From the Editor’s Desk

On January 1, 2020, there seemed to be an excitement all around. The air was fresh and the sun bright (at least in NC). It was not just a new year but a new decade. 2020 was an opportunity for all to set a vision. In the three short months since then, we have entered more uncertain and challenging times. A global pandemic, unprecedented in our lifetimes, has taken hold of our precious resources. Many of us are in survival mode. As stressful and scary as these times are, I think we still have the same opportunity in front of us to clarify what is most important in our lives, focus on what gives us meaning and what is actually within our control, practice acceptance, connect with others (albeit from a physical distance for now), and engage in regular self-care. These things are perhaps more critical now than ever. In that spirit, APAHC will continue to be a place of support, information, advocacy, and collegiality for psychologists in AHCs. In this issue of Grand Rounds (with a new, fresh look), our 2020-2021 President, Wendy Ward, PhD, ABPP, shares her vision for the organization. We present a host of resources to help you cope with COVID-19 stress and adapt to new ways of working. And, as always, we highlight the amazing things our members are doing to meet the academic and clinical missions of AHCs. I hope you will enjoy this issue and be inspired to connect with the organization, including sharing your work in a future issue of Grand Rounds.

May we all be happy. May we all be healthy. May we all be safe. May we all live with ease.
Hello, everyone!

A little about me…

For those of you who do not yet know me, I am an APA Fellow and Clinical Psychologist at UAMS with a passion for interprofessional collaborative practice with integrated psychology services across care areas. More specifically, I am a clinician with almost 30 years experience providing evidence-based treatment as part of an integrated team. My clinical work centers on health concerns and specifically behavioral health, pediatric obesity, and pediatric sleep, developing programs with a population-based prevention/health promotion focus. I have developed a successful model of interprofessional team integration that serves as a program model and has been replicated across 38 outpatient subspecialty medical clinics in a pediatric health system. This model has led to high rates of patient satisfaction on specific indicators of patient- and family-centered care, increasing levels of team integration, and high co-provider (physician and non-physician) satisfaction with team functioning and health outcomes suggestive of an effective and positive culture of integrated health. More recently I have been working institution-wide to develop, implement, and evaluate faculty and clinical staff development that teaches interprofessional collaboration skills via active learning and supports the clinical integration process across the institution.

About the profession…

Now is a pivotal time for psychologists—healthcare reform offers many opportunities. First, value-based reimbursement models incentivize institutions to focus on arenas where psychologists excel—improved health-related behaviors that enhance health outcomes and reduce costs to the overall health care system. Second, the increasing emphasis on burnout rates in health care professionals draw attention to the expertise of psychologists in professional wellness initiatives. Third, the transition to interprofessional collaborative practice facilitates the integration of psychology services within team-based care. Together, these forces provide opportunities to enhance the perceived value of psychologists, and lay the foundation for psychologists to rise as leaders. If we can capitalize on them.

About the association…

I am thrilled to be starting my Presidential years in service to APAHC, an association that has given me so much over the years—mentorship, active research projects that benefit our profession, a critical voice in the AAMC’s CFAS, an international social media presence, innovative diversity/inclusion/health equity initiatives, resources for faculty at each stage of the career life cycle, continuing education (via the conference, newsletter, and journal) and a supportive community of psychologists who are working in academic health centers and other healthcare settings. Our Board is constantly working to develop new projects that expand the quality of service to our members, dissemination of our scholarly work, and the quality of healthcare provided to our patients.

Vision and Initiatives

APAHC is uniquely positioned as the “home” for psychologists working in academic health centers and other healthcare settings and thus could be a relevant community for many psychologists across multiple divisions—12, 38, 53, 40, etc—to join. Yet we are still a relatively small association. During my presidency we will be focused on continuing and expanding our efforts to meet the needs of our members. As a professional community, we recognize our role in the professional development and career success of our members across the career life cycle and are committed to excellence in this regard. We are also committed to getting the word out about this great association. We have created a strategic advertising approach with our logo and link to membership benefits on all external messaging. If anyone feels an advertisement should go to a group of psychologists that we are not yet communicating with, please let us know. It is our hope that APAHC will expand its reach and membership, but continue to provide what is special about this association—a growing, thriving community of psychologists building supportive relationships, developing collaborative research and clinical efforts, educating each other on the latest innovative approaches, and growing leaders for the future.

Join me as APAHC paves the way for a bright future for psychologists working in healthcare settings!
Professional needs and meaningful professional development experiences vary across level of training. Overall, identifying professional identity, responsibility, and one’s professional role appears relevant at all stages of training. In order to enhance trainees’ professional development, it is crucial to first understand what professional experiences are significant in their training as emerging psychologists.

“I recognize that the greatest area of growth for me has been the development of my professional identity. Transitioning from a master level student to a doctoral student was difficult. Specifically, I struggled to distinguish between the professional responsibilities.”
– Daisy Ceja, Graduate Student

“My professional and training needs as an intern have been varied over the course of my doctoral program. However, when I reflect on my needs it seems to return to the need for depth. Depth in training, depth in education, and depth in experiences. ... you don’t know what is out there if no one tells you about it or explains how psychology fits into different areas of the world. Psychology has grown in many ways and now appears in many areas it wasn’t once as popular like primary care or working for large companies looking at human factors.”
– Alexander Young, Pre-doctoral Intern

“My training and professional needs can be described as a pursuit to strike a balance between independence and support. At this point in my career, I feel the growing desire to work as a provider and consult rather than supervised.”
– Gregory John Vitale, Psy.D., Post-Doctoral Fellow

It is clear that diverse professional experiences enhance trainees’ professional development. Often, trainees in earlier stages of professional development benefit from prompt feedback and supervision, or observation of supervisors interacting with other professions, whereas more advanced trainees value exploration of roles and responsibilities, including opportunities to work collaboratively with other professions. Team meetings, rounds, and interprofessional workspaces may be examples of opportunities through which more advanced trainees can actively practice collaboration and communication with other professions, and may be especially effective in role/responsibility exploration.

“Having the opportunity to receive live supervision allowed me to immediately make changes to my practice and it allowed me to consult with my supervisor and peers. I also had the opportunity to supervise master level students and help them develop and understand the theoretical foundations of their work... I believe that supervision has had the greatest impact in my professional development.”
– Daisy Ceja, Graduate Student

“My most valuable meaningful experiences have been in the interdisciplinary work within the primary care setting. Working in this setting, one begins to understand the value of an interprofessional workspace and can see the benefit it has for patient care. I have enjoyed opportunities to collaborate with other disciplines as well.”
– Gregory John Vitale, Psy.D., Post-Doctoral Fellow

The trainee comments included herein highlight the need for effective mentorship at each stage of development. While mentorship can be elusive, it is a critical element in helping trainees meet their professional and training needs. More specifically, how mentors adapt to trainee needs in varying stages of professional development plays a significant role in the career trajectory of trainees. Implicit themes from the trainee comments involve mentors’ creating a safe space for emotional and social support. Mentorship received in a supportive environment allows trainees to reflect on clinical growth areas, difficulty transitioning from one stage of development to another, and their emerging identity as a psychologist.

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“I have always been interested in working in medical environments but wasn’t sure how to engage it during my program. So, I created my own path, by contacting a psychologist that worked in a hematology and oncology children’s program. In doing this I not only created my own experience, but my path allowed other students in my program to gain experience that previously did not exist.”
– Alexander Young, Pre-doctoral Intern

The ability to access mentors’ professional networks represents another theme consistent with the trainee comments. Mentors who open “professional doors” increase trainees’ contact with other professionals often resulting in securing internships, fellowships, and employment. Furthermore, mentors who utilize their own organizational relationships help provide trainees opportunities to create novel clinical training experiences.

Lastly, the trainee comments emphasize the importance of achieving professional autonomy. An effective mentoring relationship is vital to supporting independence as trainees progress through stages of professional development. Effective mentorship that supports autonomy, not only assists trainees in readiness to enter clinical practice, but also is valuable understanding the role of psychologists in the broader scope of health care.
The 2019 AAMC LEARN, SERVE, LEAD conference in 2019 was a stimulating conference addressing academic healthcare’s opportunities and challenges and a range of topics about broader health, educational, and societal issues. This LSL had the largest attendance ever.

From an organizational perspective, 2019 has been a year of big changes at the AAMC. David Skorton, M.D., became the new CEO and President, succeeding Darrell Kirsch, M.D., the psychiatrist and former AAMC leader who addressed the 2019 APAHC Conference. Like his predecessor, Skorton has a keen interest in psychological phenomena, as he was a psychology major before attending medical school. He challenged the academic health community to go beyond the “unacceptable status quo” and make more substantive progress in combatting social and economic challenges and to surmount the hurdles that subvert US healthcare at this point in history. While decrying the failures of the healthcare system, he lavished praise on health professionals, students, and interprofessional teams and highlighted the advances in biomedical research that are incubated in medical schools and AHCs. Skorton prioritized three challenges: (a) diversity, equity and inclusion in medicine; (b) mental health and substance use disorders; and (c) the unacceptable costs of healthcare. He cited the need to address mental health stigma, limited access to mental health professionals, and inadequate insurance coverage for mental health and substance use disorders. He is undertaking a new strategic planning process to align the AAMC’s activities with his concerns. Whereas his focus primarily represented patients’, learners’, and physicians’ views on these matters, there is little doubt that his voice and priorities will be strong drivers for continuing opportunities for psychologists within academic healthcare.

Lily Marks, M.D., Chair of the AAMC Board of Directors, addressed the role of medical schools in society. She noted, “virtually all our institutions now face the enormous challenge of funding and delivering these public goods in an era when society is questioning the value of higher education, the veracity of science, and the cost and value of the health care services we provide.” She also expounded on the tension between the academic and clinical enterprises at a time of reductions in state support for education and threats to reimbursement from payers. She warned against allowing the focus on bolstering the clinical enterprise to hollow out the academic mission.

LSL has multiple presentations and forums, with important voices beyond the AAMC’s leaders. Psychologists who attended APA in 2018 recall Bryan Stevenson J.D.’s riveting keynote address. As the founder of the Equal Justice Initiative, he is a champion of legal defense for death row inmates and for addressing race, poverty, and related social justice causes. At LSL, he gave a spellbinding keynote, leaving audience members in awe, enlightened, and contemplating how to support social justice causes and better bridge gaps with diverse communities. It was reassuring to see the academic health community was as moved by his words as psychologists had been at APA in 2018.

Other speakers included the Pulitzer-prize winning historian Jon Meacham, the organizational psychologist, Amy Edmonson, Ph.D., and educational sociologist, Anthony Jack, Ph.D. Meacham addressed the challenges of today’s divisive times, putting them in perspective, of crisis 50 (Vietnam War) and 100 years ago (World War I). He noted that the xenophobia, racism, extremism, and isolationism on display today ebb and flow, and that human qualities of curiosity, humility, and empathy are crucial for overcoming current political and social divisiveness.

Edmonson’s presentation addressed a key aspect of teamwork and psychological safety, based on her 2018 book, The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation and Growth. She explored the importance of empowering workers throughout an organization to be able to speak up and address concerns so as to prevent adverse or catastrophic outcomes.

Anthony Jack, Ph.D., addressed diversity and inclusion in education, drawing upon his personal experience and research in his recent book, The Privileged Poor: How Elite Colleges are Failing Disadvantaged Students. He outlined the challenges that disadvantaged students face and explored how universities need to understand them and their needs better so as to provide more effective supports for surmounting barriers.

LSL also showcased the work of psychologists. Susan Rosenthal, Ph.D., and Daniel Shapiro, Ph.D., presented thought-provoking talks on strategies for addressing faculty and staff burnout including the importance of assessing the efficacy of programmatic interventions to promote wellness. Scott Slattery, Ph.D., and Marianne Reilly-Spong, Ph.D., discussed a program for better addressing learners’ counseling needs with an in-house mental health clinic for medical students.

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Part of LSL is programming for the Council for Faculty and Academic Societies (CFAS). Four psychologists participated in CFAS activities: Serina Neumann, Ph.D., and Monica Baskin, Ph.D., representing their schools' faculty, and Laura Shaffer, Ph.D. and Bill Robiner, Ph.D., as representatives for APAHC. APAHC members Drs. Shaffer and Robiner as well as Suzanne Danhauer, Ph.D., presented posters at the CFAS and GWIMS poster session. CFAS is addressing equity in promotion and tenure for women and underrepresented populations, faculty resilience, anxiety about Step 1 exam, and the need to enhance medical education by addressing generational issues (e.g., social media and educational technology).

By bringing together diverse members of the academic health community to address contemporary issues, LSL is an important forum for psychologists to participate in to promote interprofessionalism and add psychology’s voice to advancing health, educational, and scientific interests.
Despite research emerging over 20 years ago about the long-term health impacts of adverse childhood experiences (ACEs), addressing trauma and trauma-related sequelae in healthcare settings remains a challenge. Primary care clinicians do not feel adequately trained to discuss trauma with patients; in one qualitative study, physicians described frustrations working with patients who had trauma histories, sometimes focusing on acute medical issues to avoid initiating a discussion about trauma that they felt ill-equipped to navigate (Green et al., 2011). A strictly biomedical approach in this context is especially limiting; it excludes social and historical factors that affect current symptoms and presentation. By contrast, empowering clinicians to more fully understand their patients, listen, and bear witness to patient stories can be therapeutic in itself. Dr. Kaethe Weingarten’s witnessing model (2011) describes this phenomenon well: those in helping professions expose themselves to people’s stories that include violations of trust, power, control, and betrayal by those who are supposed to protect. She emphasizes that as witnesses, we listen to others’ stories and hope that our caring and compassion can help ease their pain. Though medicine is a humanistic profession at its core (Thibaut, 2019), addressing the impact of trauma on health remains underemphasized in medical education compared to biomedical topics. A recent survey of family medicine residency program directors found most programs dedicated less than five hours a year toward training in trauma-informed care domains, and that these trainings were limited to primarily didactic teaching methods for recognizing signs of trauma (Dichter et al., 2018).

To understand their patients, healthcare clinicians must understand psychological trauma - an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on an individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMSHA, 2014). Studies have shown that early trauma exposure is associated with increased risk for numerous physical health issues, including cardiovascular disease, cancer, and liver disease, as well as mental health issues such as depression, anxiety, and suicidality (Felitti et al., 1998). Furthermore, trauma survivors may be particularly sensitive to power dynamics, have difficulty trusting others, and experience discomfort with the intrusive nature of some medical procedures (Havig, 2008). Trauma-informed, patient-centered care necessitates clinicians developing an understanding of how psychological trauma impacts health, and how to sensitively and effectively work with patients who have a trauma history.

CURRENT INITIATIVES

Training in trauma-informed care (TIC) for clinicians has become more frequent in recent years. Perspective and opinion pieces have appeared in major medical journals about TIC (Keuhn, 2020; Novick, 2018; Rittenberg, 2018). California’s first Surgeon General, Dr. Nadine Burke Harris, launched a formal training initiative for California healthcare professionals to screen patients for ACEs (https://www.acesaware.org/). These initiatives indicate a growing recognition of trauma and toxic stress as a public health issue. Several regional and national collaboratives have emerged, such as the Center for the Collaborative Study of Trauma, Health Equity, and Neurobiology (THEN) and the Trauma-Informed Healthcare Education and Research (TIHCR) collaborative, both of which are multidisciplinary groups working to advance TIC education, research, and practice. Recently, the National Council for Behavioral Health and Kaiser Permanente launched the Trauma-Informed Primary Care: Fostering Resilience and Recovery initiative. Through this effort, they disseminated a publicly available and comprehensive “Change Package” to provide information, action steps, and tools to guide implementation of a trauma-informed primary care approach.

THE ROLE OF PSYCHOLOGISTS

Psychologists embedded in academic health centers are in a unique position to teach healthcare clinicians about TIC. TIC overlaps with many of the other educational topics psychologists may teach in their integrated healthcare roles, including curricula focusing on mental health, social determinants of health, and broader biopsychosocial and systemic approaches to understanding patient health. Our work in this area developed out of our roles as postdoctoral fellows and then early career faculty within the Veterans Health Administration. Given the increased prevalence of trauma within a Veteran population (both historical and current), we recognized a need within our institution for medical and nurse practitioner residents to develop skills in TIC. With SAMHSA’s six trauma-informed principles (safety; cultural, historical, and gender issues; empowerment, voice, and choice; collaboration and mutuality; peer support; and trustworthiness and transparency), we used our roles and skills as medical educators to build off these principles and develop educational content that aligned with clinical competencies. SAMHSA’s recommended 4-R trauma-informed approach (Realize, Recognize, Respond, and Resist Re-traumatization) allowed us to develop a curriculum that translated these principles into practice. In addition to these resources, our curriculum involved introducing residents to literature on ACEs and its impact on physical and mental health. We also taught concrete skills to use in a healthcare environment for a trauma-informed physical exam, trauma screening (if, when, and how), and strategies for managing a triggered patient. Equally importantly, we emphasized psychologically-sound strategies to promote clinician self-care to minimize vicarious traumatization when working with patients who have a trauma history. Our program evaluation showed that residents felt their understanding of TIC improved, they felt more comfortable using the skills in practice, they appreciated the clinician self-care emphasis in the content, and they believed the
topic was an important part of their medical education (Shamaskin-Garroway et al., 2017; Shamaskin-Garroway et al., 2019).

Beyond explaining the relationship between trauma and mental health, psychologists in healthcare settings can focus their teaching on physical health outcomes that are salient to healthcare professionals. For example, when teaching primary care clinicians (including both physicians and nurse practitioners), psychologists can emphasize research about how early traumatic events have downstream physical health impacts through dysfunction in neurobiological and immune system development that increases risk for common chronic diseases (Anda et al., 2006). We can also help clinicians reframe how they view maladaptive health behaviors as tools patients may have adopted to calm overwhelming distress (e.g., drinking alcohol, smoking, eating in response to stress). Furthermore, embedded psychologists can address the commonly perceived barriers to addressing trauma (i.e. “opening Pandora’s Box’) and teach communication skills that are relevant for these conversations with patients (active listening, validation, empathy). Psychologists can also model how to talk with patients about mental health and potentially facilitate getting patients connected to treatment.

CLINICIAN WELL-BEING

Lastly, recognizing the prevalence of ACEs (2/3 of Americans reporting one or more; Felitti et al., 1998; CDC 2016), there is a high likelihood that healthcare clinicians themselves have experienced trauma. They may be emotionally reactive to some of the TIC content; coupled with their own trauma narratives, this can impact how they approach (or avoid) these topics with patients. Their ability to bring empathy and understanding (“be curious, not furious”, a take-away emphasis in our teaching) is dependent on how well they have taken care of themselves. Psychologists integrated into other clinical departments or involved in Employee Assistance Programs are often called upon to promote clinician wellness and self-care in order to prevent or minimize burnout. It is always good practice to explicitly address clinician self-care when teaching about TIC.

CONCLUSION

TIC lies at the intersection of what we as psychologists promote in our institutions: patient-centered care and clinician wellness. It involves a biopsychosocial approach that seeks to understand patients’ full stories, adversities they have faced, and resilience factors that have been helpful along the way. TIC involves emotionally-laden content, regardless of whether clinicians screen and discuss past trauma with patients or take the universal precautions approach to assume a trauma history and treat all patients as though they have experienced trauma. Therefore, an important component of TIC is the patient-clinician relationship and the challenge clinicians face providing a safe, understanding space for patients while protecting their own well-being as a witness. The consequences for a helper, who may be aware of their witness position but disempowered to help, can manifest as compassion fatigue, burnout, or secondary traumatization. Acknowledging one’s role as a witness to suffering is an important step toward developing coping tools that can empower and equip a clinician for the work of witnessing (Weingarten, 2011). As integrated care psychologists, we can teach TIC and promote principles aimed at improving both the patient experience and clinician well-being.

References:


Infographic from National Council of Behavioral Health Trauma-Informed Primary Care Change Package.
References continued from previous page


Thibault, G. E. (2019). Humanism in medicine: what does it mean and why is it more important than ever?. *Academic Medicine, 94*(8), 1074-1077.


COVID-19 Resources

In an effort to support psychologists’ professional and personal well-being during the COVID-19 pandemic, APAHC has compiled a list of resources on our webpage. Here you will find information for the general public, as well as for professionals. Included are links to meditations, how to manage loneliness during social isolation, educational shows for children, healthcare provider well-being resources, continuing education on teledicine, and more. Selected links are provided below. In addition, several meditation apps (e.g., Ten Percent Happier, Headspace, Calm) are offering free trials for healthcare providers for a limited time.

- **FACE COVID**— An ACT-based guide on responding to unhelpful emotions regarding COVID-19
- The National Center for PTSD also offers tips for managing stress related to COVID-19
- **APA’s telepsychology resource library** has been opened to all users for free
- Yale’s popular **Science of Wellbeing** course is being offered for free on Coursera
Member Highlights

Kudos to APAHC members Amit Shahane, PhD, and Kathleen Ashton, PhD, who served on APA’s Health Behavior Assessment and Intervention (HBAI) Advisory Group. The group was charged with developing the 2020 Health Behavior Assessment and Intervention Billing and Coding Guide. Thank you for your service!

Congratulations to Amy Williams, PhD, on being named Co-Chair of the APAHC Research Committee!

Let APAHC members know what you’re doing!

We are seeking submissions of approximately 1,000 words for upcoming installments of Grand Rounds.

We also are seeking the next newsletter editor beginning January 2021.

E-mail your proposals to the editor at apahc.association@gmail.com