In my last column, I talked about the myth that perception is reality. As a scientist-practitioner, it surprises me how often we all act on perceptions, rather than checking the facts. “I’ve heard…” or “They say…” -- these are somehow accepted as proof that what follows is real. I’ve been thinking about some of the things “I’ve heard” about AVAPL and want to take this opportunity to explore the facts with you.

There is a belief that you have to be in a designated leadership role to be a member. In fact, our bylaws clearly state that members are VA Psychologists who are supervisors, designated leaders, training directors, program managers, or leaders in setting standards, policies, or licensing/credentialing for Psychologists OR have career goals that include any of those. So, we welcome early career Psychologists who are looking to establish themselves as leaders. We welcome mid-career Psychologists who want to contribute more, perhaps by climbing up the ladder, or perhaps by developing or improving programs, training interns and postdocs, or producing research. We welcome later-career Psychologists (like me!) who want to help improve the profession and/or VA mental health services for our Veterans.

There is a belief that AVAPL doesn’t provide value. In fact, there are many benefits, both profession-wide and personal. Nationally, some of our recent priorities have included improving the salary structure for VA Psychologists, ensuring that special purpose funding for programs like the Centers of Excellence and MIRECCs remains intact, and supporting violence prevention measures in our facilities. On an individual level, the listserv and face-to-face meetings provide not only information, but also a network of personal connections. These are sites where personal revelations, struggles, and triumphs have been shared. In return, AVAPL members have reached out with support, encouragement, and advice. These are also opportunities to hear from our colleagues in VACO, so we can better understand upcoming priorities, challenges, and plans. It’s a community of professionals who really do understand each other’s predicaments and challenges and who can share in each other’s successes. AVAPL provides a safe forum, outside the VA walls and server, for us to discuss matters of importance to us as Psychologists.

There is a perception that you have to be a part of a “clique” to gain a leadership role in AVAPL. This is a tough one, because we are all social beings, and our formal leadership roles are determined by popular vote. So yes, attending the VAPL conference and meeting the members certainly helps. But we are also an increasingly virtual community, so your involvement doesn’t have to be face-to-face. In fact, you can be involved in many ways. Let me count some of them!

1. **Run for office.** There is at least one seat that becomes vacant on the Executive Committee every year. Some years, like this one, it is only the President-Elect. Don’t let

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that scare you away! Our current President-Elect calls it the “President in Training” position. You get a full year to learn the ropes and figure out what the role of the President is before you actually step into the job. And don’t think it’s limited to others—I was a Local Recovery Coordinator when I was elected.

**HOW?** You only need to be a member of AVAPL and want to make a difference. I, or any of the Past Presidents, would be delighted to talk with you about what it entails, time commitments, etc. You can reach me at President1@avapl.org or Ron Gironda, our Past President at Past-President1@avapl.org.

2. **Join a workgroup.** We either have or are developing workgroups for the following topics: nominations and awards, conference planning, hospitality, membership, networking, social media, legislative updates and advocacy, lit reviews and research, and subject matter experts.

**HOW?** Contact any member of the Executive Committee. We can connect you with the point person for each workgroup.

3. **Contribute to the Newsletter.** Original articles, promising practices, events of general interest, hot topics in VA, member spotlights, and more are welcomed.

**HOW?** Contact the editors at Kelly.Gerhardstein@va.gov or Wendy.Batdorf@va.gov.

4. **Join a SIG or a special interest listserv.** We currently have Special Interest Groups for C&P (chair is Topher Murphy), Women in VA Leadership (co-chairs are Toni Zeiss and Janna Fikkan; group is open to both women and men), and Psychologists of Color and Their Allies (co-chairs are Gayle Iwamasa and Marcos Lopez). In addition, we have listservs dedicated to Early Career Psychologists and Neuropsychologists.

**HOW?** Send a request to join the listserv you’re interested in to Jeff Burk at webmaster1@avapl.org.

5. **Post to the listserv.** It’s a simple email group. There is a listserv code of conduct at http://www.avapl.org/bylaws.html#Listserv.

**HOW?** If you are an AVAPL member, you can send an email to the full membership at avaplmembers@googlegroups.com. Be aware though, that “reply” and “reply all” both go to the full group. If you want to send an individual reply, you’ll need to extract the sender’s email from the original posting. We recommend that you use your home email, rather than your VA email address.

6. **Attend the VA PL conference.**

**HOW?** Just come! It’s in San Antonio on May 30 - June 1. You can register at http://conference.avapl.org/. I promise you will come away enlightened and energized.

7. **Attend the business meeting and happy hours at the APA Convention.**

**HOW?** The Convention is August 9 - 12 in San Francisco. Our Business Meeting will be on Friday, August 10. Watch the AVAPL listserv for information about the Happy Hours. This is definitely a fun way to get to know your colleagues!

8. **Nominate a colleague or trainee for an award.** AVAPL awards its members who have shown outstanding leadership or accomplishments through the annual presentation of awards. These include the Antonette Zeiss Distinguished Leadership Award, Professional Achievement and Distinguished Career Award, James Besyner Early Career Award, Leadership Award, Professional Service Award, and Special Contribution Award.

**HOW?** Nominations are sought each spring for awards to be presented at the annual business meeting in August. The Past President is the chair of the Awards committee and can be reached at Past-President1@avapl.org.

(Continued on page 3)
9. **Bring a colleague to the organization.** Sharing your excitement with a fellow Psychologist is one of the best ways to reenergize yourself. Talk about AVAPL and its benefits with colleagues.

**HOW?** Forward this newsletter to colleagues who may be interested. New members can join at https://www.memberplanet.com/avapl.

**SO** dig into the facts and get to know your AVAPL better! Our mission is simple: to provide support for VA Psychologists as they work to advance the cause of the VA, and to champion the care of the Veterans we serve. I look forward to getting to know you better as we continue to learn together. “I’ve heard” that that your unique talents will make us a better organization!

—Mary Beth Shea, Ph.D., President, AVAPL

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**AVAPL SPECIAL INTEREST GROUPS (SIG)**

**Connecting on a Different Level**

There are several ways to become more involved in AVAPL, including attending the annual conference, inquiring with other members in leadership roles about opportunities for involvement, or joining one or more of the VA Special Interest Groups (SIG). There are updates from two SIGs: Psychologists of Color and Women in VA Leadership, and highlights on Neuropsychology and C&P SIGs.
This issue of the AVAPL newsletter is the 103rd newsletter published by AVAPL and its predecessor, the Association of VA Chiefs of Psychology (AVACP), and represents the 41st year of publication started in 1978. For the past 40 years, the newsletter has chronicled the issues, activities, accomplishments, and news of AVACP/AVAPL officers and members.

Thirteen individuals have served as newsletter editor. They include, in order, Philip Laughlin, Tom Miller, Bill Klett, Ken Kuhn, Barry Kinney, Phyllis Williams, Steve Cavicchia, June Malone, Ann Landes, Peter Graves, Genevieve Davis, and current managing co-editors Wendy Batdorf and Kelly Gerhardstein.

From 1978 to 2003, 92 printed newsletters were published with almost 2200 pages. The last three of the printed newsletters were also issued in a digital version after which the newsletter was produced only in digital form. The printed newsletters were stored in the VA psychology archives at the Cummings Center for the History of Psychology (CCHP). In 2016, CCHP scanned those newsletters for online viewing and downloading. The scanned newsletters may be accessed at CCHP through the AVAPL website with newsletter summaries at [http://www.avapl.org/newsletter.html](http://www.avapl.org/newsletter.html) or may be directly accessed at CCHP from their Special Interest Collections at [http://collections.uakron.edu/](http://collections.uakron.edu/) (select Newsletters for the Association of VA Chief Psychologists & Association of VA Psychologist Leaders from the listed subcollections).

---Rod Baker, Ph.D., VA Psychology Historian

**AVAPL SPECIAL INTEREST GROUPS (SIG) UPDATE**

**SIG Update: Psychologists of Color**

Since the last AVAPL Newsletter, members of the Psychologists of Color SIG continue to engage in formal and informal activities to support psychologists of color. A summary of Issues and Actions derived from the first Psychologists of Color networking luncheon was distributed to the AVAPL-POC listserv. Thanks to all who came and contributed! Plans are underway for continuing the networking luncheon during the upcoming AVAPL meeting, along with a plenary session focusing on psychologists of color, as well as a breakout session on diversity training. Finally, Gayle and Marcos had an excellent call with Toni and Janna, co-chairs of the Women in Leadership SIG, to start brainstorming ways the two SIGs can join forces to support the activities of each SIG and their members. New members are always welcome—please send an email to gayle.iwamasa@va.gov or marcos.lopez7@va.gov.
Updates from D.C.
Participants always look forward to hearing about the latest news and updates from Washington both from Central Office and from Capitol Hill. Dr. Heather Kelly, Director for Military and Veterans Policy at APA, will update participants on activities both from APA and on the Hill that affect the VA and Veterans. There will also be updates from VA Central Office including from Dr. David Carroll and Dr. Wendy Tenhula from the Office of Mental Health and Suicide Prevention on the latest in policy and practice updates from their office. Stacy Pommer from the Office of Academic Affiliation will give an update on Psychology Training. There will be a presentation on innovative practices in telemental health from Dr. Kendra Weaver that will feature a live demonstration. Finally, there will be an exciting panel presentation on Thursday featuring representatives from two Veteran Service Organizations designed to educate and collaborate about the role of VSOs in assuring quality mental health care for Veterans. This panel will feature representatives from Disabled American Veterans and AMVETS. This is a rare opportunity for psychologists to interact with leaders from VSOs who act as strong advocates for Veterans and who help to influence policy-makers in D.C.

Other Special Topics
The second full day of programming will kick off with an address by Dr. Jessica Henderson Daniel, President of the American Psychological Association. The conference will also feature a panel on Diversity Issues for both Veterans seeking care at the VA and for VA Psychologists from diverse backgrounds. The focus of this panel will be on making the VA a welcoming environment for people from all backgrounds both for treatment and for employment. Finally, VA psychologists and trainees from across the system will provide brief presentations on innovative practices from the field. This will allow psychologists and trainees from across the country a chance to share best practices from their VAs to help improve care everywhere.

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Breakout Presentations and Networking Lunches are planned to cover important topics for psychologists from different professional backgrounds and levels of experience in smaller groups. Breakout topics include: focus on psychology administrative issues (i.e., Productivity, Measurement-based Care, Performance Improvement Metrics), psychology training (Multicultural Issues in Psychology Training), and professional development (e.g., Women in Leadership, Psychology Advocacy). There will also be some special clinical topics presented in breakout format (e.g., Shared Decision-making). Networking Lunches provide times for psychologists to meet and interact with others around a specific topic, including Early and Mid-Career Psychologists, Women in Leadership, Psychology Training Directors, Psychologists of Color, and Advocacy. Other topics may be added and some groups meet ad hoc during conference lunches (e.g., C&P Psychologists, Residential Program Psychologists).

CEU Workshop

The final day of the conference is on Friday, June 1st and is an optional CEU workshop. Dr. Daniel Taube will be presenting a 6-hour workshop on “Law, Ethics, and Risk Management for Psychologists.” Dr. Taube is creating this workshop around a VA audience and plans to cover topics specific to Veterans and to the VA as a practice environment.

On behalf of the Conference Planning Committee we hope to see you in San Antonio! Details about the conference (including registration information) can be found at conference.avapl.org. For questions about the conference, please contact me at conference.chair@avapl.org.

—Mike Martin, Ph.D.
Chair, VA Psychology Leadership Conference 2018-2019

Program Spotlight—REACH VET

Recovery Engagement And Coordination for Health—Veterans Enhanced Treatment (REACH VET) is an innovative VA program, that helps identify Veterans who may benefit from enhanced care by using predictive analytics. This program came as a result of the prioritization of preventing Veteran suicide on behalf of the U.S. Department of Veterans Affairs (VA), and the need to offer an alternative approach to addressing the issue of suicide amongst our Veteran population. It uses clinical and administrative data in Veterans’ medical records to identify Veterans who may be at greater risk for suicide, hospitalization, illness, or other adverse outcomes. By identifying these at-risk Veterans early, VA providers can proactively engage Veterans to review their treatment plans and provide enhanced care, when needed. The mission of this program is to engage patients early, thereby reducing the chances of a crisis occurring in the future. The evaluation of REACH VET effectiveness is underway, and final results of the first year are anticipated shortly. For VA Psychologists, this program can increase your focus on those Veterans who need the most resources, which can be limited at times. Additionally, from a clinical perspective, it can summarize the previous two years of medical record data to show you the clinical variables that led to the

(Continued on page 8)
Please provide an update on the MyVA Access Initiative.

For mental health, the MyVA Access Declaration and initial MyVA Access Initiative implementation efforts focused on the completion of the Same Day (aka, 24-hour) Screening Evaluation and full implementation of PCMHI at all required locations.

In 2017, we implemented additional access initiatives including the Other Than Honorable Service Member Emergency Care Initiative, the Open Access Scheduling Initiative, and the Mental Health Hiring Initiative (MHHI). In 2018, former Secretary Shulkin renewed his commitment to the MHHI to net an additional 1,000 providers and enhance hiring at our most challenged facilities. Additionally, the recently signed Executive Order for Transitioning Service Members ensures they receive any needed mental health services in the year following separation from active duty. This is a rapidly developing initiative, with more to come. Finally, facility and national leadership recognized the need to expand same day services to Substance Use Disorder (SUD), and the Office of Mental Health and Suicide Prevention is outlining an initiative to enhance SUD services.

To be successful, each initiative often requires additional resources including staffing, space, care coordination, etc. Often resources lag behind ongoing demands. Yet, this should never inhibit our desire for the absolute best. I hope everyone is encouraged by former Secretary Shulkin’s commitment to mental health services and his focused efforts at empowering facilities to attain needed resources and design programming necessary for the world class mental health services Veterans have earned.

Describe the Tripartite Model of access.

During the initial roll-out of the MyVA Access Initiative, I was troubled by what seemed a limited definition of access. While I understood the need for immediate access to address urgent/emergent situations, as a clinician, I saw the need for a broader understanding of access to ensure the focus on immediate access would not push other aspects of access out of the conversation. In outlining the framework for the Open Access Scheduling Initiative, I included the Appendix A introduction as a clear vision for all access points:

VHA is committed to being the nation’s leader in providing integrated, recovery-oriented mental health services. We strive to set the national standards on 1) Crisis Access for emergent/urgent mental health needs (i.e., needing immediate care), 2) Engagement Access to quickly initiate nonemergent mental health care (i.e., initiating care at the earliest possible date), and 3) Sustained Access to ensure timely availability to a full course of mental health treatment (i.e., scheduling weekly appointments for the duration of an evidence-based psychotherapy (EBP) protocol).

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Personally, I believe a failure in sustained access is as problematic as a failure in crisis access. Expectations for engagement and sustained access should be as clear as expectations for crisis access, and my hope was to support local efforts to maintain balanced access.

I have often wrestled with whether I got this right but overall, it is humbling that the Tripartite understanding of access has been well received by leadership and frontline staff. The model may be aspirational with challenges to our ability to attain a balanced focus, but we must advocate for all three access points. Same day access for crisis, access next week for follow up, and access for ongoing care (weekly or what is clinically prudent). I hope the model provides a foundation for ongoing conversation, and an opportunity to set the national standard for access to care which we all strive to attain.

**How will VA monitor access and how can a provider ensure optimal access and flow in their clinic?**

Monitoring access is complex. Same Day appointments for a clinic via the Completed Appointment Cube is easily monitored, but drilling into provider level data is challenging. I encourage sites to focus on the balance of same day, wait time (new) from create date, and completion of 5 visits in 10 weeks as a gross indicator of balance. Providers are encouraged to make full use of the Electronic Wait List (EWL) to reflect access into sustained care, and to use the Clinically Indicated Date (CID) or Return to Clinic (RTC) order to reflect the need for intensive, frequent care. Regarding patient flow, I encourage all providers to move to a recovery-based model and challenge the “once my patient, always my patient” mindset. While there certainly are situations where long-term, sustained care is needed, we must realign our system to promote a recovery-based standard that empowers Veterans to initiate and terminate care based upon their identified goals.

**How do we balance initial and sustained access with limited resources?**

This will require long term education and advocacy. Clearly, initial access has been the main focus of national media, Veteran Service Organizations, Congressional Partners, and facility/VISN/VHA Leadership, not without good cause. The impact of poor immediate access is all too often very apparent and tragic. However, as outlined in the Tripartite Access Model, access to care is more complex. As an office, we are working to support the field in establishing a balance. The MH SAIL Dashboard incorporates proxy measures of sustained effort in the Continuity of Care metric. Timeliness of scheduling first and subsequent appointments continues to be monitored. Our office collaborates with the Office of Veterans Access to Care (OVAC) to address all aspects of access.

I encourage all mental health leaders and frontline staff to be uncompromising. Perhaps my vision of mental health care is Pollyanna-ish and the sleepless hours stewing on how to improve mental health is for naught. But we must be bold and define a vision of mental health care that makes the system stretch. We must be undeterred. Our mission is to provide the very best to serve the very best.

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**PROGRAM SPOTLIGHT— REACH VET (CONT.)**

(Continued from page 6)

Veteran’s inclusion in the REACH VET program; this can serve as a data point for conceptualization and treatment planning. Overall, it is the commitment of the VA to stay ahead of Veteran challenges, by offering innovative healthcare options to improve overall health and well-being.

—Kaily Cannizzaro, Psy.D.
Over the last four years, the media have been falling all over each other to publish disparaging stories about the VHA. That’s bad enough in how it sullies public perception and support for what we do. But it’s also devastating to employee morale, and dissuades Veterans from seeking VHA care. It also provides policy makers the cover to make changes that could privatize care. Most galling is that even accounting for regional variations, the quality of aggregated VA care exceeds the private sector almost across the board.

AVAPL’s leadership has engaged in a relentless effort to set the record straight. No one asked us to; we’ve taken it upon ourselves because it is the principled stance. Four successive AVAPL Presidents, Drs. John McQuaid, Tom Kirchberg, Ron Gironda, and Mary Beth Shea, have courageously led the response. We’ve produced a steady stream of Veterans’ healthcare policy documents that summarize data on superior quality of VHA care (and which, like the documents alluded to in this article, have been meticulously chronicled by Jeff Burk on our Advocacy page [http://advocacy.avapl.org](http://advocacy.avapl.org)).

This winter, the battle for whether or not the VA will remain the center of Veterans’ healthcare has broken out into the open. We’ve added our voice. Through partnering with other stakeholders, especially APA (and the incomparable Heather Kelly), the Nurses Organization of VA, and the Association of VA Social Workers, our legislative analyses have been entered into the record for Senate and House Veterans Affairs Committees’ hearings on the consolidation of Veterans’ care in the community.

Two proposals have been particularly alarming. One was a draft discussion bill presented at a House committee hearing in October 2017. It promoted issuing vouchers for Veterans to bypass VHA approval and obtain Choice Program mental health services on their own. The VHA would be sent the bill and payment would be taken from VHA facility budgets. In response, I updated a previous AVAPL White Paper and wrote a critique “Choice Program Expansion Jeopardizes High-Quality VHA Mental Health Services.” It comprehensively documented VHA’s superior evidence-based, integrated mental health services and illuminated how they could wind up being dismantled and privatized. I submitted it to the peer-reviewed journal Federal Practitioner because of its broad impact. Here’s the link: [https://www.mdedge.com/fedprac/article/159219/mental-health/choice-program-expansion-jeopardizes-high-quality-vha-mental](https://www.mdedge.com/fedprac/article/159219/mental-health/choice-program-expansion-jeopardizes-high-quality-vha-mental)

The second was the “Access to Walk-In Care” provision in Senate bill S.2193. Most folks hear the title and think it means, “getting a flu shot at a nearby Walgreens.” But the language would permit enrolled veterans to

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seek unlimited mental or physical health care in the private sector without needing VHA pre-authorization. Any episode of care that is treatable with EBPs, like depression, anxiety, PTSD, marital problems, pain, etc. would be paid for. The only exception would be for “longitudinal management of a condition.” We need to keep educating stakeholders of the necessity of tightening the provision, since the bill is moving forward for a revamped Choice 2.0.

It’s always better to advocate “for” rather than “against” a topic. Along those lines, AVAPL recently joined with APA to issue “Top 10 Requirements for Coordinating VHA and Community Care” that delineates what should be included in any legislation or policy directives that redesign the provision of VHA-based and community-provided healthcare for Veterans. We emphasize how future efforts must ensure that VHA mental health care is fully funded and staffed, and remain the coordinator and authorizer of care.

—Russell B. Lemle, Ph.D.

TRIBUTE: JENNIFER GONZALES, PSYD

Jennifer (Jenn) Gonzales was one of the three providers killed in the tragic events on March 9th at the Pathway Home in Yountville, California that also took the lives of Christine Loeber and Jennifer Golick. Executive Director, Christine Loeber, was a social worker who spent many years in the VA before going to the Pathway Home last year. Clinical Director, Jennifer Golick, had worked for 5 years in an adolescent substance use center until joining Pathway Home 5 months ago.

Jennifer (Jenn) Gonzales received her Psy.D. from Palo Alto University in 2013. She completed her doctoral internship at the Iowa City VA Medical Center and her postdoctoral fellowship at the Santa Rosa CBOC in the San Francisco VA Health Care System, specializing in caregivers, couples and PTSD treatment. As a licensed psychologist, Jenn first worked with law enforcement and served young Veterans as an instrumental member of the VITAL program in the VA Palo Alto Health Care system. In 2016, she joined the staff of the San Francisco VA Health Care System Student Veterans Health Program. She split her time working on the campus of Napa Valley College and at The Pathway Home, a residential treatment program for young Veterans returning to school.

Jenn’s all-too-short career was marked by an unflagging, joyful devotion to helping Veterans regain their lives. She was a thoughtful, hardworking, deeply compassionate clinician with a profound respect and appreciation for Veterans’ strengths. She is also remembered as someone who jumped at every chance to offer support to anyone in her life. She had an infectious, sunny disposition, a slapstick sense of humor and a keen mind. Jenn was married last March to T.J. Shushereba, and had plans to travel to Washington, D.C. to celebrate their one-year wedding anniversary. She was expecting a baby in June.

A GoFundMe account was set up to support Jenn's family: [https://www.gofundme.com/jennshushereba](https://www.gofundme.com/jennshushereba)

Contributions for the families of the three victims (Loeber, Golick, and Gonzales) can be sent to the 3 Brave Women Fund, c/o Mentis, 709 Franklin St., Napa, CA 94559.

—Russell B. Lemle, Ph.D.
A Tribute to Christine LaGana and her VA Career

In September of 2017, the debilitating Parkinson’s disease, which Christine LaGana gallantly fought for years, never letting it interfere with her zest for life, took from us a remarkable VA psychology leader and friend.

After completing training at the Buffalo and Canandaigua VA hospitals, Christine accepted a staff psychologist position at Canandaigua in 1978. She became assistant chief of psychology at the Memphis VA in 1986, and moved to the Baltimore VA medical center in 1989 as chief of psychology. She served as mental health service line manager for the VA Maryland Health Care System from 1999 to 2005.

During her career, she was twice elected president of NOVA-Psi and was a president of AVACP. From 1996 to 1999, as acting deputy chief director for mental health in VA Central Office, she helped VA psychology through the difficult years of psychology staff and chief losses, and was instrumental in starting the VA psychology leadership conferences in 1998.

Her impressive VA career, however, fails to capture the Christine that many of us knew. There are many stories about her indomitable spirit and humor—that’s what most of us will remember. We could expect her to introduce her president’s column in the AVACP newsletter with the words to some country song with relevance to the theme of the message she shared with us.

Christine developed a flair for wearing hats. She wore one of her hats in May 2017 attending the 20th VA psychology leadership conference—the last time many of us would have a chance to renew friendship. There will never be another Christine for us who knew her. Enjoy those country songs in heaven, Christine.

—Rod Baker, Ph.D.

SIG Update: Women in VA Leadership

This SIG held a breakout session and a networking lunch at the 2017 AVAPL Conference. Based on the discussion at both sessions, a plan of action was developed. Key areas of interest for action were identified as:

1. Discuss development of a leadership mentoring program – including how male allies can be valued members of such a program.
2. Develop a monthly call for SIG members, organized to provide information, allow discussion, and provide personal sharing and modeling each month from a woman leader.
3. Reach out to the leadership of the newly formed AVAPL Psychologists of Color Listserv to discussed shared interests and opportunities for collaboration.

To date, we have taken action on items #1 and 3. Janna Fikkan and Toni Zeiss, Co-chairs, have started dialogue with the Co-chairs of the Psychologists of Color SIG and plan to continue that at the 2018 VAPL Conference. Chairs for the Mentoring Program are being identified and will be further discussed at the 2018 Conference. We will again have a breakout session and a lunch networking meeting at the Conference. Anyone interested in being added to the Women in Leadership listserv should send a request to Jeff Burk at webmaster1@avapl.org.
A SPECIAL INTERVIEW WITH DR. EDUARDO M. MARTINEZ-MORALES

Puerto Rico: Hurricane Maria September 20th, 2017, Category 4 storm (115 mph winds)

How did your role change in response to the post-hurricane relief efforts?

Hurricane Maria was an experience that touched all Puerto Ricans in one way or another. It was an indescribable exposure to raw nature, destruction, and human suffering. It was a definite confrontation with the overwhelming power of nature. I have heard many people say that the “event” opened up their eyes about how vulnerable we truly are. We felt, indeed, vulnerable. Physical structures, much like people’s emotions, reflected a marked difference in just a few hours. Disbelief, anguish, fear and uncertainty filled our existence for many weeks and months. The deepest sense of helplessness was commonly expressed by so many… I’m sure that core beliefs of inadequacy and helplessness were triggered like never before. I know mine were.

Despite this, as VA Staff Psychologist and Health Behavior Coordinator at the San Juan VA Medical Center, I knew I had a great responsibility and huge tasks ahead of me: become stable personally in order to help others become stable. I assumed that I would need to keep both aspects on my radar. Self-monitoring became vital. Venting my emotions was critical. They say patience is a virtue. Guess what… it is!!! Like most American citizens that live here, I had to put my patience to the test, especially when water was limited, electricity was gone, gas was hard to find, and food became scarce. Somehow the words, “acceptance and commitment” popped into my head frequently—words that appeased me somewhat.

As I struggled to find balance, I volunteered to be “lead” at the Behavioral Command Post, a 12-hour shift, two days after the hurricane hit our area. I had the opportunity to work with local staff and visiting staff from other VAs (clinical and administrative) in monitoring the initial recovery efforts. Our staff and visiting emergency teams (colleagues from different States) displayed such compassion, energy and commitment! People’s involvement really touched my heart.

The recovery process was and is slow, but steady. After 5 months, people begin to regain mastery over their daily challenges, particularly as power is restored in many areas. As redundant as it may sound, a lesson learned is that crises may lead to growth. As we all become increasingly empowered, smiles and laughter are more common. I think 80% or so of the Island has power already. This doesn’t take away the horrors of that 20% or so that doesn’t have any services yet, but still, it is progress.

I refocused the content of my Healthy Living Classes through December 2017. I created a debriefing series of sessions with patients, facilitating their efforts to increase healthy coping mechanisms. Ventilation of emotions became the norm for several weeks. People needed that. They expressed gratefulness and enjoyed mindfulness/relaxation training exercises. My CBT-D sessions took the same route. Behavioral activation was key, particularly at first. Re-structuring thoughts about the events was and continues to be a significant focus of my work at this point.

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As far as my colleagues from Primary Care, I established a series of sessions to process pre-, during, and post-hurricane thoughts and emotions, with the intention of normalizing the experience as much as possible. I guided staff to evoke and share effective coping skills and psychological survival mechanisms. The power of verbalizing emotions and ideas was greatly reinforced. The sessions were scenarios for many stories of pain, despair and survival.

I have to say that both patients and staff have been greatly grateful about our efforts to support them. I have felt that each encounter has strengthened our relationships.

I must share that I found that most Veterans (patients and staff) took the bull by the horns—facing disaster magnificently. I have learnt so much from them. I’m marveled by their resilience, their strength. I am convinced that our Veterans are strong and have so much to contribute to our society! I see very clearly that military life has given our Veterans an edge when managing hardship.

A paradoxical aspect of the hurricane is that it brought attention to Puerto Rico. Many know now that we are all American citizens, that our soldiers have contributed and served the Nation for many decades.

**What do you want psychologists across VA to know about the current status of PR? How can we help as psychologists or citizens?**

- Talk about Puerto Rico with colleagues and friends. Help others understand our need for continued national support.
- Verify local relief funds organizations.
- If you have Puerto Rican Veterans in your clinic, ask about their experiences, direct or indirect, associated to Hurricane Maria. Chances are they do have relatives here who are undergoing stress and need additional support. Encourage conversations about resilience.
- Be aware that many families have moved to other states. Unplanned family breakups have occurred. Loss issues are present for so many. Acculturation challenges may be present for many Veterans who move from the Island. Be sensitive to language differences. Be patient. Discuss their views about what has been occurring here.

—*Wendy Batdorf, Ph.D.*

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**AVAPL SPECIAL INTEREST GROUP (SIG) HIGHLIGHT**

**SIG Highlight: Neuropsychology**

The Neuropsychology SIG was formed to promote communication and networking for VA neuropsychologists. The goals of this SIG include collaborating with others to address topical issues relevant to the practice of neuropsychology and to continue to enhance neuropsychological services to Veterans. Any neuropsychologist who wishes to become involved in this group and those that would like to join the VA neuropsychologist listserv may email Dr. Brian Shenal at [brian.shenal@va.gov](mailto:brian.shenal@va.gov).
Research has shown that career achievement and longevity is positively associated with career satisfaction, and career satisfaction is more often reported by individuals who have received mentoring than those who have not (APA, 2006; Chao, 2009). The American Psychological Association (APA) also recommends early career psychologists (ECPs) seek mentors to help set a foundation for future success (APA, 2014). The AVAPL Early Career Mentorship Program was developed to connect more seasoned VA psychologists with ECPs and psychologists new to the VA system and provide a more formal mentorship experience outside the ECP’s immediate network. The program was not intended to replace more intensive or formal supervision relationships, but instead to serve as an additional avenue to support the scope and mission of AVAPL: to foster VA psychologist leaders.

The program launched in 2013 and operates on a cohort-style basis, wherein there is a solicitation period where interested mentees and mentors complete an initial survey. The survey is designed to solicit information to facilitate matches and focuses on mentorship areas including career development (e.g., finding leadership opportunities, obtaining an academic appointment, learning about management structure); professional development (e.g., student to psychologist transition, personal growth, work-life balance); VA-specific issues (e.g., navigating the VA, advancement within VA); and content-specific areas (e.g., PTSD treatment, research, program development). Matching occurs in stages. Potential mentors and mentees are first placed into small groups based on survey responses, with particular attention paid to the primary mentee goals and mentor experience and expertise. Then, mentors and mentees in each small group are given information about potential matches and asked to rank their preferences to allow for some autonomy in the decision-making process. During the “ranking” process, mentors and mentees have the opportunity to reach out to each other to discuss specific goals in more detail, allowing for better refinement of mentorship goals and determination of interpersonal fit. During the final stage, the ECP Mentoring Workgroup uses these rankings to pair mentees and mentors. Three previous waves of the program have yielded 64 mentee-mentor matches. Follow-up survey data, collected at 2-months, 12 months, and 24 months post-match, has shown an overwhelming majority of participants report feeling satisfied with their match and identify a range of benefits from their mentoring relationship. In particular, mentees report having increased confidence in seeking out leadership roles and taking on new responsibilities. Mentors endorsed feeling a sense of personal fulfillment and obtaining hours toward the VHA Certified Mentor program.

The ECP Mentoring Workgroup continues to evaluate quantitative and qualitative follow-up survey data where we identify strengths and drawbacks participants report regarding the program, along with the accomplishments program participants have achieved during and after program participation. Stay tuned to learn more about these outcomes, and how they may be utilized to for program improvement.

References:


—Jessica Brundage, Ph.D. & Allison Jahn, Ph.D.
Dr. Janet Kemp was known to many as a leader in Suicide Prevention at the Department of Veterans Affairs (VA). From her success in establishing the Veterans Crisis Line, to her lead authorship on numerous mental health and suicide prevention-related works, Jan was an influential and astounding contributor to VA overall.

Jan was thought of by many past and present VA Suicide Prevention Coordinators as an inspiration, as she brought to light what can be a difficult topic: suicide amongst our Veteran population. During her time as the VA’s National Mental Health Program Director for Suicide Prevention from 2007 to 2014, and then as Chief of Education for the VA Center of Excellence for Suicide Prevention until her retirement in 2016, she transformed the world of Suicide Prevention. As Jan touched many professionally and personally, she will be greatly missed and forever held in the highest esteem.

Below is evidence of just one of the lives Dr. Kemp touched; please see a Q & A from a cherished fellow colleague: Dr. Caitlin Thompson, Vice President, Risk Management and Program Evaluation at the Cohen Veterans Network.

**How did you know Dr. Janet Kemp (“Jan”)?**

*As a post-doctoral fellow at the Denver VA MIRECC, I worked under Jan (when she was the Education Lead there) for a year. My primary time of getting to know her was when I was the Clinical Care Coordinator at the Veterans Crisis Line. I began my work there about one year after it opened. From 2008 to her retirement from VA, I was in at least weekly contact with her as she led VA’s Suicide Prevention Program.*

**What impact did she have on you during your work together?**

Jan was a force. There is no other word for it. If she felt that it was important for something to be accomplished on behalf of Veterans’ safety, there was no stopping her from figuring out a way to do it. She was a true inspiration in terms of her grit, her intelligence, her focus, and her passion. Beyond her expertise in suicide prevention, I learned how to navigate the VA system through her, including when to fight, when to battle, and when to step back.

**What do you feel is her ultimate contribution to VA?**

Ultimately, Jan made suicide prevention the priority that it is in the VA system. She insisted on excellence by her supervisees and her colleagues. She knew everyone, and everyone knew her. Above all, she created what is now a vast 1000+ person strong army of VA suicide prevention coordinators, crisis line responders, and researchers who spend their working hours (and beyond) focused on saving the lives of Veterans. This community has unquestionably saved thousands of lives since Jan took the reins. It is an honor to have been part of that community. And it is an honor to know Jan. Boy, is she loved.

—Kaily Cannizzaro, Psy.D.
**SIG Highlight: C&P**

The C&P SIG was formed about three years ago by Dr. Christopher Murphy of the Richmond VA and a couple of other psychologists with similar interests. The goals of this SIG include collaborating with others to address concerns about the C&P process and therefore improve upon the current system. Dr. Murphy and the accompanying members of this group are working toward creating a centralized hub through which they can present their ideas for improvement to VACO. Any psychologist who wishes to become involved in this group can email Dr. Murphy at Christopher.Murphy5@va.gov regarding their interests.

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**Meet Your New Content Editors!**

*Dr. Layne Goble* is a clinical psychologist who works with the Interdisciplinary Pain Team at the Charleston VA Medical Center in Charleston, SC. He is also serving as a trainer for the VA Evidence-Based Psychotherapy Program for the Cognitive Behavioral Therapy for Chronic Pain program. In his free time he likes to spend time with his wife and children doing outdoor activities.

*Dr. Kaily Cannizzaro* earned her Psy.D. in Clinical Psychology from the Illinois School of Professional Psychology/Argosy-Chicago in 2011. She completed her APA accredited pre-doctoral internship, then post-doctoral internship, at the Community Reach Center in Thornton, Colorado. Upon her entry into the Veteran’s Affairs Medical Center, she worked as the Suicide Prevention Coordinator where she provided direct, consultative, and educational services to Veterans and community partners around risk management. She then served as the VITAL (Veterans Integration to Academic Leadership) Program Coordinator and National VITAL Clinical Lead. Currently, she is part of the Rocky Mountain MIRECC where she assists with the VA National Suicide Risk Management Consultation Program and REACH VET.

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**Interested in submitting an article to the AVAPL Newsletter?**

*Do you have a suggestion for a topic to be included in an upcoming edition?*

Please contact kelly.gerhardstein@va.gov or wendy.batdorf@va.gov