The Beginning of VA Psychology and the VA Psychology Training Program 1946 -1966

Rodney R. Baker, Ph.D.
VA Psychology Historian

The presenter is a VA psychology historian and retired chief of psychology and the mental health service line director at the South Texas Veterans Health Care System in San Antonio. The presentation was first presented as a VA Section, APA Division 18 webinar on March 7, 2019. This version of March 9, 2019 adds edits to that initial presentation to correct errors and clarify comments.

Presenter Comment: Much of what I am going to talk about in this presentation was first covered in the book on the history of VA psychology that I co-authored with Wade Pickren for APA Books in 2007 entitled Psychology and the Department of Veterans Affairs: A historical analysis of training, research, practice, and advocacy. It is the first citation of references for my comments listed in the bibliography slide appearing at the end of my presentation.

I will add that my presentation will not include material on the rich history of early VA psychology research, but the 2007 book does include two chapters describing some early and critical research and planning resources by psychologists that directly affected patient care in the VA. One example is the cooperative research venture by psychologists examining psychosocial issues of the patient with pulmonary tuberculosis that resulted in a 1961 Psychological Monograph published by APA.
"History is all about what happened and what happened is a story."

A second comment on the presentation is that this is a history, and I invite you to consider the assessment of history on your screen: "History is all about what happened and what happened is a story."

Depending on your past exposure to history, you may have the same reaction that Charles Drebing had in reviewing a history book for APA Books:

"History and Systems of Psychology was the least popular class among the required courses in my graduate program. The lectures and readings about past theorists, research, and events generated about as much excitement as paying tuition."

I have to admit that I shared some of Drebing's comments reflecting on my own exposure to history education with demands to remember lists of events, names, and dates. In this presentation, however, I will expose you to the stories of what happened in the beginning of VA psychology and its training program—I hope you will find it an interesting account.

By the way, that quote by Drebing was the way he started his review of the book that I co-authored with Wade Pickren for APA Books on the history of Psychology and the Department of Veterans Affairs on which this presentation is primarily based. (PsycCRITIQUES, 1554-0138 May 2, 2007, Vol. 52, Release 18, Article 1, © 2007, American Psychological Association.)

Drebing, however, did end his review of our history of psychology and the Department of Veterans Affairs with a positive comment that I hope you will experience during this presentation.

"Baker and Pickren...have written a well-crafted historical resource...Most important for me, as a VA psychologist, I gained a valued sense of how my work fits into, and has benefited from, the contributions of those who have gone before me. Surprisingly, this book is both relevant to my current work and provides insights into where that work might be heading in the future. Although I am not ready to go back and reread my History and Systems texts, I am ready to recommend this book to fellow psychologists, and have already done so."
Prior to 1946, there were virtually no doctoral-trained psychology treatment staff in the VA; master's level technicians provided assessment and limited vocational counseling services.

Doctoral VA psychology staff were first recruited in 1946 with the start of the VA psychology program. Even by the fall of 1946 (when 215 psychology students were assigned to begin their training in the VA... and we'll hear more about that later), there were less than 60 doctoral staff in the VA (the blue line in the above graph.) And doctoral staff didn't equal and then exceed the number of psychology trainees until the 1960's. After 2000, the growth of doctoral staff tripled in less than 20 years until over 5500 doctoral staff were providing clinical and program services to veterans in VA medical centers in fiscal year 2018. The VA has easily retained its long-standing claim over the years to employing more clinical and counseling doctoral staff in the U.S. than any other single patient care organization.

The drop in predoctoral psychology students (the red line in the graph) from 1970 to 2000 was primarily due to the shift from funding less-expensive part-time psychology trainees to the primary focus of funding more-expensive full-time internship training.

The first VA funded postdoctoral psychology students were appointed in 1991 (the green line), reaching 213 in 2010 and, in the 2018 fiscal year, 454 post-doctoral students were funded by the VA. It can also be noted that the VA’s funding of 1,225 interns and post-doctoral students in fiscal year 2018 also exceeds that for any other single funding source of psychology training in the U.S., including the National Institute of Mental Health with its training grants program.

(Optional): It can be parenthetically noted that the VA has funded over 40,000 part-time and full-time training appointments in psychology from 1946 to 2012. Because early years of the training program allowed multiple year appointments of an individual and a number of interns in later years were also funded for postdoctoral appointments, the estimate of the number of different individuals provided clinical training in the VA from available records is 28,000. [Non-funded or without-compensated (WOC) training appointments have never been included in any official VA training records but could easily add thousands of students to the total of funded psychology students trained in the VA].
Topics covered in this VA psychology history presentation:

* Forces after WWII leading to the reorganization of the VA.
* VA psychology is established.
* The VA psychology training program is started to meet the critical need for doctoral psychologists with clinical training to work with veterans.
* By 1960, VA psychology had earned a reputation for leadership and innovation in patient care.

It will also be noted in this presentation that the need for clinically trained doctoral psychologists was met by the VA psychology training program. So, the beginning of VA psychology and the beginning of the VA psychology training program are virtually identical intertwined stories.
Forces leading to reorganization of VA patient care in 1946:

- Although the VA was established in 1930, the VA that most of us recognize today got its start in 1946. That was when a massive restructuring and increase in patient care programs, services, and staffing was needed to take care of millions of new veterans returning from WWII who would be eligible for and expect healthcare in the VA.

(The above statement defines the first re-organization need.)
Problems for the VA in 1946

- VA employees had enlisted as did millions of other patriotic Americans. During the war, the Army had to send military doctors to work in VA hospitals to take care of patients.
- By 1945, three-fourths of the 2300 physicians in the VA were on active military duty. It was an accepted fact that most of these military doctors would be leaving the military (and the VA) and there would be significant staffing problems in taking care of both the WWI and the new WWII patients needing care.

(The above defines the second need for reorganization of the VA.)
Problems for the VA in 1946 (cont)

- At the start of 1946, the VA had 81,000 authorized beds but many were closed due to staffing shortages, and 69% of the operating beds were occupied with patients from WWI. The majority of the WWI patients had a psychiatric diagnosis with an average length of stay of 500 days. Reducing that length of stay would be needed to provide bed care for the new WWII veterans.

(The above statement continues to define the 2nd need for reorganization of the VA.)
President Truman asks General Omar Bradley to serve as VA administrator and “fix” its problems

- General Omar Bradley had been in charge of American troops in Europe and was a very popular general for officers and enlisted men alike. He was noted for listening to the issues of his troops and for never losing his temper.

(The above slide starts to describe the “fix.”)

In one story told about Bradley, a difficult German prisoner of war was being interviewed and one of Bradley’s aids nervously fingered his rifle and, accidentally, sent a bullet whizzing by the general’s ear. Bradley was reported to have asked, calmly, “Can’t you be a little more careful with that darn thing—please.” That story probably passed as quickly among privates and generals alike in the Army in Europe as a YouTube story might reach our population today. Truman knew that General Bradley would be trusted by veteran patients to take care of them. Bradley accepted Truman’s request and became the “veterans general.”
Bradley begins to “fix” the VA

- In addition to his reputation for listening, Bradley was also known for his organizational skills and for choosing good people to work with him. With no medical training himself, after being appointed the new VA Administrator, he asked General Paul Hawley to join him. Hawley, a physician, had been in charge of 16,000 physicians and was responsible for all medical care for troops in the field in Europe. Bradley wanted Hawley to be in charge of medical care in the VA.

(More on the “fix.”)
Hawley’s first decision:

- Hawley had been an Army doctor his entire medical career and knew he would need acceptance by the AMA and American Association of Medical Colleges, especially for the key plan that he and Bradley had for improving VA medical care – to establish training affiliations between the VA and the nation’s medical schools.
- Hawley picked Dr. Paul Magnusson to help him, a respected leader of medicine and medical education in the country.

(Still more on the “fix.”)

Magnusson had been an advocate for medical school affiliations and had in the past tried to argue with previous VA administrators for such affiliations. Hawley knew Magnusson was the best person to argue that position with the nation’s medical schools and turned that task over to him while he and Bradley focused on the legislation they believed necessary to improve VA health care.
Legislation planned by Bradley and Hawley to improve medical care:

- Bradley and Hawley spent much of the late summer and fall of 1945 putting together a legislative package to reorganize the VA to improve patient care. The legislation had 3 major components...

(More on the “fix.”)
Legislation components planned by Bradley and Hawley to improve medical care in the VA:

- First, take the recruitment of doctors, dentists, and nurses in the VA out of the hands of the Civil Service Commission to hire these staff more quickly and with improved salary levels based on quality of credentials and experience. This would be opposed by the powerful Civil Service Commission.

(First part of legislation for the “fix.”)

As noted previously, Hawley had 16,000 physicians under his command in Europe who knew the medical care needs of veterans. Hawley knew they respected him and would want to work for him again if he could compete with the lure of starting a private practice after the war. Bradley and Hawley wanted to avoid the cumbersome and lengthy recruitment process used in federal government for hiring doctors, dentists and nurses and use what was called Title 38 recruitment and personnel authority.
Legislation components planned by Bradley and Hawley to improve medical care in the VA (cont):

- Secondly, Bradley and Hawley wanted authority for the VA to establish affiliation agreements with medical schools to train their medical students in the VA and to have their training supervised by experienced faculty.

(The second part of the legislation for the "fix.")

Bradley and Hawley were convinced that bringing medical school faculty and students into the VA would bring the VA into the mainstream of patient care and lead to improved health care for veterans.

Affiliation agreements had been previously established between the Army and medical schools and Hawley believed these affiliations had helped training of Army doctors. He firmly believed these affiliation agreements would also help the VA. Previous attempts to establish affiliation agreements in the VA were turned down a number of times by Congress, however, as opponents kept implying that our veterans would be subject to "experimentation" by the student doctors. Bradley and Hawley knew this would be a hard sell to Congress.
Legislation components planned by Bradley and Hawley to improve medical care in the VA (cont):

- Lastly, Bradley and Hawley wanted to create professional division offices in VA Central Office in such areas as medicine, surgery, neuropsychiatry, and rehabilitation with the division leaders reporting to a chief medical director who would in turn to report to Bradley. These division heads would be responsible for developing treatment programs in VA hospitals and have oversight for their discipline's activities in those hospitals.

(The 3rd part of legislation for the “fix.”)

Optional Comment):

Note that the only organizational action available to Bradley without legislation was to move the VA's medical officer out of the office of construction supply and real estate where he consulted on the design of VA hospital facilities. Bradley wanted the medical officer to advise him and report directly to Bradley. Bradley made that move when he brought Hawley on board in what would become the VA's first medical director.

This latter proposal for legislation was the only proposal in the legislation package that would be relatively easy to get support for.
The legislation wanted by Bradley and Hawley was passed by Congress and signed into law on January 3, 1946

- Without further comment, it can be noted that the day after the legislation was signed that Northwestern University and the University of Illinois placed 56 medical residents for training at the VA hospital in Hines outside of Chicago...Magnusson had done his job in getting support from medical schools for the VA's affiliation plan.

(Above summarizes the first impact of legislation.)

By the end of 1946, 63 of the nation's 77 medical schools had affiliation training agreements with the VA.
The new Neuropsychiatry Division in VA Central Office

- The Neuropsychiatry Division had three sections:
  * Psychiatry
  * Neurology
  * Psychology – James Grier Miller was selected to head the psychology section and provide oversight for psychological services in VA hospitals...and was given authority and funding to hire 500 psychologists for VA hospitals

(The above part of the legislation set up central oversight for hospital operations in mental health.)
Miller’s first decision...

- Miller’s most far-reaching decision was to recruit psychologists for the VA only if they had a doctoral degree and had some clinical service or training experience...an unheard-of credentialing requirement for employment of psychologists at the time.
- It can be noted that the 1946 VA decision to hire doctoral staff psychologists who had both academic and clinical training pre-dated the decision made at the 1949 Boulder Conference that established the scientist-practitioner model as the norm for training in clinical psychology.

No notes added
Miller’s other’s decision...

- The decision to hire only doctoral psychologists with clinical service or training experience also presented Miller with his first major problem – there were only about 750 doctoral psychologists with clinical experience in the country. The 500 psychologists with a doctoral degree and clinical experience he was authorized to hire represented approximately two-thirds of all doctoral psychologists currently working in clinical settings in the entire country.
- Miller knew he would have to train the psychologists he wanted to work in the VA.

The need for clinically trained doctoral psychologists that Miller insisted on for treatment of veterans was to be met by the VA psychology training program—another perspective on the overlap of the beginning of VA psychology and the beginning of the VA psychology training program.
Miller’s strategy...

Although the legislation to affiliate and train students in the VA specifically mentioned only medical, dental, and nursing students, Miller found language in the legislation that would permit part-time employment of psychology graduate students with a training assignment to deliver psychological services to patients and be supervised by their university faculty. He convinced Bradley of this interpretation and was permitted to use some of the money he had to recruit/hire psychologists to pay psychology students and provide consulting fees to university faculty to supervise training.

(Critical decision in establishing the VA psychology training program.)
Miller’s next problem...

- Most psychology graduate schools in the country were not providing any clinical service training for their students. In the 1940s, APA and most universities considered clinical psychology an academic profession whose only legitimate professional activities were to teach and do research.
- The VA asked APA to identify which universities were giving clinical service training to their students. Eventually, 22 universities were identified and the VA planned to recruit and pay students for training only from those schools.

(Another critical decision in establishing the VA psychology training program.)

(Optional comment):
Past and current interns and postdocs receiving their training in the VA will be interested in knowing that in 1946, universities and medical schools were beginning to think of providing practicum training for psychology graduates... but were not planning to pay them any training stipend. They argued that the training would be best introduced as a high-grade learning experience and that providing a stipend might be considered a low-grade job and underrate the training aspect.

The VA, however, was planning to pay a stipend to graduate students. Miller knew that many students would be married veterans using the G.I. Bill to fund their graduate training. He wanted psychology students to have parity with medical students who would be paid a stipend while in training, and he wanted a stipend for students to free them from economic concerns in supporting their families so they could better attend to their training. When the U.S. Public Health Service also announced that they would be paying stipends to graduate students in their new grant program, the universities and medical schools had no choice but to find money to pay a stipend to their students while doing practicum and internship training in order to remain competitive with the VA and Public Health Service.
Benefits of Miller's request...

- It can be noted that historians credit the VA's request of APA to identify those schools with clinical service training to have led to the eventual decision of APA to begin their accreditation program for graduate schools of psychology.

(The request was an important impact of the VA's decision to have APA identify graduate schools which were providing clinical service training for the VA psychology training program.)
The first VA psychology training class

- In the fall of 1946, 215 graduate students from 22 universities began their training and clinical work with veterans in the VA.
- The significance of the beginning of the VA psychology training program was not overlooked by APA who published the names of all 215 students and their universities in a 1947 issue of the *American Psychologist*.

No notes added
Psychology development in VA hospitals

- As Miller was putting together the VA psychology training program, he also convinced VA management to require all VA hospitals to have a psychology service.
The first psychology services in VA hospitals

- One of the first doctoral psychologists hired to start a psychology service in the VA was Roy Brener, recruited by the VA hospital in Hines in 1946.
- Dr. Brener had a number of stories about those early days as reported to me by his wife, Golda.
The first psychology services in VA hospitals (stories from Roy Brener):

- One of Dr. Brener's favorite stories was that nobody knew how to spell psychology, and that they certainly didn't know what a psychologist was supposed to do.
- He also told the story that although he was chief, he had no staff.

One final story that Dr. Brener would tell is that when he was hired at Hines there was only one office left for management to assign and that they were trying to decide whether to give it to Dr. Brener — or the barber. Dr. Brener ended his story by reporting that the barber got it.

Dr. Brener got the next office available, however, and went on to develop one of the premier psychology services and psychology training programs in the VA.

(Optional comment):

Charles Stenger, another early chief, tells a similar story when he was hired as a chief of psychology at the Coral Gables VA (now Miami), with no staff, that nobody knew what psychologists were supposed to do in VA hospitals. When Stenger tells his story, however, with a twinkle in his eyes, he will add what a wonderful opportunity it was to be given the chance to develop a psychology service the way he wanted it to function.
Returning to the psychology training program:

- In the fall of 1946 when the training program began for the first class, there were only 50, maybe 60, doctoral psychologists in the VA.
- The 215 psychology trainees, however, were assigned throughout the VA to hospitals closest to their university. Some went to VAs with a doctoral psychology presence, some went to VAs with only a master's level psychology presence, and some went to VAs with no psychology presence other than weekly visits by supervising university faculty.

The VA closest to a student's university, however, may have been 80 miles away.
The psychology training program:

- In 1946, one-fourth of all VA hospitals were designated as neuropsychiatric hospitals with some hospitals having as many as 3,000 long-term psych patients...and most of those hospitals had no doctoral psychology staff presence.
- Since Thorazine wasn't introduced into hospitals until 1958, the pre-Thorazine era of management of psychotic and aggressive patients in both the VA and non-VA hospitals included straightjackets, cold packs, and electroshock treatment. Trainees often sharpened their assessment skills with assessments based only on observation and interactions with patients.

No notes added
Early psychology training stories:

- Lee Gurel was an early VA trainee assigned to one of the large neuropsychiatric hospitals with no psychology presence. He reported that trainees did what they could to help patients and essentially supervised each other by sharing and discussing their patient care experiences with other trainees. Gurel indicated that university faculty did come to the hospital for weekly supervision and seminars... but many of their faculty had never seen a schizophrenic patient and most had no experience working with active and aggressive psychotic patients.

Gurel later wrote in describing those early days that the university supervisors in fact learned with their students and took that learning experience back to their classrooms. He described one university psychology graduate school director who thanked the VA for providing training and experience for both their students and supervising faculty for what they learned that improved the quality of their graduate program.
Early VA psychology training stories:

- In spite of varied difficulties facing psychology trainees, they almost universally reported in oral history interviews that their training was positive with valuable learning. They were young, enthusiastic, and saw the relevance and need for their training. They believed that they were helping patients.
- Almost all early VA trainees were veterans themselves and appreciated the fact that they were not only learning valuable skills but were additionally motivated by having the opportunity to help their fellow veterans.

Early trainees further report that their enthusiasm and desire to help patients was respected by other VA staff and helped develop important working relationships with nurses and others.

(Optional Comment:)
In an interview with one of those early psychology trainees, it was reported that trainees and nurses would often share classes and information with each other. The nursing aides could be especially helpful if you respected their knowledge of the patient and they trusted you. If an aide approached a trainee and said he heard the trainee was planning to see Mr. Jones today and that today might not be a good day to talk to Mr. Jones. Heeding that advice would likely save the trainee a lot of grief.
Summary comments for 1946-1956:

- The first years of VA psychology set the stage for much of future years.
- The early history of VA psychology and the early history of the VA psychology training program are virtually the same.
- In the first 10 years of the training program, 85% of trainees became VA psychology staff after receiving their doctoral degree.
- Miller had in fact found the clinically trained psychologists he wanted in the VA using the psychology training program.

No notes added
VA psychology in the 1950s and 1960s

- By 1960, psychology trainees still outnumbered doctoral staff – 775 to 750, but trainees were assigned for training only to VA hospitals with a doctoral psychology presence.
- By 1960, VA psychologists had earned respect for their leadership in treatment programming, including their work in the new outpatient mental health clinics and their pioneering work in establishing group therapy as a viable and important treatment approach in both inpatient and outpatient care programs.

No notes added
VA psychology group therapy contributions:

- In 1960, the VA published the first-ever treatment manual for group therapy that focused on practical advice on running therapy groups that augmented the mostly theoretical aspects of group therapy developed in academia.

- Topics in the manual –
  - which patients received most benefit,
  - how to prepare patients for group therapy, and
  - how to best handle hostile, despondent, silent, and talkative patients.

1. The VA group therapy training manual found its way into many non-VA psychiatric treatment settings when psychology trainees finished their training, necessitating a follow-up printing. A rare copy of the manual was found and placed in the VA psychology archives at now named Cummings Center for the History of Psychology at the University of Akron (Luchins, A. S., Aumack, L. & Dickman, H. R., 1960. Manual of group therapy. Roseburg, OR: Veterans Administration Hospital.)

2. Group therapy was widely used by psychology staff and trainees in what were originally called Outpatient Mental Hygiene Clinics (today's Mental Health Clinics.)
VA psychology behavioral treatment contributions:

- While VA and non-VA psychiatrists remained focused on use of psychoanalytic treatments in the 1960s, psychology found the approach to have limited usefulness for the VA's acutely disturbed patient population.

- As was being done by their non-VA colleagues, psychologists started introducing behavioral health treatment programs in the VA. These and other non-traditional programs were highlighted in a national VA conference in Chicago in 1965.
Topics presented by psychologists at the 1965 Chicago conference:

- Token economy treatment programs for schizophrenia and substance abuse,
- Attitude therapy for inpatient treatment programs,
- Day hospital and day treatment center outpatient programs,
- Therapeutic milieu programs for inpatient psych and other intensive outpatient mental health care programs, and
- Behavioral interventions with med/surg patients (relaxation therapy, treating depression in postsurgical patients, etc.)

Although this presentation is not intended to focus on the research activities of psychologists (and their trainees), the topics at the Chicago conference had research findings and evaluation strategies included in the presentations. Over the first 20 years of VA psychology and its training program, hundreds of trainees completed doctoral dissertations based on their involvement in these programs.

It can also be noted that because the VA had psychiatric, medical, and surgical treatment coexisting in the same hospital, psychologists and trainees frequently transported what they were learning from behavioral treatment of psychiatric patients to treatment of and research with the med/surg patient – a early health psychology approach, if you will. A small sample of such programs includes research and treatment of tuberculosis, biofeedback treatment for convulsions, treatment of psychological complications in renal dialysis, spinal cord injury care, and traumatic brain injury care.
The Future

- The 2007 APA book on the history of psychology indicates that the next 40 years showed similar contributions to psychology training and VA patient care as the first 20 years. No one can predict what the future will bring, but if past history is an indicator, future VA psychology historians will continue to tell the story of the combined importance and contributions of VA psychologists in the lives of veterans and the training of psychologists.

- The rich heritage of VA psychology that was begun in 1946 continues with the psychology trainees and staff of today adding to that heritage.

I add my appreciation and thanks to all VA psychology staff, interns, and post-docs for their work and support of the patient care of our veterans and will end my presentation by the following slide showing key bibliography references used in this presentation. Thank you.
Bibliography


No notes added