I am honored and humbled to serve as President of AVAPL. I know that I am standing on the shoulders of giants since many of the people I have most admired professionally have served in AVAPL as Presidents or in other roles in our association.

To provide a framework for this article, I want to review the mission of AVAPL. Many of the things I am going to discuss have come from the hard work of Russell Lemle, Heather Kelly, current and former Executive Committee members, and others, so this is a collaboration of many.

**Mission of AVAPL**

*The purpose of AVAPL shall be to address the professional needs and concerns of supervisory psychologists, psychologist program managers, and those psychologists with interest and career goals in leadership within VHA, in order that the highest quality of patient care, training, and research may be reached and maintained by the Department’s psychologists and their programs.*

**Ensuring high-quality integrated care for all Veterans**

Because of our commitment to the highest quality of patient care, I think it is imperative that AVAPL voices our concerns about ongoing efforts to privatize VHA. This is a social justice issue, since Veterans from rural areas will be disproportionately affected owing to the difficulty in recruiting providers in these areas. Rural Veterans make up more than half of all Veterans served in VHA. Across the whole country, Primary Care physicians, Psychiatrists, Psychologists and other mental health care providers are difficult to recruit. About 60% of U.S. counties (and 80% of rural counties) have no psychiatrists\(^1\). About half (47%) of all U.S. counties have no psychologists\(^2\). This issue of inadequate provider networks will not be solved soon. It is a myth that *just* giving Veterans “choice” in health care providers will solve VHA’s mental health access issues owing to this national insufficient capacity.

VA must track and improve the quality of Non-VA Care. VA must be the first point of access and the coordinator of care. Any referral to outside care must follow a VA diagnostic assessment. A recent RAND report showed that most community-based MH providers are not well prepared to take care of the special needs of military veterans and their families. Additionally, our community partners and contractors should be: held to VA standards of quality; provide consistently high-quality care; and, be competent in Veteran-specific needs and Veteran culture. A recent GAO report says it takes between 51 to 64 days to get a routine care appointment through CHOICE. This is much longer than time to access most VA care. Access to care was the *entire stated basis for creation the of this program.*

There has been recent legislation and executive orders related to privatization efforts. Owing to space limitations I encourage you to review analyses of these at [https://advocacy.avapl.org/](https://advocacy.avapl.org/).

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\(^2\)Andrilla, Patterson, Garberson, Coulthard, & Larson, 2018

(Continued on page 2)
Implementation of the VA MISSION Act of 2018
This Act has over 200 pages so I am going to focus on a few concerning sections:

- The Act does not specify how the CHOICE program and the new consolidated Community Care Program will be funded past May 2019. According to minority VA senate appropriation estimates it will cost $10.2 billion for 18 months (or about 8.8% of VHA’s proposed FY19 budget). **No funding has been set aside for this as of yet.**
- The Act expands Caregiver benefits to OEF/OIF Veterans and pre-1975 Veterans (leaving out those who served between 1975 and 2011) which we applaud. **No funding has been set aside for this as of yet.**
- This Act establishes a commission with the power to close down VHA facilities that are underutilized/outdated or vacant. The stated and laudable goal of this commission is to achieve structural efficiencies and save taxpayer money. However, when a VHA is closed, its veterans would NOT go to other VHAs. In nearly all cases, other facilities are too far away and/or have little capacity to absorb the veterans. The **Veterans enrolled at the closed facility would immediately be forced into non-VHA care.** Those who prefer and rely on VHA’s care would no longer have that choice.
- Former Sec. Shulkin warned that “giving Veterans a card and letting them go where they want would lead to … the elimination of VA system.” This is essentially what the Mission Act does.

Implementation of the Executive Order (EO) on Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life
This order promotes early and consistent outreach to transitioning service members, an effort I think we would all applaud. However, there are problematic aspects to this EO:

- Estimates are that 245,000 service members will transition each year and each must be contacted within 90 days of separation and subsequent times over the year. **No additional funds have been allocated to pay for this.**
- Also troubling is this plan **changes eligibility.** Those who are barred from VA care, ineligible or “who are not interested in VA care” can be referred to Vet Centers or Community Care. A related threat is that all community care elected by preference will come out of the local VA’s budget leaving less funds for that VA to address challenges.
- Veterans who state they are “not interested in VA care” may be unaware that VA MH care is of high quality. Without competing information, Veterans may believe the bad press that VA often receives. Few lay people read RAND and Institute of Medicine reports that demonstrate the high quality of VA MH care!
- The expense for these Veterans is **estimated to be at $20 billion more than what is already spent on VA care.** The budget for in-house VA care will necessarily decrease as a result of increased costs of community care. That decrease will likely lead to cuts in VA services. A spiral could ensue that ultimately could deprive other Veterans of high-quality VA MH care.

Hiring and Retention of Psychologists
For many years AVAPL has addressed recruitment and retention challenges for psychologists and advocated for solutions to these challenges. VA is to be commended on its recent efforts to ensure VA medical centers (VAMCs) meet the 7.72 MH Full-Time Employee Equivalent (FTEE) per 1000 patients. An August 2018 memo showed that 43/140 (31%) VAMCs were meeting this standard. Psychologists are now #3 on the difficult to recruit list. To improve recruitment and retention, VA needs to: keep pace with market salaries; remove or reduce barriers to conference attendance; and improve incentives for remote areas or areas with high competition (particularly loan repayment). VA must also ensure that hospital directors and human resource departments use these incentives to meet the stated goal of 7.72 MH FTEE/1000 patients. In line with Former Secretary Shulkin’s goals to improve accountability, hiring, and retention, we request full Title 38 status for psychologists, consistent with all other doctoral level VA staff. (For an AVAPL analysis on this topic please see https://advocacy.avapl.org/pubs/Title%2038%20White%20Paper%20AVAPL.pdf)
Membership
We need to expand and diversify the psychologists that serve on the Executive Committee. I think we need to be thoughtful in creating a pipeline for advancing folks to the Executive Committee positions. Please considering running for these offices and please ask current or former members of the Executive Committee what these positions entail if you have questions. I’d like to ask each of you to recruit at least one new AVAPL member to join this year. When I was new to VA, this group was invaluable to me and helped me excel in my VA career. So, think of recruiting as a gift you are giving to others!

We must strive to ensure that all that we’ve worked hard to build is strengthened. At its core, serving in the VA is a noble mission, an ineffable calling and for us psychologists, a community unlike any other. We are not in this fight alone. We have several coalition partners including but not limited to: VSOs, American Association of Psychology, American Federation of Government Employees [AFGE], Veterans Healthcare Action Campaign; Association of VA Social Workers, and Nurses Organization of Veterans Affairs. and have developed strong coalitions with them. I am reminded of the expression “when the going gets tough, the tough get going.” As President, I intend to keep AVAPL’s tenacity alive. As Mary Beth Shea said last year, “This is a marathon and we need to pass the baton” to each other as we all work to ensure Veterans receive quality mental health care and we preserve VHA so it continues its research and training mission for our nation.

—Tracey L. Smith, Ph.D., President, AVAPL
AVAPL members who were VA staff from 1981-1999 may remember when VA psychology staff disagreed with psychology chiefs regarding whether to seek Title 38 hiring status for VA psychologists. Chiefs in the then-named and newly-formed Association of VA Chief Psychologists (AVACP) were unhappy with the cumbersome procedures and hiring delays they experienced in hiring psychology staff under Civil Service Title 5 provisions. With Title 38 appointment authority, chiefs would be able to elect and appoint new psychology staff as easily as recruiting and appointing psychology interns.

Many psychology staff, however, opposed Title 38 hiring authority when they found out they would not be allowed to have a part-time private practice outside of their VA work hours under Title 38 restrictions at the time. When chiefs began talking about seeking legislation for Title 38 conversion in 1978, a number of staff indicated they would testify against that legislation in Congress. With that opposition, AVACP dropped their pursuit of Title 38.

Title 38 issues surfaced again in 1981 when Congress mandated a study of which professions should be converted to Title 38 because of recruitment, pay, and staff retention issues. With Title 38 back in the spotlight, a grass-roots movement of VA staff psychologists renewed their Title 38 opposition and formed the National Organization of VA Psychologists (NOVA-Psi) during the 1981 annual meeting of APA. VA Central Office decided not to recommend psychology for Title 38 conversion for the Congressional study, and the Title 38 issue faded again into the background.

While working to resolve their Title 38 differences, AVACP and NOVA-Psi joined forces with the VA Section of Division 18 to support many common advocacy goals, e.g., pay bonuses for VA psychologists earning the ABPP. Meetings during the 1986 APA annual meeting resulted in an announcement that the three groups had agreed on a broadened Title 38 conversion proposal for VA psychologists that permitted an outside private practice. That agreement subsequently led to eventual support of a hybrid Title 38 conversion status proposal.

With minimal remaining advocacy differences between AVAPL and NOVA-Psi, NOVA-Psi members voted to disband their organization in 1999 and donate remaining funds to AVAPL to support common goals for VA psychology. A recent history of NOVA-Psi can be found for viewing or downloading on the AVAPL website in its archives section at https://avapl.org/pub/NOVA%20Psi%20History%20April%202018.pdf.

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

NOTE FROM HISTORY

THE NOVA-Psi YEARS

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). In this issue, there are the introduction of two brand new SIGs: LGBTQ and Allies, and TeleMental Health! There are also updates from two SIGs: Psychologists of Color and Women in VA Leadership, and the dissolution of one SIG, Compensation & Pension. In addition, there is an update on the AVAPL Early Career Mentoring Program.
Another highlight of the conference was hearing updates from VA Central Office. We heard from Dr. David Carroll and Dr. Wendy Tenhula from the Office of Mental Health and Suicide Prevention on the latest in policy and practice updates from their office, Stacy Pommer from the Office of Academic Affiliation with an update on Psychology Training, Dr. Kendra Weaver with an update on Telehealth, and a breakout from Dr. Cliff Smith with a breakout session on Psychology Productivity.

This year brought a greater focus on diversity issues in the VA, both for Veterans and for Psychologists. An invited panel featured Dr. Gayle Iwamasa, Dr. Marcos Lopez, and Dr. Jilllian Shipherd focused on these issues. There were discussions of the experiences of psychologists of color while working at the VA and creating a more welcoming environment for Veterans from diverse backgrounds at the VA. There was a breakout presentation on Multicultural Issues in Psychology Training presented by a group of Directors of Training and a Psychology Intern. There was a breakout featuring a panel discussion on Women in Leadership, that was very well-attended. The conference also featured Networking Lunches on the topics of Diversity/Psychologists of Color and Women in Leadership.

Other panels and presentations this year included updates on a variety of topics and issues. A panel of representatives from veteran service organizations updated attendees on legislative issues (Disabled American Veterans) and educated attendees on resources for Veterans to help them feel more engaged and

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therefore prevent suicide (Team Red, White, and Blue and Team Rubicon). There were breakout sessions on such topics as Measurement-Based Care, Advocacy, and on meeting VA performance measures. Finally, there was a public discussion on provider safety, given recent events where psychologists were killed in the line of duty.

One thing that cannot be captured by summarizing and describing the various programming is the opportunity that was afforded attendees to connect with each other and to make connections. Whether during a networking lunch, over drinks at the Poster Session, or during informal discussions during breaks or after conference hours, many valuable relationships are formed or renewed yearly during this conference.

On behalf of the Conference Planning Committee, I would like to thank all who attended. I would like to invite you to VAPLC 2019! It will be held May 28-31 at the Westin-Riverwalk in San Antonio. If you have any questions, feel free to contact me at conference.chair@avapl.org.

—Mike Martin, Ph.D.
Chair, VA Psychology Leadership Conference 2018-2019

The AVAPL Executive Committee and the AVAPL Newsletter team want to highlight the outstanding contributions of this year’s award recipients, who were announced at the American Psychological Association (APA) Conference in August. To draw more attention to, and encourage acknowledgement of the great work accomplished by this community of providers, the AVAPL Newsletter team plans to begin a special “Awards Edition” of the newsletter. In future years, this special edition will review the conference activities and introduce the award recipients.

Congratulations to the 2018 Honorees!

**Antonette Zeiss Distinguished Leadership Award**  
Kathleen Lysell, Psy.D.

**Professional Service Award**  
Jeffrey S. Kixmiller, Ph.D.

**Leadership Award**  
Mark Bondeson, Psy.D.

**James Besyner Early Career Award**  
Will Hua, Ph.D.

**Special Contribution Award**  
Lilian Dindo, Ph.D.

**Past President**  
Ronald Gironda, Ph.D.
As a first-time attendee to the VA Psychology Leadership Conference this past Spring, I was again reminded and overwhelmingly impressed with the caliber of psychologists who represent the VA (both in terms of competency and care— the head and heart of psychology). The pride of being a VA psychologist continues to swell with the October edition of the APA Monitor, which highlights the many strengths of working as a VA psychologist.

There is no better time than now to focus on these strengths as we continue to emphasize the hiring of psychologists (and mental health providers more broadly). An understanding of the need to expand mental health staffing and services in the VA tangibly demonstrates both the need and value of psychologists to provide care to the Veterans we are fortunate to serve.

This expansion, however, comes at a time in which the number of intern applicants has significantly declined. In 2013, the match included 4,481 registered applicants and 3,397 internship positions. In the most recent match year, 3,779 applicants registered for the match and 3,940 positions were available (a 15.6% reduction in applications and a 4% increase in the number of positions). Importantly, these data follow VA’s response to the call to improve the previously existing imbalance by developing internship programs and positions. This expansion of internship positions had clear leadership from both OAA and OMHSP—and was based on the work of VA training programs nationwide.

With the prospect of having fewer psychologists entering the field combined with an expanding need for mental health services in the VA, recruitment of trainees and early career psychologists will become germane as we work to fill much needed psychology positions. Beyond recruiting, it may benefit us to think about marketing strategies.

From a training perspective, changing our public materials to lead with what we want potential applicants to know about the heart of our training programs is as important as what we want them to know about the head of our program. To further deepen this approach, emphasizing the noble calling of our work and the caring environment in which that work takes place provides a snapshot of us at our best and will continue to attract those who are invested in Veteran care. Further operationalizing how I CARE values are exemplified in the work of VA psychologists could serve to organize this strategy. From a theoretical perspective, continuing to incorporate the relationship between motivating factors and job satisfaction may provide a roadmap for connecting trainees and psychologists to the VA. Providing a continued and focused emphasis on the longstanding professional contributions of VA Psychology will continue to attract applicants who value such practices as evidence and measurement based care, Whole Health, working on interprofessional teams, developing leadership competencies, etc.

As we approach a new decade, expanding our consideration of how we will market VA Psychology through work in clinical, training, research, advocacy, and leadership endeavors will be increasingly important considerations. The time for discussing new strategies is now.

—Jeffrey Bates, Ph.D.
**SIG Highlight: TeleMental Health**

A new directive (VHA Notice 2018-25) was recently disseminated by VACO indicating that all Patient Aligned Care Teams and Mental Health providers in VA ought to be fluent in using telehealth by 2020. Psychologists in VA are already on the cutting edge of this technology, with telehealth hubs growing across the nation. As telehealth becomes integrated as a common modality for delivering healthcare, AVAPL is uniquely situated to be a point of connection among psychologists.

A group of AVAPL members has created a new TeleMental Health (TMH) Special Interest Group (SIG) within AVAPL. We were recently approved as an official SIG by the AVAPL Executive Committee and are excited to get started! The purpose of this SIG will be to address the needs and concerns of psychologists engaged in TMH across a variety of professional contexts. We are hoping to have mentorship and consultative opportunities, a monthly VANTS call for support and information dissemination, and creation of a centralized resource location for housing materials to support TMH providers. The AVAPL TMH SIG will also have a focus on the intersection between technology and diverse identities, supporting clinical care via TMH, addressing administrative barriers, considerations of trainee supervision, and networking teleworkers.

The AVAPL TMH SIG welcomes established TMH providers, as well as folks new to telehealth. If you are interested in supporting or joining the AVAPL TMH SIG, please contact the chair, Dr. Ruthie Varkovitzky by email (ruth.varkovitzky@va.gov).

**SIG Highlight: LGBTQ and Allies**

A new SIG focused on LGBTQ psychologists and allies is in the works following discussions held at the VA Psychology Leadership Conference in May 2018. The current purpose of the SIG is to support LGBTQ psychologists, with plans to eventually collaborate with other SIGs, such as The Psychologists of Color and Women in VA Leadership SIGs, as a means of addressing intersectionality. The effort to start this SIG is being led by Kaela Joseph, PhD, a staff psychologist in the San Francisco VA Health Care System. Building on the support of colleagues at the Leadership Conference, Kaela is asking that AVAPL members who are interested in the SIG contact her so that next steps can be taken to officially enact the SIG within AVAPL. Please contact Kaela if you are interested being part of the SIG. Kaela will be establishing a line of communication with those who are interested in order to collaboratively develop a statement of objectives and purpose to be approved by the AVAPL Executive Committee. Kaela can be reached at kaela.joseph@va.gov.
Five Mentoring Messages
The VA P L Conference Attendees Have Given Me

Dr. Lisa Kearney

Mentoring occurs not only in individual, formal ways, but through countless informal interactions with incredible people who give nuggets that refresh and inspire us daily. The VA Psychology Leadership Conference attendees have personally given me many of these nuggets across the years and I am a better person because of these precious gifts. Here are the top five I gained from you all:

1. **At the heart of all we do must be the crystal clear focus of serving Veterans.**
   We all need reminders of this one – daily. I will never forget one of you telling me, “At the end of each day, Lisa, focus on one thing you did to serve a Veteran. That will put it all into focus.” When I became a service chief, my Dad gave me the dog tags he wore in Vietnam and reminded me of that too, saying, “Whenever you have a tough day, kid, touch that and remember why you are here.” I still wear those tags and I work to remind myself at the close of the day, what I did that impacted a Veteran.

2. **Remind one another of the truly great care you are providing.**
   Negative news sells and it’s out there every day about the VA. We get beaten down regularly. No one seems to cite all the great outcomes comparing our services to the community. So we need to remind each other. Start your day with an email to a colleague saying something you think to be incredible about what they are doing – maybe a new group, or praise from a Veteran they served, or a process improvement project they are working on. You will be glad you did so and you will lift up a colleague who may feel a bit beaten down.

3. **Your voice matters. Speak truth to power – even if it comes with a price.**
   This message is perhaps one of the most powerful you all have given me. I have been in situations when I feel pressured to accept something that I don’t think is right or the best for Veteran care. And I hear your voices telling me, “Speak up!” I have learned that speaking up does not mean I cannot be diplomatic. I can speak up while respecting the other person. I have learned to honor your voice in me to say something and I sleep better because of it.

4. **It’s OK to be tired sometimes. Be gracious with yourself.**
   Being tuckered out does not mean there is something wrong with you. You may need to sit one out and that is OK. Take time to rejuvenate yourself. Tell the person asking you to do one thing more, “I’d love to, but can I do this in a few months instead?” You do not need to say yes to everyone asking something from you. Opportunities do tend to come back around. Reach out to your colleagues and get some support while you focus on a time of refreshing. I have some of you at the conference on my own “hotline” and I have learned to call when I need that to help me when I am simply worn out. Thank you.

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5. **Believe fiercely in your dreams and those of the individuals around you. Be their champion of their dreams. Dream big….with an action plan.**

*The Dream Manager* by Matthew Kelly was recommended to me by one of you and it was a gift that continues to give to me. Sometimes we focus so much on getting the job done that we forget our own personal and professional dreams. Take time to reflect on your own dreams and make specific goals to get there. The dreams don’t need to be done all at once, but prioritize 1-2 for right now at least. You all taught me to share my own dreams with others – which also gave me some accountability to get them done. I am so thankful to many of you who have been my own dream champions, encouraging me to get out there and go for it. Ask others to share their dreams with you, too, and help encourage them on their own pathways as well. Inspire others to reach those dreams they have perhaps placed on the backburner a bit too long.

Thank you for mentoring me across the years with beautiful interactions across time which have given me these top five nuggets to live by. I carry you all with me in my heart by working to live them daily.

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**AVAPL EARLY CAREER MENTORSHIP PROGRAM**

The ECP mentorship workgroup has been very active in recent months. We had an outstanding response from AVAPL ECPs seeking mentorship, and AVAPL mentors stepped up when we found ourselves with an imbalance! These mentors are quite the diverse group. Some have over 30 years of VA experience, while others are ECPs themselves. The majority meet with one mentee, while a handful have graciously volunteered meet with more. This year’s class includes 15 returning mentors and 2 mentors, Dr. Christopher Watson and Dr. Steven Lovett, that have mentored mentees in all 4 cohorts. There are also a number of mentors this year who previously participated in the program as mentees. Mentors come from 18 different states and 30 different VA Hospitals, Research Centers, VISN offices, and National offices.

In 2018, we made 40 matches, which is a 35% increase since our last cohort. And it brings our grand total of matches to 129 since the program’s inception in 2013! We have heard from most mentorship pairs who have started their meetings. A few pairs were even able to meet at the AVAPL Conference. Past feedback suggested that mentors and mentees wanted more input from the ECP mentorship workgroup, so we started a series of Mentorship BLASTS! with tips and feedback from past mentorship cycles. If you’re in the program, keep an eye out for these in your email. We have also received feedback that people would like to be matched based on professional and personal identity. With this in mind, we are working with AVAPL special interest groups to provide more options for mentorship.

We have grown the workgroup to 8 members and have been working on ideas to expand our program. If you’re not part of the ECP membership program, but want to join, look for an announcement in late 2018 or contact the workgroup leader, Allison Jahn, allison.jahn@va.gov for further information.

— Allison Jahn, Ph.D. & Jessica Brundage, Ph.D.
What are the new requirements and resources related to comprehensive suicide risk evaluations and safety planning?

VA has developed a strategy for standardized, evidence-based screening for suicide risk, and structured methods for the subsequent evaluation of those who screen positive. VA is adopting a three-phase process: a primary screen (Item 9 from the PHQ9); a secondary screen (the Columbia Suicide Risk Rating Scale); and a comprehensive evaluation (VHA Comprehensive Suicide Risk Evaluation). A positive primary screen will lead to a secondary screen, and a positive secondary screen will lead to a comprehensive suicide risk assessment. All phases of screening and assessment should occur on the same day.

Screening and evaluation will now be conducted in Primary Care (as part of depression and PTSD screening); in Emergency Departments; upon admission and discharge from all inpatient units, residential treatment units and Community Living Centers; and in all mental health, sleep disorder and pain management clinics. Resources including tools, staff specific guidance and location specific guidance can be found on the Suicide Risk Identification SharePoint Site.

VA currently mandates safety planning for all patients discharged from inpatient psychiatry units. The National Program Office for Emergency Medicine is collaborating with OMHSP to enhance suicide prevention in VA EDs. Based on landmark VA trials, the collaboration will extend safety planning and after-discharge mental health care to Veteran ED patients who present with low to moderate acute suicide risk.

VA resources on risk evaluations and safety planning, include:

- **Suicide Risk Management Consultation Program**, a free consulting service on a variety of topics, including safety planning and risk assessment, for any provider who works with Veterans.
- **Suicide Risk Assessment Guide** outlining the four steps to assessing suicide risk.
- **Safety Plan Treatment Manual** details how clinicians can develop safety plans as intervention strategies to lower the risk of suicidal behavior.
- **Safety Planning Template** currently in use at VA facilities.
- **Toolkit for Therapeutic Risk Management of the Suicidal Patient** integrates clinical, medical, and legal best practices to inform a model for the assessment and management of suicide risk.
**What are other suicide prevention initiatives that VA Psychologists should be aware of, and how can Psychologists learn about new initiatives and resources?**

VA is leveraging a public health approach to suicide prevention that maintains our focus on crisis intervention while also emphasizing community-based partnerships. To guide our efforts – and those of the nation – VA has developed the [National Strategy for Preventing Veteran Suicide](https://www.vha.va.gov/mental/), a long-term strategy, providing a framework for identifying priorities, organizing efforts, and focusing national attention and community resources to prevent suicide among Veterans. This plan offers guidance to VA personnel and stakeholders — including other federal agencies, state and local governments, health care systems, and community organizations — so that we, as a nation, can reduce suicide rates among Veterans.

We are also continuing our [Mayor’s Challenge](https://www.va.gov/VSIA/), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), to develop and implement site-specific public health strategies to address Veteran suicide. The initiative helps local leaders in city governments work together to prevent Veteran suicide and creates more proactive upstream engagement. Seventeen cities are currently participating, and we are planning to expand the program to more cities.

For the latest suicide prevention information and resources, VA psychologists can access the [Suicide Prevention space on VA Pulse](https://www.vapulse.va.gov/), a community where VA staff can engage in discussion topics, share best practices, and find the newest resources on suicide prevention.

**VA has a slogan that “suicide prevention is everybody’s business.” How is VA partnering with other organizations and the community?**

While VA is a national leader in suicide prevention, we recognize VA alone cannot confront the issue of suicide. Our goal is to reduce suicide and suicidal behavior among all Veterans — even those who do not, and may never, seek care within our health system. Because many Veterans do not use VA services and benefits, VA must build effective networks of support, communication, and care across the communities where Veterans live and work. The 14 goals and 43 objectives of the [National Strategy for Preventing Veteran Suicide](https://www.vha.va.gov/mental/) work together in a synergistic way to promote wellness, increase protection, reduce risk, and promote effective treatment and recovery.

Using this strategy to guide our efforts, we have:

- Launched the [S.A.V.E. online suicide prevention video](https://www.va.gov/), in collaboration with PsychArmor Institute, to help everyone play a role in preventing Veteran suicide.
- Partnered with the U.S. Department of Defense (DoD) and the U.S. Department of Homeland Security (DHS), as mandated by [Executive Order](https://www.whitehouse.gov), to support Veterans during their transition from military to civilian life.

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**SIG Update: Compensation & Pension**

The C&P SIG was formed with the idea of attempting to clarify a variety of concerns. These concerns include, but are not limited to, time allotment for different Mental Health C&P’s, poorly written and confusing 2507 requests, administrative concerns (misspellings, DSM-IV references on current MH DBQ’s) as well as discussion of research related to “secondary” conditions. Additionally, the SIG would like to be able to represent C&P examiners (specifically Mental Health at this time) at AVAPL. The SIG would also be interested in having discussions on a national level in order to discuss a standard of care for Veteran’s in the C&P process.

Since its formation a few years ago many members of the original group have moved on for a variety of reasons, and the Executive Committee recently voted to officially dissolve this SIG. If interested in reinitiating this SIG please contact Christopher J. Murphy, PsyD - [christopher.murphy5@va.gov](mailto:christopher.murphy5@va.gov)
**SIG Update: Women in Leadership**

This SIG held a breakout session and a networking lunch at the 2018 VAPL Conference that focused on the continuum of environments in which women might work, from overtly hostile, to nonaggressive but also nonattentive to women’s contributions, to safe and welcoming, to finally and optimally - constructive and generative in supporting, mentoring, and utilizing women leaders and addressing more subtle forms of gender-based discrimination.

The lunch breakout focused on continuing to develop plans of action for the SIG. Key areas of discussion were:

1. Leadership mentoring program – This has begun, with Natalie Dong and Jeanette Hsu as Co-Chairs. Many ideas for developing the program were discussed.
2. Monthly call for SIG members – Further ideas on how to organize this and topic ideas for calls were generated and this will be an area of action in coming months.
3. Collaboration with the AVAPL Psychologists of Color and Allies SIG – Action has begun on this and multiple areas for further collaboration were discussed.
4. Dealing with gender-based harassment and abuse from other staff and from patients – This was a new area of discussion and generated great interest. This will become an important new area of focus for the SIG.

Janna Fikkan and Toni Zeiss, Co-chairs, continue to provide overall guidance, and they welcome those interested in taking on leadership roles for the action topics identified above by the SIG. They can be contacted at Janna.Fikkan@va.gov and Antonette.Zeiss@gmail.com.

In order to be added to the Women in Leadership listserv, please send a request to Jeff Burk at webmaster1@avapl.org.

**SIG Update: Psychologists of Color and Allies**

The AVAPL Psychologists of Color and Allies SIG has engaged in a number of activities this FY. At the 2018 VAPL conference, the SIG co-chairs provided a plenary presentation summarizing the state of VHA psychologists of color. GS data and survey data on the experience of microaggressions were presented. Overall, results indicated that psychologists of color are still underrepresented within the VA, particularly in leadership positions, and that they are aware of this lack of diversity. Additionally, the SIG held the annual networking luncheon where members were able to meet and greet and briefly discuss issues affecting psychologists of color. The SIG is actively collaborating with the Women in Leadership SIG, including sharing resources regarding mentoring. The SIG has established a more formal leadership structure and monthly calls that highlight issues of interested to psychologists of color. Plans are underway for the 2019 VAPL conference including possible plenary and breakout sessions in addition to the annual SIG networking luncheon. The PoC and Allies SIG welcomes new members at any time—please feel free to contact Gayle Iwamasa (gayle.iwamasa@va.gov) or Marcos Lopez (mdlopez19@hotmail.com) to join our listserv or if you have any questions.