



Association of Veterans Affairs Psychologist Leaders

RECOMMENDATIONS TO THE VA UNDERSECRETARY FOR HEALTH AND ACTING PRINCIPAL DEPUTY UNDERSECRETARY FOR HEALTH, SENT THROUGH THE DEPUTY CHIEF CONSULTANT, OFFICE OF MENTAL HEALTH SERVICES ON MEETING VA WORKFORCE NEEDS FOR NEUROPSYCHOLOGICAL EXPERTISE

July 9, 2007

On March 13, 2007 the Executive Committee of the Association of VA Psychologist Leaders (AVAPL) met with Undersecretary of Veterans Affairs for Health, Dr. Michael Kussman, and Acting Principal Deputy Undersecretary of Veterans Affairs for Health, Dr. Gerald Cross. At that meeting, the Undersecretary and Acting Principal Deputy Undersecretary requested a report from AVAPL, submitted through the Deputy Chief Consultant, Office of Mental Health Services, detailing its recommendations on the issue of meeting VA's growing need for neuropsychological expertise in its workforce. As requested, the following are AVAPL's observations and recommendations regarding this issue.

Background

VHA is projected to have a shortage of psychologists who have education and training in the specialty area of Clinical Neuropsychology at a time when the newest veterans of the Iraq and Afghanistan wars are likely to include a significant number for whom varying degrees of cognitive impairment will be present. As has been noted by both DOD and VA leadership, traumatic brain injury (TBI) is considered to be the "signature wound" of the current military campaign.

At the same time, the existing aging veteran population of WWII, Korean, and Vietnam veterans are increasingly presenting with symptoms of cognitive disorders associated with chronic health problems such as diabetes, hypertension, and cardiovascular conditions, as well as various forms of dementia.

Patients in both groups have disorders which also are likely to be compounded by emotional factors, complicating the diagnostic process and requiring more comprehensive evaluation and attention to appropriate treatment planning. Psychologists with specialized knowledge in neuropsychology, in addition to general clinical skills, are uniquely prepared to provide the comprehensive clinical services needed to address these veterans.

Neuropsychological services will be required in Polytrauma Rehabilitation Centers, Polytrauma Network System (PNS) teams, and Polytrauma Clinical Support teams. In addition, the existing need will increase for neuropsychological services in geriatric and extended care service lines, neurology services, general medical-surgical units, and substance use and mental health patient care service lines.

For the returning OEF/OIF veterans, there is an urgent need for comprehensive, accurate assessments of cognitive functioning and appropriate intervention planning, whether the veteran is returning from a Level I Polytrauma Rehabilitation Center where neuropsychological services may already have been initiated and follow-up is necessary, or whether the veteran is only entering the VA system for the first time through a local medical center and has screened positive for a traumatic brain injury (TBI). The subtle deficits in attention, concentration and executive functions which are likely to occur with TBI may disrupt

the veteran's adjustment to educational and vocational demands, if not appropriately identified and/or differentiated from primary emotional distress.

To enable the VHA to secure an adequate level of neuropsychological expertise, the following proposal is offered to address workforce issues relating to the shortage of neuropsychological professionals. The proposal has three components: (a) recruiting specialists with neuropsychological education and training, and/or with Board certification; (b) a "grow our own" plan for respecialization of current clinical psychologists and the development of neuropsychological fellowships through Academic Affairs; and (c) proficiency training of "generalists" to bring these psychologists to a level of knowledge and skills to meet less comprehensive neuropsychological needs.

Proposal for Workforce Development

- I. Recruitment of neuropsychologists from the general community of psychologists
 - a. Provide recruitment and annual bonuses for the shortage professionals with neuropsychological expertise;
 - b. Request that Congress appropriate funds to implement 1988 authorizing legislation for psychologists with board certification in any specialty relevant to the VA's needs, which at this time would include, at a minimum, the clinical, rehabilitation, health psychology and neuropsychology specialties;
 - c. Include services of a Psychology Technician to support the neuropsychologist's assessment function, as well as any aspects of a rehabilitation plan for the veteran which may be more cost-effectively implemented with technician services. The use of Psychology Technicians to administer lengthy neuropsychological test batteries is the typical standard of practice in the community. This allows the neuropsychologist much more time to interpret results, consult with other providers and work directly with patients on cognitive remediation plans and strategies.
- II. Grow-our-Own
 - a. Re-specialization for existing VHA psychologists (e.g. early and mid-career level clinical psychologists):
 1. Select current VHA psychologists from a pool of applicants for re-specialization, with priority given to those in neuropsychology shortage areas and/or who are willing to relocate to a shortage area after re-specialization;
 2. Provide full compensation package during the re-specialization training; if training occurs at a non-VA facility accompanied by a stipend, the VA psychologist will either wave the stipend or direct the training site to provide the stipend to the VA psychologist's home facility;
 3. Require a service obligation to the VA of two years for every year spent in a re-specialization fellowship year;
 4. VA facility where re-specializing psychologist holds the full-time assignment will receive funds to backfill the position on a temporary basis, which may allow either for a licensed practitioner on a limited basis, or an additional postdoctoral fellow if the facility has a training program in psychology and an available supervisor.
 - b. Request that the Office of Academic Affairs be provided with additional funds designated for postdoctoral fellowships in Neuropsychology, which may require up to a 2-year commitment.

III. Development of neuropsychology screening assessment proficiencies for “Generalists”

- a. Through EES and/or by establishing a Psychology Academy in OAA, develop a series of three workshops (3 days each, maximum of 25 psychologists per series) to augment the education and training of clinical and counseling psychologists currently employed within VHA. The workshops would provide a basic level of skill in interviewing and administration of select neuropsychological assessment instruments. A separately designated VACO Neuropsychology Workgroup, or VHA neuropsychologists across the country, whichever is deemed appropriate by the Office of Patient Care Services, would determine the workshop content most useful for addressing the needs of the current population. The workshops also would provide training in dissemination of the results of complete neuropsychological workups to patients, their families, and other providers. These workups would have been performed by PRC and PSN teams and sent back to the veterans’ primary care facility.
- b. Psychologists completing the proficiency workshops will participate in a weekly follow-up case supervision via teleconference or videoconference for a minimum of six months. These case supervision sessions may be designed for the entire cohort group with one identified neuropsychologist facilitator, or may be broken down into smaller groups with neuropsychologist facilitators on a regional basis.
- c. Psychologists in shortage areas will be given priority for enrolling in the proficiency workshops.
- d. If the case supervision is broken into smaller regional groups, this ideally will be provided by VHA neuropsychologists at facilities which have Polytrauma Rehabilitation Centers or PNS Teams, and/or at facilities with postdoctoral neuropsychology training programs.
- e. To maintain the level of proficiency attained through the workshop and case supervision conferences, additional modules should be developed for internet-based continuing education for more advanced neuropsychological support for these generalists. The above-referenced (see IIIa) VACO Neuropsychology Workgroup or designated neuropsychologists through the Office of Patient Services will periodically identify content areas of greatest need for the VHA (e.g. differential diagnosis of dementia vs depression; TBI and attentional/intentional disorders, cognitive sequelae of toxin exposure, etc.).

Summary

AVAPL appreciates the invitation to work together with VHA leadership to address the special needs of our veterans. We are especially appreciative of the request by the Undersecretary and Acting Principal Deputy Undersecretary in seeking our input to address the neuropsychology workforce issue. This is an area of expertise unique to psychology and where the profession should provide the best guidance possible. The above proposal reflects AVAPL’s consultation with VA and non-VA experts in Neuropsychology. Our organization looks forward to further discussion with VHA leadership to refine and implement the elements of this proposal.

Kathleen M. McNamara, Ph.D.
Past President, Association of VA Psychologist Leaders (AVAPL)

Steven Lovett, Ph.D.
President Elect, Association of VA Psychologist Leaders (AVAPL)

On behalf of the AVAPL Executive Committee