

SYNERGY



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The National VA Social Work Newsletter



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Social Work

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Celebrating Our Unique Profession With Social Work Month Activities

By Carol Sheets, LICSW, ACSW, National Director of Social Work

CELEBRATING PROFESSIONAL SOCIAL WORK Month in March served as a reminder of our many important roles as social workers, and the range of opportunities we have to support and care for Veterans and families/caregivers as direct practice social workers, supervisory social workers, program managers, coordinators, and social work chiefs/executives.

National Professional Social Work Month began in 1984. Every year, March is designated by the National Association of Social Workers (NASW) as a month when social workers can join together to promote the profession and advocate for social work issues.

Reflecting on my own visits to VA healthcare facilities during Social Work Month, I returned to Washington, DC, with a feeling of great pride. I heard over and over the importance of social workers from senior leadership, interdisciplinary staff, social workers and Veterans — the significant value of what each of you do in your various skilled and essential areas of practice and program management. I found it especially meaningful to meet with so many of you in diverse areas of the country and to learn first hand about your social work programs and the impact you have in providing world-class healthcare to Veterans. I spoke with interns, newer appointees, and experienced social workers in a variety of areas of practice, as well as social work leadership. I listened as a Veteran made a public acclamation to a group of VA social workers at their celebration, describing how his social worker helped him rebuild his life and made a real difference, giving him courage and hope.

It is obvious that many of you have rich social work histories that continue to inspire your work, and you have made invaluable contributions to VA Healthcare and our communities.

As a VA social work community of practice, we are now over 8,000 strong, employed in VHA healthcare facilities, community based outpatient clinics (CBOC), satellite clinics, readjustment counseling centers, central office and network

offices throughout the United States and its territories as highly trained and skilled licensed independent practitioners and social work leaders.

Social work is woven into the fabric of the VA healthcare system and serves a critical function in supporting VHA's mission in providing Veteran Centered Care.

As you read about the various Social Work Month activities in this edition of *Synergy*, let us continue to remember the importance of the many roles filled by social workers. This edition accents the importance of celebrating our profession as we continue to advocate for social work services, to educate other VA providers or disciplines on our many functions, and above all, to educate the Veteran community on VA benefits and healthcare services through our outreach efforts.

Mental health social workers are trained in evidenced-based psychotherapy such as Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) for depression, Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for Post Traumatic Stress Disorder, as well as Social Skills Training (SST) and Family Psychoeducation for the Severely Mentally Ill. These training programs are available to social workers working in specialty mental health programs. In this edition of *Synergy* you will also read articles from social workers who are providing evidence-based treatment.

As we move forward as a profession in VA healthcare, we must continue to be vigilant in developing outcome evaluation measures to strengthen the delivery of care and services to Veterans through continuous process improvements. Our role as social workers in the healthcare of Veterans is vital to their wellness. This is a great opportunity for our profession in VA healthcare as we become fully engaged in VA's transformational goals for the 21st century through our agility to meet emerging needs of the Veterans we serve. ■

MISSION: To eliminate psychological complications as significant barriers to healthcare interventions for Veterans and families. This is accomplished by developing and maintaining integrated, quality programs in patient care, research, education and prevention.

VISION: In return for the investment of Veterans' "trust and institutional support," VA Social Work will provide the foremost leadership in the psychosocial care of Veterans and their families.

Celebrating Social Work Month at VA Black Hills Healthcare System

By Kim Wright, LCSW, SCI/TBI Coordinator and Galen Britain, CSW-PIP, BCD, Social Work Executive/VIST Coordinator, Hot Spring, South Dakota

IN THE SPIRIT OF SHARING AND LEARNING, the Black Hills VA social work team organized a day-long ethics seminar presented by Dr. Frederic Reamer on March 5, 2010. Dr. Reamer is a nationally known expert who chaired the task force that wrote the NASW Code of Ethics adopted in 1996. The morning session focused on the social work aspect of managing care risks in healthcare settings. The topic of Dr. Reamer's afternoon session, "Boundary Issues and Dual Relationships in Healthcare Settings", was open to all disciplines. The morning session had 76 VA and commu-

nity social workers in attendance. The afternoon session had 87 participants from all disciplines.

The Black Hills VA covers a large rural area which includes all of western South Dakota, western North Dakota, eastern Montana, eastern Wyoming and western Nebraska. Social workers are located at four separate facilities within a 300 mile radius. A noon luncheon between the conference sessions afforded VA social workers the opportunity to network with new workers and reconnect with others. ■



Presenter Frederic G. Reamer, PhD, Professor, School of Social Work, Rhode Island College.

Celebrate Social Work Month at the Clement J. Zablocki VA Medical Center

By Amy Mael, LCSW, HUD-VASH Social Worker, Milwaukee, Wisconsin

"SOCIAL WORKERS INSPIRE Community Action" was the theme for Social Work Month 2010. The Social Work Month Planning Committee at the Clement J. Zablocki VA Medical Center in Milwaukee, Wisconsin came together to recognize the hard work and dedication of our 90+ social work colleagues.

On March 16th, the Social Work Planning Committee sponsored the viewing of "The Dhamma Brothers", a highly acclaimed documentary, which highlights the use of meditation in a maximum security prison. Dimitri Topitzes, Associate Professor of Social Work, University of Wisconsin - Milwaukee, presented on Vipassana Meditation. This event was open to staff, patients, and visitors of the hospital and had over 70 attendants.

On March 30th, social workers were invited to the Social Work Month Celebration. Opening remarks were made by the Medical Center Associate Director, Larry Berkeley, and the Associate Director of Patient/Nursing Services, Judith Murphey. Keynote speaker, Dr. Stan Stojkovich, Dean of the Helen Bader School of Social Welfare at the University of Wisconsin - Milwaukee, delivered an inspiring speech

recognizing the various ways in which social workers inspire community action.

Social workers enjoyed lunch together, followed by cake and ice cream. Each social worker received a special social work name badge pin and a custom-wrapped Social Work Month chocolate bar to recognize their hard work and dedication to the Veterans that they serve each day.

The celebration convened with a fun-filled raffle of gift baskets, gift cards, and hand-made table centerpieces.

Social workers do indeed inspire community action. We truly recognize the efforts of the dedicated team of social workers at the Clement J. Zablocki VA Medical Center during Social Work Month and throughout the year! ■



Clement J. Zablocki VA Medical Center Social Work Month Planning Committee.

VA Eastern Kansas Healthcare System (VAEKHCS) Celebrates Social Work Month: Emphasis on Service, Education, and Recognition

By Zina Petrovic, LSCSW, Mental Health Clinic/Acute Psychiatry Social Worker, Colmery O'Neil VAMC, Topeka KS

THE VA EKHC SOCIAL WORKERS celebrated Social Work Month through various educational events, with a strong emphasis on professional and personal collegiality and in the spirit of unwavering dedication of service to our Veterans. Social Work Chief, Judy Arnold, elaborated upon the role and impact social workers have on Veterans' lives and their well-being. Judy also articulated the responsibilities of social work clinicians in meeting the needs of our Veterans.

Educational events were held throughout the month, emphasizing clinical practices and approaches that help us become better health professionals and service providers. Carolyn Szafran, LSCSW, Washburn University, Topeka, KS, presented to the EKHCS social work staff stressing the importance of examining the impact of caregiving services on social work clinicians. A central focus of Ms. Szafran's presentation was how client trauma invariably affects and transforms many aspects of a clinician's life. Unfortunately, few clinicians have awareness, obtain training, or seek assistance in dealing with secondary

traumatic stress. Consequently, burnout, fatigue, safety dislocation, higher rates of physical illness, greater use of sick leave, higher turnover, lower morale, and lower productivity may lead to patient care errors and individual alienation. Ms. Szafran recommends battling compassion fatigue by relying on ethical standards to guide practice, seeking compassion fatigue training and working toward systemic change. She stressed that clinicians must be aware of their health, well being, and work satisfaction and that they should consider how caregiving stress may affect professional ability.

Last, but certainly not least, VA EKHCS social workers had a chance to attend an all day workshop titled "Evidence-based Practice for Healthcare Professionals — Not Just Practice Wisdom or Tradition Anymore" by Dr. Marty Pentz, Ph.D., LCSW, MSW. As Dr. Pentz noted, Evidence-Based Practice (EBP) is defined as the conscientious and judicious use of current best practice evidence guiding healthcare decisions to improve patient outcomes. Use of evidence for clinical decision making in-

corporates values and patient preferences (Cook et.al., 1997). Furthermore, the VA mandates practitioners to use validated methods in their care to Veterans which must be consistent with current VA clinical practice guidelines and informed by current scientific literature. For example, one of the VA mandates states "All Veterans with PTSD must have access to Cognitive Processing Therapy (CPT) or Prolonged Exposure Therapy (PET) as designed and shown to be effective." Therefore, a solid foundation of knowledge in reference to evidence-based practice should be a VA clinician's educational and clinical goal as they continue to guide Veterans to the most appropriate treatment options.

In summary, Social Work Month events reinvigorated a sense of service, education, and recognition among the VA EKHCS social work staff. VA EKHCS is proud of our social work commitment to Veterans and our ongoing efforts to meet the challenges in the provision of healthcare within the VHA. ■



Social Workers, VA Eastern Kansas Healthcare System 2010 Social Work Month.

Tennessee Valley VA Healthcare System Social Work Month 2010

By Lesley Granholm, LMSW, Primary Care Social Worker; Blair Fleming, LMSW, Primary Care Social Worker; and Karen Roberts, LMSW, Medical Social Worker, Nashville, Tennessee

AFTER MONTHS OF PLANNING, the event arrived! March 2010, Social Work Month at Tennessee Valley Healthcare System (TVHS) began with Violet Cox-Wingo, Chief of Social Work, wishing everyone a happy Social Work Month and the announcement of the Social Work 2010 Proclamation which publicly announced and called upon citizens to join with the National Association of Social Workers and Veterans Health Administration to celebrate and support social workers and the profession. There was also a display at both campuses in the lobby that featured photographs of TVHS social workers and the departments they represented.

Throughout the month there were many exciting activities, such as "Social Work Spotlight" in which social workers were asked to send a short autobiography which spotlighted why they were inspired to become a social worker and short lists

of their hobbies and goals. The social workers shared pivotal moments from their past that led them to choose social work as a profession. There were weekly trivia games based on programs at TVHS and historical social work facts. There was a "Secret Social Worker", in which social workers drew a name of another social worker and then sent weekly notes, cards, and small, inexpensive gifts to one another, adding inspirational words of support. At the end of the month, each "Secret Social Worker" revealed their identity.

A social work luncheon was held on March 11, 2010. The luncheon featured a carnival theme with balloons, confetti, and games. A laugh therapist presented and focused on the benefits of laughter and how humor helps to reduce stress. One of the most inspiring moments was when Violet Cox-Wingo and Virginia Spini presented awards of achievement to social

workers with 25 plus years experience in the social work profession.

As the month came to a close, there were two very exciting educational activities that took place. There were three female Veterans who were invited to share their experiences while serving in the military and then the "Lioness" movie was shown. The social worker graduate interns shared their school project presentations which included topics such as PTSD, diabetic retinopathy, support groups and OEF/OIF-Womens' support groups. As Social Work Month came to a close, there were many social workers who expressed their feelings of excitement about the month's activities and how much support they received from each other and other departments at the VA. ■



VA Tennessee Valley Healthcare System Social Workers, 2010 Social Work Month

Sioux Falls VA Celebrates Social Work Month

By Karen Cordie, MSW, HVHC Case Manager, Sioux Falls VAMC

THE SOCIAL WORK COMMITTEE at Sioux Falls VAMC used a multi-faceted approach to celebrate Social Work Month, emphasizing VA awareness as well as community outreach. Each specialty program completed a poster board highlighting their services for a community-wide Resource Fair. VA staff members, Veterans, and community members were invited. The fair was well attended and provided an overview of the various areas in which social workers are involved with program development and implementation within the VA. Framed Certificates of Appreciation signed by the facility Director and the Social Work Executive were presented to social workers at the fair.

Another poster board was created providing an overview of the social work programs within the VA. Photographs of Sioux Falls VA social workers and program descriptions were included on the poster

board. This was displayed throughout the month of March in the main area of the hospital. The poster board was offered to local graduate schools of social work as a tool to inform prospective students about the various roles social workers play within the VA.

The Social Work Committee developed daily updates which included social work facts and featured individual social workers with brief descriptions of their responsibilities. These were featured in the hospital-wide *Daily Updates*. In addition, the Social Work Committee partnered with Nutrition Services in a VA-wide food drive in which food was collected for local food pantries. Two of the four CBOCs participated, gathering approximately 100 pounds of food, and the main hospital collected over 240 pounds of food, which was taken to the Sioux Falls Food Pantry. To wrap up the month, a social work luncheon was held, providing an op-



Sioux Falls VA Social Work Month Committee – Rebecca Hess, MSW; Kristen Breitog, MSW-PIP; and Karen Cordie, MSW.

portunity for social workers to celebrate the month together. All of the activities highlighted Social Work within the VA and provided multiple opportunities for VA staff members, Veterans, and community members to learn more about the services social workers provide to Veterans. ■

Social Work Month, Texas Style

Submitted by Miguel Ortega, LCSW, Social Work Executive and Linda Avery, LCSW, Social Work Clinical Care Coordinator

IN OCTOBER 2009, THE MICHAEL E. DeBakey VA Medical Center (MEDVAMC) – Houston, Social Work Practice Council met for their annual strategic planning retreat. During the retreat, the new MEDVAMC Director, Adam C. Walms, charged Social Work with creating a Practice of Excellence. Being in a “Care Line Model” for the past nine years, practice members felt we needed to begin educating staff, Veterans, and each other about the individual programs in which we serve. The idea for a Social Work Fair was born! Social work practice members were invited to present posters showcasing their programs. To build on this, practice member Jill Lipari, LCSW, created the concept of a “PACT” of excellence; Passion, Advocacy, Commitment, Trust. A “PACT” logo was designed by John Dietrich, LCSW. The Social Work Practice Council readily adopted the “PACT”. The MEDVAMC Social Work Month Fair was held on March 18th and

staff, leadership, Veterans, and visitors attended.

Following the fair, a Social Work Month Award ceremony was held. Two of our practice members were honored for their long-standing commitment to leadership and clinical excellence (Loretta Coonan, LCSW & Joanne Clancy, LCSW). In addition, we honored community part-



Social Workers celebrating the “PACT” of excellence during Social Work Month.

ners: The Veteran’s Committee/Thrivent Financial for Lutherans for their commitment to Veterans and annual contributions to the Social Work Welfare Fund, and our Chief of Chaplaincy Service for his partnership with Social Work throughout his career at MEDVAMC.

Following the awards presentations, each social worker was invited to sign the “PACT” poster signifying their professional commitment to this initiative. It has instilled a sense of pride in our work as professionals and has provided unity to our practice. ■



“Hana Hou” (One More Time)

By Sara Thompkison, LCSW, Medical Foster Home Coordinator VA Pacific Island Healthcare System, Honolulu, Hawaii

THE VA PACIFIC ISLAND HEALTHCARE System (PIHCS) social workers “Inspired Community Action” with our annual retreat held at Schofield Army Base on March 19, 2010 for Social Work Month. Lieutenant Colonel David Weisberg and the staff of the Warriors in Transition Program (WTP) hosted the twenty-five VA social workers from the islands of Hawaii, Kauai, Maui and Oahu.

The Warriors Transition Program undertakes a holistic approach to treating soldiers with serious injury or illness who

require comprehensive case management. Terry Martin, Program Manager for the VA PIHCS OIF/OEF Program reported that there are two satellite offices embedded within the Wounded Warrior Transition Program at Schofield Army Barracks and the Kaneohe Marine Corps Base Hawaii. These satellite offices collaborate with the Wounded Warrior Program to ensure that seamless transition assistance is being provided to those Servicemembers who need immediate access to VA Healthcare services and benefits upon discharge. The

VA PIHCS OIF/OEF Program also provides education and support to facilitate soldiers’ transition from active duty to civilian life.

Charlotte Kuwanoe, Social Work Executive, presented certificates of appreciation to all of the VA PIHCS social workers with special thanks from Dr. James Hastings, VA PIHCS Director. A team building social work scavenger hunt concluded the day’s activities. ■



Front row: Victor Voth (standing), Christine Duffy-Gill, Lisa Warren, Nikko Tiahrdt-Conrad, Sara Thompkison, Andrew Dahlburg, Donna Pearce-Wong, Rosemary Na’a, Camille Rockett, Rosana Mak-Miyagi, and Victor Sudo. Back row: Jennifer Kimura, Gary Malinoski, Charlotte Kuwanoe (standing), Jill Vasconcellos, Tina Doty, Nancy Strach, Jade Savusa, Irene Yonashiro, and Bobbie Onzuka-Anderson.

Hines VA Hospital Social Work Month

By Jillian Inserra, LCSW, Polytrauma/TBI Case Manager, Hines, Illinois

HINES VA HOSPITAL SOCIAL WORK Service used this month's theme "Social Workers Inspire Community Action" to focus on the Hines Social Work family and community.

Throughout the month of March, the Hines Social Work Month Committee offered "Brown-Bag Luncheons" to provide education to fellow social workers on specific programs. Three luncheons were held. Topics included information on VA Benefits, Geriatric and Extended Care programs, and the Healthcare for Homeless Veterans (HCHV) program. The luncheons were well attended and resulted in positive feedback from all social workers who participated.

During the middle of the month the

Social Work Service clinical managers hosted a special luncheon dedicated to social work staff. The Chief of Staff and Mental Health Service Line Manager attended and spoke thoughtfully about the dedication social workers have for Veterans on a daily basis. During the last week of March, a "Rejuvenation Day" was held which allowed social workers a time to relax and focus on themselves. Free massages, color therapy, and hand-made lotions and soaps were made available to all social work staff. The Social Work Committee also hosted a breakfast and educational seminar for staff members.

Social Work Month jump-started a new employee recognition program, "Social Work Stars of the Month." The Social

Work Executive, Tony Spillie, was chosen to be highlighted as the first "Star Social Worker." Every month, three social workers will be randomly picked for this honor and recognition. The "Star Social Workers" will have their picture and "fun facts" posted on the Social Work Service bulletin board, which prominently displays photos where social workers are located throughout the medical center.

It was a fun, exciting, and successful Social Work Month. The committee takes great pride in planning these activities and was thankful for all of the participation. ■

Honor Flight Network Honors WWII Veterans Across the Country

By Bob Kelter, LCSW, Chief, Social Work and Chaplain Service, William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin

MANY VA SOCIAL WORKERS may already be aware of local Honor Flight hubs in their area that assist local WWII Veterans in traveling to Washington DC to see the WWII Memorial. Veterans from different parts of the country can take these trips that can be just one day or several days. Typically, Honor Flight organizations are local "hubs" of the national Honor Flight Network <http://www.honorflight.org/>.

After the WWII Memorial opened, a VA physician assistant, Earl Morse, asked a patient from Springfield, Ohio community based outpatient clinic if he intended to visit the memorial. The Veteran replied that he did not have the means to visit the memorial and would likely never see it. Mr. Morse recruited six fellow pilots to assist and the original trip consisted of 12 Veterans. Inspired by the gratitude of these Veterans, the pilots established an organization with a national office which continues to evolve. In 2009, the organization, through its growing number of local hubs transported 25,000 Veterans. The goal for 2010 is 35,000 Veterans. Priority is for WWII Veterans to visit the memorial, however Korean and Vietnam Veterans who are terminally ill are also given

priority.

The local Honor Flight organization raises money to cover Veterans' expenses on these trips. "Guardians", often family members, are the escorts, especially helping those with impaired mobility, vision or hearing. The guardians pay \$500 for the privilege.

I became aware of Honor Flights in 2006 and kept asking local contacts in Dane County, Wisconsin (Madison) about starting a hub. It finally began in 2009 and I joined the Board. Our inaugural flight was April 17, 2010. We carried 97 Veterans, 10 of which were women Veterans, the largest number of female WWII Veterans travelling together on a single flight in Honor Flight history. We distinguished ourselves further by receiving a Park Police Escort along with five Vietnam Harley Legion Riders from Dulles Airport to Arlington National Cemetery. Other stops in the day included the Iwo Jima Memorial (spacious enough for a group photo), the WWII Memorial where the group relaxed for a longer stop. It was especially gratifying to observe other visitors stop to greet and thank the Veterans in their distinctive Honor Flight jackets. We made a final stop

to see the Korean and Vietnam Memorials, but heavy tour bus traffic prevented us from getting out. There were 14 other Honor Flight hubs visiting from around the country on that day alone!

The atmosphere on the trip home was almost electric as the Veterans compared notes on their charter flight. It was highlighted by "mail call" with each Veteran receiving a packet of letters from friends, family members and some small town mayors, congratulating them on their day and thanking them, sometimes for the first time, for their service and sacrifice. The effect was amazing as Veterans read these reflections and openly expressed their gratitude. Our flight ended at Dane County Regional Airport, where an estimated 2,000 people welcomed the Veterans home with four color guards, a brass band, flags, family members and friends.

I would encourage all VA social workers to consider a private contribution of time and effort to support a local Honor Flight hub. If you have questions or would like more information about Honor Flights, contact Bob Kelter at the William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin. ■

A Poem for Social Workers

By Wills O Mcclary, Veteran

- S** is for "Sensitivity"
in all that you do, many of our vets would be homeless
and starving if it wasn't for people like you.
- O** is for "Obstacles" and "Obey"
my rules, in doing so,
you may find yourself back in school.
- C** is for "Caring"
for our Veterans in all that they do, God bless the USA,
red, white and blue.
- I** is for "Identify"
the Vet's problem, if you can, it may require a physician's
helping hand.
- A** is for "American"
Vets all around the world, we thank God for our Veterans
who once were boys and girls.
- L** is for "Long Life"
in which you help to achieve, just trust in a social worker,
and you'll say I believe.
- W** is for "Willing Worker"
who cannot be outdone, and when you find your peace of mind?
... you will have so much fun!
- O** is for "Opportunity"
to correct your errors in this life you live, we thank God for our
social workers and all the good advice they give.
(Thank you so, so much.)
- R** is for "Reward"
that all good social workers earn, and after listening to your
counselor, tell her what you learned.
- K** is for "Kindness"
that you've always shown to others, now lead us all and
let's show our Veterans and the world that we are sisters and
brothers?
- E** is for "Effort"
in which you must do, and remember that,
if you don't take care of your business, it will take care of you.
- R** is for a "Reality"
check, when you have to face all of your problems,
just find yourself a skillful social worker and
they will help you to solve them. ■

Social Workers Implementing Cognitive Processing Therapy at the Zablocki VAMC

By Nicole Giese, LCSW, Social Worker, Post Deployment/Trauma Recovery Services Team and Ashley Schultz, CAPSW, Social Worker, OEF/OIF Connection Team, Milwaukee, Wisconsin

SOCIAL WORKERS PLAY a profound role in the initial evaluations and contacts Veterans and Servicemembers have with the VA Healthcare System. While exploring strengths, social workers also become a witness to Veterans' innermost struggles, challenged belief systems, and at times lack of meaning regarding who they are and where they have been. In an effort to provide mental health support which is more consistent to such Veterans, VA implemented the Uniform Mental Health Services initiative on September 11, 2008, which included guidelines in the use of several evidence-based treatment models for mental health professionals. Included in this initiative was the implementation of Cognitive Processing Therapy (CPT), to specifically help those Veterans affected by Post Traumatic Stress Disorder (PTSD).

What is CPT?

As described in the VA CPT Collage Website (https://vaww.portal.va.gov/sites/cpt_community/default.aspx) Cognitive Processing Therapy (CPT) is a cognitive-behavioral approach to treating the symptoms of PTSD. CPT consists of 12 ninety-minute sessions designed to address the social implications and distress caused by the belief system regarding the trauma through Socratic questioning. CPT guides trauma survivors through identifying the meaning of the event, processing through the trauma and focusing on the idea of stuck points in their assimilated or over-accommodated belief system. Issues with safety, trust, power and control, intimacy and esteem issues are often common in those struggling with PTSD.

Symptoms of PTSD are explored weekly via the use of scaling questions on the PTSD Checklist Stressors (PCL-S) questionnaire, a 17-point questionnaire asking Veterans to rate the severity of symptoms on a five-point Likert scale. Although the focus is not completely on symptoms and symptom management, CPT focuses on how cognition impacts behavior and emotions. Trauma survivors are given practice assignments to sharpen skills that



Nicole Giese, LCSW Ashley Schultz, CAPSW

challenge distorted ways of thinking, which in turn change emotion-related ideas of self-blame and guilt.

A good fit for social workers

PTSD is described as an inability to heal from a traumatic experience, a disorder of disconnection. Veterans become disconnected from themselves, from others, and from the ways of the world around them via exposure to trauma, combat and other military-related situations. Social workers play a vital role in exploring each Veteran's meaning making system and helping the Veteran gain insight into how he/she currently relates to the world. CPT encourages this basic social work function by helping the Veteran elaborate upon that meaning. Further, CPT is a collaborative process by which the social worker and Veteran attempt to explore how one makes sense of a situation that fits no previous experiences, often exposing significant moral and ethical traumas.

Social workers promote self-determination and independence in areas that fit the needs of each individual Veteran. CPT does much the same in that it encourages Veterans to identify the traumatic incident(s) most central to their struggles, and then asks them to identify ways in which they would like to see matters change in their lives. With this direction from Veterans, social workers are then able to use clinical skills to guide topics of discussion, practice assignments, and ultimately the process of challenging beliefs that may inhibit quality of life.

Results

Throughout the course of treatment, clinicians monitor symptoms by having trauma survivors fill out a PCL-S to measure levels of distress. This type of weekly assessment has several benefits not only for the Veteran, but also for the clinician: identifying changes in intensity and or decrease in symptoms over time related to assimilation. It is also in this regard that one can empirically measure outcomes with CPT, with the expectation being that overall PCL-S scores decrease by the end of the treatment program. Subjective results have also shown to be significant, in that Veterans report to their clinicians less of a connection to beliefs associated with guilt, shame and self-blame.

CPT present and future

The Outpatient Mental Health Clinic at the Clement J. Zablocki VA Medical Center in Milwaukee currently has several social workers who are in the process of obtaining CPT certification. Clinicians have been using aspects of CPT in the treatment of PTSD for many years, which has made implementation of the CPT protocol practical and realistic. CPT is offered in individual therapy to treat a variety of traumatic situations including combat, military sexual trauma, non-military (childhood and other adult abuse) and non-combat related traumas. In addition to individual CPT therapy session, one therapeutic group is offered that consists of a combination of combat and childhood abuse trauma. This type of therapy can be successful in diverse clinical settings and groupings because CPT treats the disorder, not the type of trauma. The Outpatient Clinic will also begin a CPT group specific to Veterans of the OIF/OEF generation later this winter and a continuing series of standard/mixed trauma CPT groups will be offered on an ongoing basis. Follow-up for Veterans who have completed CPT training is planned to take place in the form of monthly contacts and support groups. ■

OEF/OIF Transition Center Tuscaloosa VAMC “A One Stop Shop for Evidence-Based Practice”

By William Adams, LGSW, OEF/OIF Case Manager, Tuscaloosa VA Medical Center, Tuscaloosa, Alabama

THE TUSCALOOSA VA MEDICAL CENTER'S Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Transition Center is designed to be a “one stop shop” for OEF/OIF combat Veterans and is based on the Medical Home Model while providing evidence-based practice. The Transition Center provides comprehensive health services that meet the unique needs of those returning from OEF/OIF combat deployments. These services include primary medical care, case management, mental healthcare, traumatic brain injury and other polytrauma case management, the Family Support Team, and Transitional Veteran Advocacy. At this time there are more than 1,600 soldiers from Alabama who are deployed to the Middle East. It has been estimated that over 700 of them will return to Alabama in the Spring of 2010.

When a Veteran is first seen at the Tuscaloosa VA Medical Center's OEF/OIF Transition Center, they meet with the social work case manager. During that initial contact a comprehensive psychosocial assessment is completed and the needs of the Veteran are determined. Referrals and consults are made by the social worker according to those needs. It is the social work case manager's role from that point on to help the Veteran navigate the VA system and to be a point of contact for him or her to assist with problems related to their primary support group, problems related to the social environment, educational problems, occupational problems, housing problems, problems related to access to healthcare services, problems related to interaction with the legal system, and other psychosocial and environmental problems and life stressors.

After the initial assessment by the social worker, the Veteran is seen by the OEF/OIF primary care team. The team consists of a physician, a registered Nurse (RN) and an RN care manager. The physician assesses, diagnoses, and treats medical conditions

and makes referrals to specialized services if necessary. The RN care manager coordinates the medical related referrals to VA and non-VA (community) agencies in order to meet the Veteran's needs for specialty medical care.

If a Veteran needs mental healthcare, a referral is made to one of the OEF/OIF Transition Center's psychotherapists. The OEF/OIF Transition Center has two clinical psychologists and a clinical social worker.

Evidence-based therapies and treatments are provided and include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT) and Acceptance and Commitment Therapy (ACT). These modalities are used by the clinicians to address Adjustment Disorders, Anxiety Disorders such as Post Traumatic Stress Disorder (PTSD) and related symptoms. The social worker also provides individual and couples supportive therapy, Cognitive Behavioral Therapy and Cognitive Processing Therapy. A new evidence-based sleep therapy group is scheduled to begin soon. This will involve relaxation techniques aimed to help reduce physical tension and interrupt thinking which inhibits sleep.

The OEF/OIF Transition Center is developing therapeutic groups, which focus on Self-Management and Recovery Training (SMART). This modality helps the Veteran recover from all types of addictive behaviors, including alcoholism, substance abuse, gambling addiction, and addiction to other substances and activities. SMART is an alternative to Alcoholics Anonymous and Narcotics Anonymous. Other therapeutic groups will include Anger Management based on ACT, as well as a female



William Adams, LGSW

Veterans' group. When indicated, a consult referral will be made to one of the outpatient specialty clinics, residential rehabilitation and/or inpatient programs at the Tuscaloosa VA Medical Center.

The Family Support Team (FST) consists of a social worker, psychologist and a chaplain. The FST meets with Veterans and families to provide a comprehensive assessment related to pre- and post-deployment adjustment. The initial

meetings often take place in the home. The social worker and psychologist offer supportive family counseling. The FST social worker assumes the role of broker by linking Veterans and their families to community-based resources. The FST provides outreach to local military facilities (Reserve and Guard Units), Veteran Service Organizations (VSO), and other community stakeholders. The chaplain provides extensive training and guidance to local clergy who work with Veterans in their faith-based organizations.

The Tuscaloosa VA Medical Center is committed to providing evidence-based practice and this is evident in the OEF/OIF Transition Center. The OEF/OIF Transition Center is a model for “One Stop Shop for Evidence-Based Practice”. If you have any questions or would like more information on the Tuscaloosa VA Medical Center's OEF/OIF Transition Center, please contact William Adams, LGSW, OEF/OIF Case Manager. ■

Recovery and Social Skills Training for Veterans with Serious Mental Illness

By Judy Kaplan, LCSW-R, formerly Local Recovery Coordinator, Canandaigua VA Medical Center, New York; presently Suicide Prevention Coordinator, Bronx VAMC

TO IMPLEMENT THE GOALS of the President's New Freedom Commission, the VA produced an Action Agenda: *Achieving the Promise, Transforming Mental Healthcare in VA* (December, 2003) and most recently (September, 2008) the Veterans Health Administration (VHA) Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, perhaps better known as the "Uniform Mental Health Services Handbook".

The action agenda for transforming mental healthcare in the VA requires providing recovery-oriented mental health services to all Veterans with mental illness and mandates initially focusing on providing such services to Veterans meeting commonly accepted definitions of severe mental illness (SMI): schizophrenia, schizoaffective disorder, bipolar disorders, and treatment refractory depression.

The VA "Mental Illness Research, Education and Clinical Centers (MIRECC) were established by Congress with the goal of researching the causes and treatments of mental disorders and using education to put new knowledge into routine clinical practice in the VA." (<http://www.mirecc.va.gov/index.asp>). The VISN 5 MIRECC in Baltimore, Maryland is directing the VA Social Skills Training program which is based on *Social Skills Training for Schizophrenia: A Step by Step Guide, 2nd Edition*. Belack, A., Mueser, K., Gingerich, S., and Agresta, J., 2004.

Background and Relevance to Recovery in the VA

In 2003, the President's New Freedom Commission on Mental Health in its final report, *Achieving the Promise: Transforming Mental Healthcare in America*, proclaimed:

We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports —

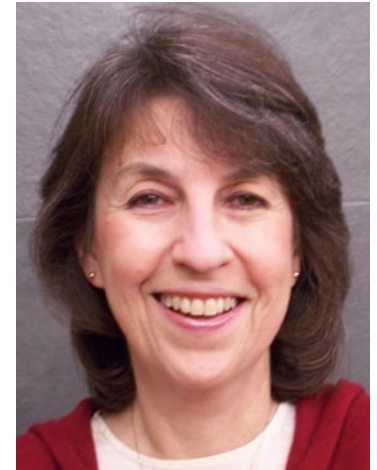
essentials for living, working, learning, and participating fully in the community (2003).

In 2005, the United States Substance Abuse and Mental Health Services Administration (SAMHSA) in response to the question, "What is Recovery?" set forth the following definition:

Mental health recovery is a journey of healing and transformation for a person with a mental health disability to be able to live a meaningful life in communities of his or her choice while striving to achieve full human potential or "personhood." (SAMHSA, 2005)

The President's New Freedom Commission has further discussed the implications of the *Recovery Model* for Treatment Services: 1) *First, services and treatments must be consumer and family centered, geared to give consumers real and meaningful choices about treatment options and providers.* 2) *Second, care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just managing symptoms.* 3) *The Nation must have a more effective system to identify, disseminate, and apply proven treatments or evidence-based practices (EBPs) to mental healthcare. Systematic approaches to bring scientific discovery to service providers, consumers, and families must be emphasized.* (President's New Freedom Commission, 2003).

Evidence-based practice is defined as the integration of the best research evidence with clinical expertise and Veteran values (National Academy of Sciences, Institute of Medicine, 2001), available research with clinical expertise in the context of Veteran characteristics, culture, and preferences (APA, 2006) and evidence-based practices must meet the following primary criteria. They must demonstrate both *efficacy* — the systematic and scientific evaluation of whether a treatment works — and *clinical utility* — the applicability, feasibility, and usefulness of the intervention in the local or specific setting where it is to be offered.



Judy Kaplan, LCSW-R

What is Social Skills Training for Veterans with Serious Mental Illness?

Social Skills Training (SST) is a highly structured educational procedure, based on social learning theory that employs didactic instruction, breaking skills down into discrete steps, modeling, behavioral rehearsal (role-playing), and social reinforcement. It is most widely used in a group format and it can also be used in individual and family sessions. It is different from other forms of therapy in that the group members spend time practicing social skills through role-plays. The atmosphere in groups is relaxed and fun. Group members receive handouts that list skills broken down into a few easy steps. Then they watch the group leaders demonstrate the steps of the skill and then they are coached as they engage in role-playing the skill. Members undertake role-playing when they are comfortable about doing so. Group leaders elicit positive feedback about the role-play from the group. Role-plays are repeated for practice and members are encouraged to complete further practice outside the group. This format and sequence are followed at each group session.

Each member of the group, prior to joining the group, meets with one of the leaders to develop their own individual goals. Individuals' goals are also referenced in group sessions to reinforce the

Continued on next page

Recovery and Social Skills, *continued from previous page*

connection between goal achievement and group participation and activities as a means to achieving these goals. In addition, nine different skill curriculums are available and can be selected to meet the specific needs of the group: Basic, Conversation, Assertiveness, Conflict Management, Communal Living, Friendship and Dating, Health Maintenance, Vocational/Work, and Coping Skills for Drug and Alcohol Use. (http://www.mirecc.va.gov/visn5/training/social_skills.asp).

A clinician who has attended the VA two-day Social Skills Training program is eligible to achieve VA certification as a provider of this evidence-based practice by participating, for six months, in a rig-

orous and structured follow-up supervision program. Certification is achieved by starting a Social Skills group with Veterans with serious mental illness, participating in weekly one-hour telephone consultation with a master-trainer, submitting weekly audiotapes of group sessions, and achieving a prescribed level of success in demonstrating the eight General Structuring and Positive Engagement skills and the nine Steps of Social Skills Training (the format for each session).

Social Skills Training was implemented at the Canandaigua VA Medical Center in October 2008 and trainers achieved certification in May 2009. Since the program was implemented, the feedback from

both Veterans and providers has been very positive. To learn more about our experiences with this program contact Judy Kaplan, LCSW-R, Suicide Prevention Coordinator at the Bronx VA, Judith.Kaplan@va.gov.

Also, for more information about VA-SST Training program visit the website: http://www.mirecc.va.gov/visn5/training/social_skills.asp

The author gratefully acknowledges use of material from a presentation by Alan S. Bellack, PhD, VISN 5 Mental Illness Research, Education, and Clinical Center, September 2008. ■

Social Workers Leading the Way in Evidence-Based Therapy at Long Beach Healthcare System

By John Petek, LCSW, Chief Social Work and Transition Services, Long Beach VAMC

THE VA LONG BEACH HEALTHCARE System has eight social workers trained in evidence-based therapies; Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Social Skills Training (SST), and Cognitive Behavioral Therapy (CBT).

Currently, four social workers have been trained in PE and are working on gaining certification as VA approved clinicians. Social workers report that Veterans are improving with decreased symptoms from Post Traumatic Stress Disorder. For example, a Veteran involved in PE therapy was isolated and had not enjoyed his past hobby for many years. Through treatment he was able to work through his anxiety and fears to gain competency to return to his past hobbies. By the end of treatment, he had gained greater mastery of his trauma memory so that it no longer controlled him.

Four social workers are trained in CPT. Feedback from one of the trained social workers is that many Veterans drop out

of CPT around session four and five when one has to re-write their trauma account. However, when a Veteran successfully completed treatment, the outcome was very positive. Veterans were able to use the tools and skills learned in the therapy after the therapy was completed. Social workers have an opportunity to connect with the therapeutic alliance to help maintain the Veteran's motivation for the treatment for full completion of therapy and the benefits of that success.

There are three social workers trained in SST. Social workers completed a six-month group in a Long Beach Outpatient Psychiatry Clinic with good success. Veterans enjoyed the structure of the group and the exercises. Many were able to apply the skills learned to their lives and improvement was seen in their personal relationships. Social workers also provided SST group in the VA approved Community Residential Care (CRC) facilities in the community with good success.

Lastly, one Long Beach social worker has training in CBT for Depression. Like the other evidence-based practices, Veterans reported a positive experience with the limited and brief therapy models. Many of the Veterans are able to use the skills learned outside their therapy. All Veterans are offered evidence-based practices as part of the Uniform Mental Health Services packages in PTSD and MHICM Programs as well as Outpatient Clinics. Social workers are also appreciative of the extensive training, consultation and guidance provided. These trainings often have extra time commitments that are above and beyond their social work role and position. ■

Long Beach Salutes our Social Workers: Jenny Williams, LCSW; Sandy A. Montgomery LMSW; Carole La Mont, LCSW; Ami Flournoy, MSW/ASW; Maureen Macias, LCSW; Ann Costa, LCSW; Kristen Zaleski, LCSW; and Kristen Hutchcroft, MSW/ASW.

Evidence-Based Interventions in Substance Abuse Treatment

By Jaroslaw Richard Romaniuk, PhD, LISW, LICDC, Supervisory Social Worker, Comprehensive Homeless Center, Louis Stokes VA Medical Center

INSOMNIA, VOMITING, CHANGES in mood (from excitement to apathy), double vision, difficulties with expressing oneself, maintaining balance, concentration, and memory, and, most importantly, headaches: what do these symptoms describe? Most social workers might say that these are symptoms of alcohol poisoning or the use of other psychoactive substances. But this list of symptoms comes from a textbook on the effects of brain injury. Now, consider the difficulty of diagnosing a Veteran dependent on alcohol who has been in a car accident after drinking.

We have all heard of someone who was very "lucky" because he was drunk and in an accident, but nothing happened to him. Unfortunately, the results of the accident are not immediately obvious. If somebody gets up and says "nothing happened", a fall, a hit on the head, or a concussion is easily forgotten. Later problems are rarely connected to the previous injury. If in addition we're dealing with someone who abuses alcohol or other drugs, any other atypical behaviors can easily be attributed to the lack of sobriety. However, years of observation have taught us that an injury to the brain can lead to changes in behavior and the deterioration of an individual's intellectual abilities, which should concern all social workers working with Veterans who are chemically dependent.

Literature on the relationship between traumatic brain injuries and substance use disorders has existed for many years. Unfortunately, the substance abuse treatment community does not integrate this knowledge into its practice, regarding these kinds of injuries as neurological disorders belonging to the field of neurodiagnostics. In turn, neurologists and psychiatrists usually demand sobriety from Veterans before treatment for the effects of a brain injury can begin. Rarely are the symptoms of brain injuries and chemical dependency considered together in the process

of treatment. Slowly, a growing interest in the issue of Traumatic Brain Injury (TBI) is changing this situation (Hensold, Guercio, Grubbs, Upton, Faw 2005). Each of our evidence-based treatment approaches must include our knowledge concerning this health condition.

TBI became a priority healthcare topic after the recent experiences of the Iraqi war. Observations of the problems found among soldiers returning from Iraq have brought this topic to the front pages of both our daily newspapers and research journals. Many victims of serious brain injuries return from conflict and try to return to their previous lifestyles. However, many of them meet with difficulty in rebuilding their relationships at home with families and children, at work, and in society in general. According to research sponsored by the United States military, approximately 25 percent of more than a million and a half soldiers returning from Iraq have experienced a serious brain injury. More than 40 percent of those who survived a brain injury also had symptoms of PTSD (Hoge, McGurk, Thomas, Cox, Engel, Castro 2008).

What help can a social worker offer these soldiers? Soldiers seek help in managing stress, anger, and aggression; they need marriage counseling and help in finding appropriate, satisfying employment; they need therapy and treatment leading to improvements in memory, in the ability to concentrate, and in coping with depression and suicidal thoughts. Veterans need help managing the problems of daily life before they discover that



*Jaroslaw Richard Romaniuk,
PhD, LISW, LICDC*

alcohol and other substances can make them feel stronger and more prepared to meet life's challenges. Above all, we can continue our work looking for new methods to help (Hoge, McGurk, Thomas, Cox, Engel, Castro 2008). The war continues, and research on thousands of soldiers and their needs in life after the military has already begun.

Challenging symptoms such as frequent headaches, post-accident pain, discouragement or anger increase the risk of chemical dependency. Disturbances in recognition processes diminish the chance of a real evaluation of the influence of alcohol and other substances on the behavior of a person with a brain injury. We know that one of the basic problems of chemical dependency is the weakening of the brain's control of emotional behavior. Research suggests a rather high correlation between the abuse of alcohol, mood disorders and incidents of brain injuries (Starkstein, Moser, Crespo-Facorro, Robinson 2005). The so-called luck of the alcoholic suddenly seems to have run out.

For social workers, the dual diagnosis of chemical dependency and brain injury offers a special challenge. Appropriate interventions need to be developed recognizing the special needs of this population of clients. First, social workers should recognize that the symptoms that can be observed during a clinical interview could be equally the result of chemical dependency or a brain injury. Secondly, a diagnostic questionnaire can be used to evaluate charac-

teristics of the client. This tool can be used to evaluate the client's history of substance use, mental health, and social support. It can also be used to identify the client's strengths and weaknesses. The questionnaire can be used to evaluate the client's readiness for treatment and to identify the client's needs for support and resources.

Continued on next page

Substance Abuse Treatment, *continued from previous page*

teristics specific to a brain injury, including deficits in memory and intellectual ability. The pace of an individualized therapeutic program can be determined based on the results of this research (Hensold, Guericio, Grubbs, Upton, Faw 2005). The best treatment is integrated treatment, which aims to suspend the active chemical dependency and to improve memory and intellectual abilities.

The results of recent studies on the comorbidity of traumatic brain injury and substance use disorders must be considered in developing TBI sensitive interventions in chemical dependency treatment. The efforts of these researchers demand

the cooperation of professionals from many human service areas. Social workers have the unique advantage of being able to work across many disciplines. We may follow the example of Europe, where in 2006 was founded the International Network of Social Workers in Acquired Brain Injury (INSWABI). A special interest group could be formed to develop state of the art treatment for substance abuse among victims of TBI.

This is long work, but it yields results that can be measured. If social workers increase their knowledge of brain injuries, then our clients will certainly have a greater chance of success. ■

Last Call for Social Work Intern Projects and Best Practices

The deadline for submission has been extended through May. Please remind your interns to submit summaries of their best practices or projects to the Research and Evidence-based Practice Committee.

Social Work Intern Projects and Best Practices

The Social Work Research and Evidence-based Practice and Education Committees are again collaborating on collecting social work Intern projects. The committees are asking current interns to document their projects and best practices and submit them. Some examples of projects are: surveying social work staff on issues related to practice, developing a training program, creating a Social Work Month program for staff, developing a resource manual, or introducing a specialized treatment to a group or individual in practice. The possibilities are very broad. If a project appears to be research, the intern or his or her supervisor should consult with the local IRB or members of the Research and Evidence-based Practice Committee. All projects must have staff supervision.

Please spread the word to all social work interns. The committees are requesting that interns working on projects or engaged in best practices that relate to their placements submit a one-page summary of the projects by the end of May, 2010 to Mel.Tapper@va.gov. The summary should be on a Microsoft Word document and include:

- Name of the intern(s)
- Name of the supervisor
- School of Social Work the intern is attending
- The VA placement site
- Intent to publish
- The project is a requirement for graduation – yes or no

National Monthly Social Work Conference Calls Sponsored by the National Social Work Program in Care Management and Social Work Service

Social Work Managers Call

This conference call is designed for Social Work Chiefs and Executives.

2010 Schedule

May, 14, 1:00 ET June 11, 1:00 ET July 9, 1:00 ET

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

New Social Work Leaders Coaching Call

This call is designed for new Social Work Chiefs and Executives.

2010 Schedule

May 21, 1:00 ET June 18, 1:00 ET July 16, 1:00 ET

The call is held the third Friday of each month. The dial-in number is 1-800-767-1750, access code 11573.

VHA Social Work Quarterly Training Call

This call is designed for focus on Social Work Practice and Ethics.

2010 Schedule

July 9, 1:00 ET October 8, 1:00 ET

The call is held the second Friday of each quarter for 1.5 CEU credits. The dial-in number is 1-800-767-1750, access code 16389.

Social Work Career Development Call

Brought to you by the Social Work Career Development Task Force

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

2010 Schedule

May 25, 2:30 ET June 22, 2:30 ET July 27, 2:30 ET

The call is held the fourth Tuesday of each month. The dial-in number is 1-800-767-1750, access code 30485.

Social Work System Redesign Round Table Call

These Round Table presentations and discussions are designed to allow for dialogue among Social Work staff and are open to all social workers. The aim is enhanced sharing of information and discussion of experiences with System Redesign and to learn from one another.

2010 Schedule

May 24, 1:00 ET June 28, 1:00 ET July 26, 1:00 ET

The call is held the fourth Monday of each month. The dial-in number is 1-800-767-1750, access code 35678.

Data Bytes

The Social Work Data Management Committee hosts a monthly question & answer (Q&A) session for the field on the third Wednesday of every month at 1:00pm ET. 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, Social Work Data Management Committee at Sandra.Dunn@va.gov. The dial-in number for this call is 1-800-767-1750, access code 17386.

Social Work Leadership Announcements

Appointments

William (Bill) Lanning is the Social Work Chief, Huntington VAMC

VHA Social Work Leadership Training The Legacy of Leadership: A Roadmap to Success

The National Social Work Program, Care Management and Social Work Service, Social Work Leadership Council and Social Work Leadership Conference Planning Committee, along with our partners in EES and Inverness (an independent contract company), are developing a social work leadership training curriculum to strengthen current leaders and to prepare emerging social work leaders in VHA health care facilities.

The week of April 5–9, 2010, our working group met in Washington, DC, for a face-to-face meeting to develop eight modules of training for social work leadership development. These courses will be premiered to current social work chiefs and executives at the two conferences in August.

The conference for the **East Coast**, August 9–13, 2010, is for social work chiefs and executives in VISNs 1, 2, 3, 4, 5, 6, 7, 8, 16, and 17.

The conference for the **West Coast**, August 23–27, 2010, is for social work chiefs and executives in VISNs 9, 10, 11, 12, 15, 18, 19, 20, 21, 22 and 23.

We will let you know the location of the conference and provide instructions to travelers and a registration link once EES has confirmation.

Funding for the Social Work Leadership Conference will be provided by the local facility. Please work with your facility or network to secure funding for your travel expenses. No funding for travel is available through Care Management and Social Work Service.

We continue to have a strong commitment to social work leadership development and offer these conferences as an opportunity for training in August, building upon last year's EPII Social Work Leadership Conference.

Following these two conferences, the eight courses will be converted to web courses and will be available on-line as LMS courses. If you have any questions, please contact Carol Sheets, LICSW, ACSW, National Social Work Director. ■



Front row: John Sperandeo, Pam Wright, Joanna Kadis, Florence Long, Carroll McShane, Carol Sheets, Sandra Dunn, Marty Pentz, Scott Martin, Darlene Contadino, Richard Adams, John Petek. Back row: Bruce Tucker, Kimberly Scheer, Rocco Bagala, Betsy Randall, Erin Butler.



Front row (sitting): Sandra Dunn, Rocco Bagala, Judy Arnold, Joanna Kadis, Scott Martin. Back row (standing): Darlene Contadino, Pam Wright, Erin Butler, Richard Adams, Marty Pentz, Jerry Satterwhite, Judith Talbert, John Petek, Betsy Randall, Carroll McShane, Bruce Tucker, Florence Long, Kimberly Scheer, John Sperandeo, Erin Snowden, Diane Gorsek.

SYNERGY Newsletter



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SYNERGY provides an excellent opportunity to share information with thousands of social worker peers and VA stakeholders. SYNERGY welcomes articles on leadership and innovation in practice relating to Social Work within the Veterans Health Administration.

The next edition of SYNERGY will feature articles on the National Social Work Leadership Council's purpose and function, and the goals and missions of the National Social Work Committees. The SYNERGY editor will accept short articles (300–500 words) to spotlight social work best practices.

To submit an article, please contact Pamela S. Wright in Outlook or at 585-393-8154. SYNERGY article submissions are due by July 15, 2010 for the Third Quarter issue. All articles submitted that reference a Veteran case must be accompanied by a signed Release of Information form.