

Psychology Call
September 23, 2010
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Moderated by Antonette Zeiss, PhD, Acting Deputy Chief
Patient Care Services Officer for Mental Health

- A. Psychology Leadership Conference: Drs. Lisa Kearney and George Shorter
- 1) The date of the 14th Annual VA Psychology Leadership Conference is May 18-21, 2011. The theme for this year's conference is "Advancing the T-21 Initiatives: Innovation Through Leadership, Research, Service, and Advocacy."
 - 2) The conference format will be modified to provide more breakout sessions. Thanks to all who provided input.
- B. AVAPL Update: Dr. George Shorter
- 1) Jim Besyner is the President-Elect.
 - 2) Lisa Kearney is the new Secretary.
 - 3) Reminder to revisit the AVAPL website: www.avapl.org. One of Dr. Shorter's goals for his Presidential year is to make the website the main portal for communication with the membership.
 - 4) Membership drive: An e-mail will soon be sent to encourage membership renewals and new memberships. Please disseminate this e-mail widely.
 - 5) AVAPL would like to create a workgroup to help expand membership. Please contact the AVAPL Executive Committee or Dr. Shorter if you would like to participate.
- C. VA Psychology Training Council (VAPTC) Update: Dr. Bob Goldberg
- 1) The VAPTC is in the process of formulating plans for working with new training directors.
 - 2) There will be a teleconference on how to prepare for the internship match, and there will be training for new post-doctoral training directors about how to maneuver through the accreditation process and deal with recruitment issues.
 - 3) In March or April, the VAPTC anticipates having a conference in the DC area for training directors. Dr Zeiss hopes to include a budget line in OMHS to support travel and other requirements.
- D. OMHS update: Dr. Antonette Zeiss
- 1) The naming of a new Deputy Chief Patient Care Services Officer for Mental Health is still pending.
 - 2) The T-21 positions are being filled.
 - 3) The position formerly held by Dr. Timothy Cuerdon has been redefined, and some of Dr. Cuerdon's responsibilities are now

being handled by Dr. Ira Katz. In particular, Dr. Katz is analyzing data to determine what actions are needed to promote full implementation of the Uniform Mental Health Services Handbook and the Mental Health Operating Plan.

- 4) An Information Letter on the expansion of family services was released two weeks ago. It gives general guidance about what services can be provided to family members in support of a Veteran's treatment plan. Please note, this Information Letter pertains to those defined as "family members," not "caregivers" who will fall under other directives. Please contact Dr. Susan McCutcheon with any questions or issues.
- 5) The MH productivity workgroup has submitted its findings to Central Office. High level briefings are still in progress. Additional information will follow when it is available.
- 6) Disability Benefit Questionnaires (DBQ): A directive authorizing the use of DBQs as part of the C&P process will be issued shortly. The DBQ templates will replace current templates and report mechanisms used for C&P exam reports. The new templates have been developed through much direct communication between VBA and VHA. The goal is to provide a framework through which VBA raters and VHA clinicians can communicate most effectively. Through the DBQ process, the examiner will be asked to consider all possible diagnoses, not just the diagnosis for which the Veteran claims a disability. In addition, a consolidated GAF score will be required.

Concerns were raised regarding minimum qualifications for C&P examiners (any community provider vs. a VA staff member or a VA recognized community provider); whether treating providers will be expected to complete C&P exam requests for Veterans on their case load; the minimum time that can and should be allocated for conducting and completing a C&P exam. Additional guidance will be forthcoming on all of these issues.

E. Evidence Based Psychotherapy: Discussion with Dr. Zeiss and participants on the conference call.

- 1) There is no mandate that the only treatments that can be provided are the evidence-based therapies that have been formally rolled out within VA. Veterans deserve the very highest quality care and care that is based upon the best available scientific data and competency based professional training. The EBPs that have been recently rolled out meet that standard, but they are not the only ones. Decisions made about the recent EBP selection have been guided by the extensive work upon which the clinical practice guidelines rest. VA psychologists need to be very familiar with the clinical practice guidelines. It was suggested that the language in

the Uniform Mental Health Services Handbook be reviewed to ensure that it supports the appropriate use of evidence-based practices that are not specifically mentioned by name in the Handbook. As an FYI, the APA Practice Directorate has a work group for developing clinical practice guidelines, and VA is represented. The need for transparency is appreciated.

- 2) One process used among the VA local Evidence-Based Psychotherapy Coordinators is to ensure that Veterans are well informed about all the different treatments that are available.
- 3) Question to the participants: What are some of the other strong evidence-based practices that should be considered, especially in the following areas?
 - Couples therapy
 - Personality disorders
 - Time limited dynamic therapy
 - Anger Management
 - Chronic Pain
 - IPT for Depression
 - CBT for Schizophrenia

F. Questions/Comments/Other Issues

- 1) The Women's Health Fellowship Program will include associated health training positions as part of the expansion of existing programs and the development of new programs.