

March 2008

Synergy

The National VA Social Work Newsletter



March is Social Work Month - VHA Social Workers Have Much to Celebrate!

Kristin Day, Chief Consultant, Care Management and Social Work Service, Office of Patient Care Services, VA Central Office

Social Workers in the Veterans Healthcare Administration have much to celebrate. There has been significant growth and opportunity for our profession, as we continue to meet the mission critical role of serving our nation's veterans, and contribute to VA's overwhelming success in providing world class health care. Since 2004 the number of Masters Prepared Social Workers at VHA has risen from 4200 to over 5600.

VHA social workers have shown great flexibility and expertise in all clinical areas. This ranges from Care Management to clinical mental health, to rehabilitation, to program management, to system redesign initiatives. I would like to recognize the efforts of all, including our national committee members, and other leaders who have stepped up to take on these challenges and have shown great leadership. VA has once again looked to social work to collaborate with our clinical colleagues, focusing our efforts on meeting the strategic goals of VHA. Our role as the consummate collaborator has served us well, as we participate in the development of programs and services to meet the changing needs of all our veterans. As a result of our significant contributions, our profession has in turn grown exponentially.

Our biggest challenge within VHA Social Work is the need to develop leaders for today and tomorrow. For some, tomorrow is coming sooner than we had expected. There have been a significant number of growth opportunities with the OEF/OIF program, mental health initiatives, suicide prevention coordinators, local recovery coordinators, long term care initiatives, caregiver initiatives and more. Vacancies are presenting on a regular basis for many reasons, including retirements and promotions. This is

the time to look at our internal social work VHA resources – to advocate for continued growth, leadership opportunities and personal and professional development. I ask each VA social worker to be a leader in your current position. Further, I challenge each of you to accept additional leadership responsibility.

Care Management and Social Work Service has a broad mission for the future. Our current caseload of OEF/OIF veterans is at 4% and growing daily. But this number will grow rapidly as warriors return home and our oldest veterans say good-bye. We must continue to attend to the need of the veterans of today and tomorrow, reinventing the VA and redeploying VA resources to meet the expectations of our changing consumer, be it building a new life after a devastating injury or end of life care. We also need to continue to use our expertise in systems, collaboration, and advocacy to partner with our veterans, our clinical colleagues, our leaders and community providers to promote policy that benefits our veterans.

On a personal note, I want to thank you all for your dedication and commitment to serving our veterans at this time. Without the work that you do on a daily basis, we would not be able to maintain the service to our veterans with the care and compassion that they deserve. History is watching us and we will answer the call to care for him and her who have borne the battle. We will continue to do everything possible to ensure that this generation of America's finest sons and daughters get the care and respect that all American veterans throughout our nation's history so richly deserve. Thank you, and Happy Social Work Month!

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“It Takes a Team”: Third OEF/OIF Case Management Conference

Susan Reusser, LCSW, STP Outreach Coordinator, VA Northern Indiana Healthcare System

The third in a series of national OEF/OIF Case Management Conferences was held in San Diego January 8-12, 2008 for the clinical case managers; nurses and social workers. It was an amazing opportunity to learn from 32 dedicated and knowledgeable faculty members. Presenters generously shared their experience, expertise, and contact information for future questions. 206 Social Workers and Nurses serving as OEF/OIF Case managers attended from VA programs across the country. The focus was truly on finding ways to meet the varied needs of our newest American heroes.

Of particular note was a preview of the promised VA case management handbook with a discussion of the OEF/OIF case management process. It was emphasized that case management is not linear, but a process of varying intensity and changing needs. This case management process was put to the test the following

“The wave [of veterans from this conflict] really isn’t here yet.”

- Kristin Day

day when participants used the model as a framework for discussing what seems to be working and the challenges faced at their home facilities. A panel of veterans shared their VA experiences and visited the break-out sessions, bringing the discussion of case management into the real world. Two of the break-out sessions were organized by VISN and helped to build local relationships. A third session grouped case managers with others from VA’s of similar size and/or configuration and allowed for exposure to best practices from around the country.

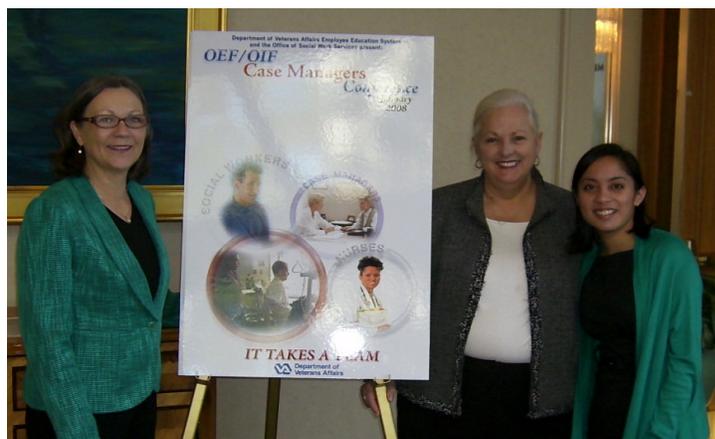
According to one of the participants, “the planning committee did an outstanding job bringing relevant information and faculty to the conference.” Many of the topics assisted case managers with learning from experts about the structure and function of our own organization. VA presentations included Tracking Workload; What’s Happening in VBA; Veterans’ Tracking Application; VA Liaisons to MTFs; VA Polytrauma System of Care; VIST and Low Vision; Transforming VA Mental Health Care; Readjustment Counseling Services (The Vet Center); and VA Central Business Office. Topical presentations included Seeking Safety; A Primary Care View of the Returning Veteran; PTSD and Family Therapy; Women’s Issues; Prosthetics; Blast Injuries; Transition Advisor Advocates; Tricare; and Spinal Cord Injuries.

A panel was assembled of Representatives from the various U.S. Military Support Services including the Marine Corps Wounded Warrior Regiment, The Navy Safe Harbor, The Army Wounded Warrior Program (AW2), The Air Force Family and Community Operations, and The Special Operations Command Care Coalition. Each of these programs presented a comprehensive plan for making sure that no seriously ill or seriously injured service member is left behind.

Kristin Day presented “Building a World-Class Case Management System for the Seriously Injured.” Ms. Day described the restructuring of the Care Management and Social Work Office at VACO, explaining that a national OEF/OIF program manager will soon provide infrastructure and practical support to programs nationwide. On a local level, she encouraged case managers to give attention to self-care, stating, “You can’t be on call 24/7 and be

well. Be aware of your stress. Talk with your team about how you’re taking care of yourselves and each other.” She closed the conference by stating enthusiastically, “We want to be able to say that everyone who needs case management is getting it!”

The fourth and last conference in the series of OEF/OIF Case Management is now in the planning stages for late Spring of 2008. Conference attendees will include the entire OEF/OIF case management team including program managers, clinical case managers, transition patient advocates, VA Liaisons, VISN POC’s and our partners in VBA. The focus of this conference will be on teambuilding and caring for ourselves as care providers. More details will be forthcoming.



Carol Sheets, LICSW, VACO, chair of conference planning committee; Peggy Kennedy, EES Project Manager, and Christina Conde, MPA, VACO, co-chair of conference planning committee

VHA SW Monthly Conference Call

The VHA SW conference call is a chance for every social worker to listen, learn and ask questions on issues related to social work. The purpose of the calls will be to share new information, highlight best practices, discuss clinical and administrative challenges and provide support. Topics of discussion are based in part, on social workers suggestions. CEU’s will be offered for quarterly conference calls.

FY08 schedule

3/14	1:00 EST
4/11	1:00 EST
5/9	1:00 EST
6/13	1:00 EST

As you can see this is the 2nd Friday of the month. The call in number is 1-800-767-1750 and our access code will be **16389**. This will be the access code for all future calls. Please make calls as a group as there are only a limited number of lines.

Satterwhite Inducted into the AVASW Hall of Fame

Written by **Judy Arnold, MSSW**, Chief, SWS, VA Eastern Kansas Health Care System, for the Association of VA Social Workers Newsletter, August 2007, Used by permission



We know of no one more highly deserving of the hall of fame honor than Jerry L. Satterwhite. He is past Chief of Social Work Service, Senior SWALT Preceptor, VHA SW Leadership Council Chairperson, Education Committee Chairman, and Association of VA Social Workers Officer. He has most recently served as Congressional Liaison for The Association of VA Social Workers. He was instrumental in getting Hybrid Title 38 legislation passed. He has guided and mentored the VA Social Work profession, along with countless VA Social

Workers and other professionals. He has actively promoted excellence in Social Work. He has represented the profession well in the community, such as through the Society of Social Work Leaders in Health Care as well as the Association of Social Work Boards. Jerry has served on the Alabama board for more than ten years. He has served on numerous committees and worked on national practice and training initiatives. Jerry continues to serve the VHA national social work program office as the first official VACO Volunteer. Just as importantly, he has always offered friendship and support, wherever he goes. It is with enduring gratitude and great pleasure that we unanimously induct "Big Jer" into the Association's Hall of Fame.

Bromley selected as VA Social Worker of the Year

Kristin Day, Chief Consultant, Care Management and Social Work Service, Office of Patient Care Services, VA Central Office

It is with great pleasure that I announce that the recipient of the 2007 VA Social Worker of the Year Award is Jean Bromley, Social Work Executive at the Clement J Zablocki VAMC in Milwaukee, WI.

Jean is a leader who personifies social work at its best. Jean serves as the Social Work Executive for the Milwaukee Medical Center and surrounding CBOCs. Jean also serves as Rehabilitation and Extended Care Division Co-Manager. She is the OEF/OIF VISN 12 and VAMC Program Manager.



Jean also serves as the Chair of the VA National Social Work Professional Standards Committee and is a member of the VA National Social Work Leadership Council.

Jean was nominated for the VA Social Worker of the Year Award as she "exemplifies quality social work leadership through her willingness and desire to take on new challenges and foster the best possible outcomes for the greater organization and our veteran population."

Congratulations Jean!

Promotions

Michael Twiss is SW Chief at White City, OR.

John Petek is SW Chief at Long Beach, CA.

Gall Beauchamp is SW Executive at Iron Mountain, MI.

Melissa S. Lewis is SW Executive at Beckley, WV.

Michelle Johnston is SW Chief at Oklahoma city, OK.

Marc C. Chevallier is SW Chief at Wilkes Barre, PA.

Joanne Peters is SW Chief at San Francisco, CA.

Amanda Redman is SW Executive at Birmingham, AL.

John O'Brien is Chief SW Executive at Baltimore, MD (VAMHCS)

Christopher D. Hoffman is SW Executive at Lebanon, PA.

VACO Promotions

Carol Sheets is the new Family Hospitality Program Manager.

Heather Mahoney-Gleason is the new Family Caregiver Support Program Manager.

Recognitions

Cody Frasure, Chief of Social Work Service at Mountain Home VA Medical Center, has been selected the NASW Tennessee 2008 Social Worker of the Year!

Douglas Mitchell, Chief of Social Work at the Phoenix VA Healthcare System and the National Chair of the VA Social Work Leadership Council was presented with the AZ Department of Disabled Americans' VA Employee of the Year Award.

Sylvia McCollum was recently recognized by the SCI newsletter for her 25 years of service as the SCI coordinator at the Tuscaloosa VAMC, AL.

Retirements

Edith L. Athelmer, SW Chief, Little Rock, AK retired on 12/31/07.

Troleta Moody, SW Executive, Martinsburg, WV retired on 1/3/08.

Douglas R. Cadiz, SW Executive, Northampton, MA retired on 1/3/08.

Jimmy R. Moore, SW Executive, Salem, VA retired on 1/3/08.

Ronald Rabold, SW Executive, Pittsburgh, PA retired on 2/1/08.

Revitalizing Clinical Practice: Building on Tradition

Submitted By: Dr. Charlene A. Sexton, LCSW, Louisville VAMC-GEC

The VA has a long history as employer of professional social workers and training site for students who develop their clinical expertise in interventions like expressive therapy. The VA pioneered this field in 1946 through a partnership with the North Shore Chicago chapter of Theta Sigma Phi, an academic fraternity of women journalists. The partnership culminated in the Hospitalized Veterans Writing Project (HVWP).

In 1952 the Greater Kansas City chapter of the fraternity (now The Association for Women in Communication) took over the project and began publishing *Veterans' Voices*. It remains the sole national outlet for veterans' writing, whether it is prose or poetry, long or short, service or non-service related. Aided by the AWC's national board and their volunteers, *Veteran's Voices* is published each March, July, and October.

As GEC-SW at the Louisville VAMC, I helped a veteran submit a story appearing in the fall, 2007 issue of *Veteran's Voices*, about his WWII pilot experiences. In the story, he recounts how reading a book about aviation as a child led to his life-changing decision to become a pilot. His reading of the book illustrates the power of written materials to trigger insight and affect change (trigger goal-oriented behavior). However, on what basis do we select written materials to use in our clinical interventions and with what populations? My experience with chronic and terminal illness highlights the appropriateness of this therapeutic technique, and the need to select materials which foster emotional and spiritual well-being.

The goal of emotional and spiritual well-being is especially important to chronically and terminally-ill patients. Writing is often not possible for these patients. Reading stories and poems is less formidable, engages them emotionally, and stimulates reflection leading to life review and reminiscing, an important task for both patients and families. Recent discussion and research point to barriers to reflection (Stein), its significance (Rokach), and ultimately, the value of written materials in stimulating reflection (Stainbrook).

A major barrier to reflection is loneliness: "Illness involves a specific loneliness, a set of limits and invisible walls. (It) is never the chief complaint of patients. More public are the shame and apology, the fear, the helplessness and dishonor of dependence" (Stein, 2007). In a recent study (Rokach, 2007), researchers found that reflection and acceptance, and religion and spirituality, which provide inner peace and hope, are more important than social support in helping the dying and their caregivers cope with loneliness.

Poems are especially effective in coping with loneliness and stimulating reflection "by providing an integration of emotion, cog-

niton, and imagery with which to create and maintain personal meaning." (Stainbrook, 2001). Their effectiveness is based on metaphors, which elicit self-disclosure, minimize resistance, shift perception, and engage the client and therapist in solution or problem-focused sessions in a short period of time (Kopp, 1995).

In a small group setting for the bereaved, I find that metaphoric images in poems help participants recognize and express feelings integral to healing and well-being. One man responded to this image: "But remember to bury all old quarrels behind the compost, Forgive who insulted you, Forgive yourself for being wrong, Nothing living resembles a straight line" (Piercy, 1973). He later told me he sent the poem to his 18 year-old grandson. A woman in the group responded to "Then the knowing comes. I can open to another life that's wide and timeless" (Barrows, 1996). All found comfort in the lines: "Hope is a garden, of seeds sown with tears, planted with love, amidst present fears" (Stepanek, 2005)

This mode of expressive therapy revitalizes my clinical social work practice, and builds on our 60-year tradition which began in 1946. It is an intervention which fulfills a wish we have all had: "I wish I'd been able to give the words and maps to move away from that place where there is no company" (Stein, 2007). If you are interested in exchanging information about this approach, contact me at charlene.sexton@va.gov.

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Get Published! **SYNERGY** welcomes best practice/articles and innovative ideas on any topic that relates to social work within the Department of Veterans Affairs. While social workers are our primary target group, contributors can be from any discipline that works with social work. **SYNERGY** is an excellent tool for communicating information and ideas with hundreds of your peers.

DEADLINES for submitting articles for future issues of **SYNERGY** by April 4, 2008 or July 11, 2008

Erica.Taylor@va.gov - Editor

Susan.Reusser@va.gov - Assistant Editor

Stress Management Techniques

Submitted by Steve Barrett, LCSW Atlanta VA Hospital

Since our country is at war, a lot of combat veterans have increased stress on them. So I have taken some time to come up with some stress management techniques that we can use at all times. The important thing is to practice the stress management techniques on a regular basis. Some may work for you, and some may not work for you, but give them a try. It may help the next time you are watching the war on television.

1. Recognize Stress: Learning to recognize when your body is reacting to stress, and identifying your stressors, are the first steps in managing stress.

2. Take a Break: A change of pace, no matter how short, gives us a new outlook on old problems. Take a vacation 20 minutes everyday – enjoy a change from the daily routine.

3. Learn to Relax: Under stress, the muscles of our bodies stay tight. One of the most effective ways to combat tension is deep muscle relaxation. It is an essential life skill that anyone can learn. Just a few minutes of peace and quiet everyday makes a big difference. Other techniques that produce muscle and mental relaxation are yoga, prayer, and deep breathing.

4. Be Nutritionally Aware: Good nutrition is vital to optimum health, and it is essentially critical when we are under unusual stress, or going through a major life challenge. Keeping our weight under control, maintaining a low cholesterol count and cutting down on foods with concentrated sugar can be beneficial for us.

5. Exercise Regularly: Just like nutrition, exercise is imperative for maintaining a high level of fitness. Whatever you enjoy – swimming, walking, jogging with "Jody," aerobic exercise – will help you let off steam and work out stress.

6. Plan Your Work: Tension and anxiety really build up when work seems endless. Plan your work to use your time and energy more efficiently. Get the entire family involved in the planning, and take one thing at a time.

7. Talk it Over: This may be the most important thing you can do for yourself if you can't get a handle on things. Find a good and trusted listener. Just as a pressure release valve allows steam to flow out of a pressure cooker to keep it from blowing up, talking allows stress to flow out of our body, and keeps us from blowing up.



8. Accept What You Cannot Change: If the problem is out of your control at this time, try your best to accept it, until you can change it. If beats spinning your wheels and getting nowhere. This could decrease your frustration. This technique usually takes a little time to learn, so start now!

9. Take Control of Your Life: Believe that you are in charge of your life, and how you react to stress. Meet challenges and problems head on, maintaining a sense of order and priorities, and use available help to stay on top of things.

10. Evaluate Your Perceptions: What we think is sometimes what we feel. If we constantly think unrealistic and irrational thoughts about ourselves and other folks, then our stress level is increased. Henry Ford once said: "Whether you think you can – or you can't – you're always right."

11. Relax Your Standards: When we set up unrealistic expectations for ourselves, we usually can never reach them. If we do, then we burn out quickly. Set reasonable standards and goals.

12. Reward Yourself: Find ways to reward yourself when you've completed a minor or major task. We cannot always depend on others to recognize our own accomplishments, so we must develop our own reward system.

13. Become Assertive: Take steps to solve problems instead of feeling helpless. Distinguishing assertiveness (respecting others' rights and your rights) from aggressiveness and passivity can do much to resolve initial stress.

14. Give In Once And A While: If you find the source of your stress is other people, try giving in instead of fighting and insisting you are always right. You may find that others will start to compromise with you.

15. Rediscover Humor: Learn to laugh at yourself and your situation! This may be the most important strategy.

16. Monitor Watching the War News: Many veterans that I treat have exacerbated symptoms secondary to watching too much news about the war. To stay abreast of what is happening, try reading the newspaper or listening to the news on the radio. That way, we are not re-traumatizing ourselves to combat again.

HEY VAI HAVE YOU HEARD? January 7, 2008

VA Office of Construction & Facilities Management (CFM) staff wanted to give something back to the community during the holiday season. Working with the Washington VA Medical Center Social Work Service, CFM found and sponsored a veteran family in need - an OIF veteran being treated at the center, with a wife, six-year-old daughter and three-year-old twins. The veteran served as an emergency room Army medic in Baghdad in 2004 and suffered back injuries during a mortar attack. That initial injury led to a broken back after he returned home. CFM staff and affiliated field offices begin collecting gifts for the family in early November. Each week, staff received information about the family and their needs and the donations grew. The family was invited by CFM to a December 12th luncheon where CFM Director Donald Orndoff arranged for the veteran and his family to meet with then Acting Secretary of Veterans Affairs Gordon Mansfield. Presents were presented and holidays brightened for one family and an office full of generous VA employees.

OEF/OIF Running Club: Moving Through The Pain

Joshua Dadolf, LICSW, Durham VAMC, NC

It is certainly no surprise that physical and mental health care clinicians are touting the benefits of exercise to overall wellness. Study after study has shown that a regular exercise regime helps improve one's physical health by strengthening the heart and lungs, increasing energy and stamina, developing strong muscles and to prevent obesity. Studies have also shown a regular exercise habit reduces stress and tension, depression, fatigue and anxiety. It combats boredom and boosts self-esteem. It increases not just the quality, but quantity of one's life.

As our soldiers return from combat in Iraq and Afghanistan, we are finding that they are battling with both physical and mental illness. Many have come back with orthopedic injuries, loss of limbs, and traumatic brain injuries. Countless more have come back with emotional injuries, not the least of which is Post Traumatic Stress Disorder.

In addition, we are finding that there are a number of obstacles which interfere with the likelihood of a returning combat veteran to seek care. Some are unaware of the services offered by the local VA Medical Centers, Community Based Outpatient Clinics and local Vet Centers. Others struggle with perceptions of the "VA bureaucracy" or other negative stereotypes portraying VA care as substandard. Some are adverse to participating in treatment in a traditional clinical setting. Many others succumb to the social stigma associated with seeking care for mental health related issues and simply stay to themselves.

Accustomed to coping with the distress of combat as a unit, with comrades and buddies who "have your back," many of the returning soldiers cope through less than functional methods that quickly betray them. Some choose alcohol or drugs, workaholicism or social isolation to numb the painful memories and

quiet the disturbing images they have returned with. In addition, many have returned to damaged or broken relationships and roles at home or at work that are completely foreign to them now.

At the Durham VA Medical Center, Staff Psychiatrist Dr. Bruce Capehart, Clinical Social Worker Joshua Dadolf, and Speech Pathologist Rebecca Sisk are offering an alternative to treatment in the traditional clinical setting. The Durham VA's OEF/OIF Running Club is designed to support the fact that exercise is an essential component in improving one's overall quality of life. This group is psycho-educational in nature. Staff are not providing guidance or instruction specific to body mechanics or exercise. In fact, it is expected that each individual participant has either sought the approval from their Primary Health Care Provider or is confident in their own ability to self assess their fitness abilities. Staff are present to provide a safe, structured and supportive environment for veterans to re-connect with one another and engage in a healthy, functional coping strategy. Although the group takes place outside of a traditional treatment setting, staff remain committed to treating these sessions and the topics discussed with the same clinical respect that a traditional environment may offer. In fact, some that participate may elect to enroll in more structured, traditional mental health care, which the group providers then help facilitate.

Presently, the group is offered to those who are able to run, jog, walk, or wheel themselves around the private track. As the rhythmic sound of feet hitting the pavement takes form, some talk and some opt to listen. Topics range from lighthearted to the more intense. Relationship issues, memories of combat, daily life stressors all surface at one point or another. Veterans share space and time, making an invaluable social connection

Colleagues:

Happy 2008.

I wanted to make sure you knew about World Social Work Day to be celebrated on April 15, 2008. This day is sponsored by the International Federation of Social Workers (IFSW). To support this celebration, NASW has created a poster in English, Spanish and French. Here is a link to the poster:

English only: <https://www.socialworkers.org/practice/intl/worldswday/worldswposter08.pdf>

English/French/Spanish version: <https://www.socialworkers.org/practice/intl/worldswday/worldswifsw08.pdf>

Please feel free to download, email and/or print as many posters as you would like for your activities.

The NASW website, www.socialworkers.org, will also provide updated information on World Social Work Day activities.

Sincerely,

Elizabeth J. Clark, PhD, ACSW, MPH

Executive Director

NASW

750 First St NE, Suite 700 Washington DC 20002-4241 www.socialworkers.org

World Social Work Day!

The Importance of Assessment and Treatment of Problem Gambling

D. Lee Thompson, LCSW, LADC, Clinic Manager, Portland (Maine) VA Clinic; President of the Maine Council on Problem Gambling

Social workers have a special role in VHA as our unique skills allow us to serve with a variety of patients in many different settings. This provides social workers an ideal opportunity to identify and screen patients who may suffer from the "hidden disorder" of problem gambling. Data from the National Council on Problem Gambling indicates that over 5% of the general population has a gambling-related problem, yet less than 10% of medical or mental health professionals routinely assess for this disorder.

Problem and pathological gambling affects almost every area of our patients' lives, including emotional, physical, financial, vocational, and spiritual areas. Gambling can break up homes, ruin health, and destroy friendships. In VHA, the veteran population seems to be at higher risk for problem gambling, particularly if they have co-morbid substance abuse and/or depressive disorders.

Problem and compulsive gambling is called the "hidden disorder" because there are no obvious physical symptoms associated with the addiction. It is also a progressive disorder in which an individual has a psychological uncontrollable urge to gamble that can lead to increased gambling and emotional dependence on gambling. Compulsive gamblers are constantly thinking about past bets, planning the next one, and finding the money to support the habit. They neglect their families, lose jobs, incur debt and often commit crimes to continue to gamble.

Problem gamblers can present with stress related problems like headaches, sleep problems, hypertension, back aches, anxiety, and gastrointestinal problems. 20% of pathological gamblers presenting for treatment have attempted suicide. As with the smoking intervention, a brief intervention for the problem gambler can be the beginning of recovery and a new life.

Individuals gamble for many reasons: to medicate symptoms of depression, anxiety, bipolar illness, Attention Deficit Disorder, or to relieve boredom or loneliness. A recent loss like divorce, death, job loss or retirement can trigger a person to start gambling. It is important to ask veterans who have experienced any of these losses if they are gambling and explore further if they confirm they are gambling. Offer them some simple tips for safer gambling like setting a limit with time and money spent gambling.

State sponsorship, increased availability, and increased promotion of gambling in the past several years have created an unrealistic attraction to gambling and especially to gambling without problems. This promotion and the accompanying myth of problem-free gambling inhibit the mental health community from taking gambling seriously.

Research shows that people living within 50 miles of a casino are twice as likely to fall victim to compulsive gambling as those farther away. A study done in 1999 by NCPG found that 4.4 percent of people living within 50 miles of a casino reported serious wagering problems in their lifetimes. For those living 51 to 250 miles from a casino, the percentage is 2.1 percent. While casino-based gambling is increasingly available nationwide, more individuals play lotteries, Keno, bingo, poker etc. and get into as much trouble.

Senior citizens make up the fastest growing segment of compulsive gamblers. They tend to be more susceptible to loneliness (death of spouse), limited mobility, isolation from family, health problems, boredom, and depression plus they may have a more expendable income. It is important to keep in mind that the elderly are not comfortable discussing their gambling habits with others; they are embarrassed about losing money gambling, perhaps even more so than the younger generations. They perceive gambling as an activity which is an entertaining way to spend time because they may not participate in many other activities.

An assessment can be as simple as three questions:

- 1) Do you gamble?
- 2) Have you ever lied about how much you gamble?
- 3) Have you ever felt the need to bet more and more money?

If the answer is yes to question 2 or 3, refer this veteran for a more in-depth assessment to an addictions or mental health professional, preferably someone with knowledge of gambling addiction.

Depending on your role it may not be possible to do an assessment or make any direct intervention, however, here's what you CAN do:

Know the signs and symptoms of Problem Gambling.

Know what tips to offer for safer gambling.

Provide resource materials in your offices and waiting rooms.

Know what is in the material so that if a veteran, spouse or family member asks a question you can refer to the material or give them a number to call for further information of treatment.

Know your local resources; contact the National Council on Problem Gambling at www.ncpgambling.org for a list of treatment providers, materials, and other information about problem and responsible gambling or Gamblers Anonymous at www.gamblersanonymous.com for meetings in your area.

Most VA hospitals have individuals who have knowledge and expertise in assessing and treating the problem gambler. Seek them out and ask questions. The internet is also a useful resource for assessment tools, research, and treatment recommendations.

Many gamblers do not know that there is a solution to their problem except to continue gambling or commit suicide. The offer of support, resources and hope can make all the difference to them and their families.

A brochure about this program can be found on COLLAGE at http://vaww.collage.research.med.va.gov/collage/E_socialwork/

For additional information, contact donna-lee.thompson@va.gov.

Editorial, Articles in the *American Journal of Public Health* Cite VA's Health Care Successes

Submitted by VA Office of Public Affairs



The December issue of *The American Journal of Public Health* includes an editorial and articles commending the Department of Veterans Affairs' health care system, saying VA has emerged as a national health care leader.

An editorial headlined, "The Veterans Health Administration: A Domestic Model for a National Health Care System," states that the VA system has several unique aspects that distinguish it from the private sector health care system:

- a centralized health care administration;
- an emphasis on preventive (primary) care as the foundation for the system;
- an automated health information system that includes a national electronic patient record system; and
- an affordable, evidence-based medication prescription plan.

"These are qualities that are clearly lacking in most American market-based private health care systems," the editorial states. It points out that the transformations have taken place even though the VA patient population has a disproportionately lower income and is older, sicker and more likely to suffer from mental and behavioral issues than the private sector.

The editorial is authored by Dr. Said Ibrahim of the Center for Health Equity Research and Promotion at VA's Pittsburgh Health Care System and the Division of General Internal Medicine at the University of Pittsburgh.

Dr. Ibrahim also cites recent studies on the performance of the VA health care system that show marked improvements in the performance of the VA health care system compared with the

market-based, private health care system. He says the private health care system "is increasingly seen as too costly and too inadequate in its performance."

The editorial points out, however, that VA faces some critical challenges, such as the need for reforms in the management of post-traumatic stress disorder (PTSD), and it points out there is a large number of veterans with health care access problems unable to receive care at VA medical centers.

A separate article in the same December issue, praises VA leadership, saying changes made in the 1990s such as instituting a nationwide electronic health record and accompanying quality measurement approach led to the transformation of VA to become a national leader.

The article, "Designing a Model Health Care System," also cites several academic studies which show that VA care outperforms non VA care on various areas, and that patient satisfaction appears to be higher within the VA than among those who receive care in the private sector.

The author, Dr. Kevin Volpp, is with the Center for Health Equity Research and Promotion, VA Hospital in Philadelphia and the Department of Medicine at the University of Pennsylvania in Philadelphia.

Dr. Volpp concludes that VA could enhance its impact by reaching out more actively to recently discharged military personnel to ensure they receive the care they need, though he notes there has been recent improvement in this area.

He also states it is important for VA to continue to invest heavily in research for physical and mental health problems resulting from intense combat as well as to enable VA to understand what it does well and what areas need improvement.

"By many metrics, the VA has established itself as a leader in health care delivery within the United States," Volpp concludes. "However, more can be done to show the way for the rest of the country in using data-driven approaches to design and test innovative efforts to improving health."

VHA Social Work Career Development Conference Call 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. Guest speakers are arranged for the monthly calls.

The goal of the calls is to help identify resources for social workers in the field regarding career development, encourage mentorship from social work leaders, assist social workers in the field increase their opportunities for professional development in the field, and identify subject matter experts in the field.

Calls occur on the 4th Tuesday of the month at 2:30 EST, 11:30 PST
The next call will occur on 3/25/08
Call 1-800-767-1750 Code: 30485



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