VA Psychologists Hold National Meeting  
In San Antonio, Texas, May 12-14, 2010

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Psychologists in the Veterans Health Administration (VHA) from across the nation—those who are members of AVAPL (Association of VA Psychology Leaders)--held their thirteenth annual meeting at the Hotel Contessa in San Antonio, May 12-14, 2010.

It’s relevant for TPA and TPA members to track status of psychologists practicing in the VHA. Why? One reason: More than 50% of psychologists who enter practice will have trained in the VHA, worked in the VHA, and/or participated in VHA training after graduation. And models of practice in the VHA influence roles and responsibilities that psychologists, in general, come to play in other agencies and/or private practice throughout the nation. Plus, TPA psychologists, likewise, are an important treatment/rehabilitation resource for 1.5 million veterans and their families who live in Texas (among whom are 150,000 who have served in combat in Iraq and Afghanistan). And, since only 20% or so of combat veterans ever access VHA services, many other veterans may see practitioners outside VHA settings. And, finally, some models of trauma-informed treatment and rehabilitation designed for combat veterans are delivered to clients who never served in the military but who did experience some form of trauma outside of combat.

So, reporting about a nation-wide meeting of VHA psychologists gathering for an annual meeting in Texas
certainly is relevant for TPA, since some VHA psychologists belong to TPA and other TPA psychologists outside the VHA will be treating combat veterans and their families as well as clients who have experienced noncombat trauma.

**AVAPL’s Dallas 13-in San Antonio**

In the common parlance of those who regularly attend AVAPL’s annual meeting in Texas, this was “Dallas 13,” even though this year’s gathering in 2010 took place in San Antonio—hence, “Dallas 13—in San Antonio.” Psychologists started meeting in Dallas at DFW in 1998. Reasons for meeting arose because a decade ago VHA mental health services were being reduced. Over 800 psychologists had left the VHA in the early 1990s, the numbers of VHA psychologists declining from 2,000 in 1990 to 1,200 by 1997.

**Russell Lemle, PhD,** Psychology Service Chief at the VA medical center in San Francisco, is credited with challenging the decline of psychologists in VHA: He asked VHA colleagues across the nation to meet and to organize. And so it was that the first annual meeting of AVAPL took place. DFW (Dallas/Ft. Worth) airport area was selected as the first place to meet because Texas was central to VHA psychologists distributed across the nation and costs for gathering were comparatively lower. Texas became the place to gather to strategize how to advance the expertise and contributions of psychologists in service, research, administration, and training in the Veterans Health Administration (VHA).

AVAPL’s meetings began because VHA psychologists wanted to reduce the decline of the role of psychology in the Veterans Health Administration; efforts to bring about meetings were immediately supported by the American Psychological Association (APA), who joined forces with VHA psychologists to advance the cause for Psychology in the VHA. So, AVAPL’s first meeting was sponsored in part by APA, led by **Randy Phelps, PhD** (who had trained at Texas Tech and worked at TRIMS in Houston), along with **Russ Newman, PhD**
(then head of APA’s Practice Directorate). AVAPL’s first meeting was likewise endorsed by APA’s Division 18, led by such outstanding administrators in mental health services as **Rod Baker, PhD** from the VHA in San Antonio.

The first meeting in 1998 proved to be a success, with medical leaders from VHA Central Office, Washington, DC, attending and keynoting the gathering—**Kenneth Kyser, MD**, who was re-designing and overhauling the VHA health care delivery system and **Thomas Horvath, MD**, who was heading VHA mental health services, adding psychosocial rehabilitation to psychological services. (Note: Dr. Horvath later left Washington, DC, moved to Houston, where he became Chief of Staff at the VHA medical center in Houston, and now serves on the faculty at Baylor School of Medicine.)

The annual meeting in Texas by VA psychologists from across the nation proved to be effective as a resource to persuade VHA Central Office to strengthen the contributions from psychologists to health care delivery throughout the nation. Within the past thirteen years, more than 2,000 psychologists have been added to the VHA and VHA programs in health care delivery, health care research, health care training, and health care administration. These programs continue to grow—as recounted in Dallas 13 held in San Antonio by one of those psychologists who helped bring AVAPL to Texas, **Antonette Zeiss, PhD, ABPP**. In 1998, Dr. Zeiss was a psychologist at the Palo Alto VA medical: Now, in 2010, Dr. Zeiss is the ranking psychologist in the Office of Mental Health Services in VHA Central Office, Washington, DC.

This theme—psychologists organizing and fighting to expand against threats to reduce the role of psychology—was addressed, once again, in the thirteenth annual meeting of AVAPL, this year, 2010, in San Antonio. And AVAPL’s response to efforts to reduce psychologists is a lesson that TPA can learn: Respond to challenges by seeking ways to increase.
And before summarizing AVAPL 2010, we need to take time to thank Lisa Kearney, PhD, Chief, Psychology Service, Audie Murphy Memorial VA Medical Center in San Antonio, who, with her staff, such as Allyson Baker, PhD, took command and directed activities and training of the record number of 200 VHA psychologists who came to San Antonio for the thirteenth annual meeting of AVAPL. And we need to applaud support from Steve Holliday, PhD, ABPP, originally from the VA in San Antonio, who currently directs all mental health services from Dallas through Temple and Austin to San Antonio to the Valley, from the VHA VISN 17 headquarters in Arlington, Texas. Other planners for AVAPL’s 13th meeting were Jody Rubenstein, PhD and James Besyner, PhD, ABPP, from the VHA medical center in Dallas.

Antonette Zeiss, PhD, ABPP, keynoted AVAPL’s 13th meeting in San Antonio. She summarized growth in the VHA during the OIF/OEF Eras (OIF = Iraq; OEF = Afghanistan). Texas is a growth site for medical and mental health services, given the presence of Ft. Hood and Ft. Sam Houston and other military locations, as well as such medical treatment sites at Brooks and Darnell Army Medical Centers. Dr. Zeiss described new models to increase veterans’ access to treatment and rehabilitation, new efforts to reduce disability claims, and interventions to eliminate homelessness among veterans. She further gave an accounting of progress in completing the VA/DoD Strategic Plan and results in carrying out the VA’s Uniform Mental Health Services policies released in 2009, based objectives from the President’s New Freedom Commission of 2004.

VA programs for justice-system-involved veterans was described by Sean Clark, JD (National Coordinator of Veterans Justice Outreach, VHA Central Office) and Victor Carlson PsyD (Chief, Homeless Services, VA New Jersey Health Care System). VHA is developing Veterans Justice Outreach along with Veterans Treatment Court Curriculum (See www.va.gov). Veterans courts are being set up in cities throughout Texas (e.g., Dallas, Ft. Worth, San Antonio,
TPA psychologists with specialties in forensics and corrections might become resources for veterans, particularly for veterans who are not eligible for, or who do not seek, care from the VHA. Moreover, TPA psychologists who serve in local, county, and state positions offering services for homeless are likely to encounter veterans in need of psychological services, such as homelessness prevention, community partnerships for housing, etc. Each night, nation-wide, more than 100,000 veterans are homeless. Information about VHA resources may be available from the new VA National Homeless Call Center. 2010 is a time of rising unemployment and increasing foreclosures. OIF- and OEF-Era combat veterans are returning from war to a nation plagued by economic disorder and disruptions. VHA, like the State of Texas, are increasing services for veterans in need.

Status of training for VHA psychologists was presented by Robert Zeiss, PhD, ABPP (Director, Associated Health Education in the VHA’s Office of Academic Affiliations in VHA Central Office, Washington, DC.). VHA now trains, in Fiscal Year 2010, 457 Psychology interns and 246 Psychology postdoctoral fellows, many at VHA sites in Texas. VHA trains more psychologists than any other federal agency. Increases are expected, particularly for behavioral health care psychology positions in primary care and in rural health. Jeannette Hsu, PhD chaired the VA Psychology Training Council, which determines policies as well as accreditation procedures. (See www.mentalhealth.va.gov/vaptc.asp And www.psychologytrainingcouncil.wss.va.gov).

VHA is expanding the scope of its outreach to veterans, as explained in detail in VHA’s Uniform Mental Health Services Policies. VHA services now include interventions outside medical centers to community locations for veterans at work and with their families. Models and examples of psychologists’ roles in family services were reviewed by Shirley Glynn, PhD, ABPP, West LA VA and UCLA. Behavioral Couples Therapy for Alcoholism and Drug Abuse was provided by Timothy O’Farrell, PhD, ABPP, from the Boston Healthcare System.
and Harvard Medical School. VHA now is expanding the scope of its clinical care to include families of veterans, especially those whose adjustment difficulties are compounded by addictions. And the VHA approach includes manualized treatment approaches, based upon services whose outcomes have been tested by randomized clinical trials. Treatment manuals are available from a variety of sources (See www.va.gov).

**Randy Phelps, PhD** (APA Deputy Executive Director for Professional Practice) talked about APA’s contributions to health care insurance reform, now a matter of law. Key drivers of change are shifts in demographics, technology, and economic status of the nation—all re-defining healthcare professions, based upon health care insurance reform recently passed by the US Congress. VHA is the largest integrated health care provider in the nation and, as a consequence, models of interventions developed in the VHA are those that will influence changes in types and scope of health care practice outside the VHA, such as VHA developing a model of behavioral health to guide interventions in primary care. Challenges to psychologists in VHA (as well as TPA members) include finding ways to extend coverage into rural areas and to generalize models of health care delivery for public sector psychologists to psychologists serving in private sector services delivery.

**Carol Goodheart, RN, PhD** (APA President) provided the second keynote address at AVAPL’s 13th meeting in San Antonio. Dr. Goodheart focused on the necessity for all psychologists in practice, whether in the VHA or elsewhere, to deliver empirically-based treatments. She reviewed resources from the APA Practice Directorate, including computer-assisted supports for practice organization and services, as illustrated by ongoing developments in APA’s PsycLink Wiki now coming on line for all APA members. Other resources for practitioners are available at 1-800-374-2723 and www.APAPracticecentral.org and www.APANewsCenter.org.
Dr. Goodheart highlighted work on empirically-based treatments that will continue through APA, based upon consultation with experts in practice delivery, such as Ann Doucette, PhD (who worked as a psychologist in San Antonio before moving to George Washington University in Washington, DC). Practice delivery will continue to undergo sweeping changes, driven by observations on outcomes, health services research, systematic case studies, ethnographic studies, process-outcome studies, as well as efficacy and effectiveness studies in naturalistic settings. Reforms in health care based upon legislation passed in 2010 are necessitating expansions in empirically-based outcomes in delivery of psychologically-based treatments.

Patrick DeLeon, PhD (APA Past-president and Chief of Staff, Senator Daniel Inouye) likewise championed the theme for empirically-based practices advocated by Dr. Goodheart. Dr. DeLeon summarized changes in the US health care system being prepared for implementation in health care insurance reform. He underscored the importance of psychologists in practice to participate in comparative effectiveness research and health consequences in all aspects of practice, including developing techniques for integrating mental health treatments into primary care and continuing interventions for smoking cessation and other forms of addictions. Dr. DeLeon underscored the importance for all psychologists, not only VHA psychologists, but psychologists everywhere, to help implement VHA’s objective to eliminate homelessness among veterans.

VHA Central Office leaders updated AVAPL psychologists on policies and procedures that are under development and implementation at all sites throughout the nation. Such techniques are available to guide practice by psychologists outside the VA (See www.va.gov). John Allen, PhD described new programs for addiction disorders, including web-based resources (www.veterandrinkschedule.org, www.afterdeployment.org).
Models for evaluating outcomes are available at: 
www.healthquality.va.gov and

Jeff Burk, PhD (who trained and worked at the VA in Dallas) reviewed new psychosocial rehabilitation programs in the VHA—intensive case management, supported employment, supported housing, etc. He highlighted the importance of integrating recovery in the practice of psychologists, underscoring needs for integration into communities, with families and for work. Bradley Karlin, PhD (who graduated from Texas A&M) summarized nation-wide endeavors to upgrade empirically-based treatments for PTSD and other related disorders—i.e., Prolonged Exposure, Cognitive Processing Therapy, etc. Dr. Karlin is charged with responsibilities to insure that VHA psychologist are trained in delivering empirically-based treatments and heads a nation-wide training program for VHA psychologists. VHA has now trained more than 2,000 psychologists in Cognitive Processing Therapy and more than 1,000 psychologists in Prolonged Exposure therapy. Kathleen Lysell, PhD (who trained at the VHA in Dallas) reviewed progress in computer-assisted psychological testing, patient records, and access by computer to health-related programs by VHA patients. Finally, Sonja Batten, PhD, who had been serving on assignment to DoD for purposes of formalizing transitions from military to VHA and other providers, reviewed new policies that address a surge in requests for VHA services. Dr. Batten emphasized that VHA is re-organizing its care/rehabilitation services delivery into a Public Health model that increases access, quality, continuity, community outreach and community integration, education and training, for services to veterans and their families.

AVAPL’s final presentations focused upon treating tobacco dependence and providing smoking cessation service (Mark Ackerman, PhD). Nicotine dependence is one of the major risks to health among veterans exposed to trauma and, as a consequence, is highlighted as a diagnostic category.
requiring programmatic interventions across VHA medical centers and community-based clinics. Likewise, pain management is a major concern in the VHA, particularly for veterans who have been wounded in battle and/or for those with traumatic brain injuries. Integrating mental health and pain care for returning OIF/OEF combat military was described by Michael Clark, PhD. The use of technology to support screening, identification of early interventions for substance use disorders was summarized by Ken Weingardt, PhD. The final presentation was a half-day workshop given by Stephen Behnke, JD, PhD (Director, APA’s Ethics Office) on ethics and ethics decision-making for practicing psychologists.

In summary, the thirteenth annual meeting of AVAPL—for the first time held in San Antonio rather than in Dallas—proved to be a wonderful opportunity for new learning for VHA psychologists not only in Texas but from all across the nation. Of the 200 VHA psychologists attending, 52 were from Texas—a varied gathering of graduate students who are practicum students, interns, postdoctoral fellows, early-career psychologists, psychologists who are diplomates and specialists, and retired psychologists updating their training about all that is new in the Veterans Health Administration, which is changing to meet new needs in new times. VHA is a resource to psychologists practicing outside of VHA medical centers. At the same time, veterans and their families also access services from psychologists are practicing in the private sector outside the VHA. These are times in which TPA psychologists can learn from VHA psychologists and VHA psychologists can partner with TPA psychologists to improve care for veterans and their families.