Dear Colleagues,

At this time of year, typically the Executive Committee has already gone to Washington, DC to meet with VACO, the VSOs, the House and Senate Veterans' Affairs Committees, and APA. We would then begin working on our report to let you know that we presented your concerns, as well as how we established relationships, and advanced agendas and causes towards improving Veteran health care and the ability of VA psychologists and all of our partners, to provide that care. In addition, we typically would be in the final planning stages of our VA Psychology Leadership Conference, as well as preparing to see many of you for that wonderful annual gathering where we are challenged, informed, and enlightened.

What a difference a month makes! Of course, all that has changed and everything else pales in comparison to the battle we all face with this pandemic. This brief newsletter address to you has changed from what I had planned, and it also pales in comparison to anything I could say that is not directly COVID-19 related. Yet, despite this, I am grateful for the opportunity to highlight that even though we are still in the middle of this crisis, our shared purpose is stronger than ever - that of serving Veterans. Our health care community has mobilized and demonstrated how much the VA system is a leader among all health care systems in our nation. At the same time, we too, are struggling to rise to the challenge of our times. While most of us are sheltering-in-place, we have quickly mobilized around the ability to telework (consider joining the Telemental Health SIG), but also continue to provide necessary, essential and unavoidable face-to-face care within such settings as primary care and community living centers. We continue to provide meaningful training experiences with our army of trainees and supervisors, despite the challenges of medium and location, and our leaders in research continue to search for innovative ways to conduct research with one, maybe both arms, tied behind their backs.

To be sure, we are all confronting the daily challenges of juggling working from home when our babies are also with us, or our school-aged children are at home involved in distance learning, or even our college-aged children have returned because the semester has been canceled, or for that matter, any of our loved ones, young or old, are home with us, each trying to carve out a sliver of privacy and real estate that is in very short supply. Some have lost loved ones recently, either to the virus directly, or for other causes, but the ability to gather with one another for funerals and to comfort one another during times of grief and mourning has been taken away. We are confronted with how this virus and the economic impact is devastating our country and globe, while it is also disproportionately negatively impacting many people of color in the US, who are more vulnerable to health and economic crises. Hatred towards the Chinese is particularly abhorrent. Though the virus does not care about race, gender, ability or any identity, the pattern of its impact can make even more visible the lines of disparity in our nation and world. Our response(s) must then address each of these disparities over time as well.

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In closing, our nation and world need us to do what we have been trained to do and for us to continue to serve our Veterans and each other. I believe wholeheartedly that what we offer is valuable and needed now, and even more so as we look towards the uncertain future. We are all up against this common opponent together, and it is in that unified fight and in this darkness that I am seeing, and wishing for, the best in us shine.

Wishing each of us safety and health,

Sam Wan, Ph.D., President, AVAPL

"Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that."

Martin Luther King, Jr.
I first want to send a message of aloha during this difficult time as the nation copes with the impact of the coronavirus. I hope that each of you are healthy, are following guidelines issued by the Center for Disease Control and your States, and feel supported by your VA Systems. I am keenly aware that the VA Psychology Leadership Conference (VAPLC) has been canceled. I consider this as historical an event as was the initial Conference 23 years ago. The Conference serves as a source of important information. Many of the prior attendees have shared that the networking is the invaluable cornerstone of the gathering. The value, clearly attached to interpersonal and social aspects, also is defined by the wealth of new ideas taken back to one’s home facility.

My intent in this article is to highlight the value of storytelling in capturing our history. The networking at the VAPLC is a prime example of this. History too often is relegated to documenting dates, events, or key persons. The history of Psychology cannot exist without that documentation. Yet, the unique aspects of our history can be enriched when “the rest of the story” is told. In appreciating the value of stories to our history I look forward to future stories documenting distinctive ways VA psychologists moved forward responding to the needs of Veterans and colleagues during this historic time. The storytelling I anticipate is not about policies and procedures, but truly the stories shared in the informal gatherings that occur at the social hours of AVAPL or APA.

Returning to my plan for this article before current events, the focus is on storytelling adding to our history. There is no better model for this than the telling of memories, favorite happenings, struggles, and advocacy by VA psychology leaders found in the Stories from VA Psychology series of books edited by AVAPL’s prior historian Dr. Rodney Baker. VA psychologist leaders relay their stories, following the instruction to think about sharing their careers at a social event. What you find are the how’s and why’s of their contributions that never make it into the typical history detailing the outcome, at times perhaps not even noting their contribution. What is written is a story, not a listing of accomplishments as would be on a resume, though clearly they have accomplished much. Rather, we see their musings as they traversed the paths to their goals. We travel with them as they weave between the obstacles and highlight the rewards for their careers of service, training, research and administration. The storytelling captures how those who thought only that they were doing what was needed have added to the history of Psychology’s contributions. These and future stories provide encouragement for those making history in the present. I ask those reading this article to consider talking with colleagues about what you are experiencing along the path to your goals, not simply your accomplishments. Inspiration and innovation may come from your story!

—Kathleen McNamara, Ph.D., Principal Historian, AVAPL
After much careful deliberation, the VAPLC planning committee came to the unfortunate decision that we had to cancel the conference for FY20. We monitored the situation closely for several weeks and ultimately determined that it would not be possible or responsible to hold the meeting this year. It was a difficult decision that weighed heavily on many of us over the past few weeks. The entire planning committee regrets that we had to come to this conclusion, and it was not easy. We are all extremely disappointed. The conference is a highlight for many of us - as a time when we can reconnect and recharge. In the meantime, we would like to encourage everyone to find ways to stay connected with colleagues and to reach out to each other to support, encourage, and acknowledge outstanding work. The exciting news is that we are already thinking about the 2021 conference and will work to ensure that we have an outstanding program! We hope to provide you with highlights originally planned for 2020, while revising the program to ensure we feature advancements, innovations, and best practices that continue to emerge.

Registration Refund:

If you have previously registered, we will cancel your registration and refund your payment in full. **Hotel reservation cancelation:** The hotel has informed us of the following:

1. If you made a reservation through their on-line system, *using the link from the AVAPL registration page*, your reservation has been automatically cancelled and no further action is required.

2. However, if you made a reservation on your own at Marriott.com or through another booking site/process, you will need to individually cancel. In this scenario, we recommend that you contact the hotel directly to cancel or the site you used to book your reservation.
**SIG Update: Early Career Psychologists**

Hello ECPs! We are experiencing an unprecedented time coping with the impact of COVID-19 on our daily personal and professional lives. Alongside many others, the Early Career SIG has had to make the difficult decision for postponement of activities we looked forward to bringing to our members. This included our very first webinar, “Breaking into Leadership as an ECP,” which we look forward to re-scheduling in the future!

Despite COVID-19 setbacks, the ECP committee still has plans for conference calls and webinars for ECPs and new-to-VA psychologists to provide skill-building, leadership education, and networking. We also will be well prepared and excited to take part in the 2021 VAPLC with specific ECP-related content. We hope some stability will return to all of our lives quickly and would like to thank the AVAPL Executive and Conference Planning committees for their efforts during this difficult time!

As we continue to create resources and opportunities for the ECP community to engage with one another, we always welcome your input. Not only do we seek out requests, but also turn to all of you for your expertise that you may be willing to share with us.

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**SIG Update: Telemental Health**

For those of you who don’t know me, my name is Dr. Ruthie Varkovitzky and I am one of the co-chairs of the AVAPL Telemental Health Special Interest Group (SIG), along with Dr. Ann Smith. I wanted to reach out to express care and support for everyone as we do our best trying to get through each day. Things seem to be changing by the hour, and there is so much unknown. Feeling connected to our community of practice has been sustaining for me, and I wanted to share it with others.

The AVAPL Telemental Health SIG has been working to build community and education related to Telehealth for the last year and half. In the midst of the COVID-19 crisis, telehealth and teleworking has taken center stage. I wanted to offer the resources of our group to the AVAPL community at large, in hopes that it might be of assistance during this difficult chapter. For more information about our group, you can check out our mission statement at: https://avapl.org/telehealth.html

I especially wanted to bring attention to our monthly meetings, which occur on the first Thursday of the month at 1200PST/1500EST. On 4/2/2020, we had a presentation by Dr. Anna

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**AVAPL SPECIAL INTEREST GROUPS (SIG) UPDATES**

**SIG Update: Women in Leadership**

The WiL SIG is now in our 3rd year. With our model of rotating leadership, this means we have said THANK YOU for a job well-done to Janna Fikkan (American Lake) as the SIG co-chair, and WELCOME to Nicole Shiber (Tampa) as the new co-chair! Janna and Toni Zeiss (VACO, retired) developed the SIG and got us off to a great start. Nicole and I hope to continue along the path they laid, and to explore new topics and ways of supporting each other. Our primary means of connection is the list serv, so if you haven’t officially joined it, please see below to request to be added. While we are the Women in Leadership SIG, we welcome all genders who support our mission!

I’ve been reading a recent *National Geographic* magazine (January 2020) focused on “How Women’s Health Gets Shortchanged,” part of their year-long series on Women: A Century of Change. It starts with some of the statistics we’ve all heard: women spend 3 times as much time on family care as men; domestic violence is the leading cause of injury to women worldwide; women’s pain following heart surgery is treated with narcotics half as often as men’s; woman doctors are assumed to be nurses; medications and treatments are not studied in women; women of color are 3-4 times as likely to die from complications of childbirth as white women; etc. We’ve heard them, yet they still hurt. They frustrate. They overwhelm. The story ends with a quote from Meredith Gray on *Gray's Anatomy*: “Don’t let fear keep you quiet. You have a voice, so use it. Speak up. Raise your hands. Shout your answers. Make yourself heard.”

So I invite YOU to make yourself heard. Use the listserv, write for this newsletter, nominate a colleague for an award, present at next year’s conference, or run for office. BE the leader that you aspire to be. And reach out to the other SiGs, too: Psychologists of Color and Allies, Early Career Psychologists, Telemental Health Psychologists (is that all of us now?), LGBTQ Psychologists, Neuropsychology, and C&P Psychologists. These days, we can use all the support we can get and all the connections we can make!

The WiL SIG will continue our focus on challenges women face regarding leadership, how the SIG might help, and high-priority actions for our 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 Mary.Shea@va.gov or Nicole.Shiber@va.gov.
On January 31, 2020, Heather O’Beirne Kelly, PhD, ended a 21-year career at the American Psychological Association (APA) to become a senior professional staff member on the House Veterans’ Affairs Committee. With her departure, we are losing one of our most ardent partners at APA who advocated so beautifully for Veterans and Servicemembers across her career.

Many VA psychologists knew Heather, of course, as the dynamo at the annual VA Psychology Leadership Conference. Her presentations were always the highlight of the event. Her ironclad support of the preeminence and necessity of our work year-round never wavered.

For the last four years, Heather served as the inaugural APA Director of Military and Veterans’ Health Policy team. In this position she helped develop and execute a comprehensive strategy and legislative portfolio at the federal level on the wellbeing and suicide prevention of military personnel, Veterans and their families and communities. She was stellar.

Throughout the last several years, Heather played instrumental roles in advocating to strengthen the presence and effectiveness of psychologists who provide suicide prevention and mental health care to Veterans within VHA and through purchased care. She succeeded in demonstrating the necessity of hiring of more clinicians and increasing support for integrated care. She did extensive, persistent outreach to executive branch agencies, and members of the House and Senate on both sides of the aisle, to increase senior leadership’s comfort with and public support for issues like suicide prevention and opioid abuse prevention and treatment. She led APA’s efforts and worked in coalition to successfully increase research funding at the VA.

Heather is one of only a handful of individuals in D.C. who actively, overtly, frequently, and ubiquitously speaks up about safe storage of firearms initiatives to reduce Veteran/ servicemember suicides. For example, last May, at a House Committee on Veterans’ Affairs hearing on suicide prevention, four Committee members initiated discussion about increasing safe storage of firearms as a suicide prevention approach. This was the first time that the subject of firearm suicides was actively taken up in Congressional hearings. The VA Secretary committed at that hearing to add lethal means safety as a line of effort to the White House/VA Suicide Prevention Task Force. Many experts credit Heather’s persistent advocacy for playing an important part in moving this urgent mental health matter forward.

Heather joined APA in 1998, serving as a senior legislative and federal affairs officer in the Science Government Relations Office. In that role, she advocated for behavioral science on Capitol Hill and in federal agencies and directing APA’s Executive Branch Science Policy Fellowship Program. Within her portfolio were the psychological research programs within the Departments of Veterans Affairs, Defense, Justice and National Science Foundation. She was the Science Directorate’s point person for all of APA’s military and Veteran-related issues. She sat on the Executive Committee of the Friends of VA Medical Care and Health Research Coalition; represented APA on the VA Office of Mental Health Services Stakeholders Group; testified before Congress regarding funding for VA research and mental health services; and coordinated numerous Capitol Hill briefings on topics of interest to military and Veteran populations, including suicide prevention, PTSD, traumatic brain injury, and women Veterans’ health research.

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She did all this with such integrity, pluck, and heart that AVAPL had to invent the Athena Award just to find a special way to recognize her amazingness. She’s also received AVAPL’s Patrick DeLeon Advocacy Award, the Outstanding National Contribution Award from the American Society for the Advancement of Pharmacotherapy and named as one of The Hill’s Top Lobbyist of the Year 2018 and 2019.

The work on behalf of Veterans had deep personal meaning. Heather hails from a family with multiple generations of career military officers, all of them combat Veterans. Her beloved father was a Naval Academy graduate and nuclear submariner – and his being stationed in Hawaii is why Heather was born at Tripler Army Medical Center. One grandfather was a three-star admiral and Navy pilot; the other was a four-star general in the Army.

Finally, while Heather has accomplished so much across her career, it is also impressive “how” she did this work. Anyone knowing Heather well knows she values people, not just outcomes and products. She makes time to personally get to know those with whom she works and for whom she advocates. She sparks joy and life into these relationships with her warmth, quick wit, and humor. With every interaction with her, there is bound to be a hearty laugh while also getting something meaningful done to promote the best care for Veterans, servicemembers, and their families. Heather never stopped working to ensure Veterans get the very best mental health care anywhere. We know she’ll bring all of that and more to HVAC. We look forward to seeing her ongoing passion serve the nation in this new capacity.

— Terry Keane, Ph.D., Associate Chief of Staff for Research & Development, VA Boston Healthcare System
— Russell Lemle, Ph.D., Retired Chief Psychologist, San Francisco VA Health Care System
— John McQuaid, Ph.D., Associate Chief of Staff for Mental Health, San Francisco VA Health Care System

SIG Update: Psychologists of Color

Hello All!

We hope everyone has been managing this pandemic as best you can. Life as we knew it has changed, and what matters now is very different than what mattered before the pandemic. In addition to washing your hands frequently, we hope you are taking time to engage in self-care. We all need to be ready for this change in work (and home) life and structure for the long haul. As the AVAPL Psychologists of Color and Allies SIG, we call on all of you to demonstrate your allyship behavior during this difficult time. Racist behaviors toward Asian Americans is on the rise and compounded by some leaders framing the coronavirus as Chinese. Regardless of where it started, this virus is here in our neighborhoods, and we all need to be on the same team in this fight. As psychologists, it is part of our responsibility to improve the quality of life for all, not just for a chosen people we individually deem more worthy. So, what are you doing to demonstrate support

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PROFESSIONAL STANDARDS BOARDS DISSOLVED

A memorandum from the Executive in Charge eliminated a large group of Hybrid Title 38 (HT38) Professional Standards Boards (PSBs), including Psychology and Social Work, effective March 17, 2020. These PSBs (at the national, VISN and local level) have a month to complete the reviews of boarding packets they have already received; however, no new packets were to be accepted after the date of the memo. The PSBs for Licensed Professional Mental Health Counselors and Marriage and Family Therapists will be eliminated in the next phase of the process, which is coming shortly.

Historically, PSBs were established for HT38 professions (e.g., psychology, social work, marriage and family therapy, licensed professional mental health counseling) at the local, VISN, and national levels. These boards ensured that all newly appointed employees fully met the qualification standards for the respective professions. The boards also reviewed requests for promotion to a higher grade and requests for recognition for professional accomplishments. In an effort to streamline the process for hiring and promotions, VA’s Office of Human Resource Administration is transitioning away from PSBs to a new system that involves a collaboration between the selecting official, Human Resources, and Fiscal Service. Workforce Management and Consulting has conducted several training sessions with the field about the new policy, and discipline-specific training will soon be conducted with the field about each of the qualification standards. The new process to appoint and promote employees under HT38 are described in Appendix U of the VA Staffing Handbook (VA Handbook 5005/121, Part II).

Former members of the National Psychology Professional Standards Board will soon establish an email group to answer questions from the field about the qualification standards and strategies for appointing and promoting psychologists. Similar mail groups will be established for the other hybrid mental health disciplines. A guidebook and the HR documents that are now required under the new procedure will also be made available shortly. In the interim, the Office of Mental Health and Suicide Prevention (OMHSP) welcomes any questions and will provide assistance in whatever way we can. OMHSP contacts for more information are Stacey Pollack and Jeffrey Burk.

―Stacey Pollack, Ph.D. and Jeffrey Burk, Ph.D.

SIG Update: Psychologists of Color (cont’d)

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for others during this difficult time? If you need ideas, there are lots of resources to help you develop your allyship skills. Here are just a few:

Virtual Town Hall on Anti-Asian Racism: https://zoom.us/rec/play/uZR-Je6pegIg3HoGWtwSDA6AtW425fKusIniX_vMOzR3kUSZWnlOuMOdAZ-XCSBzg_bAXxnBb9EGwdD8G?continueMode=true


COVID-19 Harassment and Discrimination Reporting Link: https://caasf.org/

The term "intimate partner violence" (IPV) describes any violent behavior including physical or sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner and occurs in both heterosexual or same-sex relationships and does not require sexual intimacy or cohabitation. In the general population, as many as 1 in 4 women and 1 in 7 men are affected by severe IPV, and it is suspected that Veterans may be disproportionately affected by IPV. The presence of IPV is also known to exacerbate risk of other serious concerns including life threatening issues such as suicide, homicide, and homelessness.

Recognizing that intimate partner violence poses a significant health risk for Veterans, the Department of Veterans Affairs (VA) convened the Domestic Violence/Intimate Partner Violence (DV/IPV) Task Force in June 2012. This Task Force provided the VA with 14 key recommendations for the implementation of the Intimate Partner Violence Assistance Program (IPVAP) - a comprehensive, integrated program aimed at addressing the unique needs of Veterans, their partners and VA staff impacted by IPV. By 2015, the IPVAP identified 6 pilot sites to begin implementation of the task force’s recommendations. Concurrently, programs and services were being developed in the field by motivated individuals and facilities who recognized the importance of providing IPV services. Under newly developing structure and guidance of the IPVAP, staff were able to connect, share innovative practices and solutions, and many became IPVAP Coordinators alongside the pilot sites. By the end of the pilot period in 2017, there were 110 IPVAP Coordinators and a wealth of best practices were identified across the country. The combination of funding first provided in 2018 and the publication of VHA Directive 1198 in 2019 facilitated a shift from a largely collateral effort, to one in which all VA medical facilities were able to have a full-time IPVAP Coordinator on staff and expected to have local IPVAP providing a range of services.

The Intimate Partner Violence Assistance Program takes a person-centered, trauma informed, Veteran-centric, and recovery-oriented approach to provide education and resources, engage in prevention, enhance safety, reduce risk, and promote healthy relationships and safety. For example, the program has implemented a trauma-informed Relationship Health and Safety Screening Protocol that offers choice in documentation and intervention using language that focus on the behavior (e.g., experience or use of violence rather than victim or batterer) in order to provide a safe space for collaboration about options and safety planning.

These principles resonate across many professions and it is through partnership and an interprofessional approach that this public health epidemic can be best addressed as IPV touches the lives of so many and impacts all facets of health. The VA IPVAP is considered a strong national leader and advocate and has become a catalyst for changing paradigms related to incorporating trauma-informed, recovery-oriented, person-centered and Veteran-centric approaches to ending IPV. For more information about the IPVAP program please go to: https://www.socialwork.va.gov/IPV/Index.asp.

—Kelly Buckholdt, Ph.D.
Acting National Program Manager, IPVAP

—Jennifer Knetig, Ph.D.
Chair, Professional Development and Education, IPVAP
**SIG Update: Early Career Psychologists (cont’d)**

(Continued from page 5)

Lastly, we would like to call your attention to the award nomination for the James Besyner Early Career Award for Distinguished Contributions to Psychology. We encourage everyone to consider nominating an ECP colleague. Think of the ECP at your facility that you are glad was hired, or the former trainee that has gone on to a successful VA career. In the stressors of professional life, let’s take the opportunity to recognize our early career colleagues who are laying the foundation for a positive impact on the VHA, fellow colleagues, and the Veterans we serve!

To Join our ECP SIG listserv, email the co-chairs: Heather.Kacos@va.gov or Paul.Korte@va.gov

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**SIG Update: Telemental Health (cont’d)**

(Continued from page 5)

Birks about telehealth developments in light of COVID-19. For information or resources related to this presentation, feel free to reach out to Dr. Ruthie Varkovitzky.

Future presentation topics include:

- 5/7/2020  Cognitive Behavioral Therapy for Chronic Pain via Telehealth  
  Dr. Cody Maddox
- 6/4/2020  The Process of Creating of Telehealth Hubs  
  Dr. Bradley Norlander

If you would like to join the AVAPL Telemental Health SIG monthly meeting or listserv, please email Dr. Ruthie Varkovitzky (ruth.varkovitsky@va.gov).

Community and connection are going to help us serve our patients and sustain ourselves as we face the unknown. I have so much gratitude to the AVAPL community at large, thanks to all of you for being part of it.

*We got this.*

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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