Salute to Our Billets and Duty Stations

From the Halls of Montezuma to a Cubical at HQMC
Cmdr. Erick Bacho tells all about Quantico

Something a Bit Different
Lt. Cmdr. Landsinger schools us on the Professorship billet at USNA
SPECIALTY LEADER’S MESSAGE: Onward and Upward!

The Navy Day events this summer were a huge success. At Navy Day itself, we had more than 60 psychologists in person and many more online. It was great to hear numerous, diverse talks, including the subspecialty updates, care of individuals who identify as transgender, board certification, promotion, patient privacy and confidentiality, as well as deployments to Djibouti and Guantanamo Bay. It was also wonderful to share a happy hour with our Navy colleagues from other mental health professions and dine with fellow psychologists. Thank you to all who contributed, and I hope to see even more of you next summer.

The state of Navy Psychology is exceptional. We have passed the historic milestone of having more than 200 active duty psychologists and 100 percent manning. Thanks to the efforts of many, but particularly our National Training Director, Dr. Eric Getka, we have been able to reach these levels while maintaining the quality of our psychologists. While many medical specialties within the Navy are being forced to retract under certain algorithms (i.e., MedMACRE), clinical psychology continues to grow. New billets continue to be established at Navy Expeditionary Combat Command, Bahrain, Naval Special Warfare, Submarine Forces, Joint Special Operations Command, Marine Logistics Group, Recruit Training Command, Navy Nuclear Power School, and more exciting billets are in the works. This tremendous growth is a true testament of the outstanding work you all do every day.

While the future looks bright for clinical psychology, we must continue to strive to be better. Although our recent survey indicated that we have higher Satisfaction with Life, Personal Achievement, and Unit Cohesion than the general population, we have increasing Emotional Exhaustion and Work-Family Conflict. This was particularly true for those psychologists serving at our Military Treatment Facilities. Though our promotion rates show signs of returning to our 10-year averages (67 percent of in-zone O-3s were selected for O-4 this year), our Promotions Working Group is continuing to search for ways to increase them. Implementation of our Career Development Boards should have a positive impact.

As this is my last TNP article as your Specialty Leader, I wanted to take this opportunity to thank you all for the honor of serving in this capacity for the past four years. It has been one of the highlights of my career to help direct the course of our fantastic community. I have thoroughly enjoyed working with each of you individually in guiding your careers and determining your next duty stations. It has also been a privilege to assist our community in growing our billets from 177 to 201 and improving our manning from 88 percent to 103 percent. We have had an active Executive Committee, implemented a five-year strategic plan, established working groups to address promotion and burnout issues, surveyed the community, and defined psychologists as mission critical to an expanding number of operational commands.

I want to thank Capt. Shannon Johnson and Cmdr. Arlene Saitzyk who have been valuable Assistant Specialty Leaders, and thanks to all the Subspecialty Leaders who worked tirelessly with me to advocate for their communities. Finally, I want to wish Capt. Carrie Kennedy all the best as she takes over the helm of this exceptional community. The future looks very bright for clinical psychology.

Capt. Scott L. Johnston

ON THE COVER

PCS Orders received from Naval Personnel Command are the culmination of much planning and anticipation. Written in the traditional Navy message traffic style, PCS Orders are the official document authorizing movement of your household goods and establishing your new duties.
Join the Navy—see the world! All those different job duties—is there anything Navy Clinical Psychologists haven’t done? And who would have thought, “in every clime and place?” We are one of the most diverse specialties in the most diverse Corps in Navy Medicine. There may likely be no recent mission we haven’t affected and no duty station left untouched by our subject matter expertise.

In this edition of *The Navy Psychologist*, we focus on the great variety and opportunity in our job duties (“billets”), and our geographic vastness, spread to all corners of the country and the globe (“duty stations”). Our hope is that this issue inspires our most junior readers to “shoot for the stars” and allows our most senior readers to recount memories of patients, shipmates, commands, and adventures.

We also welcome aboard our newest editor, Lt. Cmdr. Shawna Chee, who will be serving *TNP* for the next two years. Navy Clinical Psychology and *TNP* truly have their best days ahead, with adventures that will take us around the globe and endeavors that will take our community to the future.

Honored, Encouraged, and Committed,

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Located along the lakeside of the heavily wooded Marine Corps Base Quantico lies the Marsh Center, which serves as the home of the Marine and Family Division and its Behavioral Health Programs. It’s likely that, when most Navy psychologists think about working with Marines, they envision running around with an M-4 in one hand, the DSM-5 in the other, sporting a fresh crew-cut, and screaming “Oorah” at the top of their lungs. Well, there is some of that, but as far as the billet at Headquarters Marine Corps (HQMC) … not so much.

That being said, very few jobs in Navy Psychology provide what this billet can; that is, the opportunity to step out of your typical roles and responsibilities and into a job where you help develop programs and policies that affect the lives of thousands of Marines and their families. Briefly, goals of the Behavioral Health Branch, referred to as “Branch,” include keeping Marines, Sailors, and their families healthy and safe, and promoting readiness and resilience via clinical guidance, subject matter expertise, and policy development for Marine Corps commands.

The Branch directs and supports integrated programs that provide critical services responsive to the needs of service members and their commanders. These innovative programs utilize prevention, education, problem identification and referral, case management, counseling, and after-care assistance concerning behavioral health. The Branch facilitates collaborative efforts and resources of all behavioral health elements, and the psychologist plays a significant role in multiple programs, which I describe below. Bottom line up front: each of these specialized services addresses behavioral health issues early, ideally preventing further escalation and need for more intensive intervention. And, through the Data Surveillance, Research, Technology, and Program Development sections, all services are continually evaluated and updated to ensure progressive care above industry standard. These sections provide their technical and professional expertise to streamline research, evaluation, public health data surveillance, training development, and information technology needs across programs. The Branch’s evidence-based delivery methods allows for culturally relevant initiatives that enhance mission readiness and the welfare of Marines and their families.

The role of the psychologist has evolved over the past ten years. In its current version, I serve as the Senior Clinical Advisor (SCA) to the Branch. I am primarily tasked to provide subject matter expertise and serve in a consultation and liaison role to agencies and organizations outside of HQMC (e.g., Defense Centers of Excellence, Office of the Secretary of Defense, Defense Suicide Prevention Office) and joint services for “non-medical” behavioral health services in the Marine Corps. These non-medical services are comparable to those services provided through Navy’s Fleet and Family Services. The role of the SCA in the Branch differs from the role of the Director of Psychological Health Services for the Marine Corps, which supports the “green-side, medical” behavioral health services (think OSCAR psychologists, psychiatric technicians, etc.).

The following are some of the roles that the SCA plays in the Branch as the subject matter expert:

- Future Operations Section Head. The Future Operations Section (FOPs) provides consultation for the Behavioral Health Branch regarding current clinical research, practices, and policies that will have near to long term impact on USMC’s non-medical counseling services. The SCA regularly meets with the FOPs’ policy analysts and the Senior Enlisted Advisor for the Branch and provides supervision and management of the staff.

- Suicide Prevention. The Marine Corps Suicide Prevention Program provides policy, resources, guidance, training, and program oversight for suicide prevention, intervention, and postvention efforts to reduce suicidal behaviors in Marines and their families. The SCA, along with the Suicide Prevention
Manager for HQMC, attends the regular Department of Defense Suicide Prevention Offices quarterly meetings and annual meetings/conventions. The SCA is also a member of the Death by Suicide Review Board (DSRB), a confidential advisory board responsible for collecting, reviewing, and analyzing standardized data on all deaths by suicide in the active duty Marine Corps to improve the understanding of factors that contribute to suicide, better inform suicide risk identification and intervention opportunities, identify potential program gaps, and recommend improvements for Marine Corps Suicide Prevention efforts.

- Community Counseling Program (CCP). The CCP mission is to provide Marines and leaders the tools to foster total Marine fitness and readiness, to operate as the Marine and family members’ preferred choice for confidential, evidence-based community counseling, and to provide commanders with knowledge of prevention and counseling resources and the skills to leverage command climate to promote readiness. CCP clinicians are primarily based at installations, but may also be embedded within the units, thereby reducing barriers and increasing access to services. The SCA provides on-going support to HQMC efforts to measure clinical outcomes across the various programs in CCP.

- Marine Intercept Program (MIP). MIP is a collaborative effort between an installation’s CCP, Military Treatment Facility (MTF), and the Marine’s chain of command. In the event a Marine is identified with suicidal thoughts or an attempt, the CCP immediately reaches out through the Marine’s command to offer services. The SCA is the subject matter expert for suicide intervention and attends all meetings related to MIP with the Section Head of CCP. These meetings are with senior leadership or with MIP Counselors from the Fleet. The SCA provides feedback on policies and standard operating procedures from the Fleet.

- Family Advocacy Program (FAP). FAP’s mission is to prevent and reduce family violence and ensure a coordinated community response to child abuse and intimate partner abuse. The SCA advises on FAP’s Prevention and Education, the New Parent Support Program (NPSP), Victim Advocacy services, and Clinical Counseling Services.

- Substance Abuse Program’s (SAP). The SCA helps in SAP’s mission to increase the operational readiness and health of the Marine Corps by consulting with the staff on providing timely and effective substance misuse prevention, education, treatment, and deterrence services. The SCA participates regularly in program development meetings for Substance Abuse Clinical Counseling services (SACC) and the Drug Demand Reduction (DDR) Program which administers the Marine Corps drug testing program, and organizes outreach events and classes to provide drug deterrence information to Marines and families. The SCA serves as the primary liaison for the Branch and the Substance Abuse Rehabilitation Programs (SARP) for Navy Medicine as well.

- Research, Program Development, and Program Evaluation. Based on outcome studies, the SCA assists in developing behavioral health training curricula and produces material for a range of products that integrate behavioral health concepts and communicate to the Marine audience. The Operational Stress Control and Readiness (OSCAR) training is an example of a Marine-led training where I advise policy to build teams of Marine leaders, medical personnel, and religious ministry personnel within each battalion-sized unit, and aid commanders in maintaining warfighting capabilities by identifying, managing, and preventing combat and operational stress issues.

- Data Surveillance. The SCA provides subject matter expertise support to the mission of the Data Surveillance section. Data Surveillance provides Marine Corps leadership an overview of the behavioral health readiness of the force using products such as Monthly Suicide Updates, Quarterly Suicide Prevention Report, CMC Weekly (Overview of behavioral health Force Preservation metrics), Tone of the Force/Gouge, CMC Quarterly Readiness Brief, Secretary of the Navy Monthly Suicide Prevention Report, and the DSPO Quarterly Suicide Report.

- Embedded Preventative Behavioral Health Capability (EPBHC). More recently, the SCA has provided SME services to the EPBHC. The EPBHC’s mission is to augment Marine Expeditionary Force (MEF) operational forces and Marine Forces Reserve (MARFORRES) in planning, promoting, and implementing effective behavioral health prevention efforts in partnership with installation and community-based resources.

In sum, this billet is both rewarding and challenging. I would highly recommend it to those in the community who enjoy policy work and program development. –RAH!
Several months before graduating internship at Walter Reed National Military Medical Center—Bethesda, my cohort was asked to rank 18 sites, all Naval Medical Centers, hospitals, and clinics. Capt. Johnston would work alongside our detailer to make recommendations as to the best fit for our first duty stations following training. When I saw U.S. Naval Hospital (USNH) Guam as an option, it quickly rose to the very top of my list.

Guam? Where is that? In case you are wondering, Guam lies in the center of the Western Pacific Ocean, halfway between Japan and Australia, and 1250 miles east of the Philippines. As the largest island in the Marianas chain, it has played a pivotal role in American history since it was ceded by Spain following the Spanish-American War. Even before American presence, the island has experienced an influx of foreign visitors and explorers, resulting in Guam’s unique identity reflecting Pacific Islander, Japanese, Spanish, and American cultures.

You may be wondering what would possess me to move 8,371 miles and 14 time zones away from my family and friends in Miami, Florida. The reason really boiled down to seeing the world. Since my time here on Guam, I have found numerous opportunities to lead and experience the gifted staff of Navy Medicine while also enjoying the perks of residing on such a remote, yet beautiful island. The rewards have been bountiful, though serving on Guam also comes with its own set of minor challenges that help us grow and build resilience.

The USNH Guam we know today has come a long way since its establishment in 1899 when the USS Yosemite arrived on the island and the new U.S. Territory came under Naval Governance. The scarcity of modern western medicine and the proliferation of infectious tropical diseases compelled Naval surgeons to advocate for establishing stationary medical services. In order to improve the quality of health and control the spread of disease within the small population of Guam— islanders and service members alike—population health, preventive care, and caring for the local people has always been a unique mission of USNH Guam. Eventually, surgeons on ships grew into clinics and, with the expansion of military forces in the Pacific, these centers became the first hospital in Guam.

The physical plant of USNH Guam is located smack-dab in the center of the island atop a hill overlooking the picturesque and pristine waters of Hågatña Bay. Though the primary mission of USNH Guam is the “island Hospital Ship,” providing medical support for our forward-deployed operational forces in the Western Pacific, the hospital and clinics offer an array of medical services for active-duty members, reservists, family members, retirees, veterans, and their dependents. Navy Clinical Psychology entered the picture as the Navy realized the importance of providing accessible mental health services for sailors and their families stationed distally from Military Treatment Facilities, such as Tripler Army Medical Center, which is 3,797 miles away from Guam, eight hours by flight. Like the Navy’s culture of adapting to life at sea, Navy Clinical Psychology evolved to expect the unexpected and be ready for acute psychiatric emergencies from homeported and visiting submarines, surface fleet assets, helicopter air crews, Seabees, and other expeditionary forces. Navy psychology’s presence here has truly reduced the number of medevacs and possible suicide completions, as well as increased sailor readiness. Navy Clinical Psychology on Guam not only supports the active duty sailor, but we have expanded our care to provide mental health services to Soldiers and Airmen deployed or stationed here, Guam Army and Air National Guard, and Coast Guardsmen. Eventually, we hope to extend this level of support to the soon to be expected Marines.

With growing outpatient needs, we have modified treatment protocols to fit with different settings in order to increase access to care. For example, we offer Cognitive Behavioral Therapy for Insomnia in a group therapy format. Additionally, as submariners present with unique occupational chal-
The challenges and specific community values, the Embedded Mental Health Program (EMHP) of Submarine Squadron 15 has worked diligently to reduce the loss of manpower by developing trust with the command and personnel, and to increase resilience with our preventive efforts.

Leadership opportunities are plentiful here, and we often see enlisted and officers working on collateral duties and community service projects together. One of the projects I was recently involved in, the Guam Liberation Day Float, allowed me to work alongside junior enlisted and civilian staff to complete this community project over a month period. Such interactions increase mentorship opportunities with our staff and build morale. As a fresh psychologist, mentoring from seasoned clinicians was a concern I had when selecting my first duty station. Appeasing my concerns, I have had numerous mentors from diverse disciplines and cultural backgrounds encouraging me to seek leadership and clinical opportunities.

Another large factor drawing me to serve on Guam was the opportunity for adventure. The island, with its pristine and warm ocean surrounded by a coral reef, is heaven for water lovers. SCUBA diving is extremely common on Guam, and dive certifications and equipment are significantly less costly than on the mainland. Additionally, the best dive and snorkel sites on the island are located right on Naval Base Guam. Kayaking and paddle boarding are also very common water sports on the island.

For those interested in history, Guam has numerous memorial sites and museums commemorating the Pacific Theater of the Second World War (WWII). As one who enjoys reading about history, particularly military history, Guam provided the perfect location to immerse myself in it. Though the U.S. Navy governed the island from 1899 to 1941, the Japanese Empire fully occupied the island following the events of December 8 (due to our location west of the International Date Line), the same operations that attacked Pearl Harbor. Since the U.S. Marine Corps defeated the Japanese Empire and reclaimed the island on July 21, 1945 (celebrated yearly as Liberation Day), you can see evidence of the significant battles by land, sea, and air. The island contains many wrecks from American and Japanese ships and airplanes, and even artillery and ammunition from WWII can be found on the island. The military history is much more remote than WWII, as tourists can see cannons, old Spanish forts, and the Catholic influence brought over by explorers. The opportunity to live on a tropical island like the one in Treasure Island made the choice very easy for me. Beauty is evident throughout the island and boondie (jungle) stomping, which is the colloquial term for hiking, provides a first-hand Indiana Jones experience into the dense jungles of Guam. The highest peak, Mount Lam Lam, has some of the best views of the island, and—rising from the bottom of the Marianas Trench and Challenger Deep—represents the single greatest change in elevation on the whole globe. It is also common to run into ancient Latte stones around the island, which clash with the modern buildings surrounding these architectural wonders of the past.

The ease and relative inexpensive nature of traveling to other nations in the Pacific was another incentive for me. Since arriving on station, I have been to several islands in the Philippines, as well as Rota in the Commonwealth of the Northern Marianas Islands. I am still preparing to head to Chuuk Island, Taiwan, Palau, Indonesia, Japan, and Australia, before my tour is over. I may even decide to bring along my SCUBA equipment to explore the underwater terrains of these countries.

The challenges of living on Guam have fostered my ability to grow on a personal level and have continued to support my decision to serve on Guam. The time difference is a deterrent to frequent and spontaneous contact with loved ones state side. Additionally, returning home can be a very long airplane ride. Yet living away from my family and friends has allowed me to build my resilience by learning to adapt to a new environment without the readily accessible support from my loved ones. I learned to make new friends from diverse cultural backgrounds, picked up new hobbies along the way, and became more familiar with the “real Navy” in a forward-deployed environment. Groceries on the island are not always the freshest or the most inexpensive due to being shipped from all over the world, but I tend to go to the commissary with an open mind. If the ingredients for one recipe are not found, I go to the next one on the list—all minor obstacles to fully enjoying Guam. I strongly believe I have gained wisdom and emotional maturity since arriving on station, and every day is a new learning experience for me.

A day here in tropical paradise is never routine. Though we are far away from our loved ones, USNH Guam strives to maintain morale and a sense of unity amongst its sailors. In Guam, familia, has a deeper meaning. Familia provides a sense of identity, a support system, and defines responsibilities and obligations amongst people in a clan. I truly feel I have found my Navy familia here in Guam. Biba!
Naval Station Guantanamo Bay (GTMO) was established in 1903 as part of the Platt Amendment, a treaty between the United States and Cuba, following the end of the Spanish-American War. The Platt Amendment resulted in the perpetual lease of 45 square miles of sea and land for a yearly fee of $3,386 and may only be broken by mutual agreement. Naval Station GTMO is the oldest overseas base in the Department of Defense.

Joint Task Force (JTF) GTMO is an operational deployment setting. JTF Behavioral Health services for service members are provided at the Joint Stress Mitigation and Restoration Team (JSMART). This is distinct from services offered at U.S. Naval Hospital. The hospital behavioral health staff consists of one social worker, one psychiatrist, and one Behavioral Health Technician (BHT) Hospital Corpsman, and is assigned to assess and treat the problems of the roughly 4000 members assigned to Naval Station GTMO. JSMART employs up to three Navy clinical psychologists from both Active Duty and Reserve components. At present, two Reserve psychologists staff JSMART with a fresh new Active Duty psychologist just joining us. JSMART also staffs up to five BHTs and is organized within the Joint Medical Group (JMG) in the expeditionary camp at GTMO. JSMART serves about 1,500 personnel from the Active

Haven't Had Enough Navy?

Lt. Cmdr. Rebecca Lusk
Cmdr. Anthony Peterson

(Background) Lt. Ashley Shenberger-Hess leads a yoga session for personnel attached to activities on Guantanamo Bay.
and Reserve components of the Air Force, Army, Coast Guard, Navy, Air National Guard, and Army National Guard. The majority of the troops are employed in the Military Police (MP) occupation.

JSMART aims to adopt a positive, resiliency-based framework to promote adaptive coping skills and mind-body wellness in troops who are exposed to the routine stressors associated with deployment and working in an austere environment such as a detention facility. JSMART believes we achieve the best outcomes through early identification and intervention of deployment-related psychological issues in order to ward off functional deterioration and impairment. JSMART also helps troops with return to effective functional capacity in circumstances where impairment has occurred, and then supports troops in maintaining their adaptive coping gains throughout the remainder of their deployment.

JSMART is a unique environment for a clinical psychologist. The current psychological health needs of the JTF reflect negligible needs for traditional behavioral health services found at many military treatment facilities. Rather, the typical work of JSMART clinical psychologists includes a great deal of supportive services, psychoeducation, resiliency training, outreach, collaboration, and consultation. JSMART BHTs are involved in multiple arenas, such as providing supportive services, relaxation training, smoking cessation, sleep hygiene training, and outreach.

Notably, outreach services are conducted by all JSMART staff members, and involve leaving the office on a daily basis to visit troops in their operational work settings. The purpose of JSMART outreach is to build working relationships with the troops and inform them about the stress mitigation resources that are available. JSMART outreach efforts include structured resiliency training conducted at the unit level, a weekly 90-minute behavioral health focused radio spot on GTMO Radio, and a weekly self-help focused article in JTF GTMO’s base-wide publication called “The Wire.”

Both formal and informal stress mitigation techniques are used regularly by JSMART staff. Formal stress mitigation techniques employed at JSMART include trainings in mindfulness, coping skills, stress management, relaxation, anger management, assertiveness, and interpersonal skills building. Informal stress mitigation techniques include daily pet visitation with therapy dogs, walk-in availability of massage chairs and outdoor hammocks complete with pleasant vistas overlooking the Caribbean Sea, and free care packages and deployment items (i.e., personal care items, snacks, etc.). In addition, JSMART offers a monthly Wellness Saturday where the facility is open for four hours so that troops who would not otherwise have the time to partake in JSMART services during the workweek due to work schedule restrictions can do so. All the informal stress mitigation techniques are offered during Wellness Saturdays, along with gentle yoga, baked goods, and fellowship.

JSMART staff consults and collaborates with a variety of personnel including troop members’ chains of command, the Joint Troop Clinic, Legal Department, JTF Chaplains, Sexual Assault Prevention and Response Coordinator, Fleet and Family Services, U.S. Naval Hospital GTMO Behavioral Health Department, and the GTMO Drug and Alcohol Program Advisor. JSMART also collaborates closely with the Public Affairs Office due to the high visibility nature of the detention setting as well as the frequency with which the media tours and visits GTMO.

The JSMART GTMO work environment is not without its challenges. One challenge that JSMART psychologists face is providing clinical care to troops who have significant mental health histories that were permitted to deploy. Pre-deployment mental health suitability standards vary from screener to screener and between branches of service. Some troops are inadequately screened as part of the pre-deployment assessment (i.e., screeners fail to conduct a “deep dive” mental health records review). In other cases, screeners knowingly authorized a member to deploy with a significant mental health history, assuming that the member could be sufficiently managed by JSMART providers in the operational environment. Furthermore, some troops admit that they were financially motivated to deploy, and therefore misrepresented their mental health wellness at the pre-deployment screening so that they were deemed deployable. The Reserve and National Guard populations present a distinct set of pre-deployment mental health screening challenges due to lack of interface between civilian and/or Veteran’s Affairs (VA) medical records with the military medical records systems. Joint Legacy Viewer (JLV – now available as a patch in AHLTA) makes viewing VA medical records a possibility. However, not all pre-deployment screeners carefully review JLV, and if a troop does not voluntarily disclose use of civilian healthcare resources to their pre-deployment screening personnel, then screeners will have no awareness of the troop’s civilian mental health history. JSMART psychologists work closely with the Force Surgeon at the Joint Troop Clinic and the chain of command to address specific behavioral health circumstances on a case by case basis. If behavioral health factors lead to disqualification for sustained mobilization in the operational environment, providers may take steps including initiating a mental health profile (if the Troop is an Army affiliate), consulting the chain of command and
recommending duty limitations, evacuating the troop off island for immediate psychiatric hospitalization, or returning the member from Active Duty (REFRAD). In addition, JSMART psychologists have been working closely with Army mobilization processing centers to recommend improved pre-deployment behavioral health screening and record review tactics as a means of stricter behavioral health vetting in advance of deployment.

The GTMO clinical psychology deployment is a unique experience. There are many opportunities for psychologists to work clinically in promoting resiliency, interpersonal skills, and mind-body wellness strategies. As far as deployments go, some characterize the GTMO deployment as an atypical deployment experience due to the nature of the work and available morale and recreation activities, such as scuba diving, snorkeling, boating, and fishing. The water temperature is warm and inviting, ranging from 79°F to 85°F. The weather is typically hot, humid, and sunny, and temperatures range from 69°F to 92°F (I should also mention that hurricane season does affect GTMO from June through October). Along with these wonderful recreation activities, downtime at GTMO offers unique opportunities for troops to participate in volunteerism, personal advancement, and self-care. That said, you will be a disappointed trooper if you are hoping for interaction with Cubans, the Cuban culture, or learning about local customs. Unfortunately, off base travel within the country of Cuba is not permitted at this time.

GTMO has a lot to offer as far as deployments go! The work duties are not difficult, the weather is great, and the extra-curricular activities are plentiful. If you are a psychologist who enjoys resiliency and well-being work, and your hobbies include outdoor adventure, then GTMO might be well suited to you. With all that it has to offer, Guantanamo Bay isn’t just a deployment, it’s an experience to remember!
Although I’d been a Suicide Prevention Coordinator (SPC) way back-in-the-day, I never fully understood the Navy Suicide Prevention Program or the 21st Century Sailor Office until I received my orders. When I was an SPC, Navy Suicide Prevention was an office of one, run by former Navy Psychologist, Lt. Cmdr. Bonnie Chavez. Now the “Operational Stress Control and Suicide Prevention Office” has a staff of 30 and is responsible for a portfolio that impacts the entire Navy. In addition to our program, the 21st Century Sailor Office includes Equal Opportunity, Physical Readiness, Sexual Assault, Hazing, Bullying and Fraternization, Alcohol and Drug Abuse Prevention, Financial Readiness, and Family Readiness. We all work together frequently to achieve the same goal of improving Navy culture and promoting total Sailor fitness. It’s pretty awesome to work alongside these folks and provide input into their policies. When I received my orders, my Executive Officer gave me wise advice. He told me that my job isn’t to go to OPNAV (the operational arm of the Navy) and help write good policies, but to instead prevent the bad policies from being released. He was absolutely right and that was the extent of my preparation for the job. I’m probably supposed to tell you that I had a clear career plan and a staff job was the next move, but that’s not true. I joined the Navy for the adventure and have gone where the Navy needed me to go—no reason to change my strategy now!

The OPNAV Psychologist is the subject matter expert who advises the 21st Century Sailor Office and Navy leadership on suicide and mental health. The psychologist liaises with the Bureau of Medicine and Surgery and other services, and collaborates with Department of Defense and civilian partners in suicide prevention. Our four priorities are: (1) training (we create your GMT—you’re welcome), (2) developing and interpreting policy, (3) data surveillance and reporting, and (4) postvention (helping commands after they’ve lost a sailor to suicide). Most of my time is spent on addressing questions from within and outside the Navy, civilian communities, and even Congress. I write a lot of reports, provide guidance for our programs and initiatives, and provide input on our strategic communications products. I travel frequently to participate in summits, provide training, learn from national educators and collaborate with other areas in OPNAV. One of our big programs is the annual “Deep Dive,” where a team of 20 experts review the Navy suicides for a given year, sometimes up to 800 pages of material per person. It’s a complete autopsy into every aspect of their lives prior to death, including Naval Criminal Investigation Service reports, family interviews, Military Entrance Processing Station records, information from the Physical Readiness Information Management System, electronic medical record, fitness reports, social media postings, and even final texts and emails. It’s heartbreaking work but an amazing opportunity to learn what we can do better to care for our sailors.

We are a line-led office so our focus is on the entire Navy, not just clinicians. I’ve got to be able to take out the jargon and articulate what our programs are doing to these line leaders. This is especially important since our Chief of Naval Operations and Chief of Naval Personnel are both from the nuclear community and my immediate boss is a Surface Warfare Officer. However, it’s helpful that I also speak Navy Medicine’s language, so that our leaders have a full understanding of the impact of our programs. Regularly I attend meetings where some organization is pitching their latest bright idea, promising to “predict and end” suicide and PTSD, and my feedback is valued by senior leaders who want to know if the pitch is too good to be true—it usually is! One real eye opening experience for me was during congressional testimony season where we can be tasked to review speeches or read a 300 page proposal and provide feedback in 24 hours. It blows my mind some days the things I get to do. And when I’m not working on these projects, I get a chance to mentor sailors and still see patients one day a week at the base clinic, which keeps my clinical skills sharp.

Should you come here? Absolutely! Millington, Tennessee can be an acquired taste but the job is incredibly rewarding. I do miss working with sailors—our building is nearly 95% civilian. But my Chief is a Yeoman who is just the right combination of “salty” to keep me tied to my Navy roots. And most of the civilians are retired military—we have sea stories for days! A staff job is a challenging transition and you have to suspend everything you thought you knew about execution. Everything is harder than it sounds. Everything I thought was a simple fix, isn’t; and that’s been a great lesson to learn. As far as career enhancing, yes, but that’s not why I came. This is a great opportunity to make a difference and it only takes reading one suicide note to appreciate the job. Keep this one on your radar!
**Q&A**

The Navy Psychologist sat down with a few of our 2016-2017 intern and post-doctoral trainees to discuss their transitions from training to their first billets and duty stations.

**LS:** Lt. LaToya L. Small, Intern, Walter Reed National Military Medical Center—Bethesda  
**EW:** Lt. Elizabeth Whipple, Intern, Naval Medical Center San Diego  
**MW:** Lt. Michael A. H. Widroff, Intern, Walter Reed National Military Medical Center—Bethesda  
**LW:** Lt. Lea Michele Lafiield Walsh, Intern, Naval Medical Center San Diego  
**Pl:** Lt. Pony Inthanongsak, Intern, Naval Medical Center Portsmouth  
**LB:** Lt. Libby Bohme, Intern, Naval Medical Center Portsmouth  
**AW:** Lt. Aaron S. Weisbrod, Intern, Naval Medical Center Portsmouth  
**AM:** Lt. Alicia N. Murray, Post-doc, Naval Medical Center Portsmouth

**TNP:** Tell us about your adjustment to living in the San Diego/Portsmouth/Washington, D.C. area this past year.

**LS:** My transition to the D.C. area was relatively easy given I’m from Philadelphia, which is only two hours away. I decided to live close to work, along the Red Line, for an easy commute. I have ventured from time to time down to the D.C. area and it feels like a melting pot of culture. If it weren’t for the commute, I would have definitely chose to live in that area but I visit as often as possible.

**EW:** I also moved from Philly, but to San Diego. This is my first life-long friends and have had truly memorable moments. I’m sure some day we will return to the beach at Sunset Cliffs, our favorite restaurant on Point Loma, Balboa Park, and to sail in the harbor around Coronado.

**MW:** Despite being stationed at Walter Reed-Bethesda, I actually did not live in the D.C. area this year. I chose to live in Baltimore because of my family. As my wife and I are Orthodox Jewish, it was important that we live near a community that shares our values for as long as we can. Although my commute can be very long, it is important that we make community a priority, especially since we have two young daughters.

**LW:** Two words: sticker shock. Having been born and raised in Texas and then spending graduate school in the Midwest, I was initially taken aback by the cost of living. That said, honestly, there is little “adjusting” when it comes to the beautiful city of San Diego. It was evident from day one why so many civilians and military seek to live here. We have certainly made some life-long friends and have had truly memorable moments. I’m sure some day we will return to the beach at Sunset Cliffs, our favorite restaurant on Point Loma, Balboa Park, and to sail in the harbor around Coronado.

**Pl:** The adjustment to Portsmouth was somewhat easy. I’m from California, so the traffic here is easy compared to California. Adjustment to the weather was a bit more challenging, but I managed. The staff made it easy for me to adjust to working here.

**LB:** My move from Chicago to Norfolk was a very highly anticipated, welcome move. I have spent quite a bit of time in the area prior to moving here and was looking forward to being away from busy city life and closer to the beach and outdoor recreation.

**AW:** My transition to Portsmouth was smooth. I have enjoyed the local area and proximity to the hospital. Additionally, I have family in the local area which has been a nice advantage as compared to previous duty stations.

**TNP:** What factors did you consider when picking your first duty station after internship/post-doc?

**MW:** As mentioned above, being close to a religious community is important to me and my family, so some of the more remote locations were at the bottom of my list. The other considerations I had were hoping to be at a smaller facility, and working with sailors early on in their careers to build resilience.
AW: Factors I considered included previous operational experiences in the military, access to military populations of interest, clinical interests, availability of professional and leadership opportunities, familiarity of location and units.

EW: I wanted to work with a variety of communities and service branches, and get more involved in the operational side of military medicine. I also wanted the opportunity to travel and get back to SCUBA diving. So Guam seemed like a perfect fit.

LB: Something I found challenging as I created my rank list was trying to reconcile my own professional interests along with those of my husband. I think each year we make decisions about our duty stations will be a new lesson in sacrifice and flexibility both for us and members of our family.

TNP: Tell us about your initial reaction when you read the email from Capt. Johnston that he was sending you to _______ (please fill in the blank for us).

MW: Excited! I had heard from several junior psychologists that Groton is a great first command, so I am excited to see it for myself. It is a small enough that I can work closer to the line, especially as psychologists are becoming more embedded with submarine squadrons. Also, because it is a training command, the sailors will be younger and would benefit from resiliency training.

LW: I was thrilled/excited at the opportunity to go to Cherry Point, but also saddened at leaving friends and San Diego, and then nervous about what responsibilities lie in wait.

LB: My initial reaction to PCS’ing to Fort Belvoir was a rainbow of emotions, but now that some time has passed I’ve settled on feeling motivated and determined.

AW: I was grateful for the opportunity to continue working at NMC Portsmouth with the outstanding colleagues, leaders, and professionals I had come to establish great working relationships with during my time as an intern.

EW: Very excited about Guam, mixed with sadness over leaving San Diego. I love it here, but I’m looking forward to living there.

AM: Choosing our next duty stations was a bit different for post docs. We had a face-to-face meeting with Capt. Johnston during which time we were given the options, and then had to make initial decisions within a very short amount of time. My first reactions were panic and then excitement. I chose the USS NIMITZ (CVN 68), which is an opportunity I was hoping to have eventually.

TNP: What are your expectations for your next billet (regarding job duties)?

LW: I think my expectations are realistic regarding the primary goal of licensure and developing clinical skill sets as a general psychologist. Beyond these priorities, I hope to get more involved with the Cherry Point community outside of mental health, as well as the Medical Service Corps.

AM: I expect it to be high tempo and to get to wear many hats (consultant, provider, mentor, substance use disorder clinical consultant, etc).

LB: I expect to continue to build my clinical skills, and hope to take on a leadership position and some collateral duties, all while learning Army speak and working on my shade of “purple.”

MW: I am hoping I will be able to work closely with the command to identify areas which a psychologist’s unique knowledge of human behavior would prove to be helpful. Additionally, providing resiliency training to younger sailors is an exciting way to help the next generation of sailors.

AW: I am excited to continue my transition at NMCP and contribute to the team as staff psychologist.

LS: My hope is to obtain licensure, gain as much clinical experience as possible since I will be working amongst the experts in the field, apply for board certification, and set myself on the path towards obtaining the Child & Adolescent fellowship.

EW: My sponsor mentioned I will be working with many individuals with combat stress and some with adjustment disorders. Plus, I will be able to do some work with elderly retirees, which was a nice surprise. I really like geropsych and didn’t expect to get back to it while in uniform, so I’m excited about that. I don’t know what to expect in terms of collaterals and non-clinical duties, but I’m looking forward to finding out.

TNP: Tell us about your dream duty station (location)?

PL: Probably going overseas.

MW: I would love to work at Annapolis. It would provide the opportunity to help build resiliency with the next generation of
officers, who can then provide those skills to the enlisted sailors.

LS: As a prior enlisted Sailor, my fondest memories both professionally and personally are from my time overseas. The exposure and immersion into another culture can only serve to set you a part from your counterparts. I definitely gained an appreciation and respect for diversity on a different level based on my experience in Japan.

LW: I love to travel—Spain would be pretty nice. I also think about how valuable it is for a young family to experience a different culture. Close second to that is North Island, San Diego.

AM: I don't really have one dream duty station. I am really looking forward to the opportunity to move all over the U.S. and the world.

EW: Anywhere in Europe! Rota, Sigonella, Naples...

**TNP: Whether it exists in fantasy or reality—what makes up your dream billet (job duties)?**

MW: I would like a duty station where I can provide the "value added" nature of a psychologist to the command. I want to be seen as more than just a therapist—I want to be a consultant. I want to ensure that our sailors and Marines are ready to serve.

LS: My dream billet would be to serve as a child and adolescent provider for a tour in Japan.

LW: Too soon to tell. A major reason I joined the Navy was for the unique opportunities as a psychologist and officer. I do know that it would involve a good amount of time doing work out of the "office."

PI: What makes my dream billet is working with a staff who are supportive and easy to work with.

LB: I'm drawn to the more unconventional psychologist positions, such as operational psychology, neuropsychology, and others.

ASW: I am looking forward to embedded opportunities (e.g., on an aircraft carrier and with Marines).

EW: I'm not sure if it exists but I would ideally like to combine clinical care with research and data-driven assessment/selection. Some sort of hybrid between a neuropsychologist and operational billet in an embedded setting.

**TNP: Imagine at the end of your entire Naval career, whether in four or thirty-four years, and you look back at your map of duty stations or "Home is Where the Navy Sends Us" wall hanging. What do you hope to think about what you see on that list?**

LB: I hope to see a list of places that are amazing not solely because of their geographic locale, but because of the incredible memories and people, and the impact we made together while I was there.

LS: I hope I can fondly reflect on the relationships I've established and maintained over the years, both personally and professionally. Also, I hope I was influential in the growth of service members and their family members. I hope to have seen the world but not only through my eyes but those of my patients. Lastly, I won't be upset if I get to taste some of the finest cuisines the world has to offer along the way.

AW: Aircraft carrier, embedded with Marines or another operational billet, one of the hospitals that serve mainly Marines, and training/education.

MW: I hope to have good stories, lots of friends/colleagues, and to be able to look back and think of the various types of experiences that I've had in each of those duty stations. One thing I like about being a Navy psychologist is that we may have unique opportunities our civilian counterparts do not.

LW: Meaningful relationships, knowledge and learning, cultural appreciation, respect for the military and its service members, professional opportunity, and family growth.

PI: The places I've gone to, things I've been involved in, and people I've met.

AM: I hope to think about what I learned from each of the experiences and how each one helped me grow as a psychologist, Naval officer, and person.

EW: A lot of variety—all around the world!
Add the *esprit de corps* of the Corps to your coffee table or gift the “Twig” in your life a memorable token of appreciation.

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Welcome to the Marine Corps’ Medical Center! On June 27, 2017, Naval Hospital Camp Lejeune became Naval Medical Center Camp Lejeune (NMCCL), in recognition of the center’s level of service and care exceeding that of a typical military hospital. It is the Navy’s fourth medical center, and the only medical center located on a Marine Corps base. The command is currently seeking American College of Surgeons verification as a Level III trauma center and ultimately Level II verification, to strengthen services to beneficiaries and the community, and maximize the skills of deploying providers.

Our Commanding Officer, Capt. James Hancock, has made developing mental health a top priority for the growing medical center, to include expanding triple diagnosis (chronic pain, mental health, and substance abuse) and residential treatment capability. Mr. Robert Peebles, a 30-plus year Department of Defense employee and veteran Marine infantryman and substance abuse counselor, leads the Directorate’s 120 staff, which includes 60 licensed providers and 19 substance abuse counselors. Mr. Peebles prioritizes leadership development for active duty providers. Lieutenants man most of the division and assistant division leadership positions. Command collateral duties are readily available. Senior staff meet regularly with their counterparts in Marine and Family Programs, Marine Special Operations Command, and Second Marine Expeditionary Force in order to coordinate behavioral health care across the Lejeune area. Directorate staff provides 85,000 encounters annually to 10,000 predominantly active duty patients. In order of prevalence, the most common diagnoses are major depressive disorder, adjustment disorder, posttraumatic stress disorder (PTSD), and anxiety disorder.

The leaders of Second Marine Expeditionary Force, Camp Lejeune’s major tenant command, led by Lieutenant General Robert Hedelund, care deeply for the wellbeing of their Marines and Sailors. Commanding officers encourage help-seeking, and as a result, the great majority of our patients present for treatment early, with a primary goal of staying in the fight. If you’ve worked with Marines as patients, you know they bring their professionalism and courage into the consultation room, greatly facilitating treatment. Similarly, if you’ve consulted with Marine commanding officers, you know that this provides valuable exposure to exceptional leadership.

Services currently include outpatient, inpatient, and group treatment. We offer 17 groups covering a wide variety of topics including PTSD, art therapy, recreational therapy, mindfulness, crisis intervention, depression, coping skills, spiritual wellness, Tai-Chi, and more. The PTSD group includes separate tracks for combat and sexual trauma.

Outpatient services are delivered at two large mental health clinics, one located at the medical center and one off-site, co-located with a dual-diagnosis Substance Abuse Rehabilitation Program (SARP). Inpatient mental healthcare, including detox and stabilization, is provided in a 20-bed facility in the medical center. Special detachments of providers serve School of Infantry East and Wounded Warrior Battalion East, offering a more embedded experience, which is helpful training to providers who may later wish to serve in an operational billet.

Access to outpatient care is very good, with a ten-day average wait for new appointments. Weekly psychotherapy follow-up is usually available, and access to pharmacotherapy is excellent. Provider schedules are balanced to facilitate direct and indirect patient care tasks. Outpatient providers serve on small multidisciplinary treatment teams which include a counselor from Marine and Family Programs (the Corps’ Fleet and Family Services equivalent). Each team is led by an experienced mental health provider, who guides the team in making fitness and suitability for duty decisions.

Active duty licensed clinical social workers and psychologists stand watch in the emergency department (ED) and perform inpatient rounds. Active duty and GS prescribers back-up the ED watch and perform inpatient rounds. Deployment platforms include Second Medical Battalion, Operation Continuing Promise (on board the USNS Comfort), and two expeditionary medical facilities.

By request, an informal operational psychology externship experience is occasionally available, offering one year of one day per week interaction with local operational forces like Marine Corps Special Operations Command.

Camp Lejeune mental health will undergo several exciting changes in the next few years as we seek to become leaders among large military mental health programs in quality and scope of treatment. These changes will bring challenges and opportunities for leaders at all levels. If you have any questions about serving at NMCCL, please contact me at (910) 450-3730 or andrew.l.martin20.mil@mail.mil.
With the culmination of the Base Realignment and Closure (BRAC) initiative of the last decade and the current call to consolidate some military medical processes under the Defense Health Agency (DHA), Walter Reed National Military Medical Center—Bethesda (WRNMMC or Walter Reed-Bethesda) is at the center of our country’s government—both geographically and politically. Its predecessor and central home base, National Naval Medical Center, was previously nicknamed “The President’s Hospital” and, merging with the former Walter Reed Army Medical Center in Washington, D.C., Walter Reed-Bethesda has continued this tradition. Though the Commander-in-Chief does visit the hospital on occasion, Walter Reed-Bethesda is so much more than a place where Purple Hearts are given and celebrities offer photo opportunities with patients and staff. I am lucky to have experienced Walter Reed-Bethesda, as both an intern and now an active duty staff member.

When Navy psychologists are stationed at Walter Reed-Bethesda, we belong to the future of military health care. Walter Reed-Bethesda represents, for some, the first look into the future of military medicine—the Joint Medical environment. Staff at Walter Reed-Bethesda call it simply “purple.” Walter Reed-Bethesda represents service to not only the Army and the Navy, but to all branches of federal service.

This environment breeds opportunities for Navy psychologists to make a huge impact. Trainees and staff continue to serve Marines and sailors, but are also doing special duty evaluations for the Army, working alongside U.S. Public Health Service staff and researchers from across the street at the National Institutes of Health (NIH), and assisting retirees and family members with their behavioral health difficulties. It is a steep learning curve with tremendous return on investment. Navy psychologists who have served at Walter Reed-Bethesda may know more about inter-service policy and the impacts on their service members than most, because it is essential in order to provide excellent patient care. Some Navy psychologists I have been privileged to observe can quote instructions from other branches of service, as if they were Navy instructions! Additionally, there is the element of Walter Reed-Bethesda being part of the DHA as opposed to a Navy Military Treatment Facility (MTF) or an Army or Air Force MTF. Being a DHA facility means that we also adhere to different policies with regard to how our hospital functions overall. The effects of these differences in policy can most easily be seen in the manning of our hospital. Our corpsman and other sailors are more readily pulled from Walter Reed-Bethesda to fill billets at other duty stations. Though the newest changes proposed by the National Defense Authorization Act have not yet directly impacted the work of Navy psychologists at Walter Reed-Bethesda, there is hope that new processes will improve behavioral health care offered at Walter Reed-Bethesda.

Walter Reed-Bethesda psychologists can be found integrated into the Patient-Centered Medical Homes, as well as seeing patients in the Sleep Medicine and Pain Clinics, the Psychological Assessment service, Neurocognitive Behavioral Unit, Psychiatric Consultation Liaison Services, and Psychiatric Continuity Service. The campus also houses the Wounded Warrior Transition Unit, the National Intrepid Center of Excellence for Posttraumatic Stress and Traumatic Brain Injury, and a medical school and graduate university (Uniformed Services University of the Health Sciences; USU) right on base. I frequently visit the Pentagon and the Capitol for my collateral duties to include being a Team Leader for the Controlled Substance Internal Review Board, and an Instructor for “Full Speed Ahead,” an all-hands training centered on fostering integrity, toughness, accountability and initiative among all our personnel.

Working in a joint environment can make the mentorship process tricky, but there are plenty of active duty psychologists at the command who are happy to help and mentor a junior Navy psychologist. I have found great mentorship from fellow Medical Service Corps officers who have helped me to fine tune my Fitness Reports and identify ways to stand out from my fellow lieutenants. Veteran staff who are now civilians also have crucial wisdom that may otherwise have been lost if not for this joint environment. As well, prior enlisted staff who are now civilian employees bring a wealth of knowledge about military culture that is incredibly helpful. Finally, being within the National Capitol Region allows for advice and mentorship from more seasoned psychologists throughout the area who can help guide career decisions. Overall, the opportunities afforded to psychologists at Walter Reed-Bethesda are endless; it is up to the individual to decide how much he or she wants to immerse themselves in this rich joint environment.
Marine Barracks Washington, D.C., also known as "8th & I," is the oldest active post in the United States Marine Corps. It was founded in 1801. Located on the corners of 8th & I Streets in southeast Washington, D.C., the Barracks supports both ceremonial and security missions in the nation's capital. This may be one of the most unique billet opportunities not only for a Navy Psychologist, but for any military psychologist. If you like once-in-a-lifetime opportunities, this is the place for you.

One of the major roles of the Barracks is ceremonial commitments. As an officer stationed at the Barracks, we too get to participate in these events. You will have an opportunity to go to Ceremonial Drill School and Ceremonial Hosting School to prepare you. Every Tuesday and Friday during the summer months there are the Sunset and Evening Parades at the United States Marine Corps War Memorial and at the historic Parade Deck at the Barracks. Don't worry, you will not be performing in the parades, but will have hosting duties. You will have the opportunity to mix and mingle with civilian and military leaders, and dignitaries from around the world who attend these parades. Your uniform needs to be squared away and your hosting skills finely tuned as you may be asked to escort the Secretary of the Navy or the Senator from your home state. Parades include performances from Marine Corps Silent Drill Platoon, the Marine Drum and Bugle Corps, the Marine Band, and the official Marine Corps Color Guard. While stationed at Marine Barracks Washington, I have invited many friends and family members to attend these parades, and all of them have told me that this was the highlight of their DC visit. It is an honor to be a part of this.

Your clinical duties at the Barracks are different than anything you have done in the past. Your main role is assessment and selection of the Marines who will come to the Barracks with an emphasis on the security screenings. You will have some clinical work and ongoing patient care, but this will be much less than what you have experienced at other duty stations. The Marines you select and monitor are there to provide security at the Barracks, and then may have an opportunity to move on to do Presidential Service at the White House Communication Agency, Camp David and the White House. You monitor these Marines from selection at boot camp through their time at the Barracks, and then at their Presidential Support duty location. Due to the fact that the billet at the Barracks entails assessment and selection for Presidential Service, you also have additional duty orders in Quantico, Virginia, at HMX-1 - the Presidential Helicopter Squadron. Because you monitor so many different groups of Marines, your duty station will differ from day to day. One day you may be at the Barracks, while another day you may be at Quantico or Camp David or somewhere else. Monitoring those you select may take a number of different forms to include ongoing regular interviews (not therapy sessions), discussion with peers, supervisors, and those in the chain of command, and active observation of the Marines doing the job they are trained to perform. If you are a person who likes a routine and predictable schedule, this is not the billet for you.

Traveling is also a big part of this billet. I typically traveled 80-100 days out of the year. Some places were exciting and new, while others became routine. During my time in this billet, I regularly traveled on screening trips to the East and West Coast Marine Corps Recruit Depots. Additionally, I traveled quarterly to Fort Leonard Wood, Missouri at the Marine Military Police Military Occupational Specialty (MOS) School selecting for Marines to be assigned to HMX-1. The general aspects of your involvement in the assessment and selection process includes providing a presentation to those pre-selected as being potentially eligible (e.g., correct MOS), reviewing psychological testing, assessing medical and dental readiness, reviewing pertinent background information to determine clearance eligibility, and conducting a panel interview with the applicant and the screening team which normally includes the psychologist and senior enlisted leader-
You will also have the opportunity to travel overseas in support of the President of the United States. I had the opportunity to travel to Australia and Malaysia which were amazing experiences.

There are many unique perks in this billet. Due to the fact that you are associated with Presidential Support, you may be able to take your children to the yearly White House Easter Egg Roll or the White House Christmas Tree lighting. My wife and two daughters attended a White House Mother’s Day Tea/Brunch with First Lady Michelle Obama. Finally, the most unique perk of this billet comes at the end of your tour. Because your main role has been to screen, select, and monitor Marines for Presidential Support, you too are considered performing Presidential Service. All military personnel who complete their duties in Presidential Service have the opportunity to take one immediate family member with them to meet the President of the United States in the Oval Office.

If you want to stretch yourself professionally, have unique opportunities with memories to last a lifetime, and the honor to work with the best men and women in the United States Marine Corps, see about serving at the most exceptional billet in Navy Psychology, Marine Barracks Washington DC. On your next summer DC trip, make a point to attend an Evening or Sunset Parade - it will be the highlight of your visit.

(Above) Navy Psychologists gather with the current Marine Barracks Washington Psychologist, Lt. Cmdr. Jason Duff, to watch the Friday Evening Parade, featuring “The President’s Own” United States Marine Corps Band at Marine Barracks, Washington. The festivities were held adjacent to the Annual Convention of the APA. (Top Right) Lt Cmdr. Duff and Lt. Kyna Pak pose with two Marines on Presidential detail at the White House. (Bottom Right) Cmdr. Chris Blair and his wife catch President Barack Obama for a photo opportunity on a routine visit to the White House.
The United States Naval Academy (USNA), nestled in downtown Annapolis on the shores of the Severn River, is home to over 4,400 Midshipmen. The mission of USNA is “to develop Midshipmen morally, mentally, and physically and to imbue them with the highest ideals of duty, honor, and loyalty in order to graduate leaders who are dedicated to a career of naval service and have potential for future development in mind and character to assume the highest responsibilities of command, citizenship, and government.” In other words, we create future officers and leaders.

USNA is a unique place with three active duty clinical psychology billets. Two of the billets are in the Midshipmen Development Center (MDC). Currently, Capt. John Ralph serves as the Director of the MDC and Lt. Matthew Johnson is in the other billet. The MDC functions as a non-medical college counseling center. The other position is the Assistant Professorship billet with the Leadership, Ethics, and Law Department, which I most recently held. There are two teaching psychologists at USNA, the active duty billet and a civilian billet, currently held by Dr. Brad Johnson, a former active duty psychologist who has been a USNA professor for nearly 20 years. Dr. Johnson is also an incredible mentor, advocate, and all-around human being. I highly encourage our community to connect early and often with him.

While there is no psychology major at USNA, there is a great deal of flexibility and support for creating new courses. I typically teach Human Behavior (i.e., USNA’s title for Psychology 101) and Dr. Johnson offers Abnormal Behavior, both as electives. I also created a course in Health Psychology that I taught during the 2016-2017 academic year. The psychology courses are highly sought after by midshipmen, as they are a welcome change from the rigorous curriculum they have during their time at USNA, centered on hard sciences, technology, engineering, and mathematics. Because the psychology courses are electives, we usually have First Class Midshipmen (i.e., seniors) in class, though with the recent addition of psychology and sociology to the Medical College Admissions Test (MCAT), we are creating a pathway for “Medical Corps Hopefuls” to take Human Behavior prior to taking the MCAT (usually during their Third or Second Class years).

The teaching load keeps me busy, but duty at USNA also involves many collateral duties. An expected extra duty is providing counseling services at the MDC, which has been a good way to stay engaged with other active duty psychologists and not allow therapy skills to become rusty. When I started at the MDC, we were careful to ensure no dual relationships would occur (i.e., having a midshipman in class and also in counseling) and it has been fairly easy to manage. I’ve also served as a Fleet Mentor for the Sexual Assault Prevention & Response Program (SAPR), Coordinator for the Division’s Awards Program, Logistics Officer for the Naval Academy Women’s Network, and Officer Representative for USNA’s Women’s Rugby Team. There are a variety of collateral duties that may be tailored to one’s interests... or not. I was actually recruited for the rugby team by a group of midshipmen, knowing nothing about rugby. But when they write you an APA formatted paper about all the reasons why you should be their Officer Representative, how can you say no? Despite these collateral duties, I have
had the time to complete board certification, and will finish the Postdoctoral Masters in Psychopharmacology at Fairleigh Dickinson University by the time this tour is over. Much to my delight, I was also encouraged to get back into academic writing and research.

I have learned a great deal about communities outside the Medical Service Corps over the past three years at USNA. At times, I’ve felt a bit between worlds—not quite part of the officer group who teach the core curriculum and prepare midshipmen for joining a community, and not quite part of the Staff Corps who treat patients. It can feel isolating, and sometimes it is difficult to figure out what you have to offer to a group of future line officers. I’d like to think I’ve been able to use my platform here to demystify mental health (thereby making it less scary) and to cultivate better relationships between the Line and mental health in the future. I’ve also been able to closely mentor a number of midshipmen. Sometimes that takes the form of helping to problem-solve an issue they have; often it is translating learning here to what they will do in the Fleet. Last week it was teaching them how to hard boil eggs and grill cheeseburgers; MIDS are also normal college students, sometimes lacking basic life skills. Helping in these ways is very different from what we normally do as Navy Clinical Psychologists, but it is nonetheless very rewarding.

This has been a tour of incredible personal and professional growth. It was good for me to “do something completely different.” I couldn’t close without thanking the people who helped get me here: Capt. Ralph, thank you for not taking “no” for an answer, and Lt. Cmdr. Connor, thank you for encouraging me to accept these orders and “give the Navy another try.” You both absolutely changed the course of my career (and life) and I can’t thank you enough.

For anyone who has any questions about USNA, please feel free to reach out—my most current information is on milSuite.
When I first joined the Navy in 2007 as an intern at Naval Medical Center San Diego, I remember being intrigued by stories of how our predecessors created various operational and embedded psychology billets (aircraft carriers, USMC, special warfare, etc.). In particular, the beginnings of embedded clinical psychology on aircraft carriers in the 1990s really stuck out to me for several reasons: 1) the program was expected by many to fail, 2) it was run as a data-driven pilot program (i.e., data would determine success or failure), 3) the pilot program was a wild success, and 4) I always wondered why there was never a “Force Carrier Psychologist” to coordinate the efforts of all carrier mental health. After reading the carrier psychology final report, I wondered, “What is a TYCOM?” Some online research would tell me that a Navy Type Command (TYCOM) is responsible for a specific type of warfare (air, surface, subsurface, special warfare, or cyber), owns all units in their geographical area (Atlantic or Pacific), and is tasked with manning, training, and equipping operational units. Once an operational unit is employed on mission, it falls under a separate Combatant Commander (e.g., CENTCOM). But why was it so important during the carrier pilot program, and would it also be important for other areas of embedded mental health?

Seven years after reading that report, I was offered the opportunity by Cmdr. James Rapley, a Navy Psychiatrist, to join his Embedded Mental Health Pilot program (eMHP) for the U.S. Navy Submarine Force. The burgeoning eMHP involved tremendous interaction with two TYCOMs: Submarine Forces Atlantic (SUBLANT; headed by a Vice Admiral) and Submarine Forces Pacific (SUBPAC; headed by a Rear Admiral). The success or failure of eMHP depended on convincing SUBLANT and SUBPAC of one critical fact:...
embedded mental health reduces unplanned personnel loss, which was the same goal for the embedded carrier pilot program. As with the carrier eMHP, the submarine eMHP was a wild success leading to the creation of seven embedded psychology billets at all submarine squadron homeports. An added success was found by one very crucial decision—to establish force-level mental health positions within SUBLANT and SUBPAC to ensure Undersea eMHP success well into the future.

As an embedded psychologist, your reporting senior is the Commanding Officer or Commander of the unit to which you belong. However, the subject matter expert (SME) in a carrier psychologist’s chain of command is the carrier’s Senior Medical Officer (SMO). There is no direct link between the carrier psychologist and their TYCOM. In learning lessons from embedded mental health on carriers, we created this link in the submarine force to standardize the provision of care, represent individual embedded submarine psychologists, and use the combined efforts of embedded submarine psychologists to advance submarine force-wide initiatives. This ensures that, no matter where you are stationed as a submarine psychologist, you will be involved with your local squadron and the greater submarine force during the course of your tour. We believe that the best way to leverage the potential of seven submarine psychologists would be to have a voice at the TYCOM level. Presently, when SUBLANT or SUBPAC run into problems Navy Clinical Psychology can tackle, they first turn to their Force Mental Health Officers, who can directly coordinate tailored and timely interventions.

Primarily, the Submarine Force Mental Health positions exist to coordinate the embedded mental health mission across all seven submarine homeports for SUBLANT (Groton, CT; Norfolk, VA; and Kings Bay, GA) and SUBPAC (Pearl Harbor, HI; Santa Rita; Guam; Bangor; WA; and San Diego, CA). Cmdr. James Rapley is the inaugural Force at SUBLANT, Lt. Cmdr. Derek Miletich at SUBPAC, and yours truly will arrive as the SUBPAC Force Psychologist in NOV 2017. In addition to maximizing effectiveness among the eMHPs, Force level positions include numerous duties ranging from data analysis, programmatic development, and human factor consultation services to psychological assessment and executive coaching for senior officers. The role of Force will continue to develop with time, but the fundamental focus for the time being will remain upon the newly established embedded mission. Every pilot program that has succeeded to expand the reach and access for Navy Clinical Psychologists has involved convincing a TYCOM of the benefit of committing time, energy, effort, and, of course, a budget. New programs cost money and require previous practices to change—none of this is possible without legitimate backing. The Undersea eMHP illustrates perfectly the force multiplication of Navy mental health. However, long-term concerns about the fidelity, focus, and viability of separate eMHPs at seven separate homeports was the seed for looking to the TYCOM as the solution. Placing a Force Mental Health Officer on the SUBLANT and SUBPAC staffs was the best solution we could think of and the standard for other specialties (e.g., Force Medical Officers, Force Chaplains, etc.). Moving forward, we have a great many initiatives on our desks and new submarine psychologists arriving to help us change the way the Submarine Force does business.

For more information, check out the article we recently wrote for the undersea eMHP: http://militarymedicine.amsus.org/doi/abs/10.7205/MILMED-D-16-00269. 🕵️‍♂️
PHOTOS FROM THE FLEET

(Top) Interns from Walter Reed National Military Medical Center—Bethesda are excited for their “Week at Sea” Operational Experience aboard USS DWIGHT D. EISENHOWER (CVN-69). Photo Credit (PC): Lt. Cmdr. Larkin Magel (Top Right) Lt. Ashley Shenberger-Hess receives the Robert S. Nichols Award from Division 19 of the American Psychological Association (APA). Lt. Shenberger-Hess is presented the award by her nominator, shipmate, and colleague, Lt. Kathleen Saul. PC: Lt. Marcus VanSickle. (Middle Left) Navy Psychologists man the recruiting booth at the Annual Convention of the APA, Washington, D.C. PC: Capt. Scott Johnston. (Middle Right) Navy Psychologists on Temporary Additional Duty (TAD) to Marine Corps Embassy Security Group, Quantico, VA learn the Marine Warrior Ethos by participating in combat drills. PC: Cmdr. Arlene Saitzyk. (Bottom Left) Interns newly onboard take some liberty in beautiful Newport, RI, home of Officer Training Command, the first stop to becoming a Navy Psychologist. PC: Ensign Sierra Kelsey. (Bottom Right) Navy Psychologists assigned to Naval Medical Center Portsmouth visit a different type of “range” in celebration of the 70th Birthday of the Medical Service Corps. PC: Lt. Maria Herrera-Baron.
Reserve a Salute for our Billets, too!
Cmdr. Michael Basso, Community Reserve Specialty Leader

Billet assignment in the Navy Reserve is a bit different from active duty. If you transition into the Reserve from active duty, you will be assisted by Lt. Cmdr. Dirkland Smith, the Career Transition Officer at PERS-97 (901-874-4934). He is the individual who will help obtain a billet for you. Once established in the Reserve, you have tenure as an officer for three years. Upon billet expiration (i.e., at the end of the three years), officers must apply for a new billet.

Applying for a new billet is accomplished through one of two versions of the online application, APPLY, one for junior officers (lieutenants and lieutenant commanders) and another for senior officers (commanders and captains). In the junior officer application, the candidate views billets that are scheduled to open and self-nominates for a position. A personnel manager at Commander Naval Forces Reserve designates individuals for open billets on a quarterly basis. Efforts are made to assign the member to a Reserve Center near their home of record.

For the senior officer application, billets are boarded annually. A board of senior reserve medical officers screens individuals and assigns a leadership confidence score based on fitness reports and past accomplishments. After confidence scores are assigned, those with the highest values receive their top billet picks. This is a highly competitive process, and, unfortunately, highly qualified individuals sometimes go without a billet. This means that individuals intending to remain in the Reserve through retirement must take initiative and assemble a competitive CV if they want to obtain a pay-billet.

In a few ways, the billet structure in the Reserve is actually somewhat similar to active duty. For example, some billets are assigned to Military Treatment Facilities (MTFs), and others are assigned to operational platforms. Currently, there are 16 Reserve billets: 11 are designated for lieutenants and lieutenant commanders; 4 are commander billets, and 1 is a captain billet. If a senior officer does not receive a billet through the APPLY board, he or she is relegated to serve in a local Volunteer Training Unit (VTU), detachments assigned to Reserve centers. Sailors in the VTU typically are assigned projects by the local reserve center Commanding Officer. Two weeks of annual training are not provided, and no pay is received while in the VTU, but retirement points may continue to accumulate.

Among the operational billets in the Reserve, four junior officer billets are with 4th Medical Battalion. This is a Marine Corps Reserve Command that shares the same mission of Active Duty Medical Battalion counterparts. Green-side time can provide a great variety of experiences, along with opportunities to perform annual training overseas in the field with Marines.

The Reserve Component also includes psychologist billets for the Expeditionary Medical Facilities (EMF) that originate in Bethesda, Camp Pendleton, Dallas, and Great Lakes. Three of these billets are for senior officers, and four are designated for junior officers. Additionally, a billet was recently restructured, and assigned to NAVCENT. This unit supports the Fifth Fleet, and the psychologist assigned to that Command performs annual training in Bahrain.

The remaining four billets are assigned to backfill MTFs at Bremerton, Pensacola, and Portsmouth, with two designated for senior officers, and two for junior officers.

Psychologists assigned to the MTFs can expect to perform the two weeks of annual training in support of the MTF, usually at the hospital or a branch clinic. Typically, the reserve psychologist will not be providing mental health treatment services because of the brevity of service, but rather, consultation and evaluation services. Psychologists assigned to the operational commands are likely to perform annual training in field exercises. For instance, EMF Camp Pendleton and EMF Dallas participated in a joint exercise with Army medical units at Fort Hunter Liggett in California. A field hospital was established, and simulated casualties were triaged, evaluated, and treated.

Most reserve psychologists do not provide clinical services during monthly drill weekends either. Credentials are not activated during those periods, and delivery of clinical service is not authorized. Rather, psychologists complete training and administrative requirements.

Depending on demand, psychologists in the Reserve may be released from their Commands to perform annual training in support of other mission requirements. For instance, reserve psychologists have supported the Marine Corps Embassy Security Group in Quantico and Naval MTFs both in the U.S. and overseas.

Psychologists should be mindful of the nature of the Reserve—bottom line, there are not a lot of billets, and the competition to remain in a billet has historically been intense. While performing as a psychologist during two weeks of annual training is “okay,” doing so will not earn the psychologist effective leadership bullets. Therefore, a psychologist in the Reserve is strongly encouraged to volunteer to serve as an exercise Officer in Charge. This will provide a host of novel opportunities and challenges, and will refine leadership and problem-solving skills. To stand out against Medical Service Corps peers during monthly drill weekends, psychologists should also endeavor to assume other responsibilities, including those well outside our comfort zones. For instance, psychologists might take on the duties of administrative or training officer for their local detachment. A now-retired mentor once told me, “The Navy knows you are a good clinician, and will use you as a clinician if necessary. What the Navy needs is for you to be a good officer. As an MSC, that means you need to be an administrator and take on leadership jobs.” That guy retired as a flag—you mileage may vary. ☺
Navy Clinical Psychologists of the Year

Lt. Adam Tomlinson  
Junior Psychologist of the Year

Cmdr. Melissa Hiller-Lauby  
Senior Psychologist of the Year

Capt. (Ret.) Dr. Richard Bergthold  
Civilian Psychologist of the Year

Selectees for Fiscal Year 2018

Shawnna Chee  
David Loomis  
Nausheen Momen  
John Price  
Erin Simmons

Allison Clark  
Anna Crosby  
Jessica Forde  
Manny Gonzalez  
Cynthia Hiers  
Nathaniel Hydes  
Ashlyn Lobenberg  
Kristen Kochanski
Cmdr. Chris Blair was awarded the Meritorious Service Medal and the Presidential Service Badge for his tour of service aboard Marine Barracks, Washington, D.C.

Lt. Cmdr. Kristin Landsinger was awarded the Navy and Marine Corps Commendation Medal for her tour of service aboard the U.S. Naval Academy.

Lt. Ashley Shenberger Hess was awarded the Navy and Marine Corps Achievement Medal for her Undersea Embedded Mental Health Program work benefiting the crew of the USS Tennessee (SSBN-734).

Lt. Ashley Shenberger-Hess was awarded the Robert S. Nichols Award for exceptional service as a uniformed psychologist by Division 19—Military Psychology at the annual convention of the American Psychological Association, Washington, DC.


Lt. Cmdr. Kristin Landsinger will begin her advanced fellowship training for Duty Under Instruction (DUINS) in Neuropsychology at the Johns Hopkins University School of Medicine.

Lt. Chantal Meloscia was selected for Duty Under Instruction (DUINS) for advanced fellowship training in Child and Adolescent Psychology.

Lt. Emily Grullon was selected for Duty Under Instruction (DUINS) for advanced fellowship training in Neuropsychology.

Lt. Cmdr. Jenny McLoughlin and Lt. Joseph Pascetta were Board Certified by the American Board of Professional Psychology.


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. All photos contained within articles are courtesy of the respective article authors unless otherwise denoted. All public use images fall under Fair Use Policy. This publication is electronically published biannually, in the Spring and Fall of each year. Please contact the editors for deadline of present issue.

MORE PHOTOS FROM THE FLEET

(Top) Navy Clinical Psychologists from all over the globe gather in Bethesda, MD for the annual “Navy Day”- a community tradition where psychologists share research, present community projects, and build esprit de corps. PC. Capt. Scott Johnston. (Middle Left) Interns from Naval Medical Center San Diego try to wear the “Trident” for a day at Naval Special Warfare Group One during one of the internship’s operational experiences week. PC. Capt. Scott Johnston. (Center) Navy Psychologists in the Operational Psychology Subspecialty attend the annual SERE (Survival, Evasion, Resistance, Escape) Psychology Conference at Joint Personnel Recovery Agency, Spokane, WA. PC. Lt. Manuel Gonzalez. (Middle Right) Lt. j.g. Viktor Koltko presents his research findings at the annual meeting of the American Association of Suicidology. Continually conducting research on factors associated with clinical work is an integral part of Navy Clinical Psychology. PC. Lt. Kyna Pak. (Bottom Left) Community Leaders celebrate with the newly graduated interns from Walter Reed National Military Medical Center, Bethesda. PC. Lt. Joe Freundlich. (Bottom Right) Capt. Johnston ships off the interns from Naval Medical Center San Diego to their first duty stations. PC. Capt. Scott Johnston.

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Chief, Bureau of Medicine & Surgery
Vice Adm. C. Forrest Faison, III

Editors, The Navy Psychologist
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Lt. Kyle M. Bandermann

Specialty Leader, Clinical Psychology
Capt. Scott Johnston

Director, Medical Service Corps
Rear Adm. Anne Swap

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