The mission of the National Social Work Research and Evidence Based Practice (R&E) Committee is to facilitate research, assist in program evaluation, and identify research informed and evidenced based practices which will enhance the quality of social work services provided to Veterans, families, and Caregivers. Consistent with this mission, the R&E committee focused our primary efforts over the past two years on developing an Evidence Based Practice (EBP) toolkit applicable to all VA social workers. Coinciding with this issue of Synergy, we are pleased to announce the release of this toolkit. Also herein, R&E committee members have authored articles that introduce and highlight the utility of the toolkit, and discuss the relevance and fit of EBP to VA social work and to the NASW Code of Ethics. Finally, this issue of Synergy also includes the annual summary of the research and projects from VA social work interns.

The EBP toolkit is designed as a regular resource for VA social workers with the following goals: to highlight EBP relevance in VA social work, provide VA social workers a refresher to relevant research terms and concepts, to inform social workers of EBP relevant to all aspects of VA social workers’ practice, and to aid VA social workers in critical evaluation of research supporting EBP. The toolkit also includes tools to support VA social workers through self evaluation of practice efficacy, implementation of EBP in a VA facility, and increased involvement in VA research. The toolkit is housed on the National Social Work SharePoint Site and contains links to documents also housed on the site. Social workers who cannot access the SharePoint site need to request permission to access the site through their social work chief or executive.

Though the EBP toolkit is not comprehensive, the quantity of information can seem intimidating at first glance. The toolkit was not designed to be viewed entirely in a single session. For toolkit orientation, we recommend social workers review the Table of Contents and read the Introduction section. For ongoing use, social workers may use the toolkit as an information reference as needed, utilizing links to sections in the table of contents and drawing on the section summaries at the beginning of each section to determine if the answer to a question is likely contained within that section. For example, to find a pre-post questionnaire to demonstrate the effectiveness of a treatment intervention, go to Section V in the toolkit. To determine the appropriate statistical test for evaluating the significance of differences between Veterans who use social work services in primary care versus those who do not, go to Section II in the toolkit. Additionally, to determine what EBP is missing from your facility and for recommendation on facility implementation, go to Sections III and VI. Most toolkit sections contain information and links to embedded documents and outside resources. Taken together, the varied toolkit sections make it a robust source of information to aid VA social workers in providing excellent care to Veterans.

As part of the R&E committee’s ongoing efforts to fulfill its mission, the committee will be promoting the toolkit and its use on National calls and will periodically review and update the toolkit to ensure that it remains a relevant and useful resource for VA social workers. Questions and constructive feedback are welcome and can be directed to any member of the R&E committee. Read on to learn more about the EBP toolkit and some of the research and projects being conducted by social workers at the VA.
As social workers serving our nation’s Veterans and their families, it is our mission to provide the highest quality, ethically sound, and clinically effective services. Using Research and Evidence Based Practice (R&EBP) is one way social workers can ensure that the services we provide maximize the extent to which services are client centered, safe and effective. To extend this effort, the R&EBP committee recently engaged in a process to develop an EBP toolkit for VA social workers. The aims of the toolkit are to: spark interest in R&EBP, to increase motivation to engage in social work research, to enhance knowledge about effective research practices, and to empower social workers to engage in research to extend the knowledge-base of effective practices in social work.

The R&EBP Committee conducted a survey of Local Evidence Based Practice Coordinators to gain a better understanding of what contributes to successful implementation of Evidence Based Practices. This analysis found that implementation is most successful when there is planning and coordination that included leadership coordinators, program leaders, and direct services staff. In addition, there are critical structural components that should be in place, including: templates and note titles for documentation, developing a routine stream of referrals for appropriate patients, educating all staff about the merits of EBP’s, and allocating time for specific EBP clinics and times to participate in scheduled consultations following the training. Finally, it was noted that there are strategies for enhancing implementation of EBP’s including identifying local “champions” of the model and utilizing peer supervision to encourage fidelity to the models.

In social work, practices are often based as much on clinical practice wisdom as they are on hard science research. It could be argued that such practice wisdom is the leading edge of what will later be tested by research and often demonstrated to be empirically effective. Therefore, the evolution of best practice research in social work begins with the deliberate attention to, and nurturance of, the ideas and work of direct practitioners in therapeutic alliance with their clients. As trends emerge, a variety of research approaches are used to clarify the effects of interventions.

The EBP toolkit offers VA social workers a framework for evaluating the strengths and weaknesses of the various approaches to research in social work. It also offers a variety of useful resources for anyone interested in engaging in research, evaluating the quality of treatment outcomes, or the merits of an intervention from an evidence based practice perspective. The toolkit includes nine sections in total, beginning with sections offering an introduction and definitions of terms, and it concludes with sections offering additional links to resources and references.

Section III addresses how to locate evidence based practices in our field. This section includes links to VA approved best practices, as well as links to our Mental Illness Research, Education and Clinical Centers (MIRECC) sites and facts to highlight emerging evidence based practices at VA.

Section IV provides tools to systematically evaluate the quality of a research project that is presented in an article or presentation. The tools can also be used to help social workers evaluate the quality of their own research project in order to strengthen an application for a grant.

Section V discusses the importance of periodic evaluation of social work interventions and practice using established criteria and outcome measures, and it offers specific strategies to successfully engage in such practices.

Section VI summarizes findings from a survey of Evidence Based Practice Coordinators and other clinical social workers about their experiences pertaining to the implementation of EBPs. Factors that enhance and impede implementation of EBPs at both the clinical and programmatic levels are identified, and the implications of these findings are discussed.

Section VII describes how to initiate a research project within local VAMCs. It highlights key steps in developing and submitting a research proposal, including the involvement of key personnel in research and facility administration. This section concludes with a review of sources of funding for research (both within VA and outside VA). Links to supporting documents and additional information are available for the reader throughout the toolkit.

We are ethically bound to ensure that the care and services we provide are safe, effective and recovery-oriented for all consumers by: evaluating our practices, services, and programs; utilizing evidence based practices effectively and critically; pursuing EBP training opportunities; and engaging in research to contribute to the knowledge in the field. In addition, VA Uniform Service Package mandates that VA practitioners use recovery/goal oriented interventions and treatment plans that: include evidence based interventions; utilize methods for monitoring outcomes of interventions; and, utilize interventions known to be safe and effective. In addition, social workers are required to evaluate their own practices based on EBP standards. The toolkit empowers VA social workers, now numbering over 9,000, to accomplish these high standards of practice.

The R&EBP Committee members hope to inspire social workers to appreciate the value of research in social work and to adopt evidence based practices in order to serve our Veterans with the highest caliber of science based treatment possible. In Greek mythology, Mentor was the son of Hercules and Asopis who in his later years became a trusted friend of Odysseus. When Odysseus left for the Trojan War he left his son Telemachus in his palace in the care of Mentor. Mentor has been adopted in as a term meaning someone who imparts wisdom to, and shares knowledge with, a less experienced colleague. A final goal of the R&EBP Committee in the development of the toolkit is to identify VA social workers who have been involved in the implementation of EBP and in Research and provide a source of trusted mentors who are able to impart wisdom, knowledge, and guidance for those VA social workers pursuing similar interests.
The Research and Evidence Based Practice Committee collected social work interns’ research, projects and best practice initiatives that took place during the 2011 to 2012 placement year. These projects are collected annually to showcase education opportunities within VA social work that expand the potential for practice and practice evaluation, to increase interns’ internal visibility for employment through publication, to give social work managers the opportunity to examine visible evidence of interns’ work as they consider applicants for positions, and to incorporate some of the best practice projects into existing VA social work practice.

The interns’ projects and best practices continue to be innovative, exciting, cutting edge and effective. In many cases, they have been excellent examples of evidence based practice. The newest list of projects continues this history of excellence. For the 2011-2012 placement year fifty interns worked on thirty-eight projects submitted. The interns represent twenty-two schools of social work and carried out their projects at seventeen VA medical centers across the country. Seven of the interns are considering submitting their projects for publication. Thirteen of the twenty-two schools of social work required the project for graduation, representing slightly more than half of the projects presented.

The projects encompass many areas of patient care and provide a glimpse of creative treatment approaches to assist Veterans, and a continued drive to provide the most effective and efficient services. The main areas of focus this year are generally grouped around geriatric care and homeless programming. There are eight student initiated support and educational groups presented and one focus group for women Veterans. Numerous projects examined the effectiveness of interventions, both provider specific and medical center wide to consider performance improvement, utilization of resources, and improved outcomes for care, creating new data for Evidenced Based Practices with the Veteran population.

The thirty-eight projects have been summarized, categorized and entered into a compendium that will be distributed to the VA social work leadership through the Research and Evidence Based Practice Committee. The projects reflect the high quality of social work interns placed at VA facilities. The projects would not have been possible without the support, supervision, encouragement and input of the social work intern supervisors and preceptors. Thirty-six of these individuals participated in the projects showcased and are acknowledged in the compendium.
Over one hundred VA Western New York Healthcare System (VAWNYHS) staff attended the Spring 2012 Evidence Based Social Work Practice Celebration. The event was hosted by VAWNYHS Social Work and was open to all hospital staff. The celebration included VAWNYHS social work poster presentations and discussion stations highlighting current research in best social work practice in Veteran healthcare.

Social workers welcomed all disciplines to promote Evidence Based Practice at VAWNYHS. Areas of focus included: Health Care for Homeless Veterans, Mental Health, Rural Mental Health, Women's Health, Substance Abuse, Disability, Palliative Care and Trauma Informed Care.

Presentations were given in collaboration with University at Buffalo’s Graduate School of Social Work and Daemen College.

Submitted by
Leonora Schreck, MSW Intern
Donna Leigh, LCSW-R, Social Work Executive
Photography by Alicia Sholtz, LMSW
The term, Evidence Based Practice (EBP), is becoming increasingly common in social work; it is most frequently heard in association with directives and specific programs or treatment modalities. But, what exactly is EBP? How does it inform the day-to-day practice of a VA social worker? Is it supported by the social work Code of Ethics? What about the client’s voice in treatment? While it is easy to assume that the full definition of EBP is contained in its name, when examined through the lens of the NASW Code of Ethics’ guiding principles, one is able to see the far reaching benefits of practicing from an Evidence Based framework.

**Principle 1: Conduct and Comportment as a Social Worker**

*This principle is concerned with the social worker’s propriety, integrity, competence, professional development and participation in scholarship and research.* Conducting one’s daily practice from an evidence based perspective helps to demonstrate competence and professionalism by critically examining and utilizing available research to provide safe and effective services to clients. Professional development is enhanced by seeking training, sharing information among colleagues, joining professional organizations and reading peer reviewed journals; all of which are examples of incorporating research based evidence in daily practice. Social workers engage in scholarship and research by gathering information about treatment effects, evaluating programs and interventions, and sharing their observations with colleagues in addition to conducting formal empirical research studies.

**Principle 2 – Ethical Responsibility to Clients**

*The social worker should serve clients with devotion, loyalty, determination, and the maximum application of professional skill and competence.* This principle emphasizes the primary responsibility of a social worker to the client. Social work is concerned with “fostering maximum self-determination” and ensuring that the client is able to make informed decisions about his or her treatment or intervention. Social workers value, and are guided by, empirical research that provides information about the majority percentages of populations, yet are also just as concerned with the outliers – those “cases” that fall to the left and right of the big dome of the bell curve, who either didn’t make the cut for the research study at all, or who dropped out. Not satisfied with a cookie cutter approach to treatment, social workers traditionally favor individualized treatment where the client’s voice is of paramount importance. While EBP advocates for the use of empirical data to inform treatment, it also emphasizes the need to critically examine the evidence in the context of the need of the client or population to be served, to discuss the pros and cons with the individual client, and to use practice wisdom to choose the right intervention for the right client or population.

**Principle 3 – Ethical Responsibility to Colleagues**

*The social worker should cooperate with colleagues to promote professional interests and concerns.* Social work practice usually takes place within a multidisciplinary system of care, and depending on the population and setting, a variety of professional skill sets are often needed to address our clients’ needs. Providing effective and ethically responsible services involves recognizing, appreciating, and building upon others’ skills and talents, including other social workers, professionals of other disciplines, and the support staff. Acknowledging one’s own strengths and limitations, and the ability to communicate effectively, may be the most essential elements of effective multidisciplinary collaboration.

By showing deference to our colleagues as “subject matter experts” in their fields and/or specialties, in recognition that they too use research informed and evidence based practices, the synergistic benefits of multidisciplinary care are maximized.

**Principle 4 – Responsibility to Employers and Employing Organizations**

*The social worker should work to improve the employing agency’s policies and procedures and the efficiency and effectiveness of its services.* The professional social worker will engage in continuous practice and program evaluation with the needs of the client population and responsibility to the organization in mind. The individual practitioner’s efficacy can be evaluated by gathering and analyzing data. This may be in the form of evaluating pre- and post-intervention data for a single client to assist in assessing progress or making treatment decisions, or tracking cumulative treatment outcomes for groups. It may also involve calculating workload data or productivity statistics for program analysis or to further inform policy and procedures. It is the social worker’s ongoing responsibility to participate in the development of data to inform policy and program procedures in the best interest of the client or consumer. Statistical data, client feedback and practice wisdom are all forms of evidence that combine to contribute to the development of policy.

**Principle 5 – Ethical Responsibility to the Social Work Profession**

*The social worker should uphold and advance the values, ethics, knowledge and mission of the profession. As such, the social worker should take responsibility for identifying, developing, and fully utilizing knowledge for professional practice.* Engaging in the evidence based practice model not only informs individual social worker’s practice, it also allows practitioners to contribute to the knowledge base of the profession by sharing knowledge and practice wisdom with colleagues.

**Principle 6 – Ethical Responsibility to Society**

*The social worker should advance the general welfare of society by ensuring that all persons have access to resources and expanded choices.* Social workers should advocate for change in policies and procedures to promote social justice. It is clear that the use of evidence based practice is consistent with social work ethical values and helps to inform all levels of practice in the field from individual clients to the profession as a whole.

(continued next page)
Evidence Based Practice and the NASW Social Work Code of Ethics

According to Eileen Gambrill, “at its core, EBP is about curiosity and provides a comprehensive philosophy, structure, and process for providing evidence based, ethical, and competent social work practice” (Gambrill, 2006). From this definition, the evidence can be in the form of empirical data, practice wisdom, and even client feedback; all forms are valued assets in guiding social work practice and research. Engaging in Evidence Based Practice is not just about adopting modalities that claim to be “evidence based.” It is really about engaging in a continuous process of seeking, critically evaluating, and applying all available information in order to provide the most effective, professional and safe treatment for the individual client or population. It is also about sharing practice outcomes and observations with others to contribute to the knowledge base and support research.

Steps in Evidence Based Practice:
(As outlined by Eileen Gambrill, 2001)

- Question Formulation: Identify treatment gap, need, or problem
- Search for the Evidence: Conduct Literature Review
- Critically Appraise the Relevant Studies
- Determine which Evidence Based intervention is most appropriate for your Population or Client
- Obtain base-line data if possible
- Apply the Evidence Based Intervention (acquire training if needed)
- Evaluation of re-assessment, data & client feedback

As social workers serving our nation’s Veterans and their families, it is not only our responsibility, it is our mission, to provide the highest quality, ethically sound, and clinically effective services. Our clients deserve no less than our best.

For additional information and resources about using Evidence Based Research consult the Evidence Based Practice and Research Tool Kit developed by the National Social Work committee for EBP&R located on the National Social Work SharePoint Drive.

Social Work Active in Meeting the Need for Evidence Based Psychotherapy Services

Dr. Sandra Jackson, Ed.D., LCSW, BCD
John J. Pershing VAMC

As part of its commitment to providing the best possible care to Veterans, VA is working to make Evidence Based Psychotherapies, (EBPs) widely and readily available to Veterans who can benefit from them. The VA Office of Mental Health Services is actively implementing national initiatives to disseminate EBPs for PTSD, depression, and serious mental illness as well as other mental and behavioral health issues. Mental health social workers at the John J. Pershing VA Medical Center are taking the lead in increasing Veterans’ access to Evidence Based Psychotherapy. Over half of the EBP providers in our facility are social workers. The EBP certification process requires commitment and dedication. After participating in three to five day, in person training, EBP providers complete training cases, attend weekly telephone consultation phone calls for approximately six months, provide individual and/or group EBPs for Veterans, and demonstrate the skills needed to become certified. John J. Pershing VAMC boasts nearly 100% completion of providers selected to attend national trainings who go on to become certified.

How Social Workers’ Training Helps Meet VHA Handbook 1160.01 (Uniform Mental Health Services in VA Medical Centers and Clinics) Requirements and Performance Measures:

According to VHA Handbook 1160.01, The Uniform Mental Health Services Handbook identifies the minimum requirements for ensuring full access to a core set of EBP services, including: Cognitive Processing Therapy and/or Prolonged Exposure Therapy for PTSD, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, and/or Interpersonal Therapy for Depression, and Social Skills Training for Serious Mental Illness.

By completing this training, social workers are now able to offer and provide EBPs to Veterans receiving services in the PTSD Clinical Team (PCT) Clinic, Outpatient General Mental Health, and Community Based Outpatient Clinics, (CBOCs). The facility’s EBP program was highlighted as a “strength” at a recent Office of Mental Health Operation site visit.

The FY11-13 Mental Health Initiative Operating Plan includes a new performance measure assessing the percent of OEF/OIF Veterans with a primary diagnosis of PTSD who receive a minimum of eight psychotherapy sessions within a fourteen week period (p. 6).

Social workers’ provision of individual Prolonged Exposure Treatment and Cognitive Processing Therapy will assist the facility in meeting the targets set forth in this measure.

Dr. Sandra Jackson, Ed.D., LCSW, BCD is the Local Recovery Coordinator and Evidence Based Treatment Coordinator at John J. Pershing VAMC.

Click to visit the VA Mental Health EBP web pages from inside VA
From VA Long Beach Healthcare System

It’s been almost three years since the roll out of Evidenced Based Practice treatments (EBP). VA Long Beach (VALB) Social Work believes the clinical value of EBP is not specific to mental health clinics. Social workers are encouraged to participate in EBP trainings and to create clinical opportunities to utilize those skills in programs or clinics assigned.

Social workers have taken the lead within the medical center. To date, ten social workers have completed one or more EBP trainings.

Jenny Williams, LCSW, was the first provider and social worker in VALB PTSD clinic to offer a Cognitive Processing Therapy (CPT) group in 2010. CPT and Prolonged Exposure Therapy are utilized in individual treatment she provides. A graduate group for Veterans that completed CPT was developed in 2011. The group reinforces skills learned. Although CPT groups provide additional benefit of peer support, Veterans with mild cognitive impairment demonstrated limited improvement compared to those receiving CPT in individual therapy. Jenny wanted to maintain the benefit of a CPT group but knew it was impractical to offer twelve additional individual sessions. In 2011, she created a CPT group that added two individual treatment sessions and compared the two groups. In the second group, 50% of the Veterans reported PCL’s below 50. Armed with this data, a clinical systems redesign project was created in January 2012. With support of the PTSD clinic, Jenny coordinates the clinical system redesign project with eight CPT groups, four of the CPT groups will have the two additional individual sessions. The eight EBT groups run through April 2013. Data and feedback will be reviewed and compared. With her mastery of CPT, including Cognitive-Behavioral Therapy for depression and Prolonged Exposure Therapy, Jenny demonstrates social work creativity and efficiency.

Ann Costa, LCSW, VHA-CM, received invitation from the VA Evidenced Based Practice Office to serve as a national consultant and trainer.

Ann holds several Mastery EBP certifications. Leading by example, she offers mentoring to VALB social workers and other local providers.

Emily Martin, LCSW, PACT Primary Care and Debbie Ludowe, LCSW, Inpatient Medicine, saw that many Veterans enrolled in medical PACT clinics often struggle with a variety of emotional stressors but may not seek or follow-up with referrals to mental health clinics due to perceived stigma. When the Cognitive Processing Therapy (CPT) training opportunities were announced, Emily and Debbie developed a proposal to incorporate social work clinical skills and EBP in the medical PACT setting. A non-combat PTSD group was developed and offered to Veterans within the medical PACT clinics. Upon completion of the group, Veterans voiced appreciation and positive experience with the EBP skills. EBP offers social workers in non-mental health clinics the ability to create unique therapeutic opportunities for the Veterans they serve. It offers the social worker clinical opportunities to provide EBP skills to Veterans experiencing stress related to socio-economic or medical conditions.
Few medical centers, including private facilities, offer twenty-four-hour psychosocial and mental health social work coverage in the Emergency Department (ED). The Uniform Mental Health Service Plan and the need for social work services in the ED provided an opportunity to utilize mental health social workers in emergency room settings. As with any new venture, trial and error prevailed; however, the end result is a well-organized team focused on patient-centered care and services. One cannot predict the crises or emergencies that are seen in emergency facilities throughout the United States. Similar emergencies are often seen in VA facilities. Tennessee Valley Healthcare System (TVHS), a 1A facility, is one of the few VA facilities that is now providing twenty-four-hour, seven days a week, mental health and psychosocial services in the ED, at both campuses. Social Workers in the ED are trained and skilled to deal with a multitude of health care crises from lodging to suicidal and homicidal calls. Screening skills are imperative as is motivational interviewing. Receiving and properly responding to a suicidal caller requires calming skills, active listening and contracting for safety.

"I have gone through so much in life. My wife had left me. Life was not worth living. I called the VA hotline; I told them there was no point in living. I was transferred to a woman; I think she stated she was a social worker. She talked to me, listened, asked a series of questions. I felt that she really cared about ME! I was at a dark place in life. She gave me hope, somebody cared. By the time the police arrived, I felt better and decided against hospital admission. Without a doubt, that voice saved my life."

-- A Veteran’s Story

ED Social Workers: Melissa Benson, LMSW; George Anderson, LMSW-SW, Program Manager, ED & PACT; Amy Frazier, LCSW; and Susan Hoefler, LCSW

It is often the social worker that talks to the Veteran or family members, many times remaining on the telephone line until assistance arrives. Support systems in the ED include nurses, police officers and psychiatrists on call. ED social workers are versatile; the work cannot be determined or arranged. One must be able to deal with crises, and possess skills of linkage/referral to community and VA resources. Diversion planning, arranging and coordinating travel, and communicating and brokering for services are other tasks of TVHS ED social worker. The ED social workers also assist Veterans with advance directives and referrals to Non-Institutional Care services as well as community-based programs. The ED social worker provides a warm handoff to inpatient social workers and the care team. The philosophy that discharge begins at admission has helped to reduce some lengths of stay. Due to the pace of ED social work, one must be able to facilitate movement of the patient across a continuum of care and obtain as much information as possible in a short time period. ED social workers have also provided after hours and weekend assistance to inpatient wards. ED social workers have assisted in tracking Veterans who frequent the ER, for example homeless and justice involved Veterans. The consistency in having social work available in the ED has improved the ability to contact Veterans and family members during non-administrative hours. The Joint Commission, SOARS and the recent Office of Mental Health site visit cited social work presence in the ED (24x7) as a "best practice." ED social workers are making a difference at TVHS and are providing a valuable service.
According to VA’s National Registry for Depression, 11% of Veterans aged sixty-five years and older have a diagnosis of major depressive disorder. This rate is more than twice that found in the general population of adults the same age. The actual rate of depression among older Veterans may be even higher, since not all Veterans receive a comprehensive depression screening, and some may minimize, dismiss, excuse or hide their symptoms.

Older Veterans receiving care at the VA Boston Health Care System (VABHCS) are referred to the Geriatric Mental Health Clinic for intake and assessment. After completing the first training opportunity for Interpersonal Psychotherapy for Depression (IPT) in Albany, December, 2011, Boston VA social workers have this Evidence Based treatment available to the Veterans.

Interpersonal psychotherapy is brief, time limited, and focuses on improving interpersonal functioning and decreasing depressive symptoms.

Psychotherapists are encouraged by the IPT expert to adhere to a strict treatment process. Treatment effectiveness is monitored weekly using a Beck Depression Inventory (BDI) screen for decreased mood symptoms and overall improved well being. The number of problems addressed is limited to give Veterans the ability to see changes in mood quicker, which in turn, motivates change.

The problem areas addressed in the group include interpersonal disputes, role transitions, grief, and interpersonal deficits.

Some of the unique techniques of IPT are exploring, encouraging affect, clarifying, communication of clinical formulation, using therapeutic relationship, behavior change techniques and adjunctive techniques. The onset of the symptoms of depression is frequently discussed in the context of a bilateral connection, linking mood and events. Another facet of IPT is providing education to the Veteran about depression as a medical illness. The goal of IPT is rapid symptom reduction and improved social adjustment.

There were some barriers during the rollout of this training such as resistance to minimal co-payments, unfamiliarity with the IPT protocol of weekly psychotherapy sessions for sixteen weeks, and difficulty identifying Veterans with depression as their presenting problem.

The rewards included one and a half hours each week of group telephonic case-specific supervision. Audio tapes were sent to the IPT expert who then provided detailed, individual supervision, critiquing style and approach in the context of the IPT protocol. Another rewarding aspect was the opportunity to participate in phone consultation with other clinicians and to learn from their clinical styles and approaches to psychotherapy.

This was a superb professional development opportunity, one that provided excellent treatment for geriatric Veterans. After six months of weekly preparation, supervision, two individual hourly sessions, mailing tapes and filling out forms, we now have official IPT social work therapists in the two VA Boston clinics.
A new program is providing hope for Veterans who are diagnosed with PTSD. With Paws of Freedom, hope arrives in the form of a furry four-legged friend! Veterans who participate in the program are paired with dogs who have passed the AKC Good Citizen Test. The Veterans are encouraged to interact with their dog in an effort to promote recovery. While the idea is simple, the foundation is rooted in a large body of evidence about the psychological and physiological benefits of contact with companion animals, especially dogs.

Researchers have reported that interaction with companion animals increases the neurochemicals associated with relaxation and immune system functioning (Chametsky, Riggers & Brennan, 2004), reduces doctors visits (Siegel, 1990), increases physical activity (Yabroff, Troiano & Berrigan, 2008), decreases loneliness and symptoms of depression and anxiety while increasing social support (Friedmann & Tsai, 2006).

This lends itself to training based on individual Veteran’s needs and allows a period of bonding. After the dogs are placed, Veterans are offered additional training support by Veterans who are volunteers with dog training experience.

Care packages are given that include one year of dog health insurance, a large bed and crate, Advantage Multi and other supplies.

So far, program outcomes are promising with noted improvement in PCL-C scores, increased sleep and decreased feelings of loneliness. Recently, one of the Veterans who received a dog visited Tomoka Correctional to present the inmate trainers with his National Defense Medal in appreciation for their dedication to serving Veterans. “He’s my best friend.” Jose Flores-Riutort said about his dog Busch who graduated from the program in May.

Although dogs provided through the program are not trained as service dogs, outcomes reveal improvement in severity of negative symptoms through the establishment of a caring relationship between the Veterans and their dogs. More information can be fetched at Daytona VA, Daytona Beach News Journal or the Paws for Freedom Newsletter from Jennifer Muni-Sathoff.
Suicide is the tenth leading cause of death in the United States (Center for Disease Control, 2012), and there were 36,909 US suicide deaths in 2009. Based on national survey data from 2008 and 2009, it is estimated that on an annual basis 8.7 million Americans seriously consider suicide and 1.1 million Americans attempt suicide (National Survey of Drug use and Health, 2010). VA data has revealed that there are 950 suicide attempts each month made by Veterans receiving care at VA, and five Veterans receiving care at VA die by suicide on average each day. There are an additional thirteen Veteran suicides on average each day among Veterans receiving care outside VA, (Department of Veterans Affairs, 2011).

Dr. Joseph Hunter is in the initial stages of conducting a Randomized Controlled Trial (RCT) using an intervention that was developed at the Stratton VA Medical Center in Albany, NY. The intervention under investigation, in part developed as a result of findings from a VISN 2 aggregate suicide root cause analysis, is entitled, “Building on Strengths and Interests to Develop Meaning and Purpose in Life Experiences” or SIMPLE. The SIMPLE study is partially funded by both the Center of Excellence for Suicide Prevention and the John A. Hartford Foundation.

The SIMPLE intervention targets older adults and focuses on building the protective factor of life meaning and purpose. For seniors, resiliency factors in general, and perceived meaning in life in particular, was found to have explained levels of suicide ideation above and beyond mental and physical health problems, (Heisel and Flett, 2008). In an earlier study, Krause (2004) surveyed a US sample of 530 age sixty-five and older non-institutionalized, retired, English-Speaking adults to explore how meaning in life, stressful events, and health are interconnected. Utilizing hierarchical linear regression strategies, he found that stressors arising within highly salient life roles (such as employment, caretaking of a spouse, etc.) tend to erode a sense of life meaning and purpose, and it was surmised that emotional support helps older people cope more effectively with stress by restoring their sense of meaning in life. In addition to focusing on life meaning and purpose, the SIMPLE intervention incorporates cognitive-behavioral strategies to build therapeutic alliance, foster resiliency, provide a recovery oriented and meaning-based safety plan, and strengthen the at-risk Veteran’s ties to supports within the family and community.

The key aim of the study is to determine if the SIMPLE intervention, when compared to usual care, significantly improves patient treatment success in the following areas: decreased hopelessness, decreased levels of self-directed violence (SDV) ideation, decreased levels of depression, decreased likelihood and severity of subsequent episodes of suicide crisis, higher levels of subjective well-being, and increased social connections. The Beck Hopelessness Scale, the Geriatric Suicide Ideation Scale, the Social Provisions Scale, the Patient Health Questionnaire (PHQ-9), and the Subjective Wellbeing Scale are the outcome measures.

The study also includes multiple measures of attitude and behavior change to provide important insights into the ways in which the delivery of the intervention and the intervention itself affect change in the behavior of at-risk Veterans. The multiple measures of attitude and behavior change in combination with the outcome measures will provide for robust understanding of the dynamic interplay between the intervention, the at-risk Veteran’s behavior and attitudes, factors associated with the therapist and family/supports, and the outcomes.

This “point-of-care” intervention seamlessly dovetails existing inpatient psychiatry services and addresses an important gap in quality of care - therapeutic intervention targeting suicide risk in inpatient psychiatry to promote outpatient treatment engagement, retention and recovery. Beyond inpatient mental health treatment, it may also have application to any patient newly identified as at-risk for suicide within other mental health settings, primary care settings, and emergency room settings, and it has the potential to become an evidence based practice in the field of social work. Ultimately, this Stratton VAMC project seeks to improve treatment programming for older Veterans at increased risk for suicide. This project and subsequent related research will lead to publications that further the knowledge in this field and offers the potential to positively touch and save the lives of thousands of our nation’s heroes.

Joseph Hunter, PhD, LCSW, ICADC, is in the first cohort of nationally selected VA/Hartford Social Work Scholars, and he is one of the first VA researchers to undertake the study of a behavioral intervention targeting Veterans at risk for self-directed violence in the inpatient psychiatry setting.
DO Choose projects that interest you, or give you more information.
THINK: “What do we need to know about our program?”

DO Choose projects with data you already need to compile.
THINK: “How about our national performance measures?”

DO Be Clear!
THINK: “What are we trying to determine?”

DO brainstorm with as many staff as possible.
THINK: “What are potential pitfalls and "causes" in our data collection and interpretation?”

DO keep measures and data structured and organized.
THINK: “We can never be too organized in this area!”

DO address obstacles to compiling data or the project before starting.
THINK: “Not everyone will see the value of extra work initially.”

Don’t measure for measuring sake.
THINK: “If a quality measure is not working for us, get rid of it. If it’s required, take an aspect or outcome of it to analyze.”

Don’t loosen up on the reporting process.
THINK: “It’s best to keep strict deadlines.”

Don’t connect performance.
THINK: “Individuals are separate from program performance outcomes.”

Don’t jump to conclusions about the cause of an outcome.
THINK: “Are we considering all the possibilities?”

DO submit your stories, ideas, challenges, and questions about SW Quality Improvement to erin.butler@va.gov.
The recipient of the Excellence in Social Work Leadership Award is **Ms. Gail Gunter Hunt, LCSW, Women Veterans Program Manager** at William S. Middleton Memorial Veterans Hospital, Madison, WI. Gail is a true advocate for women Veterans’ issues. She inspires staff through the organization toward a vision of sensitive and competent care for women Veterans. Gail also has extensive geriatric program management and has trained over 106 graduate social work students. She was involved in development of the National WH Mini-Residency program that has trained primary care providers across the nation since 2008. She has been employed at the Madison VA since 1982.

**CONGRATULATIONS!**

Above Left: Judy McKee, FACHE, Director of the William S. Middleton Memorial Veterans Hospital & Clinics, Madison Wisconsin with Gail Gunter Hunt, (right) recipient of the 2012 Under Secretary for Health’s Award for Excellence in Social Work Leadership.

Left, Gail Gunter Hunt, (holding award) pictured with 7 of her former social work students.
The recipient of the Excellence in Social Work Practice Award is Mr. Tim Moss, LCSW, FACHE, OEF/OIF Program Therapist/Social Worker at the Dayton VAMC, Dayton, OH. Tim is a combat Veteran and served on active duty in the United States Air Force as a Social Work Officer. He is an advanced level practitioner who serves combat Veterans with poly-traumatic injuries, spinal cord injuries, traumatic brain injuries, visual impairments and PTSD. Tim is deeply committed as a professional social worker and combat Veteran with expert skill and knowledge to providing professional diagnosis, assessment and treatment for Veterans and their families.

CONGRATULATIONS!

Above Left: Glenn A. Costie, FACHE, CEO of Dayton VA Medical Center Director and Lance Davis, VISN 10 Deputy Network Director (right) present Tim Moss, LCSW, FACHE with the 2012 Under Secretary for Health’s Award for Excellence in Social Work Practice.
Bo
d
ton VA’s Janet Richmond, LICSW, Receives MA NASW Award

In March 2012, Janet S. Richmond, LICSW, VA Boston HCS, was awarded the Beverly Ross Fliegel Award for Social Policy and Change, by the Massachusetts Chapter of the National Association of Social Workers, for her lead advocacy in Massachusetts Licensed Independent Clinical Social Workers, being added to the list of medical professionals qualified to issue “Section 12”, temporary care papers for psychiatric emergencies. House Bill 4681, An Act to Improve Emergency Access to Mental Health Services, was signed into law on August 9, 2010, allowing LICSWs to hold or send a patient for emergency evaluation for suicidality, homicidality, or markedly impaired judgment due to mental illness.

As described on the NASW MA website, “Each year the Massachusetts Chapter of NASW gives its Beverly Ross Fliegel Greatest Contribution to Social Policy and Change Award to honor the memory of the Eastern Massachusetts Chapter’s first Executive Director. Beverly Ross Fliegel was an outstanding social worker who cared tremendously about what happened to disenfranchised people. Beverly died of cancer at the untimely age of forty two. This award helps keep alive the memory of a very special social worker, and reaffirms NASW’s commitment to social justice and social change.”

More information on the Massachusetts Legislation can be found in MA NASW’s FOCUS Sept 2010.

In a separate endeavor, Ms. Janet Richmond, LICSW was the lead author of an article, “Richmond JS, Berlin JL, Fishkind A, Holloman G: Verbal De-escalation of the Agitated Patient. Western J Emergency Medicine. 2012 Feb;13(1):17-25. This article was part of an expert consensus panel of thirty five members of the American Association for Emergency Psychiatry (AAEP-of which Ms. Richmond is Past Vice President for Social Work) . A total of six articles were compiled addressing how to approach the agitated patient including: the medical evaluation and triage of the agitated patient, psychiatric evaluation, psychopharmacologic approaches, and the use and avoidance of seclusion and restraint.

The entire project was called Project BETA (Best practices in Evaluation and Treatment of Agitation). The group found that prior literature focused mainly on restraint and psychopharmacology, but the BETA group believed that the major component in dealing with the agitated patient is verbal engagement, from which all the treatments emerged. Congratulations Janet!
Miami Social Worker Honored as a Federal Employee of the Year

Submitted by Stephen J. Jankowski, Ph.D., LCSW
Assistant Chief, Social Work Service and Chaplain Service

The Miami VA Healthcare System Social Work and Chaplain Service was honored to have one of our social workers selected in the Professional Category for the 47th Annual Federal Employee of the Year Awards held in Fort Lauderdale, Florida this year. Michelle Zielenski, LCSW was recognized for her dedication, skill and service to our OEF/OIF Veterans and for her tremendous contributions to the profession of social work.

Ms. Zielenski is the Polytrauma and Post Deployment Clinic senior social worker at the Bruce W. Carter VA Medical Center. Her expertise in working with returning combat Veterans from Afghanistan, the unique theater of combat issues they experienced, and their difficulties in re-integrating back into civilian life, has allowed the Miami VA Healthcare System to provide exceptional care and services to this Veteran population.

Michelle visits Veterans and their families in their homes and provides therapy, education and support with the re-integration process in a familiar and safe environment. She helped to develop, organize and facilitate a six week OEF/OIF Relationship Workshop series in the evenings to accommodate Veterans and their families who work or go to school. She is a consultant to providers on complex clinical problems related to the OEF/OIF Veteran and has presented at various conferences on topics related to family issues, polytrauma and case management.

We extend our sincere congratulations to Michelle for a job well done. This award underscores the outstanding clinical work that she does for our new Veterans and their families. She brings great recognition to our profession and to the Miami VA Healthcare System.
The Social Work Data Management Committee hosts a monthly question & answer (Q&A) session for the field featuring guest speakers who discuss data management topics of concern to VA Social Work managers. If you have specific questions that you would like addressed please send them to the Social Work Data Management Committee prior to the call so that we can be as helpful as possible.

The call is held the third Wednesday of the month.

**Data Bytes**
**Oct 17, Nov 21, Dec 18, 1:00pm ET**
**1-800-767-1750, code 17386**

**New SW Leaders Coaching Call**
**Oct. 19, Nov 16, Dec 20, 1:00pm ET**
**1-800-767-1750, code 11573**

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

The call is held the third Friday of each month.
Moderator: John Petek, Chief of Social Work, Long Beach, CA

**Social Work Managers Call**
**Nov 9, Dec 13, 1:00pm ET**
**1-800-767-1750, code 16389**

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

The call is held the second Friday of each month.
Moderator: Melissa Harding, Assistant Chief of Social Work, VA Eastern Colorado HCS

**SW System Redesign Round Table Call**
**Oct 22, Nov 26, Dec 23 1:00pm ET**
**1-800-767-1750, code 35678**

These Round Table presentations and discussions are designed for dialogue among Social Work staff and are open to all social workers to share information and discuss experiences with System Redesign and to learn from one another. 1 CEU Credit during the Sept, March, June and August calls only.

The call is held the fourth Monday of each month.

**VA/DoD SW Education Training Consortium**
**Oct 10, Nov 14, Dec 11 1:00pm ET**
**1-800-767-1750, code 49114**

Monthly calls held on the 2nd Wednesday of the month using Defense Connect Online. Social Workers can earn 1.5 CEU's per session.
Moderator: Carol Sheets, National Director Social Work, Care Management and Social Work Services, Office of Patient Care Services

**SW Career Development Call**
**Oct. 23, Nov 27, 2:30pm ET**
**1-800-767-1750, code 30485**

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.

The call is held the fourth Tuesday each month.

Moderator: Taylene Watson, Director of Social Work VA Puget Sound Healthcare System

**SW Quarterly Training Call**
**Oct. 12, 1:00pm ET**
**1-800-767-1750, code 16389**

This call focuses on Social Work Practice services and programs.

The call is held the second Friday of each quarter, (Jan, April, July, Oct.) for 1.5 CEU credits. 1.5 CEU'S
The theme of the next edition of Synergy is OEF/OIF/DOND. Share your ideas, pictures and stories!

SYNERGY provides an excellent opportunity to share information with thousands of social work peers and VA stakeholders. SYNERGY welcomes articles on leadership and innovation in practice relating to social work within the Department of Veterans Affairs. Talented social work photographers are encouraged to submit digital photography for use in Synergy. All articles and photographs with Veteran information must be accompanied by a signed Release of Information form. Photographs of VA employees also must be accompanied by a signed Consent to Use Picture form.

Questions and feedback are always welcome!