



The Navy PSYCHOLOGIST

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RESPONDING TO A NATION IN NEED

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SPECIALTY LEADER'S MESSAGE

Fellow Navy Psychologists,

Welcome to latest edition of The Navy Psychologist and to the year 2021. While I am very excited to be writing my very first address as your specialty leader. I certainly never imagined I would find myself writing an address as we enter the 11 month of a pandemic. As this edition clearly highlights, Navy Psychology accepted the challenge and ran full speed ahead—whether that was very quickly to mobilize and transition to telehealth services so that your patients could continue care even in the most restrictive and socially distant conditions imaginable or quickly stepping up and deploying into unknown environments—literally going right into the front lines of the battle against COVID. Over the past year you have seen and met the call for the additional mental health needs of our Navy, helping to maintain the operational readiness of sailors embarked on record setting deployments in extremely isolated conditions. You have done all of this while learning the art of teleworking and online meetings, homeschooling and “Zoom-schooling” your children and trying to find some semblance of work life balance. Navy Psychology wasn’t afraid to step up to the plate and you hit it out of the park.



As I sat down to write this address, I reviewed the first address of CAPT Kennedy three years ago. She wrote about “more”—more billets, more deployments, more trainees, and more opportunities. As much as things change, some things stay the same. While Navy Medicine continues to pivot towards readiness and is redefining itself and its mission in partnership with DHA, one thing remains the same—Navy Psychology continues to grow and evolve. The line community has a keen understanding of the value you all bring to the table. We are seen as mission enablers, problem solvers, and trusted advisors. Thus, three years later “more” rings true louder than ever. In an age, when many MSC communities are shrinking, we are still seeing more billets added, some we have been hearing about forever and some that are complete surprises. We are seeing more requests for mental health and psychology specific augmentees and more deployments as ship’s crews experience more challenges as they fight to maintain health aboard the ships and across the Navy supply chain. We have seen more opportunities with the creation of new and innovative billets and programs. Once example is the pilot of an assessment and selection process for leadership across the Navy. Lastly, in September this year we will graduate our largest group of interns ever—21 new Navy Psychologists from all three internship sites that did not let a pandemic slow them down. Navy Psychology has had many successes and its all because of the hard work you are all putting in each and every day. I am very excited about where we are headed as an organization, but as we continue to thrive in the land of “more”, let me remind you all that it is imperative now more than ever that you are taking care of yourselves and each other. As many of our old coping and recovery “go-tos” have been off limits for nearly a year now, please make sure you are doing something for yourself—mind, body, and soul—whatever that may look like for you, every day. As I wrap up, let me just say, it is an honor to serve as your specialty leader. I am very much enjoying getting to know more and more of you and I look forward to our continued work together.

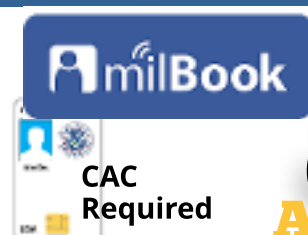
Melissa D. Hiller Lauby, PhD, ABPP
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On the Cover



CDR Kenton, LCDR Tarman, and LT Grant deploy on board the USNS Mercy in support of the pandemic response. Deployed off the coast of California, the Vincent Thomas Bridge, in the Los Angeles Harbor can be seen in the background.

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EDITORS' NOTE

The articles in this edition of The Navy Psychologist (TNP) showcase the adaptability and relevance of Navy Psychology in responding to a nation in need, specifically during the past year's pandemic response efforts. We thank our contributors for sharing your experiences and lessons learned. It is our hope that TNP can assist in sharing this valuable experience throughout the Navy Psychology community as we continue to find ways to adapt to the demands of an ever-evolving pandemic environment. If you have any suggestions for future editions of TNP, please contact the editors. Your feedback is always appreciated!

Honored, Encouraged, and Committed,

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Pandemic Response at the Navy's Only Boot Camp

LCDR Brian Lees

In March 2020, more than 900 active duty staff at Recruit Training Command (RTC) and I were ordered to pack our bags for 30-90 days and move onboard base to mitigate the spread of the coronavirus. Although many of us have deployed previously in our careers, moving to base came as a shock – RTC is a shore command, located just north of Chicago. There were many professional and personal challenges to overcome, but in the end, the actions taken at RTC were successful for completing the mission of sending new Sailors to the fleet.

Recruit Training Command, part of Naval Station Great Lakes, has been in operation since 1911, and its first vital mission was supplying Sailors for World War I. In 1918, recruits were affected by the Spanish Flu pandemic. In the Fall of 1918 the base recorded nearly 10,000 cases of Spanish Flu, with over 900 deaths.

Just over one hundred years later, RTC leadership framed the coronavirus mitigation operation as a deployment. The rationale for moving staff on base was to

maintain a "bubble" to limit spreading the virus between ourselves, the recruits, and our families. The mission was to continue training Sailors ready to man the Fleet despite the pandemic. Had we stopped, it could have taken years to recover the manpower lost in just a few months of not training. So, we said goodbye to our loved ones and set sail.

There was much cognitive dissonance as we struggled with the awkwardness of being so close, yet so far from home. There were no grocery stores or kitchens to cook in, so we ate our meals in the recruit galleys. There was no pre-existing staff housing, so creative berthing solutions were devised. Training changed significantly. Any positive coronavirus case was treated with extreme caution and the entire division, with around 80 recruits, and their division commanders were placed in a restriction of movement (ROM) for two weeks; they were unable to leave their space, unable to do much training, and only able to eat bag meals. A handful of divisions were in ROM several

times, which sometimes led to great frustration for everyone involved.

As a psychologist my role was to be visible, encourage psychological adaptation, and be readily available to support staff who needed individual assistance. I was the only psychologist on base during this time and despite the uptick in stress, referrals were initially quite low. It offered some breathing room to "walk about" and setup virtual capabilities for seeing staff who were on ROM and for the psychologists who were teleworking. During my discussions with staff, I used a lot of empathic listening while interweaving Motivational Interviewing and Cognitive-Behavioral Therapy techniques to address distressing appraisals of the situation and to help find new coping behaviors. It was evident that many were coping fine, saying they understood the mission, and appreciated having more time to focus on education or exercising. There was even one staff member who while on ROM with his recruits recorded 80 miles of running inside the building he was isolated in!

Besides being as visible as possible, I sent out several all-hands emails and made posts on the command Facebook page about the importance of psychological adaptation. Knowing that staff were watching Netflix or other streaming apps on their smartphones and tablets I tied my messages to trending documentaries such as "The Last Dance," "Be Water" and "The Weight of Gold." Learning about and reflecting on how other Americans persevered through adversity can bring about humility and motivation to do the same. Fellow RTC psychologists LCDR Kathleen Saul and Dr. Jenny Siddiqi (former active duty Navy) were both on telework status but still able to see patients living on base virtually. Dr. Siddiqi created a virtual psychoeducational group called

"Maintaining Mental Health during COVID workshop" for the Wardroom on Microsoft Teams.

One of the more dramatic and expensive strategies to mitigate the spread of coronavirus was to house recruits in nearby hotels for two weeks of quarantine prior to allowing them on base. Initially the staff supervising the recruits were not allowed to leave the hotels at all, which decreased morale as many had families that lived within the vicinity. Our team of RTC psychologists visited staff at these sites to address coping. Morale for staff improved significantly when they were permitted to leave to see their families. RTC psychologists also regularly teach Warrior Toughness (WT), so we made worksheets and recorded videos of ourselves talking about WT concepts for the recruits to study and view while in quarantine. While WT should not be construed as a mental health or resiliency program, if adhered to, it does strengthen a person's mind through teaching performance psychology and mental toughness techniques.

In late May, staff were permitted to begin rotating home in a phased approach. While this was definitely a welcomed reprieve, sailors also could be overheard bragging about who stayed on base the longest. Living and working on such a small base, eating in the galleys, and using the only open gym together offered a closeness that did not occur during the pre-COVID commuting lifestyle, or after. Having just finished reading *Tribe*, by Sebastian Junger, I fully realized the psychological benefit of connecting to others through a shared adversity and sense of purpose. It felt good knowing that my fellow psychologists and I had a positive impact on the staff at RTC and that the fleet would continue to receive new Sailors despite the pandemic.



Always Ready!

Deploying as Part of the Expeditionary Medical Facility

By Lt. Allison Conforte

The year 2020 ended up being a year that no one expected. Along with the challenges, came some exciting opportunities for growth within the mental health field. As news about the virus continued to roll in, we braced at the MTF for potential surges in patient care need. In the Behavioral Health Department, we explored ways to increase virtual services, allow staff to telework from home, and modify procedures to reduce potential spread of the virus. These changes mirrored the changes that many hospitals made around the country in response to the Coronavirus crisis. Amidst all of the preparations came a call for our team to participate in the COVID-19 response in an unexpected way.

The entire Expeditionary Medical Facility-Mike (EMF-M) was being activated and my name was on the list. We did not know where we would be going, what the mission would be, or when we would leave. But we needed to prepare our sea bags to be ready for the official Warning Order (WARNORD). This deployment would be my first. I was excited for the opportunity to deploy. I was also nervous about how my children and family would do while I was gone, in the midst of a pandemic and with a recent shift to virtual school from home. What does one put in a sea bag when the potential deployment locations ranged from a shipboard deployment to a field hospital set up in tents in New York City during the cold, early spring?

It would be two weeks until we would get clarity. In fact, we received multiple notifications that we would leave within 72 hours within that two weeks. It was not until 24 hours before we left that we knew when and where we would be going. One team would deploy to Dallas, TX and the other to New Orleans, LA. The uncertainty about when we would leave made turnover at work challenging. I felt driven to assist the clinic, especially with the significant changes related to moving to virtual care and telework, plus the multiple leadership and

collateral duties that I needed to turnover. I experienced guilt related to the increased responsibilities that would now fall to others in the clinic.

At home, the uncertainty and extended goodbye was also challenging. I said goodbye to my children one morning with the belief that I would deploy later that day. My husband took me to work, sea bags in hand, and we said our goodbyes. My family was surprised to see me at the doorway later that day. My children were excited, but confused. I worried that they would expect me to come home again the next time. When I finally deployed, they were understanding and it was a good opportunity to learn about flexibility and dealing with the unknown. I'm convinced that, while being apart was challenging, learning how to deal with uncertainty helped us all grow.

I deployed to Dallas, TX. The day we left was filled with a lot of standing in line six feet apart, temperature screenings, and waiting. Once we arrived at the convention center in Dallas, we were oriented to our mission and given information regarding day-to-day operations, particularly with COVID precautions. We stayed in hotel rooms, one person per room. We cleaned our own rooms with cleaning supplies provided by the hotel and put our dirty linens in biohazard bags for the hotel staff to clean and replace. Our meals were provided in brown boxes that we would pick up during meal times and eat six feet apart in a hallway that was transformed into a dining area. It was a strange new way of living. The precautions were needed because we expected to be caring for COVID positive patients who no longer required ICU care but were waiting on a negative test to be released back to their nursing home or care facility. I was the only psychologist in the Dallas contingent of EMF-M, and part of the Directorate of Medical Services having a voice in decisions made regarding the provision of mental health care for both COVID patients, as well as staff members. We established plans to provide virtual

care for COVID patients who needed to talk. We expected that they may need additional mental health support due to being isolated and not able to see their family members.

For our staff members who may be struggling, we set up clinic hours and established a duty phone. I manned the clinic with one of our three Behavioral Health Techs. Our BHTs rotated and manned the duty phone at night. I reached out to the closest military treatment facility (MTF) to gather further information about area resources regarding psychiatric hospitalization. Our actual day-to-day mission ended up being much less clinical.

Our main impact was made through prevention and overall command engagement. Our team provided a mental health training to all staff members that highlighted mental health resources, coping strategies, mindfulness, and ways to focus on self-care in an environment that could be socially isolating. Our mental health team also created a mental health board that sat in the main walkway that highlighted a specific skill. We would break down the skill into easily understood components and gave examples of how staff could use the skill in the deployed environment. We also engaged with staff members through several socially-distanced leisure activities that we coordinated in conjunction with the CGOSC team leader. These activities added enjoyment and seemed to increase comradery.

Later it was determined that there was greater need in other areas and our team in Dallas was separated. Some stayed in Dallas and others were sent to Baton Rouge or Connecticut. I went to Baton Rouge to team up with another psychologist, LT Alyssa Garofalo, and my BHTs were split between the other two locations. In Baton Rouge, the mission was different. EMF-M nurses, Corpsmen, and physicians staffed a local ICU that had previously closed down. Our team cared for COVID positive patients who had intensive nursing care needs. Working along-side local civilian medical providers, our team augmented the hospital until enough staff could be hired to function without our support. There was clearly a strong need for our hospital staff. They worked 12 hour shifts. In the beginning, some nurses and Corpsmen worked for seven days in a row. Eventually, with augmentations from the other deployed locations, the nurses and Corpsmen were able to work three days and have one day off. The physical and mental toll on our nurses and Corpsmen was notable during shift change.

Rather than setting up a designated mental health clinic, LT Garofalo and I met staff during shift change. We made sure to talk with all of the staff members, so they knew who we were. We encouraged staff to talk and validated their feelings. Sometimes we would chat about hobbies or what would be served for dinner. The goal was to be present. Likewise, we were intentional about being seen throughout the day. We sat in the common area where staff picked up their boxed meals and rode the van to and from the hospital with the on-coming and off-going shifts. We spent time in the PT areas, not only to be present, but also to model good self-care. Our presence

resulted in reduced barriers later in the deployment. Staff members seemed comfortable approaching us to talk, whether it be about themselves or related to a concern they were having about another team member.

We worked closely with nursing, medical, and command leadership throughout the deployment. Our CO was very aware of the potential mental health toll that the long hours and challenging work could have on our staff. We had weekly meetings where we discussed trends, areas of concern, and ways to improve morale. We also implemented a weekly newsletter, where the CO would answer staff questions and disseminate information. We would highlight the impact that EMF-M was having on the mission, in order to provide meaning and purpose to the challenges that we faced. It was also a good venue to recognize the hard work of staff members. Staff members and leaders submitted anonymous comments recognizing other staff members for their hard work. We received so many of these submissions that it was hard to fit them on the page at times! We also included mental health tips in the newsletter and entertaining features, such as old boot camp photographs of our senior enlisted leaders.

After nearly three months, we returned home. The deployment taught me many things. Should you find yourself in a similar situation, as you may in the current environment, please consider these lessons learned:

•Be flexible! Focus on the bigger picture and connect your efforts to the larger mission to assist yourself and others in being flexible. Reminding others about the meaning of what they do encourages staff to deal with frustrations, difficult work conditions, and ongoing uncertainty. It also helped my young children cope with my absence.

•Being present! Being integrally woven into every part of our team's day was important to the overall success of Behavioral Health's mission, both in Dallas and in Baton Rouge. Our presence looked slightly different at both locations due to the different environments, but the key was being accessible and engaged.

•Collaborate! Reach out to find support in the local area and lean on your own team members. Work together with medical staff outside of your specialty area. Be curious about what they do, be willing to learn, and also be confident about your expertise and opinions. Navy Medicine is a team sport, especially on deployment. Be confident that you are an important part of the team.

•Practice what you preach! Make time for your own self-care and model healthy behavior. Taking care of yourself communicates that you believe self-care is important and helps others learn to do the same. It also helps manage your own stress during times of uncertainty. It doesn't have to be anything extravagant-work out, sit outside, and eat meals with other people. Do the things that you tell your patients to do and let other people see you doing it!

Short-fused Deployments

Jumping Right In

By Lt. Nicholas Grant

As a new direct accession arriving at my first command in July 2019, I suspected that the upcoming year would offer many new experiences, learning opportunities and possible adventures. In addition to the typical anxiety associated with transitioning from the civilian sector to the military, was the desire to be as prepared as possible for anything that came my way. Little did I know that such a level of preparation was a civilian luxury and that I would soon be drinking from the fire house as I was sent on two short-fused deployments during my first year of active-duty service.

USS Abraham Lincoln

In early November 2019 I was assisting a junior Sailor in her efforts to organize a holiday gathering for NMCS's Directorate of Mental Health when I received a phone call from my Department Head. She informed me of a tasker that would require a Mental Health Augmentation Team (M-HAT) travel to the USS Abraham Lincoln to provide additional support to the crew in light of a

series of extensions to their current deployment that looked as though would keep them from completing their homeport shift prior to the end of the year. The request to join this team was both a surprise and an honor, especially as someone so new to the Navy, and presented in the context of a series of thoughtful questions that communicated respect, care and trust from my leadership. In less than a week I, along with LT Graham Sterling and our team traveled from our respective commands to join the ship in Fifth Fleet.

Upon arrival the M-HAT met with ship Psych-O, LT Grace Hamelberg and the ship behavioral health technician (BHT) who had organized and implemented comprehensive shipboard operational mental health support services through direct provision of clinical care, collaboration with the Deployed Resiliency Counselor (DRC) and chaplains, and outreach to commands across the carrier. The system they had in place was working effectively and the M-HAT viewed our contribution as being a force multiplier to help support a crew facing the additional

stressors associated with an extended deployment, unexpected separation from families during the holidays and pre-planned PCS moves, and burnout. In addition, as the team integrated into the ship's Medical Department, we wanted to provide extra support to our Lincoln Medical family through offsetting some of their workload, learning from their deployment experiences thus far and providing appropriate peer motivation while acknowledging we were joining a team that had already been out to sea for seven months.

To my knowledge, this is the first time the Navy has ever had three psychologists deployed on an aircraft carrier, which created rich opportunities for collaboration and consultation under the leadership of the established PSYCH-O and Senior Medical Officer. In an attempt to appropriately utilize so many assets, we decided to divide and conquer through establishing separate night shift, day shift, and air-wing specific teams. Additionally, our team streamlined the referral process for mental health, the DRC and chaplain services. A BHT led a sleep hygiene course throughout the deployment. He also led resiliency classes offered to the entire crew during the Tiger Cruise near the end of the deployment. LT Sterling also provided support to the strike group by spending multiple days providing triage and direct clinical services on one of the small boats. Overall, the MHAT's mission to provide additional support to the crew was a success due to the efforts of a motivated team, the leadership of LT Hamelberg, and the support of our home commands as well as the commands across the USS Lincoln.

USNS Mercy

As awareness of and responses to the COVID-19 pandemic began to intensify in the

United States in March of this year, the USNS Mercy was ordered to deploy to provide hospital relief to an undisclosed west coast location right in the middle of the month. As the Navy worked diligently to staff and supply this hospital ship in less than one week's time, a process said to take a month on average, active duty and reserve personnel were being notified of short-fused orders to report to the ship and prepare to deploy. Only two months following the arrival of the USS Abraham Lincoln's to San Diego, I was notified that I would be heading out again for another short-fused deployment supporting this mission. Among the expansive crew was another group of talented mental health providers and BHTs who I was fortunate to collaborate with to provide services to a crew of over 1,000 personnel ready to support American citizens in their battle against this invisible enemy. Included amongst this group were CDR Josh Kenton, LCDR Christina Carter, and LCDR Dan Tarman. Each of us had a varied amount of notification about the assignment, however, we all arrived prepared to deploy on a Sunday in mid-March and were pleasantly surprised that we would be headed to the Port of Los Angeles.

In one week's time the crew succeeded in establishing a functional hospital environment, complete with grand rounds, an ethics committee and the first known comprehensive Mental Health Clinic (MHC) aboard the USNS Mercy. In order to ensure that the crew had access to mental health care during this mission, one of the first tasks the mental health team set out to accomplish was establishing triage and referral processes as well as organizing the clinical services that would be offered through the MHC. Services available to the crew included psychoeducational classes, brief individual therapy, medication evaluation and

management, or referral to a Chaplain, if appropriate or requested. One of the biggest impacts the team had on the mission was the supportive resources they organized and disseminated to the Mercy's crew. Based on input from the BHTs and discussion with the providers, one of the first of these resources were the Stress Mitigation and Resiliency Training (SMART) classes. Another resource was the Keys to Cope section of the Plan of the Day. This daily entry consisted of psychoeducation or behavioral health advice to help crew members navigate through common mental health reactions to COVID or to being deployed. Topics ranged from practical tips on improving sleep hygiene, to psychoeducation on the importance of self-care when experiencing increased stress associated with uncertainty, anxiety or being away from loved ones.

This mission was unprecedented to say the least. Not only was the ship deploying approximately only 100-miles from one part

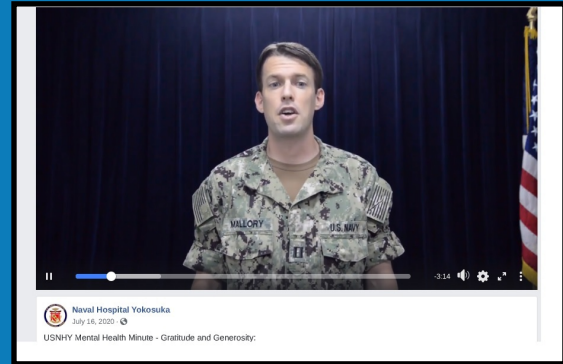
of southern California to another, aspects of the mission changed as new information about the virus continued to develop and become available. Although we as mental health professionals know that responses to the unknown can lead to the development of negative reactions, it can also create new opportunities and manners in which to operationalize psychological science and practice to help those in need, even ourselves. Overall, the MHT onboard the USNS Mercy did some exceptional work, collaborating not only to build a strong team but also to provide solid, evidence-based services to an outstanding crew who were dedicated to helping the people of Los Angeles.

I am proud to have worked with each and every teammate from the USS Abraham Lincoln and the USNS Mercy, and to have used psychological science informed practice to assist every Sailor who sought out our support.



CLICK BAIT CLINICIANS

PROMOTING RESILIENCY THROUGH SOCIAL MEDIA



Lt. John Mallory

COVID-19 has altered nearly every aspect of our personal lives, professional practice, and mission readiness. Like many commands, Navy Medicine and Readiness Training Command Yokosuka responded to increased health precautions by staggering staff reporting, utilizing telehealth, and shifting treatment priorities. As we continued to operate in this new environment, we became increasingly aware that our community was experiencing increased depressive and anxious symptoms.

Our clinic responded by creating the “Mental Health Minute” series consisting of 10 resilience-themed videos to address issues like acceptance of difficulty, creating helpful routines, nutrition, healthy communication strategies for families, monitoring alcohol use, improving sleep, and supporting caregivers for children who are stuck at home. We collaborated with different departments across the command and posted these videos to the command Facebook page where they have collectively logged over 14,000 views. Our clinic received positive feedback from the community and across the region, but there were also specific ethical concerns that needed to be addressed such as defining the therapeutic role and promoting access to care.

We acknowledged that these videos were not a substitute for therapy because there’s a significant difference between providing helpful advice and creating a therapeutic relationship with a patient. Our content focused on universal interventions that can improve resilience instead of condition-specific interventions that would require a treatment plan, monitoring progress, and informed consent. Also, every video was regarded as an opportunity to connect someone to higher levels of care so we ended each episode by listing the resources available in our community along with contact information for those organizations. This was especially relevant for anyone who could be in crisis or know someone in crisis, but is unsure where they can seek help.

Despite some growing pains with video editing, multiple forgotten lines, and an incredible amount of patience by the provider’s spouse who volunteered to film all 10 episodes, this ended up being a great opportunity to increase community awareness of mental health resources and remove some of the stigma around asking for help. To see some of our videos along with other efforts to stay virtually connected to patients, please visit the Navy Medicine and Readiness Training Command Yokosuka Facebook page at: [Facebook.com/usnh yokosuka/videos](https://www.facebook.com/usnh yokosuka/videos).



Internship during a Pandemic

By Lt. Jourdin Navarro

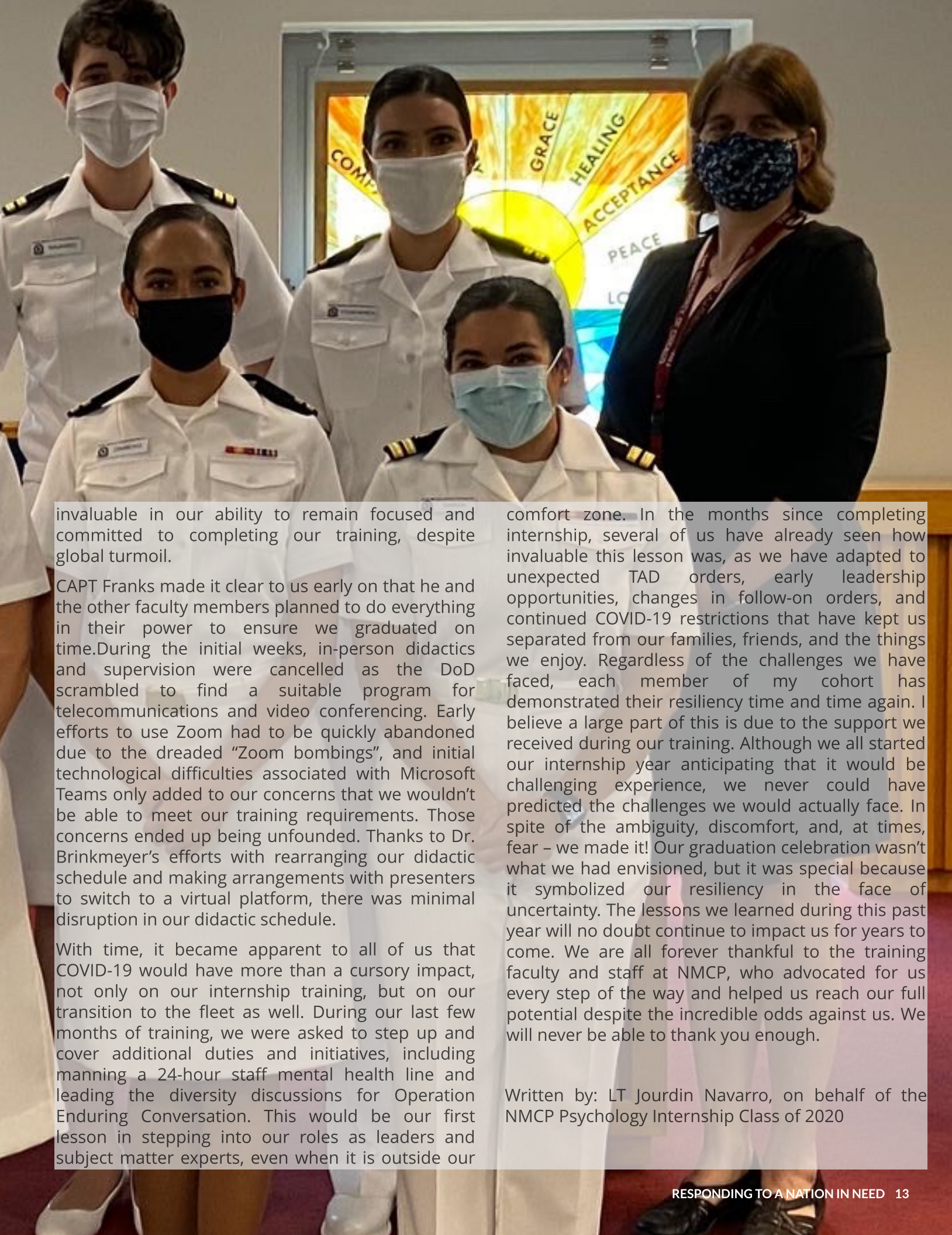
The pre-doctoral internship – the capstone training experience for clinical and counseling psychologists. Internship is often considered the most rigorous (maybe even ruthless) clinical experience for psychologists-in-training, where interns are pushed to their limits to maximize clinical and professional growth over a 12-month period. Under perfect circumstances, internship is challenging, often requiring significant adaptability and resilience as interns transition through multiple clinical rotations, didactic experiences, and interpersonal and professional interactions that will pave the way for the start of their career as licensed independent practitioners. Active duty internships introduce the additional challenges of learning how to become a military officer, adapting to a new medical system, and engaging in unique operational training experiences.

In August 2019, my cohort started our internship journey together at Naval Medical Center Portsmouth. The training year began as most internship training years do – in a whirlwind of learning new processes and procedures, meeting new patients, and getting to know the other members of our cohort. During our early experiences, we bonded over similar interests and experiences, and friendships quickly formed. For all the challenges that arouse, we found equal

amounts of positive experiences that made the difficult days easier to manage.

About halfway through our training year, just as we were finally feeling settled in and hitting our stride, an unexpected and unpredictable challenge arouse – COVID-19. The early days were filled with confusion and uncertainty. One day we were seeing patients as normal, and the next we were forced to quickly adapt to an ever-changing situation. During those first few weeks, there were so many unanswered questions – how long would the shutdown last? As active duty officers, would we get pulled to assist with COVID efforts elsewhere in spite of our training status? Would we get to terminate with our patients before moving to our next rotation? Would there *be* a next rotation? Would this push back our graduation date? Would we *get* to graduate?

In the midst of the chaos and confusion, we were lucky enough to have amazing training program faculty members on our side. CAPT Michael Franks (Training Director), Dr. Mary Brinkmeyer, and Dr. Nancy Barber all did their part to help ease our fears and keep us grounded during the most difficult moments. Although there were many times when we didn't know what to expect within the next week, or even the next day, our faculty were completely transparent with us throughout the process, which proved to be



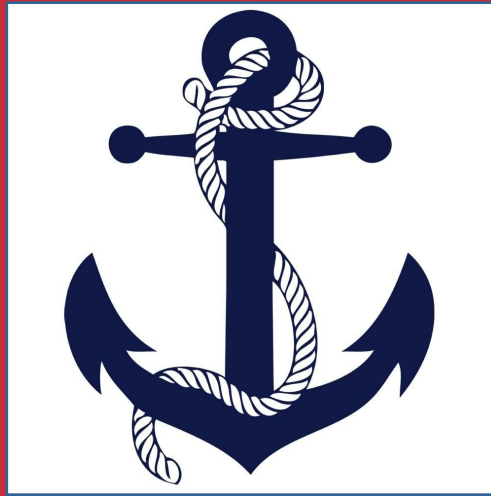
invaluable in our ability to remain focused and committed to completing our training, despite global turmoil.

CAPT Franks made it clear to us early on that he and the other faculty members planned to do everything in their power to ensure we graduated on time. During the initial weeks, in-person didactics and supervision were cancelled as the DoD scrambled to find a suitable program for telecommunications and video conferencing. Early efforts to use Zoom had to be quickly abandoned due to the dreaded "Zoom bombings", and initial technological difficulties associated with Microsoft Teams only added to our concerns that we wouldn't be able to meet our training requirements. Those concerns ended up being unfounded. Thanks to Dr. Brinkmeyer's efforts with rearranging our didactic schedule and making arrangements with presenters to switch to a virtual platform, there was minimal disruption in our didactic schedule.

With time, it became apparent to all of us that COVID-19 would have more than a cursory impact, not only on our internship training, but on our transition to the fleet as well. During our last few months of training, we were asked to step up and cover additional duties and initiatives, including manning a 24-hour staff mental health line and leading the diversity discussions for Operation Enduring Conversation. This would be our first lesson in stepping into our roles as leaders and subject matter experts, even when it is outside our

comfort zone. In the months since completing internship, several of us have already seen how invaluable this lesson was, as we have adapted to unexpected TAD orders, early leadership opportunities, changes in follow-on orders, and continued COVID-19 restrictions that have kept us separated from our families, friends, and the things we enjoy. Regardless of the challenges we have faced, each member of my cohort has demonstrated their resiliency time and time again. I believe a large part of this is due to the support we received during our training. Although we all started our internship year anticipating that it would be challenging experience, we never could have predicted the challenges we would actually face. In spite of the ambiguity, discomfort, and, at times, fear – we made it! Our graduation celebration wasn't what we had envisioned, but it was special because it symbolized our resiliency in the face of uncertainty. The lessons we learned during this past year will no doubt continue to impact us for years to come. We are all forever thankful to the training faculty and staff at NMCP, who advocated for us every step of the way and helped us reach our full potential despite the incredible odds against us. We will never be able to thank you enough.

Written by: LT Jourdin Navarro, on behalf of the NMCP Psychology Internship Class of 2020



Life as a Direct Accession

Impact of a Pandemic

By Lt. Nicholas Grant, Lt. Sarah Mebane

The current model of onboarding for Direct Accession (DA) psychologists assigns their first duty station to a military treatment facility (MTF). The intention is to afford access to fellow Navy psychologists for mentorship and guidance, as well as opportunity to learn about military medicine and all of the unique aspects of active-duty Navy psychology. This model fosters acculturation into the Navy's customs and traditions, and provides DAs the chance to learn their roles as naval officers, military psychologists, and leaders while serving in one of the larger assets of the military healthcare system. There are even bonus opportunities when stationed at an MTF that supports one of the Clinical Psychology Internship Programs, including access to their didactic training and serving as faculty. In sum, this model sets DA psychologists up for success.

In March 2020, the World Health Organization characterized COVID-19 as a pandemic, resulting in major life-altering precautions for people, communities and systems to prevent the spread of the novel coronavirus. The US Navy and its mental health assets were no different, and pivoted to ensure the success of its missions, including providing world-class mental healthcare to sailors around the world. Across a span that could be measured in weeks, mental health made the transition to providing the vast majority of services in virtual formats, and participated in defense support of civil authorities. Flexing became the new normal. For DAs in their first year of service, and who may not have understood some of the lingo in these first two paragraphs prior to that year, COVID-19 and its associated precautions provided a unique context for the experience of learning to be Navy psychologists. The following are the perspectives and observations of two such DA psychologists who have had the privilege of serving during this unprecedented time:

Coming into your first year as a Direct Accession, what were you most excited and most nervous about?

LT Mebane: My entry into the military life was as a civilian provider and a military spouse. I was most excited about the opportunity to wear the uniform and contribute to the Navy in a more robust and meaningful way. As a direct accession with almost a decade of experience as a licensed clinical psychologist, I was most nervous about fitting in as an officer.

LT Grant: During the process of applying to the Navy, I was fortunate to have the mentorship and support of many members of the Navy psychology community, including CAPT Carrie Kennedy and LT Graham Sterling, as well as my peers from the Defense Health Agency's Psychological Health Center of Excellence where I was previously employed. These relationships and the much-sought advice I continually solicited contributed to my ongoing excitement about starting a career that would allow me to continue to practice and innovate in a field I love, with opportunities to apply psychology in new ways and see different parts of the world at the same time. The area I was, and continue to be, most nervous about is if I am wearing my uniform correctly – which is real concern as I recently had my first board experience and almost walked in with my ribbons on out of order. Thank goodness for chiefs!

How did the onset of COVID-19 impact the plans for your professional development as a navy psychologist?

LT Mebane: I certainly didn't think I would spend quite so much time in my living room! Joking aside, I have experienced a tremendous amount of professional growth over my short time in the navy. The pandemic required that resources be identified and spread to where they were most needed. As a licensed/experienced psychologist, I was able to hit the ground running and provide needed services to strengthen our collective response to the pandemic. Shortly into the pandemic my then Division Officer was deployed. Although I had only been in the Navy for a few months, I had the opportunity to serve as Acting Division Officer through the transition from 100% in person to 100% virtual service delivery.

LT Grant: Deploying with the USNS Mercy to Los Angeles to provide hospital relief in response to COVID-19 was by far the biggest surprise to me in my first year as a DA. First, there was the deploying to Los Angeles piece, then there was working on the ship 15 minutes from where I grew up piece, and lastly, there was adjusting to the initial development of COVID in the country and associated precautions to keep people safe while being slightly disconnected from those not on the ship. For me, this is the true definition of on-the-job training but luckily I, again, had excellent mentorship and support from both CDR Josh Kenton and LCDR Daniel Tarman, who continued to help me learn about being a Navy mental health provider and grow into my role as an officer. This was very different than my expectation that all of my professional development during that first year would be based at the MTF.

What has been the biggest COVID-19 related challenge been for you as a first year Direct Accession?

LT Mebane: Honestly – child care. I'm a mom to a toddler and an infant in a dual active duty family. COVID-19 caused a fragility to established child care services, while also limiting the ability to engage extended support systems. This presented meaningful challenges both personally and professionally.

LT Grant: Taking on my first assignment as a Division Officer at the Marine Corps Recruit Depot, San Diego and learning how to operationalize psychology while still working at a branch clinic was likely one of my biggest challenges. Ensuring the mission to provide acute psychiatric evaluations to recruits during a period of the pandemic where evaluations needed to be conducted outdoors, a mere ten feet from the clinic, was hard for me to wrap my civilian psychology brain around at first. My then Department Head, LCDR Ann Hummel, had gone out of her way to provide me ongoing support as I transitioned into this position and met with me to discuss the framework of operational psychology, applying it to this new normal and ensuring the recruit mission was successful.

From your many talents, skills and abilities prior to becoming a navy psychologist, what has been the most helpful in facing these challenges?

LT Mebane: I came into the Navy with a strong sense of self as a psychologist, ready to adapt and grow my professional skills in new ways. COVID-19 required significant, fundamental shifts to some core aspects of our profession. I believe my experience, knowledge, developed professional identity helped me be more surefooted while navigating uncharted territories.

LT Grant: I was fortunate to have a variety of professional experiences prior to entering the Navy, including developing and running a mental health program for a minority community while completing a postdoc in the VA system, working in suicide research at the Uniformed Service University of Health Sciences, and working to support the Defense Health Agency. I think the past experience that has been the most useful was serving as an American Psychological Association Congressional Fellow in the Office of US Senator Kirsten Gillibrand where I worked primarily on the Senator's military legislative portfolio. This experience offered me a foundational understanding of how military systems are organized and operate, and having met with leaders across the services provided me a strong framework for starting a career as an officer.

As we continue to develop a new normal while keeping the mission moving forward, what have been your biggest lessons learned over the past year?

LT Mebane: I've heard that no two people's military service is the same, and that it's never quite what you expect it to be. That is certainly true for me. One of my lessons learned is that the work we do as Navy psychologists is valuable – especially in times of hardship and change. So, you just have to figure out what needs to be done and then do it.

LT Grant: Never stop asking questions. Understand that there are different type of mentors and mentorship, including learning from your peers. Be prepared for anything that comes your way. Know that we are all just figuring out the new normal and the only way to be successful in that process is to do it together.

Individuals who are interested in being a part of the Direct Accession Group may email LT Eric Neumaier (psych@CVN78.navy.mil) to be included on group emails.

BRAVO ZULU

Achievements

CAPT Melissa Hiller Lauby was awarded the **Navy Commendation Medal**. *(Pictured top right.)*

CAPT Carrie Kennedy was appointed to the **Board of Directors** of the American Board of Police and Public Safety Psychology.

CDR Shawna Chee was selected as **Medical Service Corps Senior Officer of the Year 2020**, Naval Medical Center Portsmouth, VA.

CDR Shawna Chee received the **Master Clinician Award** 2020, Naval Medical Center Portsmouth, VA. *(Pictured second from top left.)*

LCDR Anna Keller, Force Psychologist Marine Forces Reserve, earned the **Fleet Marine Force Warfare Officer** qualification.

LT Eric R. Neumaier earned the **Surface Warfare Medical Officer** qualification while underway in September 2020. *(Pictured second from top right.)*

LT Allison Conforte and LT Alyssa Garofalo were awarded the **Navy and Marine Corps Achievement Medal** for their efforts during Expeditionary Medical Facility- Mike COVID-19 deployment.

LT Lea Walsh and LT Julia von Heerington were awarded the **Navy Commendation Medal** for their efforts during Task Force Commitment.

LT Emily Russell was awarded the **Navy and Marine Corps Achievement Medal** for her efforts during Task Force Commitment.

LT Allison Conforte was awarded the **Navy Commendation Medal** at Navy Medicine Readiness and Training Command, Jacksonville, FL.

LT Stephanie Snyder and LT Erica Montanez, Navy Medicine Readiness and Training Command, Guam were awarded the **Navy and Marine Corps Achievement Medal** for their efforts supporting the COVID-19 outbreak on board the USS Theodore Roosevelt. *(Pictured second from bottom right.)*

LT Rhondie Tait was certified in Clinical Psychology by the **American Board of Professional Psychology**.

LT Lyndse Anderson was selected as **Faculty of the Year** by the Naval Medical Center San Diego 2020 Internship Class. *(Pictured bottom right.)*

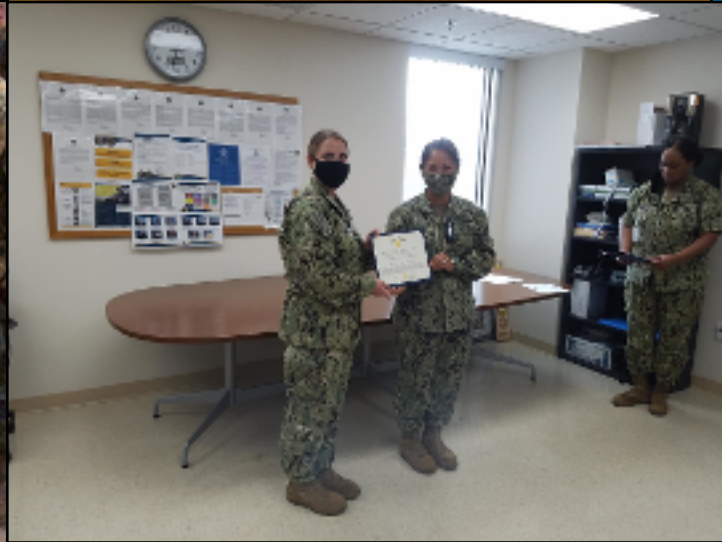
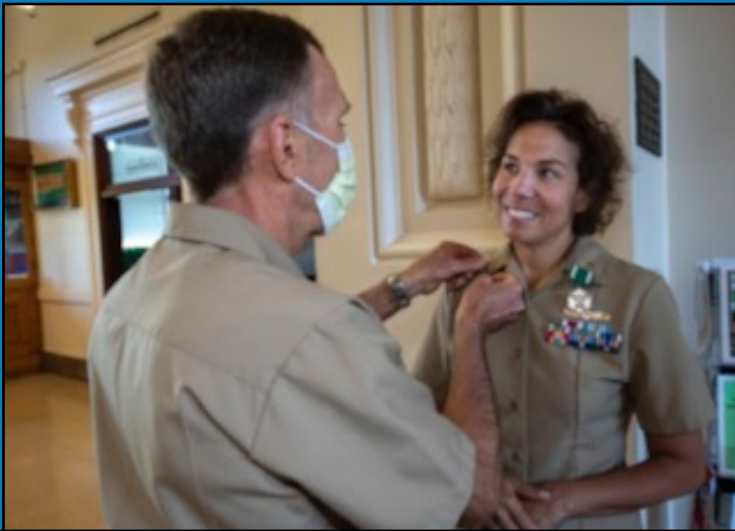
LT Lyndse Anderson, Naval Medical Center San Diego, was awarded the **John Clapp Psychology Faculty Excellence Award**.

Publications

Chee, S. M., Bigornia, V. E., & Logsdon, D. L. (In Press). The application of a computerized cognitive screening tool in Naval aviators. *Military Medicine*.

Chee, S. M. (2020, Summer). Embedded Mental Health aboard USNS Comfort during COVID-19. *The Military Psychologist*, Vol 35(2), 27- 31. <https://www.militarypsych.org/the-military-psychologist.html>





BRAVO ZULU PHOTO HIGHLIGHTS: *(Top Left)* CAPT Melissa Hiller Lauby being pinned during promotion ceremony. LT Lyndse Anderson is awarded the John Clapp Psychology Faculty Excellence Award. *(Middle left)* LCDR Anna Keller receives her Fleet Marine Force Warfare Officer qualification. LT Allison Conforte is awarded the Navy Commendation Medal. *(Bottom left.)* CAPT Melissa Hiller Lauby recites the Oath of Office during her promotion ceremony. LT Julia von Heerington and team at the end of Task Force Commitment deployment.





PHOTOS FROM THE FLEET: (Top) The Behavioral Healthcare Team aboard the USNS Comfort on deployment in support of COVID-19 pandemic in New York City, April 2020. From left to right: HN Presswood (Active Duty BHT), HM2 McGuire (Active Duty BHT), HMC Washington (Navy Reserve BHT), HM1 Lawson (Navy Reserve BHT), CDR Chee (Active Duty Psychologist), CDR Solomon (Navy Reserve Psychiatrist), HN Bluth (Active Duty BHT)

(Bottom left) NMCP Interns serving as faculty at Operation Bushmaster in Oct 2019. From left to right: LT Julia Garza, LT Katelyn Desrosiers, LT Nicolette Youkhaneh, LT Brad DeVore, LT Rosanna Aijian, LT Jourdin Navarro; LT Navarro in "Quarantine" at Operation Bushmaster in Oct 2019.; NMRTC Yokosuka "Saucy" Halloween

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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.

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