

## LETTER FROM THE PRESIDENT

Dear VA Psychologist Colleagues,

These are challenging times for our nation, our men and women in military service and their families and for the Veterans we serve in the Department of Veterans Affairs. We are in the longest period of war in our nation's history with no end in sight and with ongoing strenuous demands on our military.

I can, personally and professionally, identify with some of the strain associated with periods of war. I come from a family of Veterans. My mother served as a WAVE in the US Navy where she and my father, a Navy Air combat Veteran met during World War II. My brother is a retired Naval Officer who served 30 years in the Medical Service Corps including deployment in Desert Shield/Desert Storm.



VA has a sacred mission to care for the men and women who have sacrificed so much to ensure the safety and well-being of the people of the United States. It is my experience that VA employees fulfill that mission daily in countless unheralded ways that don't make it into the news but make a world of difference in the lives of Veterans and their families. I am especially proud of the outstanding healthcare and evaluation services you provide to our Veterans.

AVAPL is working diligently to counter inaccurate information in the press about VA healthcare. We have joined with the Association of VA Social Workers, APA and the National Association of Social Workers to publish (available on AVAPL website) a document that corrects some of the myths being circulated currently about VA.

AVAPL is also working with Veteran Service Organizations to oppose efforts to increase funding for non-VA care at the expense of VA resources, and in particular to educate the public and Congress about the potential downsides of privatizing services currently provided by the VA. In that regard, AVAPL has posted a recent survey of Veterans conducted on behalf of Vet Voice Foundation. The nationwide survey indicates that Veterans, regardless of age, political affiliation, or branch of military service oppose the privatization of the VA healthcare programs.

Your AVAPL Executive Committee is preparing for Midwinter Meetings in Washington, DC the week of February 22, 2015. The Committee will be meeting with VACO staff including Office of Mental Health Services and Office of Mental Health Operations to receive updates and to present Psychology concerns. Additionally we will be meeting with VSOs to continue our dialogue on best ways to serve Veterans and we will be visiting House and Senate members and staff.

The Psychology Leadership Conference for 2016, VA Psychology: Strengthening partnerships, building the future, promises to address issues important to the future of VA Psychology and as always offers opportunities for networking and socializing with colleagues from around the nation.

AVAPL is pressing forward in a cooperative effort with APA to have VA Psychologists moved into full Title 38. Psychology remains the only doctoral level profession without full Title 38 status.

I want to thank you for the trust you have placed in me and my fellow members of the AVAPL Executive Committee. AVAPL is dedicated to advocating for the essential role of psychologists in the VA now and into the future. Thank you for the extraordinary service that you provide daily to our Veterans.

— *Thomas Kirchberg, PhD*

### NOTE FROM HISTORY

#### *Women In Early Leadership Roles In VA Psychology*

#### *Ruth Hubbard among the first women to serve as a chief psychologist in a VA Hospital*



With her 1948 appointment as chief of psychology at the Waco VA Hospital in Texas, Ruth Hubbard became either the first woman or among the first women to be appointed a chief psychologist in a VA Hospital.<sup>1</sup> She received her Ph.D. from the University of Minnesota in 1927, and held a number of public service psychology positions before her appointment as chief at the Waco VA. She mentored many VA trainees at the hospital, two of whom became VA chief psychologists themselves during their VA careers. She remained in the chief's role at Waco for 18 years until her retirement in 1966. In a VACO visit to Waco around 1954, Lee Gurel reported that he remembered Hubbard as a quiet and very dignified person who received high praise for her work from others at Waco for her work.

It can be noted that Hubbard was also among the first group of psychologists who received the Diplomate in clinical psychology from the American Board of Examiners in Professional Psychology (ABEPP) after that credential was established in 1946, a fact noted in a list of ABEPP holders as of June 20, 1949. She was also active in many professional organizations during her career. She was a Fellow of the American Psychological Association, Fellow of the American Association for the Advancement of Science, and in 1960 served both as president of the Texas Psychological Association and president of the Southwestern Psychological Association.

— *Rod Baker, Ph.D., Former VA Psychology Historian*

<sup>1</sup> In 1947, Helen Campbell (also an ABEPP) was the chief psychologist at the free-standing VA Mental Hygiene Clinic in New York City, not a VA hospital.

### VOLUME 4, ISSUE 1

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## MILWAUKEE VAMC PSYCHOLOGY ADVANCEMENT WORKGROUP ACTIVITIES (PART 2 OF 2)

**Jessica Brundage, Ph.D., Theresa Drewniak, Ph.D., Sadie Larsen, Ph.D., Eric Larson, Ph.D., ABPP, Rebecca Mayor, Ph.D., Heather Smith, Ph.D., ABPP, Karen Tucker, Ph.D., Erin Williams, Ph.D., Roger Williams, Ph.D.\***

In the June 2015 AVAPL Newsletter, the impetus for creating the Milwaukee VA Psychology Advancement Workgroup (PAW) was outlined, as well as the approaches we have embraced regarding participation and leadership. A primary objective of PAW is to disseminate resources essential to the successful professional and personal development of our medical center's psychology staff. In this endeavor, PAW has successfully completed several projects since its inception.

Conducting an initial needs assessment was essential to selecting relevant PAW initiatives. Psychology staff were surveyed on their interest in learning more about various topics related to the development and advancement of VA psychologists across the career spectrum. Thirty-one individuals responded, and the most frequently endorsed items were increasing research involvement, grade-step (GS) system explanation, retirement planning, and obtaining faculty appointments. There was also notable interest in loan repayment/education debt reduction, VA benefits selection, performance evaluation/self-assessment, professional development (e.g., protecting time for this purpose, finding/becoming a mentor), Special Advancement for Achievement (SAAs), and supervision resources.



Initial priority was given to enhancing psychologist involvement in research given that it was identified as the top interest area. A Psychology Research Workgroup was developed to serve as a resource for staff and trainees wanting to conduct research and potentially collaborate with other investigators. That group initiated an ongoing series of research Brown Bag meetings where psychologists present anything from initial research ideas that they would like help in further developing to data that they have already analyzed and want a group opinion about the findings. This workgroup also is able to advocate with Mental Health Administration for research opportunities, available resources, and other ways to enhance research productivity among psychologists. Current and future directions include identifying and implementing collaborative research projects among Milwaukee VA psychologists and exploring the potential implementation of a paper-in-a-day workshop to augment the publication productivity of psychologist researchers

To address retirement preparation, PAW delivered a 90-minute seminar outlining basic investment information, including content specific to VA employees. The presentation was videotaped for those unable to attend in person. A pre-post survey reflected an increase in attendees' knowledge about investment options and concrete steps for enhancing their retirement savings. PAW members have coauthored and submitted a manuscript about the seminar for a peer-reviewed publication.

Additional topics of interest to staff were addressed in a variety of modalities. For example, information about the GS system, SAAs, and the loan forgiveness program was disseminated via 5- to 15-minute presentations during regularly scheduled staff meetings. PAW also developed and distributed brief "reference guides" via the Psychology SharePoint site addressing state licensure renewal, resources for obtaining CEUs, and ABPP certification procedures for different specialty areas. A follow-up resource from the retirement seminar was sent by email introducing tools and calculators available through Thrift Savings Plan to help guide decision-making regarding use of pay raises to increase retirement contributions.

Motivated by both the needs assessment results and the growing number of leadership positions becoming available in the VA system, PAW's most recent endeavor has been to gauge staff interest and involvement in various leadership development activities. Again, staff were surveyed during a regularly scheduled meeting. PAW intends to use survey results to identify and problem-solve perceived barriers to increased staff participation in leadership-related activities.

*\*Authors contributed equally to compilation of this article and are listed in alphabetical order.*

## POTENTIAL CHANGES IN VETERANS HEALTHCARE

The Veterans Access, Choice, Accountability and Transparency Act of 2014 Choice Card Program was enacted August 7, 2014 as a three-year solution to address problems for Veterans with extended delays in access or long travel distances. In its original form, the Choice Card Program had potential to improve access because it came with \$10 billion supplemental dollars over the three years.

As ensuing Congressional efforts to expand the Choice Card Program unfolded, the AVAPL Executive Board became deeply concerned. The new bills had no supplemental allocations; funding would come out of VHA medical center and CBOC budgets. The effect over time could be to dismantle the VHA system and privatize care for veterans.

That prospect was even more disturbing because the rationale for making such a sweeping systemic change was mostly predicated on myths. Consequently, the AVAPL Board decided to publish a Briefing Sheet laying out facts and fiction about VA healthcare (and mental healthcare). The briefing sheet was jointly signed by the Association of VA Social Workers, American Psychological Association and National Association of Social Workers. It appeared on our (and on AVASW's) website October 22, 2015. Its contents are copied below (the complete version with references is on our website).



—Russell B. Lemle, Ph.D.

*Proposed Veterans Choice Card Program Expansion Briefing Sheet from the Association of VA Psychologist Leaders, Association of VA Social Workers, American Psychological Association and National Association of Social Workers, October 22, 2015*

### Background

Many veterans wait unacceptably long times for appointments in the Veterans Health Administration (VHA). The Veterans Access, Choice, Accountability and Transparency Act of 2014 Choice Card Program was enacted as a three-year solution to address access problems for selected veterans. One year into that pilot, there are concerted Congressional efforts to expand the Choice Program, and make it permanent.

There are no additional appropriations in the Choice Card Program expansion bills; funding for expanding the Choice Card Program would come by siphoning allocations from VHA Medical Centers & Community Based Outpatient Clinics -- downsizing the number of VHA providers and programs. The effect over time would be to dismantle the VHA system and privatize care for veterans.

The proposed expansion of Choice is predicated on popular myths, which are critiqued below.

### Myths about VHA Health Care and Choice Program Expansion

*Myth: Quality of VHA healthcare is worse than in other healthcare systems.*

In fact: Independent evaluations have repeatedly found that VHA outpatient care outperforms non-VHA commercial, Medicare, and Medicaid HMO outpatient care on virtually every single measure of quality. VHA hospitals perform as good or better than non-VHA hospitals on most, but not all, inpatient quality measures.

*Myth: Veterans with mental health problems are getting inadequate VHA care.*

In fact: The 2011 RAND evaluation reported that the quality of VHA mental health care “is as good as or better than that reported for patients with comparable diagnoses who received care through private insurers, Medicare, or Medicaid.”

*Myth: Delayed access in the VHA is systemic.*

In fact: Although excessive appointment delays exist in specific locations, the recent MITRE/RAND assessment found no system-wide crisis in access to VHA care. Timeliness for mental/behavioral healthcare in VHA is as good or better than in commercial and public plans.

*Myth: The VHA is doing an inferior job addressing veteran suicides.*

In fact: In a recent national study of suicides between 2000 and 2010, veterans who used VHA services had reduced rates of suicide, while veterans not utilizing VHA had increased rates. Since its launch eight years ago, the 24-hour Veterans Crisis Line has answered more than 1.86 million calls from veterans and their family/friends; care coordination for callers is easier in cases when a veteran's provider is in the VHA than in the community.

## POTENTIAL CHANGES IN VETERANS HEALTHCARE (CONTINUED)

*Myth: Expanding Choice will provide veterans with new options without taking away existing ones.*

In fact: Although the 2014 Choice legislation continued the current level of VHA funding and tacked on extra allocations for three years of Choice, the new legislative efforts would pay for Choice Program expansion out of VHA funds. This will incrementally downsize the number of VHA providers and programs.

*Myth: Expanding Choice won't harm healthcare education.*

In fact: 70% of all physicians (as well as 40 other healthcare professions) receive part of their clinical training in VHA. Significant reductions in the number of VHA attending supervisors would disrupt healthcare education.

*Myth: VA healthcare is disjointed and unwieldy.*

In fact: Unlike fractured community treatment, VHA healthcare integrates concurrent physical, mental, behavioral and psychosocial problems, including homelessness and unemployment. Since 2012, 175,000 homeless veterans have been housed; 14,000 veterans participate yearly in VA Compensated Work Therapy programs.

*Myth: A substantial number of veterans with mental health problems avoid VHA treatment because they feel stigmatized receiving services at VHAs.*

In fact: Veterans benefit from the camaraderie of fellow veterans. There is no research that's found veterans feel greater stigma receiving mental health care at VHAs.

### Recommendations

The VHA must fix its access problem. The best means to do so are:

- Increase funding to VA medical centers and community based outpatient clinics where staff/patient ratios are inadequate to provide timely access.
- Expand telehealth and telemental health services for rural and homebound veterans.
- Implement emerging VHA best practice access procedures.
- Oppose Choice Card Program Expansion legislation that siphons VHA funds into privatized care.

*As 8 leading veterans service organizations stated September 16, 2015 in a joint Open Letter about privatizing VHA care:*

*"Eliminating the VA health care system – considering all that it has done in the past and all that it could be in the future – would inevitably endanger the health and well-being of millions of wounded, injured and ill veterans, an outcome that we cannot allow to occur... Giving veterans health savings accounts in lieu of access to a VA health care system would effectively diminish our nation's sacred obligation to 'care for him who shall have borne the battle...'"*

The Briefing Sheet was posted at the same time that the Congressionally mandated Commission on Care <https://commissiononcare.sites.usa.gov/> began meeting to recommend to Congress "how best to organize the Veterans Health Administration, locate health resources, and deliver health care to veterans during the next 20 years." One of the commissioners read it, and invited AVAPL to present to the commission. VA Social Work and Psychiatry also were invited.

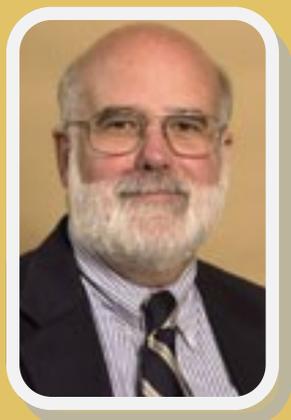
Tom Kirchberg, John McQuaid, Ed Padin-Rivera and I testified at their January 21, 2016 meeting. We presented compelling data (contributed by many of you) on the effectiveness of VA mental health, its integration in primary and specialty care and how it outperforms mental healthcare in the community. We explained how strengthening the current VHA model of delivering healthcare to Veterans would be more effective than dismantling VHA components and draining VHA resources to purchase healthcare in the community. Our written briefing was officially endorsed by APA. A copy is posted on the avapl.org website.

The Commission's recommendations will be submitted to Congress this coming June. Much about what VA healthcare will look like remains in play.

\*Please contact Dr. Lemle for list of references and additional information.

## MEMBER SPOTLIGHTS

### Kenneth M. Adams, Ph.D.



On February 5, 2016, Dr. Kenneth M. Adams will be awarded the Distinguished Career Award from the International Neuropsychological Society (INS) at their North American meeting in Boston Massachusetts. Dr. Adams was selected to receive the award based on his numerous contributions to both the organization and the field of clinical neuropsychology. From 1981 to 1994, he served as the Executive Secretary of INS. In that role, he oversaw the operations of the organization including the plans for the annual meetings held in North America and overseas. During his tenure, he helped to plan meetings in exciting locations such as South Africa, Australia and many other international locations. In 1996, he was elected to be the president of INS. As the president, he had the opportunity to select the theme for the annual meetings, which allowed him to highlight the value of multivariate research in clinical neuropsychology. As a self-proclaimed “methodologist,” Dr. Adams’ earlier research frequently utilized multivariate methods and analysis in order to move away from the overuse of univariate techniques and show the power of multiple measures. His current research is focused on determining appropriate reference norms across age and education for the field of neuropsychology.

In addition to INS, Dr. Adams has been a very active member of the VA. He has worked in the VA Ann Arbor Healthcare System for 28 years. He currently serves as the Chief Psychologist, the Associate Chief for Educational Programs for the Mental Health Service and the Co-chair of the Ethics Consultation Team. He is actively involved in the training program as well, which hosts up to 50 psychology and medical trainees every year including 12 interns and 6 postdoctoral fellows. Dr. Adams has also been active in the VA on a national scale and has held membership in AVAPL since its inception. He has been involved in the organization in several capacities, including advocating for VA psychologists during APA

sponsored congressional visits and serving as the president of AVAPL from 2002-2003.

Q: You have several positions in the VA Ann Arbor Healthcare System. What do you like most about each of those positions?

A: “As Chief psychologist, I come in contact with service chiefs in other areas [often]. The fun part about that is the degree to which people in other disciplines and areas come to value psychology... So, I get to be a cheerleader for psychology. Then on the education side, the reward for me is seeing students’ progress through [the program]. We have had 206 interns over the years. So I have seen a lot of careers take off and some people do really, really well.”

Q: What does it mean to you to be a “leader in VA psychology?”

A: I think it is an opportunity to show what psychological science can do...I think being a leader in this type of system gives you an opportunity to showcase and win the respect of people for what you can do for Veterans. To me, it is a chance to – if you are a little bit biased and think that psychology is the queen of the sciences—then, it is your chance to put that [idea] on display.

Q: What advice would you give to a trainee or early career psychologist (ECP) who wants to follow in your scientist-practitioner footsteps?

A: Self-care is really essential for people to learn. The best lesson we can teach them [trainees and ECPs] is how to conduct their life as professional psychologists and get all of the joy you should get from doing that. Helping people while preserving your own long term goals and development. I think that’s such an important lesson to impart.

Q: What has being a part of the VA system meant to you?

A: The VA has been an enormous opportunity for me. I have been very grateful to have a career in VA. It really has done a lot for me personally and professionally and it has given me an opportunity to practice my clinical, educational and research goals. [It has offered] more than I could have expected. So, I am very pleased when we have trainees who see themselves as being future VA psychologists and that is what we are running the [training] program for too. It has just been an extraordinary opportunity.

—Jennifer O’Neil, Ph.D.

## **Robert Goldberg, Ph.D.**

### *Recommendation letter for the 2015 Veterans Affairs Psychology Training Council (VAPTC) Antonette and Robert Zeiss Award*

Dr. Goldberg's exceptional dedication, passion and lifelong contributions to VA psychology training at both the local and national levels have been monumental. He has also had a significant impact on psychology training in the broader public realm. Below we will broadly summarize his accomplishments that make him duly deserving of this honor.

Dr. Goldberg's awards alone speak volumes to the breadth and depth of his educational contributions. He has been the recipient of the 2012 Distinguished Service Award from the VAPTC, the 2011 Distinguished Service to the American Board of Professional Psychology Award, the 2004 Distinguished Contributions to the American Board of Professional Psychology (Russell J. Bent) Award, the 2004 Outstanding Training Director APA Division 18 VA Training Section, the 2001 Dedicated Service, Vision and Leadership Award from the Association of Psychology Postdoctoral and Internship Centers (APPIC). He was the facility recent nominee for the 2015 David M. Worthen Award for Career Achievement in Educational Excellence.

For 25 years, he has been the Director of Psychology Training

at the Louis Stokes, Cleveland VA Medical Center, and since 2006 the Chief of its Academics, Education and Training Section. He served as VAPTC Chair Elect 2009-10, Chair 2010-11 and Past Chair 2012, and has continued since on several sub-committees. He was its representative to the Council of Chairs of Training Councils 2010-11. He was liaison to the APA Board of Educational Affairs.

For APPIC, he served on their Board for six years and as the APPIC Newsletter Editor for the past 21 years (and counting). He served on the ABPP Board for 11 years, and continued on various ABPP committees for the past 14. He's authored four book chapters, 12 peer reviewed publications (almost all as first author) and innumerable newsletter columns – the majority on the subject of psychology training. He penned 41 editorials.

He has developed educational curriculum, novel training models and selection systems. I'm not sure there's anything pertaining to VA psychology training that Dr. Goldberg hasn't had a significant hand in.... He's a giant when it comes to the last three decades of VA Psychology.

## **SPOTLIGHT PROGRAM**

### **VA VISN 5 Mental Illness Research Education and Clinical Center (MIRECC)**

The Serious Mental Illness/Severe Emotional Disturbance (SMISED) section of the American Psychologist Associations' Division 18, Psychologists in Public Service, awarded its first annual excellence in training award to the VA VISN 5 Mental Illness Research Education and Clinical Center (MIRECC) at the annual section meeting in Toronto in Aug, 2015. The application process was competitive.

The goal of the award was to recognize training programs (graduate training programs, internships, and post-doctoral fellowships) that prepare their students to provide recovery-oriented, evidence-based services to adults with serious mental illnesses and/or youth with severe emotional disturbances. Evidence of training in this area could include explicit adoption of a recovery model/recovery curriculum (such as the Recovery to Practice Initiative); practicum opportunities with persons with SMI/SED, particularly across a range of settings (inpatient, outpatient, day treatment, supported employment, supported housing) and with a

multidisciplinary team; specific didactic offerings related to assessment and treatment of SMI/SED; and formal inclusion of perspectives from people with lived experience; and/or faculty with research and clinical experience in working with persons with SMI/SED.

The award selection committee believed the VA VISN 5 MIRECC training program distinguished itself with its diverse range of clinical opportunities (from the practicum to post-doctoral level), wide array of didactic instruction for trainees, clinicians, peer specialists and family members, commitment to including the perspectives of those with lived experience in training opportunities, promotion of evidence-based interventions throughout the VA, and faculty involvement in SMI research, clinical service, and supervision. A cash award to the program was also made.

—*Shirley M. Glynn, Ph.D.*



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LEADERSHIP CONFERENCE



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**19<sup>th</sup> Annual VA Psychology Leadership Conference**

**VA PSYCHOLOGY: STRENGTHENING PARTNERSHIPS,  
BUILDING THE FUTURE**

**Key Highlights (So far!):**

- Keynote address by 2016 APA President, Susan H. McDaniel, PhD
- Opportunity to obtain valuable CEs through Conference Workshops.

We welcome all VA psychologists, including chiefs/lead psychologists, program managers, early career psychologists, and psychology trainees!

For more information, contact Ameer Patel, Ph.D., Chair, at (601) 364-7871 or [amee.patel4@va.gov](mailto:amee.patel4@va.gov)



**The Westin Riverwalk  
San Antonio, Texas**

**Web link for room block:**

[https://www.starwoodmeeting.com/  
StarGroupsWeb/res?  
id=1510291780&key=179A7E3E](https://www.starwoodmeeting.com/StarGroupsWeb/res?id=1510291780&key=179A7E3E)

**Sponsoring Organizations**



## AVAPL Early Career Mentorship Program, Take 3!

*Jessica Brundage, Ph.D., Allison Jahn, Ph.D., Jennifer O'Neil, Ph.D., Ameer Patel, Ph.D., Theresa*

**\*\*Do you have valuable advice and experience to share with an early career VA psychologist (ECP)? \*\***

**\*\*Are you an ECP that could benefit from the perspective of an established VA psychologist? \*\***

*If you answered yes to either of these questions, consider joining the AVAPL ECP mentorship program!*



The purpose of the mentoring program is to pair VA ECPs with VA psychologists who may provide wisdom and perspectives from outside of the ECP's immediate network. The focus is specific to the scope and mission of AVAPL: to foster VA psychologist leaders. We do not intend for these mentorship pairs to replace more intensive or formal supervision relationships, but instead to serve as an avenue for the expansion of professional interests and relationship-building focused on leadership. Below are some FAQs about the program.

- **Has there already been a match? How did it go?**

Previous waves of the program have yielded 64 mentee-mentor matches over the past 3 years. An overwhelming majority of participants reported feeling satisfied with their match and identified a range of benefits from their mentoring relationship. Specifically, mentees reported having increased confidence in seeking out leadership roles and taking on new responsibilities. Mentors endorsed feeling a sense of personal fulfillment and obtaining hours toward the VHA Certified Mentor program.

- **Who can be a mentor or mentee?**

All mentors and mentees are required to be AVAPL members.

A mentor can be any VA psychologist with at least 2 years of postdoctoral VA experience.

A mentee can be any VA psychologist within 10 years of receipt of their doctoral degree OR with less than 5 years of VA experience. Please note that, at this time, individual mentorship is not available for psychology trainees.

- **How much time will I have to commit?**

Although exact duration of the mentorship relationship is determined by each mentor/mentee pair, we ask for a minimum commitment of 6 months. Previous pairs have averaged meeting for about an hour per month over the course of 6 to 12 months, with the length and frequency of the mentorship relationship negotiated within each pair prior to or during the first meeting.

- **What topics are commonly addressed?**

This usually depends on the mentee's goals, but common topics include career development (e.g., finding leadership opportunities, obtaining an academic appointment), professional development (e.g., managing professional challenges, being a new supervisor), VA-specific issues (e.g., navigating the VA), and/or content-specific information (e.g., conducting research, working in a PTSD clinic).

- **How do I sign up?**

Make sure you are signed up for the AVAPL members and ECP listservs. We will send out a call to complete a survey in late January.

If you have any additional questions, please contact Jessica Brundage, AVAPL ECP Mentorship Workgroup Chair, at [Jessica.Brundage@va.gov](mailto:Jessica.Brundage@va.gov).



# AVAPL NEWSLETTER

JANUARY 2016

## SUBMITTING ARTICLES

We are looking for articles to be included in the future AVAPL newsletters. Please use the submission portal, accessible through VA intranet,

[http://vawww.mysite.r02.portal.va.gov/personal/vha17\\_vhactxtsany/AVAPL%20newsletter/Lists/article%20submission/AllItems.aspx](http://vawww.mysite.r02.portal.va.gov/personal/vha17_vhactxtsany/AVAPL%20newsletter/Lists/article%20submission/AllItems.aspx)

Topics may include:

- Research
- Program implementation
- Membership Spotlight
- Early Career Psychology
- Conference Announcements

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