

Provider Spotlight: Dr. Alfred Vonetes, Psy.D.

In this edition, we're spotlighting Dr. Alfred Vonetes, Psy.D., one of our dedicated providers who performs Compensation and Pension (C&P) examinations. Get to know Dr. Vonetes as he shares insights about his role and passion for serving veterans.

What inspired you to pursue a career in clinical psychology, and how did that lead to your focus on veteran evaluations?

When I was in high school playing football (1996-1997), we would have to do max out repetitions in various core strength exercises (i.e. bench press, squat, dead lift). In regard to the bench press, the coaches believed that I could lift more weight than I was doing. They covered my eyes, so that I couldn't see the weight that was on the bar. With spotters, they told me to just push the weight up and not think about anything else. I pushed the bar up and was amazed at what I had lifted. I remember saying to myself, "I can't do that, but I just did that." This confirmed what the coaches believed. My mind was getting in the way of what my body could actually do. This moment is what I call the first date between myself and psychology.

We fast forward ten years and I'm in my second practicum in graduate school. I had a neuropsychology professor who was the Chief Psychologist at Walter Reed. He asked me if I wanted to do my practicum there and this was the beginning of my work with veterans. I was doing TBI assessments and sniper evaluations. I was also doing IQ tests with AIT students at Fort Belvoir. I moved down to Florida to complete an internship and once I finished everything, QTC reached out to me to do a C&P evaluation. At that time, I had never heard of QTC or a C&P evaluation. I fell in love with the work and the population I was working with, and the rest has been history.

What do you believe are the most critical elements of a successful Compensation and Pension (C&P) evaluation?

1. Greet the veteran in a timely manner.
2. Establish rapport as quickly as possible with the veteran.
3. Obtain accurate information in regards to the claimant's history and current claim.
4. Provide hope and offer treatment options/techniques that would likely be available to the veteran (includes crisis support in some instances).
5. Being able to peruse through the records to find evidence in support of the claim and/or marker evidence involved in MST claims.
6. Getting the report turned around in the appropriate time frame.

Veterans often commend you for your understanding and compassionate care. How do you approach building trust and connection with them during evaluations?

Trust and connection are built from that initial meeting in the waiting room. My entire family is Greek on both sides. Many, my self-included, have worked in restaurants. Greeting people and making people feel welcome was instilled in me at a young age. If I could make a movie reference, I would call it "My Big Fat C&P." I respect their time and 99% of the time meet them well before their appointment time. I look through records to try and find something to make conversation about. It could be their birthday, or an area where they lived or grew-up, something they're wearing. It's all about building rapport and it has to be done from the outset. Many veterans have been in so many life-threatening situations they have become excellent at reading other people strictly for survival purposes. They can see through a lack of genuine care and concern from a provider. For example, you might encounter an angry infantry claimant or combat paratrooper, who has little tolerance for civilian people and who seems to be really angry about everything. Sometimes it takes a little longer, but rapport is the most important thing to get them into a mind state where they feel comfortable going down the road of discussing difficult topics with a complete stranger. Just like a coach needs their team to buy into the game plan, providers must embrace their role. Nobody likes to go to see a doctor. I don't like going to doctors a lot of times. It can be anxiety provoking and so I try to make the experience as painless as possible. Humor can be incorporated, but timing and level of appropriateness are so critical many providers avoid it all together. I'm not sure if that can be taught, but it certainly has been a tool I have had the good fortune of utilizing.

What advice would you give to other providers considering working with veterans or performing C&P evaluations?

Do your homework. Know exactly who is in the waiting room when you walk out to greet them. Claimants want to know that the provider is competent and capable to assist with their claim. Have outlets for your own therapy. The work is challenging and requires your own piece of mind to continually help others.

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How do you ensure that your team maintains the same level of care and dedication you personally bring to your evaluations?

I like to look at every C&P like a ride at a Disney World theme park. Everybody gets the exact same experience. The McDonald's in Albuquerque, NM has to operate the same way as the one in Tampa, FL. During the walk from the waiting room to the office the veteran will be asked if they were able to find the office building/suite; where they traveled from; discussion of traffic/weather. Each provider has a different style, but the script is basically the same.

After conducting so many evaluations, is there a particular moment or story that has stuck with you and reaffirmed your commitment to this work?

There are so many stories to share. Hollywood could make some amazing movies. Many of the stories are so gruesome and horrific I could never share them with mixed company. There is one that I recall that reminds me that trauma can come from all different angles. It doesn't have to be combat. I was doing a C&P evaluation with a pilot who was on leave. He was flying with his mother over the Chesapeake Bay when his plane went down into the Atlantic Ocean. The sun was setting and visibility was limited. I remember him saying, "You will never forget how fast that cabin fills with water. I thought I would have had more time. It's an instant." He managed to get on top of the plane, to the highest point, in order to jump up to see a sign of land. Once land appeared and established to be miles away, he and his mother abandoned the plane and headed towards shore. After several hours the claimant's mother passed away. He washed up on shore unconscious and was found by people on the beach who helped the claimant get assistance. The claimant mentioned that he didn't realize a lot of the issues he had stemmed from that incident and that he never considered that to be a post traumatic incident. "I wasn't in combat. I wasn't shot." I realized that education about trauma and anxiety is just as important as any other form of treatment.

With over 11,500 veteran evaluations performed, what have you learned about the unique mental health challenges veterans face?

The biggest difficulty veterans face is returning to the civilian bubble called the United States of America. It's the people in the veteran's lives (family, friends, co-workers, significant others) who have never really seen the true gruesomeness of this world. Having gone through thousands of individuals' background information, it becomes evident that most veterans had completely normal lives until some weird occurrences happened in the military. A lot of horrible things happen in the military outside of combat situations. People get sucked into exhausts, go overboard, cables snap, brutal training mishaps, suicides, first responding, intense bullying/hazing, a lot of bizarre sexual incidents. Once an individual is put into situations/environments where one cannot trust his/her safety, it puts the body in a fight or flight mode (almost constantly for many) and words like cozy, comfy, fun, relaxing become basically non-existent. You completely change how you navigate through the world and the mode of communication with the people in that world. This leads to verbal/physical confrontation, detachment, divorces. Most of the Vietnam veterans I've worked with have been married 3+ times. The most I ever heard was 15 times. I've had guys say, "My sixth one was the first one. It just took a while to figure it all out." I will respond by saying, "Well the most I ever heard of a guy marrying the same woman was three times." Many aren't sure what is actually happening in regards to their symptoms. I've had some older veteran's ask me, "How do I know this PTSD stuff is real?" I will say, "I'll tell you how you'll know. You don't even want to be around the people you like. You might find yourself at Thanksgiving dinner with your family on the porch outside by yourself. I love you all. I love you, but I don't want to be in a room talking to you. Where somebody is going to say something stupid and then I'm going to get really angry and snap. Now I'm the bad guy. I need that aggravation like I need a hole in the head. I can love you people from a distance. Veterans have been socially distancing for decades." Readjusting back into the civilian world I would say is definitely the biggest challenge veteran's face.

All human beings are hard-wired the exact same in terms of survival instincts/responses. It's only our experiences that dictate how we navigate through the world. From the beginning of any military career, one is abruptly prepared for the absolute worst things that could ever happen to a human being. It becomes important that everyone is on the same page. Little things, like belt buckles and beds being made a particular way are all small microcosms of a much bigger picture. "If we can't count on you to dot I's and cross T's on this little stuff, what are you going to do down range where we really need you to hold yourself accountable for the sake of all of us." Nobody uses behavioral psychology like our US military.