

LETTER FROM THE PRESIDENT

When I ran for AVAPL President, I discussed the threat that VA privatization efforts posed to VA and the Veterans we serve. I'd like to share with you updates on research on and advocacy about VA healthcare quality in the last 12 months. A number of recent studies have again demonstrated that the health care we deliver in the Veterans Health Administration (VHA) is as good as or often better than care in the community (Anhang Price, Sloss, Cefalu, Farmer, & Hussey, 2018; Weeks & West, 2018). In addition, access to care within VA facilities has improved and appears to have surpassed access in the private sector for 3 of the 4 specialties evaluated (primary care, dermatology, and cardiology). Orthopedic wait times in VA improved but were behind those in the community. In 2017, mean wait times were statistically significantly shorter for the VA compared with the private sector facilities as wait times in VA facilities improved while wait times in the private sector remained unchanged (Penn et al., 2019). Unfortunately, mental health wait times were not included in the analysis since they are not available for the private sector. Another study examined use of health services among elderly Veterans who had a choice of Fee-for-Service Medicare or VA health care and found that increasingly Veterans are voting with their feet to use more VA and less Medicare (Liu, Batten, Wong, Fihn, & Hebert, 2018). This again speaks to the quality of VA healthcare.



I am guessing that some of you, like me, appreciate having research like this so when family members or others quote inaccurate information about VA healthcare you can politely point out that research suggests that, more often than not, VA provides high quality and timely care relative to the private sector.

Based on this research and earlier studies, AVAPL continues to advocate that providers in the community should be held to the same quality standards as VA providers, both in terms of the quality of care provided as well as credentialing and training. We agree with our Veterans Service Organization (VSO) colleagues who recommended to Congress that competency and quality standards for non-VA providers must be equivalent to standards expected of VA providers (<http://www.independentbudget.org/>).

Now is the time for vigorously advocating for such equivalence given that VA is in the process of developing implementing regulations to meet the requirements of the VA Mission Act (Public Law 115-182). This Act creates the Veterans Community Care Program (VCCP), which consolidates the current VA programs for purchasing non-VA care and changes the rules for when Veterans are authorized to get care outside VA. As the Veterans Healthcare Policy Institute (VHPI) points out "At the heart of the MISSION Act's goal of enhancing care is the measurement of quality. Quality metrics are to be utilized to, (a) compare VA to VCCP services so that

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LETTER FROM THE PRESIDENT (CONT'D)

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Veterans can make informed healthcare decisions, (b) designate underperforming VA clinics whose patients should be granted automatic VCCP vouchers, (c) renew contracts for VCCP providers, and (d) determine whether the VA should broaden pilot models of delivering private sector healthcare.” (<http://tinyurl.com/y69ovvgc>). The problem with these goals is that VA has to implement quality monitoring standards by June of this year when the relevant quality data is not available in the private sector. For example, in our field of mental health (MH), the most common MH disorder among Veterans enrolled in VHA is posttraumatic stress disorder (PTSD), but there are currently no scores available to judge the quality of PTSD treatment in VA versus non-VA treatment. Kayla M. Williams, Director of the Military, Veterans, and Society Program at the Center for a New American Security has stated the draft VA standards for when Veterans can access non-VA health care are “inadequate and ill-designed” and suggests that “Congress should rigorously oversee implementation of the Mission Act to ensure that quality of care and fiscal responsibility are not sacrificed to the illusion that community choices are superior” (<http://tinyurl.com/y6qypj2z>).

If you are so inclined, I urge you to reach out to your representatives in Congress and ask them to join with the VSOs in demanding that our Veterans receive high quality care based on meaningful quality standards.

By the time you receive this newsletter the AVAPL Executive Committee will have completed our Midwinter visit to DC. We will be discussing your concerns and questions with VACO staff, VSO's, and staffers from the Senate and House VA Committees. We will give our Midwinter update at VAPLC 2019 on the San Antonio Riverwalk. Hope to see you all there!

- Anhang Price, R., Sloss, E. M., Cefalu, M., Farmer, C. M., & Hussey, P. S. (2018). Comparing Quality of Care in Veterans Affairs and Non-Veterans Affairs Settings. *Journal of General Internal Medicine*, 33(10), 1631–1638. <https://doi.org/10.1007/s11606-018-4433-7>
- Liu, C.-F., Batten, A., Wong, E. S., Fihn, S. D., & Hebert, P. L. (2018). Fee-for-Service Medicare-Enrolled Elderly Veterans Are Increasingly Voting with Their Feet to Use More VA and Less Medicare, 2003-2014. *Health Services Research*, 53, 5140–5158. <https://doi.org/10.1111/1475-6773.13029>
- Penn, M., Bhatnagar, S., Kuy, S., Lieberman, S., Elnahal, S., Clancy, C., & Shulkin, D. (2019). Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers. *JAMA Network Open*, 2(1), e187096. <https://doi.org/10.1001/jamanetworkopen.2018.7096>
- Weeks, W. B., & West, A. N. (2018). Veterans Health Administration Hospitals Outperform Non-Veterans Health Administration Hospitals in Most Health Care Markets. *Annals of Internal Medicine*. <https://doi.org/10.7326/M18-1540>

—Tracey L. Smith, Ph.D., President, AVAPL

SPECIAL INTEREST GROUP (SIG) UPDATE

SIG Update: Psychologists of Color and Allies

The AVAPL Psychologists of Color and Allies SIG is currently planning to present at the 2019 VAPL conference, both in a plenary session and a breakout session. Dr. Gayle Iwamasa will join a representative from the Women in Leadership SIG and the LGBTQI SIG to present a plenary session on allyship. Dr. Lopez will join Dr. Spain (Women in Leadership representative) and a representative from the LGBTQI SIG for a breakout session on how to be a better ally. In addition, we plan to hold another networking luncheon where members will be able to meet and greet and briefly discuss issues affecting psychologists of color, along with an informal meet-and-greet opportunity (coordinated by Dr. Arti Sarma) on the first night for those interested in getting to know some of the SIG leadership better.

The SIG continues to hold monthly calls (facilitated by Dr. Christopher Watson and Dr. Veronica Shead) every second Thursday of the month, where members can obtain useful information as well as share their thoughts regarding national and local issues pertinent to individuals of color. Our mentoring program is currently in development (coordinated by Dr. Josephine Ridley), as we are teaming up with the other various AVAPL SIGs to ensure that mentees have mentors that represent a multitude of intersecting identities and clinical/research interests. Plans are also in place to develop a presence on the AVAPL website as well as on VA pulse (which is being coordinated by Dr. Asale Hubbard). Lastly, the SIG plans to devote regular attention to present (and potentially conduct) research, both within the SIG itself and at the AVAPL conference from this point forward (coordinated by Dr. Maurice Endsley).

For those interested in joining and/or learning more about the SIG, please contact Gayle Iwamasa (gayle.iwamasa@va.gov) or Marcos Lopez (mdlopez19@hotmail.com).

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<u>Copy Editor:</u>	Bill Dycus
<u>Content Editors:</u>	Kaily Cannizzaro Layne Goble
<u>SharePoint Lead:</u>	Jack Tsan
<u>Regular Contributors:</u>	Rod Baker Claire Collie Bruce Nelson

NOTE FROM HISTORY

EARLY VA PSYCHOLOGY TB RESEARCH

Pulmonary tuberculosis (TB) was a serious problem among veterans after WWII requiring a major allocation of personnel and utilization of 20% of VA hospital beds. With the beginning of VA psychology in 1946, VA psychologists joined other health care professionals in treating and studying TB. That disease was also one of the first diseases to be the subject of the VA's pioneering cooperative research methodology, which combined data collected across multiple hospitals using the same research protocol in order to increase sample size and diversity of treatment locations.

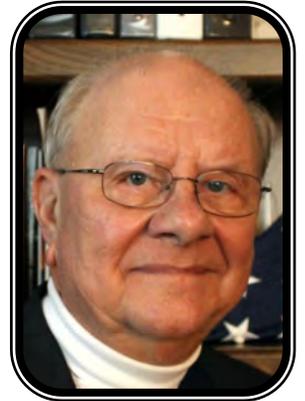
An important area of treatment and research activity for psychologists in TB settings was to understand and prevent irregular discharges. Psychological tests were used and behavioral assessment scales were developed to determine which patients would ask for or demand an early discharge. An early discharge was almost always against medical advice because it interrupted a course of treatment resulting in disease relapse.

Those psychologists doing research and treating 14,000 TB patients in the VA's 21 TB hospitals in 1955 attracted the attention of the National Tuberculosis Association (NTA). That year the NTA invited VA psychologists to present a special session on psychology and tuberculosis at their annual meeting with six psychologists reporting on their work with TB patients. NTA was clearly hoping that VA psychology research would improve treatment outcomes for TB patients.

The first psychology cooperative research study was established in 1956 to focus on psychosocial factors in the treatment of TB. Eighteen VA hospitals and 814 TB patients participated in the study with a psychologist functioning as principal investigator at each hospital. The study's findings were published by APA as a 1961 Psychological Monograph.

The TB cooperative studies led to other cooperative studies by VA psychologists as the profession began to develop a more varied research focus. With the start of the psychology cooperative studies in 1956, the VA also began a Newsletter for Psychologists in Tuberculosis the same year. In 1959, that newsletter was renamed the Newsletter for Cooperative Research in Psychology to reflect psychology's diverse research interest. ♡

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



Rod Baker

AVAPL SPECIAL INTEREST GROUP (SIG) UPDATE

SIG Update: Neuropsychology

The Neuropsychology SIG continues to benefit from strong peer-support, networking, and consultation through our online AVAPL neuropsychology listserv. Recent topics have included navigating the evolving landscape of raw test data storage, test updates in CPRS, productivity and coding metrics, and schedules and time allowances for neuropsychological assessments. In addition, the Neuropsychology SIG is represented by a number of excellent neuropsychology postdoctoral resident training programs and has enjoyed great success in recruiting excellent neuropsychology trainees.

PREVIEW: 22ND ANNUAL VA PSYCHOLOGY LEADERSHIP CONFERENCE

The 22nd Annual VA Psychology Leadership Conference
Westin Riverwalk
San Antonio, TX
Tuesday, May 28 - Friday, May 31, 2019

Promoting Quality, Integrated Care
for All Veterans

Key Highlights

- ◆ Opening address by Dr. Richard Stone, VHA Executive in Charge
- ◆ Keynote address by APA President Rosie Phillips Davis, Ph.D.
- ◆ Presentations from representatives of Veterans Service Organizations.
- ◆ Panel presentation on diversity.
- ◆ Update on APA's advocacy for Veterans.
- ◆ Invited updates from the Office of Mental Health and Suicide Prevention and the Office of Academic Affiliations.



VA PSYCHOLOGY
LEADERSHIP CONFERENCE

*VA psychologists--including program managers, chiefs/lead psychologists,
early career psychologists, and psychology trainees--are most welcome!*

For more information, contact Michael Martin, Ph.D., VA Psychology Leadership Conference Chair at conference.chair@avapl.org or visit the AVAPL website: <https://www.avapl.org/>.

This conference is co-sponsored by the [Association of VA Psychologist Leaders](#) (AVAPL), the [American Psychological Association](#) (APA), and [Division 18 of APA](#).

AVAPL SPECIAL INTEREST GROUP (SIG) UPDATE

SIG Update: LGBTQ

The LGBTQ SIG is starting to get off the ground and is looking to fill leadership positions! The purpose of the SIG is to bring together Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) psychologists and allies to address issues affecting these groups, as well as collaborate with other identity-based SIGs in order to address intersectionality. We will also be holding our first call towards the end of March, so keep an eye out for emails to the AVAPL listserv with more information. If you are interested in one of our leadership positions, please contact Dr. Kaela Joseph directly at kaela.joseph@va.gov. Dr. Joseph will also be at the upcoming AVAPL convention, and is excited to connect with folks around this new SIG.

AVAPL ADVOCACY

It is impossible to talk about advocacy for Veterans and Psychology's role without mentioning **Dr. Russell Lemle** and his effort to make things right. Many may be aware that Russell is retiring, but we can be assured that Russell is not retiring from advocacy! A series of webinars recently have focused on advocacy, emphasizing both desired outcomes and the "how to" of involvement. Russell epitomizes advocacy; it is important to understand his advocacy from both the "how to" and the "what happened" (i.e., outcome) sides. It has been my privilege to know and work with Russell on advocacy issues for many years. I am pleased to have this opportunity to share that privilege with the AVAPL membership.

The "how-to" of Russell's advocacy was first evident to me with his creation of the first Psychology Leadership Conference, then known as the AVAPL Leadership Conference (later affectionately referred to as "the Dallas Conference"). Russell's "how-to" for the Conference began not with the logistics of such a Conference, but with the underlying reason Russell believed the Conference was needed. What he saw then was the threat to Psychology's role in the VA and the very existence of psychologists within the VHA, as independent Psychology Services became part of "product lines" that were typically managed by psychiatrists. This development was demoralizing to psychologists system-wide, but no one was challenging it. In the story Russell wrote for "[Even More Stories From VA Psychology](#)" the how-to for Russell's advocacy was clear: being "incensed," outraged, and seeing Psychology under assault. Rather than accept the sinking morale that was spreading, Russell did what I have known him to do so many times since then – make the only viable choice - take action! In what is so second-nature to him, Russell will not ignore a threat to our profession or its ability to provide quality services to our Veterans. In true advocate fashion, his focus is on the desired alternative – "it is better to advocate for rather than against" something. He develops a plan to move forward. He recognizes that many voices are more effective than a single voice. Just as he organized the many voices of demoralized psychologists to take back their place as VA leaders with the first Leadership Conference, Russell carefully chooses other voices to carry the message – often one he has scripted. Other times they have been APA resources in the form of his soul mates, Drs. Randy Phelps and Heather Kelly. Still other times it has been the media; Russell refers to independent journalist Suzanne Gordon as "an unparalleled voice" in the effort to make things right. Seeking partnerships with groups outside of Psychology has been an effective strategy. These groups have included the Association of VA Social Workers, the Nurses Organization of the VA, the American Federation of Government Employees, and any number of Veteran Service Organizations. Russell does not shy away from speaking truth to power. He speaks that truth as an advocate for a just cause. He is tireless in pursuit of what is right.



I want to address Russell's advocacy from the "what happened" or outcome side now. I think there is no better sample of how this works than his efforts to preserve VHA's role in coordinating and authorizing Veterans' mental health care. He has highlighted the efforts – often subtle and hidden - to privatize Veterans' mental health care. His scrutiny of these efforts includes how the standards and accountability for community providers typically are not comparable to VHA providers and often noticeably absent. Russell puts his thoughts in writing, presenting the reality and the implications of planned actions. If you read Russell's article in the [April 2018 AVAPL Newsletter](#), you will have an excellent view of his focus on outcome. Included in that article is the link to the Federal Practitioner article detailing the risks posed by the proposed expanded Choice Program. The Choice Program is only one example; Russell has repeatedly alerted us to potential avenues for privatizing Veterans' health care, whether through the supposed generous billionaire's offer to establish free Veterans mental health clinics, or the work of a Presidential Commission, or the discussions of Veterans Affairs Committees of Congress.

VA Psychologists and the Veterans they serve cannot have a more dedicated advocate than Dr. Russell Lemle. One of the greatest retirement gifts VA psychologists can offer him is to commit to follow in his footsteps.

With aloha,

—*Kathleen M. McNamara, Ph.D.*

AVAPL SPECIAL INTEREST GROUP (SIG) UPDATES

SIG Update: Women in Leadership

The SIG is moving steadily forward with planned initiatives, including the development of a leadership mentoring program and continued collaboration with the AVAPL Psychologists of Color and Allies SIG. The Mentoring Workgroup, led by Drs. Natalie Dong and Jeannette Hsu, presented a webinar in November of 2018, “Paths to Leadership: Conversations with VA Women Psychologists,” featuring several distinguished women panelists. The event was well-attended and we had 32 new members join our listserv following this event—we are now over 200 strong and growing!

In December, Dr. Antoinette Zeiss, stepped down from her role as Co-Chair of our SIG to focus on enjoying her well-earned retirement! Dr. Zeiss was a co-founder of this SIG, has been an incredible advocate for psychologists in VA and a trailblazing woman in leadership. Her contributions to our field and to this SIG are so incredibly appreciated—*thank you*, Toni. Dr. Mary Beth Shea was appointed to step into this role, beginning her three-year term in January of 2019. Dr. Fikkan will continue to serve as Co-Chair through 2019 and is delighted to welcome Mary Beth aboard.

The SIG will be featured in several events at the 2019 VA Psychology Leadership Conference in May. Two events will feature members of our SIG collaborating with the Psychologists of Color and Allies SIG for a plenary session and a breakout related to diversity issues. The SIG will also host a breakout session on specific initiatives in VA that help prepare women to step into leadership roles. Additionally, our SIG will host a Networking Lunch where participants can gather to network informally with others interested in promoting women in leadership.

To be added to the Women in Leadership listserv, please send a request to Jeff Burk at webmaster1@avapl.org.

SIG Update: C & P

The C&P SIG was formed with the idea of attempting to clarify a variety of concerns. These concerns include but are not limited to time allotment for different Mental Health C&P’s, poorly written and confusing 2507 requests, administrative concerns (misspellings, DSM-IV references on current MH DBQ’s) as well as discussion of research related to “secondary” conditions.

Additionally, the SIG would like to be able to represent C&P examiners (specifically Mental Health at this time) at AVAPL. The SIG would also be interested in having discussions on a national level in order to discuss a standard of care for Veterans in the C&P process.

Since its formation a few years ago many members of the original group have moved on for a variety of reasons. If interested in joining and/or helping to facilitate this SIG please contact Christopher J. Murphy, PsyD at christopher.murphy5@va.gov.

PROGRAM SPOTLIGHT

Veterans Health Administration Workplace Violence Prevention Program

VHA's Workplace Violence Prevention Program (WVPP) model is an ongoing and iterative approach grounded in empirical science and threat assessment and management best practice. The model begins with VHA's most valuable resource, our employees. The Prevention and Management of Disruptive Behavior (PMDB) employee education program uses each facility's unique Workplace Behavioral Risk Assessment (WBRA) behavioral hazard exposure data to align employee training. Relevance of training promotes retention of content, thus training that is customized to address the skills needed for employees to manage what actually happens in the workplace increases the likelihood that personnel have the skills and abilities necessary to rise from being a bystander to an "upstander" in a critical situation. Employee requests for additional PMDB training beyond what is assigned based upon presumptive workplace risk level may not be denied.

Once a behavioral safety event has been addressed appropriately, a comprehensive approach to violence prevention must include a mechanism for personnel to report the event. The Disruptive Behavior Reporting System (DBRS) was implemented in every VHA facility in 2015. Accessible by all VHA employees, the DBRS



Dr. Lynn Van Male

gives equal opportunity to all personnel to voice safety concerns. The DBRS icon is available on the WVPP SharePoint homepage: <https://vaww.portal2.va.gov/sites/wvpp/SitePages/Home.aspx>. Reports made using this icon will be directed back to the reporting employee's home facility for assessment and management.

Reports made by employees regarding concerning behaviors must be addressed promptly and appropriately. DBRS entries are automatically

directed to a multi- and inter-disciplinary threat assessment and management team, either the Disruptive Behavior Committee (DBC) for patient-generated events, or the Employee Threat Assessment Team (ETAT) for employee-generated events. VHA's WVPP strives to ensure DBC and ETAT personnel engage in ethical, evidence-based, data-driven threat assessment and management practice consistent with current standards and regulatory requirements. Not everyone who makes a threat actually poses a threat. Similarly, people who pose a safety threat to others do not necessarily make threats. Threat assessment and management practice therefore focuses on standardizing the process of weighing risk and protective factors unique to each case in the context of each reported situation's specific circumstances. Outcomes of threat assessments will vary based upon the constellation of approximately 20 risk and 8 protective factors. These factors have been identified over thirty years of peer-reviewed science as relevant for informing threat assessment and management practice.

People tend to support what they, themselves, create. A threat management plan may be based upon a brilliant assessment, but if it is not implementable, then it will not be effective. Consistent with best clinical practice, threat management plans are collaborative with patients and employees, existing along a spectrum of confrontation to promote the likelihood the behavior is met with an appropriate intervention. It is possible to unintentionally escalate behaviors if interventions are not matched and paired appropriately to the concerning incident.

Finally, the assessment-informed management plan must be communicated to personnel. Ensuring employees know what actions to take to promote safety is the final point along the model's ongoing and iterative pathway. In VHA, the Category 1 Behavioral Patient Record Flag (PRF) is one possible mechanism for communicating a safety plan. PRFs are communication

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PROGRAM SPOTLIGHT — WORKPLACE VIOLENCE PREVENTION (CONT.)

(Continued from page 8)

tools, they are not interventions in and of themselves. As such they must never be used punitively.

VHA's WVPP model has been identified by The Joint Commission as a best practice and a summary of the approach published in JAMA, 2016.

Please consider the WVPP Consultation Team as the best contact if readers have questions or feedback about WVPP: WVPPConsultation@va.gov

WVPP Personnel:

Lynn M. Van Male, PhD, CTM (Director)
 Kelly Vance, MD
 Scott Hutton, RN, PhD, MBA, FAAN
 Bridget Truman, PhD
 John Whirley, PhD
 Charles Urwyler, LCSW
 Ashley Jepsen

—Lynn Van Male, Ph.D.

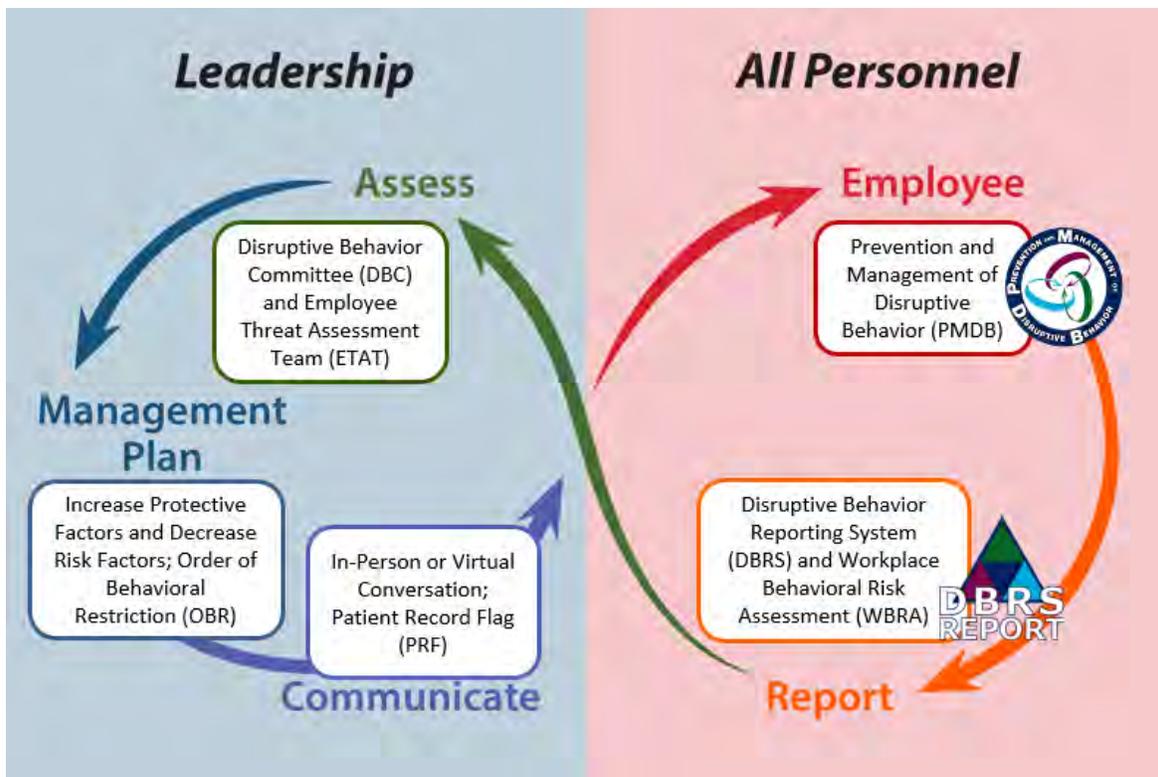


Figure 1. VHA's Workplace Violence Prevention Program (Van Male, 2016)

AVAPL SPECIAL INTEREST GROUP (SIG) UPDATES

SIG Update: Telemental Health

Our group continues to grow in size and scope! At our last meeting, we had a productive conversation with President Tracey Smith about the ways that our SIG can best serve AVAPL at large. Some of our ongoing projects include:

- Monthly Skype meetings with facilitated presentations about telehealth, conversations of support, and tips for navigating TMH in the larger VA system
- A brand-new VA Pulse page that will be a resource for SIG members and beyond looking to integrate telehealth into their practice (for an invite to the VA pulse page, please contact Dr. Genevieve Davis, Genevieve.Davis@va.gov)
- Future integration with the AVAPL Mentorship program, pairing psychologists who want to learn TMH together
- A new listserv to facilitate ongoing communication and networking within the SIG
- A new workgroup specifically addressing the intersection of psychology training and TMH

If you are interested in joining our meetings, listserv, or workgroups, feel free to reach out to our chair, Dr. Ruth Varkovitzky (Ruth.Varkovitzky@va.gov). And further, join us for lunch at the VAPL conference in May 2019, for an opportunity to meet and connect in person! More details to come.

SIG Update: Early Career Psychologists

After a period of dormancy, VA Early Career Psychologists (ECP) are re-initiating their formal engagement in AVAPL in hopes of enhancing resources for ECPs within the VA, promoting ECP interests, and creating a consistent voice within AVAPL. The newly formed ECP workgroup is led by Drs. Heather Kacos and Paul Korte. Successful planning meetings have occurred and there are several ECPs engaged in hopes of transitioning the workgroup into AVAPL's latest SIG! The ECP workgroup remains focused on psychologists who are within 10 years of earning their doctoral degree, as well as those that are within 5 years of their initial appointment to VA (no matter the years since graduation) to foster networking and development of leadership skills amongst those in their early years of health service psychology in VA.

We are very happy to introduce our core committee of the ECP workgroup including: Drs. Heather Kacos and Paul Korte (co-chairs); Katey Smagur (secretary); Dana Pilchik, Christina Vair, and Brian Apple (ECP conference committee); Lauren Vines and Tara Rosema (social media); Jessica Spofford (mentorship program, advocacy); and Jennifer Presnall-Shvorin (SIG liaison).

The core committee of the ECP workgroup leadership met in March to identify values, specific action items, and begin work on multiple areas the group hopes to address. Some of the primary areas of focus include conference calls, networking events, outreach, career development, and conference involvement. The ECP workgroup will also stay engaged with the annual AVAPL Mentorship Match between ECPs and more seasoned VA psychologists, which is scheduled to occur soon. If you are an ECP or newly hired in VA, please contact us with questions and to express your interest in being added to our listserv: Dr. Heather Kacos: heather.kacos@va.gov; Dr. Paul Korte: paul.korte@va.gov. We greatly look forward to working with AVAPL and the future of VA Psychology leaders!

MEMBER TRIBUTE: BOB GOLDBERG, PHD

Memorial Remarks for Robert (Bob) Goldberg at the 21st VA Psychology Leadership Conference May 31, 2018, San Antonio, TX

I will begin my comments about Bob's VA career by using some material from his career story in the third *Stories From VA Psychology* book.

Bob started his story by saying his father was a career civil servant contracting officer in the elite U.S. Atomic Energy Commission and in times of frustration, his father would give him his one piece of advice: "Rob, whatever you do, don't work for the Federal Government." As Bob often did, he added an appropriate psychoanalytic thought in his career story about his subsequent 42-year VA psychology career.

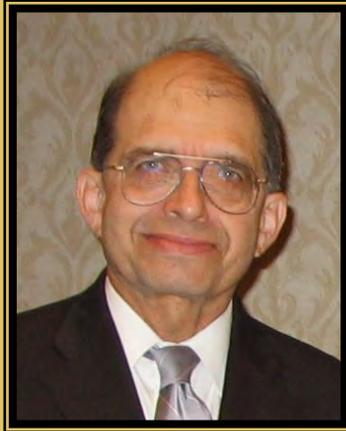
Bob had a distinguished career as assistant chief and associate chief of the psychology service at the Louis Stokes Cleveland DVA Medical Center (LSCDVAMC) for twenty years, but chose to focus on his 35-year career as training director, a real love of his. He quickly became involved in organization roles both within and outside the VA system, including the VA Psychology Training Council and the Association of VA Psychologist Leaders. In 1986, he became the ABPP's specialty representative to the ABPP Midwest Regional Board that began his thirty-year involvement with ABPP, during which he served their Board of Trustees as secretary *ex officio*, newsletter editor, and historian.

He approached the APPIC Board of Directors regarding his potential contributions to the newsletter, which he edited from 1994 until his retirement and was subsequently elected to the APPIC board for which he was secretary from 1995

to 2001. He indicated that his most important contribution was making the formal motion for APPIC to establish the highly successful computer match for intern selection.

As historian for both AVAPL and Division 18, he contributed his historian experience in co-editing the 3rd book of *Stories From VA Psychology* publication with me last year, and just before his death finalized his co-author role for the history of NOVA-Psi publication.

Those are the highlights of a very successful VA and professional career, but for those of us who knew him that doesn't capture the story about the Bob.



First of all, the photo of Bob published here is missing the camera hung around his neck. He was the ubiquitous photographer for many years at APA meetings of Division 18, VACO, and AVACP/AVAPL. Many of the photos he took over the years are in the VA psychology and AVAPL archives at the Cummings Center for the History of Psychology at the University of Akron, but I could not find one with the camera around his neck—the photographer rarely gets in his pictures. The above photo of Bob is from his presidency of Division 18 in 2005 when the division first became a co-sponsor of these VA psychology leadership conferences, and he was representing Division 18 and the VA Section at the conference.

The interns he worked with over the years considered him a valued mentor who taught them many things. Those of us who knew and worked with Bob use familiar phrases in describing him, commenting on his wit, charm, erudition, energy, zest for life and sense of humor. Many will miss him.

—Rod Baker, Ph.D.

AVAPL NEWSLETTER

APRIL 2019

SUICIDE RISK MANAGEMENT Consultation Program FOR PROVIDERS WHO SERVE VETERANS

It is not uncommon to have moments in our professional careers where we could benefit from another colleague's support, especially when it comes to helping patient at risk for suicide. Work with patients whom we are especially worried about involves the need for support, for not only the patient, but for you as the clinician as well. Through the VA Suicide Risk Management Consultation Program (SRM), whether you are with VA or a provider in the community, you can obtain support from a colleague that specializes in suicide prevention, while sharing any concerns or questions you might have. This free consultation service is designed to offer support, recommendations on specific cases, guidance on general suicide prevention practices and resources. You can discuss any topic related to suicide prevention, including assessment, conceptualization, risk stratification, documentation, management, treatment and lethal means safety. You can also use the service to gain support and resources following the loss of a patient to suicide.

When asked what they liked most about the program, one provider stated, "...Being able to talk about my anxiety and worry about the Veteran and the risk; being worried that I was missing something and being able to talk about that... not feeling judged or criticized! ..." Through consultation with SRM, you can find the answers and resources you need to help the patient you are serving overcome emotional distress and find their journey of resiliency. Never worry alone, as you are never alone when it comes to suicide prevention.

Please email the SRM team today to request a consult at:

SRMCONSULT@VA.GOV or visit our website at: <https://www.mirecc.va.gov/visn19/consult/index.asp> to learn more.

#NeverWorryAlone

—Kaily Cannizzaro, Ph.D.

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

