



SYNERGY

THE NATIONAL VA SOCIAL WORK NEWSLETTER

National Social Work Committees "Working For You"

VHA Social Work has 6 National Committees and the SW Leadership Council. The committees serve as extensions of the Office of Social Work Service in VA Central Office. The Social Work National Committees and the Social Work Leadership Council provide guidance on Social Work practice issues to the Director, Social Work Service and help shape policy and provide direction for Social Work.

Over the next two editions of Synergy, each committee will be sharing either a summary of their work in the past year and goals for the next year or an article on a particular project that the committee has completed. In this edition you will hear from the Leadership Council, Research and Evidence Based Practice (formerly the Research Advisory Board), Professional Standards and the Data Management Committees (formerly Information Management).

FOCUS GROUPS FOCUS ON YOU!

From the "Desk of the Chair"
Judy Arnold, MSSW, CMSW, ACHE,

VA Social Workers are accustomed to focusing on others' needs. The Social Work Leadership Council (SWLC) decided it was time to focus on the needs of Social Workers.

Last March during National Social Work Month, the SWLC began conducting VISN-wide "Virtual Focus Groups" to determine Social Work concerns from a field perspective. Each focus group was attended by Jill Manske, ACSW, LISW, Director, Social Work Service, VA Central Office; Kristin Day, LCSW, Deputy Director, Social Work Service, VACO; or myself. The purpose was to learn which issues were most important to VA social workers and to use the information as the starting point for the FY 06 Social Work Strategic Plan.

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Very broadly, the top 4 themes to emerge were:

- Professional Development, including Hybrid Title 38 implementation, Senior Social Worker GS-12 positions, and Succession Planning.
- Resource Management, including budget issues, staffing difficulties, dealing with hiring freezes, and ever-increasing workload demands.
- Demonstration of Professional Value through productivity reporting, performance measurements, and workload capture.
- Standardized and Centralized Functions, including maintaining professional standards and identity and providing quality Social Work supervision, regardless of local organizational structure (centralized departments, Service Lines, and/or matrix management).

With this feedback, the SWLC is actively working on addressing these issues. For example, goals and projects for FY 06 will include: 1) national training for workload and productivity reporting for Social Work chiefs, executives, and social workers; 2) national training for social workers on Hybrid Title 38; 3) implementation of the VHA Social Work Succession

and Workforce Development Plan; and 4) continued dissemination and education about the VHA Social Work Practice Directive, which addresses supervision and clinical practice issues for VA Social Workers in all settings.

I want to personally thank everyone who participated in the focus groups. As with this article, we will periodically report our progress in Synergy, in committee meeting minutes, and at the following intranet website: <http://vaww.va.gov/socialwork/>. Since we plan to hold focus groups in 2006, our fourth consecutive year of this endeavor, I encourage you to be a part of the action, a vital piece of our professional future!

TWO YEAR SOCIAL WORK INTERN RESEARCH & PROJECT REVIEW

*National Social Work Education Committee and
Research & Evidence Based Practice Committee
(previously known as the Research Advisory Board)*

Submitted by: Mel Tapper, Ph.D. LICSW OIF-OEF Returning
Veteran Coordinator, VA Boston Healthcare System

Have you heard? Our social work interns are bringing national attention to VA Social Work through their projects work and research initiatives. For the past two intern placement years, the VHA Social Work Education Committee and the Research Advisory Board (now the SW Research & Evidence Based Practice Committee) have collaborated in the collection and categorization of intern research and/or projects completed during the school placement year. The collection has also included events or projects that interns conducted for Social Work Month. This national survey has multiple goals as Judy Arnold, Chair of the SW Education Committee wrote in the rationale for the initial project collection.

- 1) To showcase the exciting education currently being conducted within VHA Social Work, potentially spearheading clinical program practice evaluation and graduate training ideas
- 2) To give Social Work interns an opportunity to publish and thereby increase their visibility for future employment opportunities. This will also allow VHA Social Work chiefs, executives and other managers to have a readily accessible hiring pool of potential employees.
- 3) To respond to an expressed theme of improved communication, which emerged from the virtual focus groups, held in the spring of 2003.

An unstated goal was to encourage increased participation in these types of projects and possibly research by interns and staff.

The initial assumption was that many Social Work interns were engaged in a range of projects while they were in VA placements. The only persons aware of their work were their respective schools of social work and their immediate fieldwork supervisors. Another assumption was the interns were engaged either in current state of the art practice initiatives or even cutting edge activities.

The first survey was conducted during the 2004/05 school placement year. Fifty-nine social work interns submitted fifty projects. The interns represented seventeen different colleges or universities and thirteen VHA medical centers and outpatient clinics. The interns identified eight projects that they had planned to submit for publication. The most common project category was Social Practice Issues, followed by Aging and Related Conditions, Social Work Groups, Mental Health, and Medical Social Work practice issues. There were a total of seventeen different project categories. The survey allowed for submissions of projects from prior years. Twenty-five of the projects were completed prior to 2004.

The survey confirmed the assumption that the interns were engaged in innovative and exciting practice and were supporting their work through a systematic examination. It also raised questions. The responses were submitted from only 13 VHA medical centers and clinics. This did not appear to represent the entire system and we wondered what would the numbers be if all sites with interns responded?

The strategy for the second collection of student projects for the 2004-05 placement year included starting the request for projects notifications earlier, sending out more frequent reminders that would include the SW education coordinators mailing group and writing notice of the request for projects in Synergy. These initiatives resulted in 36 submissions of completed projects, a 44% increase over the previous year. Forty interns worked on projects at 15 VHA sites and represented 21 schools of social work. There were three projects completed on Seamless Transition. One of these projects went through the IRB process and has been written-up for submission for publication. Aging and women veterans were two more popular subject areas. The interns submitted 10 projects on aging and 4 on issues related to women veterans. The projects appear to reflect changes in which we see younger veterans returning from combat areas, more women and aging issues related to WWII, Korean and now Vietnam veterans.

The intern projects have not gone unnoticed. Jill Manske reported that the 2003/04 VA social work intern projects were mentioned informally during the Council on Social Work Education 2004 Annual meeting. This year, the editors of NASW Health Care Specialty Practice newsletter accepted a summary of selected projects for publication.

These projects reflect positively on our interns, our supervisors and the entire VA Social Work intern program. They survey will continue annually. The SW education coordinators mail group and monthly conference should allow more access to the interns and the supervisors and hopefully encourage more participation in projects and increased submissions from more VA sites. The VHA SW Education and Research & Evidence Base Practice Committees encourage VHA student supervisors and SW education program coordinators to support student participation in research or engagement in projects and to make sure they submit their work in response to the annual survey. Everyone benefits.

SOCIAL WORK

PROFESSIONAL STANDARDS COMMITTEE

Submitted by: John O'Brien, Chair Professional Standards

The VHA Social Work Professional Standards Committee (SWPSC) met at the Social Work National Committee Conference in Las Vegas during the week of August 15th to clarify the committee's mission statement and identify goals for FY 2006. Like other committees, this was the first opportunity to introduce new members to the SWPSC and familiarize them with the projects and goals for this year. The committee is comprised of social workers from various facilities across the country. The following are SWPSC members:

- John O' Brien, Chair, Maryland
- Jean Bromley, Chair-Elect, Milwaukee
- James Hammond, Togus
- Jennifer Jagua, Madison
- Florence Long, Greater Los Angeles
- Veronica Luscius, Pittsburgh
- Amy Morrow, Kansas
- Miguel Ortega, Houston
- Jeanne Obrochta, Hines
- Bruce Tucker, Bath

The committee recently completed some projects that are being distributed to the field and placed in Social Work Docushare. An example of a major document soon to be available is the Social Work Scope of Practice template. If your facility does not have privileging for social workers, it is recommended that a scope for clinical practice be part of the social worker's credentialing folder. Procedures for privileging will be distributed in the future.

There are many other projects that the SWPSC is working on which are in various stages of completion. The following are some of the committee projects:

- A comprehensive case management guideline

- Competency assessments
- Care coordination standards
- Care Social Work competencies for supervisors and coordinators
- Clinical boundaries practice guideline
- Standards of clinical practice in the CBOC

The SWPSC is also developing other projects based on the results of the VISN Social Work focused groups that were held by the Social Work Leadership Committee and VACO during the year. The SWPSC wants to communicate to the field that they are available for guidance regarding Social Work practice issues. Committee consultation could include establishing practice councils, peer review procedures and other issues that may surface at different VA facilities. You may contact the SWPSC Chair, John O'Brien at: 410-605-7012 or by Outlook email at: john.obrien@med.va.gov (note there are 2 similar names in the Outlook address book. Mr. O'Brien works at the VA Maryland Healthcare System Baltimore).

"1,2,3 of Coding"

SOCIAL WORK DATA MANAGEMENT COMMITTEE

Submitted by: Denise Hamilton, RHIA, CCS-P

VHA Coding Council Liaison

National Social Work Data Management Committee,
Carroll McShane, Committee Chair, VAMC Albuquerque

Coding?

What is meant by coding?

Is it when someone is having a heart attack?

Could be, but more likely when social workers talk about coding it is "assigning numerical/alphanumeric sequences to describe services provided to patients". The classification/coding systems used are International Classification for diseases, 9th revision, Clinical Modification (ICD-9-CM) for diagnosis and Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) for services provided. Now, let's take a look at each of the coding/classification systems beginning with ICD-9-CM.

ICD-9-CM is a classification system used to assign numerical codes to diseases, signs and symptoms (000.00-999.99) and other factors influencing health status and contact with health services (V01-V84.8), commonly referred to as "V codes".

Question: "How do I assign the diagnostic ICD-9-CM codes?"

Answer: The rule of thumb - code the reason for the visit. Social workers generally do not see patients for their specific diagnosis unless of course they are providing psychotherapy. Thus the V code section of ICD-9-CM will most often be used by the social worker.

To ease the frustration of “what one will/should/can use”, the SW Data Management Committee (formerly the Information Management Committee) put together a document of V codes available to social workers, currently stored on DocuShare. These will be used as the principle or first position. Additional codes may be used to further define the patient’s secondary conditions and may come from the diagnosis section of the ICD-9 book.

Procedural coding proves to be a more challenging task. Procedure coding can be done by either using CPT (a five digit numerical code) or HCPCS (an alpha character followed by 4 digits).

- **CPT** - The basic rule of thumb is “code for the services rendered”. Sounds easy enough but not necessarily so.
 - “CPT is the nation’s official HIPAA compliant code set for procedure and services provided by physicians, ambulatory surgical centers and hospital outpatient services as well as laboratories, imaging centers, physical therapy clinics, urgent care centers , and others.”¹ *Notice social workers are not included.* In recent years the guidelines for using CPT codes have changed. NP’s, PA’s and social workers can use these codes but must use those, which are within their scope of practice or clinical privileging (whichever describes you).
 - CPT codes for services provided by social workers:
 - Psychotherapy (90804-90887 depending on type and setting)
 - Psychiatric Diagnostic Interview (90801-90802)
 - Health and Behavior Assessment and Intervention (96150-96155).

Having said all that, not all services provided by social workers are described in CPT. What to do? What to do? Use of an unspecified code (99499) is one option but HCPCS codes may also be used.

HCPCS codes were developed for coding of “supplies and services provided by physicians, therapists, home health, outpatient departments, and other caregivers”.¹ Many agencies contribute to and help maintain HCPCS (CMS, Blue Cross/Blue Shield, dental, Medicaid, etc.) Sound a little like CPT coding? Yes, but it is different. The main differences are the codes assigned for drugs, supplies and durable medical equipment. Sections of the HCPCS book are written for specific agencies. Because of the complexity in code selection the SW Data Management Committee has developed a spreadsheet to assist (attached). This spreadsheet contains CPT codes and HCPCS codes available.

*One word of caution:
Do not use any CPT code that has a
medical management component*

Coding is an art and is not something to be taken lightly. It is dynamic and does not always keep up with the ever-changing medical/technical field. To be a proficient coder takes years of training and experience. The books are updated yearly with codes being added, deleted and revised; thus new guidelines need to be learned and applied. If questions arise and assistance is needed, the SW Data Management Committee will be holding a monthly “Q&A call”. (See Info Byte in this issue of Synergy near the end).

¹. CPT Expert 2005, 5th edition, Igenix, pg. v

LIVING SUCCESSFULLY WITH MULTIPLE SCLEROSIS A NEW SUPPORT GROUP IN HOUSTON

Submitted by: Lisa Whipple, LCSW Neurology Social Worker
Michael E. DeBakey VA Medical Center, Houston TX

The Michael E. DeBakey VA Medical Center (MEDVAMC) recently developed a Multiple Sclerosis (MS) support group for both veterans and non-veterans. The MS support group was developed with support from MEDVAMC, the MEDVAMC Neurology department, the Paralyzed Veterans of America, and the Lonestar Chapter of the National MS Society.

Lonestar Chapter of the National MS Society

- Provided a \$300 stipend for meeting refreshments
- Provided advertising for the support group in their newsletter
- **MEDVAMC**
- Provided meeting space for the MS support group
- Provided access to clinical MS experts
- Managed a database that tracked all MEDVAMC patients diagnosed with MS to ensure they were all informed about the MS support group

The support group’s mission is to provide skills and support to help people with MS to live successfully in the community. The group meets monthly and rotates between a psychoeducational and supportive focus. The group members determine the future topics presented in the group and participate actively in arranging the group meetings. To measure the effectiveness of the group, new group member and group exit questionnaires were developed and administered. In addition, the impact each topic or discussion has on a group member’s quality of life is measured through a performance improvement plan.

The MS support group has had an extremely positive impact on the veterans and non-veterans who attend. They have learned skills and formed positive relationships that have increased the quality of their lives and helped them live much more successfully in the community.

"The group has been instrumental in the mental aspect of living with MS. I have had a chance to meet with other vets with MS I didn't know before. Now we have that bond, I have become lifetime friends with many of the group members"

November is Caregiver Month

CARING FOR THE CAREGIVER

Submitted by: Nancy Campbell MSW LISW,
Acting Quality Manager VISN 10, Office of Care Coordination
VA Healthcare System of Ohio

As our veterans continue to age, more of them are being forced to grapple with chronic medical conditions such as heart failure, chronic obstructive pulmonary disease, diabetes, hypertension and depression. For many, it has meant more frequent emergency room visits and inpatient hospitalizations and lengthier stays, which exacts an emotional toll on veterans and their families and taxes the often limited resources of our medical centers.

Wouldn't it be wonderful if there were a different way to manage chronic care that would involve patients in the management of their own illness and allow them to do it from home? Well, there is! It is the philosophical underpinning of the VHA Care Coordination Program to keep veterans in their preferred site of care, their homes, as long as possible. To make this happen however, it is understood that the presence and support of a caregiver is often one of the most critical factors.

Healthcare systems currently provide little systematic support for the caregivers' important work, but we need to start caring more about them. Why? It is estimated that the value to the economy of the unpaid care provided by caregivers is \$257 billion annually! There is also empirical evidence that support of caregivers can keep individuals out of nursing homes longer. But providing such care at home takes a toll on the caregiver. Studies show they are at increased risk for depression and other medical problems. They also have increased mortality rates. It has become a serious enough problem that the Center for Disease Control now considers it a public health issue.

A Report on "Caregiving in the US" was published by AARP, the National Alliance on Caregiving and MetLife in April of 2004. 1247 caregivers were surveyed, with 14% of them being caregivers of veterans. 17% of the care recipients were vets.

Some facts about caregivers include the following:

- 44.4 million caregivers age 18 and older provide unpaid care to an adult 18 or older
- 34 million of them provide care for someone older than 50
- They represent an estimated 22.9 million households
- 59% of these caregivers either work or have worked while providing care
- 62% have had to make some adjustment to their work life, from reporting late to work, to giving up work entirely
- Over a third of caregivers say they had no one else to provide unpaid help to the person they cared for during the past 12 months

One might ask whether the caregivers of our veterans are different. We know that our veterans are sicker, compared to age-matched Americans. They have 3 additional non-mental health diagnoses and 1 additional mental health diagnosis. Many vets are seen in multiple clinics and are on multiple medications. With vets having so many co-morbidities, including substance abuse and mental illness, their care may be more complex. Veterans are also poorer, with approximately 70% having annual incomes less than \$26,000 and about 40% having annual incomes under \$16,000. This may all equate to greater burden on our caregivers than on those in the general population.

When the caregivers were asked what their greatest needs were, they gave the following responses:

- Finding time for myself (35%)
- Keeping the person I care for safe at home (30%)
- Balancing my work and family responsibilities (29%)
- Managing my emotional and physical stress (29%)
- Easy activities I can do with the person I care for (27%)
- How to talk with doctors (22%)
- Making end-of-life decisions (20%)
- Moving/lifting the person (16%)
- Managing challenging behaviors e.g. wandering (14%)
- Choosing an assisted living facility (13%)
- Choosing a home care agency (13%)
- Managing incontinence/toileting (11%)
- Choosing a nursing home (8%)
- Finding non-English educational materials (5%)

The outside assistance they requested and used the most frequently:

- Info re: financial help (25%)
- Formal training (18%)
- Transportation services (18%)
- Services e.g. Meals on Wheels (11%)
- Enrollment of pt in recreation camp (8%)
- Support groups (7%)
- Enrollment of patient in Adult Day Care (5%)
- Respite service (5%)

The caregivers were also asked which coping strategies they used most frequently:

- 70% say praying helps
- 61% say they talk to friends and relatives
- 44% say they read about caregiving in books or other materials
- 40% say they turn to the Internet, a doctor, RN or other health professional for info and help

In May of 2004, the Office of Care Coordination (OCC) in VA Central Office created a .5 FTEE Social Work Program Manager position that would be devoted to heightening awareness about the importance of caregivers. This was to be accomplished through a variety of strategic initiatives.

The first one was to institutionalize assessments of the caregivers of all veterans enrolled in the Care Coordination/Home Telehealth program. Why do caregiver assessments? In clinical practice, caregiver assessments are necessary to determine their needs and eligibility for caregiver support services so ways of assisting them can be incorporated into our care plans.

In helping the family feel heard and better understood by clinicians and each other, we can build and strengthen the therapeutic alliance with them. We can let them know that their contributions are recognized, valued and we thereby empower them to continue in their role.

In a broader sense, it enables clinicians to provide a more systematic, comprehensive and objective service and to share best practices across all levels of staff and all sites

Lastly, in research and policy arenas, assessment can be used to describe the population being served, review changes over time, identify new directions for service and/or policy development, evaluate the effectiveness of existing programs or a specific service, assure quality of care and examine caregiver outcomes

A group of VHA social workers in 7 different medical centers agreed to pilot several caregiver assessment instruments. Because of the time involved in doing in-depth assessments, it was decided that all caregivers would be screened using two well-validated, frequently used tools - the Caregiver Strain Index and the Zarit Burden Inventory. Only those caregivers determined to be at high risk, based on pre-established cut-off scores, would be referred to a social worker for intervention. OCC plans to eventually have these screens available for the caregivers to complete on the in-home messaging devices, to be done at specified intervals in their homes, with results compiled nationally.

Another OCC initiative is development of an online course, in conjunction with the OCC Sunshine Training Center, on how care coordinators can better support caregivers. While working with clients within the context

of their families is something all social workers were taught in graduate school, there is a noted lack of working with caregivers in nursing school curricula.

For the past 2 years, OCC has sponsored an Annual Caregiver Conference. This year, the conference will be held at the National Institutes of Health in Bethesda, Maryland from January 25-27, 2006. The purpose of these conferences is to promote a caregiver agenda within VHA, to develop new VA and community partnerships in providing services to caregivers and to reach consensus on strategic direction regarding caregiver issues.

Another important national initiative is making resources available to caregivers more widely known. Last year, the VHA Social Work Resource Utilization & Planning Committee developed a Resource Guide for Caregivers. The Resource Guide was developed for caregivers with the hope that it would help them make better decisions about care and services.

A wealth of information is covered in this guide. Topics include medical and emotional aspects of care, financial and legal issues, and resources for care. It is posted on both the VHA Social Work Website and on the Office of Care Coordination Website, under the section on Caregiver Resources at <http://vaww.va.gov/occ/CareCoord/CGResources.asp>

Fortunately, VHA has a number of resources that provide support to caregivers. They include Respite Care, Contract Adult Day Health Care, Homemaker/Home Health Care, Skilled Nursing Care, tele-nurse programs, use of VA volunteers, general and disease-specific support groups, transportation and some financial assistance, i.e. Aid and Attendance for those who are eligible.

Some of the more useful community resources include services provided through the Area Agencies on Aging that fund programs for caregiver support in each state under the National Family Caregiver Support Program. Services can also be accessed through the Eldercare Locator at 800-677-1116. There are also a number of national organizations that serve as advocates for caregiver issues such as the Family Caregiver Alliance, the National Alliance on Caregiving, and the Rosalynn Carter Institute on Caregiving. The American Red Cross has developed a training series that is available through their local branches. It provides caregivers with education about hands-on-care e.g. transferring, feeding and bathing and managing someone with dementia. Faith in Action is another national organization with offices that has a cadre of carefully-screened volunteers who go into individuals' homes to provide respite, light housekeeping, money management, shopping, transportation and other help as needed.

Caregiving is an issue that will touch all of our lives at some point, and in some way. As Rosalynn Carter so

aptly pointed out "There are four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers"

As social workers, we want to assist the caregiver in maintaining their loved one at home as long as possible, and to support them in significant ways which enable them to do so, without harm to themselves. This is an area in which we have a great deal of expertise to offer, and is an agenda we can all help move forward together.

THE VA - SMITH COLLEGE SCHOOL FOR SOCIAL WORK CONNECTION

Submitted by: Catherine A. Clancy, Ph.D., LCSW Social Work Training Director Michael E. DeBakey V A Medical Center, Houston, TX

The VA and Smith College School for Social Work continue to work toward a closer cooperative relationship. In July 2002, Dean Carolyn Jacobs expressed an interest in working more closely with the military and the VA to expand the school's interest in working with victims of trauma. To this end she convened a meeting of VA and military social workers to discuss what was being done in all areas of trauma treatment. In September 2003, Jill Manske invited representatives from Smith to a meeting in Washington to share information about Smith programs and VA resources and programs and to prioritize collaborative opportunities. Smith faculty then visited several VA programs around the country so that they could become more familiar with opportunities for collaboration. Another result of this meeting was the invitation of Michael E. DeBakey VAMC Social Work Training Director Catherine Clancy, Ph.D., LCSW to give the Diane Davis Memorial Lecture in June 2005. This lecture is part of the yearly summer lecture series at Smith. The title of the lecture was "Treating Those Who Have Borne the Battle: The Impact of the Military Experience Through the Life Cycle". In addition to presenting the lecture, Dr. Clancy was asked to be a visiting classroom lecturer and to meet with students who were interested in VA field placements. In response to the positive reactions of the students, Dr. Clancy was invited back to the campus in July of this year. Associate Dean Susan Donner hosted a luncheon for all students who were interested in future VA placements or who were going to be placed in VA facilities during the

2005-2006 academic year. The luncheon was very well attended and, after two students who had just completed VA placements described excellent experiences, students were very positive about future applications for placements in the VA system. The next day a video of the Frontline presentation entitled "A Soldier's Heart" was shown and Dr. Clancy led a

discussion about the work the VA is doing with returning OIF and OEF veterans.

In addition to what is being done on the Smith campus, several doctoral students have expressed interest in VA placements. One doctoral student has been placed at the Michael E. DeBakey VAMC. She will complete her doctoral internship in the Trauma Recovery Program.

Dr. Joan Berzoff, Co-Director of the Doctoral Program, said she hopes this is the start of many more doctoral placement opportunities within the VA system.

In January 2006, the didactic portion of Smith's End-of-Life Care Certification Program will be presented through the sponsorship of the VA in Houston. Dean Carolyn Jacobs said if this program is a success, she would like to consider offering other Smith certification programs in VA facilities.

Much has been done since the first meeting in 2002. This seems to be a very positive relation for the VA and for Smith College School for Social Work, and could lead to many exciting co-operative programs in the future.

HEY VA! HAVE YOU HEARD? August 9, 2005

Helping returning combat veterans adjust to civilian life is a priority for the VA San Diego Healthcare System. So, when VA records indicated that several hundred veterans of Operations Iraqi and Enduring Freedom were attending college in San Diego, Michael Kilmer, M.S.W., a combat veteran case manager and counselor, began weekly support sessions for these veterans earlier this year. It is the only known combat veteran student support group conducted by VA. At the Mission Valley VA clinic, the student veterans discuss their conflicts, hardships and emotional stress in coping in a college setting after combat. Many of these battle-tested veterans feel they cannot connect with a young, less-experienced student body. The fast pace and stress of their military lives contrasts sharply with the college life of study and lectures. Kilmer's sessions allow them to talk among themselves and develop coping strategies as they transition into civilian life.

AWARDS



Jill Manske was selected as the **2005 Social Worker of the Year by the National Association of Social Workers (NASW)** in recognition of her outstanding contributions to the profession of Social Work. Jill received an engraved crystal award at a ceremony in Washington, D.C. on August 6, 2005 in conjunction with the NASW Board of Delegates meeting. A video highlighting Jill's accomplishments as Director of Social Work for VHA was shown to the audience and will soon be available for viewing on the NASW web page (www.naswdc.org). In her acceptance speech, Jill showcased VA Social Work and the cutting edge programs and services provided by VA social workers.

Bedford VA Social Workers were honored by the Community Health Education Center (CHEC), the Boston Public Health Commission and the Massachusetts Department of Public Health at their Annual Award Ceremony on June 16th at the Andover Country Club.

- **David Gaeta**, LICSW a social worker assigned to the Bedford VA HCHV program received the **Outstanding Outreach Educator Award** for *"his outstanding outreach services to homeless veterans. This includes education of VA and Non VA programs and benefits, as well as connecting and advocating for necessary services. With a positive attitude, kind manner and extensive knowledge, he consistently establishes positive rapport with a hard to reach population."*
- **Shara Puglisi**, LICSW, HCHV/VASH Program Manager, and Bedford VAH Coordinator for Services to Homeless Veterans received the **Fernando Miranda Award for Leadership in Outreach Education**. This is a new annual award in honor of Fernando Miranda. "The qualities/characteristics of Fernando Miranda generated by CHEC advisory board are as follows: *community diplomat able to get people or groups together and agree on things, able to reach out to everyone and make feel important, serenity, calmness, community oriented, inclusive, mentor, organizer, meticulous, dedicated, independent and love of community and social service work.*"

Central Texas Health Care System awarded two Social Workers with the Directors Golden Star award for customer service on August 2, 2005. The [Golden Star Award](#) was established to allow patients and employees to identify staff who they feel are providing outstanding customer service, and to provide employees with positive recognition for providing patients with exceptional, outstanding service that goes well beyond the usual performance of duties expected on a routine basis.



Vickie Carter, LCSW Primary Care, Bruce Gordon Director, Loida Boatman, LMSW, NCHU Waco-ICF

PROMOTIONS

- **Karen Neuman**, the new Chief of Social Work at Ann Arbor, is now in her new job. Karen comes to VA from the world of academia, as a faculty member at the Virginia Commonwealth University School of Social Work.
- **Lisa McGuire** has been selected as the new Social Work Executive at the Tomah VA Medical Center. Lisa began her new duties on October 31st.
- **Ruth Strodel** has been selected as the new SW Executive at Syracuse.
- **Rebecca Testa** has been selected as the new Social Work Executive at the Lebanon VA Medical Center. Lisa had been serving as a staff social worker at Lebanon.
- **Janice Williams** was chosen as the SW Executive at Charleston, effective August 1st.



RECOGNITIONS

Learn more about being a Roving Reporter – see the “Announcement” section of this newsletter

Roving Reporter

Social workers attending the conference were: Sheldon Schelling, West Texas VA HCS; Henrietta Fishman, Bronx VAMC; Julie Irwin New York Harbor HCS; Jessica Blue-Howells, GLAHS – West LA Campus; Lucia Freedman, VACO 116; Luigi Martine, Little Rock VAMC; George Sutton, VA HCC El Paso TX; Vince Kane, Wilmington VAMC; Sandra Wunschel, Health System Specialist

Best Practices in the Mental Healthcare Systems Conference

Submitted by: Sandra Wunschel, LICSW, VISN 1
Synergy Roving Reporter

The Best Practice Conference was held in Mesa, Arizona on September 8 and 9. It was preceded by a meeting of VISN MH Leadership entitled “Critical Issues Facing Mental health VISN Leadership” on September 7th. Social Work was well represented at both of these meetings. The “Critical Issues” meeting included several social workers that are assigned to VISN MH Service Line Offices as key participants. This initial one-day meeting was an opportunity for VISN MH Leaders to discuss current challenges and to dialogue with VACO staff members from the MH Strategic Healthcare Group. New enhancement funding for VHA Mental Health and the impact of that new funding was a main topic of discussion for the Mental Health VISN leaders from across the country.


The “Best Practices” conference began on the morning of September 8th with a warm welcome from Patricia McKlem, the VISN 18 Network Director. Our host for the 2005 conference was Dr. Cynthia Rivera, MH Director for VISN 18. Fran Murphy attended the conference and gave the keynote address titled “Mental Health Transformation: Past, Present and Future” which highlighted the major aspects of the VHA Mental Health Strategic Plan. There were many plenary sessions on a wide variety of topics of interest to MH leaders that were selected for presentation by the planning committee. Also in attendance were representatives from the National Alliance for the Mentally Ill (NAMI) and representatives from state departments of Mental Health that speaks to our continued and increasing collaboration with both of these groups!


Two VISN 3 Social Workers (Henrietta Fishman, LCSW, DCSW and Julie Irwin, LCSW) presented a talk titled


“Meeting Mental Health Strategic Plan Goals: A Model for Delivering Services to Homeless Veterans in VISN 3”, which described their best practice in developing an integrated system to provide these services, with close linkages to local community and state resources.

The conference also included a poster session at the end of day one. Sandra Wunschel, LICSW (VISN 1) and Mary Schohn, PhD (VISN 2) partnered to present a poster describing the best practices shared monthly on the MH Advanced Clinic Access Workgroup call. This national workgroup meets on the third Tuesday of every month via the VA National Teleconferencing System (VANTS) and discusses the continued implementation of ACA principles in Mental Health clinics and programs.

The final day of the conference focused on “emerging” Best Practices, including how to integrate tobacco cessation treatment into MH care, improving treatment effectiveness in war-related PTSD, and risk reduction approaches with substance abuse treatment. As usual, the conference accomplished the goal of continued sharing and spread of MH Best Practices throughout VHA and lead to some wonderful networking opportunities for those who in attendance.

 **Betty Douglas**, social worker for the blind rehabilitation program at Hines VA Hospital in Chicago, has been asked to chair a VACO committee to develop Best Practice Patterns/Clinical Standards for Social Work services delivered in VHA Blind Rehabilitation Centers. Previously, Betty chaired another work group that surveyed Blind Rehabilitation Centers to gather information on Social Work services. The new committee will use that data.

 **Lena Richardson**, Social Work Executive and Service Line Manager for Extended Care and Rehabilitation at the Augusta VAMC were accepted for a poster session’s presentation at the November annual meeting of the Association of Military Surgeons of the U.S. (AMSUS). Lena’s poster is entitled, “*Building Trust with OIF/OEF Combat Veterans and Linking Them to the Appropriate VA/Community Care Partner*”. This is the first time that a VA social worker has presented a poster session at AMSUS.

 **Ivy Bryant, Ed Klama, Robert Smith and Phil Elbaum**, social workers and supervisory social workers at the Hines VA Hospital in Chicago, presented a workshop titled, “Assessment, Dynamics and Treatment of Iraqi and Afghanistan Veterans” on September 21st at the NASW Illinois Chapter’s 5th State Conference. The workshop covered diagnosis and treatment of PTSD, an overview of war trauma, the unique problems faced by veterans of Operations Iraqi Freedom and Enduring Freedom, the issues of deployed members of the National Guard and Reserve, the impact on families, and case studies.



SOCIAL WORKERS IN THE NEWS

- Larry Chatman**, Director of the Homeless Program and **Edwina Luker**, Social Work Chief, Oklahoma City VAMC co-chaired this year's Sooner Stand Down 2005. They have been doing an annual Stand Down since 1999 but this was Larry's first year as co-chair. The Stand Down takes place at the Oklahoma National Guard Armory near the VA. The medical center sends health care and there are many outside organizations that also participate. This year Amanda Carter and her film crew from EES chose Oklahoma to film a segment of National Veteran. She interviewed Ms. Luker and Darlene McClure from the Homeless Program and then went out and rode with one of the drivers as they picked up folks from shelters and around the city. They picked a veteran to follow through the Stand Down and filmed that process. Look for this successful stand down thru the EES segment this fall.
- Northampton VA – Pittsfield CBOC**: Deputy Secretary Gordon Mansfield, who had been in the local area recognizing a one year anniversary of the local shelter, United Veterans of America, was able to take some time out to come to the Pittsfield CBOC to meet and talk with veterans. The visit was enjoyed by all.



From L-R pictured around Mr. Mansfield are: Jacqueline Kuchyak, FACHE Director Northampton VAMC; Jennifer Summers, LICSW, Admin. Coord CBOC; back row - Jim Pruner, Voc Rehab; Eva Sparks, RNC; Dana Weaver, Ph.D. Outpt. Prog. Dir; front row Peg Stewart, LPN; Bonnie Cook, Medical Clerk; Mary Rodowicz, PR Manager

Congratulations to everyone

Book Review

A Vietnam Trilogy:

Veterans and Post Traumatic Stress: 1968, 1989, 2000
By Raymond Monsour Scurfield
New York: Algora Publishing, 2004

Submitted by: Rocco Bagala, Puget Sound Health System, Seattle VAMC

Raymond Scurfield was a social worker for the VA. He had been the Director of the PTSD program at American Lake in Tacoma as well as in Hawaii.

Book review by Mary Beth Williams, Ph.D., LCSW. Trauma Recovery, Education & Counseling Center, 9 N. Third Street, #14, Warrenton, VA 20186. Tel: 540.341-7339. Submitted to the newsletters of the Association of Traumatic Stress Specialists and to the International Society for Traumatic Stress Studies. March, 2005. Due to the length of this review, it is not printed in its entirety.

Raymond Scurfield is a pioneer in the field of post-traumatic stress. As he relates his own personal story of his rites of passage from in-country social worker to veteran advocate to early contributor and leader of vet group therapy and clinical operations of vet centers, to social work professor, he speaks for and describes the plights and travails of many veterans, both those in the front lines, in hospitals and field medical units, and in the rear echelons.

For any practitioner, family member, significant other or friend dealing with Vietnam veterans and veterans of more recent wars, and the veterans' conflicts, strengths, and courage in facing ghosts, traumas, terrors which continue to haunt them, this book is a must read. These men and women continue to struggle to ask for and receive services.

...Again, according to Scurfield, "... war harms those who participate in it," both in the immediate and long run, through inadequate service provision, inadequate numbers of trained personnel, and through a "continuing collusion of silence and sanitization." As new traumatized veterans return home from the latest wars in Iraq and Afghanistan, perhaps those circumstances and conditions will change. Scurfield's personal story, entwined with descriptions of veterans' symptoms and historical reflection on the development of the PTSD diagnosis and treatment programming, illustrates a variety of lessons learned from Vietnam which can be applied to the more recent wars as well.....

.....As the Vietnam veteran began to demand help through non-violent and sometimes violent means, Scurfield simultaneously was beginning his quest to advocate for a national policy of routine assessment of veterans' military histories to determine any potential role of war experiences in subsequent diagnoses. In this volume, Scurfield concisely describes the travails of knowledgeable persons (some veterans) as they seek to develop VA hospital and vet center programs within

the rubric of the 1980 DSM-III definition of PTSD. Scurfield also describes PTSD symptoms that continue to be missing from this definition and the more recent accepted definitions of PTSD including fear of loss of control, alteration in connectedness, preoccupation with blame, loss of faith, grief, rage, and terror....

....How do Vietnam veterans heal from their horrific experiences? What traditional and novel approaches help? Scurfield devotes the second part of his book to one of them, leading a group of veterans back to Vietnam. He also describes others: focus therapy groups, visits to The Wall and other memorials, participation in native American healing rituals including the sweat lodge and intertribal dances, and helicopter rides.....

....Scurfield's book and the insights it provides into the impact of war on veterans looks to the present and future as well as to the past of the Vietnam veteran. It speaks to the pathos and healing facing the veterans of our present wars. Anyone who deals with these veterans will find guidance from this and Scurfield's forthcoming book "From Vietnam to 9/11 to Iraq: War, Veterans and Post Traumatic Stress." To conclude this review on a more personal note, both as a therapist and as the partner of a Marine stationed in the Da Nang area in 1968-69, I was moved to tears on several occasions as I read "A Vietnam Trilogy." I was traveling by plane from the wilds of Southern Colorado and had a hard time putting the book down. The style of this book makes it an "easy read," as it is written for everyone and the messages it gives make it compelling to keep on reading; My thanks to Ray Scurfield for all he has done.

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.

Need an idea for an article:

- Geriatrics & Extended Care
- Nursing Home Care
- TeleHealth
- Palliative Care
- Mental Health
- Primary Care Social Work
- Hospice
- Women Veterans
- ACA – Advanced Clinic Access
- PTSD

Jennifer.Summers@med.va.gov - Editor

Erica.Taylor@med.va.gov – Assistant Editor

SPECIAL EDITION OF SYNERGY ON SOCIAL WORKERS AT WORK WITH HURRICANE KATRINA AND RITA EFFORTS - If you have an experience you'd like to share, please send these to Jennifer Summers by December 12, 2005.

Also look for another upcoming **SPECIAL EDITION OF SYNERGY** on OIF/OEF, updates, new programs, helpful websites, review of the Military Facts booklet and an article, "Treating the Wounded Mind", featuring several of our own VA social workers, which was published in their local paper. Deadline for articles for this edition will be December 31, 2005.

IN OUR NEXT EDITION: February/March Synergy will tell you more about how to apply for membership on one of the SW National Committees. We'll also finish our two part series on the committee projects/goals of the SW Education, Public Relation and the Staffing and Clinical Practice (formerly Resource Planning & Utilization) Committees. Deadline for this edition will be February 3, 2006.

DEADLINES article submission for future SYNERGY's:

April 7, 2006
July 7, 2006
October 7, 2006

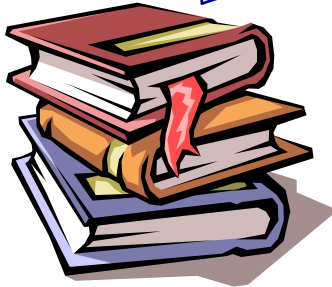
We're on the Web!

Visit us at:

Intranet: vaww.va.gov/socialwork

Internet: www.va.gov/socialwork

Learning Opportunities



COMING TO YOUR COMPUTER SOON:

THE SOCIAL WORK COLLAGE PAGE.

Just a click away you will find all the latest news about VHA Social Work including Synergy, an extensive file of up-to-date documents, best practices, training opportunities, communities of practice and much, much more. Look for a **NEWS FLASH** coming soon.

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.

Please e-mail Kristin.Day@med.va.gov to identify what you would like to include in the calls. Feel free to include best practices too. Let everyone benefit from your initiatives!

FY06 schedule

11/11/05 (this is a holiday, no call)

11/18/05 1:00 EST - new Medicare drug benefit (Medicare Part D). access code **11573**

12/9 1:00 EST

1/14 1:00 EST

2/11 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 (access code is 11573 for 11/18 call.)** This will be the access code for all future calls. Please make calls as a group as there are only a limited amount of lines.

Data Bytes



Identity Crisis Solved!!

The VHA Social Work Information Management Committee has a new identity. We are now called the VHA Social Work Data Management Committee. Starting October 19th, the Data Management Committee will host 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 Carroll.McShane@med.va.gov. We look forward to hearing from you.



Announcements



Web Links



WEB SITES

If you have some great web sites and you'd like to share them with our readers, please send the e-mail address and a short narrative about the website to:

Jennifer.Summers@med.va.gov or
Erica.Taylor@med.va.gov

- Social Work Community of Practice.
<http://vaww.webboard.med.va.gov:8040/wb/default.asp?boardid=24>

- VHA Handbook 1172 POLYTRAUMA REHABILITATION PROCEDURES
Internet <http://www1.va.gov/vhapublications/>
Intranet <http://vaww1.va.gov/vhapublications/>

- Laural Opalinski in VISN 22, and some of her IT staff have worked very hard on developing this wonderful searchable caregiver database that contains the key national organizations/services available to assist caregivers. If you're interested in targeting very specific resources, such as those pertaining to cancer, you can just type that word in the Keyword box, and it very quickly refines your search.

<http://10.1g1.1.92/v22caregiverRD/list.cfm>

The eventual home will be the VISN 22 Caregiver Support page at: http://vaww1.va.gov/V22_CCHT/page.cfm?pg=22

- VA's Internet web address for the Health Eligibility Center has changed.
From: <http://www.va.gov/elig/>
To: <http://www.va.gov/healtheligibility>

- Medicare Reimbursement
Scroll down this page and there's a link to rates
<http://www.cms.hhs.gov/medicaid/services/hospice.asp>
This site has loads of info
<http://www.cms.hhs.gov/providers/hospiceps/>
Here's the comparable home health page
<http://www.cms.hhs.gov/providers/hha/>

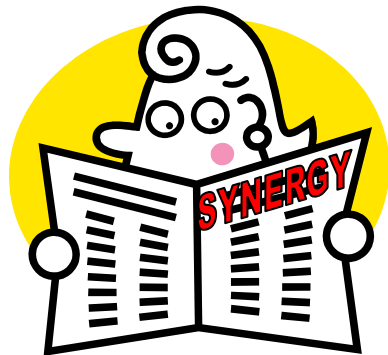
Roving Reporters

Synergy is looking for social workers who would like to work on some time-limited articles/projects. We'll be sending out more information through the Social Work managers group in the next couple of weeks. However the criteria are fairly straight forward with:

- 1- Your interest
- 2- Your supervisors approval
- 3- Social Work Chief /Exec approval

These articles/projects are not expected to be time consuming, and you'll have an idea of the time involved before you say yes.

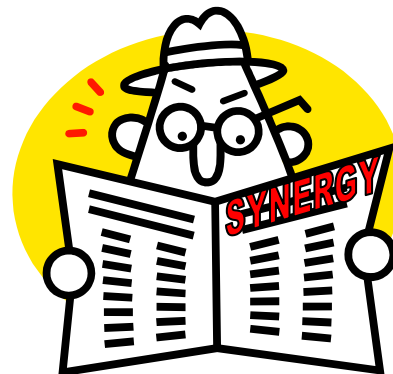
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