“Perception is Reality”

Huh? Perception is perception. Reality is reality. As psychologists, we understand that these are two separate constructs. We take courses in sensation and perception. We have treatments that help others change their perceptions to find relief from their pains. We draw solid lines to realistic ideas and dotted lines to unrealistic ideas. We have diagnostic labels for people who are unable to discern the difference between perception and reality. Recently however, those labels have changed from projection or delusional disorder to the media, our elected officials, even our bosses. They tell us “perception is reality.” No. It’s not!!

I’ve worked for VA my whole adult life. For decades (yes, decades!), when people asked me where I worked, I would proudly say VA. And I could usually anticipate what their reaction would be: it would range from “thanks for your service” to “how can I get a job there?” But in the past few years, I’ve cringed a bit when I give my answer, not knowing if I was going to be blamed for “patients dying while waiting for care” or “gross negligence” or even incompetence. What’s the reality? What’s the perception?

There’s a national conversation going on about whether the VA should even continue to exist beyond being a bank and insurance company. It has little to do with facts. Political activists have changed the perception of VA from a noble mission of caring for our wounded to a proxy for big, bad government. And this is just a small part of the tension that has seized our whole country. We are reexamining our values and changing the way we portray our history. We’re polarizing in scary and dangerous ways. Reason, facts, and measured responses seem to have gone the way of the flip phone. And all of this is focusing on one thing: perception.

But there’s something else out there. It’s called reality. It’s based in observable, replicable facts. And AVAPL has been relentless in its efforts to fight the political rhetoric with data, and pull together coalitions of Veterans, service organizations, professional organizations, public corporations and private citizens to publicly proclaim that—based on the data--the VA needs to be saved and strengthened, and continues to provide the best care anywhere.

I’m proud to be a VA psychologist. I’m prouder still to be a member of AVAPL. I’m so proud of the role AVAPL has played in shifting the narrative and forcing those in power look beyond biased perceptions to see the reality. We have provided multiple white papers and position papers, we’ve teamed up with powerful allies, and we are making a difference! I truly believe that if VA is still VA in 20 years, our colleagues will look back...

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at this time and know that AVAPL led the charge. The efforts of Russell Lemle, Mike Martin, our recent presidents John McQuaid, Tom Kirchberg, and Ron Gironda, our Athena of APA Heather Kelly, and their networking with our internal and external partners is changing the perception from VA as a broken system to one with both abundant strengths (Mental health! Integrated care!) and areas for improvement.

We continue to face serious threats. This will not be a short battle. But we’re in it to win it, and with reality and persistence on our side, I’m confident that we can.

—Mary Beth Shea, Ph.D., President, AVAPL

AVAPL SPECIAL INTEREST GROUPS (SIG)

Connecting on a Different Level
There are several ways to become more involved in AVAPL, including attending the annual conference, inquiring with other members in leadership roles about opportunities for involvement, or joining one or more of the VA Special Interest Groups (SIG). The three SIGs that will be highlighted throughout this issue are C&P, Women in VA Leadership, and Psychologists of Color.
The 40th anniversary of the Association of VA Chief Psychologists (AVACP) and its successor the Association of VA Psychologist Leaders (AVAPL) was noted at the APA annual meeting in Washington, DC this past summer. To help commemorate this occasion, I wrote the 40-year history of the association which is now on the AVAPL website and can be viewed online or downloaded at http://www.avapl.org/pub/40_Year_History_of_AVACP_and_AVAPL.pdf

It can be noted that the history was primarily based on highlights from the 101 prior newsletters of the AVACP/AVAPL. Overlooked so far in our celebration of the 40 years of AVACP/AVAPL organizational history is the fact that this newsletter issue also represents 40 years of publication of the association newsletter.

At the August 1977 APA convention during which AVACP was formed, Philip Laughlin was named interim editor of the newsletter and sent the first issue to the field in January 1978. Laughlin served as newsletter editor until 1983 when he assumed the office of AVACP president.

The current newsletter editor, Genevieve Davis, is the 11th person to edit the newsletter. She and the other editors are to be thanked for the long hours they and their editorial staff put into the newsletter publication. I can personally attest to the fact that the newsletters are responsible for the scope and detail that went into the recently completed 40-year history of AVACP/AVAPL.

—Rod Baker, VA Psychology Historian

AVAPL SPECIAL INTEREST GROUP (SIG) HIGHLIGHTS

SIG Highlight: Women in VA Leadership

The Women in Leadership SIG, which is co-chaired by Dr. Antonette Zeiss and Dr. Janna Fikkan, grew out of an interest to explore issues related to enhancing the role of female psychologists in VA leadership at multiple levels (e.g. Psychology Service, local Health Care System, VISN, and national VA opportunities). This SIG also has ongoing discussion for topics related to effective leadership, problem-solving in leadership, and creating positive impact in leadership goals. While the overall goal is to enhance leadership options for women, both men and women are welcome to join the discussion group and those interested in being added to the listserv can send a request to Jeff Burk at webmaster1@avapl.org.
Could you summarize the background for this initiative?

VA currently offers a comprehensive continuum of mental health (MH) care and the Continuum of Care (CoC) work group focused on ways to improve coordination across the continuum. The purpose of the CoC workgroup was to: (1) define the range and types of MH services across the continuum of care, and (2) describe the optimal patient flow throughout the continuum.

The goal was to articulate a model of care that promotes timely and effective treatment at the least intensive level appropriate to meet Veterans’ clinical needs. Because resources are finite, local facilities will review their MH service continuum and create a stepped care model of healthcare. In this model, patients are matched to treatments based on their level of need and an algorithm that offers the least resource-intensive, yet likely to be effective, treatments offered first—only ‘stepping up’ to more intensive services as clinically required. The decision to “step up” or “step down” would generally be based on ongoing assessment of patients’ response to treatment, preferably using validated measures of functioning [i.e., measurement-based care (MBC)].

Specifically, how will this initiative impact readers’ work and those that they supervise?

All facilities will be asked to examine and determine their most efficient and effective mental health continuum of care, including non-VA care, and optimal patient flow across the continuum. They will decide how best to engage and educate Veterans and employees regarding their new continuum. This will likely result in some current practices and programs being realigned, expanded, downsized and/or discontinued at specific sites.

What will be a major advancement for mental health care in VHA that comes out of this initiative?

Sites will develop a comprehensive and optimally coordinated continuum of mental health care based on principles set forth in the report including, but not limited to, stepped care which is Veteran-centric, recovery-focused, and driven by measurement-based care principles. An individual site’s continuum of care may include utilization of services offered at other sites within the same VISN (e.g., ECT), or in other VISNs (e.g., telemental health).
Highlights from the 20th Anniversary of the VA Psychology Leadership Conference: Engaging Partners in Shaping the Future of VA Integrated Care

The 20th annual VA Psychology Leadership Conference (VAPLC) was held in San Antonio, Texas from May 17-20, 2017. Thank you to everyone who joined us this year and those who supported the conference from afar. We celebrated our 20th conference anniversary and our 40th anniversary as an organization. As part of our commemoration, we had 16 AVACP/AVAPL past-presidents join us! A big thank you to Dr. Rod Baker for his elephantine efforts in organizing our anniversary celebration!

We had record-breaking attendance this year with 221 participants, including 38 trainees and 75 first-time attendees!

16 Past Presidents along with President and President-Elect

It was wonderful to see old and new faces and engage in thoughtful discussions to strengthen our community and improve our work for Veterans. We heard keynote presentations from Dr. Rod Baker, former AVACP/AVAPL Historian, on the history of VA psychology and Dr. Tony Puente, APA President, on neuropsychological correlates of PTSD. We hosted non-VA partners Melissa Fitzgerald, Justice 4 Vets; Terri Tanielian, RAND Corporation; and Michael Blecker, Swords to Plowshares, all of whom gave compelling talks on their organizations’ work for Veterans and possibilities for strategic partnerships with VA. We also learned about Measurement-Based Care from Drs. Rani Hoff and Sandy Resnick and received Central Office updates from

Drs. David Carroll (OMHO), Wendy Tenhula (OMHS), and Ken Jones (OAA).

In addition to our invited plenary speakers, we hosted a new plenary session highlighting innovative practices from local VAs. Four talks were selected through peer review from a total of 18 submitted abstracts and highlighted practices for adapting treatments for PCMI, working with race-based trauma, using psychological intervention to assist with benzodiazepine discontinuation, and facilitating step-down for recovered mental health patients.

As in past years, we supplemented plenary talks with smaller breakout sessions and lunchtime discussions. This year, we held breakouts on advocacy, lessons learned from past presidents, improving morale, hiring in the VA, measurement-based care, women in leadership, mental health access, and the Veterans’ Choice program. Our lunch discussions provided forums for our Women in Leadership, Psychologists of Color, Early Career, and Mid-Career groups to meet in person and continue listserv discussions. We also hosted lunches on advocacy, psychology training, and building morale.

Dr. John McQuaid received the Patrick DeLeon Advocacy Award, joining a distinguished list of exemplary psychologists doing tireless work to advocate for Veterans, VA, and VA psychology. Dr. Kathy McNamara received an APA Presidential Citation for her work in VA and APA. We also saw the introduction of

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the new Russell B. Lemle Psychology Leadership Award, an annual award created to honor psychologists who build VA psychology communities, empower psychologists to care for one another, and promote leadership development. The inaugural award went to its namesake, Dr. Russell Lemle, during a touching surprise award ceremony.

For a full list of speakers and presentations from the 2017 conference, please visit: [http://conference.avapl.org](http://conference.avapl.org).

Thank you again to all of our speakers and attendees and a very special thanks to the conference planning committee! Your collective contributions led to an amazing 20th annual conference. I am certain that 2018 will be even better in the hands of the very capable Dr. Mike Martin. I hope to see all y’all in San Antonio next year!!

—Amee B. Patel, Ph.D., Past VAPLC Chair

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AVAPL and the VA Section of Division 18 sponsored a one-day conference on August 2, 2017, immediately prior to the Annual APA Convention. Titled the “D.C. Psychology Summit,” this conference was designed to provide interaction with several groups important to VA psychology in D.C. The day began with a presentation from the Office of Community Care at VA Central Office, where the future of VA Choice and outside care was discussed.

Following this presentation, several national representatives from Veteran Service Organizations held a VSO panel. Included were representatives from the American Legion, Paralyzed Veterans of America, Veterans of Foreign Wars, and Got Your 6. This panel was extremely interactive and those in attendance heard about the priorities of the VSOs as far as legislation and with their advocacy with the VA. They expressed an appreciation for the work of VA psychologists and asked for feedback from the field on psychology’s priorities. The morning ended with a panel of legislative specialists with the American Federation of Government Employees (AFGE). They also shared their legislative priorities and engaged in dialog with attendees.

The afternoon began with a presentation from the democratic counsel for the Senate Veterans Affairs Committee who discussed future VA legislation and summarized the work of the committee. There was then a brief address from the President-Elect of Division 18, who asked for VA feedback on priorities for the upcoming year. The day ended with an update from the Office of Mental Health and Suicide Prevention at VACO about current projects and priorities for that office. Overall the conference was considered a big success by attendees and presenters.

—Mike Martin, Ph.D.
You're in a new position as the Director of Military and Veterans Health Policy within APA. Could you share with the readers how this position came about?

I am thrilled to be APA’s first Director of Military and Veterans Health Policy, a position that was created by our former interim CEO, Dr. Cynthia Belar, in the spring of 2017 with support from the APA Board of Directors and input from a number of relevant APA Divisions. Across APA, multiple directorates, programs, and staff have always worked on issues related to the health and wellbeing of military personnel, Veterans, their families, and their communities, and it made sense to pull together these efforts under the coordination of a staff director who could devote full time to policy development and advocacy.

What are the hopes and goals for this position?

My three broad priorities will not surprise anyone who has been following and collaborating with us in recent years: a) I want to work strategically to promote the mental health and wellbeing of military personnel, Veterans, and their families; b) provide more targeted support and advocacy for subgroups of military/Veteran populations at risk for a variety of outcomes; and c) protect and expand the roles of psychologists who serve military and Veteran-connected communities. More specifically, these priorities will lead to policy work and advocacy in the substantive areas of stepping up suicide prevention, promoting evidence-based psychotherapies, improving the transition period from active duty to veteran status, increasing DoD and VA health research funding, obtaining full Title 38 status and prescription authority for VA psychologists, and protecting the integrated VA system of care while opposing privatization. I want psychologists to be leaders in caring for military and Veteran communities, and I want to particularly address needs of National Guard/Reserve components, women, families, LGBTQ, students, wounded/disabled servicemembers and Veterans, caregivers, Veterans with other than honorable discharges, and criminal justice-involved servicemembers and Veterans.

How have things taken shape so far?

There’s nothing better than jumping in feet first! In the past two months, I’ve testified before the House Appropriations Committee on APA’s requests for VA clinical and research funding in Fiscal Year 2018, met with VSOs and Members of Congress about VA psychologists’ Title 38 status and prescribing authority, joined a task force on interstate licensure, participated in former President Bush’s Veterans “Stand To” here in Washington, and taken on TRICARE regarding its contractors’ proposed reimbursement cuts for network psychologists. Look for more intensive advocacy related to DoD and VA mental health programs and research as legislation moves forward this summer, and our involvement in the family caregiving summit attached to the September 2017 Invictus Games in Toronto!
Implicit bias refers to unconscious attitudes that affect our understanding, actions, and decisions. In order to change an unhelpful bias, we can approach it like trying to break a habit. For this approach to be successful there must be awareness of the implicit bias, concern about the implicit bias, and knowledge regarding how to identify and replace the biased response. Publicly available implicit attitudes tests can shed light on our own implicit biases, and here are some practical exercises or actions to start today.

- Imagine in detail counter-stereotypic others (abstract, famous, or personal)
- Prevent stereotypic inferences by considering specific information about group members
- Take the perspective in the first person of a member of a stereotyped group.
- Seek opportunities to encounter and engage in positive interactions with out-group members.
- Choose to avoid watching television shows that promote or confirm your implicit biases.
- Read materials that oppose the implicit preference.
- Interact with people or learn about people who counter your implicit biases.
- Remain alert to the existence of the unwanted implicit preference to make sure that it doesn’t influence your overt behavior.
- Consciously plan actions that will compensate for your implicit preferences. (e.g., if you have an implicit preference for young people you can try to be friendlier toward elderly people)

References:


—*Kelly Gerhardstein, Psy.D.*
What support or resources will be provided to assist programs with implementation?

Once finalized and approved, the CoC WG’s report will be disseminated to the field. Sites will rely upon the CoC workgroup report, the implementation checklist, the communication plan, and the technical assistance support that will be made available.

What can we anticipate in 6 months? 12 months?

In 6 months, the report will be distributed through the VISN offices and, in turn, to the sites; in 12 months, sites will be actively engaged in determining their optimal continuums of care.

Is there anything else that the field should know about?

Many elements of this initiative will be familiar to mental health staff, and it is NOT intended to be a ‘top-down” process; rather, facilities will be empowered to create their own care continuums that best conform to their resources and patient needs. The new organizing framework synthesizes recent evidence-based advancements in mental health and more strongly emphasizes offering care in the least restrictive environment and optimizing patient flow.

SIG Highlight: C&P

The C&P SIG was formed about 2 years ago by Dr. Christopher Murphy of the Richmond VA and a couple of other psychologists with similar interests. The goals of this SIG include collaborating with others to address concerns about the C&P process and therefore improve upon the current system. Dr. Murphy and the accompanying members of this group are working toward creating a centralized hub through which they can present their ideas for improvement to VACO. Any psychologist who wishes to become involved in this group can email Dr. Murphy at Christopher.Murphy5@va.gov regarding their interests.
Meet Your New Managing Editors!

Dr. Wendy H. Batdorf is a clinical psychologist currently serving as the VA Evidence-Based Psychotherapy Program (EBP) Coordinator for the Cognitive Behavioral Therapy for Depression (CBT-D) and Acceptance and Commitment Therapy for Depression (ACT-D) Training Programs. Her clinical and research interests include EBP training, CBT, serious mental illness, and geropsychology. She currently lives in central Iowa and enjoys running and outdoor activities with her husband and two daughters.

Dr. Kelly Gerhardstein is a clinical psychologist who has worked with VHA since 2012. She is currently one of the Home-Based Primary Care Psychologists at the Erie VA Medical Center in Erie, PA. After attending her first AVAPL Conference in May, she was inspired to take on new challenges, which is how she came to the newsletter team. She spends her free time with her husband and two sons.

Interested in submitting articles to the AVAPL Newsletter?
We have created an article submission portal. You can access it from your VA computer.

- 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 Kelly.Gerhardstein@va.gov or Wendy.Batdorf@va.gov.

SIG Highlight: Psychologists of Color

The Psychologists of Color SIG, which is co-chaired by Dr. Gayle Iwamasa and Dr. Marcos Lopez, is committed to diversity among practitioners. This group focuses on learning more about one another’s culture while providing a forum to support each other in the process of obtaining equality in society. This SIG creates a great family-style environment to discuss societal inequities and provides a safe space for like-minded individuals to share their thoughts and feelings while learning from each other. Anyone who wishes to get involved in this SIG can send an email to either co-chair: Gayle.Iwamasa@va.gov or Marcos.Lopez7@va.gov.