

September 2007

Synergy



The National VA Social Work Newsletter

National VA Suicide Hotline

Submitted By Pam Wright, Canandaigua VAMC, NY

1-800-273-TALK
Help A Phone Call Away

On July 25, 2007, the National VA Suicide Hotline - the first ever suicide hotline for the VA - opened its lines to veterans across the country. The hotline resides at the Canandaigua VAMC Campus in beautiful upstate New York. This location was chosen for many reasons. Canandaigua has a long history of providing quality mental and emotional health care to veterans and has a reputation of being able to recruit and retain qualified staff. The Center for Excellence on Suicide Prevention, also located on the Canandaigua campus, will be able to provide support and evaluation of the program. The Rochester AVBI / Goodwill 211 Crisis Line, a member of the National Life Line Crisis Line organization, has a long history as a suicide hotline and recognition for being accredited by the American Association of Suicidology and is in close proximity to Canandaigua. They have partnered with VISN 2 to help train VA staff and set up the hotline. The National VA Suicide Hotline has partnered with SAMSHA in order for veterans to have their own option when calling the National Suicide Prevention Number (1-800-273-TALK). Veterans, when calling this number, may press "one" to have their call routed to the VA Center. All veteran identified calls are then routed through the Life Line Crisis Line Network to the Canandaigua Center.

Initially, the hotline was manned by seasoned VA employees from VISN 2 at the Rochester Life Line location in Rochester, but on August 15, 2007 the lines went live at the Canandaigua VAMC Campus. The Suicide Hotline was created as part of the VA national strategy to prevent suicide and to provide another option for veterans in crisis to access help and care. The hotline is manned by social workers, registered nurses, addiction therapists and health technicians. The Suicide Hotline team has been trained by both VA and Life Line staff on appropriate telephone interventions and the technical aspects of the telephone system.

Dr. Jan Kemp RN, Ph.D., Associate Director of

Education and Training for the Center of Excellence is the national coordinator of the Hotline Project. **Dr. Kemp** comes to Canandaigua from Denver, Colorado where she served as the Associate Director for Education and Training for the VISN 19 Mental Illness, Research and Education Clinical Center. She has over 20 years experience in the VA serving in various nursing, education, and quality positions. She received her undergraduate nursing degree from the State University of New York at Plattsburgh and her master's and doctoral degrees from the University of Colorado. Her main areas of research include women's experiences' in the military, program evaluation and patient outcomes, as well as database management of suicide attempters and completers in the VA. For the past few years she has been involved in Suicide Awareness and Education programs on a national level and the development of programs designed to support the VA national mental health strategic plan.

Pat Lankheet, RN, BSN the Acting Local Program Manager, said, "There are three areas of focus for the hotline: emergency intervention, urgent care and consults and referrals." **Emergency interventions** are those with veterans who are actively homicidal or suicidal and need active rescue. The staff engages in active rescue by maintaining contact with the veteran, gathering pertinent data and connecting with local authorities to dispatch immediate help to the veteran. The goal for emergency intervention is to get the veteran immediate help and transport to safety.

An **urgent care** call is from a veteran in emotional crisis who may have suicidal ideation with a plan but is willing to talk and create a safety plan. The veteran may have more protective factors in place, such as a loved one with them or within close contact, or a nearby VA. Staff members are trained to use caution regarding active rescues if the veteran will commit to a safety plan, as more emotional harm may be

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caused to those with PTSD if uniformed help arrives to take them for care. The staff is trained to trust the caller if he/she is able to make a plan and commits to follow through. Staff members can assist with the plan by contacting the nearest VA to make immediate or next day appointments, or referral to a local hospital, where the veteran agrees to go for help. The urgent care goals are to create a safety plan, connect the veteran to help and make a follow-up plan. The urgent care call can also be a means for the veteran to have immediate verbal help to deescalate an emotional crisis when there is no suicidal ideation and then connect to resources in the community. Another type of call under urgent care could be a family member or close friend of a veteran who calls for links to resources or ideas on how to help a veteran in crisis.

The Suicide Hotline team uses proven evidence-based methods and interventions when working with a caller. Staff members are trained in and use the four phases of Crisis Intervention Model to assist callers. This model includes four phases of the call, active listening, providing empathy and establishing trust, engaging the caller in a safety plan and closure. If, at any point in working through the four phases with a caller, the staff member is unable to proceed due to lack of the caller's participation, then the staff member is to back up to the first phase and work through all four phases again. The assumption is that if the caller can't proceed, than one of the previous steps was not fully completed, such as creating trust or connecting with the actual problem or issue.



Top row L-R: Jenifer McFadden, Pat Lankheet, Malcolm Boyd, Nancy Nosewicz, Rich Barham, Angela Smith
 Front row L-R: Sidney Jones, Jr., Patrick Coffey, Kimberly Wilson, Shanna Fernandez, Regina DeLeo, Jacalyn O'Loughlin, Joel Yager
 Team credentials include Social Work, Nursing, Addiction Therapy and Health Technicians

VA Hiring Local Recovery Coordinators In Mental Health

Submitted By: Jennifer DiSanti, Erie VAMC, PA

The VA has started hiring Local Recovery Coordinators (LRC's) at each VA medical center. These local recovery coordinator positions were designed to help transform the way mental health is perceived and received by veterans, families and staff. This transformation has stemmed from the President's New Freedom Commission on Mental Health (July 2003) and the VA's Mental Health Strategic Plan commitment to evidenced-based practices, consumer-driven care, and a more recovery-oriented mental health system. Based on this initiative, an expansion of rehabilitative practices that promote empowerment of the veteran, work and life skill development, family and social supports, as well as effective coping methods and problem-solving strategies is underway in VA facilities throughout the country.

Local Recovery Coordinators at each site oversee, facilitate, and promote recovery-oriented practices. The Local Recovery Coordinators serve as champions, ombudsmen, and consultants to mental health care providers ultimately transforming the future of services for veterans and their families. These

Local Recovery Coordinators serve in a primarily administrative role working with program managers in conjunction with the Mental Health Care Line Director to form teams, committees, councils, and boards that include veteran consumers. The goal is to create a paradigm shift from the paternalistic medical model to models that promote hope and recovery for veterans with a Serious Mental Illness (SMI) diagnosis. Local Recovery Coordinators will campaign against stigma and past belief systems that a mental health diagnosis renders a person unable to contribute meaningfully to society and supports the idea that people with a mental illness can not only recover but lead productive, satisfying lives.

In the upcoming months, the role of Local Recovery Coordinators will become more widely discussed as projects and campaigns are rolled out at VA facilities across the country. Working from a strengths based perspective, social workers are a great starting point in this initiative. For more information about the Local Recovery Coordinators, please visit their website at <http://vawww.mentalhealth.med.va.gov/rcn.shtm>

William Jennings Bryan Dorn PTSD Clinical Team

Submitted By: Angela Groce, LISW-CP, WJB Dorn VAMC

Recently, the WJB Dorn VA Mental Health Clinic PTSD Clinical Team (PCT) in Columbia, South Carolina received a nomination for the Olin E. Teague Award. This award gives high recognition to Veterans Affairs employees whose achievement has been extraordinarily beneficial to the rehabilitation of war-injured veterans.

PTSD is an emotional and psychological reaction to trauma, and is one of the most prevalent of combat-related illnesses. In the decades since the end of the Vietnam conflict, the treatment of veterans suffering from combat-related Post Traumatic Stress Disorder (PTSD) has become a major priority for the Department of Veterans Affairs' (VA) health care system. The WJB Dorn VA Mental Health Clinic PTSD Clinical Team (PCT) was established to ensure that those who have answered the call are provided the assistance they need to reintegrate into society.

The WJB Dorn PCT consists of two social workers, a psychiatrist, a program support assistant, and a second year University of South Carolina (USC) social work student. The PCT began in 2005 as a grant funded program established to provide short term (9 months), seamless service delivery for the treatment of PTSD. The program provides services on an outpatient basis to male and female combat veterans. The goals of the program are to assess, educate, and monitor veterans newly diagnosed with PTSD to begin their road to recovery and improve their quality of life. The PCT provides individual, marital and family therapy; combat veterans support group therapy; anger, stress and thought management; Cognitive Behavioral Therapy (CBT) and medication management.

The PCT education modules are the foundation and most important part of the PCT Program. The education classes meet once a week for 12 weeks and educate veterans on the following topics: PTSD signs and symptoms; depression; substance abuse; thought, anger and stress management; relationships and social support; problem solving techniques; communication skill building; intimacy; and healthy lifestyles. The PCT treatment program is built on these modules.

Angela Groce, LISW-CP and **LaQuinas Woods, LMSW**, provide 12 weeks of psycho-educational classes, eight weeks of support groups, individual therapy, four weeks of family support and education, and six weeks of CBT. The social workers work as a team and coordinated schedules to meet the needs of all the veterans served. Through the psycho-educational phase of treatment, social workers use a curriculum to educate veterans about PTSD. **Ms. Groce** and **Ms. LaQuinas** have also developed an outreach program and assisted in developing other mental health programs to benefit Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans. One of the new programs is the Accelerated Care and Expedited Services (A.C.E.S.).

A PCT Graduation Ceremony is held for veterans who successfully complete the education classes. In 2005, approximately fifty veterans participated in the graduation. In 2007, over a hundred veterans participated in the graduation. Graduating veterans, who are committed to completing the next 6 months of treatment, will pursue various treatment tracks to achieve their goals. The PTSD Clinical Team has successfully graduated more than 200 veterans.

HEY VA! HAVE YOU HEARD? August 16, 2007

Defense and VA officials agree that full-time Federal Recovery Coordinators will greatly help severely wounded warriors and veterans access needed services. **Kristin A. Day**, VA's acting national social work director, and **Lynda C. Davis**, deputy assistant secretary of the Navy for military personnel policy, co-chair the Case Management Line of Action, which collaborates with military family members, government agencies, veterans service organizations and private groups. They hosted a joint Defense Department/Veterans Affairs meeting last month at the Pentagon that addressed non-clinical care management issues affecting severely wounded service members and veterans, such as coordination of benefits and disability, access to housing, transportation, rehabilitative care, occupational therapy, employment, education and more. In March, President Bush established the Presidential Commission on Care for America's Returning Wounded Warriors after disclosure of shortfalls at Walter Reed Army Medical Center. One of the commission's recommendations is to develop a recovery plan for seriously injured service members and to assign recovery coordinators or case managers to severely wounded service members and veterans to help them access benefits and ongoing care. Officials envision that VA Federal Recovery Coordinators would interface with service member clients when they're still being treated in military hospitals. VA has hired more than 80 of 100 patient transition advocates over the past few months, Day said. Officials now are examining what type of standardized training recovery coordinators would require, as well as closely examining requirements to determine an efficient, integrated recovery-care plan for injured military veterans. VA patient advocates "will literally be at the kitchen table each step of the way" as veterans begin rebuilding their lives in their home towns, Day said.

Welcome Home Ceremony for OIF/OEF Veterans Held at the Washington DC VAMC

Submitted By: Jean Langbein, DC VAMC

For the past four years, the VA has been treating veterans returning from the current combat theaters of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). All VA facilities have developed programs directed to this special population and social workers have been leading the way in providing care and treatment. In an effort to provide a forum to honor and thank our newest veterans, the Washington DC VA Medical Center hosted a formal Welcome Home Celebration on Saturday, June 2, 2007.

Social workers played key roles in assuring the success of the event. Two of the three coordinators, **Jean Langbein** and **Steve Mason**, are social workers directly involved with the care of OIF/OEF veterans. Jean Langbein serves as the OIF/OEF Program Manager and Steve Mason is an outreach social worker in the Returning Veteran Outreach and Education Care (RVOEC) program. Planning the celebration involved months of preparation and called upon the expertise of social workers assigned to other services and areas to assist in coordination with community resources. Many social workers have developed rapport with community organizations and those relationships were utilized to bring a number of community resources to be present to represent employment, schools, and housing opportunities.



One of the mandatory stations offered was the RVOEC clinic. Social workers assessed the veterans for adjustment issues and identified any needs for follow-up care. At this station, the Iraq/Afghanistan and TBI clinical reminders were completed. If someone screened positive for PTSD, depression, or substance abuse, an appointment for the RVOEC clinic for a complete mental health assessment was made that same day. If someone screened positive for TBI, he or she was immediately referred to a clinician to have the Neuro Behavioral Symptom Inventory completed.

Other social work stations included social work, Seamless Transition, Compensated Work Therapy (CWT), and housing. Active duty attendees were able to meet and talk with social workers at the Seamless Transition station about obtaining care at their local VA. They were given specific contact information for VA Healthcare and VA benefits close to their home. Social workers also designed user-friendly maps, served as

guides, led teams, and registered veterans. Information, education, food, and entertainment were available for this family-oriented event. Special activities such as massages, kayaking, and children's games helped to provide something for everyone.



Over 600 veterans, active duty service members, and family members participated. Of those screened, 56 screened positive for TBI and 40% screened positive for PTSD, depression, or substance abuse. Appropriate referrals were made for additional follow-up care to programs that involve committed, dedicated social workers. Planning for the event encompassed a lot of hard work but the benefits of serving our newest veterans were well worth it all. One of the evaluations by a participant summed it up: "We were honored as heroes are supposed to be honored." A new directive has been implemented for each VA facility to host an annual event similar to ours. Each event will be unique and social workers will be instrumental in the success of all of them.

Welcome Home
Operation Enduring & Iraqi Freedom
Veterans

Saturday, October 27, 2007
9:00 A.M. – 2:00 P.M.

NC Army National Guard Army
4240 West Boulevard
Charlotte, NC 28208

W.G. (Bill) Hefner VA Medical Center
OEF/OIF Program, Salisbury, NC

For more information please call Philip Birchall
1-800-469-8262 ext. 6140
(704) 638-9000 ext. 6140

2007 Uniformed Services Social Work Conference

Submitted By: Peter Durand, PhD, BCD, LMSW, North Florida/South Georgia HCS

The 2007 Uniformed Services Social Work Conference will be held in conjunction with the Association of Military Surgeons of the United States (AMSUS) Conference at the Salt Palace Conference Center in Salt Lake City, Utah, November 11th - 16th, 2007. AMSUS started out as an organization geared to the Military Services, but has since expanded its scope to cover all federal medical agencies. The AMSUS Conference theme this year is "Building the Next Generation." The USSW portion of the conference will be conducted on Tuesday and Thursday, November 13th and 15th, 2007. The USSW will focus on a number of timely issues: Social Work in the Deployed Environment, Rehabilitative Care for Wounded Warriors, Ethics in Social Work Practice, and Evidence-Based Practice and Quality Improvement. Keynote/plenary session presenters will be Dave Riggs from the Center for Deployed Psychology and Peter Delaney from NIH/NIAAA. There will be a welcome reception on Monday evening, November 12th, and the Awards Luncheon (\$28.00) on

Tuesday, November 13th. The luncheon will include Service updates, the presentation of the Social Worker of the Year Awards for the individual Services/Agencies, and a guest speaker. The guest speaker will be Lt. Commander Worbell with the DoD Mental Health Taskforce. Lt. Commander Worbell will summarize the work of the taskforce as it relates to military and civilian services for returning veterans and answer questions. Those interested in attending can register at the AMSUS web page, www.amsus.org/home.shtml. The website includes the most recent draft of the AMSUS conference agenda. The USSW conference agenda can also be found at www.usuhs.mil/ussw/. According to the chair of the USSW organizing committee, they are still being finalized for a block of 75 rooms at one of the hotels in the area of the convention center, so those attending may want to wait before making lodging arrangements. Information on the Hotel should be available shortly. Hotel arrangements can also be made independently at the AMSUS website.

OIF/OEF Case Management Program Managers and VA Liaisons Conference

This conference is targeted to all OEF/OIF Program Managers and Liaisons and has been designed to assist participants with understanding the role of the VA OEF/OIF Program Managers and Liaisons and the importance of the linkages between the two roles.

Date: September 25th – September 28th with an afternoon check in available on September 24th

Location: The conference will be held at the Sheraton Premiere Hotel at Tyson's Corner in Vienna, VA.

Social Work

Community of Practice



http://vaww.collage.research.med.va.gov/collage/E_socialwork/

Promotions

Congratulations to **Nancy Campbell** as she moves on in her VA career to become the Assistant Director at the Charleston VAMC in South Carolina. Ms. Campbell moved from the Chief of Social Work in Cincinnati to a split assignment between VISN 10 and VACO.

Violet Cox-Wingo has been selected as Chief, Social Work at VA Tennessee Valley Healthcare System effective August 20. Welcome Violet.

James Durand has been selected as Chief, Social Work Service, VA Northern California Health Care System. Welcome Jim.

Dave Drew has been selected as Chief, Social Work Service at the Dayton VA Medical Center. Welcome Dave.

Judy Arnold has been selected as the as Chief, Social Work Service at the VA Eastern Kansas Health Care System. Congratulations Judy!

Recognition

Larry Peterson retired from his position as Chief of Social Work Service at the Durham VA Medical Center in August.

In the News

Richard H Selig, PhD, LICSW was featured in an article titled "PTSD in Today's War Veterans: The Road to Recovery" in the July/August 2007 edition of *Social Work Today*. Richard Selig is the program manager and coordinator of the Trauma and Transition Resource Program for the Eastern Kansas VAHCS.

Bernice D. Thomas, social worker at the Leavenworth VAMC, was featured in an article titled "A Musical Ambassador for Stroke Victims," initially printed in the July/August 2005 edition of *Stroke Connection* and reprinted in the May/June 2007 edition of *Vanguard*.

Data Bytes Identity Crisis Solved!!

The VHA Social Work Data Management Committee hosts a monthly Question & Answer session for the field. Dial in number is 1-800-767-1750 Access Code # 17386 on the 3rd Wednesday of every month. It would be helpful to send questions to VHA SW Data Management prior to the call in so that we can be as helpful as possible. Send questions to Sandra.Dunn@va.gov. We look forward to hearing from you.

Synergy Articles

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 article submission for future *SYNERGY*'s: **October 7, 2007**

January 4, 2008

Erica.Taylor@va.gov - Editor

Susan.Reusser@va.gov - Assistant Editor

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

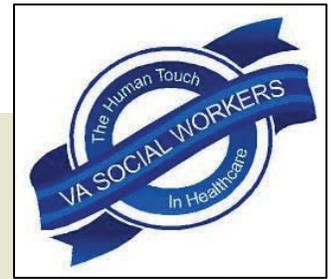
10/12	1:00 EST
11/9	1:00 EST
12/14	1:00 EST

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 consult with you Social Work Chief /Social Work Executive.

We're on the Web! Visit us at:

Collage:

http://vaww.collage.research.med.va.gov/collage/E_SocialWork/



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