ASSOCIATION OF
VA PSYCHOLOGIST
LEADERS

APA 2002 Edition
AVAPL’s 25th Anniversary

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MARK YOUR CALENDAR

APA is in Toronto

8/8/03-8/12/03
Association of VA Psychology Leaders

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Greetings!

It is with great honor that I put together this 25th anniversary edition of our newsletter. It made me more aware of the rich history of VA Psychology Leaders. I hope you enjoy reading this newsletter as much as I enjoyed compiling it.

I invite any of you to submit articles, web sites, etc. to the newsletter via Outlook, and my address is june.malone@med.va.gov.

If you would like additional copies of the newsletter, please send me your address with the number of copies you want, and I will mail them to you.

Thank you,
Judith Patterson, Ph.D.

Presentation at the AVAPL Business Meeting
APA Convention
August 24th, 2002
Chicago Illinois
Judith E. Patterson, Ph.D.

In my last column in the AVAPL Newsletter, I reflected with you on how the significance of the April VA Leadership Conference was captured in the remarks of one of our colleagues. You'll remember, he said “Before this conference, I had planned to leave VA, I was convinced there was no future. Having been at this conference, I now believe there is hope and I will stay in VA”. I am here this morning to tell you, I also believe there is hope. Hope for VA and hope for psychologists in VA. And this hope comes from a sense of what we have accomplished together this past year and in the knowledge that we have an enduring strength that comes from our united effort.

When the Executive Committee went to the Mid-winter meetings this year, we had a mission, a mission to present your concerns and issues to our leaders at VACO and to our representatives on Capitol Hill. I will not go into the issues here, because there is not adequate time and because I know you are aware of what the issues are. We went to Washington to put forth the message that the mental health of our veteran patients is a paramount concern and responsibility of all of us: Clinicians, VA leaders and the Nation itself. And, we went to emphasize that quality healthcare for veterans cannot be secured without assuring that psychological services are recognized and valued.

We proceeded on the wings of the dynamic VA leaders who came before us. Many who are in this room today. We discussed our concerns about retention and promotional issues for psychologists, about the difficulty we all experience in maintaining quality mental and behavioral health services with decreasing reserves; we discussed problems of professional and clinical concern to psychologists, and we emphasized the disproportionate loses in FTEE that psychologists have experienced. We succeeded in getting the message across that there is need for serious attention to these matters.

And yet, if we had only presented our concerns, we would not have come as far as we did. We also presented solutions. When Dr. Roswell pondered on ways psychologists can fit into the Continuum of Care in VA, we gave him the feedback he requested. We emphasized that the unique training of psychologists in organizational and program development, in clinical supervision and training, in assessment, in research and in program evaluation and statistical analysis uniquely positioned us to address the challenges he faced in the delivery of mental health services to our veterans. You just received our initial response to him as the first of our Fact Sheets: “Essential Healthcare for Veterans: Psychiatrists Improve Lives”. It is now our challenge to keep the dialog open.

Yes, it was our responsibility to offer some solutions. And, if we had only worked alone, the message might have been muffled. However, we know our moral and political strength comes from our connection. We (AVAPL, CO, in the person of Mary Jansen, and APA) began a united effort to continue the dialog and to plan follow-up strategies. We gathered additional facts on these issues and brought our messages again to VACO and APA leaders at our spring conference. Dr. Roswell, as one of his first official acts, listened to AVAPL’s message with enthusiasm and respect. We were honored by his interest and attention.

The united effort between AVAPL, VACO and APA continues. Mary Jansen took what AVAPL began at mid-winter and zealously followed with Dr. Roswell, Fran Murphy and Human Resources to move our issues towards resolution and action. I am sure Mary will have a good deal to say about this at her meeting that follows. APA was asked to give testimony during the congressional hearings on mental health capacity in VA. Our messages regarding decreased capacity, the needs of our mental health patients and the disproportionate decrease in psychology staffing were communicated all the way up to Senator Rockefeller. We have indeed undertaken the struggle together and are all the stronger as a result.
We are also strengthened from within by the united effort of our AVAPL members and leaders. This year, we initiated the AVAPL Advisory Committee. Each month, the Executive Committee was joined on a conference call by our newsletter editor (June Malone), our webmaster (Jeff Burk), our conference chair (Russ Lemle) and our SIG chairs: Joe LoCastro, Laura Palumbo, Leon Green, Dan Kivlihan and Steve Holiday to plan together strategies for this organization. It was a forum to involve new leaders, and fresh leadership did emerge. We see this in our newly announced president elect, Steve Holiday.

We have had a very successful year, but we cannot rest. There is so much to be done. We must continue our efforts to assure adequate capacity for the mental health needs of our veterans. We must continue to call on our leaders to recognize the value of psychologists and to assure that professional community is maintained in VA. We must continue our struggle for admission to Hybrid Title 38. We will also need to grapple with new issues to VA, such as prescriptive authority. While we are not affected yet, the movement will not proceed without impacting us. No matter which way we move, we need to be the one’s guiding the course. And, as psychologists, we must involve ourselves in preparing this nation for the resiliency necessary to deal with threats to our homeland security and with the effects of terrorism on the minds and spirits of us all.

And most importantly, we must continue the dialog with VA and Congressional Leaders. The Fact Sheets will be one way to communicate our value. Use them as productively as possible. Give them to your medical center directors. Let them help you communicate with your colleagues and constituencies. Directed communication is essential. As your president, I have taken the opportunity to send one last communication to Mr. Principi, Dr. Roswell, Dr. Murphy, Laura Miller and selected congressional leaders, reminding them of their commitments to the issues we discussed. I trust that together we can make a difference.

I want to thank each of you for the opportunity to serve as your president. It has been an enriching and rewarding year for me. I have learned a good deal and I have been warmed by the genuine dedication and commitment of the wonderful people with whom I have had the privilege to work. I mentioned the Advisory committee earlier. I certainly do not want to forget the outstanding members of the Executive Committee: Peggy Cantrell, Ken Adams and Pam Fischer. I would also like to recognize Randy Phelps who was an advisor and mentor and to Mary Jansen and Bob Gresen who were always there when needed. My heartfelt thanks. There are so many more of you right here in this room. Without you the accomplishments of this year would not have been possible. You truly were the wind beneath my wings!

Congratulations!!

New Lead Psychologists

David Carroll, Ph.D.
Zablocki VAMC, Milwaukee

Barbara Wellstein, Ph.D.
Loma Linda VAMC

If you know of others, send an e-mail to june.malone@med.va.gov
AVAPL celebrates its 25th anniversary this year, and we started it off right with an excellent program at the American Psychological Association in Chicago. This has prompted me to reflect on the nature of our relationship with APA. I also feel that Ray Fowler’s insightful essay on the history of Psychology in the VA and its relationship to APA (see the September 2002 Monitor on Psychology or http://www.apa.org/monitor/sep02/rc.html) should focus our attention in this silver anniversary year.

Ray shared this appreciation with additional data and details at this year’s APA-AVAPL Conference in Atlanta. Before going any further, the membership should know that AVAPL has made our special recognition and esteem known to Ray in both a tangible AVAPL Award and in the sincere thanks offered by elected officials and colleagues attending the meeting. It’s not too late to drop Ray your own personal tribute. He has been a staunch and positive friend of VA Psychology in ways beyond counting. He has not only been willing to direct the resources of the APA to VA problems when they arise, but he has also seen opportunities for VA Psychology to move ahead and innovate.

Our mutual interests have always seemed to evolve first from practice concerns and the unique national health care service role that the VA has assumed, especially in the post World War II era. It is fair to say that the VA, its AVAPL and APA as a professional practice association have “grown up” together. Actual professional provision of services was not as central to APA’s identity at the outset of the remarkable VA Psychology success story, and Psychology’s identity and autonomy were a work in progress as behavioral sciences struggled to fill an important and distinct role in a medical culture. In some ways that work continues today, but at an entirely different level and sophistication. We are today trying to anchor ourselves in stormy organizational weather no less that our predecessors were seeking to define psychology first as a legitimate independent mental health provider and then as a “health-care-essential” field of knowledge.

Ray rightly posits that the key to our success in so many ways has been education. VA Psychology training has grown over the years with mutual benefits accruing to both VA and APA as a function of a progressively more mature and meaningful accreditation process. VA Psychology training was the template from which many other public and private sector programs took their cues, and VA Psychologists have been intimately involved at all levels of accreditation activity including policy development, Committee on Accreditation service, appeals reviews, site visits, and as educational consumers and purveyors ourselves. The credibility of APA Accreditation has been a critical element in maintaining our Federal support for training activities.

In the realm of research, APA has been an essential ally for VA Psychology as well. While research issues and advocacy have not been a major AVAPL focus as such, it is quite clear to knowledgeable VA Psychologists doing research that advocacy on a variety of fronts is essential. More than most people know, APA is involved with helping to assure that issues with psychological import or potential remain high in the funding food chain for the nation’s science. I am not sure that research psychologists appreciate this; and I don’t feel that AVAPL has made a sufficient representation or impact with VA funded psychologists to enable them to understand how much they have been the beneficiaries of what AVAPL health-care provider psychologists have been able to do in partnership with APA. Indeed, not enough of them belong to APA, much less AVAPL. In turn, research done by psychologists in the VA should be a real source of pride for us all and further evidence of our credibility and national leadership in health care. I am hoping to place this case squarely before VA Psychology researchers this year.

But back to our APA relationship. At first glance it would seem that there is little that AVAPL can
do that really benefits APA, but I think that one needs to consider what Ray is saying more carefully. VA is a national health care system, and we are the “index case” for many things that APA is trying to accomplish on Psychology’s behalf. It will inevitably be the case that APA will look for the possibilities, good and bad, for the VA to take - or fail to take - action on issues near and dear to APA’s vision for Psychology. I won’t presume to speak for APA here, but I think it fair to say that APA’s interest in VA and AVAPL in particular is sincere and multi-determined.

We are in both a delicate, but uniquely favorable position. As a professional association and not a formal VA entity, we enjoy the benefit of speaking our minds. As a professional organization that is not part of APA governance, we may work effectively and personally with various elements of APA as partners. AVAPL brings detailed knowledge of what challenges psychologists are actually facing in the VA; the kind of “ground truth” that is often lacking in Washington health care policy discussions. The importance of this is hard to over-emphasize because legislators and their staffs are told a great number of things by various stakeholders, not always informed from the perspective of what is occurring in the field.

Because of this APA-AVAPL partnership and lots of hard work, Psychology is intimately and permanently involved in the consideration of what services might be needed for veterans. One of the striking things about “making the rounds” at the mid-winter visits in Washington is the degree to which there is ready recognition and acceptance of the importance of Psychology’s role. We are hardly in danger of becoming the biggest dog in the health care pack, but there seems to be no doubt of the simple common sense of involving Psychology and Psychologists in virtually all phases of health care. While this might be in principle only or not yet achieved in a particular instance, we are thought of as real health care assets. Within the VA itself, Secretary Principi expresses this clearly in both explicit and implicit ways. This acceptance is the product of 25 years of AVAPL effort and collaboration with APA. I have never felt better in following in my predecessors’ footsteps with gratitude.

I want to emphasize that while we are speaking of our APA relationship here, AVAPL certainly has differing synergies and benefits from its relationships with Division 18 and its VA Section, VA Central Office staff, and other allies as well. Each of these relationships has its own history with AVAPL and formalities that provide structure and enable us to be of mutual help. I want to nourish these positive networks and enjoin you all to be sustaining members of the organizations that support you. Be known as a serial joiner.

Suffice it to say here that our relationship with APA has been positive and protean is nothing less than critical. Ray’s very comments about the relationship with AVAPL say it all. Thank you Ray.

For us, I believe that we need to grow in our understanding of just how important it is for all VA Psychologists to support APA in ways that matter. Time and treasure are the things we have and hold dear from our life’s work. To enjoin AVAPL members to recognize this seems a bit like preaching to the choir, but I believe that not only do we have a responsibility to bring colleagues who should damn well be AVAPL members into the fold, but to examine themselves whether the time and treasure they devote to the common good is sufficient.

Psychologists are notable cheapskates among the professions as current wisdom has it in Washington. This may reflect the critical attitude we seem to bring to everything (e.g., we are world-class disapprovers of colleagues’ research proposals and papers). And I am not suggesting that we need to be at the other end of the distribution and trying to simply and bumptiously try to buy what we want with political and other currency. It may seem strange to say in the present environment, but some advocates operating at this other extreme are probably actually hurting themselves.

However, there is a certain amount of critical mass we need in resources to do the work and be heard. APA has gone from a relative bit player in the health care policy scene early on to become a serious and respected player in national issues. However, it is time to take it to the next level. Offer your time and tap your treasure if you care to be a part of the solution. Without concerted and sustained effort on your part, a golden anniversary of AVAPL will be out of the question. But with that effort, we may remember these days as ones where we grew Psychology.
Since the last issue of the Newsletter came out, several important developments have taken place with respect to psychology in VA. We have also just returned from the APA convention where we had lots of good interaction with APA staff, and psychologists in other organizations that have an interest in VA.

First let me report on some of the internal developments that are directly related to psychology. As I reported in the last issue of the Newsletter, just prior to the AVAPL meeting held in Atlanta in May, I had the opportunity to brief Dr. Roswell on the various problems that are confronting the profession. Following that meeting, I met with him again and with Dr. Jacob Lozada, who asked me to follow up with VHA’s Human Resources Management (HRM) group in Central Office and also with the classification group in VA’s office of Human Resources. I’m pleased to report that several meetings have occurred with both groups.

First, I’ve met several times with representatives from VHA’s HRM group to provide detailed information about the problems that we see at many medical centers throughout the country. As you all know, the problems center mainly on the failure of medical centers to follow Directive 99-018 when mental health leadership positions are to be filled, and on the failure to fill psychology leadership positions and to fill them at the appropriate grade. As a result of these meetings, I was invited to present to the Under Secretary’s Human Resources Management Advisory Group (HRMAG). That meeting took place in August and I was impressed with the interest that emerged from this group. In fact, there was so much interest that we were only able to discuss Directive 99-018 and proposed revisions to that Directive which would close some of the existing loopholes. The group made several suggestions and these will be useful when the revision process for this Directive gets underway. Although I have discussed the other issues with HRM in Central Office, I was not able to discuss these with the Advisory Group because of their interest in Directive 99-018 and the lively discussion of that issue during the meeting. I am hopeful that I will be invited back to the next HRMAG meeting to continue this discussion.

I have also had several meetings with VA’s classification unit and these have been very helpful. As many of you know, an additional problem is that in facilities where a psychologist has been appointed to carry out the functions of a former Chief, there has been a widespread failure to re-classify the psychologist’s position description to include the additional duties and promote the individual to a higher grade. The classification unit here in Central Office has been very willing to work with me to review the problems that I’ve been made aware of at different medical centers, and to advise me on the best way to help individual psychologists as they try to resolve these problems. The classification unit has also been most helpful in providing an initial review of the sample position description that will accompany the new Psychologist Administrator directive that is in the concurrence process, and which I will describe in more detail later in this column.

One of the important steps taken to try to remedy these problems has been to develop a new directive that would require that each facility appoint a Psychologist Administrator who would have the responsibility for managing the professional community of psychology at the facility. The directive would require that a specified amount of time be formally designated for the Psychologist Administrator to carry out these duties. Normally this amount of time would be between 50% to 100% FTEE, although in very small facilities, it could be as low as 25%, but no less than this. The directive would also require that the time allocation as well as the specified responsibilities be written into the Psychologist Administrator’s position description. A sample position description is to accompany the directive. The directive and position description are still in the concurrence process and I am hopeful that the package will be signed by the Under Secretary for Health soon. Once signed, the directive will go along way toward resolving at least some of the problems that have occurred since the reorganizations began in the mid-1990s. Once signed, it will be posted on VHA’s web site and I will send it out widely to the field so that everyone will have a copy of it. I’m hopeful that by the time I write this column for the next issue, this directive will be in the field.

The second remedy that I will be attempting is to undertake a revision to directive 99-019. Again, as most of you know, this directive has had a major positive impact in requiring that all mental health leadership positions be open to all qualified mental health professionals. Most likely as a direct result of this directive, there have been several psychologists appointed to leadership positions all over the country.
However, many facilities and VISNs have also found ways to get around the directive. Once the Psychologist Administrator directive is signed and firmly in place, I intend to begin the process of revising this directive to close the loopholes that have made it too easy to violate directive 99-018. This will not be an easy process because there is a lack of understanding about who is qualified to provide leadership in mental health, and because there will be many turf-driven concerns and objections. So, this will most likely be an uphill battle, but one that is necessary if we are to truly provide the best mental health services to veterans.

A third problem that I have also been working with VA’s classification unit on is the inability of most field level HR staff to correctly classify position descriptions for psychologists who have taken on additional responsibility. This failure seems to stem from two sources. First, HR is under pressure from facility management to keep grade levels from escalating. Secondly, I’ve recently learned that virtually all of our classifiers left the VA when the HR reorganization took place a few years ago. As a result, and I’ve heard this mentioned more than once, we apparently have very, very few classifiers who have been trained and know how to classify positions correctly. Central Office HR staff at the VA level are undertaking training for field HR staff, but in the meantime, classification problems abound. As I mentioned above, the VA HR office that has this responsibility has been most helpful and willing to work with me to try to remedy as many problems as possible.

Although these HR problems have been taking up most of my time there are several other ongoing mental health projects that are important and I’d like to say a few things about them. As we head into the next fiscal year, these will take on increasing importance and consequently, take up considerably more time.

As I have reported on several occasions, I have the responsibility for preparing the mental health portion of the Capacity Report. This is arguably one of the most important documents that VA sends to Congress because it reports on our ability to provide care for veterans who have serious disabilities, those veterans that Secretary Principi refers to as our “core populations”. While preparation of the report is finished for this year, it has not yet been sent to Congress. We are however gearing up to begin discussions about how best to manage the process for the coming year. As I have mentioned before, I would encourage every psychologist to become involved in this exercise because it is an important one for each VISN and involvement in the process will enable psychologists to position themselves to take on leadership roles in mental health policy at the facility and VISN levels. In future issues, I’ll come back to this and have more to report.

Another item is the development of a mental health evaluation template and guidelines for patients referred for transplant. This effort arose out of a request from the Central Office transplant group to assist with the development of a template and guidelines that could be given to psychologists and psychiatrists who conduct these evaluations. After forming a national workgroup from our Transplant Centers, we worked for several months on developing and fine-tuning these documents. They are now ready for pilot testing and that will occur over the next several months at facilities that make referrals for transplant operations. Following the pilot phase of this project, the template and guidelines will be revised and forwarded to the field for use. You will all hear more about this as we get closer to disseminating these to the field.

Lastly, I want to mention the excellent meetings and presentations that took place at the APA convention in Chicago in August. There were several excellent symposia that added significantly to the diverse areas of expertise that we as psychologists are involved in, and there were many great meetings for VA psychologists. Both the VA Section of Division 18 and AVAPL sponsored meetings that were well attended and highly informative. Additionally, the meeting that I chair each year was very well attended and we had quite a bit of good discussion. All in all, it was really a very worthwhile convention and I hope that everyone reading this Newsletter had the opportunity to attend.

Related to the APA convention activities, I want to extend my congratulations to both Dr. Judy Patterson, immediate Past President of AVAPL and to Dr. Dolly Sadow, Chair of the VA Section of Division 18 for the excellent work they did in putting the convention program together and for the excellent work they have done over the year. Both Drs. Patterson and Sadow received standing ovations and recognition from those in attendance at the meetings and they deserve our thanks for the great work they have done to foster the development of VA psychology.

As always, I would like to invite anyone who wants to know more to contact me either via e-mail or by telephone. I look forward to hearing from you.

Mary A. Jansen, Ph.D.
Deputy Chief Consultant and Chief Psychologist
The AVAPL business meeting at APA’s annual convention in Chicago was called to order by Dr. Judith Patterson at 9:00am. Guests and visitors were welcomed. The minutes of the previous meeting were approved.

Dr. Patterson reminded all that this was AVAPL’s 25th Anniversary Celebration. Special Stickers commemorating the occasion and prepared by Dr. Jeff Burk, were distributed to all. She also invited all to a gala 25th Anniversary Celebration to be held at the Zest Restaurant in the Inter-Continental Hotel Saturday Evening.

Dr. Jeff Burk gave the webmasters report. He continues to expand the information available on the AVAPL web site.

Dr. Pam Fischer gave the treasurer’s report that showed a current balance of $9611.51. AVAPL has a current membership of 216 which includes 141 active members, one affiliate member, and 74 honorary members

Dr. June Malone reported on the status of the newsletter. The high cost of mailing the newsletter has brought up discussion about limiting the number of hard copies sent out and encouraging members to view it on the AVAPL web site. Members will be asked to indicate their preferred method of receiving the newsletter when they pay their membership dues October-December 31.

Dr. Peggy Cantrell reported on the progress of the AVAPL FACT Sheet initiative. These were created originally as a response to Dr. Roswell, leaders in VA Central Office, and people on the Hill who were interested in the work of VA psychologists. They will be posted on the web site. Dr. Cantrell pointed out that she is still looking for volunteers to write these.

Dr. Russell Lemle reported the annual AVAPL conference held in Atlanta, Georgia, last April received very high reviews from participants. He announced that the 6th annual AVAPL conference will be held April 3-5, 2003. The location is still to be determined. Secretary Principi and Dr. Robert Sternberg have tentatively agreed to come.

Dr. Judith Patterson gave heartfelt remarks on her tenure as President of AVAPL. She emphasized the importance of the work AVAPL does and read a quote from one Atlanta conference attendee’s review of the conference that said it {the conference} had renewed their energy and given them hope for psychology in the VA. (Editor’s note: Dr. Patterson has represented AVAPL with professionalism and dignity. Her unflappable, calm demeanor in the face of overwhelming demands on her time, energy, and patience is inspiring.)

Dr. Terry Keane talked about his role in 9/11. His PTSD website was listed in Forbes Magazine as one of the “Best of the Web.” Tufts Child development Center called the website “an outstanding resource for children exposed to psychological terror.”

Dr. Heather Kelly from APA’s Science Directorate talked briefly about her work in the Public Policy Office which includes funding for VA research. She emphasized her interest in working with AVAPL and VA psychologists.

As part of our celebration of the 25th Anniversary of AVAPL, Dr. Jon Cummings, AVAPL’s archivist, gave a brief history of the development of our organization. He described AVAPL as one of three of the most important developments in the VA.

Dr. Kathy McNamara spoke about her candidacy for APA President. She said one of her goals if elected is to “highlight the stellar performance of VA psychologists.”

Dr. Ron Levant spoke briefly about the important role of psychologists in overall healthcare. Because 7 out of 9 causes of mortality are behavioral, psychologists have much to contribute in improving the quality and decreasing the cost of health care. He recognized VA psychologists’ efforts to integrate behavioral health services into primary care and other medical areas. Dr. Levant challenged VA psychologists to “get out in front of the curve” in shaping the future of psychology. “Our future is as bright as we dare it to be,” he concluded.
Dr. Judith Patterson announced the recipients of the AVAPL annual awards for psychology leaders. Leadership Awards were presented to Dr. Jim Breckinridge and Dr. Sam Stern. Dr. Marcy Mylan was awarded the Professional Service Award. A Special Contribution Award was presented to Dr. Terry Keane for his exemplary work in the crisis of 9/11. Dr. Patterson announced that Special Contribution Awards were given to Dr. Ray Fowler and Dr. Linda Johnson at the annual AVAPL conference in Atlanta this spring. Dr. Larry Lehman was given an award for being a special friend to AVAPL.

Dr. Randy Phelps congratulated AVAPL on its 25 anniversary and its continued good work in promoting VA psychology and quality health care for veterans. Dr. Patterson thanked Dr. Phelps for APA’s ongoing, strong support of AVAPL.

Dr. Patterson gave a special Service Award to Dr. Peggy Cantrell. She thanked her for being “my mentor and my friend.”

Dr. Patterson announced the results of the election. Dr. Steve Holiday, who ran unopposed, was elected President-Elect. The proposed change in the by-laws passed as well.

The meeting culminated with the ritual passing of the sweatshirt from Dr. Patterson to Dr. Ken Adams, the new President of AVAPL.
25th Anniversary Celebration Photos

August, 2002

Chicago, IL

Special Section
Kathy McNamara

Ron Levant

Randy Phelps

Heather Kelly

Russell Lemle (for Jim Breckenridge) and Judith Patterson

Jon Cummings

Jim Williams
Peggy Cantrell and Judith Patterson

Ken Adams and Judith Patterson
(The Passing of the President's Sweatshirt)

Bob Gresen

Mary Jansen

Larry Lehmann and Judith Patterson
When Dr. Jon Cummings read an excerpt from the first paragraph at the AVAPL business meeting last August, it was fascinating to see how little changes sometimes. The newsletter continues to serve as a “communication vehicle for all of us to enhance our awareness of what’s happening throughout the system, to provide needed assistance in coping with the problems we encounter, to air differing opinions and viewpoints about complex issues affecting us, but primarily to strengthen us in our resolve to continually upgrade the quality of services provided to the individuals we are privileged to serve.”

We send a special “Thank you” to Dr. Cummings, AVAPL’s historian, for providing this glimpse into the past.
Many have asked the questions: Just what do psychologists do? Why does the VA employ psychologists? And what added value do they bring to the healthcare arena? AVAPL is working on a project to help educate VA officials about how psychologists add value in the VA system, to answer the above questions, and more. Approximately once per month, a new Fact Sheet will be added to the AVAPL web site. You may want to print out these Fact Sheets or download them and send them via e-mail to your Chief of Staff, your Director, or anyone who might be wondering just what it is that psychologists do. To read these Fact Sheets online, simply go to www.avapl.org and click on the links.

AVAPL is looking for psychologists who are willing to create Fact Sheets. There are many areas of psychological service provided within the VA that are not currently included in the Fact Sheets series. It really doesn't take very long to complete a Fact Sheet, so please offer just 1-2 hours of your time to assist with this important project. If you would like to contribute a Fact Sheet, please contact:

Peggy J. Cantrell, Ph.D.
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Kansas City, MO  64128
Phone: 816.922.2681
Fax: 816.922.4652
E-Mail: peggy.cantrell@med.va.gov

To give you a sample, the next 5 pages will let you see the following:
- The first Fact Sheet - Essential Healthcare for Veterans: Psychologists Improve Lives
- A second completed fact sheet on the topic of Addiction as a sample
- A generic template for ease of writing the information sheet
- A list of various topics to address
Essential Healthcare for Veterans: Psychologists Improve Lives

The Role of the Psychologist in Veterans’ Healthcare

The mental health needs of our veterans are well documented. Figures show that over 40% of veterans utilizing VHA have an identifiable mental health diagnosis and 80% of veterans seen in primary care clinics have underlying mental health issues. Psychologists should be an integral part of healthcare for veterans because of their unique training in the following areas:

- Organizational Development
- Clinical Supervision and training
- Program Development
- Assessment
- Research/Outcome & Program evaluation
- Statistical Analysis

This training equips psychologists with the skills necessary to:

Answer the following questions:

- Are we treating VHA’s core population?
- What are the best models of healthcare delivery?
- What are the best practices in healthcare that result in the highest quality of treatment for least expense?

Address the following challenges:

- Implement identified best practices across VISN’s when and where appropriate
- Develop methodologies for determining productivity standards
- Build Multi/Interdisciplinary Teams to treat the varied needs of different patient populations across the entire continuum of care

Training and Credentialing

- No other mental health profession requires as high a degree of education and training in mental health as psychology. Accredited doctoral programs in health services psychology involve a median of seven years of training beyond an undergraduate degree. Psychologists are licensed, independent practitioners with specialized clinical and research skills.

Therapeutic Interventions

- It is well known that psychology offers effective diagnosis and treatment for all mental health, substance use and behavioral health issues. Psychological treatment approaches have been shown to be equally, if not more, effective than drug therapies. Alternatives to drug therapies are particularly valuable to elderly populations (part of VHA’s core population), who are often suffering from overmedication and numerous side effects of various drugs and drug interactions.
• Psychological interventions have a profound positive impact on the care of patients suffering from chronic illnesses. Psychological interventions help control high blood pressure, manage chronic pain, help cancer patients cope with the side effects of chemotherapy and provide effective treatment for the depression and anxiety that accompany adjustment to these physical problems.
• Psychologists help patients develop coping strategies and healthy behaviors, which are effective in reducing the factors associated with the development of illness (e.g., cardiovascular disease, cancer, and HIV).
✓ Pre-surgical psychological counseling is associated with fewer complications and a reduction in medication utilization.
✓ Assessment
• Diagnostic tests performed by psychologists are state-of-the-art tools. Increasingly, physicians and other health care professionals turn to psychologists for their diagnostic capabilities. These diagnostic services detect functional impairment and assess the prognosis for improvement or deterioration in functioning. Psychologists apply these results and develop rehabilitative services and treatment.
✓ Leaders Across the Full Continuum of Care
• These skills in program development, team building, research/outcome and program evaluation and in assessment and treatment interventions equip psychologists to be leaders in planning and providing a coordinated service approach. This includes models and practices of care that encompass inpatient, partial hospitalization and outpatient services including CBOC’s, psychosocial rehabilitation programs, homeless programs, geriatric services in the community, residencies and the home.
• Psychologists initiate and evaluate innovative programs, such as tele-mental health services. They go beyond the provision of service to initiate, plan and evaluate the efficacy of such services and their clinical and cost benefits.
✓ Psychologists Represent Value Added
• The provision of psychological services to high frequency Medicaid users has been associated with a nearly 40% reduction in their Medicaid utilization.
• Many primary care clinics which include psychologists have shown as much as a 27% reduction in hospital admissions and bed days.
• Psychologists at the AVAPL/APA VA Leadership conference presented numerous examples of value added from the provision of mental health services in VHA. Further details about these are available upon request.

1Portions of this document were taken from materials on the American Psychological Association- Practice Directorate web-site.
Essential Healthcare for Veterans: Psychologists Improve Lives

SUBSTANCE ABUSE: THE NATION’S NUMBER ONE HEALTH PROBLEM

The most prevalent health and mental health problem in the U.S. is substance abuse. The abuse of drugs, alcohol, and tobacco is the cause of more deaths, illnesses, and disabilities than any other preventable health condition, and seriously undermines Americans’ family life, economy, and public safety.1

♦ In FY 2000, 21% of the VHA inpatients had a primary or secondary diagnosis of substance use disorder (SUD) and accounted for 1.20 million inpatient days.2

♦ Of the 3.64 million VHA outpatients treated in FY 2000, 9% had a SUD diagnosis and accounted for 14% of VHA outpatient utilization.2

♦ Among veterans assessed in VHA substance abuse treatment programs in 1997, 64% had one or more psychiatric diagnoses in addition to their SUD.3

More than half of heavy drinking veterans reported needing alcohol treatment services, but fewer than 1 in 5 of them said they usually or always received the needed services.4

Psychologists have developed and evaluated most of the empirically supported psychosocial treatments for substance use disorders identified in the VHA/DoD Clinical Practice Guideline, including behavioral marital therapy, cognitive-behavioral coping skills training, community reinforcement approaches, motivational enhancement therapy and 12-Step facilitation training.5

Psychologists receive extensive training to assess and manage the multiple comorbid mental conditions that commonly occur among patients with substance use disorders.6

Psychologists are trained in evidence-based treatments for substance use disorders and comorbid mental conditions.8 Therefore, in order to provide the highest quality of care, psychologists should be members of specialty substance abuse treatment teams and psychological interventions should be included in the treatment plans of veterans with substance use disorders.

See next page for references.


4 1999 Large Health Survey of VHA Enrollees: Alcohol consumption and services. January 2002. [Link]

Essential Healthcare for Veterans: Psychologists Improve Lives

[TEMPLATE]
ISSUE/DISORDER/PROBLEM: IMPORTANCE/PHRASE

♦ PREVALENCE
♦ STATISTICS-VA RELATED IF POSSIBLE

NEGATIVE CONSEQUENCES TO INDIVIDUALS, FAMILIES, AND/OR SOCIETY AS A RESULT OF THE ISSUE

DESCRIPTION OF THE TOPIC, ISSUE, DISORDER, PROBLEM

RESEARCH, OUTCOME STUDIES WITH PSYCHOLOGICAL INTERVENTION THAT IMPROVE OUTCOMES FOR THIS PROBLEM

STRONG CONCLUSION ABOUT THE IMPORTANCE OF PSYCHOLOGISTS BEING INVOLVED IN THE HEALTHCARE OF VETERANS REGARDING THIS PROBLEM/DISORDER

REFERENCES
REFERENCES
Essential Healthcare for Veterans: Psychologists Improve Lives

Possible Topics for AVAPL Fact Sheets

- Addictions
- Adult manifestation learning disorders
- Advance directives
- Amyotrophic lateral sclerosis (a.k.a. Lou Gehrig’s Disease)
- Anger management
- Anxiety disorders/Panic
- Atypical dementias (Pick’s Lewy Body, etc.)
- Bereavement and loss
- Biomedical ethics
- Bipolar disorder
- Breast cancer/breast health clinics (done in some VA’s)
- Cancer
- Cerebrovascular disease risk and warning signs (TIA)
- Chronic obstructive pulmonary disease (sleep effects and chronic cognitive effects)
- Chronic pain
- CISD
- Competency evaluations
- Complimentary and alternative medicine (CAM)
- Coronary artery bypass grafts (CABG’)
- Cost effectiveness of psychological services
- Death and dying
- Dementia/Alzheimer’s
- Depression
- Diabetes
- Diagnostic/psychological evaluations
- EAP
- Employment conflict arbitration and alternative dispute resolution
- Epilepsy
- Essential/familial tremor
- Exercise and psychological health
- Fibromyalgia
- Geropsychology
- Headache/psychological treatment
- Heart disease
- Hepatitis C
- HIV/AIDS
- Homeland defense/stress inoculation
- Homelessness/psychological impact
- Hospice consultation
- Hypertension
- Infectious diseases risk reduction
- Isolated memory loss (non-dementing cognitive change and dysfunction)
- Low vision/VIST
- Marital/couples therapy
- Medication compliance
- Memory evaluations
- Multiple sclerosis
- National importance and history of Psychology education in American healthcare
- Neurofibromatosis
- Obesity/eating disorders
- Organ transplant evaluations
- Organic brain syndromes
- Pain and its management
- Parkinson’s disease (really big –congress and gulf war exposures and effects)
- Personality disorders
- Phobia, anxiety attacks, and panic attacks
- Prisoner of war effects
- Prostate cancer (screening and counseling)
- Psychological tests available to veterans
- Psychology in research review and human subjects protection
- PTSD
- Relaxation therapy and meditation
- Repetitive strain injuries/carpal tunnel syndrome
- Schizophrenia (chronic mental illness)
- Sexual assault in the military
- Sexual dysfunction
- Sexual dysfunction therapies
- Sleep
- Smoking
- Smoking cessation/tobacco freedom
- Spinal cord injury
- Stress
- Telepsychology/telehealth
- Terrorism and stress
- Toxic exposures in military service
- Transplantation screening and outcomes
- Treatment contracts
- Veteran children at risk for substance abuse
- Violence and the workplace
- Vocational counseling and services (IT/CWT)
- Women's health
Training Special Interest Group of the AVAPL

Brad Roper, Ph.D., ABPP (substituting in the absence of Steven Holliday, Ph.D., ABPP)

This year's T-SIG breakout group was attended by a large proportion of conference attendees and was abbreviated due to time constraints. No roll was taken. Most discussion pertained to postdoctoral accreditation.

1. Susan F. Zlotlow, Ph.D., Director, Office of Program Consultation and Accreditation for APA, spoke regarding postdoctoral accreditation. Essential points are as follows:
   - The CoA reviewed 13 postdoctoral programs at their most recent meeting.
   - Dr. Zlotlow provided a handout on postdoctoral accreditation processes. She clarified three types of postdoctoral accreditation, including a) accreditation in a traditional substantive area (TSA; i.e., clinical, counseling, or school), which may contain one or more emphasis areas, b) a substantive specialty practice area, or c) a "mixed model" involving TSA common/core goals with specialty areas linked to the TSA. Regarding the third option, Dr. Zlotlow emphasized that CoA is still exploring this model and is interested in working with programs on an especially collaborative basis. Dr. Zlotlow mentioned that programs in a TSA with linked specialty areas must show common core/goals to be considered a single program. Tentative fees for application and site visit were discussed for various program configurations.
   - Robert C. Gresen, Ph.D., CoA member, strongly encouraged programs to call Dr. Zlotlow as questions arise.
   - Responding to a question regarding relative amounts of research time in postdoctoral programs, Dr. Zlotlow mentioned that there are no specific time-percentage requirements for supervised clinical activities but that programs must demonstrate the competencies required for accreditation.

2. Regarding VA deadlines for postdoctoral accreditation, Linda D. Johnson, Ph.D., RN, Acting Director, Associated Health Education Office, indicated that there is not a set deadline for programs to complete accreditation as long as they have responsibly submitted a self-study. She mentioned that she may revisit the status of postdoctoral program accreditation in approximately one year.

3. Nancy J. Garfield, Ph.D., Vice Chair of the APPIC Board of Directors and APPIC representative on the CoA, announced the upcoming conference, "Competencies 2002: Future directions in Education and Credentialing in Professional Psychology." The conference is primarily sponsored by APPIC and will take place November 7-9, 2002 in Scottsdale, AZ. Dr. Garfield encouraged VA psychologists to apply to attend the conference in order to insure VA representation. The number of participants is limited. Those interested should send a letter of interest and CV to Connie Hercey at the APPIC office. Details regarding the conference are in the April 2002 issue of the Monitor on Psychology.

4. Dr. Garfield also mentioned that the APPIC internship application form will be revised, and any comments should be sent to Joyce Ilfelder-Kaye, Ph.D., at jxil@psu.edu.

5. Dr. Peggy J. Cantrell reported that she was disappointed by the influence of the neuropsychology postdoctoral match on her postdoctoral program, stating that one of her top applicants refused an offer in lieu of participating in the neuropsychology match. She stated that a particular difficulty was the period of approximately ten days that applicants must wait to receive match results, without the ability to withdraw from the match. Possibilities regarding broader matching programs at the postdoctoral level were briefly discussed. Dr. Garfield reported that at present there does not appear to be much enthusiasm among APPIC members to pursue a postdoctoral matching program. Drs. Ken Adam and Brad Roper offered perspectives as participants in the neuropsychology match.

Note: This report was submitted after the AVAPL/APA Leadership Conference, 2002.
Visit the AVAPL Web Site

Take time to shop for AVAPL products at our store

@ www.avapl.org
You don’t?

Then you MUST see the next page!!!
Top 10 Reasons to Join AVAPL

- AVAPL puts out quarterly newsletters that keep you informed.
- AVAPL has a web site that provides information of interest to VA psychologists. <www.avapl.org>
- AVAPL sends its Executive Committee to promote VA Psychology’s interests with VA Headquarters administrators, the American Psychological Association (APA), and Congressional members/staffers during the mid-winter meeting.
- AVAPL co-sponsors with APA an annual VA Psychologist Leadership Conference that offers psychologists ideas, support, and a chance to network with VA colleagues and national psychology leaders.
- AVAPL hosts an annual VA Training Meeting at the APA Convention where VA psychologists with interests in training are able to learn about the recent training issues within VA and get questions answered.
- AVAPL hosted two free accreditation workshops for members presented by the APA Committee on Accreditation; one for accreditation of internship and postdoctoral programs, and the other for site visitor training. AVAPL maintains close relationships with those who are integral to the VA Training Mission.
- AVAPL hosts annual membership meetings at the American Psychological Association convention.
- AVAPL recognizes psychology leaders through the annual AVAPL awards program.
- AVAPL sponsors Special Interest Groups (SIG’s) that assist psychologists in their professional development in areas of interest to VA Psychologists.
- AVAPL provides a community of motivated, interested, talented, creative psychologists with whom to network.

AVAPL Membership Application Information

Please join us and take advantage of the many AVAPL benefits. Make copies of this information and membership application forms, share with the other psychologists at your station, and encourage them to join. There are three categories for AVAPL membership: Active, Affiliate, and Honorary. Membership criteria for each of these categories are as follows:

**ACTIVE MEMBER:**
Any psychologist who

i. is currently a supervisory psychologist, or
ii. is currently an acting supervisory psychologist, or
iii. is formally designated as responsible for the professional issues which ensure the integrity of the discipline of psychology (discipline concurrence in suitability for hire, credentialing and privileging, continuing education, or director of training for internship and/or post-doctoral training programs, where training programs exist), or
iv. is designated in an acting capacity and responsible as in (iii), or
v. is a program manager responsible for directing the activities of clinical personnel, or
vi. is an acting program manager responsible as in (v), or
vii. directs the provision of psychological services within a facility, program, or clinic, or
viii. demonstrates professional leadership by such activities as holding professional elective office, committee
membership which sets standards or policies for the profession, or significant involvement in accreditation
and licensing/credentialing bodies

within the Veterans Health Administration of the U. S. Department of Veterans Affairs shall be eligible for
election to active membership in AVAPL. Active members in good standing shall be entitled to vote, to
hold office, and to participate in all business and scientific meetings of AVAPL. A person may remain an
active member until the end of the membership year in which he/she ceases to function in one of the above
roles.

**HONORARY MEMBER:**
Any former member of AVAPL shall be eligible for election to honorary membership. In addition,
honorary membership shall be available to other persons who have distinguished themselves in promoting
the purpose of AVAPL and who are nominated for such membership by a member of the Executive
Committee. Honorary members shall be able to participate in the activities of AVAPL and shall receive all
general mailings, but they may neither vote nor hold office.

**AFFILIATE MEMBER:**
Individuals who are not members of AVAPL may apply to the Executive Committee to be Affiliate
Members of a SIG. Affiliate Members of a SIG may not compose more than 49% of the total membership
of the SIG and may not vote in matters concerning the SIG or be appointed as Chair of the SIG.

For your convenience, **there are two ways to pay your dues this year.**

Send the completed form and dues ($80 Active Member; $30 Affiliate Member; no charge for Honorary
Member) to:    
**Pam Fischer, Ph.D.**
**OKC Dept. of Veterans Affairs Medical Center**  
**921 N.E. 13th Street (183A)**
**Oklahoma City, OK 73104**

OR

Complete your membership form online and charge your dues to your credit card. Just head over to
AVAPL’s web site at [http://www.avapl.org](http://www.avapl.org), and click on the Join/Renew button. AVAPL has partnered
with PayPal to provide you with the ability to charge your dues, and your transaction will be handled
through PayPal's secure web site.

**SIG MEMBERSHIP:** You may join as many SIGs as you want (at no extra charge). Joining a SIG means that you
will be included in the listserv for the SIG. You can then participate in discussions and develop resource
information for other psychologists who look to the leaders in that special interest area for professional
development. SIGs in **Administration/Leadership/Advocacy, Primary Care and Behavioral Health, Geropsychology, Research, Training, and Addictions** have already been initiated. We are proposing the
development of several more SIGs including Psychosocial Rehab, Seriously Mentally Ill, and Stress Disorders.

**SIG DEVELOPMENT COMMITTEES:** Each of the SIGs is seeking volunteers to become members of its
Development Committee. This group will be the planning committee responsible for making the SIG functional.
Most of the Development Committee’s work will take place via a smaller listserv.
Association of VA Psychologist Leaders (AVAPL)
Application/Renewal for Membership

Name: 
Station: 
Address: 

Phone #: 
FAX #: 
E-Mail: 

Preferred mode of communication from AVAPL: ☐ E-Mail ☐ U.S. Mail

I am applying/renewing (circle one) membership as
an ☐ Active Member* ☐ Honorary Member* ☐ Affiliate Member*

*See definitions of membership status on previous page.

If applying/renewing as an Active or Honorary Member, please mark the Special Interest Groups (SIGs) that you wish to join. You may join as many SIGs as you want. Joining a SIG means that you will be included in the listserv for the SIG. If you wish to be included in a smaller listserv for the Development Committee of a particular SIG, please mark that column also. This group will be the planning committee responsible for making the SIG a functional group.

Current SIG’s

<table>
<thead>
<tr>
<th>Special Interest Group Name</th>
<th>I want to join.</th>
<th>I want to be on the Development Committee.</th>
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<tbody>
<tr>
<td>Administration/Leadership/ Advocacy</td>
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<tr>
<td>Primary Care/Behavioral Health</td>
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<td>Geropsychology</td>
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<td>Research</td>
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<td>Training</td>
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<td>Addictions</td>
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Proposed SIG’s

<table>
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<th>Special Interest Group Name</th>
<th>I want to join.</th>
<th>I want to be on the Development Committee.</th>
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</thead>
<tbody>
<tr>
<td>Psychosocial Rehab</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Seriously Mentally Ill</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stress Disorders</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you are willing to nominate yourself to become a candidate for Chair of one of the proposed SIGs please note on this form and send a copy of your vita.

If applying for Affiliate Members status:

Which Special Interest Group do you want to join? Would you also like to become a member of that SIG’s Development Committee? ☐ YES ☐ NO