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The Navy Psychologist

THE EDITOR'S PAGE

INSIDE THIS ISSUE:

The Navy Psychologist (TNP) celebrates its one-year anniversary with the current issue. The feedback following each edition continues to reflect the interest that many have in hearing about the events and experiences of our colleagues, as well as generating ideas for future topics of interest.

Those of you who attend the quarterly VTC meetings with the MSC Director know that Navy Psychology has been a predominant topic of discussion, and many have been working tirelessly to recognize and reward our specialty training and contribution to the larger Navy community. The combined efforts of so many truly reflect the recognition, value, and support that Navy Psychology brings to our fighting forces.

Similarly, CDR Dave Jones developed and distributed a Needs Assessment to the Clinical Psychology community in March. This represented a unique opportunity for everyone to provide input and feedback on the future and direction of Navy Psychology. Results are being analyzed and feedback from our input will be forthcoming.

This edition of TNP highlights the pathways to Navy Psychology. Each of the contributing authors presents one of the many routes on their journey to becoming a Navy Psychologist, along with the lessons learned and tips to those who may be contemplating a future with the Navy.

My year as editor of TNP is complete, and in keeping with the tradition of rotating editors annually to provide greater diversity in topics, freshness of new ideas, and multidimensional experiences, CDR Erick Bacho will be our new editor. Erick brings a level of enthusiasm, a wealth of knowledge, and a rich experience base that will serve to elevate our newsletter to a new level, and hold our interest with each issue.

I have been inspired by the level of dedication and interest that everyone has displayed in contributing to the success of this newsletter. Despite the increased workload we all experience, the response from everyone to write an article has always been unequivocally positive and affirmative. This newsletter would not exist without the support of so many, and for that I want to say Thank You.

CDR Brice Goodwin

From the Speciality Leader

Psychology Specialty Leader
CAPT Martin Petrillo

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Dear Colleagues,

I write this, my final excerpt as your Specialty Leader, with mixed emotions. As I slide into the final phase of my Navy career, I look back fondly and forward with anticipation to the new challenges that lie ahead. No position I held these 22+ years have held the amount of satisfaction I enjoyed serving as the Specialty Leader for Clinical Psychology. Together, we achieved a number of momentous accomplishments while meeting unprecedented challenges. The demands on our community have never been greater. No one anticipated the number and length of deployments that we have grown accustomed to meeting routinely. This does not include those non-BSO18 billets, many of whom deploy or go on extended TAD. Speaking of non-BSO18 billets, about 30% of our billets are not BSO18. This represents an increase from a mere eight billets when I first took my oath of office. Never before has Clinical Psychology been at the forefront of Navy Medicine as we are today. I am proud of all of you who live the credo of taking your skills *to the deck plate.* We are the very model of that health care delivery motto. While meeting the increased demand, we have also made several accomplishments…

Increased the number of intern (resident) positions to 12 for FY10.
Created the first post doctoral training program, opening up a new route for commissioning.
Increased the number of licensed accessions, setting a record in 2008 and on pace to break that record in 2009.
Increased the number of billets, adding more forward deployed billets that we will be filling beginning in FY11.
Increased promotion rates across all ranks.
Significant level of interaction with APA and DOD psychologists.
Increased tri-service cooperation with Air Force and Army consultants.
First-ever bonus pays.

All of the above were achieved by the great work and support from all of you. I was merely the face of clinical psychology, never more. None of the above would have occurred without the exceptional daily contributions from all of you. Within a couple of weeks, it will be announced who will have the honor of assuming the duty of Specialty Leader. I had the pleasure of being your Specialty Leader for nearly 3 years. The only parting words I can think of to truly reflect how much this job and all of you meant to me, are to simply offer a heart-felt *thank you.*

CAPT Petrillo

The Navy Psychologist will be archived at
http://www.bethesda.med.navy.mil/careers/navy_psychology/index.aspx

VOICES FROM THE FLEET

Dear Editor:

The following are my personal views and do not necessarily reflect the views or policy of the Navy, Naval Academy, or Department of Defense (DOD).

I was a bit taken aback when I read the ethics piece on counseling gays and lesbians in the military. In my 18+ years in the military I have counseled a number of service members who were gay and lesbian, and have known quite a few doctors and nurses who were gay and lesbian, and did not feel compelled to turn these individuals over to their commands. I was doing a presentation a few months ago to a number of deploying psychologists – Army, Navy and Air Force and was stunned by a similar, more rigid, interpretation of the "don't ask… don't tell" policy that providers are *obligated* to report instances of gay or lesbian behavior.

The DOD homosexual policy does not require anyone other than the member's CO to take action upon receipt of credible evidence of homosexual conduct. Those who come into possession of such information are free to report it to the CO, but are not required to do so. To the extent that the homosexual conduct may constitute a criminal act, Military Rule of Evidence 513 provides a psychotherapist-patient privilege in criminal cases arising under the UCMJ.

That said, there is no general psychologist-patient privilege in military law, and Article 1137 of the Navy Regulations imposes a duty on members of the naval service to report violations of the UCMJ that "come under their observation." (I can almost hear Austin Powers in the background saying "Oh behave!!") Some military health care providers may view that as an obligation to report violations of the UCMJ disclosed during medical treatment not covered by MRE 513. I think most providers would probably report a non-consensual homosexual act as violating Article 120 (sexual assault) or 125 (sodomy), UCMJ.

Despite the Supreme Court's ruling in *Lawrence v. Texas*, which generally decriminalized consensual sodomy, some acts of consensual sodomy (heterosexual or homosexual) may still constitute violations of Article 125, UCMJ when committed under circumstances prejudicial to good order and discipline or of a nature to bring discredit upon the naval service. For example, consensual sodomy on a vessel might be an example of such behavior. Outside of this circumstance, homosexual conduct is usually not a criminal matter.

One might argue that we as psychologists are compelled to go even further than just being tolerant of gays and lesbians, and to be pro-active and have a positive view of gays and lesbians in the military. Back in 1993, a study conducted at Camp Lejeune investigated the attitudes of hospital workers toward gays and lesbians. What were the results? Similar to the general population – individuals that had more exposure (i.e., had friends or family that were gay or lesbian), were more educated, and had more tolerant religious views tended to have more positive attitudes of both gay men and lesbians (Doran, 1994 – APA poster session).
I think turning individuals over to their commands for being gay or lesbian would be remiss. Being gay or lesbian has as much to do with a broken leg and as it does with being depressed or anxious. Individuals come into our offices for treatment of a wide variety of psychiatric conditions that have nothing to do with their sexuality. Sexuality becomes a concern not in and of itself but because whatever sexual behaviors the person is engaging in is dangerous to themselves or others. For example I would be concerned with the male seamen engaged in a contest to see how many female partners he could have over the summer as I would with a gay Marine having sex with different partners every weekend. I would be concerned with these behaviors as a clinician because they are unsafe, speak to issues of low self-esteem, and put others at risk as well.

I hope clinicians in the Navy and other services view their office as a safe haven for most topics to be discussed, and very few topics ever leave the clinician's office except in the most extreme circumstances. Psychologists are not the gay and lesbian police for the military. One final thought that I hope you will discuss with your colleagues - What might be the result of you having a positive view of gays and lesbians in the military and permitting individuals to openly discuss their sexuality – whatever their concerns – in the privacy of your office?

Very respectfully,

Tony Doran, Psy.D.
CDR, MSC, USN

Navy Psychologists in the News

Congratulations to the following Navy Psychologists for their recognition in the following areas:

CDR Eric Potterat, winner of the Dr. Walter L Wilkins Award 2008 as co-author of : Stressful Military Training: Endocrine Reactivity, Performance, and Psychological Impact. (2007). *Aviation, Space & Environmental Medicine*, 78(12), 1143-1149. Taylor, M., Sausen, K., **Potterat, E.**, Mujica-Parodi, L., Reis, J., Markham, A., Padilla, G., and Taylor, D.
The Wilkins Award was established in honor of the first Scientific Director of Naval Health Research Center (NHRC), San Diego. Dr. Wilkins envisioned a program that would produce talented scientists and assist them in developing to their fullest potential. He believed that the ability to publish research findings in refeered journals was one facet by which the quality of the scientists and researchers would be reflected. During, and immediately after, his tenure as Scientific Director, the percentage of papers published in such journals exceeded 80%, and this award is a reminder of the high standard for which he is remembered.

LT Eve Weber, invited speaker to the 2009 APA Summit on the Future of Psychology Practice. Additional highlights from the meeting are on page 15.

LT J. Porter Evans, selected to represent Navy Psychology in Navy Personnel Command's promotional web-based video series on Officer Programs and Specialties. To view the various videos and specialties that are highlighted, visit: http://www.navy.com/about/videowebcasts/

APA and Military Psychology: Collegial Camaraderie

Seventy years steeped in tradition, is highlighted in today's psychology culture and salient issues raised by the Society for Military Psychology. As Military Psychologists we are aware of the challenges serving military personnel across the world. Today, you can be a voice in determining the future of Military Psychology and being a voice of clarity. Division 19 of the APA: The Society of Military Psychology is a microcosm of all psychology disciplines of all persuasions, including but not limited to, those psychologists who wear the military uniform.

Division 19 of the APA was founded in 1937 as the American Association for Applied Psychology. Over the years, the association became the division of Military Psychology, which is entrusted with being the voice for military issues within the realm of psychology. Division 19 has over 500 active members and maintains an active web discussion group where salient issues related to military psychology are addressed.

The Division provides direct representation to the main governing body of the APA, and thus represents your interest both to the APA and to governing authorities as experts in Military Psychological issues. We publish a quarterly journal, Military Psychology and a biannual newsletter entitled The Military Psychologist. Current hot topics include US Military Psychology financial bonus issues, and progress to provide psychologists with physician parity with respect to financial remuneration. Additionally, psychologists' participation in the care of detainees, and the misinterpretation of our role in the care and provision of services to detainees, an issue that has gained much press coverage.

Join APA Division 19: Become a voice and be heard. Become a part of the solution. Please contact LT Eve Weber, MS(Ed), PhD at eve.weber@med.navy.mil for any questions or membership contact information.

Becoming A Navy Psychologist: The Uniformed Services University of Health Sciences Doctoral Program in clinical psychology

By LTJG Stephanie Long

The Uniformed Services University of Health Sciences (USUHS) clinical psychology PhD program provides a unique opportunity for individuals planning to become military psychologists. It is a five year program, with the first four years consisting of traditional graduate training and the fifth year consisting of internship training. The program was developed within a Medical Psychology Department, and includes required courses in physiology and pharmacology. Additionally, the program requires two courses in Military Psychology. In many ways, the USUHS clinical psychology program is similar to all other clinical psychology PhD programs. There are, however, some major differences.

The application process is similar to other graduate schools. There are still the steps of taking the GREs, obtaining letters of recommendation, writing a personal statement, filling out the application, submitting the application, and waiting tooth-and-nail for either the initial rejection letter or the call for an interview. The only difference at this point is that there is not an application fee. If you get a call for an interview, not only are you ecstatic that you made it one step further in the process, but the Navy may also assist with travel expenses for the interview.

The interview consists of two parts: a meeting with the National Training Director for Navy Psychology, and a meeting with USUHS faculty. The purpose of the Navy interview is to determine whether you are suitable for the Navy, which is to say are you ready for the Navy and is the Navy ready for you. The USUHS interview, unlike most graduate school interviews, involves meeting with the entire faculty at once. The purpose is to determine your suitability for graduate school and your likelihood of succeeding as a Navy psychologist. The two interviews are intended to complement each other and provide a complete understanding of whether you can manage the minimum12-year commitment to the Navy as a psychologist (five years for USUHS and internship plus a seven year obligation). The interview is especially important, because once you gain acceptance to the program, the Navy has made a strong commitment to you and vice versa. It is a symbiotic relationship in which the Navy gains a well-trained psychologist and you gain, among other things, job security.

After you are accepted, if you are a civilian, the commissioning process commences – complete with application, security check, and physical. You then attend Officer Development School in Newport, Rhode Island for five weeks of training designed to teach you how to put on your uniform, march, and salute. From Rhode Island, it is off to Bethesda, Maryland to start graduate school.

The graduate school training is similar to other clinical psychology PhD programs. The first year consists of attending classes, learning how to conduct research, and adjusting to graduate school. Clinical experience is introduced in the summer between the first and second years and continues through the fourth year. Students write their master's thesis and take qualifying exams at the end of their second year. Classes begin to drop off in the third year and students start thinking about their dissertation topic. They write and defend their proposal in their fourth year and ideally collect their data and complete the dissertation process before beginning internship in their fifth year. Students from USUHS have traditionally completed their internship at Bethesda, largely for matters of convenience. However, beginning in 2010, all USUHS Navy students will be going to Portsmouth, VA for internship.

The USUHS clinical psychology program offers numerous benefits for individuals planning on becoming military clinical psychologists. It provides training specifically geared to military clinical psychology. There is no tuition, and therefore no graduate student loans. In addition, you earn an officer's salary throughout graduate school. You become acquainted with the Navy psychology community early on in your training and are provided with training opportunities that are difficult for other programs to match. You also develop an understanding of Army and Air Force psychology, which may be valuable as the military moves more towards tri-service operations. There are, however, some drawbacks – graduate school is condensed into five years, which may limit the extent of your training. In addition, the service obligation may be overwhelming for someone who is unsure of becoming a military psychologist. For many individuals, the benefits far outweigh the drawbacks.

Reflections and Recommendations from my Application Experience

By LT Allen Grove

I became interested in a potential career in the military about three years ago during the first year of my Ph.D. program. A previous student had joined the Army after her school career and I spoke to her a few times and began looking into the requirements for an Army psychologist. As my dad and uncle had been in the Navy, I was more interested in joining the Navy than the Army, so I contacted a local recruiter who asked me to come into the office and take some sort of test on a computer. It didn't take me long to figure out that she did not have any idea what I was supposed to do to become a Navy psychologist, and so my efforts briefly ended.

Things changed dramatically for me after attending the Association for Behavioral and Cognitive Therapies conference in Chicago. As I walked around the booths promoting the latest in therapy and assessment, I noticed one for the Navy. I went over and shared my interest in becoming a Navy Psychologist with the National Training Director, and after speaking with him for about 30 minutes my interest in the Navy only grew. Over the next year I remained in contact with the National Training Director, and updated him on my progress as a student and professional. He regularly provided suggestions to increase my experiences and which would benefit my application to the Navy. For instance, my school offers both Clinical and School Psychology, and through the School Psychology portion as well as my own prior experience, I had attained a significant amount of experience with children. Based on this experience the Training Director recommended that I increase my exposure to an adult population during my clinical practicum, in order to increase my skills and competitiveness.

In early 2008, the Training Director put me in contact with a Navy Medical Officer Programs Recruiter who began the initial process of scheduling a time for us to begin completing the incredible amount of paperwork involved in joining the Navy. However, right before we were to meet, I was transferred to another Recruiter, as the second one had been assigned a new position. This was the third recruiter with whom I had spoken about the Navy, and I was concerned that my application might get mishandled and someone would tell me at some point, "Well, we could have hired you, but you didn't turn in Form 3B27H by the 3rd Monday in August." My new recruiter completely disabused me of any of these fears, and despite my being her first psychology applicant, she handled everything with the utmost professionalism. Every Form 3B27H that has come up during the past year – and there have been dozens of them– has been taken care of within plenty of time.

Not that there weren't bumps along the road from time to time. The one that really jumps out at me is our several trips to the Military Entrance Processing Station (MEPS) for medical exams. I discovered while I was there that I was "special" because I was a part of Navy Medical Officer Programs. Of course, being special meant that I had to wait three hours while others seemed to wait an hour and a half! Moreover, it seemed like every other Thursday in August and September, the recruiter and I went to MEPS to dot one last "i" or cross one last "t." For example, I had to get fingerprinted three times – "Well, the first ones didn't come out and the second ones were on the wrong form." Throughout all of this my recruiter repeatedly stressed that "this is not what Navy health care is like," and which I was very relieved to hear!

Another funny moment was preparing to travel to Bethesda for my interview. My recruiter had arranged the train trip for me, but my ticket never arrived in the mail. On the day of my trip, we frantically arranged for a flight, and in the process learned a bit about the chain of command as I witnessed her request for the Navy to pay for my trip go through several people. I wasn't even sure if I had a ticket until after I arrived at the airport! Fortunately I did, and when I arrived at Reagan National Airport there was a Senior Chief waiting to take me to Bethesda.

If I needed to be sold, the interviews at both the National Naval Medical Center, Bethesda and Naval Medical Center, San Diego, completed the sale. It was clear from the moment I arrived at both sites that these interviews were substantially different from civilian interviews. Recruiters were constantly around offering help and ensuring that we arrived for our interviews on time. I learned that I wasn't just interviewing for an internship, I was potentially joining a family. Not only that, my "competitors" might become my closest family members in the future! In fact, we hung out before and after all of our interviews. Interviews became an "experience" rather than a few question-and-answer sessions. And from this experience, I knew that I wanted to be a part of the family.

In closing, my advice to potential applicants for a Navy internship: Start early. There is a tremendous amount of paperwork to complete in addition to the APPIC application. The National Training Director- Dr. Eric Getka- was a wonderful support to me. After initiating contact with him, it became the turning point of my academic and professional career. I recommend communicating with him if you're considering the Navy for an internship. I also recommend staying in constant contact with your recruiter. They have a very difficult job and paperwork requirements are always changing. Completing the paperwork early allows for potential mistakes to be corrected in time.

I'm looking forward to my Naval career!

Impressions of Officer Development School

By LT's Leah Wingeart, Steven Fernandez, and Heather Anson

Once the exciting news of being matched with the Navy for an internship was received, there was only one more hurdle that had to be crossed before actually starting the internship and becoming a Navy Psychologist: Officer Development School (ODS). The initial impressions of ODS, which up until this most recent class was referred to as Officer Indoctrination School, were a mix of: "What did I get myself into?" to "How am I going to get through this?" In the months before ODS, numerous internet sites and libraries were scoured for information about the school. There were many chat forums from Medical Corps and Nurse Corps folks who made ODS sound like the boot camp training one sees on television, and which was different than the information provided from a former intern who said that ODS was "a blast." There was also conflicting information that described ODS as "knife and fork" school, suggesting that the training focused more on the genteel side of officer life, where one spent most of their time eating formal meals on white table cloths, and as long as one didn't break their pencil they passed. The truth is, ODS is really Boot Camp for Officers. It is a five-week training program that is both difficult and rewarding. It is designed to teach basic military skills that include marching in formation, wearing a uniform, shining shoes, and running to cadences…while also getting yelled at by the Navy's beloved Chiefs, and being dreadfully sleep-deprived. During this whirlwind of time, an incredible amount of information is learned, which our internship director jokingly referred to as "an attempt to get a sip of water from the blast of a fire hose."

However, not knowing exactly how, or what, to prepare for at the time, I figured that the least I could do was be in the best shape possible. Many of the forum posts talked about the physical training or "PT," as well as the Physical Fitness Test "PFT" during the training. I found a personal trainer at my graduate school's health center, who also happened to be a former Navy SEAL, and asked him to help me prepare for what I thought would be the most rigorous physical experience yet.

I clearly remember the cab ride from Providence airport to Newport, seeing the base in the distance, while the driver shared bits of local naval history. We were dropped off at the gate, clutching our orders and driver's licenses, not really knowing what to do. The duty driver came to collect us, and bring us inside the base. I remember feeling a bit…trapped. Being inside a large metal fence with guards was a new experience. Shortly after the duty van dropped us off I walked into King Hall at Naval Training Command Newport, a commissioned Lieutenant in the United States Navy Medical Service Corps. We watched other students, already started in their programs, saluting at the quarterdeck and requesting permission to come aboard. We looked at each other and shrugged, figuring that since we hadn't started ODS yet, we didn't have to salute. Shortly thereafter I received my first, but definitely not my last, disapproving shake of the head from the Chief standing behind the quarterdeck.

We were assigned rooms on the top deck and carried our bags up four flights of stairs. I heard other folks excitedly talking, in the getting-to-know-each-other speech common to the first day of school and after parents leave during college move-in day. Part of me felt like I was walking into summer camp, and another small part felt like I was walking into "Survivor: Newport ODS." Somehow I drifted off to sleep that first night, and the next thing I heard was yelling in the hallway outside our door, "GET UP! GET UP! IF YOU AREN'T OUT HERE IN ONE MINUTE YOU WILL BE SORRY!" My roommate and I sprang out of bed, hurriedly put on gym shoes, and in one manic moment tried to make our beds before stepping into the hallway. As we tried to stand at some form of attention we were finally able to witness the bedlam in the hallway. Stalking up and down the hall was our Senior Chief, a lean raw-boned man in immaculately pressed khakis. He was about 5'7" but with his booming voice and the way he would stare right at you he seemed ten feet tall. The other members of my company were standing in the hallway, in various forms of dress. Some were wearing civilian pajamas, some in the official PT gear, with everyone trembling as they tried to stand by their doors with their best imitation of "Attention." Over and over through my mind I kept thinking to myself "Here we go." We were quickly sent back into our rooms to put on matching uniforms. Our Senior Chief instructed us "You all have to be the same, you cannot be different!" He was giving the first taste of training to think like a team, to act as a team, and to present ourselves not as individual doctors, dentists, medical students, etc…but as one team.

I lost count of how many sit-ups and push-ups we did that morning. What I had heard from the rumor mill was that they couldn't make us do more than ten repetitions of any exercise at a time. What I didn't hear was that they could stop counting at nine and make us start over again as many times as they wanted. I can distinctly remember the sounds from the adjoining hallways, as other Chiefs and Senior Chiefs were doing the same thing with their companies. It was a small comfort to know that all 185 of us were in the same boat.

In addition to the physical training and academics of ODS, one also has the opportunity to take on leadership roles, each posing unique challenges. My role was Social Officer (a.k.a. Party O), which in theory sounded fun, but became very difficult when attempting to collect money for agreed upon dinners and gifts, especially after some students experienced paycheck delays or spent more than expected on liberty weekends. Some of the other leadership roles included: Division Officer, Assistant Division Officer, Supply Officer, and Administrative Officer. Each leadership role was designed to give a taste of the responsibility and expectations that would be placed on us once we entered the fleet.
I remember our Senior Chief chiding us in response to the position of Division Officer being the last for which someone volunteered. He stated: "it's a lot of responsibility, you will feel like you are walking around with a 2 ton weight on your shoulders. Heck, I fired my last Div O after the first day!"

(continued on page 16)

Graduation Ceremony, ODS

From Private Practice to MTF: A Direct Accession Tale

By LT Shane Templar Eynon, PhD

Ahoy, fellow Navy Psychologists! It is a great pleasure to write for the current issue. I am a recent direct accession who was invited to share my experiences of becoming a Navy Psychologist. Currently, I work as the Service Chief for the outpatient Traumatic Stress and Brain Injury program at NNMC, Bethesda. I will offer some tips for those thinking of entering the Navy through the direct accession program, and some observations on the differences between civilian and military practice.

In the six months I have been in the Navy I have at times felt that I'm not up to the task, but my colleagues have been there to support me every step of the way. For me, that is what makes this such a wonderful community. Unlike my experience in the civilian world, each of my colleagues has cared as deeply about me professionally as they have about me personally.

The need for what we do as psychologists is so great right now in the military that I cannot fathom a better use of our skills. Every workday and each patient is so important to me in multiple ways. Watching a Marine, Sailor, Corpsman, or SEAL heal from the mental wounds of combat is one of the most exhilarating and gratifying experiences of my life.

Here are some useful tips for anyone going the direct accession route:

1. Call the psychologists at different duty stations before picking the place you'll work. Try to find a duty station that best fits your needs and the Navy's needs. Be honest with the Specialty Leader and your Detailer about your needs and desires.
2. You cannot use the Officer Development School (ODS) website to prepare for the ODS experience. Call the number on the website and ask for a Point Of Contact to find out what you will need to pack and to get a sense of the program. It will be a jolt to your system, but tolerable. Think of it a game you'll need to play for five weeks. As Psychologists we can really over-think it.
3. Pay may be a problem for the first 4-6 weeks. Save some money if you can. If you can't, the Navy and Marine Corps Relief Society in Newport can offer assistance.
4. If you find you're having a tough time acclimating, talk with those in charge at ODS, or at your duty station. He or she will listen and help. It's part of the culture and it takes some time to understand it.
5. Lose weight and exercise before going to ODS if you are out of physical shape. They are serious about maintaining physical fitness as it is part of the culture.
6. Working with patients will be some of the most gratifying and fulfilling moments of your career.
7. Working within the military 'system' can be extremely frustrating at times. You will need a Zen-like approach to some situations.
8. This job will be very challenging if you're not a 'team player.' Ego gratification in this job will come through service, not being a star. If you are talented, it will become evident quickly and will be recognized. Humility will serve you well.

Observations on the Navy life versus civilian practice:

1. In the Navy, the paperwork requirements are slightly less and the pay is always predicable.
2. You have a lot of supports built into the Navy system that simply don't exist in the civilian world. In terms of pay, I make much more as an earlier career psychologist than I did in the civilian world. It's just complicated in terms of how the compensation package is calculated.
3. I expected everything in the military to be somewhat rigid in terms of how you practice, but which turned out to be untrue. You are treated as a professional with considerable latitude in which to practice.
4. Commands respect our professional observations and input on individual patients and organizational issues. I didn't expect that.
5. You get to do really cool stuff that as a civilian you'll likely never do; for example, I visited the White House and shook the President's hand. I don't care who you are, that's cool.
6. I was honestly scared that I would not have much choice in the things I do and the options I have. I found out I have much more freedom that I thought possible. I can't think of a circumstance where I would be forced to do something with which I disagreed ethically.
7. I have never had one experience in the Navy where I was left hanging by myself. Any problem I encountered, professional or personal, there was always another psychologist or Navy leader there for me. I had never experienced the same sense of security or community as a civilian psychologist.
8. Career Navy psychologists have likely forgotten how drastically the military and civilian systems differ. It's not their fault as most came directly from graduate school into the military. You will need to remind your fellow Navy psychologists of the steep learning curve involved for you as a direct accession.
9. Unlike any civilian employer for whom I have worked, the Navy really cares about your family. It views you and your family as a unit.

SPOTLIGHT ON ETHICS

By LCDR Carrie H. Kennedy

YOU WANT ME TO DO WHAT? THE CASE OF THE UNLAWFUL ORDER

The Case

A junior LT, straight from internship and armed with a fresh license, deployed to Iraq. This location was billeted for both a clinical psychologist and a psychiatrist. Unfortunately, the incumbent psychiatrist had recently departed and the new psychiatrist was a no-show due to an emergency. Nevertheless the LT jumped into the job, working long hours and never leaving a Marine unseen.

However, with no psychiatrist or prescribing psychologist, the medical department was left with a hole in the provision of comprehensive services, namely psychoactive medications. To address this problem the Surgeon, a Navy CAPT, had an idea: the psychologist would prescribe. When the psychologist clarified that he was not qualified or licensed to prescribe medications, he was ordered to do so anyway. When the LT protested, citing the section of the APA Ethics Code bearing on competence, he was informed that regular professional guidelines, ethics codes, and even U.S. law did not apply in the combat zone.

The Conflict

The first ethical concern in this case is one of competency. The LT demonstrated awareness that he was not qualified to prescribe medications. The second ethical issue involves a conflict between organizational demands and the APA Ethics Code. Normally, in a case like this the psychologist is expected to make known his commitment to the Ethics Code and resolve the conflict in a way that permits adherence to the Ethics Code, that is, the psychologist should not function outside the bounds of his established competence. Although the APA Ethics Code makes provisions for providing services temporarily, such as during an emergency or in the aftermath of a natural disaster, in this case, the LT's lack of competence may actually pose harm to those he treats; the Ethics Code always enjoins psychologists to avoid harm whenever foreseeable. The psychologist has already had at least one discussion about this conflict with his boss, but he may ultimately have to refuse a direct order that places others at risk.

In addition to the primary ethical conflicts noted above, there is an even more salient problem; The Surgeon's request of the LT is clearly illegal. State and federal laws are at issue regarding prescribing medications without an appropriate license. And the UCMJ is clear about the implications of following unlawful orders. Not only is the senior ranking officer in violation for ordering another officer to break the law, but the LT would also be violating the UCMJ if he followed the order.

The Ethical Analysis

Using a Best Interest Approach, the LT must weigh the needs of the military against professional regulations, ethical guidance, and relevant laws. Is there a way to meet the needs of the Marines who require medication while not following the unlawful order?

The simplest way to resolve this problem is to locate someone with prescribing privileges who is able to take on this responsibility. The reality is that the majority of psychiatric medications are not prescribed by psychiatrists, but by family practice physicians. In theater there are a variety of professionals who can prescribe: physicians, physician assistants, nurse practitioners and independent duty corpsmen. Any of these assets in medical should be brought into the planning process to address this problem. This allows a feasible solution to the problem, meeting the mental health needs of deployed Marines, while the LT supports the Surgeon's needs to have medications prescribed. The LT demonstrates that he is in tune to the unique needs of the battlefield, is a problem solver and is unwilling to compromise himself. **(continued next page)**

SPOTLIGHT ON ETHICS (CONTINUED FROM PREVIOUS PAGE)

In hindsight, the likelihood is that most of us would be able to identify this as a viable solution without consultation. However, let's assume that the LT did not , or that there were no prescribing assets available, and the senior officer continued to order him to prescribe.

The danger here is that the inexperienced psychologist will listen to and believe what the senior officer is saying about the contingencies of the battlefield. Without someone to consult, with the increasing stress of the combat zone and with an increasing sense of isolation from the professional community, the likelihood that he WILL follow the unlawful order increases.

Prevention is Key

In the worst case scenario, where the Surgeon continues to order the psychologist to prescribe unlawfully, the LT needs to consult. Options available to the psychologist are other medical professionals deployed to the same location, senior psychologists or mentors—perhaps available via electronic mail, or even a consultation service such as the APA Ethics Office or the APA Insurance Trust.

The LT should not wait until a professional emergency, such as the one described above, arises to determine who will be consulted. A consulting relationship (or preferably relationships) should be established at all times whether in a deployed or non-deployed situation and regardless of rank or level of experience. Let's face it, just when we think we've seen it all…

If the LT e-mails or phones this situation to his mentor or another consultant, the mentor has several avenues to assist the deployed psychologist. These include advice about finding an alternative prescribing resource and assisting the LT in addressing the unlawful order should that continue. This will include assistance from legal and provide the deployed psychologist professional support, moral support and legal support.

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

American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57* (12), 1060-1073.
Barnett, J.E. & Johnson, W. B. (2008). *Ethics Desk Reference for Psychologists*. Washington, DC: American Psychological Association.
Joint Service Committee on Military Justice (2008). *Manual for Courts-Martial United States.* Author.

In each issue of the Navy Psychologist, a case, taken from the fleet, will be highlighted which displays one of the primary ethical conflicts of military psychologists. Please contact LCDR Carrie Kennedy at carrie.kennedy@med.navy.mil if you have a case which would be educational for the rest of the community.

CURRENT EVENTS FROM OUR SUBSPECIALITY LEADERS

CARRIER PSYCHOLOGY BY LCDR ROBERT HINES

Working as a Psychology Officer (PSYCHO) assigned to an aircraft carrier is a unique opportunity that offers a wide range of experiences and settings. Though the office chairs rarely change, the environment outside the skin of the medical department is frequently in flux; from the bustling and buzzing of deployment, with the ship's population swelling to about five thousand people, to the shipyard periods that leave the crew stuck in an industrial environment filled with loud noises, bad smells and having to wear hardhats, goggles, and ear plugs.

Despite these phases in the life of the ship, the goal remains the same: to treat and manage mental health issues of the crew. This involves regular communication with the chain of command on the psychological fitness and/or suitability for duty of members seen by mental health. The PSYCHO is regularly called upon to assess risk for suicide, ability to deploy, alcohol/drug treatment recommendations, and multiple other tough clinical decisions.

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Current Events From Subspeciality Leaders

Carrier Psychology (continued)

Being the PSYCHO offers a great chance to work as part of a treatment team with the rest of the medical department. Nowhere is this more evident than when the ship is at sea and the medical department transforms into a small hospital. Additionally, beyond the medical department, the PSYCHO is often in close contact with the ship's chaplains, JAG, and security personnel, all working together to help manage Sailors with mental health challenges. Being the PSYCHO is a great career opportunity full of autonomy and responsibility and is an experience not to be missed.

Opertional Psychology by CDR Andy Davidson

It continues to be a truism that wherever Navy psychologists are employed, the demand for our services grows. This is certainly true for operational psychology where we currently have 15 psychologists employed in a variety of locations. Just a few years ago we had one SEAL billet; we now have five billets on the East and West Coasts, with near-term plans to add three more billets, and eventually, even more billets within this community.

The OSCAR program currently has three billets with plans to multiply in the next three years. As these numbers grow, I expect OSCAR psychologists will form their own subspecialty akin to the Carrier Subspecialty. This will help to clarify their role and further define operational psychology.

Operational psychology is often loosely defined, and even amongst most operational psychologists there is disagreement. However it is agreed that operational psychologists are defined by what they do and for whom they work. Operational psychology is a mission-oriented endeavor that utilizes our skill sets as scientists/practitioners to tackle a wide variety of challenges. We are employed as consultants directly to the line. We can be called upon to support the mission through consultation on program implementation and evaluation. Being students of methods and design we offer a scientific mindset to help develop training programs that are objective in nature and produce reliable results. An example is our SERE psychologists who have a long history of involvement in maintaining a safe and productive environment at the premier Navy school experience. Additionally our SEAL psychologists have recently developed an innovative program to redeploy their operators to improve their capability.

Our assessment skills enable us to be at the forefront of assessment and selection of individuals for special duties. By utilizing the assessment skills we learned in graduate school and honed on internship we help pick the right person for the right job. Since the OSS, psychologists have played a critical role in selecting special operators. While this is not a new phenomenon for the Navy, it is growing exponentially. From the time of the fabled "Mike the Psych" there has been a psychologist with the SEALs to help with the selection and maintenance of the human element. After the Lonetree incident through the work of Pete Finely, a Marine Corps reservist who is also a psychologist, we added an operational billet at MSG, subsequently to the Yankee-White program, and recently at MARSOC.

The NAMI position is another example of a psychologist developing a specific skill set for the assessment and development of pilots. In addition to assessment and selection, other duties are well within the purview of operational psychology. These activities are usually of a classified nature. While they are debated within our professional community, I can assure you that operational psychologists are working hard to safeguard our ethical principles and uphold human rights.

As our billets continue to expand, it is apparent that our focus is moving from the MTF's to the deck plates. I encourage each of you to consider your interests and how you would like to expand your skill set. Get in touch with any one of us who are in these positions to discuss your possibilities so that we can help you develop your career and ultimately support this rewarding endeavor.

Child Psychology By CAPT Maggie Lluy

As many of you know, the Child Psychology fellowships have been put on hold for the past three years due to the growing operational demands placed on our community. However, in the past, the primary job of the child subspecialty leader was to fill the child fellowship slots because Navy Medicine was responsible for providing a child trained psychologist to four billets in Japan. The one-year child fellowship incurred a two-year or three-year follow-on tour (unaccompanied or accompanied) at one of four locations in Japan: Okinawa, Yokosuka, Yakota and Iwakuni. The billets are sometimes referred to as EDIS (Educational and Developmental Intervention Services) billets. While these are MTF billets, the assignment

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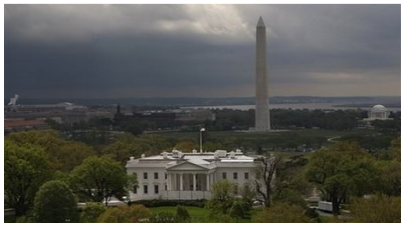


CURRENT EVENTS FROM SUBSPECIALITY LEADERS (CONT'D)

Child Psychology (contd)

the assignment involves supporting the educational needs of children enrolled in the Department of Defense Dependent's Schools system as well as supporting the Early Intervention Program for children younger than three years of age. EDIS offers help to children with special needs, through federally mandated Individuals with Disabilities Education Act (IDEA) programs and non-IDEA services. The staff of EDIS comes from a variety of fields to include: audiology, physical therapy, occupational therapy, speech-language pathology, psychology, social work, community health nursing, and early childhood special education

When BUMED made the decision to stop sending uniformed Navy Psychologists to child fellowships, the plan was to hire GS and or contract psychologists to fill the child psychology billets in Japan. For the most part, this conversion has been successful. However, BUMED continues with cost-benefit analyses regarding the conversion of these billets. Therefore, at some point in the future, Navy Psychology may again be required to meet this federal requirement. If that decision is made, we would quickly look to send people to child fellowships and then would perpetually need 1-2 people per year to sustain the mission. However, at this point in time, there is no plan to restart the child fellowships.

Given that there have not been fellowships to fill, my responsibilities as subspecialty leader for the past two years have been limited. At the next Executive Committee meeting, I will bring up the issue of whether our community should continue to have a child subspecialty leader or not. If the EC chooses to continue recognizing the child subspecialty within our community, I will be looking to turn over the responsibility in August at APA.

Health Psychology By CDR Erick Bacho, Ph.D., ABPP

Navy Health Psychology…Where we've been and where we're going.

This article will provide a brief update on the state of the Navy Health Psychology subspecialty. It will provide evidence of how recent fellowship trained health psychologists are helping to manage medically complex patients with co-morbid mental health conditions in primary care and operational settings. To this end, the article will also highlight the unique capabilities that health psychologists possess now and into the future.

Psychologists have been playing an increasingly larger role in primary care. In such settings, psychologists routinely work with patients who require them to possess knowledge about the complex interactions between medical conditions and psychological pathology (McDaniel, 1995; James & Folen, 2005). This is particularly true for embedded psychologists in carrier-based medical departments and other operational medical facilities. As a consequence, the collaboration between primary care providers and these embedded psychologists presents unique challenges (Kennedy & Killmer, 2006; Johnson, et al., 2005). Frequently these psychologists are asked to help treat patients diagnosed with co-morbid medical and psychological conditions. Typically, these conditions co-occur in the context of complex social, logistical, and military cultural barriers. These barriers often adversely impact the patient's access to care (Jenkins & Bacho, 2007). Recently, there has been a growing need for training in understanding pathophysiology, healthy lifestyles, and psychopharmacology as psychologists have become an integral part of the medical team. As such, the need to train psychologists to meet the challenges of this new work environment has risen (Bacho, James, and Mhyre, 2009).

In 2005, the Navy Health Psychology Fellowship was re-instituted in an effort to expand Navy post-doctoral training opportunities and to serve as a retention tool for active duty psychologists. The Health Psychology Fellowship program at Tripler Army Medical Center (TAMC) in Honolulu, Hawaii was selected as the site for training active duty Navy psychologists. The program was based on a biopsychosocial perspective. While training at TAMC, the Health Psychology fellows were involved in the promotion and maintenance of health, the prevention and management of illness, and the identification of psychological factors contributing to physical illness. In addition to the traditional health psychology curriculum, what made this program innovative was that it centered a large portion of its training in primary care settings. It also offered certification in psychopharmacology. These innovations gave graduates of the program the foundation for prescribing psychotropic medications and applying their skills in primary care settings. As such, the training program dove tailed well with the expanding needs of Navy Psychology.
For the past 4 years, Navy psychologists have been sent to the TAMC program. Recent health psychologists from this program have added tremendously to carrier-based medical departments. Currently, two TAMC graduates have gone on to safely prescribe during operational deployments. As a result, these recent graduates have contributed to significant cost reductions and improved care for deployed sailors (Bacho, 2009; Miller, 2008). However, priority shifts in training and recent concerns about the long-term viability of the TAMC program have lead to a decision to terminate the fellowship this year.

A new working relationship with the University of Virginia's Health Psychology program and the National Naval Medical Center is being forged. Plans are currently underway to solidify this working relationship and unveil a new Navy Health Psychology/Psychopharmacology Fellowship in the near future. Any questions or concerns regarding the Navy Health Psychology Subspecialty can be directed to the author at: (bachora@cvn71.med.navy.mil). (References available upon request)

CURRENT EVENTS FROM SUBSPECIALITY LEADERS (CONT'D)

NEUROPSYCHOLOGY BY LCDR Carrie Kennedy

Navy neuropsychology is a growing subspecialty given the current war's unprecedented number of traumatic brain injuries. The Navy has been offering neuropsychology training since the 1980's and to date has trained 13 neuropsychologists at a variety of institutions: University of Texas Medical Branch at Galveston (1), University of Alabama (1), University of Oregon (2), University of Florida (2), Georgetown University (2), University of Virginia (4) and University of California, Los Angeles (1). Four of these neuropsychologists currently serve on active duty, CDR Mark Monahan, CDR Tony Arita, CDR Robert Obrecht and LCDR Carrie Kennedy. A new fellow enters training this summer, LCDR Randy Reese. However, given the expanding need for neuropsychology across the services, two Navy neuropsychology fellowships will be offered for 2010.

The Navy's neuropsychologists are being increasingly utilized due to efforts to increase brain injury assessment services and treatment. Due to the recent congressional mandate for pre-deployment cognitive testing, BUMED has mandated concussion management training for all Navy military and civilian psychologists. Training is offered in Okinawa, Tokyo, Pearl Harbor, Bethesda, San Diego, Portsmouth (VA), Italy and Bahrain.

A make-up session is planned for Pensacola later this summer. This training has been created by Navy and civilian psychologists, neuropsychologists and a neurologist (Jeffrey Barth, University of Virginia; Jeffrey Greenberg, BUMED; Thomas Kupke, NMCP; CDR Mark Monahan, CDR Jack Tsao, CDR Tony Arita, and LCDR Carrie Kennedy). CAPT Mark Llewellyn, Head of Neurology, NMCSD; Steve Pluth, NMCSD C5; and LT Kevin Miller, NNMC have served as additional instructors. Training is open to other services as space allows and we are actively working with the Army and Air Force to develop a tri-service training.

In addition to this training, Navy neuropsychologists are involved in planning and policy for cognitive rehabilitation for wounded warriors, provision of traditional clinical assessment and care for neurologically compromised service members, serving as members of interdisciplinary medical teams, assessing aeromedical disposition of aviation personnel desiring medical waivers, drafting aeromedical policies for ADHD and LD aviation applicants, performing baseline and field cognitive testing of special forces personnel, and a variety of other tasks. Today's war has seen an unprecedented need for neuropsychology services and our neuropsychologists are working to increase resources and meet that need both in and outside the war zones.

Attendees in Bethesda watch a role-played MACE administration

Dr. Greenberg, CDR Monahan and CDR Arita teach administration of the RBANS during concussion management training in Okinawa, Japan.

War Strategy and the Future of Navy Psychology
By CDR Greg Caron

Introduction

The 'human dimension' within the development and implementation of war strategy was keenly appreciated by war theorists such as Clausewitz and Sun Tsu. One of Clausewitz's basic insights was that war is influenced primarily by human beings rather than technology or bureaucracy. For Sun Tzu, 'moral strength' and 'intellectual faculty' play a decisive role in successful warfare. As warfare evolved in the 20th and 21st centuries, the appreciation for the human dimension expanded significantly, and we are much more aware of the critical role that human factors play in effective war and peace making. As a result of this increased awareness, the role of the Navy Psychologist in National defense has expanded and unique opportunities are appearing on the horizon of our future.

In a recent reprint of an article entitled "Clausewitz and World War IV" (Scales, 2008), the author (a retired Major General) highlights the critical importance of the 'human dimension' in contemporary warfare, and offers a description of several areas in which the contributions of social, behavioral, and physiological sciences will be essential for the future war fighter. Based on the work of historian Alan Beyerchen, Scales provides a taxonomy of war in the modern era in which World War I is characterized as "The Chemists' War," World War II is characterized as "The Physicists' War," World War III (Cold War) is characterized as "The Information Researchers' War," and Word War IV (Iraq and second Afghan war and beyond) is characterized as "The Social Scientists' War." This taxonomy is based upon Beyerchen's notion that each war has been shaped by 'amplifying factors.' Amplifiers are understood as nonlinear influencing factors which do not simply accelerate the trends of the past but make war significantly different at each historical moment. Expanding upon this taxonomy and Beyerchen's notion of amplifiers, Scales states:

> World War IV will cause a shift in classical centers of gravity from the will of governments and armies to the perceptions of populations. Victory will be defined more in terms of capturing the psycho-cultural rather than the geographical high ground. Understanding and empathy will be important weapons of war. Soldier conduct will be as important as skill at arms. Culture awareness and the ability to build ties of trust will offer protection to our troops more effectively than body armor. Leaders will seek wisdom and quick but reflective thought rather than operational and planning skills as essential intellectual tools for guaranteeing future victories.

Major General Scales has provided Navy Psychologists with fertile material to imagine the future of our community. From this perspective, I would suggest two areas in which we might consider stretching our skills and expanding our work to address the current and future complexities of our national security. These areas include emergency and primary care for humanitarian missions, and consultant and advisory roles for conflict resolution and improvement of decision making processes.

Humanitarian Assistance

Navy Medicine's Strategic Plan is to incorporate and promote the "soft power" of humanitarian efforts and cultural competence for the purpose of diplomacy and positive global impact. Several priorities within this Plan include "supporting the Nation's needs for humanitarian relief and disaster assistance, providing culturally competent health services, and integrating with local, State, and Federal agencies to respond to homeland security threats." In a recent AMDOC class, several hours were devoted to the increased efforts of Navy Medicine to provide humanitarian medical assistance in third world countries, and opportunities exist to attend a Joint Humanitarian Operations Course. These strategic priorities support the notion that Navy psychologists should be fully integrated into the military primary care teams providing humanitarian assistance within the U.S. and to other areas of the world. A corollary to this is should we be training Navy psychologists to be proficient in a language such as Spanish or Arabic? We lack bilingual and multilingual psychologists, while the future needs in the U.S. and abroad will demand these skills.

Special Consultant/Advisor

Navy psychologists often offer their services for conflict resolution to medical departments, shipboard departments, or operational units. Could these skills, with additional training, be taken a step further and applied at a national or international level? The work of Herbert Kelman (2007; 2008) provides an apt model for conflict resolution in the international sphere. Kelman is considered a pioneer in the development of Interactive Problem Solving (IPS), a needs-based approach to conflict resolution for international and intercommunal conflict.

(Continued on page 16)

Collaborating for Change: 2009 American Psychological Association Presidential Summit Meets and Defines Future of Psychology

By LT Eve Weber

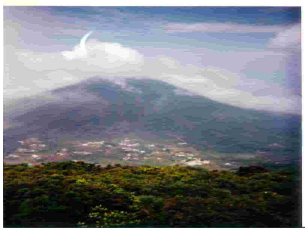
The 2009 Presidential Summit on the Future of Psychology Practice met 14-17 May 2009 in San Antonio, Texas with the purpose of "collaborating for change." The summit was billed as a landmark effort to move the practice of psychology forward in the 21st century. An overarching theme within the Summit was the belief by APA leaders that the future of psychological practice belongs to innovation and cooperation among stakeholders; whether it is through integrative healthcare, leadership development, access to health care, eliminating health disparities working with business and industry or through applying psychological science for the development of a healthy and productive society. More specific themes throughout the Summit, which seemed to resonate throughout the meetings, were the growing need for integration and collaboration in primary care settings, prevention of mental illness through wide-reaching and targeted mental health wellness programs, psychologists defining themselves more broadly, advocacy, public policy, and continuing to meet the ever growing need for cultural competency and multidisciplinary training within the profession.

Presenters at the Summit included Ian Morrison, Ph.D., author, consultant and futurist. Dr. Morrison's focus was on change and how we as a profession need to be personally and organizationally fit for change (with the agility, flexibility, and adaptability to change), and to be prepared for our connections and identity to be redefined.
Richard Frank, Ph.D. professor of health economics at Harvard Medical School emphasized the fact that "research can only give us a marginal return" and that it is imperative that we take the things we know to be true and put it into practice. We need to bring the service and the methodology to the people. It appears that too frequently we are finding that more funding is spent on research than on application.

"Extreme Collaboration," as presented by Tillman Farley, MD, is the model for the future practice and success of clinical psychology. Currently the Medical Services Director of Slud Family Health Care Centers, a migrant/community health center, Dr Farley's interest lies in the importance of integration of primary care and mental health services into a collaborative practice. "Mental health care cannot be separated from physical health… especially when access to mental health professionals is frequently difficult at best." Slud Family Health Care Centers incorporate their Behavioral Health Providers into an integrated team of service providers that provide comprehensive care to all patients.

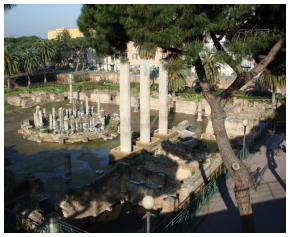
Breakout groups yielded Divisional Leaderships perceptions regarding areas for improvement. One example is the statement by Janet Reingold, Ph.D. that psychology's fundamental challenge is the "lack of perceived value from the outside world." "What does psychology actually bring to the table that is unique and needed as a resource?" This sentiment was repeated throughout the Summit. Dr. Reingold reported on the necessity of branding our practice and services: to raise awareness, to change attitudes and perceptions, to increase impact, and to distinguish ourselves from competitors.

The 2009 Summit was poignant, directed at change, and at the marketing and integration of our professional services into the holistic care model. For more information and to see the professional presentations, go to www.apa.org .


Stromboli, Eolian Islands


Roman Arch
Arco Felice, Italy


Gela, Sicily


Templi di Serapide, Pozzuoli, Italy

Impressions of Officer Development School (continued from page 7)

There were definitely exciting moments such as firefighting school and USS Buttercup training, also known as the Fire Trainer and the Wet Trainer. Both experiences provide basic training in crisis and disaster response at sea. Our instructors used USS COLE as an example of sailors banding together to keep their ship afloat and prevent further loss of life. In the fire trainer we wore full firefighting gear, complete with air tanks. We manned fire hoses as a team and were taught to work together to fight different kinds of fires in simulated spaces of a ship. It was realistic, with a two story building used to provide mock scenarios. Frequently it was completely dark, with the only light coming from the raging fires (controlled by the instructors via gas lines), with sirens and distress calls going on overhead. The wet trainer, or the Buttercup as it's more commonly known, is a mockup of a small ship, complete with a flight deck and spaces below via ladders. The entire "ship" is able to pitch and yaw, and the goal is to work as a team to construct braces and patches for damage control should the ship take on water. Once water begins jetting into the space, the goal is to work quickly to stem the flow and keep the ship from sinking. You work against time, and the longer it takes to control the damage, the more the ship begins to list. It is not uncommon to find yourself in neck-deep water, having to dive down to the deck to retrieve equipment and supplies. Once when a sledgehammer was dropped, and was then needed later to pound a beam into place, an instructor had swam down and removed it during the chaos, with the lesson being to always keep track of your gear.

Overall, the advice that Senior Chief gave us is still with me today. "Always do the right thing…even when nobody's looking." The experiences everyone went through at ODS made us better officers, and helped us understand where we as individuals fit into the big machine that is the U.S. Navy. Only six months before ODS many of us had been civilian graduate students, and the Senior Chiefs and Chiefs had tall orders at ODS, because when the five weeks were completed, they were turning loose 185 naval officers. None of us could have gotten through the experience without the help of our fellow officers, which brings me to the most rewarding piece of the experience: we all learned to rely heavily on each other to get the job done. In doing this, we formed many meaningful and long-lasting relationships. Most importantly, ODS became the gateway to an incredible opportunity to serve those who proudly defend our country.

War Strategy (continued from page 14)

IPS facilitates dialogue and problem solving between unofficial representatives of groups or states, with the intention of promoting greater mutual understanding, stronger intergroup relationships, new perspectives on old problems, and loosening of entrenched and polarized positions. The ultimate goal of IPS is to promote change in individuals, through face-to-face interaction in small groups, as a vehicle for change in national policies and the larger conflict system. IPS has been applied in areas of conflict such as Northern Ireland, Cyprus, Israel/ Palestine, Argentina, Sri Lanka, and the Horn of Africa. Recently Kelman proposed two new models of program evaluation to better assess the effectiveness of IPS. With appropriate training, could Navy psychologists be called upon to facilitate or coordinate IPS groups in various areas of the world?

In addition, could Navy psychologists act as consultants or special advisors to military or governmental committees responsible for making decisions on National policy and war strategy? The analysis of political decision making from the vantage point of psychological and cognitive processes has shown to be profoundly insightful by our colleagues in Political and Peace Psychology (Houghton, 2008; Lieberfeld, 2008; Wagner, 2008). The majority of Navy psychologists fill their days assisting patients/clients in identifying cognitive distortions and underlying assumptions, improving decision making processes, and increasing awareness of available options within individual, couple, or group clinical contexts. The use of such cognitive behavioral methods and skills can be easily transferred to contexts beyond clinical settings. Being present in real time as decisions on National policy and war strategy are deliberated, Navy psychologists by virtue of their training in cognitive sciences could offer insightful observations on possible cognitive and motivational errors or missteps.

Conclusion

According to Navy Medicine's strategic plan, our purpose is "to provide highly skilled, operationally agile and combat-ready medical forces who ensure Sailors and Marines are physically and mentally ready for the challenges of deployment." Navy psychologists have truly shown their relevancy to Navy Medicine and National security by providing tertiary care to our war fighters and their families, providing psychoeducation for prevention of mental illness and promotion of health behaviors, accepting operational assignments on shore and at sea alongside the war fighter, and engaging in research to understand and develop resiliency and hardiness within stressful military settings. As discussed above, several priorities within the strategic plan pose a challenge for us to stretch beyond our more traditional roles.

In light of the political and strategic changes and complexities since 9/11, I believe that Navy psychologists are becoming aware of a much broader horizon of creative possibilities that reach beyond what we currently offer Navy medicine and our Nation. We are at a juncture which challenges us to reflect creatively about our future direction. Familiarization with the work of our colleagues in the fields of social, political, and peace psychology will certainly enhance our endeavor to envision future possibilities for Navy Psychology.

References available upon request