Preparing for Hawaii!!

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APA 2004

See enclosed schedule for key AVAPL meetings at APA and Division 18/VA Section meetings.
## Association of VA Psychology Leaders

### OFFICERS

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<tr>
<td>President</td>
<td>Steve Holliday, Ph.D.</td>
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<td>President-Elect</td>
<td>Terry Keane, Ph.D.</td>
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<td>Ken Adams, Ph.D.</td>
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### Advisory Committee

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<tr>
<td>Webmaster</td>
<td>Jeff Burk, Ph.D.</td>
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<td>June Malone, Ph.D.</td>
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<td>Joseph S. LoCastro, Ph.D.</td>
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<td>Geropsychology</td>
<td>Laura Palumbo, Ph.D.</td>
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<td>Leadership/Administration SIG Chair</td>
<td>Leon Green, Ph.D.</td>
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<td>Primary Care SIG Chair</td>
<td>Rebecca Busby, Ph.D.</td>
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<td>Research SIG Chair</td>
<td>Daniel Kivlahan, Ph.D.</td>
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<td>Training SIG Chair</td>
<td>Stephen Holliday, Ph.D.</td>
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Editor's Notes

Cover Design by Kim Chapman, Medical Media, VAMC Milwaukee, WI
Assembly done by VI/IT and Day Treatment Program, VAMC Milwaukee, WI

Photography by June Malone
Photo Editing by Kim Chapman, Medical Media, VAMC Milwaukee, WI
As your Past-President of AVAPL, I would like to have you safely and retrospectively experience the roller coaster ride our organization has been on over the last year. As my term as President began in fall 2002, the country and VA were still groping and coping with the still acute aftermath of September 11, 2001. It became increasingly clear that our nation was gearing up for war and that the VA was going to be an integral part of the preparedness plan. To a greater degree than ever before, VA was being expected to be part of a unified healthcare system for military personnel in partnership with the Defense Department. A number of our senior leaders in health care were, and are, uniquely qualified to join in this planning in an informed way, having been in the military reserve themselves.

This prospective focus on “the gathering storm” seemed to push much of everything else aside. Lots of high level conceptualization of what to expect and the providential debut of APA’s “Resilience” campaign helped to fuel proactivity that we will be clearly needing in behavioral healthcare for our service personnel in the aftermath of Iraq and whatever else lay ahead. AVAPL managed to contribute to this discussion in a number of ways and I believe that we are now numbered among those essential resources that need to be marshaled in time of conflict. But we continue to need to work on this even more.

In this atmosphere of uncertainty and an almost imminent expectation of conflict, we did our Mid-Winter visits to Capitol Hill and APA, masterfully orchestrated with the direction of Randy Phelps. It reminded me of how hard the people and previous leadership of the organization have worked to create these vital relationships with VA officials, lawmakers, and APA leaders. It was hard to get to see key people on tenterhooks regarding a beehive of war planning meetings. However, we did go forward with a great schedule of access.

We learned that despite financial stresses and personal sacrifices on the part of APA staff, they have clamored like champions for us on all fronts of Psychology. Russ Newman, CEO Norman Anderson and his Associate Mike Honaker are constantly mindful of what VA Psychology means at a national level. Our colleagues in Education, Science, and Public Interest are all more than fluent and proactive in understanding the VA’s role in these venues and bringing us forward. If every VA Psychologist could see what I had the privilege of seeing, it would be a real source of shame for them if they were not a member of APA and involved in it.

We learned at VA Central Office that there are many friends from various backgrounds who greatly value Psychology looking out for, including some of our very own like Dale Cannon, Bob Gresen, Mary Jansen, and Randy Taylor. Mary Jansen holds the Psychology portfolio in Central Office, but it is obvious that she does many other things as well on behalf of behavioral healthcare and functions as a true “team player” in the best sense. I gained a respect for all the issues and areas that our colleagues address for the MH & BS Strategic Healthcare Group.

However, there was also a clear tension in the air at Central Office. At no point in recent VA times has there been a comfortable equilibrium between the need to work smoothly and interchangeably as a health care team while safeguarding the integrity and quality of the professions that make up the team. This is obviously played out at every level in VA, but it is nowhere more painfully apparent than in Central Office. There is an almost phobic fear among some that any action, policy, or move to support the standards, training, and quality oversight of a particular profession means and move back to “silos”. Services, standards, and directives that could do no more than just ensure that we don’t hire inappropriately trained or unqualified people are fought with gusto. Notions of professional career path are not music to their ears. Describing the sense of professional “faculty” needed to do top notch VA educational programs got no response suggesting cortical involvement. That there might be an essential need for a professional community or oversight of essential professional activities (NOT a Service) seems an alien proposition.

I can’t help but believe that these few, but key folks spend too much time in Wal-Mart and think all VA professional employees from cardiothoracic surgeons to nursing assistants should be called “Associates” or something like it. Clearly they have not worked in a well-functioning multidisciplinary team or know anything practical about it. In fairness, there are many others who have a more balanced view, but this
year left me with a powerful involuntary reflex wanting to give any person who uttered the word “silo” a dope slap. I think that VA has a long way to go at all levels to civilize a healthy tension between healthcare employee flexibility and pride of being a highly qualified professional of whatever stripe serving veterans. We do so many other things in a cutting edge way that this stands out as a real problem.

On another wavelength, it was an honor and pleasure to be able to personally thank Drs. Linda Johnson, Gloria Holland, Stephanie Pincus and the Academic Affiliations family for what has been an entirely different example of what the terms interdisciplinary and multidisciplinary can mean if you want to do something positive and even visionary. VA Education programs are healthier than ever, not just in the fiscal sense, but in true quality and outcome terms. For VA Psychology, a link with APA in policy development has produced true educational leadership.

Our planning for the 2003 Annual AVAPL-APA Conference moved forward all fall of 2002, but with many uncertainties even about where we might hold the conference, who should or likely could attend, and even the travel restrictions that a war might impose of Federal Employees. What did seem certain, thanks to Russell Lemle and the planning committee, were the organizing of things we wanted and needed to talk about.

As it turned out the following April, we had a superb conference from the start to the Sunday Workshop. Even some last minute changes were handled because of advance planning and mobile responses to changes. APA’s Anthony Chuukwu could have been justly accused of meeting wizardry. Randy Phelps guided this enterprise through every stage as a class meeting. APA sent its “A game” as usual and the stage tryptich of President Robert Sternberg, Practice Director Russ Newman, and Past AVAPL President and Senatorial deep thinker Pat DeLeon would tell you all you need to know about what VA Psychology’s self-esteem should be if we are smart and brave enough listen and act like it.

Meanwhile, back at the Hill at Mid-Winter, our meetings with House and Senate staffers on both sides of the aisle gave us an inkling that a historic chance to move forward on Title 38 for Psychology may be in the offing. We developed an AVAPL White Paper on the subject with APA consultation and worked the opening with a pry bar of discussion and consultation, even with a skeptical AFGE. There is far too much to this story for here, and I think that a history of this topic should be written by some of the Deans of our organization. Nonetheless what happened was what many knowledgeable folks thought was impossible without a low-grade miracle. With APA and the collegial support of the Division 18 VA Section, we actually helped break the logjam for almost the entire roster of professions wanting to go into Hybrid 38. It is a tremendous achievement due to the efforts of countless AVAPL members and leaders.

My year as President finished at APA in Toronto, which itself was also in doubt until mere weeks before the meeting (I thought, “Why should this be any different this year from everything else that’s happened?”) This time it was not because of any old terrorists or an inconvenient war, but because of an epidemic of SARS, whose spread now seems like a bad Robin Cook novel. It reveals yet another set of vulnerabilities in the global village. APA did come off, and I had the highlight and signal honor of presenting AVAPL Lifetime Achievement Awards to Rod Baker and Walter Penk on your behalf.

Had my term of office continued, I am sure that somehow there would have been an AVAPL tie in to mad cow disease and global warming, but I managed to turn over the ceremonial sweatshirt just in time to Steve Holliday, in whose very good hands we now reside as our President.

There is much to learn and think about from this time and the office, and I have the luxury of events and hindsight. I think the lessons learned will emerge for me as they have for predecessors and I will hope to contribute in some small way to our new Advisory Group whose charge it is to help continue the vital role of AVAPL.

I have mentioned some people in this brief retrospective view of the year, but have not surely mentioned, much less thanked all who deserve it so richly for helping me through this year. I believe that I will convey my thanks in personal notes, rather than to stress your attention span to my look back over the year. The core officials and devoted colleagues that serve this organization are priceless assets.

It has been a privilege to serve this organization this year as President. Thank you.
Steve Holliday

So much has happened since I donned the venerable “AVAPL Chief of Chief’s” mantle (aka sweatshirt) in Toronto last August. Things have been happening so fast, it seems like years have past, rather than just a few months. In September, I visited Washington to attend APA’s Education Leadership Conference and met with VA leaders and Congressional staff on the hybrid title 38 bill. In October, it was back to VACO to help select new VA postdoctoral programs and more meetings on the Psychologist Executive Directive. In November, I interviewed and was selected as the new Chief of our Psychology Service and we had our combined internship/postdoctoral site visit for APA re-accreditation. December was bittersweet and busy. We learned that hybrid title 38 had passed and that Mary Jansen’s contract was not being renewed. I also had the honor of coordinating the local festivities for Rod Baker as he retired after 37 years of VA service.

We were shocked to learn that Mary Jansen, the Deputy Chief Consultant for Mental Health Planning and VACO “Chief Psychologist”, would not have her contract renewed this year. Mary has been a great friend and advocate for AVAPL and professional psychology issues in VACO. In fact, that was one of the reasons given for letting her go: “she was too much an advocate for psychology”. After consultation with AVAPL’s Executive Committee and phoning past presidents, I drafted a letter to Dr. Roswell protesting this decision and especially the stated rationale. We believe strongly that effectively advocating for more and better psychological care for veterans is exactly what the VACO Chief Psychologist should be doing. We are also concerned that this action could have a chilling effect on the effectiveness on Mary or other persons in this important position. As of this writing, we have not received a response, but AVAPL members can be assured that we will follow-up and monitor the situation closely. Our goal is to ensure that psychology continues to have a strong voice and presence at VACO.

Planning has already started for the Executive Committee’s Mid-winter visits in Washington this March. In addition to the issues discussed above, we will continue to advocate for quality psychological care for our veterans, especially those returning from the Middle East. Of all the things we do in AVAPL, these annual face to face visits with the Washington leadership have the greatest impact on our patients, our profession, and our members. This year, I plan to include meetings with the national union officers on the agenda.

The weekly conference calls of the meeting planning committee are producing early fruit this year. June Malone and Russ Lemle are well ahead of schedule.
The annual meeting will be in Washington DC, April 22-24, 2004. Yes, this year we are ALL going to Washington to press our issues. Secretary Principi, Undersecretary Roswell, Diane Halpern, and many other key leaders from APA, Congress, and VA have agreed to attend. In response to member’s suggestions, this year we are building in more time for networking with each other with daily cocktail hours, more time for dialog with the speakers, and catered breaks and lunches. We are also expanding the Sunday Workshops to include offering hands on training in the use of VA databases and another focusing on training issues. I hope every member will make plans to attend, and invite a colleague. Remember, this is NOT your father’s old chief’s association anymore. AVAPL is for every VA psychologist who is already a leader… or ever hopes to become one.

As AVAPL’s agenda and influence has grown, we need to find new ways to share the load. Your president and executive committee cannot do it all. This year, we expanded the monthly Executive Committee conference calls to include an advisory committee consisting of AVAPL’s past presidents. I am thankful for their continued willingness to serve and advise. We must also consider the next generation of VA psychologist leaders. My goal is to pair up members of the advisory committee with junior psychologists or trainees to work on several special projects. These include implementing a membership drive, considering AVAPL reorganization/bylaw changes, and renewing/strengthening the Mental Health Leadership Directive. This is the VACO directive that ensures that psychologists as well as other qualified mental health professionals are seriously considered for all mental health leadership positions at the VACO, VISN, and facility levels. We also need a group to update our listing of lead/chief psychologists in the field. Please let me know if you are interested in serving on one of these ad hoc committees.

Finally, I cannot end without commenting on Rod Baker’s retirement. Rod is a valued mentor and a friend for about 500 mental health leaders who participated in his various VA leadership training programs over the years. He is the main reason I am in this position. He may be retiring with many well-deserved awards and commendations, but we are his lasting legacy in VA and AVAPL. Thankfully, Rod is not leaving AVAPL or Texas. I’m scheduling a regular lunch with him in San Antonio. You should buy him a drink at our meeting Washington and at APA in Honolulu!
Since the last issue of the Newsletter, there have been several important developments that I want to report on. These include an update on the Hybrid Title 38 conversion, new Psychology training programs, and new directions for Psychology leadership.

The area of greatest interest and activity is the legislation (P.L. 108-170) that converted Psychologists and several other occupational categories to Title 38. VA’s General Counsel has determined that all of the occupations were converted to Title 38 effective December 6, 2003, the date the law was signed into law. This means that all VA Psychologists are now in Title 38. Psychologists and the other new occupational groups will be covered under section 7401 (3) of Title 38 which is the hybrid section of the law. Hybrid occupations are covered by Title 38 for issues related to appointment, advancement, and special salary rates. Hybrid occupations continue to be covered by Title 5 for regular pay which remains under the General Schedule, probationary period, performance appraisals, duty and leave, disciplinary actions, grievances, and Reductions in Force.

VA’s HR group has the overall responsibility for developing the implementation policies and procedures. They have set up several work groups to do this work and those work groups which deal with standards related to the occupations include a representative of each of the occupations. Two work groups are of importance to Psychologists and these are the Qualifications work group and the Advancements work group. These work groups will be developing the necessary requirements that will guide appointments in VA, and that will provide guidelines for making recommendations for each grade level and for recommending promotions and advancements. For Psychology, I have put together a committee of psychologists that will review whatever is developed and make recommendations for revisions. Once finalized, these will guide the Professional Standards Boards that will be set up for each of the occupational groups. As this newsletter goes to press, the workgroups are just beginning their work and there will be more about the process, the new standards, and the Professional Standards Boards in future newsletter issues.

The next item that I want to report on is the new Psychology Internship and Post-doctoral Fellowship training programs that have recently been awarded by the Office of Academic Affiliations. From time to time, an internship or fellows program will reduce the number of trainees it accepts or will close altogether. Over the past few years, this happened in several programs and quite a few training positions had accumulated. In June OAA issued a Request for Proposals from medical centers that wanted to begin a new training program. OAA convened a review committee comprised of field training directors from across the country and the review committee met for two days to make recommendations to OAA. I’m pleased to announce that one new internship program was awarded to Montgomery AL and five new post-doctoral programs were awarded to the following medical centers: Martinez, CA, Cleveland OH, Togus, ME, Miami, FL, and Gainesville, FL. Congratulations to all the successful programs and thanks to every program that applied.

The last item that I want to highlight is that there are several new initiatives and program directions that Psychologists can and should become involved in. I have previously mentioned that psychosocial rehabilitation is the fulcrum around which mental health services are increasingly organized. As the discipline that developed and tested most of the components of psychosocial rehabilitation, Psychology should be at the forefront of leading and directing these services. Additionally, there are three other initiatives that are increasingly important to VA and that have high visibility with VHA leadership. These are: 1) implementation of the recommendations of the President’s New Freedom Commission into VA healthcare, 2) care coordination, and 3) advanced clinic access. I want to strongly encourage every Psychologist to get involved with each of these and assume a leadership role in your medical center or in your VISN.

First with respect to the President’s New Freedom Commission, the recommendations focus on making the service delivery system more rehabilitation and recovery focused. Each and every one of the recommendations is designed to assist those with
serious mental illness to achieve his or her full potential. The USH has directed that the recommendations will be implemented in VA. There are already several Psychologists working on various parts of the recommendations. This is a great leadership opportunity for Psychologists to get involved and take a lead role in moving the system in the direction recommended by the President’s Commission, and I strongly encourage all Psychologists to take an active and lead role in this important new direction.

Care Coordination is another important arena that Psychologists can and should become involved in. This is a mechanism to ensure that veterans, particularly those who may not have good physical access to services, are ensured of access via tele-health and case management services. This is an initiative that the USH determined was critically important to ensure access to veterans who might otherwise not receive the care they should, and a new office was created to foster this new direction for care. Two RFPs were issued to the field to jump start new programs and these have been awarded. Additional RFPs will be forthcoming and I want to encourage Psychologists in each facility to seriously consider applying to develop new programs under this approach. This is another way that we can demonstrate the leadership capabilities of Psychologists and I hope that Psychologists at each facility will take advantage of this opportunity.

The final new initiative is advanced clinic access. This is a mechanism to reduce and eliminate waiting lists and it has been successfully used in several services including mental health at medical centers across the country. Because of the serious need to reduce waiting times and assure timely access to every veteran who needs services, this is another very important initiative, and another one that has high visibility. It involves a fair amount of intense and concerted effort at the beginning to get through the backlog of patients who might be waiting or are candidates to be put on a wait list, but once the new procedures are in place, wait lists can be kept to a minimum. As you might imagine, this kind of result is what veterans want and what facility and VISN directors are striving for. If this has not been tried at your facility, I would encourage you to develop a pilot program to reduce any backlogs that might exist and implement this in your facility. This is another area where your expertise can be used to develop a very useful approach to solve a problem that is critically important to veterans and management alike.

As always, let me know if you would like further information about anything that I’ve written here.
AVAPL Business Meeting Minutes

Friday, August 8, 2003; 11:00AM-12:50PM
British Columbia Room
Fairmont Royal York Hotel
Toronto, Ontario, CANADA

1. The meeting was called to order by the President, Kenneth M. Adams, Ph.D. with a welcome to guests and visitors.

2. Minutes of the last Business Meeting were approved.

3. In this year, the President has convened an “Advisory Council”, with the approval of the Executive Committee. This Advisory Council is created in recognition of the reality that AVAPL Presidents often come to serve with significant VA service and experience, but without necessarily understanding the organization’s to assist the Executive Committee and AVAPL Current Leadership in understanding the organization’s previous positions and their current implications in policy formation and priority setting, to offer ideas and methods to achieve our priorities, and in acting as “talent scouts” in identifying and inviting prospective AVAPL leadership involvement on the part of members.

4. Secretary-Treasurer Pamela Fischer provided a report indicating the following data on the organization finances and status:

February 1, 2003 through June 30, 2003

Opening Balance (2/1/03 Mid-winter Report) $17,027.04

Income

- Membership Dues (since 2/1/03)
  - Paypal $1005.94
  - Checks $900.00
  - APA (Midwinter) $2000.00
  - NCS (conference) $500.00
  - Interest $132.54
  - Total $4538.48

Total Income $21,565.52

Expenses

- Liability Insurance $400.00
- Midwinter $3855.83
- AVAPL Conference $332.41
- Sternberg Gift $105.99
- Total $4694.23

Ending Balance $16,871.55

Estimated outstanding expenses $1000.00
250.00

Current Balance

- Savings $16317.17
- Checking $554.38
- Total $16,871.55
- Expected Balance $15,621.55

Current Membership Total: 228

Active: 153 Affiliate: 1 Honorary: 74
5. Newsletter Report:
Dr. June Malone, newsletter editor, reported that the AVAPL newsletter is published two times a year and distributed to all active and honorary members of AVAPL. The APA 2003 issue of the newsletter will start a new section that will feature unique and creative programs developed by VA psychologists. She invited those attending the meeting to submit suggestions for this new feature.

Dr. Russell Lemle chaired another very successful AVAPL/APA Leadership Conference in Denver. He has been the chair of the planning committee for this conference for 6 years, and he announced at this year’s conference that Dr. June Malone will chair the planning committee for the 7th annual conference. All were encouraged to attend and to tell their colleagues about the leadership conference.

7. The President recognized Dr. Randy Phelps who wished to provide a special message from APA. On behalf of President Robert Sternberg, Dr. Phelps presented Rodney Baker, Ph.D., and Walter Penk, Ph.D. APA Presidential Citations for their many career achievements and accomplishments which are recognized as being significant to American Psychology. Dr. Phelps read these citations to presented awards to these AVAPL colleagues and leaders to the acclaim of attendees.

8. President Kenneth Adams provided his report to the membership. This year AVAPL has seen extraordinary developments, many of them very positive, particularly viewed in the context of the war in Iraq, uncertainty in government and legislative circles, and even the SARS crisis that threatened the APA meeting.

Key developments, achievements and tasks were:

• Significant progress towards the conversion of Psychologists to Title 38 hybrid status.
• Progress towards the issuance of a National Psychology Directive, which sets forth essential tasks and methods to ensure that VA professional standards for psychology in hiring, credentialing/privileging, and educational activities can be addressed in VA facilities where organizational structures may vary.
• A very successful April 2003 AVAPL-APA Leadership Conference, which received excellent reviews from attendees and brought key leaders from Congress, VA, and APA together in an environment where AVAPL members were able to interact and network in an excellent learning program.
• The unprecedented level of cooperation and support we have received from APA, and the Practice Directorate in particular, in anticipating and dealing with developments at a national level which have direct and immediate bearing on the profession of Psychology within VA.
• Increased efforts on the part of AVAPL to build partnership with Division 18 and its VA Section to provide mutual support, develop common goals, and maximize the impact of VA Psychology in APA, VA, and beyond.
• The continued close liaison and positive working relationship with the Mental Health Strategic Healthcare Group, as well as the Office of Academic Affiliations within VA Central Office.
• A positive financial balance sheet reflecting continued fiscal health of AVAPL.
• The maintenance of our membership base, even amidst retirements and the planning for a new membership recruitment effort for 2004.
• Continued excellence in the direction of our website by Dr. Jeffrey Burk, and growth and positive change in our newsletter by Dr. June Malone.
• Establishment of an Advisory Council to tap the considerable wellspring of talent and experience among VA Leaders and former AVAPL officers to assist current AVAPL Leadership, now and in the future.

While it has been a turbulent year, AVAPL has accomplished much.

9. The President recognized and welcomed Drs. Ron Levant and Larry Beutler, candidates for APA President-Elect. Drs. Beutler and Levant delivered remarks regarding their platform for their campaigns, and described their visions of how VA Psychology relates to their goals for APA. On behalf of AVAPL, the President expressed the thanks of the candidates for their recognition of the importance of VA Psychology and their plans for advocacy on its behalf.
10. The President recognized Dr. Mary Jansen, Deputy Chief Consultant for the VA Mental Health Strategic Healthcare Group. Dr. Jansen outlined some current issues for VA Psychologists, including the status of the Psychology Directive, current impressions of how VA might address Title 38 legislation if passed by Congress, and current available information on future fiscal outlook for VA. She invited attendees to the session immediately following the AVAPL Business Meeting which is a VA Psychology Staff Meeting for more in-depth review of these topics and more from the Central Office perspective.

11. The President recognized Dr. Randy Phelps, who addressed the attendees on APA’s perspectives on the challenges ahead for APA, Psychology nationally, and VA in particular. He outlined the case for strong, sustained, and effective support in advocacy, involvement, and financial support of activities to improve the quality of Psychological Science and Practice. He emphasized the strong support of APA for AVAPL and its efforts to advocate on VA Psychology’s behalf. He lauded cooperative efforts with the Division 18 VA Section, and called upon attendees to bring their expertise and involvement to a yet higher level, given the successes and the encouragement that they should offer to all support our missions.

12. The President called to the podium members nominated and elected for the following awards:

**AVAPL 2003 Professional Service Award**
Dr. Sandra Lundgren, Minneapolis VA Medical Center

**AVAPL Leadership Award**
Dr. Russell Lemle, San Francisco VA Medical Center

**AVAPL Award for Special and Continuing Contributions**
Dr. Jeff Burk, North Florida/South Georgia Veterans Health System

**AVAPL Award for Lifetime Achievement**
Dr. Rodney Baker, South Texas Veterans Health Care System
Dr. Walter Penk, Edith Nourse Rogers Memorial Veterans Hospital

13. Past President Judith Patterson announced the results of the recent election in which Dr. Terry Keane (Boston VA) has become President Elect of AVAPL.

14. The President called the meeting to a close with the traditional passing of the sweatshirt to Dr. Steve Holliday, who now becomes President of AVAPL. Dr. Adams expressed his thanks to the previous presidents, Drs. Patterson and Cantrell, who were so helpful in their guidance and support in imparting to him a great vision of what the office and organization could and should be. Dr. Adams also extended thanks to Dr. Jeff Burk for his multiple contributions that are key in making the organization work, as well as to the Past Presidents and colleagues who represent a deep resource well that make the AVAPL an extraordinarily worthwhile and constructive enterprise. Dr. Adams wished Dr. Holliday well in his year as President.
Dr. Baker Working on VA Psychology History for APA Books

Rod Baker, retiring in January as Chief of Psychology at the South Texas Veterans Health Care System in San Antonio, has agreed to co-author an APA book on the history of VA psychology and its impact on American psychology. As part of the preparation for the book, Rod is developing a timeline of significant events to help organize material that might be included in the book. He has shared a sample of items from his current list below. The entire list can be found on the AVAPL website at http://www.avapl.org/timeline.html

(You’ll have to check out the 1974 entry on the webpage, for example, to find out which VA psychology training program was the first to get APA accreditation or the 1948 entry to find out who succeeded James Miller as Chief Clinical Psychologist in the VA.)

Rod is requesting that readers having additional suggestions for the list e-mail him at rodbaker@att.net or mail to him at 10710 Old Blue Lane, San Antonio, Texas 78230. He is especially interested in hearing from readers who might have information on where and when the first day treatment centers or day hospitals were established in the VA, especially if earlier than 1960. He is also interested in finding copies of the first Newsletter for Psychologists in Tuberculosis (1956? to 1959).

“Partial Sampling of Significant VA and VA Psychology Historical Events”
(Draft of 10/20/03)

1946- Congressional legislation (Public Law 293) established the Department of Medicine and Surgery within the VA giving this department responsibility for providing medical care to veterans and officially creating an organization of professional departments or services within the VA. Clinical psychology became a division in the new Neuropsychiatry Service. In some hospitals, psychiatry was a division under medical service.

1946- James Grier Miller, M.D., Ph.D. was appointed the first Chief Clinical Psychologist for the VA Central Office, and outlined his vision for VA psychology in an American Psychologist article.

1946- The VA adopted the doctoral degree and internship as minimum qualification standards for clinical psychologists.

1946- First appointments were made of students in a part-time employment status for VA training in clinical psychology (200 positions).

1956- The VA’s Deputy Chief Medical Director presented a report at the APA convention noting that one-third of all research in the VA was being carried out by psychologists and that the VA employed 20% (628) of all psychologists in the country who met VA qualification standards (doctoral degree and internship).

1962- Cecil Peck, Ph.D. was appointed Chief Clinical Psychologist in VA Central
The Office of Academic Affairs was established in VA Central Office. Elton Ash and administration of the VA training program was transferred out of mental health into this new office.

The TIGER Program (Training in Individual and Group Effectiveness and Resourcefulness) was established to provide leadership and interpersonal training throughout the VA. The program was headed by Philip Hanson, Ph.D. and a group of other psychologists at the Houston VA Hospital.

The Association of VA Chief Psychologists was formed.

The VA Psychology training program became focused on internship training and required 1900 hours of training and provided interns with a $10,000 stipend. Practicum training funds were severely reduced.

The VA established the doctoral degree in clinical or counseling psychology from a graduate school approved by the American Psychological Association (APA) as the credential for employment as a psychologist providing health care. An APA approved internship was also required as was state licensure or certification within two years of appointment.

Eight-five (85) VA medical centers had APA approved internship programs.

VA funds first postdoctoral psychology fellowship training positions in substance abuse.

The Association of VA Chief Psychologists was renamed the Association of VA Psychologist Leaders with membership expanded to all VA psychologists in management, supervisory, or other leadership positions.

The post-doctoral psychology training program at the VA medical center in San Antonio, Texas was the first VA training program to receive APA post-doctoral accreditation and the third such approved program in the nation.

Watch for our next newsletter-

Mid-Winter and Leadership Conference

2004
Entrepreneurship and the Therapeutic Enterprise
Brian M. Pilgrim, Ph.D.
New Mexico VA Healthcare System
Albuquerque, NM

In the world of Vocational Rehabilitation, there are currently several models of employment services for people with psychiatric disabilities. The models include, but are not limited to, Individual Placement and Support, the Clubhouse based Work-Ordered Day, Community Integrated Transitional Employment, PSR member run small businesses (exemplified by “Thresholds Rehabilitation Industries” TRI businesses) and VHA’s Veterans Industries “Compensated Work Therapy” (CWT). The primary goal of an employment service is to assist an individual in returning to a life of productive and rewarding activity. This goal is often operationally defined as a return to the workforce though this is not the only acceptable outcome of an employment service. The current article presents a VA model of CWT that I will refer to as a “Therapeutic Business” in order to differentiate it from other types of CWT with which readers may already be familiar.

The Therapeutic Business at the Albuquerque VA (the Fresh Start espresso shop) has been open since May 21, 2001 and was developed as a financially self-sustaining employment service in response to diminishing medical center resources. Since its opening the Fresh Start has been featured in both “Hey VA” and the “VAnguard.” As well, the Rehabilitation Accreditation Commission (CARF) recognized the Fresh Start as innovative and fiscally responsible during our Vocational Rehabilitation program’s initial accreditation survey. As of the writing of this article, the Fresh Start has also generated over one quarter of a million dollars in additional program revenue, which is in turn recycled through the program to serve additional veterans and meet their various needs. However, the Fresh Start therapeutic business is not simply an ordinary small business, but rather has three primary characteristics that allow it to meet its employment service goals. It has a Cognitive-Behavioral theoretical orientation, an Entrepreneurial Vision and embraces the philosophy of Empowerment. Our staff believes that these three characteristics, coupled with the sustained support of the medical center and mental health leadership, have lead to the overall success of the program; success not only as measured by recognition and increased program revenue, but success as measured by therapeutic outcome.

The Fresh Start operates under a Cognitive-Behavioral theoretical orientation. In the process of participation in the Fresh Start therapeutic business, veterans have the opportunity to engage in and experience the benefits of this type of therapeutic intervention to full effect in vivo. Specifically, the multiple, brief interactions with shop patrons increases the potential rate of reinforcement for new behaviors as well as the rate of punishment for negative behaviors. In the context of low social threat provided by the nature of the interactions that take place in the shop, the veteran is more likely to attempt change and more likely to receive immediate contingent feedback regarding their behavior. As well, the diversity of shop patrons allows the vets to practice their new behaviors with a variety of people and the presence of more successful veterans facilitates peer-based observational learning. Supplementing these benefits of the working environment are weekly groups focusing on relationship management and communication skills as well as individual job coaching or therapy as those services are needed. The intention of these interventions is to target both workplace and non-workplace behaviors that may be hampering more adaptive community functioning, however, they are not intended to replace focused treatment efforts as are found in other specialty clinics such as PTSD, SUD or Behavioral Medicine.

In addition to the therapeutic goal of the program, the Fresh Start does function as would any business in that it monitors and manages operational expenses, employs a marketing strategy, competes using market analysis and quality management practices and monitors growth according to a business plan. At one level, the necessity to operate with business
savvy is straightforward; if you are going to provide therapy you need to be around for the veterans. However, there are other reasons to pay attention to business operations than may be immediately obvious. With an increased focus on strategic budgeting, inventory control and general operations management, Fresh Start revenues have increased an average of 26% per year. This fact has allowed our program to not only hire more veterans, but has allowed us to open a second, less complex, shop for veterans with severe mental illnesses to operate and has allowed us to hire, at no cost to the VA, a full time Vocational Rehabilitation intern.

While we are enthusiastic about the business accomplishments there is one caveat; attending too much to business operations can be just as dangerous as failing to attend to them. There is a sense of excitement generated by the fiscal accomplishments but it is necessary to keep firmly in mind the sole purpose of the business, to provide therapeutic benefit to the veterans. By employing an approach that focuses on clinical concerns and attends to business matters, a nice balance is accomplished and a realistic though supportive therapeutic working environment is created.

Finally, the adoption of an Empowerment orientation towards service provision has been an evolutionary process but is now well established at Fresh Start. This orientation towards not only engaging clients in the treatment process but embracing them as partners can be seen in the daily operations of the shop. The veterans run all direct services to the customers and develop daily menus. With minimal oversight from staff, CWT veterans run most of the business operations such as scheduling, inventory management and pricing. As well, weekly business planning meetings are conducted to allow the veterans to discuss the effectiveness of the Fresh Start operations and recommend any necessary changes.

The Fresh Start veterans’ ability to become such an active participant in the operations and ultimate success of the treatment program appears to provide additional benefit beyond the counseling and workplace experience. Because every the veteran is responsible for the success of the program as a whole, they develop a sense of ownership and personal responsibility for Fresh Start. This level of commitment by the participants not only frees staff for other clinical duties, it provides the veterans with a concrete sense of personal accomplishment. Additionally, putting the effectiveness of the business operations largely in the hands of the veterans allows them to reconnect with their common experience of teamwork and working towards a cause greater than themselves, which they had once experienced as members of the military.

The Fresh Start espresso shop has been open since May 21, 2001 and was developed as a financially self-sustaining employment service in response to diminishing medical center resources. Since its opening, the Fresh Start has been featured in both “Hey VA” and the “Vanguard.” As well, a review of the non-VA transitional employment literature and the VA wide CWT Annual Progress Report, suggests that the Fresh Start is producing comparable, and at times superior, treatment results. While recognition is personally satisfying as a program manager and team member, that is not the purpose of the shop. Rather, it is the purpose of the shop to serve as a vehicle by which homeless and unemployed veterans can move from their current state to one that is more psychologically healthy and personally meaningful.
Shop Characteristics and Client Socio-Demographics in Brief

Fresh Start
- Located in the main lobby of a 180 bed VAMC
- Seating for 15 in the shop
- Serves hot and cold coffee and espresso drinks, hot and cold herbal teas, frozen beverages, biscotti and pastries daily. Sandwiches and Burritos sold on weekends and holidays
- Average of 3 vets working at a time
- Average daily shop earnings of $650
- Average daily shop overhead, including CWT salary, of $400
- Sister shop “Jump Start” developed from Fresh Start revenues and serves as SMI vet work site

Veteran Socio-demographics
- Gender – 97% male; 3% female
- Mean Age – 43
- Mean Education – 13 years
- 93% single or divorced
- Race:
  - 61% Caucasian
  - 30% Hispanic
  - 5% African American
  - 4% Native American

Diagnoses:
- 56% co-morbid psych & substance abuse
- 25% anxiety and/or affective disorders
- 17% substance abuse only
- 2% “other”

Psychosocial background
- 44% rate of homelessness
- 66% rate of prior incarceration
- 82% had not worked in the previous 30 days
- 44% had only worked day labor in previous 3 years
- 15% total unemployment previous 3 years
- 54% job loss to substance abuse

Descriptive outcomes in brief
- Mean number of hours in CWT = 499
- Mean earnings in CWT = $2,993
- 76% of homeless participants obtained self-sustained housing
- 44% obtained competitive employment
- 27% enrolled in continuing education
- 15% retired or received 100% disability
- 7% transferred to volunteer work
- 7% dropped out

Noted improvements:
- Personal Appearance – 86%
- Workplace interpersonal skills – 83%
- Acceptance of supervision – 83%
- Ability to maintain work schedule – 75%
- Productivity – 75%
- Quality of work – 75%
- Abstinence skills – 55%
- Overall Psychological functioning – 53%
No? 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 website that provides information of interest to VA psychologists.
- 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
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, 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.

Signature and Date:
**Association of VA Psychologist Leaders (AVAPL)**

**Application/Renewal for Membership**

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**Preferred mode of communication from AVAPL:**

- [ ] E-Mail
- [ ] U.S. Mail

I am applying/renewing (circle one) membership as

- [ ] 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

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<th>Special Interest Group Name</th>
<th>I want to join.</th>
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### Proposed SIG’s

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<td>Stress Disorders</td>
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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