



The Navy PSYCHOLOGIST

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SALUTE TO THE RIGHT SIDE OF THE COLLAR

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SPECIALTY LEADER'S MESSAGE

Shipmates!

Welcome to this edition of *The Navy Psychologist*. I am excited to write my first specialty leader address. I will tell you that my first ten months in this seat have been eye-opening! I've learned so much about many of you, am slowly learning the ins-and-outs of Navy personnel rules and all of the various requirements of our many billets, and am navigating some pretty exciting changes for Navy Psychology. With that said, if I were to get out a crystal ball, this is what I see:

More billets. The surface forces, Marines, and special operations commands want more billets and they are putting their money where their mouths are. Since I took over in October, we've had multiple billets converted from other communities and there is a plan to phase in approximately thirty additional billets over the next few years.

More trainees. We can't fill our growing numbers of billets without increasing our accession pipelines. We are actively working closely with Navy Personnel Command to make this happen. Recruiting is going to be key.

More opportunities. With more billets embedded into commands, Navy psychologists have more opportunities to make direct impacts on the military mission. This comes with obstacles, too; but in addressing them, we are defining a new way to practice psychology.

More challenges. We've had some hurdles lately, namely with promotion rates that impact our morale and our retention rate. With more embedded billets coming online, this is the number one priority for the community.

It's an exciting time to be a Navy psychologist and I am truly honored to be your specialty leader. I look forward to our continued growth and outstanding continued support of our sailors and Marines.

CAPT C. H. Kennedy, MSC, USN



On the Cover



Lt. Cmdr. Allison Clark pins on her gold oak leaf, signifying promotion to her new rank. On service uniforms with collar devices, Officers of the U.S. Navy Staff Corps wear the rank on the right collar and their Corps Device on the left.

Stay Connected



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EDITORS' NOTE

In United States Naval tradition, officers who serve within the Staff Corps wear their assigned military rank on their right collar and the device that symbolizes their Corps--their professional duties to the Navy--on the left. Being successful as a Navy Psychologist often necessitates working "from both sides of the collar." This metaphor often signifies the multiple roles we have as professionals and officers and the delicate balance that ensues.

This edition of *TNP* is dedicated to the right side of the collar and all things that involve general development as Naval Officers. Though our service to the Navy is distinct, our expectations to lead and serve our ships and shipmates are the same as that of our counterparts who drive ships and win wars. We each have a unique role to play and our success bears on our ability to navigate the professional gauntlets that are our evaluations, promotion boards, and working with other members of our military. We hope you enjoy this edition of *TNP* and can use it as a resource for years to come.

As our own careers develop, so does the constant nature of our work at *TNP*. Cmdr. Shawna Chee is rotating from her position as she continues to serve the wider community as editor of the APA Division 19 *Military Psychology* newsletter that serves our entire community. We then welcome Lt. Cmdr. Vahe Sarkissian to the team and look forward to his work in leading our community. As always, we invite your comments and suggestions for *TNP* as we continually improve.

Honored, Encouraged, and Committed,

Cmdr. Shawna Chee (smlychee@gmail.com)

Lt. Kyle M. Bandermaann (kmbandermaann@gmail.com)

& AYE

The Thin Gold Line

Many Navy Psychologists have prior service experience, either as Line Officers (i.e., those in line to take command of a fighting force), or as enlisted Non-Commissioned Officers. TNP sat down with a few of these "priors" to discuss the lessons learned in their transition to the Staff Corps.

Lt. Marcus Vansickle

Lt. Cmdr. Lisseth Thomas

Lt. Courtney Pollman-Turner

Lt. Aaron Weisbrod

Capt. John Ralph

Cmdr. Robert Lippy

TNP: Tell us about what you did prior to Navy clinical psychology.

Marcus Vansickle (MV): I served for 10 years as an enlisted Marine in administration and as a Marine Corps Martial Arts Instructor. I completed tours at Quantico, Camp Lejeune, Iraq, and the Pentagon.

Courtney Pollman-Turner (CPT): I was a Surface Warfare Officer (SWO) on a Guided Missile Destroyer (DDG; a small boy), where I served as the Electrical Division Officer and the Anti-Submarine Warfare Officer.

John Ralph (JR): I was a SWO for eight years. I received my initial commission in 1987 through the NROTC program at Notre Dame. I then served on destroyers, working in the engineering department, and as a ship's navigator, among other billets.

Lisseth Thomas (LT): I was a nuclear power Machinist Mate and a Surface Warfare Officer.

Aaron Weisbrod (AW): I served as a Rifleman (0311) with 2nd Battalion, 5th Marines.

Robert Lippy (RL): I enlisted in the Navy right out of High School in 1989 in order to pay for college. I served as an Electronics Technician (ET). Throughout my enlistment, I applied for the fleet-input ROTC scholarships. After not getting

picked up the first two years I applied, I was selected the third year. I received my active duty commission in 1996 and headed off to Surface Warfare Officer School (SWOS) in Newport, RI.

TNP: What brought you to clinical psychology and the MSC from the line?

MV: Serendipity! As a first generation college graduate, I entered MECEP with a desire to earn a Bachelor's Degree in psychology because I believed it would make me a better Marine Officer (e.g. so I could better understand those I served). My expectation was that my undergraduate would teach me "everything I needed" and I would be an expert (spoiler alert--it didn't). As I neared completion of the degree it became apparent how little I still knew. I began "Googling" online graduate programs that I could pursue while serving as an active officer and USUHS came up.



Ensign Ralph stands duty aboard USS Scott

CPT: As a young Ensign, I saw my sailors struggling with the challenges of shipboard life and did not feel like I had any useful tools to offer them in dealing with the unique stressors aboard ship. Eventually I, too, began to struggle with these stressors and found it difficult to effectively navigate close quarters with leadership that I sometimes feared and often misunderstood. Not understanding the value of self-care at the time, I began to forfeit my own physical and emotional health in order to meet and exceed the expectations (and sometimes perceived expectations) of my command. I left active duty with the goal of creating change that would better prepare others for these challenges. I had intended to do this as a civilian but quickly realized that what I really wanted to do was support those at the tip of the spear. Thus, I applied for and was accepted into the Navy Clinical Psychology Internship Program.

JR: Coming out of college, I didn't really know what I wanted to do. I knew I was going into the Navy, but I wasn't sure what path I would follow after my initial period of obligated service. I studied psychology in college and was very interested in it. Thinking I might pursue that someday, I took the GRE and the Psych GRE before I graduated. However, I was also considering other careers, like law. My line experience helped me clarify my career goals, and actually convinced me that I wanted to pursue psychology. As a line officer I spent a lot of time "counseling" sailors who worked for me, and ran into a few interesting mental health issues among the crew. At the time I just felt like a psychology career was the best fit for me.

LT: I became interested in the behavioral health professions while participating in a medical program for inner city youth during high school. This interest increased while taking psychology classes in college. As a midshipman in the DC area, I was able to work as a lab assistant at the clinical psychology program at USUHS, which solidified what I wanted to do in the Navy. However, I was on a ROTC scholarship and had to serve as a line officer due to the scholarship. As a Deck Officer on a big deck amphibious ship, I saw the importance of behavioral health and this solidified my resolve to become a clinical psychologist.

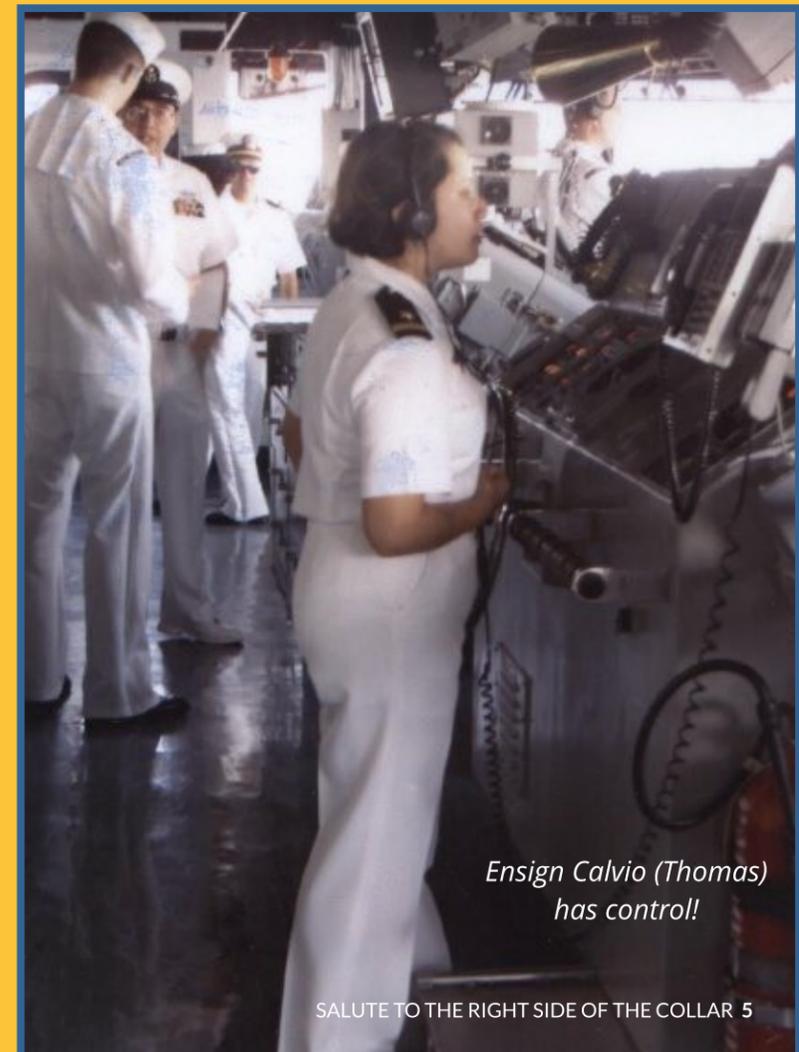
AW: I've had a long-standing passion for psychology/mental health, which started prior to the military. My service as a Marine showed me that there



Cpl. Vansickle celebrates the USMC birthday

was a high need for behavioral health in the military, and in particular concerning those returning from the war at that time. I was accepted to an officer program, and then completed Marine Corps OCS. I was subsequently accepted into USUHS and commissioned as a Navy MSC officer.

RL: After completing my minimum obligated service as a SWO, I began applying to the USUHS Clinical Psychology Ph.D. program. After being the runner-up candidate the first two years applying, I was finally accepted into my dream school and began the graduate program in the fall of 2002.



Ensign Calvio (Thomas) has control!

TNP: Tell us about some of the leadership tools you developed as an NCO/petty officer or line officer that you continue to use with your staff today.

LT: Vocalize my expectations and vision upfront and to be both flexible and consistent with my people. Praise in public and reprimand in private. Work well with senior enlisted leadership, as they will help you grow as a leader and they'll move mountains for you if necessary. Finally, take a genuine interest in getting to know your people and their goals.

AW: Leadership by example and humility stand out. The best leaders were also the best followers and served those they were leading. Dividends were paid when we truly listened and then followed-through to build genuine relationships. Some aspects also related to communication: going beyond just giving orders – but explaining why it has to be done and what it means for the Marines; having a consistent approach with regard to your expectations; and then accountability. Last but not least is having a true passion and drive to perfect your craft and then engendering this mindset into your Marines. The best leaders knew a lot, but also knew what they didn't know. Then they passed on this knowledge to make sure everyone else knew what they did.

RL: I would say that one of the first things I learned about being a good leader was learning how to be a good follower. As an enlisted man, I respected good leaders who always took the time to listen to their junior Sailors, sincerely acknowledged our hard work, and demonstrated their commitment to helping us improve. Of course I served under and with many leaders who demonstrated very few of these (and sometimes the very opposite) qualities. Although I would not want to ever work for them again, they did help me discern the qualities between good leaders and not so good leaders.

TNP: What are some of the differences between your prior duties and where you have had to shift being an MSC officer?

MV: There was a large culture shift between the two branches and an identify shift for me. Thankfully, I have been able to find similar cohesion in the close-knit Navy Psychology community, which has

made this transition much easier. Early on, I had the opportunity to work with Marines as an extern at Marine Corps Embassy Security Group--an environment that frequently triggered my "inner Marine" and led to fantastic supervision "opportunities" that challenged me to "find my doctor voice."

JR: The jobs are of course different, and as a Staff Corps officer there is the general sense that you are in a "supporting" role rather than a "supported" role. However, in many ways it also feels the same. Everyone in the military is ultimately working toward the same goal. We are all playing a position on the same team, and when you think of it that way, our jobs are very similar. While our specific areas of responsibility might vary, our ultimate jobs and goals do not.

TNP: What kinds of experiences with navy clinical psychologists did you have prior to becoming one?

MV: None--I didn't even know the Navy had psychologists!.

CPT: I actually sought mental health care as a SWO and found it difficult to get an appointment, despite the need to maintain medical readiness aboard ship. As such, I am able to understand the urgency behind an appointment request that relates to a military disposition and this shapes my approach to panel management.

LT: I worked amphibs that did not have mental health assets onboard. I had an open door policy with my division, and many of my sailors used it. On several occasions, I walked some of my sailors to the ship's Chaplain. On one or two occasions, I recognized potential safety and/or severe mental health issues that we directly sent to the Behavioral Health clinic when in port.

AW: A mental health provider visited my platoon on the ship after a humanitarian mission in the Philippines, and then briefly in the context of our return from Ramadi. I knew that there were mental health providers, but our overall awareness and general exposure to mental health or psychologists was rather limited it seems in my case.

TNP: If you could help Navy psychologists understand something about the Line, what would it be?

MV: The different and sometimes rigid nature of the line community serves a valuable purpose. The line will perceive you as an expert in your field based on your position, being perceived as a military officer will be earned through engagement and interactions.

CPT: They are not just worried about the safety of the patient you're seeing; they are worried about how a sailor's medical readiness may impact the mission and the safety of the rest of the crew. Many evolutions aboard ship can become unsafe very quickly with just one sailor failing to fully attend to their duty. They are also not comfortable (generally speaking) with suicidality and may seem pushy when asking us to give them a definitive answer about whether or not their service member will harm themselves; most of the time, this is probably just a reflection of their own anxiety. I think it can go a long way to spend a few extra minutes explaining your rationale to a CO (or other leader designated to receive the information) as that conversation could determine how well they sleep at night. Letting them know that you understand the mission and their responsibilities to look out for their service members can result in a healthy and trusting relationship between line leaders and Staff Corps.

TNP: What is your best piece of advice for navy psychologists without prior service?

MV: Know that you do NOT need any prior service to be a good officer or engaged clinician, just the willingness to get out and experience discomfort and the curiosity to ask questions. We exist to serve the Line; they do not exist to meet our templates. I think that mentality goes a long way when engaging. And despite my prior service and time in, I don't "get" it all. None of us do. Don't beat yourself up for missing or not knowing something.

CPT: Be a sponge. Absorb as much as you can about the lifestyle that these individuals live, whether through books, movies or personal conversations. Recognize that somewhere out there is a 22-year-old Ensign fresh out of college who is being held accountable for a 19-year-old sailor's behavior and that they are all just trying to carry out their mission to

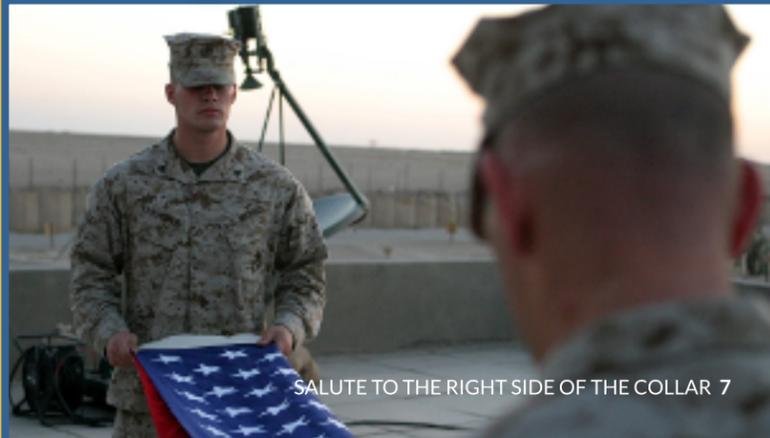
the best of their abilities. Don't assume emotional intelligence levels on par with your own and recognize that those in an operational environment often have vastly limited resources in a number of ways (food choices, options for exercise, time allotted for sleep, privacy, etc), no matter how adamantly we or they advocate for more resources.

JR: Serve with the Line and become part of the team. Do not isolate yourself or perceive yourself as something different--particularly when assigned to an operational platform. Immerse yourself in that unit's activities. This will lead to great things for you.

LT: Get out of your office and "walk the deck plates" (i.e., learn about the subcultures, values, mission, challenges and jobs of the population you serve). Take an interest and expose yourself to the platforms and leaders in your area.

AW: Some of the finest officers we had did not have any prior service. Prior service also does not necessarily guarantee a good leader. But those that did well listened to their Marines, and their NCOs. Experience cannot be replaced by knowledge, but having the right mindset will set you up to have the best experiences and knowledge regardless of your background.

RL: To borrow from the respected Clinical Psychologist Col Carroll Greene (USAF, Ret): learn to love your patients! Here the term patients is used in a broad sense to include the entire line community we serve. And by love I mean learn as much as you can about the particular line community you are serving and truly appreciate and value their perspective and what they do. I believe if you can do that, you will be better served as a Navy clinical psychologist and the line community we are here to serve (and for whom we wear our uniform in the first place) will be better served by us. 🇺🇸



FITREP Get Your Report

Capt. John Ralph provides insight into the FITREP Evaluation Process during a teleconference on May 8, 2018. The audio recording of Capt. Ralph's brief is available to listen along with this outline here.

<https://fccdl.in/VKzgckg20a>

Your FITREP is a 'Fitness Report' or annual performance evaluation. How does the FITREP come about?

At the typical command (e.g. MTF) a FITREP is created for psychologists to be ranked against other MSC staff officers of the same rank throughout the command. The typical process involves you creating your own "FITREP inputs" or list of accomplishments (bullets) for the year. Then your boss reviews and edits this and passes it up the chain where more people add or change the write up. The final outcome is when the Director Head "ranks" each FITREP in order of best qualified and passes them to the FITREP ranking board to rank all people within a particular group (e.g. MSC Corps) against everyone with your same rank.

The FITREP form has many different sections to fill out. Pay particular attention to the details on the entire document, spelling and grammar are important! This article deals specifically with Block 29 and Block 41.

Block 29 lists the jobs you held or what you are responsible for at the command. These jobs should show progression of positions for each FITREP to show growth (e.g. from Student to DIVO to Assist Dept Head, to Dept Head, etc).

These are the MOST IMPORTANT FITREP elements to focus on when writing FITREPs:

1. Your performance trait average – how does it compare with the CO's reporting average?
2. Narrative- there is a best way to write it (discussed below)
3. Promotion recommendation: P (promotable), EP (early promote), MP (must promote)

1. Your Trait Average (1-5) or your performance marks.

- The system was developed to force distribution in order to separate average performers from good ones. All traits are not created equal! For psychologist specialties, the most important traits are Professional Expertise, Team Work, Mission Accomplishment, and Leadership.
- To maximize your chance of promotion, your reporting average (or the total of all element ratings) should be higher than the reporting average for your summary group AND higher than the Reporting Senior's average for your paygrade.
- It is important to stay consistently rated or show improvement in every FITREP with same CO, while at same grade level. If you get a new CO or when you are newly promoted, it's expected to get a slightly lower overall reporting average.

2. Elements of a good narrative in BLOCK 41. Divided into an introduction, middle and ending.

- Intro paragraph should have your major accolades, and a "soft" breakout (#1 LT out of 6) to show how you compare to the other officers of your same rank at the command..
- Provide details of leadership, supervisory and management accomplishments. Each bullet should demonstrate "cause and effect" or what happened because of your actions. This shows that you are ready to accept increased responsibility and that you have professional expertise, qualifications, and involvement in activities outside your rate.
- Highlight personal achievements if what you have done caused command / mission improvement. Only add off-duty education and/or community service, if it helps the Navy.
- The Wrap-up paragraph emphasizes overall highlights, ranking (if not covered in intro paragraph), and recommendations. Effective Narratives describe how your performance made a difference in

the command and your potential for additional leadership and opportunities.

Examples of a Strong Opening:

"Ranked 1 of 10 O-3s at this command."

"My 2nd ranked O-3 out of 15, regardless of service or specialty"

Strong Bullets Describing Accomplishments and Potential (you want to show cause & effect with the bullets listed here). And, always include numbers that highlight process improvement or other effects on environment:

- "Expertly managed an over \$1 million budget"
- "Supervised 5 corpsman, 10 civilian contractors and 5 GS employees"

Strong Closing and Recommendation: Wording is important (Strongest possible vs strong, etc)

"Has my strongest endorsement for Department Head, Director, or Senior Leader within Navy Medicine. Has my strongest possible recommendation for accelerated promotion to LCDR, now." Soft Breakouts are important, particularly for 1:1 FITREPS (or those where you are the only MSC officer)

Bullet Points: short, sweet and to the point. It's always recommended to have some white space between opening and bullets and the final statement.

3. Promotion Recommendation: Five Choices: Early Promote (EP), Must Promote (MP), Promotable (P), Progressing, Significant Problems

- Not everyone can be the best. The system is built for a forced distribution where only 20% of people being ranked in any group are an EP, 30% are MP, and the remaining 50% P or below.
- This is to demonstrate your performance compared to all those being ranked this year at the command. Gives a message about where you fall; top 5th? Top 20%, etc. Ideally, your rating should get better or "move right" with each subsequent FITREP over your tour.

Possible negative messages:

- Trend not "moving to the right" or having several P/MP rankings throughout your tour.
- Getting an MP or P when the distribution would allow you to be higher - or suggests that you aren't improving with your performance over time.
- Lower or consistent trait averages on subsequent FITREPs (if same CO and same paygrade) or declining in the ranking; may suggest that you have had some setbacks or aren't performing.
- Giving a lukewarm narrative in Block 41 - doesn't say anything positive
- No soft breakout in 1/1 FITREP or if you aren't ranked higher despite being there longer
- Not changing content in narratives of consecutive FITREP; looks like you are doing the same.
- Leaving Recommendation Block empty or recommending for a lateral/equivalent position
- One 3.0 trait when group average is 4.0 plus (especially for Leadership) without explanation.

Never fear the FITREP. With plenty of senior leaders, mentors and resources available to you, all you have to do is get educated and involved with the process. Hopefully you can take time to log-on to the website listed above to hear the briefing by CAPT Ralph to gain a better perspective. If you have any questions, feel free to contact any one of our members of the

Career Development Board (CDB) committee:

Cmdr. Melissa Lauby: melissa.d.lauby.mil@mail.mil

Cmdr. Robert Lippy: robert.d.lippy.mil@mail.mil

Lt. Cmdr. Lisseth Thomas: lisseth.c.thomas.mil@mail.mil 

TEAM.WORK.

Lt. Cmdr. Allison Clark

Our legacy does not exist in our individual achievements, but in turning over the watch to a team of warriors that outperforms and long outlasts our own.

I remember the day in 2007 that I sat down at a computer to find out if there was such a thing as an active duty military psychologist. I also remember the emotion that led me there. It was a quiet evening outside Detroit, Michigan after the final game of my NCAA Division-I Softball career. I waited as long as possible after the game before taking off my catcher's gear and ultimately my uniform--#22. The feeling of pain and loss that I felt that day made me realize that I am a person who needs to be part of a team--an obvious team: with uniforms, nicknames, and insider rituals; a team that not just anyone can join. A team whose uniform indicates the wearer is tough, resilient, and important (analyze that!).

That desire for teamwork and belonging led me to the Navy and my desire to insert my chosen future career, Clinical Psychology, into that team. While this edition of *TNP* focuses on developing our careers as Naval Officers, it is imperative that we develop each other while simultaneously sharpening ourselves.

I have been overwhelmed with pride in the examples of teamwork I've seen in my Naval career. My internship cohort (Naval Medical Center San Diego, 2012) banded together to learn our new jobs and support one another. I've seen a leader pass up an opportunity in their own career to meet the needs of a mentee at the same command. I've seen officers face long hours and heated debates to ensure that the hardest working sailors in their charge are recognized. Members of our military community routinely risk their lives for their teammates. I hear the stories from our patients and colleagues and sometimes witness them ourselves. These stories inspire me to take the next step toward honor and selflessness in my own corner of the military world.

At the same time, there have been times in my Navy Psychology career where the Navy didn't look at all like the team I envisioned when joining--the stress of promotion, coveted billets, and limited resources sometimes gets the best of us and we treat each other as competition instead of

teammates. I know I can do better. And I know we are all better as a team than going it alone. It's impossible to be a good enough psychologist to promote or win an award by yourself; it is always a team effort. The points in my career that have meant the most did not take place in front of an audience or on a parade deck. They all took place behind closed doors, with no audience and no adulation. They are moments of quiet emotional connection, giving of myself to sailors, patients, supervisees, and friends.

My college softball teammates will always be special to me. A decade later, we never drift far from each other's consciousness. My hope for my time in the Navy is that the bond is even stronger and that every coin, award, and rank device in my future shadow box represents not a personal success, but a group of memories of a team--laughing, growing, and meeting the mission together. My career goal is that my legacy does not exist in my own achievements, but in turning over the watch to a team of warriors that outperforms and long outlasts me.

In closing, my commitment to our community: Each psychologist that I meet, including you reading *TNP* in search of direction and inspiration: I will treat you as my teammate. 🇺🇸

From Inside the Tank Observations from a first-time

Capt. Martin Kerr, MSC (HCA), USN Selection Board Member

While I have been a Medical Service Corps Officer for many years, I just participated as a Selection Board member. I'd like to share my reactions with you in hopes of continuing to build our community and helping you facilitate growing your career.

Bottom line up front: the process really is as fair as possible. Is it perfect? No. Some very qualified and respectable officers were "left on the table." But I left this experience knowing that each of the board's five members do their utmost to select the best record. However, sometimes it doesn't always equate to the best person. Your charge is to make sure your record is a true reflection of your performance.

The Process:

Each board member selected completes training ahead of time, and agrees to confidentiality, etc.

The identity of the other members remain unknown until the first morning of the board. Membership is comprised of a Board President (Flag Officer), a line officer (i.e., SWO, aviator, submariner), and, for our corps, equal representation from each of the MSC's three major communities (Health Care Administrators, Health Care Clinicians, and Health Care

Scientists).

All of the records are distributed electronically to the board members for review on a computer. This contains pretty much everything in your record, just like your Official Personnel Military File: FITREPs, Officer Service Record (OSR), Performance Summary Report (PSR), awards, etc. Utilizing the training provided ahead of time, reviewers make notes on the OSR summary slide and the PSRs.

Letters to the Board are read verbatim when your record comes up in the tank. Also included is any documentation which could have a deleterious effect on the officer's chances of promotion. such as disciplinary actions, etc.

When reviewing PSRs, the board is looking for progression. Did you scores "move to the right?" How did your Performance Mark Average compare to the Summary Group and the Reporting Senior's Average? What were the positions you held? Were they leadership roles (i.e., Department Head, Director, Officer-in-Charge?). The board is looking for positive or negative trends, and if there was something that didn't make sense, the FITREPs should explain it in block 41.

At least five year's worth of your most current FITREPs are reviewed. Did they sound redundant? Did they have the impact statements at the beginning and closing of block 41? For example: "Unequivocally my #1 of 25 hard charging LTs at this command and in the top 1% of all MSC Officers with whom I have served in my 25 year career." If in a one-of-one category, did the reporting senior provide a soft break-out? For example: "Although 1/1, she is easily #1 of 12 officers on the staff, regardless of Corps or service."

Not everyone gets the "EP." Did the reporting senior state in Block 41 that you were "an EP performer, only MP due to forced distribution?" Or "stuck behind two other high performing and senior officers."

Did the marks match the narrative? If you receive a 3.0 in leadership and the comments state that you are "among the best young leaders in Navy Medicine." Or, you receive a 5.0 in leadership and the comments on the back do not include anything about demonstrated leadership, there is a disconnect.

Service School or AQDs should be listed. AQDs are good, but should be awarded based on your own initiative and outside of your traditional swim lane.

In the tank, your record will flash on the screens. The board members will be looking for their assigned number indicating it is their record to brief. The board will see your OSR and PSR (not your FITREPs and other info). The board member that reviewed your record will vote first on their hand held device (100, 75, 50, 25, or 0). They will then brief the LTB (Letters to the Board) as applicable. Once all of the board members voted,

discussion stops on your record and the next record is put on the screen. More often than not, a voting decision is made very, very quickly.

Once the allowable number of selections is made, the board concludes, thus closing the board.

Recommendations for Board Preparation:

Check your record (OSR/PSR) at least once a year to ensure accuracy, particularly following changes (i.e., addition of awards, service schools, AQDs). This can be accomplished easily through BUPERS Online. Don't rely on a recorder the week previous to your promotion board to find errors or make changes.

Send a LTB to either A) add something that was missing or to supplement (e.g., award/recognition, missing FITREP, or Letters of Recommendation from senior officers) or B) Explanation of circumstances, (e.g., letter from Reporting Senior about FITREP(s) that wasn't clearly spelled out in a block 41. Don't send in pages upon pages of enclosures and really superfluous material. It can confuse and/or upset the board. Trust me, they don't want to read such a large volume of material that doesn't add any value to your record. And don't add your photo to a LTB. They are still required for your record, but won't be seen by the board.

Recommendations for FITREPs:

1. Your scores and narrative must complement each other. There should be no disconnect or confusion. Your rater should not send mixed messages. If your scores are declining generally or in a specific category, not due to your performance, there must be an explanation in the narrative (e.g., the rater re-calibrating his cumulative average).

2. A promotion recommendation and suggestions for positions of increasing responsibility should be included in your narrative.

3. Each job should reflect an increase in responsibility and demonstrate leadership. The Board expects you to be accomplished in your specialty. Also, taking on responsibilities to include projects or collaterals not necessarily related to your primary job is noted, especially if you perform well.

4. While it is important to score high in all categories, leadership and professional expertise are always scrutinized the most.

5. Your narrative should be very clear about results, avoiding excessive acronyms, professional lingo, etc. What was the result of your performance? How did it impact mission? The reviewer shouldn't be wondering about what is being said.

6. You do not want to be in the pack with your peers on a consistent basis. You may find yourself there on your first FITREP after reporting, change in reporting seniors, or advancing to a new rank. After that, you want to break out and stay there. If you remain in the pack, a soft break out is in order. Also, if forced distribution places you in the P/MP categories, a statement in the narrative explaining this to the board should be included. When appropriate, a soft breakout should be provided.

7. If you are one-of-one, a soft breakout must be included.

8. Seek billet diversity. Performing well in a variety of jobs, increasing in responsibility, is beneficial vice doing well in the same job throughout your career.

9. Look at your rater's cumulative and summary group average. You should be consistently at or above each.

10. Unless it is submitted for continuity, Non-Observed (NOB) reports should still have a narrative to describe what you are doing, particularly if you are in Duty Under Instruction (DUINS).

11. Ensure you have a mentor review your block 41 submission. If possible, have multiple people review it.

12. If you deploy, your FITREP (whether concurrent or regular) must accurately reflect your performance. Just being there isn't sufficient. The narrative should comment on your leadership in these circumstances.

13. Watch out for the "kiss." If you are consistently P/MP throughout a tour and receive an EP from the same rater as you depart, the narrative should reflect you deserve this bump.

14. Consistently demonstrate your desire/ability to develop new skills by attending service schools/taking courses on a consistent basis throughout your career and make sure they are on your OSR.

If you are a Failure of Select (FOS), DON'T GIVE UP THE SHIP! Boards change year to year due to precepts, board membership, number of opportunities available, etc. The differentiation between an AZ record and an IZ record has blurred with the removal of the AZ stamp. The most important thing for you to do after not being selected is not to drop your pack. Have your record reviewed by senior mentors and perform at the highest level possible. You never know. However, if you drop your pack and give up, it will be obvious to the board. 



THE AQD FOR GHE

Highlighting the Navy's new Additional Qualification Designator as a Global Health Engagement Specialist

Lt. Cmdr. Brian Lees, U.S. Public Health Service

One of the joys of serving as a Psychologist in the U.S. Public Health Service (USPHS) is that I have the opportunity to involve myself in a wide variety of activities and learn about development of Psychologists in all of the services through each of these experiences. Some of my USPHS experiences have been on Global Health Engagement (GHE) missions, mostly via the Centers for Disease Control and Prevention (CDC). In regards to officer development, GHE is now available as an Additional Qualification Designator (AQD) for Navy Medicine personnel.

A major intent of GHE is to build alliances with our partner nations through our common need for good health. By assisting them, we are

engaging in health diplomacy, a component of global smart power, which should result in increased security in a region. The end objectives of GHE then, if done successfully, can be: improved relations and interoperability with the partner nation, “boots on ground” training for US medical personnel, and improved health of the indigenous population. Global Health Engagement is a term that the US government uses to steer away from calling itself “humanitarian” as that term implies freedom from political influence and “taking sides”.

GHE is quite complex. For example, consider the health care challenges involved in assisting Liberia, Japan, and Tibet following infectious disease outbreaks, tsunamis, and earthquakes.

Imagine the operational and political intricacies of partnering with the local Ministry of Health, international Non-Governmental Organizations (NGOs), and Federal Agencies such as the Department of State and Agency for International Development (USAID). GHE goes beyond disaster response too. GHE includes the US government’s robust assistance in controlling HIV and malaria, and many medical officers across services are familiar with (MEDCAPS) and (MEDRETES) which include providing mostly “one and done” medical services to as many locals as possible.

Navy psychologists have, of course, already been involved in GHE, such as on hospital ships (i.e., Pacific Partnership), consulting with Iraq and Afghanistan Ministries of Health, and embarking on disaster response missions such as to Haiti after the earthquake in 2010. As mental health has taken an increasingly larger spotlight in the Military Health System there is beginning to be more demand from partner nations for our expertise.

According to the World Health Organization (WHO), depression is now the leading cause of disability in the world, and in many countries mental health care is sorely lacking or non-existent. World leaders are recognizing this¹ and there is a need for psychologists to step up in the global health field. The Navy’s new GHE AQD is a symbol of awareness of the nuances of this field and competence in ability to navigate the complexities. The following is a list of how to proactively gain more expertise in GHE and earn the GHE AQD.

Read DoD Instruction 2000.30 which just came out in July 2017, as well as BUMED Instruction 6000.17, signed FEB 2017².

Check out USU’s Center for Global Health Engagement and be on the lookout for the roving Fundamentals of Global Health Engagement 3-day course under Upcoming Events³.

Take some of the courses from the

Center for Excellence in Disaster Management and Humanitarian Assistance⁴.

For those willing to commit, USUHS offers a Global Health Certificate after earning 18 credits in their Distance Learning Global Health program. More information can be found online⁵.

Become an instructor for the Defense Institute for Medical Operations (DIMO) for their Mental Health Services after Disaster and Combat course and get sent out on short TADs to Iraq, Slovakia, Lebanon, Tunisia, Ghana and Mauritius and more⁶.

And finally, to earn the GHE AQD, one will have to demonstrate competency in the following areas: International Diplomacy, Joint and Interagency Planning and Coordination, Mission Planning and Coordination; Host Nation-Centered Healthcare/Assistance, Communications; and Capacity and Capability Building. More information

on suggested ways to meet these competencies can also be found online⁷.

Earning the GHE AQD is really about the journey, not the destination. Many of the courses listed above provide the opportunity to network and engage in stimulating discussions about the nuances of US involvement in global health, revealing past efforts. Hopefully more military and PHS psychologists will be involved with partner nations as the needs are great. The AQD can lead to non-traditional career opportunities such as being a Naval Attaché, Health Affairs Attaché (both working in US Embassies or with the WHO) or a Liaison Officer to other US agencies such as the Department of Health and Human Services in Washington DC, CDC in Atlanta, GA, or US AID in Falls Church, VA. More FAQs about GHE are available online⁸. 

For more information, see:

<http://ndupress.ndu.edu/Media/News/News-Article-View/Article/643102/global-health-engagement-a-military-medicine-core-competency/>

Links for Reference:

1. See, for example: <http://bit.ly/1VVdbjY>
2. <http://www.med.navy.mil/directives/ExternalDirectives/6000.17.pdf>
3. <https://www.usuhs.edu/cghe>
4. <https://www.cfe-dmha.org/Training>
5. <https://www.usuhs.edu/pmb/gh-distance-learning>
6. <http://www.dimo.af.mil/>
7. <https://mccareer.files.wordpress.com/2017/04/gh-community-core-compentencies-info-sheet.pdf>
8. <https://mccareer.files.wordpress.com/2017/04/ghs-community-faq-2017.pdf>



This article is the first in what we hope to be a recurring series focusing on the unique strengths that Direct Accession psychologists bring to the Navy, the challenges they face at each rank, and current recruitment efforts. It is our goal to make this section relevant to all Navy psychologists.

Our goal has been four a year. Please consider your licensed colleagues that might be interested in joining our community! Recruitment is a job for all of us!

Those interested in being a part of the Direct Accession Group may email Lt. Eric Neumaier to be included on group emails (eric.r.neumaier.mil@mail.mil).

Being a Leader on Day 1

10 Leadership Tips from a Direct Accession That All Officers Can Use

Lt. Mike Polito

Commissioning as an officer in the United States Navy can be a significant experience in most individuals' lives. Can you remember your commissioning ceremony? Mine was during my lunch hour at Children's Hospital of Colorado, where I was working in the Eating Disorders Program. In a crowded therapy room, with the occasional shrill from a teenage patient struggling to get through lunch, I had my commissioning "ceremony." To say the significance of the moment was lost on me might have been an understatement.

As a direct accession psychologist, the transition from a civilian to a Naval Officer may be very challenging. Due to having more experience as psychologists than our counterparts accessing from the Internship and Post-doctoral training pipelines, we might find ourselves fast-tracked into positions of leadership. While this can build confidence and be an asset in your competitiveness for promotion, it also can be a daunting experience.

The following is a list of 10 things I wish I knew to help me be a good leader from Day One:

1) Ask questions! I heard this in Officer Development School (ODS), but when I arrived at Naval Health Clinic Hawaii, I really had a hard time asking questions. I thought asking too many questions would make me look like I learned nothing from ODS and was completely unknowledgeable. So I struggled, completely unnecessarily.

2) Be humble. You may have more experience as a psychologist than some of your peers, but your corpsmen know more about being a sailor.

3) Exude confidence. There is the hackneyed phrase, "fake it to you make it," and it's amazing how well this can apply to many situations. You might feel unprepared, unqualified, and in many ways lacking the ability to lead others. However, you won't have the time to ease into this demand. Remember the self-fulfilling prophecy.

4) Set the mood. If you are worrier, those around you will worry. If you don't trust people, people will not feel trusted or trust others. If you don't work well with others, your team will struggle to work together. Your leadership style is a reflection of you--all of you--even the not-so-great parts. Being aware of those things and making sure you keep them out of the workplace can be helpful.

5) Respect your immediate supervisor and don't leave them with any "surprises." Your supervisors should never find out about something from higher up the chain of command that you could/should have told them about.

6) Set the example. It can't be said enough that people are looking at you and what you do in order to gauge what they should be doing. We can't be perfect, but acknowledge your weaknesses. Don't make excuses, and then focus your efforts in areas that you can excel.

7) Your staff's success is your success. Supporting staff to achieve and accomplish whatever goals they set for themselves is extremely important in establishing yourself as a good leader with tangible results.

8) Be polite both in person and in email. People will make snap judgments of you and you never want start things off by digging yourself out of a hole.

9) Be prepared for anything and be flexible. Having a single alternative might not be enough. You have a powerpoint presentation and the projector is broken. You're understaffed and losing a sailor because they failed the PRT. Your success as a leader is reflected in how well you make things happen, against the odds.

10) Make your presence known at every level. Being in a position of leadership for a junior officer (Division Officer or Department Head) will only get you so much exposure. There are many opportunities to lead at a command and show that you can be versatile in leadership outside of your specified field. 

RESERVE UPDATE

Cmdr. Michael Basso



If you are reading this issue, you are taking initiative for your career. You are engaged in a fundamental act of development--educating yourself. Without reading any of the other columns in this issue of *The Navy Psychologist*, I can predict with great certainty that the universal advice proffered will consist of the following: 1) seek leadership jobs; 2) seek collateral duties; 3) get out of your comfort zone, and do things that are not necessarily within the wheelhouse of clinical psychology. If you are in charge of people, gear, and money, you are growing as a Naval Officer, and will stand out from peers when screened before the selection board. These fundamentals are common across the Active and Reserve components.

For the Reservists and those thinking of finishing their careers in the Reserve, following are observations, reflections, and impressions from a graybeard who has spent his entire career in the Reserve. For what it's worth, I've sat as a recorder for three senior officer screening boards, and I have ranked MSC FITREPs in large Commands. I have seen the many ways in which the sausages are made. Ultimately, I cannot vouch for the objective truth of what follows, but it feels true enough to me. My advice will largely be relevant for Lieutenants and Lieutenant Commanders, but I will throw in some advice for more senior officers as well.

As a Reservist, most MSC Officers will find themselves in a detachment comprised of a

handful of Officers and a couple of handfuls of enlisted sailors. More likely than not, the MSC will be a one-of-one, and there will be no other MSCs in that detachment. If you as a psychologist show up for drill, complete your training, and maybe offer some kind of mental health training once or twice per year, what kind of FITREP will you receive?

If you are in a Command that permits detachment Officers in Charge (OICs) to perform the rankings for JOs, you'll be a one-of-one "EP" with little to brag about in the narrative. If your Command mandates that all FITREPs are boarded and ranked at the headquarters (which is more likely the case), you will receive a "P." Either way, you are not helping yourself, and you will not be competitive before the screening board.

I urge you to volunteer to serve in Detachment leadership jobs. As an MSC clinician, it is insufficient for you to be an expert within your guild. MSCs, regardless of whether or not they are Healthcare Administrators (HCA), are expected to perform HCA duties within the Reserve element. Why?

There are few opportunities for you to manage, supervise, or otherwise demonstrate leadership as a clinician during drill weekends. There's just no call for it. On the other hand, what is the essential function of any Reserve Command? It is to ensure that all Sailors are physically, medically, and administratively ready to deploy.

My MSC brothers and sisters, that's where the FITREP cookies are made.

As a Reserve Lieutenant, volunteer to serve as the Detachment Administration or Training Officer. Apprentice as the assistant for these positions if you have no background in order to develop the craft. Learn the tedium of the Correspondence Manual, and acquire the wizardry of writing award nominations. As you establish yourself in these roles, volunteer for bigger jobs such as OIC or Assistant OIC. Keep your eyes open for leadership opportunities. Read the Command's plan every month, and watch for leadership job postings--they typically are advertised in the third quarter. If you are in an operational unit (e.g., FMF or EMF), apply for leadership jobs within field exercises. Establish a reputation as reliable, diligent, and effective. In particular, Lieutenant Commanders should be targeting OIC jobs, and should aspire to headquarters posts before they screen for Commander.

If you are a Commander, and aspire for Captain, then you'll need to take even more responsibility. Apply to be Assistant Director for Administration (DFA), Operations Officer, or Training Officer at your Command. Enter APPLY, and apply for the DFA jobs; those positions are now open for Commanders.

Think long term. As you take on these administrative roles, you may qualify for another Navy Officer Billet Classification (NOBC). There are 16 clinical psychologist billets in the Reserve component--one of them is for a Captain, five are for Commanders, and the rest are for Junior Officers. We are overmanned, and probably will be for some time. How are you going to stay in a paid-billet?

Diversify! By taking the jobs outside of your comfort zone, you'll be competitive for the "EP," and will be a better stand-out before the selection board. How many people promote to O-4, O-5, and O-6 annually in the Reserve? Not many. It's a

hard world, and our Corps is arguably the most brutal of the Staff Corps.

Doubt you have what it takes?

Quash that apprehension. If you can pass comprehensive exams, a dissertation defense, and the EPPP, you can figure this out.

What are you to do if you fail to select?

Hang tough, persevere, adapt, and overcome. Talk with your Senior Executives (typically the DFA), and ask for feedback on how to become more competitive. Chances are high that you will not always receive the "EP," and you may have a few FITREPs that slide into "MP" or "P" territory. It happens--trust me, I've been there. If you don't return to the batter's box after a strike-out, you'll never get on base. Stay motivated, and persist.

This marks my last column as the Reserve Specialty Leader. I had the privilege to serve as the specialty leader for the past five years. Normally, a tour is for three years. Want to know why I was extended twice? Because nobody stepped forward to do the job! This is an important lesson, and it's not specific to the Specialty Leader position. As the DFA for two Reserve Commands, I've tried to recruit people for leadership jobs repeatedly, and I was surprised to see how few people apply for these positions. Brothers and sisters, the cookies are not even in a jar; they are sitting on the cooling rack waiting for someone to take them. Be that person who dares to aspire and challenges their apprehension. You'll be the standout!

I have the pleasure of being relieved by Cmdr. Kirsten Betak. She is an ambitious, energetic, and diligent Officer, and she has already demonstrated keen initiative as she has assumed the role. She is going to do an excellent job, and I am glad the job is going to such a potently capable person. It's been a pleasure to work with everyone, and I look forward to crossing paths with you in the future. 



Tips for the Seabag

Compiled by Community Leaders

Write your own FITREP well to the point that there is little to no editing required after you submit.

Look not only to be a member of committees, but to be a committee leader.

Don't be afraid to admit that you do not know something.

Don't forget to have fun with your career. Find something interesting and learn something at every command.

Always ask the question. As a JO, I was often afraid to ask, but when you don't ask the answer is always no.

Consider diversity in your collateral duties. Do things that support your department, the command, your AOR, the MSC community, and Navy Medicine.

Expect and take advantage of your midterm counseling strengths and areas to continue to work on.

Network, network, network. Go to the military galas, wardroom events, etc. Get out and get known!

Have multiple people look at your record well before you're in zone.

You have to become comfortable with advocating for yourself ("bragging"), because no one will care as much about your career more than you will.

Volunteer for a selection board (i.e., recorder) - this will likely give you the best insight into the selection board process and what boards focus on.

Ask other senior officers within your community and from outside your community to review your FITREP and provide feedback.

Demonstrate growth through career and increasing responsibility. Your record should read like a book, from introduction to climax.

Understand your record and work on it continuously. Sometimes, things disappear or don't get updated. Keep an eye on your record throughout your career.

Every command has a ranking board before FITREPs are finalized. Know who is fighting for you and ensure they know of your accomplishments.

Read as many other FITREPs as you can to see differences in style and content. This will help you discern "good" from "not so good" FITREPs.

Diversify your mentors and learn from your Chiefs. Senior enlisted are there to teach and mentor us. Have multiple mentors from different fields.

BRAVO ZULU

Capt. David Jones was awarded the Legion of Merit for his service as Commanding Officer, U.S. Naval Hospital Guantanamo Bay, Cuba.

Cmdr. Arlene Saitzyk was awarded the Meritorious Service Medal by Marine Corps Embassy Security Group.

Cmdr. Christina Carmody, USNR, was awarded the Meritorious Service Medal by Joint Task Force Guantanamo Bay.

Lt. Cmdr. Jessica Forde was awarded the Navy and Marine Corps Commendation Medal by Naval Hospital Bremerton.

Lt. Cmdr. Lindsay Gleason was awarded the Navy and Marine Corps Commendation Medal by Naval Hospital Jacksonville.

Lt. Kyle Bandermann was awarded Navy and Marine Corps Commendation Medals by U.S. Naval Hospital Guam and Commander, Submarine Squadron 15.

Lt. Chantal Meloscia was awarded the Navy and Marine Corps Commendation Medal by Naval Medical Center Portsmouth.

Lt. Marcus Vansickle was awarded the Joint Service Achievement Medal by Ft. Belvoir Community Hospital and the Navy and Marine Corps Commendation Medal by Joint Task Force Guantanamo Bay.

Capt. Scott Johnston was awarded the Robert S. Nichols Award by the American Psychological Association Division 19, Military Psychology, for service to military personnel and their families.

Cmdr. Arlene Saitzyk was awarded the Julius E. Uhlener Award by the American Psychological Association Division 19, Military Psychology, for outstanding contributions to military selection.

Lt. Cmdr. Jason Duff was awarded the Presidential Service Badge.

Lt. Cmdr. Dave Broderick qualified as a Surface Warfare Medical Department Officer aboard USS CARL VINSON (CVN-70).

Lt. Sarah Brower qualified as a Surface Warfare Medical Department Officer aboard USS GERALD FORD (CVN-80).

Lt. Josepha Pascetta and Lt. Mark Peugeot qualified as a Survival, Evasion, Resistance, and Escape (SERE) additional designated officers.

Lt. Cmdr. Ann Hummel, Lt. Cmdr. Chris Udell, Lt. Amanda Berg, Lt. Jessie Rae Bland, Lt. Nathan Moon, Lt. Eric Neumaier, Lt. Daniel Northington, Lt. Nick Petikas, and Lt. Kathleen Saul were awarded board certification by the American Board of Professional Psychology.

Lt. Eric Neumaier was recognized as Junior Medical Service Corps Officer of the Year by Naval Medical Center Portsmouth.

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PHOTOS FROM THE FLEET: (Top Left) Lt. Maria Herrera-Baron, Lt. Sarah Brower, and Lt. Alicia Murray, Aircraft Carrier Psychologists from USS HARRY S. TRUMAN (CVN-75), USS GERALD R. FORD (CVN-78), and USS NIMITZ (CVN-68) gather at the annual convention of the American Psychological Association, San Francisco, California, August 9-12, 2018. (Top Middle) Interns from Naval Medical Center Portsmouth don flak jackets during operational training with Lt. Cmdr Amar Purewal. (Top Right) Lt. Kyna Pak completes the collapsed structure trainer while on TAD to MCESG, Quantico, Virginia. (Middle Left) Dr. David Mather celebrates with newly graduated interns from Naval Medical Center San Diego during the hospital's annual Graduate Medical Education Programs Graduation. (Center) San Diego-area Psychologists celebrate the annual Medical Service Corps Birthday Ball. The event was organized by Lt. Cmdr. Bill Blair and Capt. Shannon Johnson, Executive Officer of Naval Medical Center San Diego, delivered the keynote address. (Middle Right) Lt. Cmdr. Dave Broderick hosts Hawaii Psychologists aboard USS CARL VINSON during the ship's visit for Exercise: Rim of the Pacific (RIMPAC) 2018. (Bottom Left) Psychologists gather for liberty and libations during the annual Navy Day meeting of the community. (Bottom Middle) Naval Medical Center San Diego Psychologists celebrate the retirement of Dr. Dana Grossman (Bottom Right) Marine Corps Embassy Security Group bestows going away gifts upon Cmdr. Arlene Saitzyk upon completion of her tour.

Surgeon General of the Navy
Chief, Bureau of Medicine & Surgery
 Vice Adm. C. Forrest Faison, III



Director, Medical Service Corps
 Rear Adm. Anne Swap

Editors, The Navy Psychologist
 Cmdr. Shawna Chee
 Lt. Kyle M. Bandermann

Specialty Leader, Clinical Psychology
 Capt. Carrie H. Kennedy

The Navy Psychologist (TNP) is a publication of the Clinical Psychology Specialty of the U.S. Navy Medical Service Corps. Its purpose is to educate readers on community missions and programs, recognize research that contributes to the highest standard of clinical care, and build *esprit de corps* among its members. This publication will also draw upon our rich historical legacy to instill a sense of pride in those who have served our community, as well as focus on the future of our community, in order to serve as outreach to those interested in joining our ranks. Finally, it aims to enhance reader awareness of the increasing relevance of Clinical Psychology in and for our nation's defense.

The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, Department of Defense, Department of the Navy, or any division thereof.

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