Dear Colleagues-

We continue to experience interesting times in the VA. With increased attention to new performance measures and metrics such as the Strategic Analytics for Improvement and Learning (SAIL), concerns about system redesign and improvement to improve Veteran access, challenges in both bringing on new staff and also collaborating with community partners via the Choice Act, the importance of psychology leadership is more clear than ever.

We bring a unique combination of doctoral level distinct clinical expertise combined with research acumen, teaching and supervision skills, and general knowledge about human behavior that is extremely valuable to our medical centers as they work to address the challenges they face in serving veterans. In addition, the basic principles of communication that are core to our training can be critical to facilitating process improvement in our settings.

At the VA Psychologist Leadership Conference, I was struck by the fantastic research being conducted to improve veterans’ experiences, the creative actions people are taking to improve their settings, and the enthusiasm that attendees had for taking on opportunities to bring their talents to Veterans in meaningful ways. I encourage you to reach for opportunities to take a leadership role at your setting. Participate in the mentorship programs provided by AVAPL and the VA to get support in making change. Look for opportunities to participate and lead task forces and workgroups that are being formed to address new initiatives and requirements. As your settings struggle with the many issues we need to address step forward and offer your expertise in improving the situation.

I have heard psychologists express concerns about whether medical center leadership will value and keep psychology positions in the face of challenging budgets and cheaper options. I think that as we step into leadership roles, psychology and psychologists are going to be seen as more critical than ever for the success of the VA.

—John R. McQuaid, Ph.D., President, AVAPL
Women in Early Leadership Roles in VA Psychology

Jane D. Morgan selected Assistant Chief for Training and Personnel in 1946.

One of James G. Miller’s first hires after being appointed chief of the new VA psychology program in 1946 was that of Jane D. Morgan. Miller recruited her to serve as assistant psychology chief for training and personnel in VA Central Office. Along with Miller and others, Morgan wrote one of the articles in the January 1947 issue of the Journal of Clinical Psychology devoted to introducing the psychology program in the VA to the profession. Morgan’s article described the goals of the newly established clinical psychology training program.

Morgan participated in the 1949 Boulder Conference on Graduate Education in Clinical Psychology that established the scientist-practitioner model of training for professional psychology. Three years earlier, the VA psychology training program had adopted that model with the inception of its training program.

With her marriage to Harold Hildreth and his appointment as the second VA chief psychologist, her husband became her supervisor and Jane Morgan/Hildreth left the VA. After working briefly as an intelligence officer in the CIA, she joined the staff at the APA Central Office in 1950. She remained a friend of VA psychology during an illustrious career at APA until her retirement in 1988.

— Rod Baker, Ph.D., Former VA Psychology Historian
DOMESTIC AND INTIMATE PARTNER VIOLENCE IMPLEMENTATION PROGRAM

Heidi Kar, PhD, MHS is the Training Program Evaluator for several of the Evidence-Based Psychotherapy programs. As part of her role, she serves as a Master Trainer for Intimate Partner Violence. Dr. Kar’s experience in IPV includes graduate training in public health, IPV-focused program development and research positions in the developing world and clinical work with both those who experience IPV and those who use IPV against their partner.

Dr. Kar is one of several VA psychologists involved in developing the national policy and associated implementation initiative to address Intimate Partner Violence throughout VHA. Dr. Kar first became involved in federal policy development back in 2011 when she was invited to join the Federal Partners Committee on Women and Trauma, which is comprised of trauma experts throughout the federal government. In 2013, Dr. Kar was one of several subject-matter experts invited to participate on the chartered Domestic Violence/Intimate Partner Violence (DV/IPV) Task Force. This task force was established in order to develop the first national VA policy on DV/IPV. The Task Force developed a list of 14 policy recommendations to be adopted by VHA. Following Secretary Shinseki’s approval of the policy document in December 2013, focus shifted to implementing the approved policy.

The DV/IPV Implementation program began in early 2014 with the hiring of the DV/IPV National Program Manager, Ms. Jennifer Broomfield, LISW, JD. The implementation team consists of a steering committee and several workgroups of subject-matter experts and senior managers across relevant disciplines in VHA. Goals of the VHA implementation program include expanded screening, prevention, and intervention to Veterans and a strengthening of partnerships with community providers/resources. A culture of safety through adoption of a holistic, Veteran-centered psychosocial rehabilitation framework informs all facets of the program.

The Implementation program started through the launch of a national training call program open to all VHA staff. Dr. Kar and Ms. Broomfield offered the first training call in the series on January 21, 2015. A pilot program is underway in several VA sites focused on identifying and training specialized Domestic Violence Coordinators who will serve as resources to their local facility staff on any cases involved DV/IPV. Data collected from these pilot sites will be utilized to inform the future rollout of the initiative. In addition to improving screening and service referral to veterans who experience violence, the implementation plan also includes a commitment to pilot-test treatment programs for veterans who use violence against their partners. The Strength at Home program, developed by clinical psychologist, Dr. Casey Taft, utilizes a trauma-informed psychotherapeutic approach to treat those who use violence against intimate partners.

If you would like information on the DV/IPV Implementation program, please contact the acting Program Manager, Ms. Heather Luper, at Heather.Luper@va.gov. If you would like to access any of the national training call presentations and/or view other specific information about the DV/IPV program, please visit the sharepoint at http://vaww.infoshare.va.gov/sites/cmsws/DPIP,V2/SitePages/Home.aspx.

— Heidi Kar, PhD, MHS
In the general population, around 30% of women report a lifetime history of physical or sexual violence by a partner and more than half of women have experienced emotional abuse by a partner. Among women Veterans, rates are even higher.

At G. V. (Sonny) Montgomery VA Medical Center in Jackson, MS the “Domestic and Interpersonal Violence Screening and Intervention Program (DV/IPV Program)” has been working to identify and provide services to women Veterans who have experienced interpersonal violence, to develop and provide training and resources to VA staff about DV/IPV, and to participate in the growing network of providers at VAs across the country who are working to address these same issues.

Kelly Buckholdt, PhD, a staff psychologist in women’s primary care mental health and military sexual trauma, leads the DV/IPV Program in Jackson, MS. The DV/IPV Program was developed with guidance and support from the Women’s Health Services Public Health Innovation Grant (POCs Kelly Buckholdt, PhD and Linda Mack, NP) and the VHA Domestic Violence / Intimate Partner Violence Assistance Program (POCs Kelly Buckholdt, PhD and Lynda Herbertson, LCSW).

The DV/IPV Program in Jackson, MS began in June 2014 with the development of a clinical reminder and consult for domestic violence screening and intervention. Within the first six months, half of the women Veterans served by the medical center had been screened. Concurrently, resources for Veterans and providers were adapted, compiled, and developed. Over the past year, the program has organized three awareness and education events for Veterans and staff with over 100 attendees at each event. These events have featured VA and community agency presentations in a health fair format, artistic performances, speakers, and panelists. Implementation of the DV/IPV Program events has occurred through the collaborative efforts of a multi-disciplinary team of VA staff (e.g., mental health, nursing, social work, primary care, chaplain services). Likewise, all aspects of the DV/IPV Program are shared with other VAMCs through the two national programs mentioned above.

In April 2015, an outreach challenge was hosted by the Offices of Women's Health Services and Care Management & Social Work Service. The challenge invited VHA employees to engage in activities to increase DV/IPV awareness, support the VHA DV/IPV Assistance Program implementation, and to strengthen VA’s partnerships and relationships with the community. The DV/IPV Program in Jackson, MS addressed the challenge by hosting an outreach event, providing additional training and resources to medical center and community based outpatient clinics providers, and utilizing online messaging to promote DV/IPV awareness. Based on a survey conducted at the outreach event, 99% of attendees reported that they “learned new information” and 100% reported that they were “more motivated to help address interpersonal violence in [their] community and/or workplace” after attending. The team won first place along with $3000.00 towards future outreach efforts.

— Kelly Buckholdt, Ph.D.
Dr. Brian Kelley, an AVAPL member at VA Pacific Islands Health Care System, is Team Leader of the Oahu Homeless Patient Aligned Care Team (H-PACT). In March 2015, Dr. Kelley’s “Integration of Neuropsychology Services into H-PACT” was identified as a Strong Practice by the Office of Mental Health Operations (OMHO) Strong Practices Workgroup. H-PACT offers a “one-stop shop” addressing the multifaceted needs of homeless veterans.

The provision of neuropsychology in H-PACT is supported by a strong empirical base. Research suggests up to 80% of homeless persons may have cognitive impairments (Burra et al., 2009). Stergiopoulos et al. (2015) found homeless adults with mental illness experienced impairment in multiple neuropsychological domains, and nearly half experienced a severe TBI. The rate of TBI is higher in homeless versus non-homeless populations (Topolovec-Vranci, 2012). Among OEF/OIF veterans with TBI, homelessness is associated with worse cognitive performance, more severe post-concussive and psychiatric symptoms, and higher rates of substance abuse and functional disability (Twamley et al., 2014). Knowing cognitive dysfunction in homeless veterans can adversely impact rehabilitation (Depp et al., 2015), offering neuropsychological care in H-PACT makes sense. It also supports the VA national priority to end veteran homelessness by the end of 2015.

Dr. Kelley’s neuropsychology service offers evaluation and cognitive rehabilitation; the latter draws upon Dr. Pamela Klonoff’s (Center for Transitional Neurorehabilitation, Phoenix, AZ) holistic approach to neurorehabilitation, and utilizes Dr. Elizabeth Twamley’s (VA San Diego Healthcare System, UC San Diego) Compensatory Cognitive Training (CCT), an evidence-based intervention designed to improve cognition and real-world functioning with reduced stress and better sleep.

A goal stated on OMHO’s Strong Practices Project SharePoint is “to foster conversations about innovative and successful mental health practices nationwide and facilitate their implementation and dissemination.” Dr. Kelley welcomes those interested to contact him. Also, visit https://vaww.portal.va.gov/sites/OMHS/omhostrongpractices; his practice is featured under Integrated Care Services and Mental Health for Homeless Veterans UMHS Domains. Dr. Kelley thanks local, VISN, and national VA leadership for supporting innovative healthcare for homeless veterans.

References:


The Multicultural and Diversity Subcommittee (MDSC) of the Michael E. DeBakey VA Medical Center Psychology Training Program is committed to providing meaningful multicultural and diversity learning opportunities for psychology trainees and hospital staff. On October 14, 2014, the MDSC hosted a hospital-wide, day-long diversity training event in collaboration with the Equal Employment Opportunity (EEO) Office entitled “The Many Faces of Diversity: Increasing Cultural Competence When Working with Veterans and Employees with Disabilities.” Dr. Linda Mona, licensed psychologist at the Long Beach VA Healthcare System, was the featured speaker and panel moderator for the event. Dr. Mona is well-published in the area of disability and sexuality, is an active advocate for providing culturally competent care to disabled populations, and has received numerous awards at the national level for her work in the area of disability as a cultural variable. Drawing from her personal and professional experiences with disability, Dr. Mona delivered the featured address regarding providing culturally competent care to Veterans with various disabilities. Trainees and staff members alike were impressed with the quality of Dr. Mona’s presentation, noting that the presentation was clinically useful and beneficial for their professional growth. After reflecting on her experience at the training event, Elizabeth Price, M.S., Psychology Pre-Doctoral Intern, said, “Dr. Mona is such a leader in her field—I’m so glad the MDSC was able to bring her to the Houston VA. Hearing a psychologist talk about her own experiences with disability was very powerful.”

VA Legal Counsel, Kevin Curtis, JD, LLM, also provided valuable information in his presentation on the necessity and ethical responsibility of providing reasonable accommodations for employees with disabilities. The training continued with a panel presentation from practitioners discussing practical ways to increase cultural competence when providing care to Veterans with disabilities. Panel presenters represented several specialty areas in the hospital, including Audiology, Spinal Cord Injury, Rehabilitation, Polytrauma, Blind Rehab, and Mental Health.

The practitioner panel was followed by a Veteran panel presentation that consisted of Veterans with disabilities who shared their experiences regarding the disability-affirming care they receive at the MEDVAMC. They also provided recommendations to practitioners from a Veteran perspective on ways to build treatment alliance by practicing cultural sensitivity when it comes to addressing disability. Dr. Mona moderated both panels and did an impressive job, often providing thought-provoking comments and posing questions for panelists to consider as it relates to everyday practice and the provision of care. All in all, it can be said that this training event was a tremendous success. The MDSC is grateful for all of the time, effort, and/or resources provided by event collaborators, presenters, supporters, and volunteers to make this event both informative and impactful for attendees.

— Lacy Olson, M.S., Pre-Doctoral Intern
Secretary McDonald is working hard to reach out, listen to, and engage VA frontline staff in addressing the challenges of providing superior 21st Century Veteran healthcare. Blocking the way are entrenched organizational issues, dynamics, and structural problems that functionally cut off frontline personnel from leadership at all levels. My local experience suggests that Psychology’s ‘Subject Matter Expertise’ is well suited to overcome these obstacles and achieve the transformative change critical to the VHA’s long-term success.

I’d like to share what our Employee Engagement Committee (EEC) has done over the past two years to increase employee engagement in South Texas. I think that you’ll see this work draws heavily upon the knowledge and skills you’ve developed as psychologists - namely, understanding interpersonal and organizational/cultural dynamics, identifying causality in complex systems, and creating comprehensive interventions to produce meaningful and lasting change. Briefly, our EEC is guided by our belief - and sound business research - that increased Veteran engagement and satisfaction is directly related to Employee engagement and satisfaction. Thus, our EEC has sought to develop and deliver the following initiatives that build and sustain employee engagement and satisfaction throughout our facility:

- Training frontline supervisors in ‘Employee Engagement Best Practices’;
- Developing a Frontline Supervisor e-Newsletter designed to generate thought, sharing and discussion about improving employee engagement and satisfaction;
- Introducing Process Improvement Boards on medical and administrative units that give frontline staff a structured venue to identify and lead change initiatives;
- Overhauling New Employee Orientation to better leverage onboarding as a way to engage new employees in the Veteran Service mission; and,
- Developing employee recognition programs in which peers identify co-workers who make their Service/Unit a better place to receive care and/or work.

As the EEC’s Chair, I also play a critical role on a facility work group tasked to transform our hospital into a High Reliability (Safety) Organization. I do this by continually emphasizing that building trust and ‘psychological safety’ is a vital prerequisite to employees consistently stepping forward to report and discuss administrative issues, safety concerns, and medical errors.

Because trust and psychological safety are based on employee perceptions of respect, fairness and consistency across all administrative and personnel processes, our work group has actively explored how the facility can improve in these areas. We have settled on a set of principles known as Just Culture to build employee trust and the belief that all personnel actions (e.g., disciplinary, reward, selection, promotion) will be handled in a transparent, consistent, and fair way. In sum, we seek to build a culture of Justness that builds and sustains trust and psychological safety in the institution and its leadership – and, most importantly, invites employees to become fully empowered and active partners in serving Veterans.

Our local experience and success leads me to firmly believe these initiatives would be effective and well-received at other VA facilities, and can play a vital role in national efforts to increase employee and Veteran engagement. Since these initiatives tap deeply into psychological skill sets, I think AVAPL members have an important role to play in employee engagement. So, please consider how you might lead the ‘Human Capital’ piece of the ‘myVA’ transformation at your facility.

Questions? Comments? Contact wayne.martin2@va.gov.

— Wayne F. Martin, Ph.D.
On May 19-22, 2015, over 200 attendees and 40 speakers gathered at the Westin Riverwalk Hotel in San Antonio, Texas for our annual conference themed, *VA Psychology: Advancing High Quality Health Care and Timely Access for Veterans*. Drs. Steve Holliday and Steve McCutcheon led over 30 participants in a pre-conference APA Site Visitor Training; the Commission on Accreditation was grateful for the chance to train so many future site visitors and the conference planners were glad to support this opportunity.

The conference began with an opening address by Dr. Carolyn Clancy, Interim Undersecretary for Health, speaking on the *Blueprint for Excellence: Building a 21st Century Health Care System for Veterans*. We also had a stellar plenary lineup including *Fostering a Culture of Creativity and Innovation in VHA Mental Health*, *Mental Health Metrics on the SAIL Report for Performance Improvement*, *the Journey to Servant Leadership*, and *Psychological Safety in the Workplace: The Canary in the Coal Mine*. Representatives from VA Central Office also provided valuable updates from the Office of Academic Affiliation, Mental Health Services and the Office of Mental Health Operations.

The interactive breakouts this year included standing-room-only sessions such as *Resilience in the Face of Rapid Change* presented by a panel that included Dr. Jill Draime, Acting VHA Chief of Staff, as well as a fantastic panel on *Women in Leadership*. Other excellent presentations focused on technology and access, lethal means safety, VBA collaborations and servant leadership development.

The networking lunches provided a more casual setting for people to discuss important themes that included compensation and pension, training, LGBT healthcare, advocacy, career trajectories, title 38, veteran’s choice and community partnerships. The two poster sessions were lively with 20 posters that focused on a wide range of timely topics.

**Dr. Barry Anton**, APA President, and many leaders graciously hosted our annual trainee dinner, showcasing the quality of our trainees and training programs, as well as providing trainees a rare opportunity to enjoy the company of many established leaders in the field.

The post-conference CE workshop, *Developing the Servant Leader*, led by Drs. Linda Belton and Maureen Cash from NCOD, was attended by more than 80 people and was a great interactive learning experience that bookended the week.

Finally, the conference included two very special presentations. First, the Patrick DeLeon Advocacy Award was given to **Dr. David Carroll** and second, two APA Presidential Citations were awarded by Dr. Anton; one to **Dr. John McQuaid**, and another to **Dr. Tim Fjordbak** (posthumously), which was accepted by his brother, Mr. Ed Fjordbak (pictured above). Mr. Danny Devine also presented Mr. Ed Fjordbak a Federal flag that had been flown over the Capital Building in Washington, DC. There were few untouched hearts or dry eyes in the room after Mr. Fjordbak shared a few words encouraging us to continue serving veterans, as well as the wish that we would all be as safe as possible in that service.

In closing, I am very grateful for the privilege of having served as chair of this conference over the last couple of years, and I pass the torch with confidence to the very capable Dr. Amee Patel, our incoming chair. I know she will do an excellent job. Thank you again for supporting the conference with your attendance and I look forward to seeing you all next year!

— Sam Wan, PhD, Conference Chair
The idea of shared leadership has been an important part of the workgroup’s processes and effectiveness. Although VA psychologists do not face conditions as extreme as mountain climbers, we have utilized an approach articulated in Alison Levine’s book, *On the Edge: The Art of High Impact Leadership* (2014). Levine emphasizes the importance of sharing leadership tasks among all team members, arguing that calamity can ensue if all team members are not equipped to step into a leadership role when needed. Consequently, in order to complete various projects, PAW has adopted a rotating leadership model wherein the wide range of efforts are spearheaded by different members, allowing for a high degree of flexibility with regards to each member’s interests, areas of expertise/experience, access to resources, and time constraints. This type of governance allows for ample opportunity for all persons involved to hone their leadership skills through the continual sharing of essential responsibilities.

For psychology staff at other VAMC’s thinking of forming a similar workgroup, the following recommendations are offered: start with a core group of staff who is dedicated to the process, but also leave the group open to change fluidly with interest; complete a needs assessment to guide your efforts based on specific facility and group needs; and remain open to the process as the focus and direction of the group may evolve based on organizational changes and the transitions of group members. At a minimum, the group can become a forum for early adopters to gain knowledge, establish informal and formal mentorships, exchange ideas, and access practical insight about areas of professional development based on accumulated experience. Some of these gains and the projects that PAW has tackled will be shared in the next AVAPL newsletter—Stay tuned!

References:


*Authors contributed equally to compilation of this article and are listed in alphabetical order.*
MENTAL HEALTH LEADERSHIP MENTORING PROGRAM

Mental Health Services and the Office of Mental Health Operations in collaboration with Mental Health Quality Enhancement Research Initiative (MH QUERI) are happy to announce the launch of the Mental Health Leadership Mentoring Program, which is aimed to match new facility mental health leaders or new facility mental health discipline leaders with experienced mental health mentors. For information on the program, point of contacts are: Lisa Kearney (Lisa.Kearney3@va.gov), Jeff Burk (Jeff.Burk@va.gov), Dave Carroll (David.Carroll@va.gov), Kathy Henderson (Henderson.Kathy@va.gov), & Cliff Smith (Clifford.Smith2@va.gov). 2015 deadline for applications are June 15th (for mentors) and July 15th (for mentees).

AVAPL EARLY CAREER PSYCHOLOGY

AVAPL ECP Panelists:
Adam Bramoweth, Amanda Vaught, Brent Kenney, Bryan Batien, Claire Collie, Jack Tsan, Kile Ortigo

Thanks to Heidi Kar for arranging the AVAPL VA Career Trajectories Panel and Bryan Batien for compiling a list of key elements mentioned as “lessoned learned.”

- Jack Tsan

LESONS LEARNED

1. Find a mentor
2. Understand what it takes to make the organization look good
3. Understand the structure of your environment
4. Manage your opportunities (do not take on too much extra stuff)
5. Know important numbers
6. Find out how you can make yourself uniquely useful/contribute
7. Be thinking about the future
8. Network with others
9. Be willing to take a chance
10. Understand the political environment
11. Know your skills and weaknesses and how to strengthen them both
12. Advocate for yourself
13. Develop an identity
14. Find support (both peer and supervisors)
15. Be confident
16. Understand luck is an important factor that is outside your control
17. However, doing well increases likelihood of lucky situations happening
18. Be open-minded/flexible/adaptive
19. Keep your eyes open for opportunities
20. Know your values and interests
21. Take care of yourself
22. Let others know your accomplishments.

For information regarding the AVAPL mentorship program, please contact Jessica Brundage at Jessica.Brundage@va.gov. Also complete https://www.surveymonkey.com/s/AVAPLECP to sign up to be a mentor or mentee.
After years of planning and collaboration between the American Board of Professional Psychology (ABPP) and leaders in the field, Geropsychology has now become recognized as a board-eligible specialty as of December 2014. This is a critical development for the field of Geropsychology, as formal board-certification now offers a route for official recognition of the specialized education, training, and experience amassed by Geropsychologists. This provides the public with clear assurance that the mental health care provided for our older adult Veterans is of the highest quality.

As of this writing, there are nearly fifty psychologists in the country who have been awarded ABPP certification in Geropsychology (ABGERO), and over a third of those work for the Department of Veterans Affairs. These psychologists are providing care in a variety of clinical and research settings including: Community Living Centers (CLC), Home Based Primary Care (HBPC), geriatric primary care clinics, Geriatric Research Education and Clinical Centers (GRECC) and Mental Illness Research Education and Clinical Centers (MIRECC). The VA Palo Alto Healthcare System and the VA Boston Healthcare System, two longstanding centers for excellence in geriatric mental health, claim the lion’s share, with each system employing five board certified Geropsychologists. There are more candidates in the pipeline as well (due to be examined in late 2015) and of those, two-thirds are VA employees. When it comes to the provision of psychological services for our older adult Veterans, the Department of Veterans Affairs is once again leading the way in ensuring the highest standard of care.

— Geoffrey Lane, Ph.D., ABPP and Rachel Rodriguez, Ph.D., MPH, ABPP

Interested in submitting articles to the AVAPL Newsletter?

We have created an article submission portal. You can access it from your VA computer.

http://vaww.mysite.r02.portal.va.gov/personal/vha17_vhactxtsany/AVAPL%20newsletter/default.aspx

- Click on “article submission”
- Keep submissions to 500-word limit and include a picture, image, or graph with each submission if possible.

If you have ideas about content, please contact Genevieve Davis at Genevieve.Davis@va.gov

Association of VA Psychologist Leaders

http://www.avapl.org/