12th Annual Psychology Leadership Conference
May 7-9, 2009

Thriving During Times of Organizational Change

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OLD

- September 1973
  
  - Bob Gresen begins his psychology pre-doctoral internship
• September 1973

• Dr. Kendra Weaver is born
• A little history
• Several organizational issues/challenges and how Psychology responded
• Lessons learned
Treatment

- Treatment and Eligibility Issues
  - SMI
  - SUD
  - PTSD
  - Hospital based, specialty care system

- Many opportunities to thrive, innovate, improve care of veterans.
Hybrid Title 38

- Qualification Standards (1946; 1982; 2003)
  - General Omar Bradley agreed to place psychologists in Title 38 in 1946, but did not.
  - Remained in Title 5 until 2003
  - 1978- APA introduced bill to convert psychologists to Title 38 (recruitment/retention/pay/MD parity) - opposed by VA and VA psychology
1980’s- T 38 resurfaced due to concerns:
- Cumbersome recruitment/hiring processes
- Merit pay
- Concern about retention of senior staff
- Initiatives to reduce managerial staff/layers
- Nova Psi (‘82)

Ultimately, a 25+ year advocacy effort with many lessons learned- legislation signed 12/2003
Lessons Learned

- Timing is everything (Bradley)
- Advocacy needs to speak with one voice (Nova- Psi)
- It is much easier and ultimately more effective accomplish important things in partnership with others. (Psychology joined with over 20 other occupations; APA)
- Patience/persistence
AVACP

- AVACP- 1978
  - Elected first president
  - Newsletter/Midwinter Meeting
  - Could advocate in ways that VACO could not
  - Concerned about parity with MDs, medical staff membership, writing orders, admit/discharge, independent functioning
Other advocacy challenges

- Wanting a seat at the table to improve patient care; improve system of care
- Budget cuts in the late 80’s- lost 8% of psychologists in 1987 alone
- Training cuts happened (late 70’s; again later)
- 1994 proposal to contract out psychological services and cut staff in half
Productivity/Workload

- National Academy of Sciences Study
  - Commissioned by VA to establish staffing guidelines
  - Completed in 1977, but failed to recommend any guidelines as projected workload (need) could not be calculated
  - Recommended VA establish productivity standards
GAO (‘81) criticized VA for lack of productivity standards

- VA commissioned Staffing Guidelines initiative
- Jack Davis asked AVACP to help
- Developed a Staffing Guidelines methodology that classified all activities into 11 patient care and 6 professional/administrative categories
Productivity/Workload

- **Staffing Guidelines (cont)**
  - 28 pilot sites chosen
  - Workload data collected (1984)
    - Episodes of care and time spent for clinical work; Prof/administrative effort - time spent only

- 47% in direct patient care; another 26% in patient care support activities (consultation, team meetings...
Productivity/Workload

• Methodology could have been used to calculate productivity standards and staffing guidelines, but never mandated; left to local discretion

• 2003- Mental Health Provider Workload Guidance

• 2007- Mental Health Productivity and Staffing Workgroup
1994 proposal to contract out psychological services and cut staff in half

- VACO and AVACP collected FY 1993 workload data and cost data
- Compared costs with contracting out estimates
- Proposal ultimately dropped
Lessons Learned

• Better to be proactive than reactive
• Issues of Accountability never go away for long
• Reason, data and cost effectiveness do matter (sometimes)
• The power of networking/sharing/communication
Prescription for Change

• VA Reputation declining in mid-90’s
  • National media coverage- quality; cost
  • Proposals to voucher veterans health care
  • Veterans= a declining political force

• Ken Kizer- 1994
  • All health care is local- organize as needed
  • Would hold the system accountable through a system of performance contracts
  • Shift to outpatient; Primary Care (<10% in 1994)
Impact on VA Psychology

• Impact on Psychology
  • Loss of psychology services- for the most part, went under the organizational leadership of psychiatry
  • Loss of staff (1582- 1994; 1437- 1997; 9% reduction)
  • Loss of professional oversight
  • Loss of visible career paths
  • Many careers derailed
Impact on VA Psychology

- Demoralized
- Much energy spent trying to either maintain traditional structures and/or maintaining professional oversight
- Perceived as trying to save the profession, protect turf, maintain the silos, rather than focus on patient care
Psychology’s Response

- AVACP- AVAPL (1997)
- First Dallas Conference in 1998
  - Close to 100 VA psychologists came
  - A major function of the conference was getting VA psychologists to become proactive and regain a sense of control over their professional lives
Psychology’s Response

• Focus of future conferences shifted from Psychology survival to how psychology could be more value added to VA and the, bottom line, the veterans we are here to serve.
The Present

Since Dallas I:

• *Psychology’s comeback* = a magnitude unimaginable at the Dallas I.

• *Mental Health’s importance* = also unimaginable

• *Most rapid change and expansion since the late 40’s and early 50’s*
Lessons Learned

• We do best when we keep Veterans first
• We do best when we focus on being value added
• We do best when we’re proactive
• We do best when we partner with others
• Be open to change
• Patience/timing/persistence
• Leadership makes a difference
• Networking
Some things don’t change

• Things are always changing
  • Pendulums keep swinging
    • Budgets
    • Expansions/contractions
    • Systems of care

• Advocacy will always be needed- as will new recruits- is this conference big enough, really, for the future.
1946

- VA Psychology’s Legacy (James Greer Miller)
  - Created demand for professional psychologists
  - Enhanced psychology curricula
  - Doctoral degree and internship
  - Supported the Scientist – practitioner model
  - Provided an impetus for Accreditation
Past as Prologue

- Will VA continue to be a driver of Professional Psychology in the future.
  - PTSD/trauma
  - Primary care integration
  - Suicide
  - EBP
  - USH
  - Professional Standards in Psychology
  - Training, Research, Future Practice
How To Thrive in the Midst of Organizational Change

- Where we are now in VA and VA MH and what that means for Psychology

- Vision of where Psychology could go

- Leadership model principles that could help us get there
Current VA focus

- Access
- Quality and Safety
- Veteran-centered Care
- Integration of Care
- Accountability
- Leadership/training
- Succession Planning
Current State of VA Mental Health

- **Population:**
  - OEF/OIF
  - Younger + middle-aged + elderly
  - Females
  - Families

- **Setting:** therapy office vs. multiple locations

- **Skill set/Opportunities:** advanced
Current State of VA Mental Health

- USP Implementation
- Structure & Governance
  - “All MH leadership positions must be advertised for all of the core MH professions…and that selection must be equitable among candidates.”
  - “…a designated leader in that profession who takes responsibility for the professional practice of that discipline and has responsibilities for mentoring & professional development of staff”
Current State of VA Mental Health

• USP Implementation
  • Clinical Services
    • Recovery Model
    • Evidence-Based Therapy
    • PC-MH Integration
    • Suicide Prevention
    • Homeless/Incarcerated Veterans
    • Rural MH
Current State of VA Mental Health

• USP implementation
  • Many new staff
  • Many new resources
  • Expectations that the VA focus areas will be addressed by this growth
• ACCOUNTABILITY
• Continuous change = PRESSURE / STRESS
How does this impact Psychology?

- Psychology must change with the rest of the organization.

- Our choice is to create our future or allow others to do it for us.

- We need to reframe “change.”
Embracing Change

• Old way: dystonic change = unknown, unpredictable, unsafe

• New way: syntonic change = growth, progress, evolution; natural, expected process in healthy persons & organizations
  • Expectation that change should occur and innovation/growth is the norm.

George Everly
Thriving in the Midst of Organizational Change

- Leadership is a choice.
- All Psychologists can be leaders.
- Psychologists should actively pursue clinical and other leadership roles.
Psychology Leaders Thrive in the Midst of Organizational Change by...

- Articulating a clear vision
- Acting consistently with their values
- Having courage
  - Risk-taking is inevitable.
  - Resistance and conflict is normal.
- Collaborating

Callaly & Minas
Vision for VA Psychology’s Future

• Redefine ourselves as health care professionals vs. MH providers

• Be open to MH & non-MH administrative experiences

• Set the expectation that MH is as important as physical health

• Facilitate integration with others (disciplines, organizations)
Wisconsin’s Vanishing Silos
(sorry, Bob)
Vision for VA Psychology’s Future

• Flatten Psychology’s hierarchies
• *Increase public awareness of MH issues & Psychology’s unique contributions*
• Reduce stigma associated with mental illness
• *Increase access to psychological services*
• Promote use of technology
Vision for VA Psychology’s Future

• Improve quality clinical care
• Advance wellness, prevention, & early intervention
• Be research- & science-driven
• Enhance multicultural competence
Vision for VA Psychology’s Future

- Respond proactively to demands for accountability
- Train, mentor, & increase succession planning
- Achieve more unity of purpose
- Become leaders in organizational change
Leadership Models to help Psychology Thrive

Leadership Styles:
• Situational
• Transformational
• Servant

Learning Organization
Servant Leadership

• OLD--Robert Greenleaf (1970s)

• Leadership development is
  • Ongoing, life-long learning process
  • Both natural traits and learned skills

• 10 characteristics
What is Servant Leadership?

• Getting back to more OLD stuff…

• “To care for him who shall have borne the battle and for his widow and his orphan.”

  Abraham Lincoln (VA Mission)
How do Servant Leaders lead?

Serving others is the #1 priority.

- Serve the needs of staff
- Develop employees to be their best
- Coach and encourage self-expression
- Promote personal growth/empower
- Listen and build a sense of community
Why Does Psychology Need Servant Leadership?

- Anyone can lead in easy times

- Only a leader who is competent AND committed to others’ wellbeing can truly lead in the most difficult situations (Senge)

- We need to genuinely care about others—get back to the roots of our profession—to thrive
Servant Leadership from the Top

“You must love those you lead before you can be an effective leader. You can certainly command without that sense of commitment, but you cannot lead without it. And without leadership, command is a hollow experience, a vacuum often filled with mistrust and arrogance.”

Secretary Shinseki, 2008
Servant Leadership Characteristics

Natural
• Empathy
• Healing
• Stewardship

Learned
• Listening
• Awareness
• Persuasion
• Conceptualization
• Foresight
• Growth
• Building Community
Servant Leadership…

- is RELATIONSHIP-CENTERED CARE
  - Veterans
  - Employees
  - Families
  - Self

- is HUMILITY
  - “Don’t forget the little people”
  …and we’re all little people
Examples of Corporate Servant Leadership

- **Ritz Carlton**
  - Customer Service extends to employees
  - Ladies and Gentlemen serving Ladies and Gentlemen
  - Family/relationship-oriented

- **Ford**
  - 3rd-4th generation of employees
  - Family/relationship-oriented
Servant Leadership: Listening

- Be receptive to a variety of viewpoints
- Listen to what is said and not said
- Seek to identify & clarify the group’s will
- Reflect & get in touch with one’s inner voice
- Create an open environment where others feel comfortable sharing
- Ask for and express appreciation for input
- Listen to your gut
Servant Leadership: Empathy

• Accept and recognize people for their special & unique spirits
• “Walk in others’ shoes”
• Assume good intentions. Reject bad behavior, not people
• Take an interest in others’ lives
• Never ask others to do something you are unwilling to do yourself
• Balance personal caring with professional business
• Recognize change means loss
Empathy for Change-Related Loss

- Be sensitive to emotional reactions to change
- Anxiety is normal
- Mourning the loss is necessary to move on
- Don’t forget the cognitive part
Servant Leadership: Healing

- Be the one others turn to in crisis
- Help make whole those with whom you come in contact
- Create an environment that promotes positive emotional health
- Begin the healing with yourself
  - Avoid the victim role
  - Forgive and let go
- Create the expectation for a healing environment
- Identify strengths of those around you & promote their use
Servant Leadership: Awareness

- Have a keen sense of what is happening around you
- Understand the ethics, values, & power inherent in an issue from a holistic, integrated position
- Be self-aware
- Recognize critical events in others’ lives
Servant Leadership: Persuasion

- Seek to convince others vs. coerce compliance
- Build consensus
- Share decision-making
- Provide data to back up your ideas
- Be open to a better idea
- Get Veteran/family input
- Compromise
Servant Leadership: Conceptualization

- Think beyond day-to-day realities to encompass broader based conceptual thinking
- Dream
- Encourage creative thinking
- Balance daily urgencies with a future orientation
- Ask staff to brainstorm & experiment with new ideas
- Create a learning environment that promotes possibilities
Servant Leadership: Foresight

- Understand the lessons from the past, the realities of the present, & the likely consequence of a decision for the future
- Anticipate outcomes
- Appreciate history
- Surround yourself with all types of thinkers and those with diverse backgrounds
- Be willing to volunteer for pilots/new projects
Servant Leadership: Stewardship

- Hold the institution in trust for the greater good
- Prepare the next generation
- Leave the organization better than you found it
- Think about your legacy
- Consider what’s best for the organization
- Share the goal of creating an environment that is better than the day before
Servant Leadership: Commitment to the Growth of People

• Nurture personal & professional growth of each staff
• Connect to others’ developmental needs & actively help them maximize their potential
• Model continuous learning (outside comfort zone)
• Take care of the people who are taking care of Veterans
  • Actively mentor
  • Align projects with staff interests/strengths
Servant Leadership: Building Community

- Foster a community spirit with shared values and a common sense of purpose
- Balance differing needs
- Create opportunities for dialogue & recognition of interdependence

- Share the mission
- Model values (honesty, integrity, & ethical behavior)
- Recognize significant occasions in personal lives
- Focus on new staff hiring & orientation
- Regularly thank staff
- Respect and value equally all disciplines
- Celebrate interdisciplinary accomplishments
- Train interdisciplinary teams
Servant Leadership for Psychologists

- Is empowering
- Offers hope and healing
- Inspires Psychology to be greater than the sum of its parts
- Fosters healthy Psychologist behaviors
- Guides the creation and maintenance of a healthy organizational culture
Servant Leadership Test

• “Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants?”

Robert Greenleaf
President Obama’s Call to Service

“For the world has changed, and we must change with it….embody the spirit of service; a willingness to find meaning in something greater than themselves…

Our challenges may be new…But those values upon which our success depends…these things are old.”

2009 Inauguration Speech