

LETTER FROM THE PRESIDENT

“The purpose of AVAPL is to address the professional needs and concerns of VA psychologists. Our primary goal is to help provide the highest quality of patient care to our nations Veterans.” You can find more about us at <https://avapl.org/about.html>. The association also stands for leadership development (emphasis on the development), advocacy, community with diversity, resources and recognition. I would like to thank each of you for your engagement and support in each of these dimensions on an ongoing basis.



My presidential year began with our business meeting during APA in Chicago. At the moment, that now feels like yesterday as these last two months have whizzed by. Each year, the Executive Committee (EC) holds a strategic planning meeting to do a number of things, including reviewing our efforts over the past year, as well as to think intentionally about our plans for the upcoming year(s). To highlight a few of our reflections, we marveled at the development (and creation) of each of our Special Interest Groups (SIGs), and we discussed a number of plans for amplifying the work of each of those groups. This year, the EC plans to connect with each of our SIGs in a more focused way.

We were also very grateful for our supporting role in planning and holding the VA Psychology Leadership Conference. For those of you who have never been to one, I hope you will put this conference on your VA career “bucket” list. I will boldly claim that no other conference you will attend will so comprehensively address so many facets of our identities as professionals – e.g., (VA) psychologist, clinician, educator, researcher, program administrator and leader – as well as ourselves as diverse people – e.g., people of color, LGBTQ, women, allies, and at all stages of training and career. The presentations, conversations, and connections are uniquely validating and relevant to those of us who have dedicated our professional lives to serving our nation’s Veterans.

The EC also thought deeply about the ongoing challenges that the VA and VA psychology are facing in these times. Partnering with the Veterans Service Organizations (VSOs) has always been crucial to our goals, and those relationships continue to be elemental. Of course, our collaboration with APA’s incomparable Director of Military and Veterans Health Policy, Dr. Heather O’Beirne Kelly, remains fundamental. The association, in collaboration with other professional associations, has provided analyses on proposed legislation that impacts implementation of the MISSION Act and the future of VA’s ability to provide excellent care, and it has closely participated in the often-heated discussions about legislation that might move VA psychologists to Title 38. We

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LETTER FROM THE PRESIDENT (CONT'D)

discussed the challenges of the VA in maintaining provider safety, and of course, soon after our departures from Chicago, our colleagues at the Jesse Brown VA experienced their own version of provider safety risks. Though it is early in the fiscal year, we are also keeping our eye on ways that we can utilize our mid-winter meetings to advance the best interests of VA and VA psychologists and to make the most of our face time in Washington, DC.

Logistically speaking, all of this work is done with volunteer time and solely based on modest membership dues. This is my request to you to consider how you might volunteer your time, and to contact us if you are interested in more ways to be involved. As always, thank you for your membership that supports this work and helps to ensure the future vibrancy of our ability to serve our nations Veterans and to lead fulfilling careers as psychologists.

Until next time,



Sam Wan, Ph.D., President, AVAPL

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NOTE FROM HISTORY

For AVAPL members familiar with seeing Dr. Rod Baker's picture and by-line in this Note from History section of the Newsletter, you have noticed they are missing. For those who also became accustomed to see the tidbits he would include about AVAPL or VA psychology history, for this article, those will be missing. Rod decided to "retire" as AVAPL Historian. Words fall short of adequately expressing our appreciation for all Rod has done while serving in that role. Consequently, we say "thank you", but want him to know that there is much more beyond those simple words.

After discussions with Rod about how the history of AVAPL would continue to be told, it was determined that a team was needed. Consequently, I am now the Principal Historian for AVAPL, Dr. Jody Rubenstein, Dr. Terry Keane, and Dr. Tim Carmody are Co-Historians. Jody is taking responsibility for the history related to VA training and Terry will cover the research history. Tim, who is now the historian for APA Division 18 (Psychologists in Public Service), will coordinate with us regarding information related to the VA Section of Division 18. But all is not lost with Rod's retirement. He has volunteered to remain for a couple of years in a mentoring role with the History Team!



Dr. Kathleen McNamara

Since the membership of AVAPL expanded tremendously over the last several years, I wondered whether the majority of members were aware that there was a designated historian or what the responsibilities entail. Recognizing that VA Psychology and AVAPL have a history, and preserving it in a way that can be shared is an overriding responsibility. AVAPL has been important in documenting that history, including through the publication of Newsletters like this.

Let me touch briefly on one essential entity if what has been documented will be preserved and accessible to anyone with an interest in the practice, training, and research contributions of VA psychologists. That entity is the Cummings Center for the History of Psychology (CCHP) located at the University of Akron. The CCHP describes itself as a place which "collects, preserves, provides access to, and interprets the historical record of psychology." Included in the archived materials as part of that historical record are documents describing AVAPL activities and advocacy, as well as position papers on recruitment and retention, addressing the need for neuropsychological services, and issues such as Veteran homelessness and PTSD. Due to a backlog and limited staff many submitted documents have not been archived in a way that makes them readily accessible without a cost for the request. Working with the staff at CCHP to resolve this access issue is a high priority for the History Team. But, as AVAPL continues to make history, selecting and submitting new material will be equally important. I look forward to working with the very adept volunteer co-historians and with AVAPL members as the role of the History Team evolves. Ψ

—*Kathleen McNamara, Ph.D., Principal Historian, 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 VAPL Special Interest Groups (SIGs). In this issue, there are updates from the following SIGs: LGBTQ and Allies, TeleMental Health, Psychologists of Color and Allies, and Women in VA Leadership. There is also information on the re-initiation of the Early Career Psychologists workgroup.

ADVOCACY — PROGRESS TOWARD TITLE 38

AVAPL ADDRESSES RECRUITMENT AND RETENTION CHALLENGES

- Psychologists are still #3 on the VA's top disciplines in need of recruitment and we have been in the top 5 since at least 2013.
- For remote areas or areas with high competition, improved incentives (particularly loan repayment) can be a critical factor in attracting strong candidates (as long as facility directors and HR use them). Debt reduction funding needs to be more robust and predictable and used to address psychologist hiring.
- For many years we have requested full Title 38 status, consistent with almost all other doctoral level VA staff.
- We are closer than ever to achieving this goal. S. 785, the "[Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019](#)," will move VA psychologists to Title 38 if SEC. 501. TREATMENT OF PSYCHOLOGISTS survives markup in the fall and the House creates a bill with similar language. (Markup is the process by which a U.S. congressional committee or state legislative session debates, amends, and rewrites proposed legislation).
- AVAPL and APA met with Senator Tester's office this summer since AFGE is opposing our move to Title 38. We were able to bring a letter of support to that meeting signed by over 1000 VA psychologists! We collected those signatures in about 10 days. 1000 VA psychologists represents about 1/5th of all VA psychologists.
- We will soon be soliciting more names to update the letter when Congress reconvenes.
- Please encourage VA psychologists to write to me (if they have not already) at Past-President1@avapl.org to have their name added to the letter in support of VA psychologists being moved to full Title 38.
- Please use a non-VA address to send me your support (or non-support) of this bill regarding VA psychologists' move to full Title 38. Since this pertains to pending legislation you must do this on your own time, using your own equipment, and/or resources per the Hatch Act.
- If you have any questions about Title 38 for VA psychologists, please feel free to reach out to me at the email above or Dr. Mary Beth Shea at DrMBShea@gmail.com.

—*Mary Beth Shea, Ph.D.*

AVAPL AWARDS AND CONFERENCE PLANNING

Congratulations to the recipients of awards from AVAPL! The awards were presented at the AVAPL Business Meeting at the APA Convention in Chicago. The awards and winners include:

James Besyner Early Career Award for Distinguished Contributions to VA Psychology

Amanda Raines and Joshua Rinker

Special Contribution Award

Gayle Iwamasa

Professional Service Award

Megan McCarthy

Past President Award

Mary Beth Shea

Leadership Award

Madeline Uddo

Photos and additional information can be found on the AVAPL website: <https://avapl.org/index.html>.

VAPL Conference planning for 2020 is underway! Congratulations to Dr. Kaily Cannizzaro on being selected as the VAPL Conference Chair-Elect!

AVAPL SPECIAL INTEREST GROUPS (SIG) UPDATES

SIG Update: LGBTQ and Allies

The LGBTQ SIG brings together Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) psychologists and allies to address issues impacting these groups, as well as collaborate with other identity-based SIGs in order to address intersectionality. Keep an eye out for emails to the AVAPL listserv with more information on upcoming calls. If you are interested in joining the LGBTQ SIG, please contact Dr. Kaela Joseph directly at kaela.joseph@va.gov.

SIG Update: Women in Leadership

The WiL SIG continues to be active at the annual VAPL Conference and on our listserv. At the conference, we had a breakout session (repeated), a networking lunch, and participated in an invited panel discussion at this year's conference in San Antonio. The breakout was *Preparing Women to Lead: Specific Initiatives to Enhance Opportunities and Success* by Dr. Jeanette Hsu and Dr. Stacey Pollack. Dr. Janna Fikkan moderated. Dr. Pollack, presenting on behalf of Dr. Cheryl Lowman, offered an outline for a training opportunity/rotation for psychology interns to learn about mental health administration. The rotation offers an innovative approach to overcoming barriers to leadership roles for psychologists, including access, knowledge, and opportunities. Six interns have already completed the rotation and have shown tremendous gains in core VA leadership competencies.

Dr. Hsu presented on the development of a mentoring program for women psychologists interested in developing as leaders. This topic has been discussed at past meetings and on the listserv but is now coming to fruition. She also shared with the audience the development of a Women in Leadership webinar series. Our first webinar was presented by Jennifer Boyd, Gayle Iwamasa, Jillian Shipherd, and Toni Zeiss. With over 160 attendees, it was a clear success and indicates an interest in continuing the series. The next one will be on VA leadership competencies. Check back for updates at www.avapl.org/women.html.

The panel discussion was on the topic of *Allyship 101: The Who, What, and Why*. Dr. Mary Beth Shea represented the WiL SIG. She was joined by Dr. Christopher Watson, representing the Psychologists of Color and Allies SIG and Dr. Kaela Joseph, representing the LGBTQ SIG. Drs. Gayle Iwamasa and Erin Watson moderated. After a moving video, the panelists shared their thoughts on successful allyship, macroaggressions, and future steps. Attendees were invited to demonstrate their commitment to allyship throughout the conference and beyond.

We are excited to see the ideas that have been discussed by members of AVAPL and our WiL SIG being realized. We will continue our focus on challenges women face regarding leadership, how the SIG might help, and high-priority actions for the WiL SIG in our future discussions. Join us! To be added to the Women in Leadership listserv, please send a request to Jeff Burk at webmaster1@avapl.org. Or for more info, contact Janna.Fikkan@va.gov or Mary.Shea@va.gov.

SPECIAL INTEREST GROUP (SIG) SPOTLIGHT

Psychologists of Color and Allies

What was the impetus to initially start the SIG?

The SIG was established foremost to provide a sense of community for Psychologists of Color and build a network of psychologists who value ethnic, racial, and cultural diversity.

How does the SIG represent the goals and objectives of the larger organization?

The SIG's goals are fully consistent with those of AVAPL—to address the professional needs and concerns of VA psychologists. The SIG does this by providing a forum to discuss such topics as the unique needs and challenges faced by Psychologists of Color (POC's), provide networking opportunities, promote collaborative learning opportunities, and facilitate professional development and leadership capacity of ethnic minority psychologists and trainees.



Dr. Christopher Watson

What do you envision and/or hope the SIG will accomplish?

We envision this group being a safe and supportive space for POC's and allies to share their experiences, discuss and develop research and quality improvement projects (e.g., race-based trauma groups), receive and provide coaching/mentoring at all career levels, share and encourage each other via our Leadership Journey series, receive and provide education on diversity, and partner with collectives with similar goals (e.g., Division 18 Diversity Committee, the Office of Diversity and Inclusion, the VAPTC Multicultural and Diversity Committee, etc.).

What should VA psychologists know about the SIG?

We exist!!! And we welcome all VA Psychologists of Color and Allies (and trainees) to join us in making VHA a great place to have one's career.

What can psychologists who aren't affiliated with the SIG do to support its mission?

Not just call yourself an ally, but actually be one. Being an ally is something you DO, not something you call yourself. Please see the various presentations on allyship presented during the 2019 VAPL Conference (https://conference.avapl.org/pubs/2019%20Conference%20Presentations/Allyship%20101%20AVAPL%202019_5.10.19.pdf). Also, look for our link on the AVAPL website.

Update on current SIG activities

We are a diverse and energetic group! Some of our more prominent activities are as follows: Monthly conference calls which include our quarterly Leadership Journey series and VA Central Office updates, weekly and sometimes daily communication on our listserv, collaborations with other AVAPL SIGs and APA's Division 18 VA Section and Diversity Committee, representation at AVAPL (e.g., networking luncheon, diversity-related presentations and panels, etc.), and preparing for, and being highlighted in, this awesome newsletter. Come join us!!

—Christopher Watson, Ph.D.

"...in diversity, there is beauty and there is strength." Maya Angelou

“HOT TOPICS” IN MYVA – PART 6 OF 6: EVIDENCE-BASED PSYCHOTHERAPIES AND PRACTICE IN VA MENTAL HEALTH

Dr. Claire Collie

Dr. Claire Collie with the Office of Mental Health and Suicide Prevention completes the series of “Hot Topics” where experts comment on some of the current national initiatives related to key MyVA Breakthrough Priorities that are part of the My VA Transformation. For this final installment, Dr. Collie discusses implementation of evidence-based psychotherapies and evidence-based practice in VA Mental Health. She is the Director of the Local Evidence Based Psychotherapy Coordinator Program and chairs the APA Clinical Practice Guidelines Advisory Steering Committee.

What are evidence-based psychotherapies (EBPs), and how do they relate to evidence-based practice in Psychology (EBPP)?



Dr. Claire Collie

Evidence-based psychotherapies are supported by quality research demonstrating effectiveness. VHA has disseminated EBPs for mental and behavioral health conditions prevalent in Veterans and requires access to specified EBPs by policy. Clinical Practice Guidelines including those from VA/DoD, APA, and other organizations support evidence-based practice in Psychology by providing treatment recommendations based on high quality research, including recommending EBPs for specific conditions. EBPP is a broader model of practice in which clinicians integrate the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. EBPP also encourages outcome measurement to monitor the effectiveness of an intervention for a specific patient and treatment plan modification in collaboration with the patient when indicated (i.e., Measurement Based Care).

How do EBPP and EBPs align with VHA priorities?

Implementation of EBPP and EBPs improves Veteran outcomes, supports recovery, and aligns with VA’s top priority of suicide prevention by promoting effective treatment of conditions associated with increased suicide risk (e.g., PTSD, Depression, SUD, and insomnia). They support a case for VHA as the provider of choice, promoting access to evidence-based treatments not widely available in the community. EBPP and EBPs improve care quality and efficiency. Veterans receive treatments with known effectiveness and outcome monitoring helps ensure Veterans receive the most clinically appropriate level of care in the care continuum.

Why does implementation remain challenging for VHA as an organization?

The reasons are complex with multiple influences across all system levels. Although the Measurement Based Care Initiative is advancing practice, measurement of outcomes and their use to monitor and inform the treatment plan is not yet implemented across all mental health programs and providers, and VHA needs a supporting IT infrastructure. The MISSION Act and related initiatives emphasize the importance of urgent and engagement access, while some facilities remain inadequately resourced to ensure sustained access to quality care including EBPs. The mission of some Clinics is not oriented to EBPP and providing guideline-consistent treatment. Clear messaging from all levels of

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leadership setting an expectation of evidence-based care is needed. Finally, broader awareness of evidence-based treatments is needed so Veterans and their families know which treatments are recommended and how to ask for them.

What resources are available to support EBPP, including EBPs, in VA?

[VA/DoD Clinical Practice Guidelines](#) help busy clinicians know which treatments are recommended for specific conditions based on high quality research. Every facility has a [Local Evidence Based Psychotherapy Coordinator](#) supporting implementation of EBPs and EBPP. The EBP Training Programs have trained over 14,500 clinicians in one or more EBPs and provide advanced trainings and consultation. The Office of Mental Health and Suicide Prevention includes a team of [Mental Health Quality Improvement and Implementation Consultants](#) (QIICs; formerly known as Technical Assistance Specialists) supporting VISNs and facilities engaging in process improvement that furthers implementation of EBPs and EBPP. The National Center for PTSD supports implementation of EBPs for PTSD through the [PTSD Mentoring Program](#), [PTSD Consultation Program](#), and [other resources](#). The VA's [internal EBP website](#) includes links to Share Point sites for different EBPs, a public facing [Mental Health website](#) includes information about evidence-based treatments, and [TreatmentWorksforVets.org](#) is a website from the Rocky Mountain MIRECC with information and resources for Veterans, family members, and clinicians.

How can readers support EBPP and EBP implementation in their Clinic, Program, and/or Service?

A great way to start is by familiarizing yourself with the VA/DoD Clinical Practice Guidelines and including discussion about recommended treatments as part of shared decision making with Veterans. If you haven't already implemented Measurement Based Care in your practice and/or program, think about what might be needed to do so. Collect outcome data and engage in practice or program evaluation. Consider partnering with your Local EBP Coordinator, PTSD Mentor, and others who support EBPP, and engage colleagues and leadership in discussions about the benefits of evidence-based practice and what it might look like in your Clinic or facility. Although it can seem daunting, culture change starts with individuals implementing and championing changes that spread across the organization. The benefits for Veterans, providers, and VHA are more than worth the effort!

SIG Update: TeleMental Health

At our last meeting, as part of our monthly facilitated presentations about telehealth, Ann Smith, PhD presented on "Flexible Care Anywhere: Meeting Patients Where They Sit," a discussion about the challenges and benefits of "anywhere to anywhere," which included two veteran case studies. This week, Gina Raza, Ph.D. will be presenting on the treatment of panic and anxiety via telehealth. In addition to our monthly presentations about telehealth, our growing SIG offers:

- A VA Pulse page that is a resource for SIG members and others looking to integrate telehealth into their practice (for an invite to the VA pulse page, please contact [Dr. Genevieve Davis](#))
- A collaboration with the AVAPL Mentorship program, pairing psychologists who want to learn TMH together
- A listserv to facilitate ongoing communication and networking within the SIG
- A workgroup specifically addressing the intersection of psychology training and TMH
- Tips for navigating the VA TH system

If you are interested in joining our meetings, listserv, or workgroups, feel free to contact one of our co-chairs, [Dr. Ruth Varkovitzky](#) or [Dr. Ann E. Smith](#). We meet via Skype on the first Thursday of every month at 1200PST/ 1500EST. We invite you!

COPING AFTER A TRAUMATIC EVENT

Tragically, violent events occur in our nation, both in the broader community and even in our own VA Medical Centers. Fortunately, there are things you can do to stay aware of your surroundings and if a traumatic event does occur, there are ways to cope with this type of event. Below are ways in which to assess and manage potential risks, while also offering ideas for coping after a trauma. Please know that you are not alone and should feel free to talk to your colleagues, as they too may want to connect on this important topic.

⇒ Tips to Assessing and Managing Potential Risks:

- **Threat assessment-** Threat assessment is a systematic, fact-based method of investigation and examination that blends the collection and analysis of multiple sources of information with published research and practitioner experience, focusing on an individual's patterns of thinking and behavior to determine whether, and to what extent, a person of concern is moving toward an attack.
- **Violence is gender neutral-** Those responsible for threat assessment and management should recognize that anyone (male or female) can be a perpetrator of violence.
- **Diminishing the violent offender-** Glorification of violent events should be addressed by first changing our language from "active shooter" to describing an attack as an incident or shooting incident, and the attacker as an assailant or offender to help deny legacy establishment to violent criminals.
- **These offenders don't "snap," they decide-** Violence can be categorized in one of two ways: predatory/planned or impulsive/reactive, which can be distinctly different. Most targeted mass attacks are planned which can be recorded by offenders and often observed by others.



Dr. Kaily Cannizzaro

For more information, please click on the following link:

[Making Prevention A Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks \[PDF\]](#)

⇒ Coping After a Tragic or Traumatic Event:

- Talk about it.
- Strive for balance (e.g., find a viewpoint that represents the positive things in your life).
- Turn it off and take a break (i.e., turn off the news).
- Honor your feelings.
- Take care of yourself.
- Help others or do something productive.
- Remember that grief is a process.

For more information, please click on the following links:

[Coping After a Tragic or Traumatic Event \[PDF\]](#)

[Resources for Coping After a Tragic or Traumatic Event \[PPT\]](#)

Workgroup Update: Early Career Psychologists

The VA Early Career Psychologists (ECP) have re-initiated their formal engagement in AVAPL. Co-chaired by Drs. Heather Kacos and Paul Korte, the current ECP committee worked diligently to develop a mission statement and objectives that aim to enhance resources for ECPs within the VA, promote ECP interests, and create a consistent voice within AVAPL. The current ECP committee has already made great strides in moving the initially re-formed workgroup back into a formal Special Interest Group (SIG) status, which required presentation of our mission statement and goals to the AVAPL Executive Committee. Another exciting advancement is that the AVAPL ECP Mentorship Workgroup within our SIG successfully matched 15 mentor-mentee dyads this year and are actively working with the other AVAPL SIGs to discuss opportunities to expand mentorship opportunities to psychologists throughout the lifespan of their careers and interest areas for 2020. Several additional plans are in the works for growing the SIG, including heavier involvement in the annual AVAPL conference, providing quarterly panels on relevant topics for ECPs, productive use of the ECP listserv, and collaboration with other SIGs.

The ECP workgroup remains focused on psychologists who are within 10 years of earning their doctoral degree, as well as those that are within 5 years of their initial appointment to VA (no matter the years since graduation) to foster networking and development of leadership skills amongst those in their early years of health service psychology in VA.

If you are an ECP or newly hired in VA, please contact us with questions and to express your interest in being added to our listserv: heather.kacos@va.gov and paul.korte@va.gov. We greatly look forward to working with AVAPL and the future of VA Psychology leaders!

Interested in submitting an article to the AVAPL Newsletter?

Do you have a suggestion for a topic to be included in an upcoming edition?

Please contact wendy.batdorf@va.gov

or kelly.gerhardstein@va.gov

