



# SYNERGY

The National VA Social Work Newsletter

January 2009

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## Emphasis on Ethics in Social Work

A Collection of Articles Exploring Ethical Practice

### Introduction to Integrated Ethics

Douglas H. Mitchell, Jr., LCSW, Phoenix VAMC

Over the two weeks I was Acting Director of Social Work at VACO, a discussion concerning ethics took place and I found myself challenged into writing this article concerning the Integrated Ethics Program in VA, or at least as implemented at the Phoenix VA HCS.

As I pondered, I realized that I am certainly not the first social worker to be concerned about ethics, interpersonal practices, behavior, and healthcare. In fact, I am sure that I am only one of *several* social workers who have been appointed as Integrated Ethics Program Officers.

I have always felt blessed to be a member of a profession in which one gets to ask, on a daily basis, "what's the right thing to do?" Indeed, to be part of such a values-driven profession is a privilege. As social workers, we have followed the NASW Code of Ethics of 1996 and revised version 1999. The *NASW Code of Ethics* serves six purposes:

1. The *Code* identifies core values on which social work's mission is based.
2. The *Code* summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The *Code* is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The *Code* provides ethical standards to which the general public can hold the social work profession accountable.
5. The *Code* socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
6. The *Code* articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct.

NASW has formal procedures to adjudicate ethics complaints filed against its members. In subscribing to this *Code*, social workers are required to cooperate in its implementation, participate in NASW

adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it. (1)

For years, VA was primarily concerned with the clinical aspects of ethics and the clinical ethics consultation process or how to deliver ethically appropriate patient care. To be sure, this is a critical issue facing all of health care every day. However, individually, and collectively, all of us, clinical and administrative alike, are affected by other ethical issues every day. From the way VA conducts its fiscal transactions, its research, its stocking of supplies, its training of students, its billing practices, recruitment, hiring, and on and on...in EVERY way we are impacted by ethical behavior.

The Integrated Ethics Program looks at "levels" of ethics quality. If one visualizes an iceberg, the small amount that is seen represents the immediately observable **decisions and actions**. Immediately underneath lies the **processes and systems** that drive the organization. While not as readily visible as decisions and actions, one can begin to observe trends in actions and decisions that reveal the character of the organization. Underneath that level, and far broader in scope is the organization's **environment and culture**. This sets the foundation for all other actions at the organization.

So, if we reverse the process, the largest portion of the ethical environment, that which underpins everything else, is the most basic **culture**, how we interact with one another and our patients/clients every day. The culture is the same as the environment or economy in which we operate. This **culture** in turn determines the types of **processes** we will use and **systems** we will establish, and in turn, our **systems and processes** will be reflected in our **actions** and **decisions**. Therefore, our system becomes infused with an ethical framework.

The model of Integrated Ethics uses three core functions to affect changes on different levels.

**Ethics Consultation** - not simply clinical consultation but consultation involving potentially any organizational ethical conflict.

**Preventive Ethics** - a framework to analyze organizational ethical conflicts and resolve them by redesigning processes. **(Continued on page 2)**

## Introduction to Ethics

(continued from page 1)

**Ethical Leadership** - It is the responsibility of all levels of VA leadership to model ethical behavior, through organizational stewardship, and creating a culture that is based on integrating ethical decision-making throughout all levels of the organization. Indeed, as guardians of the public trust, it is their duty to insure that ethics is a priority at every decision point we meet. This is why every diagram of an integrated ethics committee will show that facility leadership, service

leadership, service-line leadership, discipline leadership all sit at the Integrated Ethics Council table, all with equal input.

1. Reference: NASW Code of Ethics 1999.

<http://www.socialworkers.org/pubs/code/default.asp>

## Ethics Consultation

Alicia Weatherbee, LCSW, VAMC Lexington

In May 2007 I was offered the opportunity to lead the Ethics Consultation Team at Lexington, VAMC. This assignment has developed into the most rewarding, yet challenging, assignment, of my 16 year VA social work career. It is challenging in that each consult is unique because people, patients, and providers, bring unique circumstances to healthcare. Therefore, the answers to ethical questions are complex and often infused with unexpected twists and turns which cause ethical questions to become moving targets.

As social workers, we are trained over and over again to look at people not as snapshots in a photo album, but as motion pictures with a past, present, and future composed of all the varying influences of personality, family, culture, and society. This "Systems Theory" approach, learned early in our social work education, gives us the tools to influence change in individuals, programs, organizations, and communities. As a profession, we are highly suited for the role of ethics consultant because we weigh and respect all issues faced by patients and families that may factor into their health care decisions. The traditional social work "problem solving" role fits well with ethics consultation because value conflicts involving medical treatment options, end of life decisions, professional boundaries, and shared decision making are HUGE problems. Many social workers enter the profession simply to help make the lives of others less burdensome. Helping people solve problems, individually or globally, is just part of who we are as people and professionals.

Now widely recognized as an essential component of health care delivery, ethics consultation dates back nearly 35 years. Effective ethics consultation has proven to enhance ethical decision-making and practice, improve patient and provider satisfaction, facilitate the resolution of disputes, and increase knowledge of health care ethics. So, how exactly does an ethics consult service achieve such noble outcomes? According to the Integrated Ethics booklet, *Ethics Consultation: Responding to Ethics Questions in Healthcare*, "Ethics Consultation serves to: (1) promote practices consistent with high ethical standards; (2) foster consensus and resolve conflict in an atmosphere of respect; (3) honor participants' authority and values in the decision making process; and (4) educate participants to handle current and future ethical concerns."

The successful ethics consultation service does not function as a silo, it develops and maintains positive relationships with the various individuals and programs that shape the organization's ethical environment and practices. Selecting the right people as ethics consultants is essential to a successful consult service and it requires diligence and insight. The following is a list, not by any means exhaustive, of what to look for in ethics consultants. An ethics consultation service should include a mix of consultants who when taken together, have

knowledge of: (1) moral reasoning; (2) ethical issues and concepts in the areas of shared decision making, end-of-life care, privacy and confidentiality, professionalism, resource allocation, and research; (3) health care practices, ability to understand medical terms, and descriptions of disease processes, treatments, and prognoses, familiarity with medical decision making, and the different roles, relationships and expertise of health care providers; 4) cultural and religious issues, including how culture, religious tradition, ethnicity, beliefs, and perspectives shape both providers and patients responses to illness, death and medical treatment.; 5) health care environment, organizational structures, range of services and points of care, 6) health law, codes of ethics and professional conduct.

In addition, ethics consultants should exhibit certain character traits such as humility, tolerance, honesty, integrity, self awareness and courage, just to name a few.

Ethics consultation follows the CASES approach in addressing health-care ethical concerns. This acronym is described in detail below:

**Clarify the consultation request** - Characterize the type of consultation request, obtain preliminary information, establish realistic expectations about the process, and formulate the ethics question.

**Assemble the relevant information** - Consider the types of information needed, identify the appropriate sources of information, gather information systematically, summarize case and the ethics question.

**Synthesize the information** - Determine need for formal meeting, engage in ethical analysis, identify the appropriate decision maker, facilitate moral deliberation about ethically justifiable options.

**Explain the synthesis** - Communicate the synthesis, provide additional resources, and document cases.

**Support the consultation process** - Follow up with participants, evaluate the consultation, and identify underlying systems issues.

We recognize that every patient holds and prioritizes different values about their life. Our job as ethics consultants is to help outline the ethically appropriate options, help patients make tough choices, and always respect the choices they make.

## Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level

Jennifer R. DiSanti, LISW-S, Chillicothe, OH VAMC

The concept of ethics is not a new one in the profession of social work. Social workers have long upheld and follow a strict code of ethics which is engrained in the very fiber of our daily practice. However, the idea of ethical best practices at an organizational level is somewhat of a newer idea, stemming from the recognition that reactive ethics programs are no longer adequate. Organizations need to take pro-active approaches at a systems level. The Integrated Ethics Model was developed and is now mandatory at each VA facility in the country, demonstrating that VA recognizes the role ethics plays in providing quality healthcare. As the largest health care system in the country, the VA can take these established concepts and use them toward continuous quality improvement.

The preventative ethics piece is one of a three part series of Integrated Ethics that is intended to work collaboratively to address ethical concerns at the mezzo and macro levels. The other two pieces are the leadership ethics and the consultative ethics components. The goal of a preventative ethics team at a VA is to *"improve health care quality by identifying, prioritizing, and addressing ethics quality gaps on a systems level."* (Integrated Ethics Primer)

The purpose of a preventative ethics team is to identify areas that could pose as potential ethical issues before it becomes an actual concern, and present appropriate alternatives. This includes looking at and analyzing specific quality improvement interventions such as offering incentives, initiating reminders and checklists and redesigning work processes to support better ethical practices. The objective is to reduce disparities between the current practices and the best practices.

A preventative ethics team uses the ISSUES approach, a systematic model for analyzing ethical issues on a system level. The National Center for Ethics in Health Care designed the ISSUES approach as a

way to standardize the process throughout the VA. Its development was based on established methods and principles of quality improvement in the health care arena.

The ISSUES acronym breaks down to a step by step approach for the team to use as a guide when evaluating a preventative ethical consult. Step one is to **Identify** an issue; this helps the team to proactively look at ethical areas of concern and clarify each issue by listing the improvement goal. Step two is **Study** the issue; this includes diagramming the process behind the relevant practice and gathering data about current and best practices. This is where the team would refine the improvement goal to reflect the ethics quality gap. The next step is to **Select** a strategy by looking at the major causes, possibly doing a root cause analysis and brainstorming ways to narrow the gap. The next step is to **Undertake** a plan. The team identifies ways to carry out and evaluate the strategy and how best to role out the plan. Following that is the **Evaluate** and adjust step. The team checks the execution/results and adjusts the process if needed. Finally, the last step is to **Sustain** and spread the improvement and to continue to monitor. (Integrated Ethics Primer)

As each facility uses their Integrated Ethics teams collaboratively, the process improvements will reflect the overall quality of care that the VA provides. It will also improve staff morale, pride and ownership in the organization and establish trust among Veterans and their providers. As we continue in this paradigm shift, the Integrated Ethics approach builds on the VA's already outstanding reputation as the "Best Care Anywhere" by demonstrating yet one more facet of the VA's ability to look at ways to grow and improve quality. As social workers we need to be excited about the Integrated Ethics approach now being used in our facilities. It truly empowers VA facilities to "do the right thing" *because* it is the right thing to do, something social workers have been long advocating for within the system.

### New Social Work Leaders' Coaching Calls - 2009

This call is designed for new social work leaders.

3rd Friday of Each Month from 1:00-2:00 pm, EST

Call 1-800-767-1700 Access Code: 11753

#### January 16: Peer Review & Peer Audit

Pam Wright, SW Executive, Canandaigua, NY and Darlene Contadino, Coordinator, Cincinnati, OH

#### February 20: Sticking to Your Ethics

Carolyn Hughes, Chief SWS, Central CA (Fresno)

#### March 20: SW Supervision Toolkit

Joanna Kadis, Asst. Chief SWS, San Diego/Jean Bromley, SW Executive, Milwaukee, WI

#### April 17: Strategic Planning

Joanna Kadis, Asst. Chief SWS, San Diego

#### May 15: Business Planning

Chuck Clancy, Chief SWS, Louisville, KY

#### June 19: A Guide to Getting the SW Staff You Need

John Petek, Chief SWS, Long Beach, CA

Dates for additional calls are:

July 17, August 21, September 18, October 16, November 20, and December 18

## Sandra Dunn Named 2008 VA Social Worker of the Year

Pam Wright, LCSW-R, Canandaigua VAMC



Kristin Day, LCSW Chief Consultant, Care Management and Social Work Service, Office of Patient Care Services, VA Central Office presents Sandra Dunn, LCSW with the VA Social Worker of the Year Award at the USSW/AMSUS meeting held in San Antonio, TX on November 13, 2008.

Sandra Dunn was selected as the 2008 VA Social Worker of the Year in recognition of her exemplary service in job performance, thinking and acting innovatively, building links between individuals and groups in the organization, exceeding the needs of internal and external customers, and demonstrating outstanding social work competency.

Sandra began her VA career as a social work intern at the Miami VAMC in 1968, and was hired full time at the Bay Pines VAMC upon graduation from the College of Social Work at Florida State University. She has worked in most social work

areas and programs at Bay Pines, and in August 2000 she became Chief of Social Work Service. She is especially known for her work in data management, but she has a wealth of knowledge and experience in many VA social work programs and services, such as mental health, surgery, respite care, home based primary care, domiciliary care, contract nursing home, nursing home care unit, geriatrics and other specialized programs.

Sandra experienced the reorganization of the Bay Pines VAHCS in the mid 1990s when all services were decentralized to Strategic Health

Groups and Social Work was divided into sections. During the decentralization she served as the Medical/Surgical/Primary Care Social Work Supervisor. In 2000 she was able to see Social Work Service reinstated and was selected as Chief of Social Work Service. Under Sandra's leadership the Social Work Department has increased from thirty social workers to ninety social workers and she has seen many of her staff develop into leadership positions. She has strengthened relationships with collaterals and program managers to create a strong, well-respected Social Work Service meeting the Veterans' and families' needs.

She is the Chair of the Social Work Data Management Committee and a member of the Social Work Leadership Council. She has seen the VA grow and change in the past forty years, always staying current and adapting wisely to system changes. She believes that "timing", "cooperation" and staff "buy-in" are necessary for successful change and growth. Dunn said, "Once staff sees the value in change and innovation, they increase their input, ideas and work performance." She leads by experience and hard work and is always willing to help VA colleagues across the nation.

Sandra was presented the Social Worker of the Year Award at the Uniformed Services Social Work (USSW) portion of the 144<sup>th</sup> Annual Association of Military Surgeons of the United States (AMSUS) Meeting *The Society of the Federal Health Agencies Conference* on Thursday, November 13<sup>th</sup> in San Antonio, Texas. Congratulations, Sandra, for receiving this prestigious award and for dedicating over forty years of excellent service to VA social workers and our Veterans.

## Data Bytes

The Social Work Data Management Committee hosts a monthly question & answer (Q&A) session for the field on the 3rd Wednesday of every month at 1:00 pm EST. The dial-in number for this call is 1-800-767-1750 Access Code # 17386. These monthly calls feature guest speakers who discuss data management topics of particular concern to VA social work managers. If you have specific questions that you would like addressed during a Q&A call, please send them to the Social Work Data Management Committee prior to the call so that we can be as helpful as possible. Send questions to [Sandra.Dunn@va.gov](mailto:Sandra.Dunn@va.gov). We look forward to hearing from you.

## VA Social Workers in the News

**Martha Chick-Eby, MSW**, of the Hampton, VA VAMC contributed an article to the Fall 2008 edition of Health Power Prevention News. You can read about her provision of motivational counseling for homeless Veterans at:

[http://www.prevention.va.gov/healthpower/2008Fall\\_Newsletter\\_Final.pdf](http://www.prevention.va.gov/healthpower/2008Fall_Newsletter_Final.pdf)

The PTSD counseling offered by **Kathy Zima, LCSW** of the VA Eastern Kansas Health Care System was noted in a recent article published in the Lawrence Journal World, a local newspaper. You can read about her work at:

[http://www2.ljworld.com/stories/2008/nov/11/wars\\_toll\\_invisible\\_scars/](http://www2.ljworld.com/stories/2008/nov/11/wars_toll_invisible_scars/) Kathy is now VAEKHCS's Women's Clinic Program Coordinator.

**Joleen Shaughnessy, LCSW** of the Seattle, WA VA assisted a homeless Veteran with finding a temporary home for his dog so that he could focus on recovering after a hospitalization. You can read the whole story at: [http://seattlepi.nsource.com/local/376269\\_mary25.html](http://seattlepi.nsource.com/local/376269_mary25.html)

## “Recovery Mind”

Darlene Contadino, MSW, LISW-S, LICDC, Coordinator Rehabilitation Service at Cincinnati, OH VA

Social workers collaborate to get results for Veterans. This is exactly what **Richard Romaniuk, PhD, LICDC** Supervisory Social Worker, Comprehensive Homeless Center in Cleveland, and I have done. Both of us were interested in the treatment of substance use disorders. We also shared an interest in the client-centered approach of the Recovery Model which proposes values of trust, self-determination, hope, believing in the person and connecting at a human level; all are values close to the hearts of social workers. Another common interest is removing barriers to treatment and moving Veterans toward change through brief interventions inspired by the spirit of evidence-based motivational interviewing.

Recovery Mind is a tool used to assist Veterans in assessing their issues, and accessing support. Richard has a strong background in research, and experience in creating posters. We were intrigued by the idea of this project; therefore an abstract was drafted and submitted to the planning committee for the conference, *Continuing the Transformation of VA Mental Health Services: Bridging the Gaps*, July 21-25 in Arlington, VA. We were selected to present a poster at the conference and began the process of finalizing the Recovery Mind project.

The core of Recovery Mind is based on a series of questions revolving around the words Recovery Mind. With the guidance of **Amy Mooney, LISW-S**, Cincinnati, VAMC, questions were formulated to direct Veterans to examine and resolve ambivalence about their substance use. Motivational Interviewing proposes a quiet and eliciting counseling style in which the therapeutic relationship is likened to a partnership rather than expert/recipient roles – an idea that is in alignment with the VA directive to adopt a Recovery Model of treatment.

With the goal of triggering a desire to learn more, the Recovery Mind brochure includes recovery-based web sites such as Alcoholics Anonymous and Narcotics Anonymous home pages. Additional sites

are Self-Management and Recovery Training (SMART), Substance Abuse and Mental Health Services Administration (SAMHSA) Veterans Resources, OEF/OIF home page and Faces and Voices of Recovery home page. These sites provide information about other substance use recovery modalities available in the community.

Recovery Mind concepts and brochures can be utilized in a variety of settings. Used in combination with National Institute on Alcohol Abuse and Alcoholism pocket guides the Recovery Mind brochure can serve as a brief intervention for Veterans who have a positive clinical reminder for the Alcohol Use Screen. Posters illustrating the Recovery Mind concepts can be placed in clinics where there is the potential of meeting clients who have substance use problems. Examples of such clinics include OEF/OIF post deployment integrated health, dual diagnosis, primary care, outpatient mental health clinics and outpatient and residential substance dependence programs. Other sources could be Vet Centers and sites within the Grant and Per Diem Program. Furthermore, Recovery Mind can serve as an effective introductory conversation between the Veteran and the primary care and mental health provider. Stephen Covey wrote, “The only thing that endures over time is the Law of the Farm. You must prepare the ground, plant the seed, cultivate, and water if you expect to reap the harvest”. Recovery Mind is a tool to use in a process helping people become engaged in recovery. Initially our intervention might be preparing the ground. Then as we continue to work with Veterans we provide encouragement to change in a non-labeling manner. Then we are available to discuss information and concerns that Veterans uncover during their exploration. Finally, we provide education to Veterans about their options and have resources at hand for potential future referrals.

Since its development the feedback about Recovery Mind from both Veterans and providers has been positive. To learn more about Recovery Mind contact Darlene Contadino at the Cincinnati VA

## VA Social Work Career Development Conference Calls—2009

Brought to you by the Social Work Career Development Task Force

Moderator: **Taylene Watson, Director of Social Work at VA Puget Sound Health Care System**. These calls are designed to provide career development to social workers interested in leadership and expanded roles within VA.

Call 1-800-767-1750 Access Code: 30485

Calls occur on the 4th Tuesday of the month at 2:30 EST, 11:30 PST: **Jan 27; Feb 24; Mar 24; Apr 28**

**SYNERGY** welcomes best practice/articles and innovative ideas on any topic that relates to social work within Veterans Health Administration. **SYNERGY** is an excellent tool for communicating information and ideas with hundreds of your peers.

Deadlines for SYNERGY articles are **February 21, 2009 for the April Issue** and **May 21, 2009 for the July Issue**

[Erica.Taylor@va.gov](mailto:Erica.Taylor@va.gov) - Editor [Susan.Reusser@va.gov](mailto:Susan.Reusser@va.gov) – Assistant Editor

## Looking for information about VA Social Work?

Try **COLLAGE**—an online place to share!

<http://vaww.collage.research.med.va.gov/cgi-bin/collage/>

## Lyman T. Johnson Torch of Excellence Award

Kimberly Scheer, LCSW, Polytrauma/TBI Social Work Case Manager for the Hines VA Hospital



**Lyman T. Johnson Torch of Excellence Award** is awarded by the University of Kentucky (UK) for individuals whose faith, hard work and determination has positively affected the lives of people on the UK campus, the city, the state or the nation. It is named after Lyman T. Johnson who was an American educator and influential leader of racial desegregation in Kentucky. He is best known as the plaintiff whose successful legal challenge opened the UK to African-American students in 1949.

**Dorothy Offutt, MSW, M.Ed., LCSW** from the Lexington VA Medical Center is a 2008 recipient of the prestigious Lyman T.

Johnson Torch of Excellence Award. Ms. Offutt attended the large annual awards program at the local Embassy Suites and was presented her plaque.

Dorothy Offutt started her career with the VA as a summer social work intern in 1980. After her internship she worked as a community

social worker for several years until being asked to return to the Lexington VA Medical Center in 1989. Currently she is the Community Care Coordinator / Community Nursing Home Coordinator and the Social Work Intern Coordinator. When discussing her dedication to the VA and Veterans, she speaks proudly of her mother who was a Veteran, "My mother believed in our country and what it stood for. I feel strongly that to make positive changes, it takes a whole village; each one should teach one, everyone should give a little back".

Ms. Offutt has done just that through her successful effort to reinstate the Social Work Internship Program at the Lexington VAMC. "We're a teaching facility, we train doctors, nurses, and therapists... but we had not had a social work student in almost 15 years". She collaborated with the Dean of the University of Kentucky, her former Visual Impairment Services Outpatient Rehabilitation, HOPTEL Chief, **Freda Shipman, Ed.D., LCSW, ACSW** and **Kristin Day, LCSW** Chief Consultant for Care Management and Social Work Service, VACO to get the social work trainee program reinstated, including reinitiating student stipends. For the 2007-2008 school year, they started with one student and for the current school year of 2008-2009, they have added three more spots. Ms. Offutt shared that the social work intern from last year, has started working at the West Los Angeles VA Medical Center in California.

Through Ms. Offutt's dedication and hard work she has shown her positive affect on the lives of future leaders of our profession and on the lives of our Veterans and their families.

## DC VAMC OEF/OIF Task Force Receives the Olin E. Teague Award

Erica Taylor, LICSW, Puget Sound Health Care System, WA

**The Olin E. Teague Award** was established by VA to honor the late Olin E. Teague whose leadership in Congress as Chairman of the House Committee on Veterans Affairs provided vital support for the agency's mission of serving America's Veterans. The award recognizes an employee or team within VA whose achievements have been extraordinarily beneficial to the rehabilitation of war-injured Veterans.

Former Secretary of the Department of Veterans Affairs, Dr. James B. Peake, awarded the 28th Annual Olin E. Teague Award to the **Department of Veterans Affairs Medical Center in Washington, DC (DC VAMC)** in a ceremony held at the National Guard Association "Hall of States" building in Washington DC, on September 24, 2008.

The former Secretary recognized the hospital's Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Task Force for its work improving the quality of life for war-injured Veterans. The team identified opportunities for improved care management of OEF/OIF Veterans and designed a health care structure that assigns one case manager to each OEF/OIF Veteran currently enrolled (over 7,400) at DC VAMC. This model is considered a "Best Practice" throughout the Veterans Health Administration.



Pictured from left to right: **Stacey Pollock, PhD**, Director of Trauma Services; **Sevena Boughton, LCSW**, Chief of Social Work Services; **James B. Peake**, Former Secretary of Department of Veterans Affairs; **Heather Malecki, DPT, PM&R Clinical Coordinator**; **Fernando Rivera**, Medical Center Director, Washington DC VAMC; **Paula Gorman**, Assistant Director, Washington DC VAMC; **Daughter of Olin E. Teague**; **Katharine Bloeser, LICSW**, social worker; **Jean Langbein, LCSW**, OEF/OIF Program Manager; **Sheree Gordon, CRRN, Polytrauma Nurse Case Manager**

## VA North Texas Health Care System (VANTHCS) Fisher House at Dallas

Carol Sheets, LICSW, VA Fisher House Program Manager/Family Hospitality Program



Fisher House Manager, Lydia Henderson receives key to Fisher House from Medical Center Director, Joseph M. Daliaz.

On a beautiful autumn day, October 23, 2008, at the (VANTHCS) Dallas VA Medical Center, the 12<sup>th</sup> VA Fisher House was dedicated.

At the dedication, special remarks were provided by the former Secretary of Veterans Affairs who accepted the Fisher House from **Kenneth Fisher**, CEO, Fisher House Foundation, Inc. in a ribbon-cutting ceremony. Many American heroes, recipients of our nation's highest awards for gallantry and heroism in combat, were also present, including six Medal of Honor, four Distinguished Service Cross, two Air Force Cross and two Navy Cross recipients. It was quite a celebration with other distinguished guests providing special remarks including **T. Boone Pickens**, who was a major financial contributor in seeing this Fisher House built.

The Dallas Fisher House will serve countless family members coping with the illness of a hospitalized Veteran. Fisher Houses are built by the Fisher House Foundation, Inc. and donated to the DoD and VA for lodging for families of military service members and Veterans receiving health care in a DoD or VA medical center. They are built as a "home away from home" at no cost to the family and Veteran. Each Fisher House creates a warm, compassionate environment where families find support and encouragement from each other.

To learn more about the VANTHCS (Dallas) Fisher House, contact **Lydia Henderson**, Fisher House Manager in Outlook, phone # 214-857-2574 or by going to their website at [http://www.northtexas.va.gov/fisher\\_house.asp](http://www.northtexas.va.gov/fisher_house.asp)

You can learn more about the Fisher House Foundation, Inc at <http://www.fisherhouse.org/>.

And if you'd like to learn more about the national VA Fisher House Program, contact **Carol Sheets**, Care Management and Social Work Service, VA Central Office in Outlook or at 202-461-6778.



## Social Work Month Toolkit

The Social Work Month Toolkit is a resource for VA social workers to use when developing plans and programs to celebrate Social Work Month. The toolkit provides examples of past Social Work Month activities, helpful websites and a variety of ideas from simple fun celebrations to elaborate planning ideas. The toolkit is a large document that cannot be sent via Outlook. The Social Work Month toolkit can be found on COLLAGE <http://vaww.collage.research.med.va.gov/cgibin/collage/>

NASW provides a social work theme each year that is announced sometime in December. Posters and other merchandise can be purchased through this website. They offer a link to Social Work Month, which provides the current year's theme and a toolkit of ideas. Check out the link at <http://www.socialworkers.org/>

This is a great time to educate staff about the Association of VA Social Workers (and the merchandise makes nice staff appreciation gifts). Membership applications and available merchandise can be located at <http://www.vasocialworkers.org>

The Social Work Public Relations Committee wishes you a happy Social Work Month!

## VA Social Work Monthly Managers' Conference Call

This conference call is designed for social work chiefs and executives.

### FY09 Schedule

3/13 1:00 EST 4/10 1:00 EST

The call is held the second Friday of each month. The call in number is 1-800-767-1750, access code **16389**.

This will be the access code for all future calls.

## Call for Applications: SYNERGY Assistant Editor Position

**Synergy** is the newsletter for Social Work in VA. It was developed by the Social Work Public Relations Committee as a means for highlighting Social Work accomplishments and improving communication among social workers and other disciplines. **Synergy** is a quarterly publication with articles on the accomplishments, innovations, best practices, and research of VA social workers. With the wide use of the Internet, it is now easily accessible to staff social workers, managers, and VACO/VISN/facility leaders.

Since its debut, **Synergy** has been coordinated and edited by the Social Work Public Relations Committee. The editor and assistant editor of **Synergy** are ad hoc members of the Public Relations Committee and the editor is a member of the Social Work Leadership Council. The editor reports directly to the Director of Social Work, Care Management and Social Work Service.

The Director of Social Work is pleased to announce an application process for the collateral assignment of assistant editor of **Synergy**.

Applications should be sent to the Director of Social Work, and to Pamela Wright, Chair of the Social Work Public Relations Committee. Applications will be accepted through **May 15, 2009** via **Outlook**. The new assistant editor will be selected and will work closely over the next two years with the incoming Editor in Chief of **Synergy**, Susan Reusser, beginning in the Fall of 2009. The expectation is that the assistant editor will become Editor in Chief of **Synergy** in July 2011.

Editing **Synergy** is a great opportunity for social workers with excellent writing and editing skills and experience who are interested in being involved in a high-profile project that promotes the social work profession. It also offers the chance to work at the national level with Social Work Service, the Social Work Leadership Council, and the other six national social work committees.

If you are interested in being considered for this collateral assignment, you may request an application by e-mail from the current Editor in Chief, Erica Taylor. Her e-mail address is Erica.Taylor@va.gov

## Social Work Leadership

### Promotions

**Galen Britain** has been selected as the Social Work Executive at Hot Springs, SD.

**Carlene Battiste-Downie** was selected as the Social Work Executive at Dublin, GA VAMC.

**Nicole Guyette** was selected as Social Work Executive at Reno VA Medical Center.

**Jeffrey McGee** was selected as the Acting Social Work Executive at Iowa City VA Medical Center 10/1/08 – 3/31/09.

**Heather Luper** was selected as Social Work Executive at VA Northern Arizona VA Health Care System

### Retirement

**Sharon C. Ott**, Chief, Social Work Service, Columbia, South Carolina, January 3, 2009

## Department of Defense Launches National Resource Directory

As part of Warrior Care Month, the Department of Defense launched the National Resource Directory, a Web-based “yellow book” built for wounded, ill and injured service members, Veterans, their families and those who support them, as well as families of the fallen.

Created through a partnership of the Departments of Defense, Labor and Veterans Affairs, the National Resource Directory ([www.nationalresourcedirectory.org](http://www.nationalresourcedirectory.org)), offers more than 10,000 medical and non-medical services and resources available to help service members and Veterans achieve personal and professional goals along their journey from recovery through rehabilitation to community reintegration.

The National Resource Directory is organized into six major categories: Benefits and Compensation; Education, Training and Employment; Family and Caregiver Support; Health; Housing and Transportation; and Services and Resources. All information can be found through a general or state and local search tool.



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