



The Navy PSYCHOLOGIST

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SALUTE TO SELF-CARE

DEDICATED IN MEMORY OF CMDR. ERIN SIMMONS

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SPECIALTY LEADER'S MESSAGE

Greetings Navy Psychology Community!

Welcome to the newest installment of The Navy Psychologist, dedicated to CDR Erin Simmons. In honor of CDR Simmons, I wanted to devote this Specialty Leader message to the topic of mentorship. For those of you who knew her, you know how committed she was to the community and to mentorship in particular.

So, let's talk about building a vibrant network of mentors and the "right" constellation of that network. Specifically, your network should include at a minimum a generalist, an academic, a specialist, and a non-psychologist Medical Service Corps (MSC). Some of these may be civilians but you must have a mix of civilian and military and it is important to have some gender and racial diversity amongst your mentors as well.

We all need a generalist mentor (civilian or military), that go-to person who talks us through complex professional cases or difficult career decisions, who helps us look at problems from all angles so that we make good, informed decisions, and who can help facilitate professional opportunities. One of the most important characteristics of this person should be the ability to tell you what you need to hear, not what you want to hear. (Look to your doctoral program faculty, internship faculty, or more senior Navy psychologists at your command.)

If you are pursuing research, publications, and/or professional organizational involvement, you need a traditional academic psychology mentor. These mentors keep us grounded in the profession, in touch with the larger psychology community, and involved in traditional psychology professional activities. (Look to your doctoral program faculty or get involved in professional psychology organizations.)

If you want to train, are training, or are trained as a specialist (e.g., neuropsychologist, prescribing psychologist, etc.), you need a senior mentor in that community to help problem solve, discuss complex cases, solve ethical dilemmas, etc. The right mentor can help you find training opportunities, assist with clinical problem solving, and facilitate professional development. (Look to the subspecialty leader for your specific community of interest and to specialty professional organizations.)

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Cmdr Erin Simmons at a PT event.



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EDITORS' NOTE

This issue is dedicated to a Navy Psychologist who passed away in 2018. Cmdr. Erin Simmons was a compassionate and dedicated Naval Officer and Clinician who impacted both staff and patients in a significant manner. As editors of *The Navy Psychologist* we wanted to contribute to the memory of our lost Psychologist with a topic close to Erin's heart--our own self-care. With many of us being geographically separated from our community, it is important to remember that even though we may not be together physically, our Navy Psychology community remains strong.

As active duty Navy Psychologists, we are continuously encouraging others to engage in self-care. With the many ways we care for the war-fighter, their families, and our beneficiaries, we must ourselves also find time to engage in self-care to prevent burnout and enjoy the opportunities that service allows. Our hope is that we all can use this issue and return to it in the years to come to better care for ourselves as our careers take us to new places and responsibilities.

As always, we invite your comments and suggestions for *TNP* as we continually improve. Finally, we will be turning over one editorship position over the next several months. If you would like to continue the exciting work here at *TNP* and are looking for an opportunity to serve our community, please send us a note of interest.

Honored, Encouraged, and Committed,

Lt. Cmdr. Vahe Sarkissian (vlevonsarkissian@gmail.com)

Lt. Kyle M. Bandermann (kmbandermann@gmail.com)



Dr. John Schmidt serves as the Chair of the Department of Psychology, Navy Medicine Professional Development Center (NMPDC) and Naval Postgraduate Dental School (NPDS) on the campus of Walter Reed National Military Medical Center--Bethesda (WRNMMC). He also serves as an Associate Professor at Uniformed Services University of the Health Sciences. He graduated from Widener University with an electrical engineering degree and spent time working as a process control engineer and is a Navy Veteran. He earned his Masters and Doctoral degrees in Clinical Health Psychology from the University of Kentucky, and completed a two-year postdoctoral fellowship in medical psychology at the Mayo Clinic in Rochester, Minnesota. He remained at Mayo Clinic as a Clinical Research Scholar completing additional training in human integrative physiology for three years. Prior to joining the faculty at NPDS/NMPDC, he served as an assistant professor with the Department of Medicine at the University of Pittsburgh. He has been published in numerous peer-reviewed journals, and currently serves on the editorial board for the journal Pain Medicine.

Managing Stress: Just Start with the Basics

Residency and post-graduate training in any specialty can be demanding and extremely stressful. This has been well-documented in programs for physicians, and many medical training programs now have established resources and stress management check-ins to help residents navigate their programs successfully while minimizing burnout. However, this is often not the case in other disciplines such as psychology, nursing, and dentistry. Here at Naval Postgraduate Dental School (NPDS), at the start of each academic year, all of the new residents participate in a stress management/resilience training seminar that I run. This seminar covers many stress management techniques in both a didactic format and through interactive practice of some skills. I also have several senior residents spend time sharing what has (and has not) worked to manage stress, burnout, and work/family balance throughout residency training. Listed below are some of the most frequently used skills among the

staff, faculty, and residents. I try to emphasize the basics first and use more advanced techniques as needed.

Exercise. One of the first things that loses out when we get extra busy is our exercise routine. BUT regular exercise is so important for our health, affect, and ability to manage stress! The research on the physical and mental health benefits of regular exercise is extensive. It really does not matter what you do as long as you challenge your body to some form of vigorous physical activity. The goal should be 150 minutes of exercise spread out over four or five sessions each week. If you can pair your exercise routine together with some social interaction (like basketball or running with friends), then that is even better. I tell everyone to put exercise on their schedule just like every other task. That way we are more likely to keep that appointment in the gym, at the track, or on the court.

Diet. Another no-brainer here. However, when we are stressed and juggling many demands, our

diets quickly suffer. Our meal pattern may become erratic, eating on the fly by grabbing anything available when we can. Or we may start indulging in more comfort foods as a way to at least feel good about something (chocolate has lots of health benefits, right? So why not have it for lunch?!). The bottom line is that *we are what we eat* and we need to eat foods that will help our bodies and minds better cope with stress. Otherwise, we will feel sluggish, our concentration and focus will suffer, and fatigue will become more of an issue exacerbating our stress reactivity. I encourage everyone to eat three meals each day and to keep some healthy protein-rich snacks available like Greek yogurt, granola bars, almonds, or fresh fruit and veggies. Getting those B complex vitamins is very important especially during residency training. When we have a more intense cognitive load (think journal club, exams, practicals, oh my!) our brain is working overtime and needs that extra B-complex support.

Work/life balance and family time. Residency training quickly gobbles up time. Family time suffers and work/life balance is completely neglected. While those extra work hours are hard to avoid, it is still important to carve out those hours with family and partners. Many residents will go home for dinner and squeeze in some family time, but then return to work later in the evening. For couples and singles, this is just as important. Take the time to have those chats over a meal or in the kitchen to keep connected with your partner or with your close friends. Residency is not quite the same as having a partner deployed, where you know what the routine is going to be until the end of deployment. During residency the schedule may be unpredictable. Making plans, sharing household chores, and childcare duties often becomes extra challenging. Good communication is so important here. One pearl I encourage all the residents to adopt is to insert a “pause” when they get home. Before opening that front door or getting out of the car, take a few deep breaths and reorient yourself to your family or partner. When you enter your home, be there in body and mind!

Advanced Skills. For most of us, ensuring we get enough exercise, watch what we eat, and have regular quality time with family, partners and friends is all we need to manage work-related stress. However, we all go through periods where this might not be enough. Here is where more advanced stress management techniques are very useful, such as mindfulness or biofeedback. In that seminar I mentioned earlier, I explain mindfulness and we engage in a mindful eating exercise as well as a breathing meditation. The responses to these practices are

always positive and I often get requests for more, once the real work of residency begins. During my first year here, I set up and initiated a simplified version of Mindfulness Based Stress Reduction for the residents, however it was a dismal failure because attendance was erratic and practice outside of the group just did not happen. To a resident, time is precious and is spent on work, family, then self-care (exercise, social time, sleep). There was just not the time to consistently practice MBSR skills. Instead, I had impromptu sessions where I would share a skill or idea for managing stress with residents that were interested. Topics included mindfulness, breathing exercises, communication skills, biofeedback, etc. This has evolved into a monthly stress-tip sheet that gets emailed out to the command which I call “Water Off A Duck” which has received much positive feedback.

Furry Friends. Another great resource that I will utilize when I can is the warm and comforting presence of our facility therapy dogs. We currently have six therapy dogs at WRNMMC. I use a dog probably once every week or so, right in my office, to be a calming presence with a patient/resident that is struggling. The simple presence of these loving dogs can have a significant impact on affect, body language, and reactivity. The stress level in NPDS always seems a little bit lower when the dogs are present!

What about us? We, as mental health professionals, are very familiar with stress management skills. However, I know many of my clinical colleagues that do not practice what they preach (myself included sometimes)! It is just as important for the mental health provider to manage stress and burnout in order to be an effective

clinician. In some ways it is even more important, given the role we play in the lives and care of our patients. We all have days where we feel that emotional drain or that feeling of frustration after seeing challenging or ‘stuck’ patients. There are many times where I ask myself “am I really making a difference for this patient?” We may also have days where we see several patients with horrific experiences that leave us numb and mentally exhausted. Prior to joining the NMPDC team, I worked at a major cancer center. I remember a day when my patients went through a brand new box of tissues. At the end of that day, all I wanted to do was crawl to my car, drive home, and get a big group hug from my family. One thing I realized after that day was how important gratitude was, especially when working with people who are struggling with serious illness, emotional trauma, and the lack of hope. It is my habit to practice gratitude every day, from thanking my patients for sharing their stories and lives with me, to thanking our clinic staff and my co-workers, to thanking my family for so many things. It is easy if you make a decision and commitment to do so and the effect on you and those around you is immediate and very positive. In the past few years, there has been quite a bit of research on the role of gratitude in health and well-being. Today, I am grateful for the opportunity to share my thoughts and some of the work we are doing here at NMPDC as part of the Navy team with our community. I am also grateful for the ability to manage my own stress so that I can be an effective and empathic clinical provider. What are you grateful for today? 🙏

Q & A Y E

Reflective Perspectives on Self-Care

TNP sat down with Lt. Cmdr. Anthony Smithson and Lt. Eren Roubal to discuss how they build self-care into their daily routines at Personnel Recovery Center (SERE East) and Naval Medical Center Camp Pendleton, respectively.

The Navy Psychologist (TNP): Tell us why self-care is important to you.

Lt. Cmdr. Smithson (AS): The first time I got into a yoga routine was in GITMO. One morning when I wanted to skip class because I had not slept well, my wise co-psychologist partner replied via txt, "Anthony, yoga is your freaking medical appointment!" That statement was part light-hearted and part "this is serious business." This statement, and other blunt nudges, inspired an attitude of being a champion for strong boundaries around self-care.

Continuing to practice and grow self-care activities is a big factor in what sustains my well-being in the office and at home. I now have a community of family and friends that are also champions for self-care, so fortunately self-care activity, creativity, and

respect for boundaries are the commodities with which they render one as keeping with cultural standards. In other words, ya wanna be in the circle, ya better be empowering yourself and others in positive activities.

Another reason why I value the concept and practice of self-care is that having my own intentional practices has helped me relate to and teach those who we interact with on both professional and personal matters. In other words, I've found more empathy for those who struggle with building and maintaining their own meaningful self-care activities, while also being a confident inspiration for others.

Lt. Roubal (ER): Self-care is important because it's crucial to functioning optimally as a provider, and it's also not optional. It's also important to "un-learn" bad habits that some of us may have picked up during training, such as working long hours without having a plan for self-care, or having fuzzy

boundaries between work and personal life. At the same time, we're naval officers 24/7 and many of us spend considerable time on-call or on duty past traditional business hours. There's an inherent tension there, and rather than pretending it doesn't exist, I believe acknowledging that tension is the first step towards resolving it to the best of our ability.

TNP: How do you engage in self-care during working hours? What quick in-office exercises or activities do you try to build into your day?

ER: Engaging in regular consultation when challenges arise and structuring the workday to include variability in activities. Stepping out of the office when possible and getting some sunlight, doing a three minute Mindfulness exercise, taking a break to do push-ups (work in progress.) Reminding myself that the activities I just

mentioned can build my effectiveness rather than viewing them as "off time."

AS: In the office, a foundational self-care practice is early in the day setting the intention of at least one activity that I'm looking forward to. The activity is typically non-work related (e.g., yummy dinner, reading, catching up with the kids), but also work related (e.g., completing one step of a project, organizing files, getting feedback from a consulting call). I find the most benefit comes from setting the intention on small things, essentially a gratitude practice. The hard part, and part of the practice I'm learning to grow in, is being kind to myself when I don't get to the activity I intended.

TNP: What hurdles do you find impact your ability to make time for self-care?

ER Managing the balance between saying "Yes" and "No" to additional duties/tasks.

AS: The toughest hurdle is my perception (internal hurdle) that I have too many tasks and cannot slow down or take a break. Our office culture strongly supports physical fitness, and many take advantage of it throughout the day. I can get in the zone of task accomplishment and wanting to be available for consults, which is good for the organization, but not always for me. When I get an internal nudge to slow down, I'll walk to the Exchange or around the base for some nature. When

I don't break after feeling the nudge, I often find it harder to shift gears going home and need more rest.

TNP: Are there particular types of treatment that you normally find are very beneficial to consult/vent with colleagues afterwards?

AS: I am not providing treatment through my role at SERE, but have found great benefit consulting/venting with colleagues about ethical dilemmas that occur during assessment and selection. There are some frustrating relationship dynamics in solo embedded billets. I've strongly relied on colleague support by phone to help resolve tricky issues, just to vent and process the issue or get some direct feedback. I truly believe that I could call any Navy psychologist for a casual or serious professional consult and encourage all of us to be open to supporting each other in this way.

ER: DBT. It basically prescribes consultation group because of the amount of frustration working with individuals with cluster B traits / behavior can generate in clinicians.

DBT can also give us a framework for thinking about our own self-care. There is a dialectic between the principle of "Ship, Shipmate, Self.", and the idea of prioritizing self-care. These two sides can seem like they'd be in constant opposition. We can benefit immensely from finding a way to successfully

integrate or balance both concepts into our way of operating.

TNP: How do you keep yourself motivated to continue practicing effective treatment?

AS: I maintain motivation by reflecting on my core intention for this profession, which is to smartly improve the well-being of others and processes, and that doing my part as consistently as possible has positive NET results. Some days are tough, when acute actions don't appear to be impacting the larger goals. On these days in particular, I lean into trust that some days the self-care practice is to accept, allow, ease any self-criticism, and that it is just as powerful to be okay with feeling out of sync sometimes.

ER: Reminding myself what drew me into the field in the first place and recognizing that we have to give ourselves permission to make self-care a priority, then actually doing it.

TNP: What do you think are some of the signs of burnout to which clinicians should pay attention to?

AS I believe there is value in noticing when the ratio of frustration is more than the joy experienced throughout the day to day work. Our work is challenging, cognitively taxing, and may not have the most efficient positive reinforcement

system for all of us. Noticing when you need some relief and recharge, when you are feeling distant from your core motivation, these are signs I suggest are worth investigating.

ER It's most beneficial to be attuned to potential early warning signs before reaching burnout: Feedback from those who know us best that we seem more stressed out, increased irritability or frustration even if it's not impacting work, negative changes in sleep habits/routines.

TNP: How do you encourage self-care for peers and those that report to you?

AS: For a few years I've carried around a set of seven "expectations" that I brief to all new staff members when I start a new leadership position, and keep the list posted in my office. These are expectations that I

hold myself and others to. One of the expectations reads "Maintain Basic Self-Care: Protect sleep, nutrition, play, and leave as these are the foundation of your work-day efficacy." Having this printed above my desk helps hold me accountable to what is really important when I'm reviewing a staff member's special request or leave chit. In addition, my current favorite "life hack" has been to actively maintain relationships with people who hold me accountable. The hack part is that instead of saying "let's talk soon, it's been too long," I send the friend a calendar invite for a future phone call, holding us both accountable to remaining caught up, which enhances the richness of our calls.

ER: Demonstrating positive self-care habits myself and being mildly/appropriately "inquisitive" with colleagues about their self-care habits.

TNP: Anything else you'd like to add?

ER: One of the psychologists at Camp Pendleton recommended reading the book Trauma Stewardship and I found it illuminating with regard to self-care and being frank with ourselves about how our work changes our perspective. There are examples of self-care challenges in other fields (Public Safety, Conservation / Ecology) and biographical sketches of those who practice good self-care.

AS: In the words of a wise friend and psychologist . . . Colleagues, [insert your favorite self-care activity] is your freaking medical appointment. You work hard, you deserve to maintain your well-being, you are supported by this community, take care of yourself. We need you at your best. 

Continued Specialty Leader's Message

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Finally, you need a non-psychologist MSC officer to gut check your fitness reports, collateral duty decisions, and career progression. Yes – all psychologists are MSCs, but not all professional boards and Navy career decisions are made by psychologists. Being involved in the MSC community in general and getting differing viewpoints about career milestones from outside of Navy psychology is essential. (Look to the various officers at your current command and your local MSC organization.)

Gathering your team takes time, thought, and effort and then engaging in the mentorship itself takes still more. However, the benefits far outweigh the work as exhibited by professional satisfaction, prevention of professional problems, and increased professional opportunities. CDR Simmons knew the power of mentorship, both on the receiving and the giving end. Make sure that you do too. 

CAPT C. H. Kennedy, MSC, USN



HOLDING MY BOUNDARIES

Lt. Courtney Pollman-Turner

It was 15:20 on a Thursday and I stood in my supervisor's office doorway looking dumbfounded. Dr. DeLucas had just told me to go home without finishing my notes for the day. "But it's not even 3:30..." I had started to argue. She abruptly informed me that this wasn't the point. She had observed my somewhat compulsive need to complete all of my notes before leaving at the end of the day, regardless of the time of day or urgency of the notes. I hadn't even bothered to remember how many days we were allowed to write notes because I simply could not abide by the thought of leaving administrative work undone at the end of the day. "Consider it some exposure therapy, or response prevention, or whatever," she said in her *you are now dismissed* voice. I continued to stand there for a good 30 seconds after she had turned her chair back around to face her computer. It's not that I didn't have other things I could be doing with my time – I had been struggling to maintain my triathlon training schedule since beginning internship – but the idea of leaving something incomplete at

the end of the day felt awkward. Maybe it was my past experience as a Surface Warfare Officer, but leaving unfinished business felt a bit like going on vacation with the stove still on. Nevertheless, I packed up my things and went home for the day. It was uncomfortable, but I learned an important lesson that day. Dr. DeLucas helped me break my enslavement to admin, and thank God she did because I had no idea how those administrative tasks would multiply once I was outside of the protective cover of the internship program at Naval Medical Center San Diego. I'm not going to lie; I still prefer to have all of my notes done by the end of the day unless there are exceptional circumstances. I am however able to prioritize my other administrative tasks and leave many of them undone for days, nay, weeks at a time when appropriate. The ability to maintain this boundary, has drastically transformed my ability to maintain self-care. Triathlons are an important part of who I am and training requires a great deal of time and dedication. Maintaining healthy boundaries at work has allowed me

to continue with two-a-day workouts on most days during the training season. This is not only important for my physical fitness, but also for my emotional well-being. We all know the psychological benefits of exercise, but add to that the socialization I get from working out with like-minded individuals. I've been able to participate in multiple All Navy sports teams as a result of my training, making important emotional connections with other service members who share my passion for sport. By leaving work at a set time each day, excluding exceptional circumstances, I can maintain those connections with others. I can have time to prepare dinner with my husband and go on a walk with our dogs. Gifting myself this time allows me to create and maintain diversity of identity, which I know on a personal level leads to increased resilience. Give yourself this gift. At the end of the day, your very meaningful work is only a part of what makes you *you*. Allow yourself the time, space and (perhaps most importantly) emotional energy to continue growing those other parts of your life. You'll be happier, healthier and a better clinician to boot! 🇺🇸

Memoriam : CMDR. ERIN SIMMONS

Lt Jessica Bland

I met Erin 10 years ago when I was a practicum student at Camp Lejeune; she was my first clinical supervisor. I knew I wanted to be a psychologist and wanted to work with the military. What I didn't know was if I wanted to do it in a uniform or as a civilian. I figured, 'what better way than to work in an environment that had both?' In one of my first conversations with Erin, we talked about why I fought so hard for this practicum and my future goals. After what felt like a long conversation, which was probably 15 minutes, she told me that if I wanted the experience of a Navy Psychologist, that she was going to treat me like one. Boy, did she keep that promise! Erin ensured I received the full Navy experience. She challenged me with difficult cases, sent me off to attend meetings in her place, and included me on special projects. We learned so much about each other and our common interests—we both are from Maryland, her husband and I

share the same name, we're both married to Marines, and we share an obsessive nature with attention to detail.

The year I spent working with Erin was nothing short of amazing. She provided a window into Navy Medicine and the mental health community that I couldn't have received anywhere else. When I made the decision to join the Navy, I did it clearly knowing what the expectations were, thanks to Erin. She afforded me experiences I wouldn't have received anywhere else. She was there for many of my professional milestones including serving on my dissertation committee, administering my commissioning oath, and providing support through exams and boards. After my husband, she was often the first person I called in my excitement for all professional and personal matters.

My family was also blessed to have Erin in our personal lives as well. Everyone was excited when she and Jesse received orders to Camp Pendleton. When they came out to go house hunting, they stayed with our family--it was like old times. Despite their best efforts, they returned to the East Coast without a home, so I continued to hunt in their absence. She would send me listings and I would meet up with their realtor. After looking at several homes, I was sure I finally found it—I told her I loved the house and she would be a fool not to buy it. She bought the house, sight unseen! I remember we all joked that we would either remain friends forever or they would never talk to me again. Thankfully, they loved the home and, as a bonus, she lived less than a mile from my home.

Living so close to each other we became more than friends, we became family.

On the weekends we would spend time together exploring Southern California. One of my favorite memories of Erin is when she finished SERE School. She called me asking a favor as she couldn't yet drive and I gathered my two kids to head down. When I arrived, she mentioned she hadn't eaten real food in a while and was hungry. I will never forget the look on my kids' faces when Erin started eating--she devoured the hamburger in a way that we could only sit and watch. I remember my daughter asking if "Ms. Erin was OK?" I just laughed and said, "I think so."

Erin and Jesse really became second parents to my children. When my son was diagnosed with Asperger's, she was there for support. We were trying to figure out a way to work on his gross motor skills without using traditional occupational therapy, which he protested. Through discussing this, we came up with the idea of letting him learn to Kung Fu with Erin and Jesse. She was so patient with him and helped us find an instructor who was a great match for his personality perk.

I also asked my teenage daughter what her favorite memory was of Erin. She said she always appreciated how Erin was there when she couldn't get a hold of me or her dad. This was especially true when I was gone to ODS and her father was underway. There was typical high school drama and she didn't feel she could talk to her grandparents. Since then, Erin has remained her go-to on all topics ranging from fashion to complex college psychology questions. It is this indelible spirit of helping

The last time I saw Erin was when she returned home from Pacific Partnership last summer. She had sent me a message, excited with the date of her return. I immediately wrote her back saying there was no way I could make it. I apologized profusely as this was the first time I wouldn't be there for a big event. I then called her husband, telling him that we were actually flying in for the day to surprise Erin. It was so hard keeping the secret from her as we spoke many times afterwards. I came up with every excuse under the sun as to why I

couldn't take leave. When the USNS Comfort pulled into port, we ran around hiding behind trucks, dumpsters, and tents so she wouldn't see us from the ship. When the excitement of Erin seeing her husband after a long deployment simmered down, Don and I walked up behind her. I looked at her and made a snide comment about missing her homecoming, the look on her face was priceless.

My family and I were blessed to be able to call Erin our best friend. My only regret is not spending even more time with her when she got home. I am appreciative of the time I did have with her and the memories we shared. She has helped me appreciate the little things and that is something I will never forget. Erin was an integral part of our community—her impact on our lives personally and professionally is immeasurable and she will be sorely missed.



NCCOSC CONTINUES TO CARE for the CAREGIVER

Navy Medicine has a unique, multifaceted role, from the care at a Military Treatment Facility (MTF) or on the battlefield, to performing a life-saving operation as part of a humanitarian mission. The excellent work we do globally for our nation is like no other. Navy Medicine supports our military's role in the preservation of peace and security, by ensuring a "ready medical force" and a "medically ready force." This along with providing beneficiary care makes the work of Navy Medicine not only deeply fulfilling but also demanding and stressful.

Our people are a vital part of Navy Medicine's mission. Our job as caregivers is incredibly rewarding and provides a sense of passion and satisfaction that may be hard-pressed to find in other careers. However, within the care-giving profession, there is a degree of stress that the caregiver faces, particularly those who are active duty. Moving, endless training, deployments, increased workloads, and decrease in personnel are just a few of many added stressors. The overall res-

possibilities and challenges of providing quality beneficiary care and supporting operational commitments can be overwhelming at best.

While occupational stress can occur in any profession, as a caregiver, there is a high risk of absorbing the stress and vicariously experiencing the trauma of those we care for. Being surrounded by a patient's grief and sadness, feelings of frustration for the lack of control over others can add to one's own burdens. Because caregivers are under increasing demands for competent, timely, specialized care, they are at risk for compassion fatigue, vicarious trauma, shared trauma, and burnout. The good news is that caregivers and organizations can proactively protect themselves from burnout and improve their performance through self-care and peer support.

In order to address caregiver stress, BUMED has entrusted the Naval Center for Combat & Operational Stress Control (NCCOSC) with establishing and supporting implementation of the standardized Caregiver Occupational Stress Control (CgOSC) Program at Navy MTFs. Although the core concepts of CgOSC are not new, the establishment of a formal program across Navy Medicine began in 2015. The goal of

CgOSC is to support increased job satisfaction, higher retention, and increased caregiver preparedness for operational and occupational demands, to include creating a culture of support for psychological health, and developing visible, empowered Navy Medicine leaders. Core components of CgOSC such as the Stress Continuum Model, Core Leader Functions, Combat and Occupational Stress First Aid (COSFA), Resilience strategies, Self-Care, Buddy Care, and Unit Assessment were designed to foster resilience, strengthen unit cohesion, and develop supportive work environments for caregivers.

Within CgOSC, the term 'caregiver' is somewhat a misnomer. As the CgOSC Program has matured, "caregiver" has come to mean any aspect of a unit that contributes to the quality and experience of care for beneficiaries. Though CgOSC was developed for MTFs, the concepts, principles and skills learned in CgOSC are applicable in any environment in which our providers practice.

Capt. Jean Fisak, a leader in the development of CgOSC, often elucidated the importance of moderating stress in all caregiver environments. In the many CgOSC courses she championed, she always emphasized that stress is not

selective, it affects everyone no matter what your caregiver role is within your respective unit. She would add that burnout is prevalent amongst our caregivers.

There is a vast pool of research on burnout. Burnout accumulates over time and is marked by a state of physical, emotional, and mental exhaustion caused by excessive prolonged stress, not a specific trauma-related incident. Burnout can erode commitment, leading to cynicism and decreases motivation resulting in a lack of achievement. Burnout also leads to apathy affecting not only our professional but personal relationships. Various studies report the prevalence of burnout ranging from 10% to 41%. Shanafelt et al. (2012) indicated that 28% of the US work force and 38% of physicians experience burnout. Burnout in mental health workers ranged from 21% to 67% (Morse et al., 2012). One study showed that 10% to 41% of anesthesiologists experience burnout (Sanfilippo et al., 2017).

Supporting our service members, veterans, and their families is an honorable responsibility that comes with challenges and stress. We want to highlight a few Navy Medicine MTFs that have engaged in preventative efforts to address caregiver burnout. Lt. Kyle Shephard, Audiologist from U.S. Naval Hospital (USNH) Guam, reports they have successfully been utilizing unit assessment and buddy care. To meet the goals of CgOSC, leaders are using unit assessment as a pre-clinical tool to bolster unit cohesiveness and resilience prior to a negative

event and to enhance unit morale. A unit assessment is a benign engagement by trained CgOSC team members with unit members that contributes to leader insights in identifying strengths to sustain and weaknesses to address within the unit to ensure a positive work environment.

Buddy care is an important element of CgOSC used by unit commanders to support early recognition of caregivers in distress. It is a peer-to-peer pre-clinical encounter to assess a staff member's level of stress, identify resources, and reinforce member's strengths. Buddy care also contributes to the reduction of stigma associated with seeking help. USNH Guam has increased their CgOSC buddy care provider training allowing for increased opportunity for engagement with staff before stress-related situations become problematic. The CgOSC program at USNH Guam started with a simple approach of walking around with the coffee cart socializing elements of the CgOSC program with the command staff. The team has experienced such tremendous growth, the command has authorized team's members to be uniquely identified with yellow CgOSC badges.

At USNH Naples, Italy, Lt. Victoria Selkirk, CgOSC Team Lead, indicates their CgOSC team realizes the intrinsic importance of caring for oneself, as a caregiver. Through multiple unit assessments and buddy care encounters, the team discovered that diminished self-care skills coupled with misconceptions surrounding self-care are

universally recurring motifs for caregivers. Caregivers simply don't know how to take time to revive themselves nor do they readily embrace the basics of self-care, in the midst of a dynamic workday. The command CgOSC team has responded to this need by developing a robust platform to enhance self-care skills across the organization, one which galvanizes interactive briefs, regional media, and face-to-face contact. The platform includes a weekly Armed Forces Network (AFN) radio segment providing comprehensive education on stress management and self-care, as well as monthly Command correspondence about various aspects of CgOSC programming. They have integrated a targeted self-care teaching segment within every monthly CgOSC team meeting, which allows their certified Instructor Trainers to progressively expand buddy care skills surrounding self-care issues across the hospital. They also include a short, simple didactic teaching on self-care, incorporated within every CgOSC encounter (buddy care, unit assessment, all-hands stand-down or other brief). Most recently, Lt. Selkirk engaged the front-line USNH Naples providers in Medical Grand Rounds on dispelling myths surrounding self-care and demonstrating evidence-based, measurable benefits to self-nurturance. During the grand rounds, providers were also given the opportunity to utilize a formal self-care inventory to identify personal needs and opportunities. These are just some of the activities the USNH Naples CgOSC team has

conducted that demonstrate the value of a robust CgOSC program.

At Naval Medical Center Portsmouth (NMCP), the CgOSC team continues to employ innovative ways to mitigate occupational stress for all caregivers who provide high quality care at both the main campus in Portsmouth, VA and the many outlying Branch Health Clinics in the Hampton Roads area. Initiated in the fall of 2015, the diverse CgOSC team aims to enhance psychological readiness by introducing the team's resources to newly reported staff during command orientation. NMCP's dedicated and compassionate CgOSC team provides education in the form of unit trainings, lunch and learns, health fairs, unit assessments, and quarterly coffee socials. An emphasis in their outreach initiatives is self-care and awareness of the availability of buddy care. Another important aspect of NMCP's CgOSC program is collaboration with other programs and services such as Provider Wellness, SPRINT, and Pastoral Care.

Care-giving involves a deep connection to our patients that can at the same time impact and drain emotional resources. Self-care can get put on the back burner until the caregiver begins to feel the effects of giving oneself away. This can lead to burnout and the development of stress injuries, interfering with the ability to render safe, quality patient care. Thankfully, our most senior Navy Medicine leaders recognize the importance of self-care. In a recent holiday

message, our Surgeon General emphasized the importance of taking care of ourselves providing examples such as taking a nice stroll after dinner, or being thankful for the small things in life, to taking a break to catch a quick nap or a few deep breaths, or simply making the decision to let go of the things you cannot control. He also remarked that self-care is the best gift you can give yourself and those you love. A primary component of CgOSC is self-care. CgOSC is vital to the Navy Medicine mission by caring for our people who devoutly care for others.

“Put yourself at the top of your to-do list every single day and the rest will fall into place.”

– Unknown. w

Contact

For more information on CgOSC contact your local CgOSC Team Leader or contact NCCOSC POCs, Gabrielle Tellez and Melissa Bardales @: NMCS.D.NCCOSC@med.navy.mil or usn.san-diego.navmedcensanca.

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References

1. Shanafelt, T., Boone, S., & Tan, L., Dyrbye L, Sotile W, Satele D,.. Oreskovich, M. (2012). Burnout and satisfaction with work-life balance among us physicians relative to the general US population. Arch Intern Med. 172(18), 1377–1385.

2. Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: a review of the problem and its remediation. Administration and policy in mental health, 39(5), 341-52.

3. Sanfilippo, F., Noto, A., Foresta, G., Santonocito, C., Gaetano, J., Palumbo, G., Arcadipane, A., Maybauer, M. (2017). Incidence and factors associated with burnout in anesthesiology: A systematic review. BioMed Res Int. 2017,

10. 



PHOTOS (Top Left) Cdr. Hiller-Lauby being awarded 2018 Military Health System Allied Health (Senior Clinician) Leadership Excellence Award at AMSUS in November with the Surgeon General of the Navy Vice Adm. Faison III. Lt. Whipple swimming with the manta in Guam. Lt. Schalk on a SPRINT mission to Rota Spain standing on a excavator. Lt. Whipple being awarded a spot NAM from the Commodore of Submarine Squadron 15 (Capt. Poe) and the CO of the submarine tender USS FRANK CABLE (Capt. Bierley) for the work she has been doing with the embedded submarine psychology program. Lt. Schalk and HM3 Sutton standing in front of Camp Mitchell on a SPRINT mission to Rota Spain. Service dogs at Bethesda including Sully and Dillon.

This article is 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.

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).

Learning from Up and Down the Chain

Lt. Phil Dang

After being selected as a Direct Accession (DA) in the Navy Clinical Psychology community, I was very excited to begin the next stage of my career. Now with nearly five years under my belt, this excitement has never really abated. However, coming in as a DA, there was some slight apprehension that I would be behind the curve regarding my military knowledge, since I did not have the same experience of many other Officers. This was particularly true after my first mentoring session with my DFA at my first command, in which he

shared that, "I expect you to be a Naval Officer first, an MSC Officer second, and a provider third." Luckily, with the great mentoring that I was able to receive, both up and down the chain, I was able work towards bridging that gap.

Obtaining knowledge from up the chain is generally a given. This is something that we have been trained to do throughout our schooling. We learn from those who have been in the field longer than we have, and who have generally been able to gain more experience, particularly

when we are following a similar path. As a result, it was also more straightforward to seek out mentoring from senior Officers as I progressed through my career. I was able to effectively learn the practical knowledge that is important to being an Officer and in leadership positions, such as management of administrative tasks and personnel. I was also able to learn about military customs and courtesies, such as wardroom etiquette, and what all those eating utensils are for (the outside fork is for salad, right?). However, the men-

toring that was provided to me by the Senior Enlisted with whom I worked provided me with invaluable knowledge and insight into the military customs and courtesies as they pertained to our Enlisted Sailors.

Initially, learning from my Senior Enlisted was somewhat challenging. Although I was able to garner valuable lessons on how to be a good leader for our junior Sailors, it was often difficult to obtain certain lessons. Oftentimes, the desire to help simply led to an answer of "Don't worry about it, Sir. I'll take care of it." Up to a certain point in time, I thought that maybe this was my expected role as a Naval Officer, delegating to my Senior Enlisted when something came up, so that they could appropriately and effectively handle it at the lowest level. Although there is some truth to this, there were also certain points that I was missing. It was not until a recent moment in which I was asked to reenlist a junior Sailor that it finally clicked as to what it means to be a Naval Officer.

This junior Sailor had requested that I reenlist him as his department head, and had specifically requested that it be a low key ceremony.

He said that he "just wanted to get it done" as he had "other important things to do." Figuring that it was his ceremony, and he should be allowed to dictate how it would proceed, I acquiesced to his request. We moved forward with the reenlistment in my office, and I remember simply thinking, "don't forget the words...don't forget the words..." However, out of the side of my eye, I saw that one of my chiefs was standing at attention by the doorway. As we were finishing, and I was starting to sign the reenlistment documents, my Chief called for the entire office to gather around, as he instructed us to conduct the reenlistment again.

When we finished, I had a brief discussion with my Chief regarding whether I had done something incorrectly; and this was one of my most salient memories of being mentored as a Naval Officer. He shared that, despite what our Sailors may believe, moments such as reenlistments are things to be celebrated. This was a moment in which they were dedicating more of their lives to the Navy, with no sure knowledge of what their future may specifically hold. Despite what my junior Sailor

had requested, I should have known to make it a larger event. He also noted the change in disposition of the junior Sailor. When we had initially finished the first reenlistment, we were simply moving forward with the actions. However, after the second one, in which everyone had gathered and stood at attention for him as we completed his reenlistment, he had a large smile from ear to ear. Although this is a small part of the roles and responsibilities of a Naval Officer, it drove home a point that I had already known in the past, but may have forgotten a little bit in my focus of providing treatment and learning leadership skills as a Staff Corps Officer: there is still much for me to learn as I continue on in my career as a Naval Officer. There are valuable lessons to be learned from my fellow Officers, but there is just as much, if not more, to learn from my Enlisted Leaders. Reflecting back, I realize how much I have grown in my time in the Navy, thanks to the mentoring I have received both up and down the chain, and look forward to continuing to grow and learn in the years to come as a Naval Officer. 

RUNNING ON

Capt. Michael Basso

RESERVES

Deployments are why we exist. Deployments are stressful. Deployments are a when and not an if. We recognize these facts, and try to ensure that we are ready to go. We build routines to enhance our resilience. We exercise. We engage in recreational activities. We cultivate friendships to support us along the way. We prepare ourselves in a deliberate manner.

However, is your spouse ready for you to deploy? Are your kids ready for you to deploy? Do they have the resources to function effectively while you are gone? Obviously, if your family is crashing and burning while you are deployed, then your head will not be in the game, and your ability to fulfill the mission will be degraded.

Pre-emptive family care and support is an essential aspect of self-care. While on active duty, we work and live in a community of likeminded people. More likely than not, we establish a support network for our family members in anticipation of deployment. This is facilitated by multiple initiatives at our duty stations. For instance, Command gatherings, family days, Command Ombudsmen, and the availability of fleet and family services help to mitigate problems that might arise while we are gone. The support system is not perfect, but it's better than nothing.

In contrast to support received while on active duty, reservists often go without. Many reservists live far from fleet concentration areas. Their reserve centers may be staffed by less than a dozen Sailors, and the reserve center might be quite a distance from home. Their ability to provide even modest support to family members is wanting.

The mobilizing reservist typically lives among people who have never served, much less deployed. Consequently, neighbors and friends have no idea what the deploying Sailor or their family will endure over the next year.

Need a trusted Shipmate to help out in a crisis while you're gone? Yeah, that isn't going to happen, because there's nobody there.

Consider: During my last deployment, the following events occurred within the first three months after my departure. Our primary vehicle failed and required costly repairs. The water heater died. A pipe burst, water flooded the house, and the ceiling collapsed over our dining room. One of my kids became ill, and was within minutes of being hospitalized for long term care. When did I find out about this? When I returned home after the ten month deployment!

How did that happen? How did my wife deal with all of this without reaching out to me for

support? The best answer is that my wife is a superhuman wizard who can work a full time job and run a household of six kids like a great and terrible Gunny forged in the bowels of Parris Island.

The truth is that this was my third deployment in eleven years, and we learned from painful experience to prepare before I stepped out the door. With as much patience as she could muster, she thoughtfully and deliberately attended to the fires, and put each of them out. She did this without support of family or friends, because no such people were available to support her.

My wife did not function as well during my first two deployments. Imagine being in a FOB in the middle of a desert, and your spouse Skypes you to seek help in dealing with some crisis. Not only are you dealing with your own immediate issues, but you now have remote domestic misery weighing heavily on your mind. Good times! Good times, indeed! Crises happen all the time. That's life. Normally, we get through them together. Deployments obligate us to do the best we can with what we have available, and, more often than not, the only resources we have are ourselves.

Here are some hard learned lessons and recommendations to enhance resilience of your spouse.

1) If you manage the finances, then your spouse definitely needs to pay the bills with you. Establish a budget, and do so collaboratively. Money is a cause of much anguish. Mitigate the risk. Because you provide services to junior enlisted, you already know that more misery results from fouled finances than just about anything else.

2) Household maintenance--teach your spouse how to perform your chores. Do this

not to shirk duty, but to ensure they know how to do whatever you normally do. I taught my wife how to change the oil in our vehicles, change filters on the HVAC system, replace a toilet mechanism, and service the lawn mower. Was this overkill? I dunno, but she felt more in control of things after she learned to perform these skills. Knowledge is power. Power is control. Control is efficacy. Efficacy leads to resiliency and successful problem-solving.

3) Identify trustworthy auto mechanics, HVAC repairmen, electricians, and plumbers. Make certain your spouse has all of the paperwork for warranties and insurance in a known location.

4) Do whatever you have to do to ensure that a helpful family member will visit and provide respite care to your spouse, at least once during your deployment. Your spouse needs some down time, else they will cease to function effectively.

5) Discuss how much information you can tolerate while deployed. Make certain your spouse knows you are not ducking a commitment as much as maintaining your ability to function in a stressful environment. Identify the critical information reporting requirements before you go. Obviously, there are things you absolutely need to know. Find the balance between the must know now and this can wait.

Ultimately, if your spouse isn't happy, then you won't be either. Pre-emptive efforts to facilitate spouse care result in effective self-care. If you have not spoken with your spouse about such matters, it would probably be worthwhile to do so. 

**Acknowledge your limits and set boundaries.
You can't take care of everyone.**

Save every "thank you" type note you ever receive from patients or put your awards in an "I love me" binder-- not for your career, but for you. When you're having tougher times, pop those out and read over all the good work you've done.

Plan your leave out a year in advance. When you *need* to take leave, it's already too late. If you wait until you have the time, you never will.

*"Comparison is the thief of joy."--Theodore Roosevelt
Run your own race and be proud of your finish line.*

The "working lunch" will actually kill your productivity. The best thing our clinic ever did was institute an expectation that we eat lunch together and talk about non-work things: reality TV, our "real" lives, and our personal goals. Not only did we enjoy each others' company, but we were refreshed enough to tackle the afternoons.

Every time you fly, you're reminded to "put your own mask on first" in the event of an emergency. As altruistic as we are to be in this business, you've got to take care of yourself before even thinking about being around to take care of others.

The Navy gives you 30 days of leave every year so that you can take 30 days of leave every year. Use it!

Our jobs are inherently tough. The great news is that someone has embraced the suck before you. Find them and lean on them. That's what will make this group into a true community.

Tips for the Seabag

Compiled by Community Leaders



bravo zulu

Cmdr. Melissa Hiller-Lauby was awarded the 2018 Military Health System Allied Health Leadership Excellence Award for Senior Clinician by the Association of Military Surgeons of the United States (AMSUS).

Cmdr Robert Lippy was awarded the MHS Allied Health Leadership Excellence award

Lt. Lyndse Anderson was selected as Junior Officer of the Year at Naval Medical Center San Diego.

Lt. Titus Hamlett was selected as Medical Service Corps Officer of the Quarter at Naval Medical Center Portsmouth.

Lt. Titus Hamlett and Lt. Cmdr. Anthony Smithson were Board Certified by the American Board of Professional Psychology (ABPP).

Saitzyk, A.R., Chee, S., Cespedes, C., & Grieser, E. (2019). Women warriors: individual, social, and

organizational challenges and opportunities in combat and combat support roles, symposium session presented at the Regional Research Symposium, Adler University, Chicago, IL.

Shenberger-Hess, A. M., Rapley, J. C, Miletich, D. M., Embedded Mental Health Mission and Objectives. Continuing education certified presentation for Annual Meeting of the Association of Military Surgeons of the United States, National Harbor, MD.

Van Sickle, M., LaCroix, J. M., Kerr, N., Fox, A., & Ghahramanlou-Holloway, M. (2019, April). Adaptation, Feasibility, Acceptability, and Fidelity of a Brief, Group-Based Cognitive-Behavioral Therapy Intervention for Suicide in a Military Treatment Facility. Panel presented at the Annual Meeting of the American Association of Suicidology, Denver, CO.

Navy and Marine Corps Achievement Medal

Lt. Noah Epstein



Lt. Elizabeth Whipple

Meritorious Service Medal

Lt. Cmdr. Amarjeet Purwal



Lt. Cmdr. Vahe Sarkissian

Joint Service Commendation Medal

Lt. Marcus Van Sickle



Fleet Marine Force Qualified Officer

Lt. Amanda Berg

Lt. Rhondie Tait



Lt. Cmdr. Amarjeet Purwal

Lt. Cmdr. Vahe Sarkissian

Navy and Marine Corps Commendation Medal

Lt. Eric R. Neumaier



Lt. Justin C. Baker

Lt. María José Herrera

Lt. Eren Roubal

Surface Warfare Medical Qualified Officer

Lt. María José Herrera





PHOTOS (Top Left) Lt. Tait coming out of gas chamber during Field Medicine Service Officer School. Lt. Epstein and Lt. Polito after completion of SERE level C course. Lt. Tait being awarded her Fleet Marine Forces warfare device.

**Surgeon General of the Navy
Chief, Bureau of Medicine & Surgery
Rear Adm. B. L. Gillingham**



**Director, Medical Service Corps
Rear Adm. Timothy Weber**

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**Specialty Leader, Clinical Psychology
Capt. Carrie H. Kennedy**

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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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