



June 28, 2005

The Honorable Gordon H. Mansfield  
Deputy Secretary (001)  
Department of Veterans Affairs  
810 Vermont Avenue  
Washington, DC 20420

Dear Deputy Secretary Mansfield:

Thank you for keynoting the annual VA Psychology Leadership Conference in Dallas during April 2005. Your presence was vital to the success of our meetings and your encouragement was deeply appreciated. For the duration of the conference attendees spoke of your interest and commitment to the rehabilitation and recovery of the veteran patients that are in our care. Thank you for taking time from your inordinately busy schedule.

We are writing, as you requested, to also provide you with the results and recommendations that stemmed from our educational meetings in Dallas. A representative group of our Psychology leaders worked intensively to distill the many creative ideas that derived from the meetings into possible policy recommendations. The attached document contains the results of our deliberations. We believe our recommendations are consistent with the direction in which VHA is moving, as detailed in Under Secretary Perlin's information letter (IL-2005-008) entitled "VA Mission, Core Values, Vision, Domains of Value, and Planning Strategies."

The overarching concept contained in these recommendations is that integrated, interdisciplinary care is essential to recovery and rehabilitation. Psychologists, as behavioral experts, possess the needed skills to exponentially enhance the rehabilitative process whether the problems are in essence psychological, physical, or, as is often the case, both.

Since our conference each year is supported by three distinct groups, the recommendations contained herein represent the views of the leaders of all three groups. Accordingly, we believe that we are in an excellent position to influence the implementation of any or all of these recommendations among the front line psychology staff nationwide.

We would welcome the opportunity to work with VHA and VBA to achieve full implementation of these recommendations.

Sincerely yours,

TERENCE M. KEANE, PH.D.  
President, Association of  
Veterans Affairs Psychologist Leaders

RUSS NEWMAN, Ph.D., JD  
Executive Director for Professional Practice,  
American Psychological Association

ROBERT. W. GOLDBERG, Ph.D., ABPP, FAACP  
President, Division 18  
American Psychological Association

Enclosure

Cc: Jonathon B. Perlin, MD, PhD, MSHA, FACP  
Under Secretary for Health, Department of Veterans Affairs

# **Report and Recommendations**

**to**

**The Honorable Gordon H. Mansfield,  
Deputy Secretary, Department of  
Veterans Affairs**

**from the**

**VA Psychology Leadership Conference\***

**April 29-May 1, 2005  
Dallas, Texas**

**\*Co-sponsored by:**

**American Psychological Association Practice Directorate**

**Association of VA Psychologist Leaders**

**American Psychological Association, Division 18-Psychologists in Public Service**

## **I. The Role of Psychologists in the Treatment of Physical Injuries**

Members of the Military are sustaining multiple severe injuries as a result of suicide bombers, rockets, and improvised explosive devices. Accordingly, many veterans will be treated for polytraumatic injuries that result in physical, cognitive, psychological, and/or functional impairments. These conditions frequently occur in combination with other disabling conditions such as amputation, auditory and visual impairments, spinal cord injury (SCI), post-traumatic stress disorder (PTSD), and other mental health conditions.

Through specialized training, VA Psychologists bring expertise in rehabilitation psychology, neuropsychology, and health psychology and can make unique contributions to the care of veterans with these conditions. Through rehabilitative efforts, psychologists are committed to assisting these veterans achieve a higher level of functioning and return to a more productive work and family life.

**Recommendation 1:** We recommend that psychologists be present as full time members of treatment teams in rehabilitation medicine programs across the country in order to provide the highest standard of care possible. Providing psychological services through a model of integrated care with other health care specialists offers the best opportunity for early detection of mental health problems, for promoting optimal recovery, and facilitating adherence to medical and rehabilitative regimens. This can be implemented immediately within existing resources at clinical centers of excellence and can be expanded nationwide as resources permit.

**Recommendation 2:** To identify and to disseminate the most effective treatment strategies for promoting full recovery from polytrauma injuries, Interprofessional Research Fellowships should be established through Office of Academic Affiliations in which psychologists, physicians, and other rehabilitative health care specialists work collaboratively and from transdisciplinary perspectives to identify best practices of care. This would require only a modest amount of funding.

## **II. Contributions to Returning OEF/OIF Veterans and Their Families**

VA Psychologists are prepared to foster a seamless transition between DOD and DVA by providing treatment for those OEF and OIF troops previously identified by DOD providers. VA Psychologists are the leaders in the provision of clinical services to those diagnosed with traumatic stress disorders, depression, substance use disorders and other emotional and behavioral disorders resulting from combat. Psychologists are also prepared to treat the unique needs of women veterans diagnosed with these disorders.

VA Psychologists recognize that the psychological wounds of OEF/OIF veterans will also affect their loved ones. Family members are critical partners in promoting the healing and recovery process of the veteran.

OEF/OIF veterans are more likely to seek medical services than services identified as "mental health" as they attempt to return to normal lives. Psychologists on site in primary care clinics, working either as direct care providers or as immediate consultants to the primary care provider, can facilitate the identification of the symptoms of traumatic stress and other psychological disorders, or can provide timely, patient-centered behavioral interventions when appropriate.

**Recommendation 3:** VA Psychologists support the establishment of Post Traumatic Stress Disorder Clinical Teams (PCTs) in every medical center and endorse a staffing profile that includes the expertise to provide a range of psychological services, including special services for women veterans as well as services to spouses and families. As full time team members, psychologists provide a full range of psychological services. We would be pleased to work with the PTSD Special Committee to assist with implementation of their recommendations.

**Recommendation 4:** VA Psychologists support the continued deployment of on-site behavioral health services at every Community Based Outpatient Clinic (CBOC), a process that is well underway in VHA.

### **III. Psychology and the VHA Vision for an Integrated Health Care Organization**

Psychologists are strongly invested in contributing to the VHA vision of a truly integrated health care system that provides excellent health care, research, and education. Psychologists in some VA medical centers and in many other health care delivery systems outside of VHA routinely work in integrated relationships with primary care providers to provide the highest quality of care in the most cost-effective manner possible. Education and training models in integrated care are increasingly practiced in America's finest academic health care settings. Given the high rate of medical visits that are either entirely or partially due to psychological factors, the development of integrated care models that optimize the skills of primary care psychology providers should be a top priority for VHA.

**Recommendation 5:** We recommend that psychologists be fully integrated in all primary care teams at each medical center and CBOC.

**Recommendation 6:** We recommend the development of Primary Care Psychology Postdoctoral Fellowships to be implemented as soon as possible. This would require a modest investment of new resources to be allocated to the Office of Academic Affiliations.

#### **IV. Advancing the Recovery and Rehabilitation Model of Treatment**

The VA's Action Agenda for the President's New Freedom Commission on Mental Health promotes a treatment model based on recovery and rehabilitation for veterans diagnosed with serious mental illnesses. Psychologists are, and historically have been, the team leaders in VA Mental Health recovery and rehabilitation programs. Psychology's leaders endorse this core value model and are committed to achieving the goal of this model: "Recovery is....to live a fulfilling and productive life despite a disability" (New Freedom Commission Report).

**Recommendation 7:** We recommend that responsibility for a Recovery Model, and its implementation across the country, be given high priority within VHA and by the MSHSG. This could best be accomplished by assigning this responsibility to a clearly identified component within VACO Mental Health. This is critical to ensure that there is an optimal utilization of resources in the implementation of the Recovery and Rehabilitation Model, to guide the process with authority across the nation, and to be a visible reminder of the importance of this paradigm shift.

#### **V. Adopt Best Practice Guidelines for PTSD Compensation and Pension Examinations**

Psychologists played a significant role in developing the Best Practice Manual for Post-traumatic Stress Disorder (PTSD) Compensation and Pension Examinations. These guidelines were designed to provide clinicians with the optimal means for arriving at the most accurate information for the Adjudicator examiners. As the number of veterans seeking compensation for war-related injuries, including PTSD, continues to grow, it is essential that this entry point into the VA's health care system provide accurate information upon which future treatment needs can be based.

**Recommendation 8:** We recommend that the Best Practice Guidelines for PTSD Examinations be presented to the National Leadership Board (NLB) as potentially one of the system's most cost beneficial initiatives. The methods outlined therein should reduce the backlog and improve the confidence of the Adjudicators in their decisions based on available data. The NLB should take necessary steps to assure that these Guidelines are adopted on a nationwide basis.

#### **VI. Promote the Further Expansion of Telehealth into Behavioral and Mental Health Field**

Psychologists recognize that a significant number of veterans seeking behavioral and mental health services live in rural areas and lack either the time and/or resources to travel to VA stations. We also recognize the growing demand for mental health services. Research has documented the benefits to veterans of receiving treatment via a telehealth system. Web-based interventions now exist for PTSD, depression, psychoses, and other

behavioral and mental health needs. Psychologists support the use of telehealth in providing a variety of clinical health services and recognize this is a practice that is a part of the Under Secretary’s Mission and Planning Strategies vision for promoting clinical effectiveness. Telehealth will foster a culture that encourages innovation while providing enhanced access to mental health care.

**Recommendation 9:** We recommend that additional resources be directed toward the expansion and implementation of telehealth services for treating behavioral health problems. To achieve this goal, resources are needed for an infrastructure to support practice, as well as education and training for behavioral health providers, and for research to evaluate the impact of these services.

## **VII. Revising the Current Disability Compensation System.**

Historically, one of the major concerns of VA psychology has been that the current disability and compensation system potentially rewards “staying ill”. Fear of losing disability payments can be a disincentive for veterans to engage in recovery based activities. Psychology welcomes the opportunity to participate in a review of current compensation practices.

**Recommendation 10:** We recommend that representatives of VA psychology’s leadership be appointed to the new Veteran’s Disability Benefits Commission to help address and revise the current disability compensation system.