD SAPR websites has been centralized to create a new NSTC SAPR policy and procedure specifically for MIDN. This new and unique policy is the only current instruction for MIDN. Currently, the Navy does not have an instruction specifically for SAPR regarding MIDN. In addition, the SAPR website includes up-to-date news feeds linked from other SAPR DoD sources. Victim advocate and SARC contact information for MIDN is provided based on regional needs. This site has become the "one-stop shop" for SAPR resources. In addition, the new pre-commissioning video that was created in 2014 specifically for Senior MIDN before they enter the fleet can now be accessed from the new SAPR website with a password. The alternative to this was mailing each college and University a DVD. This is a true example of how technology and innovation can improve productivity. NSTC continues to think of new and innovative ways to communicate SAPR to our geographically dispersed MIDN.

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# BRAVO ZULU!

## NAVY & MARINE CORPS ACHIEVEMENT MEDAL:

LTJG Aaron Weisbrod  
LT Jay A. Morrison

## NAVY & MARINE CORPS COMMENDATION MEDAL:

LT Chrissy Brady

## MERITORIOUS SERVICE MEDAL:

CDR Carrie Kennedy  
CDR Arlene Saitzyk

## PISTOL QUALIFICATIONS:

LT Anna Crosby - Expert  
LT Nazia Rahman - Expert  
CDR Mary Vieten - Expert

## RIFLE QUALIFICATIONS:

LT Anna Crosby - Sharpshooter  
LT Nazia Rahman - Expert  
CDR Mary Vieten - Expert



CDR Mary Vieten and LT Nazia Rahman qualify on the M4.



LT Katherine Pierce enjoys some much deserved relaxation with family.

## CONGRATULATIONS TO OUR LCDR SELECTS!

- LT Mary Cava
- LT Ashley Clark
- LT Linda Havens
- LT Stephanie Long
- LT Anne Murray
- LT Katherine Pierce
- LT Scottie Smith
- LT Kristin Somar
- LT Christopher Udell



## NEWEST BOARD CERTIFIED PSYCHOLOGIST:

LCDR Larkin Magel, Psy.D., ABPP

## PUBLICATIONS

Flynn P., Betancourt, H., Garberoglio, C., Regts, G., Kinworthy, K., & **Northington, D.** (in press). Attributions and Emotions Regarding Healthcare Mistreatment Impact Continuity of Care Among Latino and Anglo American Women. *Cultural Diversity and Ethnic Minority Psychology*.

McDonald, W.A., & **Saitzyk, A.R.** (2015, May). The final frontier: cinematic depiction, prediction, and inspiration of manned space travel. Panel presented at the Aerospace Medical Association 86th Annual Scientific Meeting, Orlando, FL.

**Saitzyk, A.R.** (2015, May). Current and future challenges in aerospace clinical psychology. In C. Foster (chair), Current and Future Challenges Facing Aeromedical Communities. Symposium conducted at the 86th Annual Scientific meeting of the Aerospace Medical Association Conference, Orlando, FL.



## MESSAGE FROM THE SPECIALTY LEADER, CONTINUED FROM PAGE 1.

The EXCOM meeting was held on 25 August 2015. The EXCOM meets twice a year and discusses issues that affect our community. Senior leader membership is comprised of the specialty leader, assistant specialty leader, subspecialty leaders, national training director, training directors, all CAPTs, The Navy Psychologist Editor, and a junior officer representative. Topics at the last EXCOM included the specialty leader report, subspecialty reports, APA Hoffman report, and the BUMED reinvention.

Prior to the EXCOM meeting, a brief questionnaire was sent out to the community to garner feedback. Thank you to the 52 individuals that responded. Respondents were almost exclusively active duty and about half of them were junior officers. We apparently like being Navy Psychologists. 83% reported being "Very satisfied or Satisfied" with being a Navy Psychologist. Only 2% were "Unsatisfied or Very unsatisfied". The top three challenges to Navy Psychologists were "Burnout/Workload" (85%), "Promotion and leadership opportunities" (68%), and "Deployment opportunities and operational considerations" (23%). Due to these concerns, the EXCOM agreed to establish two working groups. The Workload/Burnout Working Group will explore these issues further and develop recommendations, and build on the work already done by the Psychological Health Advisory Board. The Promotions Working Group will take a deep dive into themes related to promotion and provide individual, along with systemic, recommendations. Please let me know if you are interested in helping out with either of these working groups. Low concern was attributed to "Mentorship" (10%), "Compensation" (9%) and "Communication" (6%), which appears to validate the efforts underway to address these areas.

Navy Day was held on 26 August 2015 with 78 in attendance and 30 virtual. 234 CEU credits have been awarded so far. It was a full day with a wide variety of topics. I know many left feeling proud to be part of a community that is impacting so much across the DoD. Our subspecialty leaders gave informative briefs about their communities; LCDR Lippy covered carrier psychology, LCDR Rabinowitz covered psychopharm and LCDR Evans covered neuropsychology. CDR Bonvie, CDR Kennedy, and CDR Nairn talked about operational psychology. CAPT Ralph spoke about BUMED policies and CDR Lewis talked about her recent humanitarian deployment. LCDR Rariden and LCDR Rapley discussed their experience implementing embedded mental health services within the submarine fleet.

The Specialty Leader report covered a variety of topics. Regarding our overall manning, clinical psychology has 201 total billets and a total personnel of 186. Using the algorithm from MSC, our official manning is only 88%. Given that the overall manning for MSC is 99%, we are undermanned. Further, we have the lowest manning of any Clinical Care Specialty within the MSC. Our new billets continue to grow, primarily in operational psychology. Due to the increased demand for clinical psychologists across the Navy, I increased our recommendation for FY16 accessions to 28.

Our reoccurring GSA/IA deployments remain at 1 for Djibouti and 3 for GTMO. Others continue to deploy organically with their operational units. DUINS results should be out shortly. We had many strong applicants for our DUINS programs in operational psychology, neuropsychology, and pediatric psychology.

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MESSAGE FROM THE SPECIALTY LEADER, CONTINUED FROM PAGE 10.

Results of the FY16 promotion boards are out. We did better this year than last, but there is still room to improve. CAPT in-zone opportunity was 38% and we selected 33%. CDR in-zone opportunity was 47% and we selected 25%. LCDR in-zone opportunity was 66% and we selected 63%.

It is great to report that special pays were approved for clinical psychologists again for FY16 and remain virtually unchanged. Please work with your officer correspondence or special pay coordinator to route the necessary paperwork. Remember that if you are submitting for Incentive Pay (IP) without Retention Bonus (RB), you must submit a request every year.

To help with communication within our community and to stay connected, please ensure you are on the Navy Psychology Listserve, update your information on the milSuite site, join the Navy Clinical Psychology Facebook page, read The Navy Psychologist newsletter, and attend our town hall meetings.

Our Navy Day Dinner was one of the best attended dinners in years. Over 50 people enjoyed a wonderful evening at The Vintage Kitchen in Norfolk, VA. Special thanks go out to LTs Finton and Northington for organizing this event.

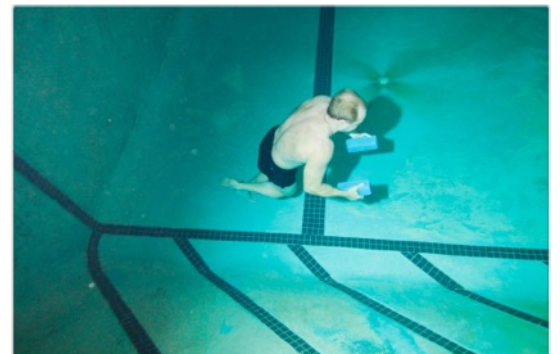
I left Navy Day filled with pride, awe and respect after hearing all the fantastic initiatives that clinical psychologists are involved in around the world. We have a wonderful community and I thank you for all you do every day.

CAPT Scott Johnston  
Specialty Leader

A TOWER JUMPER, CONTINUED FROM PAGE 6.

Step 3: After a few swim sessions (with poolside feedback by both the psych and diver), we meet in the office to review Thought Records. Over the next few weeks we work the hierarchy, and incorporate a variety of techniques to decrease anxiety. For example, for the gym-studs, to help overcome fears of “getting out of breath and drowning,” we have them dive in, swim underwater, get out, do push-ups, dive back in, swim on the surface, get out, do push-ups, repeat. The goal is to show they can still perform in the water with an increased heart rate (and even water in their eyes and nose). For those who have issues with water depth, we have them walk on the bottom of the pool with 10 pound bricks in each hand. The bricks allow them to have control - they know they can drop the bricks at any time and go to the surface. This seems to convince them they CAN go to the bottom of a 12 foot pool. They may start out with a full diver’s mask so they don’t feel water on their eyes or nose, and may only be able to walk 2 steps at first, but over time they gain confidence and walk 15 yards without any goggles! For those who fear the tower jump, we create a regimented routine (e.g., take 3 breaths, put hand to nose, step off) so there is no time for intervening negative thoughts or cognitive distortions.

We have found that creating a “training environment” or coaching experience (not therapy, not testing) allows students to best master skill components, relax, and gain confidence to succeed. There’s nothing more rewarding than seeing them not just “survive” the water, but actually have some fun! Ψ



MESSAGE FROM THE RESERVE ASSISTANT SPECIALTY LEADER, CONTINUED FROM PAGE 2.

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

Typically, by the first week of June, reserve commands will have posted anticipated vacancies. You can search for jobs by designator and subspecialty code. After identifying a set of billets, you will rank order preferred choices in a dreamsheet. You are also encouraged to write a letter to the reviewing board to discuss your history, intentions, and advocate for your record. The dreamsheets are locked typically by the third week of July. You cannot enter or change your dreamsheet after that date, and you cannot include a note in the RFMT portal after that time.

On the date that the dreamsheets are locked, this is also the deadline for submitting a package to the board. This is different from the note included in the RFMT system. Go to BUPERS Online, and review your record. See if you are missing FITREPS or awards. If so, send a package to the board with a cover letter. For your convenience, a sample letter to the board is provided on the RFMT website. You can send the letter hardcopy or via e-mail to BUPERS, and this is detailed in the sample letter to the board.

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

What can you do to improve your chances of remaining in a paid billet? Make certain your record is complete and up to date (photo in current rank; all FITREPS present). Seek tougher assignments either as collaterals or in your billet that are commensurate with your rank. Have a mentor review your record and offer a critique. You can also join the Association of the United States Navy, and pay them to review your record and provide guidance. When you submit your rankings, consider whether you will take a billet for which you did not apply. Additionally, indicate how far you are willing to travel to remain in a paid billet. You are permitted to express a restriction. Fortunately, if you are selected for a non-command billet, most of the reserve medical commands will permit you to drill with your local unit. You might consider writing a letter to the board to explain any inconsistencies in your record or to simply highlight accomplishments. Your record will be briefed to the panel by one of the senior officers. Make your advocate's job easy.

Remaining in a paid billet as a senior officer is not easy. If your billet is set to expire next year, start the advance preparations now. Update your official photo. Review your online record, and ensure it is complete. Work with your command to polish your upcoming FITREP. Success is not guaranteed if you try, but failure is almost certain if you don't. Ψ

## CLINICAL PSYCHOLOGY BLOGS IN NAVYMEDICINELIVE!

Navy Medicin Perspective: Moral Injury by LCDR Miller Kerr & **LCDR Mathew Rariden**  
<http://navymedicine.navylive.dodlive.mil/archives/8437>

Captain James A. Lovell Federal Health Care Center Provides Care for Sexual Assault Victims by **LT Adrienne Manasco**  
<http://navymedicine.navylive.dodlive.mil/archives/8626>

MESSAGE FROM THE NATIONAL TRAINING DIRECTOR, CONTINUED FROM PAGE 3.

Dr. Richard Bergthold, PsyD  
CAPT, MSC, USN(ret)

A native of Santa Cruz, CA and a graduate of the Rosemead School of Psychology, Dr. Bergthold embarked on his 21-year Navy career in 1995 as an intern at the National Naval Medical Center, Bethesda. Between 1996 and 2004, Dr. Bergthold held a succession of clinical and leadership positions in locations ranging from Charleston, SC and Rota, Spain to San Diego, CA. In 2004, he deployed to Operation Iraqi Freedom with Expeditionary Strike Group Three. After returning to San Diego from deployment, he served as head of the Navy's largest substance abuse rehabilitation program.

In July 2006, Dr. Bergthold began a five-year period of service at the Bureau of Medicine and Surgery (BUMED) that was interrupted in 2009 by a deployment to Kuwait. At BUMED, he was initially responsible for policy covering the rapidly-expanding areas of combat stress control, traumatic brain injury and combat casualty care. Recognizing his effectiveness in handling these complex and sensitive issues, he was ultimately promoted to Deputy Chief, Wounded, Ill, and Injured Programs. Immediately prior to his selection for the internship Training Director position at Bethesda, Dr. Bergthold crowned his active duty career by serving as the first Department Chief of Education and Training at the National Intrepid Center of Excellence (NICoE) and finally, as the NICoE Chief of Staff.

Dr. Bergthold's military awards and warfare qualifications include: the Legion of Merit, Meritorious Service Medal, Navy and Marine Corps Commendation Medal (5 awards), Navy and Marine Corps Achievement Medal, and the Surface Warfare Medical Department Officer Qualification.

With 21 months as Training Director under his belt, it is hard to imagine anyone better-suited to run the Bethesda internship in the post-BRAC era than Dr. Bergthold.

CDR Mike Franks, Psy.D., ABPP  
U.S. Public Health Service

The son of a combat Marine Corps colonel, CDR Franks was steeped in the military lifestyle long before he was selected for the doctoral internship at the National Naval Medical Center, Bethesda (Class of 2004-2005). After completing the internship, he served as Chief of Behavioral Health Services during a particularly volatile period at the Detention Hospital, Guantanamo Bay, Cuba. During his second post-internship assignment, CDR Franks deployed to Fallujah, Iraq with the Combat Logistic Battalion Combat Stress Team.

As an officer in the Public Health Service, CDR Franks is a member of Rapid Response Mental Health Team 1. In that role, he has deployed in support of the Hurricane Sandy Response, the Mental Health Team response to the Sandy Hook shootings, and Operation Lone Star. Before accepting the job as Training Director, he served as Department Head of the Naval Medical Center Portsmouth Substance Use Disorder Residential Treatment Program where he was lauded for his leadership. CDR Franks has earned a Postdoctoral Masters of Science Degree in Clinical Psychopharmacology and is on his way to earning a Masters of Public Health.

CDR Franks' military awards and warfare qualifications include: Joint Meritorious Service Medal, Navy/Marine Corps Commendation Medal, Navy/Marine Corps Achievement Medal, Public Health Service Commendation Medal and Achievement Medal, Fleet Marine Force Qualified Officer (FMFQO), and Field Medical Readiness Badge.

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MESSAGE FROM THE NATIONAL TRAINING DIRECTOR, CONTINUED FROM PAGE 13.

As you can see, both of these gentlemen have had distinguished careers and bring a wealth of knowledge about clinical/military psychology to their role as Training Directors. Add to this their exceptional leadership skills and it is plain to see that their training programs are in the best of hands.

#### IN THE SPOTLIGHT:

##### Postdoctoral Fellowship in Clinical Psychology, Navy Medical Center, Portsmouth, VA.

The Postdoctoral Fellowship in Clinical Psychology may be the least well-known program in our training portfolio. That is unfortunate because it is a gem. Everyone involved is working diligently to make this program more visible to potential applicants.

Established in 2010, the Portsmouth Postdoc achieved maximum APA accreditation in 2011. Since that time, eight fellows have graduated from the program. Among all of our training programs, the fellowship is the shortest path from trainee to licensed independent practice.

It is impossible to do justice to the richness of the fellowship training experience in this limited space but some points of interest follow:

- Practitioner-Scholar training model
- Emphasis on evidence-based practice
- Provides the “generalist” clinician with advanced skills across a broad range of well-defined clinical competencies
- Two major rotations: PTSD and Depression;  
Five minor rotations: mTBI, Chronic Pain, Family Issues, Alcohol/Substance Abuse, Severe Psychiatric Illness
- Exposure to psychology practice in operational settings (e.g., aircraft carrier, SEAL base, Marine base).
- Training in clinical leadership (i.e., program development and evaluation, supervision, resource management)
- Prepares the fellow for licensure as a psychologist in the state of his/her choosing; conducive to attaining of Board Certification in Clinical Psychology
- Twelve-month fellowship followed by 36-months of service as a Navy psychologist

#### Applicant Qualifications:

- US citizenship
- Completion of APA-accredited doctoral program in Clinical or Counseling Psychology
- Completion of an APA-accredited internship
- 41 years of age or under
- Must meet medical and security qualifications for commissioning as a naval officer

Additional details about the fellowship are available on the Navy Psychology Accessions website:

<http://www.wrnmcc.capmed.mil/ResearchEducation/GME/SitePages/Psychology/Navy%20Psychology.aspx>

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## AEROMEDICAL TRAINING, COURSE, CONTINUED FROM PAGE 7.

Lesson 3: Be Close to the Community You Serve

The APTC advocates for an embedded model of mental health, largely because the Army has had success embedding psychologists close to their aviators. They have found that when a psychologist is routinely out on the flight line, they are approached by people who wouldn't have been willing to seek treatment from a clinic. Perhaps more importantly, they are approached by people whose problems are relatively mild and can still be treated through brief interventions. With no embedded psychologist available these same people might wait until their problems have become much more severe before seeking help in a clinic, resulting in longer treatment and lower return-to-duty rates. Regardless of what billet a psychologist might fill, it's important to step out of the clinic every now and again to let the Sailors and Marines know that their mental health providers are close by and ready to help them as soon as they need it.

Lesson 4: There is a Lot to be Gained from Joint Training

Navy psychologists represent a minority at the APTC. Most students are psychologists from the Army, the Air Force, the Army Reserves, and the National Guard, as well as civilians. Working in a joint-service environment may not only result in the unwarranted ego-boost of mistakenly being called "Captain", but may also help develop an appreciation for colleagues in other branches of the service and their unique customs and cultures. Despite the occasional joke about the questionable functionality of blue camouflage, Navy psychologists will be accepted by their inter-service peers, and will have the chance to make professional connections that will provide benefit throughout their entire career. Opportunities to work in a joint-service environment should be pursued and accepted as often as they become available. Ψ



Be involved in creating a culture of fitness, both within your command and in your community! LT Smallidge completes the Boston Marathon in Afghanistan. LT Morrison serves as co-founder of Team RWB Guam, a new organizing area for that service organization on the island.

## WHERE CgOSC'S DAY BEGINS

LT KYLE BANDERMANN

Since its development in 2010, the Caregiver Occupational Stress Control Program (CgOSC), a venture of NCCOSC (M95), has been utilized at many medical commands to assist staff in navigating the unique stressors that accompany healing and caring for others. While occupational stress can occur in any career, professions in medicine often involve patient grief, sadness from being surrounded by illness, compassion fatigue, burnout, and frustration with an ultimate lack of control over others' health. Combine these with routine military stressors, endless training, concern for promotion, and stacks of administrative paperwork, and it's clear that military medicine can be a stressful workplace.

This is no different at U.S. Naval Hospital Guam (USNHG). Guam is known as "where America's day begins" due to its location just west of the International Date Line. It is also where many Navy Medicine officers and corpsmen begin their careers. The stressors facing the staff at USNHG can also make this tour a challenging one. Geographic separation from loved ones, a grueling time differential from that of the mainland, and living on a rather small, remote island are distinctive costs of military service on Guam. In addition, the hospital command faces its own unique stressors. Our patient population is remarkable among Navy Medicine as we serve a large portion of the local population, which is comparatively impoverished and some are in poor health. This contributes to relatively high acuity in our Emergency Department and inpatient units. While this provides an opportunity for our staff to observe and treat rare conditions, the relentlessly high pace has the potential to be grueling rather than motivating for our medical staff. These stressors are serious challenges for military medical staff who lack the typical supports found in stateside hospitals, as well as normal family support, and who must also deal with more typical challenges of military service.

The CgOSC Team at USNHG seeks to assist staff in navigating stress through three levels of prevention programming. The team consists of members from every directorate and staff level in the hospital and plans "de-stress" activities that enhance morale, esprit de corps, and place value on every staff member's job. Examples include weekly guitar and ukulele lessons, "boonie-stomps" (hikes), a command-wide talent show, and department-wide resiliency days spent on beautiful beaches or diving Guam's pristine waters. Data from the "Stress-O-Meter" is collected continually via the command's intranet to identify specific units in need and plan interventions. Department Heads and Directors are briefed monthly on their respective units' stress scores and are given resources to disseminate to their staff. In this vein, the team enables these leaders to identify their own staff's stressors, whether personal or occupational, and address them accordingly. Under the Pay-it-Forward program, departments identified as "in the red" are provided breakfast or lunch by another department within the command that is relatively "in the green" to enhance inter-departmental support. The team discusses reactions to stress, offers handouts on coping skills, and provides easy access to further resources, such as our Provider Wellness counseling program, Fleet & Family Support Center, command chaplain, and behavioral health. Further, the team facilitates unit assessments and process groups for departments that have suffered a recent unexpected stressor or appear to be experiencing chronic high stress. All the information is compiled into after actions reports, which are used to brief the command triad.



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CgOSC is undergoing a revitalization program focused on a standardized, tailored program with tenants of other OSC programs, such as the Caregiver Occupational Stress First Aid model (COSFA). A pending BUMED instruction will help solidify the program at each Naval medical facility. While CgOSC has been running strong for five years at a few of these sites, most will be renewing their focus on staff care through this revitalization program.

Members of the Navy's clinical psychology community can offer a great deal of subject matter expertise and guidance to these teams, whether already in place or starting up. Psychologists' understanding of resiliency, industrial/organizational psychology, higher levels of intervention, supervision, and even statistics and data management in handling the Stress Continuum, are particularly useful for this program. However, mental health providers cannot do it alone—staff of all ranks and professions are needed to facilitate CgOSC in order to reduce stigma and extend its reach. Whether on a tiny island or at one of the big three hospitals, I encourage you to seek out your CgOSC or staff resiliency-focused program and see how you can be involved.  
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Staff at Naval Hospital Guam relax and unwind with guitar lessons organized by the CgOSC Team - and then prep to show-off their new skills at the CgOSC talent show.



**HOW ARE YOU FEELING?**  
 Click on one of the buttons below

<p><b>I am feeling READY</b></p> <p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>Adaptive coping and mastery</li> <li>Optimal functioning</li> <li>Wellness</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>Well trained and prepared</li> <li>Fit and focused in control</li> <li>Optionally effective</li> <li>Behaving ethically</li> <li>Having fun</li> </ul>	<p><b>I am feeling REACTING</b></p> <p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>Mild and transient distress or loss of optimal functioning</li> <li>Always goes away</li> <li>Low risk for illness</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>Irritable, angry</li> <li>Anxious or depressed</li> <li>Physically too pumped up or tired</li> <li>Loss of complete self control</li> <li>Poor focus</li> <li>Poor sleep</li> <li>Not having fun</li> </ul>	<p><b>I am feeling INJURED</b></p> <p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>More severe and persistent distress or loss of function</li> <li>Leaves a "scar"</li> <li>Higher risk for illness</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>Panic or rage</li> <li>Loss of control of body or mind</li> <li>Can't sleep</li> <li>Recurrent nightmares or bad memories</li> <li>Persistent shame, guilt, or blame</li> <li>Loss of moral values &amp; beliefs</li> </ul> <p><b>CAUSES</b></p> <ul style="list-style-type: none"> <li>Life threat</li> <li>Loss</li> <li>Inner conflict</li> <li>Wear and tear</li> </ul>	<p><b>I am feeling ILL</b></p> <p><b>DEFINITION</b></p> <ul style="list-style-type: none"> <li>Persistent and disabling distress or loss of function</li> <li>Clinical mental disorders</li> <li>Unhealed stress injuries</li> </ul> <p><b>FEATURES</b></p> <ul style="list-style-type: none"> <li>Symptoms and disability persist over many weeks</li> <li>Symptoms and disability get worse over time</li> </ul> <p><b>TYPES</b></p> <ul style="list-style-type: none"> <li>PTSD</li> <li>Depression</li> <li>Anxiety</li> <li>Substance abuse</li> </ul>
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**If you feel that your stress is sufficiently elevated that you are in need of formal support please contact one of the following resources:**

## INNOVATIONS IN SAPR, CONTINUED FROM PAGE 8.

In alignment with Department of Defense and Department of Navy SAPR Offices, the website serves as a critical component to preventing sexual assaults in the military. The site explains reporting procedures, contains the most recent instructions and training, and provides contacts, resources, and options for both those who have been assaulted and their advocates. The site is a user-friendly resource whether you are a civilian, active-duty military, or midshipmen. The website has made a world of difference for the MIDN, and many have submitted comments that they "Use this site for everything related to SAPR". Other command liaisons at other Mental Treatment Facilities (MTF) have received word of and have been using the new SAPR site to gather information that appears to be difficult to find on other websites. The month of the site launch over 900 views hit in the first weeks. This website has been such a success for the MIDN that NSTC is exploring other innovative concepts for MIDN that would create a more interactive learning environment. This concept was initially funded by OPNAV and developments are underway.

Based on this development, NSTC is about to kick off a new program to develop an "Interactive Knowledge Center" that will create a new level of SAPR training for MIDN in an interactive fashion. This is not a typical GMT or video. This will allow the MIDN to choose a character and walk through decisions he/she will have to make when it comes to bystander intervention, reporting and other important decisions. MIDN are a unique population therefore their training should also be unique. NSTC will collaborate with Sexual Assault Response Coordinators (SARC), Department of Navy Sexual Assault Prevention and Response as well as MIDN and other key subject matter experts on the development.

The new NSTC SAPR website launched on 1 APR 2015 in support of Sexual Assault Prevention and Response Awareness Month (SAAPM). The new MIDN training is in its first phase of development, training will be expected in early 2016.

For more information about NSTC, visit:

<http://www.netc.navy.mil/nstc/SAPR2/index.asp>

[www.netc.navy.mil/nstc/](http://www.netc.navy.mil/nstc/) or visit the NSTC Facebook pages at [www.facebook.com/navalservicetraining/](http://www.facebook.com/navalservicetraining/).

For more news from Naval Service Training Command, visit: [www.navy.mil/local/greatlakes/](http://www.navy.mil/local/greatlakes/). Ψ

## RECRUIT MENTAL HEALTH, CONTINUED FROM PAGE 4.

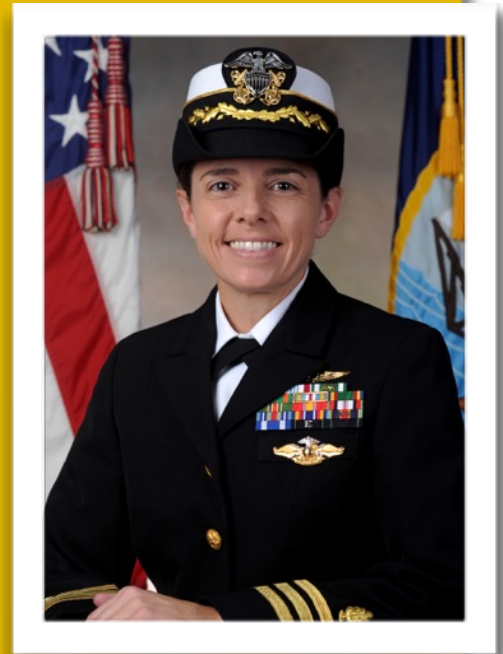
RMH is also responsible for the Resiliency Outreach Program (ROP), managed by LT Ashley Shenberger. ROP provides psychoeducation twice a week to Sailors in the Temporary Hold Unit (THU). ROP programming is based on resilience training developed by Naval Center for Combat & Operational Stress Control.

Clinical practice in this training environment is a privilege. It is a highly unique setting with a distinct population. We witness and contribute to the transition of a civilian becoming a Recruit and, ultimately, a Sailor. Ψ

**MENTORSHIP PARTING SHOT: Be Competitive for Promotion, No Matter the Billet**  
CDR CARRIE H. KENNEDY

We've all heard the gouge – you have to have a formal leadership position and competitive rankings against other MSC's to get promoted. Is it true? I truly don't know what the magic formula is, but I do know that many of us don't get those opportunities as we have so many 1:1 billets (aircraft carriers, OSCAR, MARSOC, MCESG, SERE, etc.). So how can we be leaders and demonstrate that we are competitive when the odds appear to be stacked against us? There are a lot of ways to demonstrate promotability and leadership to a promotion board that don't involve being ranked against other MSCs and don't involve formal leadership positions (though ALWAYS take those if you can get them – it does make life easier). Here are a few:

- 1) Just because there are no Navy MSC officers for a comparison on your fitness report doesn't mean you can't be rated against the other officers at the command. When your CO opens your narrative with, "My #3 of 24 O-3's at the command regardless of branch of service," it goes a long way towards communicating your value to the promotion board.
- 2) Take on a collateral duty which demonstrates leadership. Being elected an officer of the wardroom for example gives you all kinds of face time with the entire chain of command. Many collaterals give you these kinds of opportunities and I have found that if you explain to your gaining command the dangers of being in a 1:1 billet, they will help you get these kinds of collaterals and experiences. Line commands don't want to see their psychologists passed over but you have to educate them on what you need.
- 3) In a line command, get your MSC mentors to craft your fitness report and educate your CO that your fitness reports need to be in the format that the MSC board is looking for. If you present to your CO that your detailer and specialty leader (as examples) have put your bullets in the proper format, the line CO will generally just sign it, assuming it is factual.
- 4) Demonstrate leadership in the Navy psychology community. One way to do this is to get a fellowship. Once you are a recognized expert in a subspecialty you will begin to get face time with BUMED (e.g. perform specialty reviews, train others in an aspect of your specialty, etc.). And of course, you will be able to apply for subspecialty leader, a position which increases your activity in the community and gets you a voting seat at the table of the Navy Psychology Executive Committee.
- 5) Demonstrate leadership in national and international psychology communities. Join pertinent psychology organizations and then serve on committees and run for office. Make an impact not just on Navy psychology but on psychology nationwide and worldwide!



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## MENTORSHIP PARTING SHOT, CONTINUED FROM PAGE 19.

6) Publish and speak publicly. Want to get your name out there? Then publish in everything from The Navy Psychologist to peer reviewed journals. And once you have an expertise, speak at conferences, create your own workshops for local psychologists, etc. Become the face of a special skill and of Navy Psychology.

7) Put your name in the hat for Navy Psychologist of the Year. Nominations will be due in a few short months so start working on it now! This is a good start in getting the entire Navy Psychology community to know who you are and for our senior psychologists to start looking for other opportunities and challenges for you.

8) Finally, to include letters to the board or not to include letters to the board, that is the question...Navy psychologists differ in their opinions as to whether to include letters when you are in zone. My own opinion is that if you are in a billet which doesn't translate to MSC-speak very well, include a letter which spells out your impact on the command, the military mission and the psychology community. Be careful about who you have write this letter (your CO is a bad idea for example, as you already have that person's impression of you communicated in your fitness reports) and be sure that any letter includes information not already available to the board.

All of these require you to be proactive and to have a ready pool of mentors. If you are junior and haven't already taken advantage of the Navy Psychology mentorship program – log onto milSuite and get on the path. Ψ

LT Nazia Rahman, CDR Mary Veiten, and LT Anna Crosby TAD at Marine Corps Embassy Security Group (MCESG).

