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Re: Recommendation to APA to Establish an Office of Veterans Policy
Date: November 28, 2016

Our Proposal

It is a time of great uncertainty about the federal commitment to addressing public health issues and maintaining effective care structures such as those overseen by the Veterans Health Administration in the Department of Veterans Affairs. In this context, we believe it is imperative that the American Psychological Association (APA) continues to assert its leadership and advocacy roles in national discussions and decisions pertaining to US health policy. To better position itself as a strategic partner in these discussions, we believe it is vital for APA to establish a separate **Office of Veterans Policy** as soon as possible. An Office of Veterans Policy would have two critical missions: 1) advocating for optimal care for our nation's military veterans and 2) protecting the capacity of psychologists to provide that care with the resources to do so well. A single, resourced APA office overseeing its input and response to veterans' issues would facilitate the organization acting in a coordinated, proactive, and dynamic manner as new care proposals are presented.

Basic Rationale

There are 20 million veterans in America. These numbers represent a substantial percentage of the US population, higher than most of the special populations that APA has established offices to address. Beyond these numbers, there are several key reasons for APA to establish an Office of Veterans Policy.

- 1. Psychologists are especially qualified to address the unique needs and increased vulnerabilities for mental health and substance use problems that are found among a substantial number of our veterans.**

As the number of veterans seeking high quality, effective, and timely mental/ behavioral healthcare increases, the complexity of the issues about which Psychology can offer its expertise also has expanded. Consequently, a greater emphasis within the APA structure is required if

Psychology is to secure its role in responsibly attending to the broader scope of issues which affect each generation of veterans.

There are certain known facts about the needs of our veterans. At this time, 28% of veterans enrolled in the Veterans Health Administration (VHA) use mental/behavioral health services. Another large percentage of veterans (including National Guard and Reservists) seeks mental health care in the community. Veterans' suicides (currently 20 per day) are elevated compared to the non-veteran population. OEF/OIF veterans are returning with elevated signature traumatic brain injury, PTSD, and substance use disorders. WWII, Korea War and Vietnam War veterans are increasingly in need of accurate diagnoses and interventions related to the normal aging process, but also for the complications of chronic medical problems, mental health problems, and neurological disorders. In every one of these arenas, the potential for contributions by Psychology is extensive.

The Veterans Access, Choice and Accountability Act of 2014 profoundly impacted psychologists' roles within and outside of the VA. The newly elected administration is expected to accelerate those changes. APA must be more involved in monitoring the developments that result from this act, in informing and educating members about ongoing developments, and advocating with makers so that the contributions of Psychology across a multitude of delivery systems are recognized. Most importantly, APA must be involved in providing guidance on the practices that are optimal for veterans.

With regard to veterans, Psychology is uniquely positioned to assume its leadership role in:

- Affirming that the definition of "health care provider" includes psychologists in legislative and regulatory actions, and throughout the media
- Improving Veterans' access to mental and behavioral healthcare
- Promoting suicide and violence prevention strategies in communities
- Supporting and educating local law enforcement in understanding and working with Veterans
- Expanding Veterans' mental health courts
- Advocating to Congress, the Secretary of the VA, and the President for the inclusion of Psychology in any healthcare agenda specific to veterans and their families

Though VA specific issues are housed in APA Division 18, there is substantial interest in veterans' issues across many APA Divisions. There are clearly ways that other Divisions dovetail, for example by determining the types of psychotherapy that are effective for veteran specific mental health challenges and the manner by which treatments can be offered, focusing on the unique needs of the children and families of veterans, attending to issues of cultural competency and diversity, and assuring that veterans identified as LGBT receive appropriate care.

Given that Psychology is relevant across so many aspects of veterans' health care, and within the

interests of so many existing Divisions of APA, and that it is anticipated that significant changes beyond the expansion of the Choice Program will occur in the near future, an Office of Veterans Policy within APA would facilitate the attention to the varied issues which intersect with the field of Psychology's knowledge and expertise.

2. As has been true for seven decades, the delivery of psychological services to veterans has enormous impact on the profession of psychology more broadly.

VA Psychology has historically been, and is currently, closely interwoven with APA's core missions. For example:

- Much of the contour of what is now clinical psychology was developed in the VA, starting immediately after WWII. This included the decision that VA psychologists should receive doctoral level training and have both academic and clinical components.
- VA was the first large institution to implement evidence-based psychotherapies. It is now leading the development of measurement-based care. These developments have significant impact on the general practice of psychotherapy.
- VA was a pioneer in primary care mental health integration and interdisciplinary pain management, also greatly influencing the practice of Psychology in the community.
- VA has assumed a prominent leadership role in promoting recovery-oriented care for individuals diagnosed with a serious mental illness.

APA has an opportunity and a challenge to once again integrate its mission with that of the VA to achieve a leadership role for Psychology in the delivery of needed services to our veterans.

- The growing impetus to outsource veterans' mental health evaluations and treatment will send millions of veterans to the community for care. Unfortunately, many mental health providers in the community are not knowledgeable in military culture or war based trauma treatment. Advocating for the ethical and culturally competent provision of services to veterans will be essential in efforts to promote community care. This is clearly a function that fits with the standards and guidelines that APA promulgates.
- The implementation of the nascent Veterans Choice Program has been problematic. Psychologists who treat veterans in the community depend, and will continue to depend, on APA for guidance on program coherence, skills development, and assurance of reliability of reimbursement.
- There will continue to be an enormous sociopolitical pressure on the VA system and how VA psychologists are used. For example, current Veterans' bill H.R.6108, if passed as drafted, would inadvertently hamper psychologists and other mental health professionals who make independent recommendations for mental health inpatient admissions. APA has a vested interest in preserving the autonomous functioning of all psychologists, and preventing any encroachment on the ability of psychologists to carry out the full scope of their practices, as reflected in their licenses.

- The general public perception of the psychology profession is heavily shaped by media portrayals of selected aspects of Veterans' PTSD, suicide and domestic violence. An assertive stance by APA through its media channels could demonstrably impact the view of Psychology and our ability to treat the psychological results of war.

3. VA clinical training has had an essential impact on Psychology as a profession, reaching far beyond the VA system. Approximately 50% all US psychologists licensed last year received part of their training at a VA facility.

The history of APA's defined scope of clinical practice has been heavily influenced by VA training. In brief: After WWII, the VA's desire to train psychology students from schools that provided training in both academic and clinical skills, served as a model for APA to begin accreditation of clinical and counseling graduate schools. APA's graduate school accreditation program became even more important when legislation required that the hiring of VA psychologists would be limited to those candidates from schools that were APA accredited. The VA's hiring requirement that applicants must receive their internship training from APA accredited programs boosted APA's internship accreditation status. In addition, the APA postdoctoral fellowship accreditation program also became more important when the VA required that APA accreditation be in place for its psychology postdoctoral training programs. The VA is the largest employer of psychologists, and requires that psychologists have a graduate degree and an internship accredited by APA (with the ABPP certification recently added as an acceptable alternative to the accredited internship).

VA has the largest psychology internship clinical training program in the country. There are 679 funded doctoral interns at 124 programs in 49 states plus Puerto Rico and the District of Columbia. Further, there are currently 440 postdoctoral residents at 125 programs (not including Mental Illness Research, Education and Clinical Centers (MIRECC), Psychosocial Rehab and other Advanced Fellowship research positions listed below).

The VA continues to have postdoctoral residency programs which account for the largest percentage of APA accredited postdoctoral training programs. In addition, the VA has increased its focus on developing training opportunities in smaller and rural VA health care settings. These programs generate a cadre of health care professionals eager to serve in those underserved, rural settings. Similarly, the VA has permitted internship and residency programs to establish proficiency emphases across a variety of clinical areas, such as geriatrics, substance use, and neuropsychology, among others.

The shared value and benefit to the VA and APA's members in training qualified health care professionals is long standing. A loss of funding for such training, or other significant changes in the VA's ability to train would have a severe and negative impact on the VA and our profession. The VA's legislatively mandated training mission is defined to prepare psychologists not only for practice within VA settings but also for the entire nation.

Should the changes being considered by the new federal administration with regard to VHA limit the availability of internship and residency training, the impact on the field of psychology training, and thus the subsequent health care to the public, could be far-reaching. An Office of Veterans Policy could monitor the impact of these changes in the broader training of

psychologists, and advocate to reduce the potentially devastating effect of any changes.

4. Psychology within the VA is actively involved in major research programs, and has produced some of the most impactful research in areas such as PTSD, traumatic brain injury, serious mental illness, and chronic pain. As in other areas, the VA and APA have had a strong partnership in support of psychological research, with APA often having the key role in securing and/or preserving the funding base for VA research.

The outcomes from the funded VA Biomedical Laboratory, Clinical Science, Health Services, and Rehabilitation Research programs lead directly to improved care for veterans, including for signature injuries such as PTSD and TBI. The findings are often relevant and applied by providers outside of the VA, as well. The advocacy and lobbying conducted by APA ensures that adequate research funding continues to be provided.

VA Psychology has one of the largest postdoctoral research training programs in the country, with 113 fellows completing two year fellowships in the following emphasis areas: Addiction Treatment, Advanced Geriatrics, Health Professions Education and Research Evaluation, Health Services Research and Development, Medical Informatics, MIRECC, Polytrauma/Traumatic Brain Injury, Patient Safety, Psychosocial Rehabilitation, Quality Scholars, War Related Injury and Illness, and Women's Health.

Continued vigilance will be essential as proposed changes occur. This may impact how the VA is structured in the months to come. Research funding may be among the most vulnerable areas, with any diminished emphasis in this area having significant and long-term consequences for the health and wellbeing of our veterans and the broader population. With an established Office of Veterans Policy the critical function of monitoring levels of research funding, and the monitoring of the policy decisions which affect what type of research which can be conducted under federal auspices, will be more easily coordinated with the Government Relations Office (GRO) for the Science Directorate.

Summary

As can be seen, VA Psychology is intricately entwined with the mission of APA and the interest of its Divisions. Consequently, the creation of an Office of Veterans Policy and the **full time workload**, which would be expected, would be justified. It is crosscutting set of concerns suggest that this office should be housed outside of any directorate (analogous to the separate Office of International Affairs). The current APA allocation of resources, in which Veterans' issues supplement a full portfolio assigned to a GRO-Science staff person, was effective when the structure and function of the VA remained fairly steady and predictable. The changes in how veterans are served, which have already been mandated by Congress and implemented through programs such as Veterans Choice, are most likely only the beginning of what are anticipated to be much more radical and more rapid transformation. The existence of a structure within APA which has the resources to provide a timely response to these changes to protect both Veterans' care and the field of Psychology, would be an invaluable service to our profession, APA's members, our veterans, and others across the country who would benefit from the advances in health care which could develop with such a partnership. We believe this is a matter of urgency and we look forward to your considered response to our proposal.