



SYNERGY

October 2006
Volume 10 - Number 15

THE NATIONAL VA SOCIAL WORK NEWSLETTER

A JOURNEY OF CHANGE – A CASE STUDY OF A RECONSTRUCTED SOCIAL WORK SERVICE

Social Work Leadership

VA Social Worker

Success Story Project

The National Social Work Leadership Council and the National Social Work Public Relations Committee are continuing with their social work leadership project. To read the full story on these leaders, link to the attachment with this newsletter. (If you are not able to open the attachments you may need to update your adobe reader or send an e-mail to [VHA SW Synergy Editors](mailto:VHA_SW_Synergy_Editors), and we'll send you a copy of the attachments)The Leadership Success Story Project has been such a "success" that Synergy will be running a Special Edition in January 2007 on Leadership and Succession Planning. There will be many more social work leaders featured as well as articles on leadership programs and opportunity for social workers in the VA.

Mr. Luigi Martone Deputy Manager, Mental Health Product Line South Central VA Health Care Network (VISN16)



*By: Pamela Wright, LCSW,
Canandaigua VAMC
Chair Elect, National SW Public Relations Committee*

Luigi Martone's social work career was jump started after a prominent social work chief trained him to understand all of the functions of social work in the VA system. His subsequent leadership journey led him to his current position as Deputy Manager for the Mental Health Product Line at the South Central VA Health Care Network. Martone said, "Jim Sullivan was one of the great VA social work leaders in the 80's and he was very well known in the system." Martone remembered that Jim believed all social workers should work in a variety of programs so they would be well versed in the many duties that social workers perform in the VA system. This rotation of social work assignments provided Martone with a wide variety of experiences and training that he has carried with him along his path to senior leadership.

Martone did not deliberately seek a career outside of social work. But when the position of manager of a new Domiciliary Program opened, he decided to apply. Martone said, "The position was initially under the umbrella of Social Work Service. But once the Domiciliary was fully operational, it became an independent service. As a result, I became the chief of a bed service at a large VA medical center." Martone quickly discovered that people reacted differently to him as an authority figure. Early on in his leadership career, he recalled how a difficult experience helped him appreciate how having authority over staff can impact lives. (see attachment for complete story)

Michael Moreland Director, VA Pittsburgh Healthcare System



*By: Pamela Wright, LCSW,
Canandaigua VAMC
Chair Elect, National SW Public Relations Committee*

Since the beginning of his career as a social worker, Michael Moreland was very interested in clinical outcomes for the veterans he served. It was clear to him that those in senior leadership positions were making the important decisions concerning clinical programs. Moreland said, "Considering my desire to improve clinical outcomes, I thought it would be best served for me to pursue a leadership role." But he feels that he really never left his social work roots. He successfully followed this path to become a leader in social work and then as a medical center director.

What's Inside

Social Work Leadership:	
VA Social Work Success Story Project	2
A Journey of Change	3
USSW Conference in Review	9
Awards, Promotions, Recognitions, ,In the News	10
Social Work Associated Health Trainee Program	12
Interns Survive and Thrive	12
National Social Work Committee Updates	13
Social Work Intern Projects – Summary List	
Announcements and Web Sites	15

Moreland cited many VA leaders who helped shape his leadership skills and style over the years. These mentors include Gretchen Buren, former Chief of Social Work at Minneapolis and his SWALT preceptor; Jimmy Moore, Chief of Social Work at Salem, Virginia; Fred Malphers, Director at Gainesville, Florida and his Associate Director Training Mentor; and Dennis Lewis, VISN 20 Director. Moreland added that the VA is unique when it comes to providing such an array of mentors and programs for employees to pursue leadership careers. In addition to learning from mentors, Moreland stated that he believes in taking a class or workshop every year outside the VA to explore other healthcare approaches. Moreland believes his clinical background was very helpful in formulating innovative changes in the way healthcare and programs are implemented in the VA. He is able to understand first hand the impact of staff and facilities on the veterans and their care. This year he made a bold move based on CARES. (see attachment for complete story)

Robert M. Malone Jr.

Director, Tuscaloosa VAMC

By: Pamela Wright, LCSW,
Canandaigua VAMC
Chair Elect, National SW Public
Relations Committee



Motivation, perseverance and hard work paved the way for Robert Malone, Jr. to transition from staff social worker at the Tuscaloosa VA Medical Center at the start of his VA career to Tuscaloosa's newest Director several years later. Malone spoke of his passion for the field of social work, but shared that there were many challenges and struggles in pursuing progressive leadership roles in social work.

Malone felt the desire to lead, and began pursuing leadership outside of social work with an application to the Medical Administration Officer Training Program. While training in this program, Malone said he learned about eligibility and rounded out his experience and expertise in administration, equipping him to move further along in the VA system. Malone said he has been a life-long learner, taking numerous college courses over the years and learning from a number of mentors throughout his career, all of who have fine-tuned his leadership style. Malone said, "If I had kept moving up the social work management chain, I probably would have retired a social work chief instead of becoming a Director." Malone went on to say he is able to make decisions for the betterment of not only veterans but also the organization. (see attachment for complete story)



John Barilich

Acting Network Director,
VA Healthcare System of
Ohio

By: Jonathan Pollack, LCSW,
MPA, Albany VAMC, National SW
Public Relations Committee



John Barilich, Network Director of the VA Healthcare System of Ohio, feels strongly that "social workers need to be willing to take a chance." He emphasizes that social workers often hold themselves back because "they don't feel that they can make a change in a non-social work role." However, Barilich's career offers proof that just the opposite is true!

After receiving his Bachelor's Degree from Notre Dame University in 1971, Barilich joined the Peace Corps. He then returned to school and obtained a Master's Degree in Social Work from the University of Indiana in 1974. Barilich began his VA career in 1975 at the North Chicago VA where he was a psychiatric social worker for seven years. Barilich then moved on to the Danville, Illinois VA as a medical social worker. By this time, Barilich began to see things that he wanted to change. He became a social work supervisor at the Indianapolis VA and completed the SWALT program. Shortly thereafter, Barilich became Assistant Chief of Social Work at the Dallas VA and then became Chief of Social Work Services at the Pittsburgh VA.

At that time, Barilich decided to "step outside of the box" and earned his MBA from the University of Pittsburgh in 1999. Barilich states, "I had the insight to see that there were many opportunities to change the system, but that many of these changes would occur only if I were in a different role. My reasons for stepping outside of traditional social work roles were to attempt to effect change." Shortly thereafter, Barilich was asked to be Acting Associate Director of the Pittsburgh VA. Barilich was particularly proud of his selection as VA Social Worker of the Year in 2001 because he was nominated by social workers and non-social workers alike when he was in a non-traditional social work position.

In May, 2006 Barilich became Acting Network Director of the VA Healthcare System of Ohio. Even though Barilich admits that he initially felt unprepared to accept such a challenging position, he was willing to try. "Opportunity should never be turned down" claims Barilich. (see attachment for complete story)

Look for our Next Special Edition, January 2006 on **LEADERSHIP AND SUCCESSION PLANNING**. We'll have many more leadership stories, plus articles on the new mentorship program, other opportunities for leadership training, as well as ideas on ways that you can become more involved in your social work future.

Journey of Change and Back

A Case Study of a Reconstituted Social Work Service

By Jaime Alvelo, DSW; Jerika Garcia, MSW; and David Rosario, MS

Acknowledgement: The authors all work at the San Juan VA Medical Center. We acknowledge the support from the VA in providing the resources and time to carry out these studies. We are grateful to the R&D committee and the Union for authorizing the surveys. We thank our Chief of Staff who provided the management perspective. We also wish to thank the following San Juan social work staff that in one way or the other made this happened: Edna Tizol, MSW; Fortunato Rosado, MSW; Luz Enid Del Valle, MSW; Sonia Adrover, MSW, Liduvina Pereira, MSW; and Krimhilda Lopez, MSW. San Juan, Puerto, June, 2006.

Robert Roswell outlined the principles of Primary Care within the VA at the Social Work Chiefs Conference in San Diego California on September 18, 1995. His presentation described the goals of the Clinton administration and Kenneth Keizer's Vision for Change that would transform the VA into a cost efficient quality health care organization. . Two years later, "The Journey of Change" (1997) was the strategic plan distributed among VA hospitals and VISNS to implement the Vision and Prescription for Change. As a result of this strategic plan, the structure of the VA would be radically changed with decentralized governance distributed in 22 VISN's with no services at VACO; local medical facilities giving emphasis to product lines and ambulatory preventive care. Caught in this whirlwind of change, social work managers had strong concerns about maintaining a social work presence at corporate headquarters; the role of social work administrators, and about the survival of the social work service structure in the years to follow.

Social work managers in the National Committees carried out several surveys to assess how the Journey of Change was impacting social work departments. Gockel, Alvelo, and Farris (2001) confirmed that managers surveyed indicated gradual dismantling of social work departments from

- 33 percent in 1996,
- 41 percent in 1997,
- 71 percent in 1999, and only 22 percent expected to remain intact.

In addition, social work chief positions were gradually eliminated.

- 17 percent in 1996,
- 32 percent in 1997,
- and 57 percent in 1999 with an additional 8 percent also anticipating elimination.

The decentralization of the VA administration led to the elimination of social work chief positions and the dismantling of social work services.

The purpose of this study is to present a case study of four disciplines (social work, psychiatry, psychology, and chaplains) going into a merged Mental Health Service, and then deciding to reconstitute themselves as independent services again. The merged services professional staff was surveyed on two occasions to ascertain their perception and satisfaction with the new service structure: one was a master's thesis project, and the other was by the administrative staff of the merged services. In the second survey, perceptions were broken down by discipline and the social work position distinguished from the rest of the disciplines. In addition, qualitative data was extracted from two sources: a social work staff position paper advocating for an independent service and in person interview with the Chief of Staff in charge of the merged services.

Conceptual Framework

Service delivery and management variables were conceptualized applying theoretical framework dimensions from: decision-making theory; organizational behavior; communication concepts; total quality management (strategic planning, teams, & reengineering). In addition, the study considered the impact of merged services on the treatment process, training opportunities, professional identity, quality of care, and productivity.

Total Quality Management (TQM) & Reengineering principles of management were the main driving force behind the efforts to maximize the quality of services to veterans receiving medical care by the Veterans Administration. Weinbach (1998) states that much of the theoretical underpinnings of TQM were attributed to the 14 principles that W.E. Deming designed for the business and manufacturing sector. TQM in order to function requires total organizational commitment from the top down; has a holistic perspective that focuses on processes; it has elements of participatory management; dynamic, and relies on accurate data for decision making. Reengineering principles, on the other hand, are used to review organizational processes to make them more effective by challenging their traditional philosophy and systems; it re-structures the organization in order to mobilize its capital and human resources to make it more competitive and enhance its contribution to society ((Hussain, 1997). Thus, in the VA, the merging of services was conceived as one of

"Here the wound, the gap, is both entrance and egress. Though we move through the cycle, we do not return to where we first departed, but to a new place of openness and potential. At the end of the story, the person who arrives at the destination is not the same one who began the journey."

Marc Ian Barasch (1994)

the strategies towards providing a more effective holistic health care delivery system.

Impact of Service Line Organization

Prior studies reviewed the impact of the VA Journey of Change service line organization on health care outcomes indicated contradictory or mixed performance results. Greenberg et al (2003) found significant short-term improvement in patient level variables of continuity of care and hospital readmission but less so with institutional measures and maintaining proportionate funding of mental health services. On the other hand, Byrne et al (2004) found no difference between facilities that had implemented services lines to those that had not in 9 primary care and 5 utilization measures. The Byrne study reported short term negative effects on performance measures in facilities that had recently implemented service lines but service lines of longer duration were neither associated with better change. None of these studies focused on employee satisfaction or perception over the impact of service lines on service variables.

Research Questions

The staff surveys were aimed at answering the following questions:

- ✚ To what extent did staff participate in the process of service integration?
- ✚ How did staff perceive teamwork and decision making in the integrated services?
- ✚ How did staff perceive staff empowerment and communication in the integrated service structure?
- ✚ How satisfied was staff with the integrated service structure?

The authors also wanted to know the top executive's perception of the process that led to reconstituting the services and asked:

- ✚ What were the main factors leading to the decision of reconstituting social work, psychology, and psychiatry services?
- ✚ Were there any differences in how the different disciplines approached the re-structuring of mental health services?
- ✚ From an administrative perspective, what needed to be in place before services were reconstituted?
- ✚ Was there any resistance to the proposed re-structuring by other members of the hospital administration?
- ✚ What advantages can be foreseen in the delivery of services in the reconstituted services?

Methodology

The data used for this study was obtained using a combination of quantitative and qualitative designs. The quantitative design consisted of information obtained through two surveys at two times of professional staff in the mental health care line. The qualitative material was obtained by extracting information from a social staff presentation to hospital management and in person-interview with a hospital top-executive.

The first survey was collected as part of a master thesis project of a social work trainee who at the time was doing her field placement at the San Juan VA. The thesis was approved the University of Puerto Rico Institutional Review Board and was directed by a member of the faculty in the policy track who in her career had been the Secretary of the Department of Social Services in Puerto Rico. The study proposal was approved by the San Juan VA R&D Committee, and endorsed by the employee union. The ACOS for Mental Health, the Social Work Executive and the San Juan VA Social Work Researcher was the Principal Investigator as required by VA regulations. Participation was voluntary, informed consent obtained and subjects were guaranteed anonymity. The data collection form was distributed to 104 subjects consisting of mental health staff of social workers (40), psychiatrists (21), psychologists (5), nurses (37), addiction therapists (4), occupational therapists (3), recreational therapists (3), psychology technicians (3), vocational rehabilitation therapists (2), and chaplains (2) out of a total of 120 (16 subjects were either on leave or not available when the survey instrument was distributed) during January & February of 2003. A total of 79 responded for a return rate of 76%.

The second survey was carried out by the Mental Health Service Advisory Board at San Juan as an independent effort to gather professional staff perceptions of merged services during February of 2005. The prior survey was used as a guide and adapted to create the data collection instrument. The intended population was expanded to include other allied health clinical staff (dietitians and pharmacists) in addition to social workers, psychiatrists, psychologists, nurses, occupational therapists, recreation therapists, chaplains, and non-clinical staff. A total of 96 subjects responded to the survey. Care line coordinators distributed the questionnaire among their staff. The response rate was estimated at 52.7% (N=182). This response rate was not comparable to the thesis survey as additional staff was used to estimate the population.

Social work, the discipline with the largest number of professionals in the mental health care line, organized itself to meet and to present a united position to hospital top administration regarding the structured, organization and function of the merged services. To this effect, the social workers selected a working group or steering committee to prepare a formal written presentation. This sub-group of social workers, reviewed the literature, discussed the thesis study findings, met to discuss the issues with all of workers present at their monthly meeting, and prepared a position paper. The group requested a meeting with the top administrator in January 2005 and presented their position in May 2005. Thirty-nine social workers attended this meeting. Information from this report was used as qualitative data for this paper.

Finally an in-person interview was conducted with the San Juan VA Administrator under whom the mental

health care line was organized to explore the reasons that led to the decision to re-constitute the merged services. The goal of this interview was to complement and closed ended questions in a self-administered questionnaire. The student survey questionnaire had 9 sections as follows: the process of service integration; teamwork; decision making; staff participation in decision making; communication; empowerment; personal satisfaction; demographics; and a section with 4 open-ended questions. The second survey covered the following dimensions: governance; team work; overall communication; teamwork and delivery of services (case discussion; assessment, treatment, evaluation); decision making; merging of services and its impact on communication; training opportunities; impact on professional identity; impact of merging and quality of services; and productivity.

the data obtained from the allied clinical staff with the perception of top administration. The research instruments for the surveys were a combination of open The data analysis of the survey data was descriptive using SPSSPC software. Frequency and percentage distributions were obtained for all close-ended questions. Percentage, mean, median and mode were obtained for the demographic information. The second survey analysis was broken down by discipline. The data was organized into tables with two sets of five categories of Likert type responses to items. In order to ascertain favorable or unfavorable ratings the middle category of "Same" and "Neutral" was omitted and the extreme categories combined (e.g. Not at all and Little vs. Somewhat and Very Much). Open ended questioned were content analyzed to create response categories and identify content themes.

Results

Demographic information of the study sample was obtained for 2005 staff survey only. This information was not available for the 2003 thesis primarily because it was omitted by respondents. Study subjects on the average were 47.7 years old and with 16 years of professional work experience in the 2005 study sample (n=96). Of these 23% indicated that they were veterans. Participants broken down by discipline were (n=74): 28.4% were social workers; 24.3% were from psychiatry; 20.3% were from nursing, 13.5% were from psychology, 13.5% were from other disciplines, and 23% (n=22) of all participants did not answer this question. The majority of respondents or 70.6% (n=85) were in direct patient care exclusively, 23.5% indicated that they were in both direct patient care and administration, 5.6% was exclusively in administrative duties, and 11.5 % (11 subjects) did not respond to this question.

Did the integration of services?	Table 1: 2003 Survey				
	Not at All	Little	Same	Somewhat	Very Much
Strengthened teamwork?	35.0	18.0	26.0	12.0	9.0
Increased collaboration between professional groups?	39.0	20.0	12.0	18.0	11.0
Increased flow of Information?	34.3	19.4	13.4	22.4	10.4
The quality of MH services to veterans has improved	30.0	26.0	21.0	14.0	9.0
Decision making improved access to MH services?	31.0	22.0	15.0	21.0	10.0
Increased effectiveness of communication?	37.5	22.4	20.9	11.9	7.5
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Increased job autonomy?	9.0	13.0	29.0	30.0	19.0
Preserved professional identity?	16.0	18.0	35.0	22.0	9.0
I feel satisfied with the integration of MH services	36.2	34.8	7.2	17.4	4.3
I feel satisfied with the decision making process	27.5	40.6	14.5	13.0	4.3
Administrative support to staff has improved?	39.7	26.5	14.7	16.2	2.9
Timeliness of services has improved	28.4	22.4	26.9	16.4	6.0

The data of the 2003 survey gave the merged services an overall unfavorable evaluation with over 50% of employees indicating that it had failed to strengthen team work, did not improve communication, did not improve the decision making process, did not improve delivery of services, and did not provide for employee satisfaction. The areas with the most negative evaluation were feeling satisfaction with the integrated services with 71% indicating that they either disagree or strongly disagree that they were satisfied with the integration of the services; 68.1% negatively evaluated the decision making process, and another 66.2% indicated that they were unsatisfied with the administrative support to staff. The area that did get a positive evaluation was employee empowerment with the majority indicating that they felt that professional autonomy (49%) had increased. The issue of preserving professional identity was balanced with almost equal percent of employees indicating that it had improved (31%), did not improve (34%) or stayed the same (35%).

The data compiled also indicated that 77.3% of staff had little participation in establishing the mission vision, and administrative structure of the integrated service. Also 60.9% of respondents indicated little participation in discussing the service integration process. In addition, only 28% indicated that the integration of services had contributed to creating a holistic perspective in the provision of care to veterans.

Table 2: 2005 Survey					
Did the integration of services?	Not at All	Little	Same	Somewhat	Very Much
Strengthened teamwork?	26.1	11.4	12.5	23.9	26.1
Increased collaboration between professional groups?	20.2	16.9	11.2	25.8	25.8
Increased flow of Information?	23.3	13.3	12.2	23.3	27.8
The quality of MH services to veterans has improved	18.0	15.7	19.1	31.5	15.7
Decision making improved access to MH services?	24.4	12.0	10.5	27.9	23.3
Increased effectiveness of communication?	24.7	18.0	14.6	24.7	18.0
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Increased job autonomy?	4.4	7.7	19.8	36.3	31.9
Preserved professional identity?	25.0	18.2	18.8	25.0	17.0
I feel satisfied with the integration of MH services	30.7	15.9	11.4	20.5	21.6
I feel satisfied with the decision making process	25.3	14.3	14.3	28.6	17.6
Administrative support to staff has improved?	31.8	14.8	21.6	19.3	12.5
Timeliness of services has improved	20.7	13.8	21.8	27.6	16.1

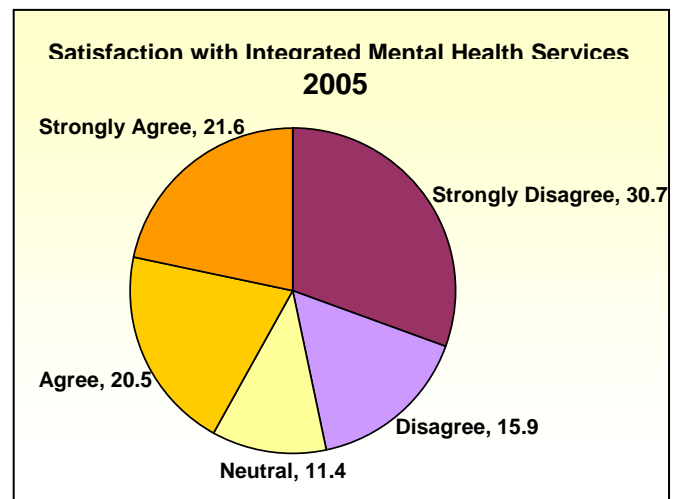
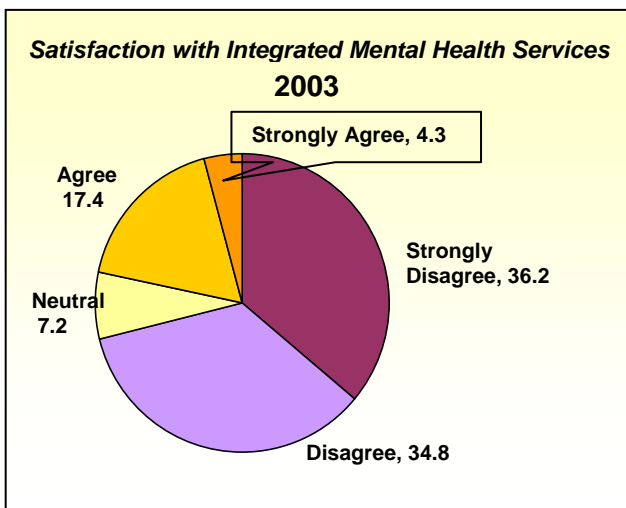
Two years later the perception of the staff that answered the survey changed to an overall more positive perspective with over 50% indicating a strengthening of team work, communication had an increase in the flow of information, an increase of access to mental health services due to an improved decision making process, and an increased in empowerment as 68.2 expressed a greater professional autonomy in decision making. Over 40% of the employees expressed a greater favorable evaluation in the areas the quality of service delivery (47.25); timeliness of service improved (43.7%), and a greater satisfaction with the decision making process (46.2%).

There were two areas in which perceptions were equally divided among respondents about the benefits of integration: communication effectiveness was seen equally unfavorable as favorable (42.7% each); and subjects were almost equally divided between those that argued that the integration of services has helped

preserved professional identity (42.0%) versus those that did not (43.2%).

As in the 2003 survey, the 2005 survey reflected that in general respondents were to a greater extent not satisfied with the integration of services (46.6% vs. 42.1%) or with the administrative support being provided to staff (46.6% vs. 31.8%). Data by discipline indicated that social workers expressed greater dissatisfaction on both measures than the others (analysis by discipline is not presented here due to space limitation).

The pie charts compared satisfaction on both the 2003 and the 2005 surveys. In both surveys the majority of staff indicated dissatisfaction with the integration of mental health services. Although we note that there was greater staff polarization on this issue in the 2005 survey.



Qualitative Data: social workers perspective

Social workers had signed a petition titled "Petition for Reinstatement of Social Work Service" and sent a memo to the Chief of Staff asking for a meeting in January 2005. The COS finally met with social work staff on May 23, 2005. Before the meeting, staff had met and prepared a position paper. It is from this position paper that the qualitative data was extracted.

The staff gave an overview of social work functions and how social work contributed to patient care. It quoted the study results of both the publication by Gockel, Alvelo & Farris (2001) and of the Carrion, C.D., Garcia, J.A. & Vazquez, K.M (2003) thesis project (the 2005 survey data was not yet available). Based on these studies and the overall experience of social work staff the following arguments were stated:

1. Social work was fragmented in the delivery of services. Social work was present in all clinical areas of the hospital and was not limited to providing mental health services.
2. Fragmentation was also observed in the established leadership, leading to a slower and more difficult process of decision-making. Social work had in the past a strong presence in hospital committees. This was no longer the case. Social workers as a group lost the strong professional leadership it once had in spite of having the largest professional group within the merged service (44).
3. Workload had increased for each and every social worker. There had not been a proportional increase in social work positions. It was felt that this had affected quality and the access to services provided to veterans. Providing less than the optimum level of care to veterans affected social workers personally and professionally. This created feelings of burnout and frustration.
4. There was an increase in administrative layers impacting on communication at all levels. Some workers were obliged to respond administratively to more than one supervisor. This created confusion and difficult situations.
5. A group of workers did not fit into the established care lines and were left out. This group felt isolated without a source of network support.
6. Operationally it has been difficult for social workers to understand why other professional disciplines were excluded from being administratively integrated into the merged services. Dietitians, nurses, recreational therapists, occupational therapists, and pharmacists were not incorporated.
7. Social workers had no evidence that the merging of services had a positive economic impact on our hospital. The group observed an increase in quantity and grade levels of coordinators and leaders but not an increase in social work clinical staff.
8. Finally, social workers wanted to emphasize that as a group, social work had a broader scope of practice than mental health. In clinical intervention with veterans and families social workers take into consideration the impact of environmental, social and extended family issues.

The group concluded with the request that Social Work be reconstituted as a service so that the structure of service would provide increased quality of care to veterans.

Qualitative Data: the administration's perspective

The Chief of Staff (COS) was interviewed after the decision to reconstitute Social Work Service had been done in April 2006. The goal of the interview was to ascertain the COS's perspective and rationale for the decision to revert to the original service structure. The questions were sent to the COS before the appointment, taping of the interview was authorized, and it was later summarized.

The COS recollection of events leading to the final decision coincided with the announcement of the retirement of the ACOS for Mental Health and the discussion with him and with the Mental Health Advisory Board of the implications of this transition. It was during this period that the COS received a memorandum from the social workers requesting a meeting to reconstitute Social Work Service and later another from psychologists concerned about their leadership after their professional leader had quit the position. In meeting with the staff, the COS perceived, particularly from social workers, strong expressions supported by data and articles, that staff morale was low due in great part to the way the service was organized.

The COS was concerned with how patient quality of care and employee productivity was being affected by lack of employee satisfaction. Although the COS strongly believed in the holistic approach to the provision of services provided in an integrated interdisciplinary team, the message received was that employees were not happy with the umbrella service.

A factor influencing the final decision was the Mental Health Advisory Board arguments that the holistic perspective and interdisciplinary approach had been reached at the team level and that would continue independently of the overarching service structure.

The message was conveyed to the Center Director who supported the COS decision to reconstitute the services. The Human Resource service developed position descriptions of the proposed services and requested revised organizational charts. Service chiefs would be accountable to the COS for assuring agile and quality veteran care. From the COS point of view, having a social work chief would allow workers to have a clearer sense of direction and of their leadership structure.

At the writing of this article, the positions for Chief of Psychiatry, Chief of Psychology, and Chief of Social Work had been filled.

Discussion

The data from the 2003 to 2005 study reflect a positive change for the San Juan mental health integrated service. The authors wonder if this reflected progress indicating a positive impact of the integration of services, if there were other environmental or client variables impacting services or whether it was a sampling artifact. The design cannot rule out other possible causal interpretations.

The first survey results had been presented to the ACOS for Mental Health and the Advisory Board in 2003 so that two years would have permitted implementing interventions to improve employee moral, communication, teamwork, and decision-making and staff empowerment. This is a tenable hypothesis that cannot be rejected.

It can be argued that the second survey that was carried out by the Mental Health Advisory Board (composed of the Care Line Coordinators, the Professional Leaders (including the Social Work Executive), the ACOS for Mental Health and his assistant) could have been biased. Anyone who has read the literature on program evaluation is aware that there are many threats to validity of study results of internal evaluations and many organizations hired external evaluators in an effort to get unbiased results. In addition, one may consider the impact that staff turnover could have had on the results:

- New employees did not have a comparative framework of things before and after integration of services;
- Dissatisfied staff may have left the agency or retired early;
- Some burnout staff may have been retired before the 2nd survey. This can only be speculated.

Nonetheless, in both surveys, there was consistency in the majority of staff reflecting lack satisfaction with the idea of having integrated services. This was the crux of the problem. Having 39 social workers preparing themselves to present to the hospital administration data indicating that the organization was not functioning as smoothly as it was perceived and to have the courage to write it up and say "this is not working", "we want to do a better job", "this structure is not helping", and "we are not happy about it" provided the rational for management to revert to the individual service structure.

The Journey of Change emphasized employee empowerment. Among the tenets of this approach were having high levels of employee satisfaction. In spite of this, the historical trend of the time was reengineering and downsizing. This management philosophy has passed and current trends in management believe that satisfied employees give higher quality services and are more efficient.

The Journey of Change for social workers of San Juan has led them back to their original service line structure. As our quote of Barasch (1994) indicates, we do not return to where we departed as the organizational changes and the journey back has led us to a new destination of openness and potential.

Conclusions

This paper presented a case study of one station's journey from independent services to an integrated (merged) service structure, and back to independent services. Social workers used the traditional survey method to gather data and evaluate the service structure under which they were operating. The data

gathered on two occasions confirmed that Social workers and other staff were unsatisfied with the administrative structure of integrated merged mental health services and with lack of administrative support to staff. The high lack of employee satisfaction combined with the organized efforts of the social workers to change their work environment led the hospital administration to decide to reinstate social work as a service with its own chief.

References

Barasch, M.I. (1994) *Healing Path: A Soul Approach to Illness*. J. P. Tarcher/G. P. Putnam.

Byrne, M. M., Charns, M. P., Parker, .VA., Meterko, M. M., Wray, N. (2004) The effects of organization on medical utilization: an Analysis of service line organization. *Medical Care*. 42(1):28-37.

Carrion, C.D., Garcia, J.A. & Vazquez, K.M (2003). "Nuevos procesos de gerencia: la percepción de los profesionales sobre las fortalezas y limitaciones sobre la integración de servicios de salud mental en el Hospital de Veteranos de San Juan, Puerto Rico a mayo de 2003". [New management Processes': The Perception by Professionals of the Strengths and Limitations of the Integration of Mental Health Services at the Veterans Hospital in San Juan, Puerto Rico, May 2003.] Unpublished Master's Thesis, Graduate Program of Social Work, University of Puerto Rico, Rio Piedras Campus.

Gockel, J., Alvelo, J. & Farris, M. (2001). Changes in social work Service in the VA system: tracking managers' perceptions. *Continuum*. Vol. 21, Num 1, pp. 8-14).

Greenberg, G.A.; Rosenheck, R.A., Charns, M. P. (2003). From profession-based leadership to service line management in the Veterans Health Administration: impact on mental health care. *Medical Care*. 41(9):1013-1023.

Hussain, K. & Hussain, D. (1997) *Information technology management*. Bath, Great Britain: The Bath Press.

Keizer, K.W. (1995). *Vision for Change: A Plan to Restructure the Veterans Health Administration*. Washington, D.C.: Department of Veterans Affairs.

Weinbach, R. W. (1998). *The social worker as manager: a practical guide to success* (3rd ed.). Needham Heights, MA; Allyn & Bacon.



USSW CONFERENCE



Joint Sponsorship by
 United States Army
 United States Air Force
 United States Navy
 United States Public Health Service
 Department of Veterans Affairs

“Outstanding faculty/conference sessions. A four-star rating!”
“Excellent program. Great organization by VA and Committee. Jill Manske is a great facilitator.”



The 21st Annual USSW Conference was held in Washington DC from July 31-August 4, 2006. This year’s topic was **“Innovations in Practice: Ensuring a Coordinated Community Response”**

USSW & Seamless Transition Planning Committee

Back Row: LTC Mark Chapin, Medical Services Corps Assistant Professor and Director of Research, Dept. of Family Medicine Uniformed Services University of the Health Sciences, Jerry Satterwhite, Chief, Social Work Service, Birmingham, AL VAMC, CAPT Dan Kavanaugh, Senior Program Manager, USPHS, CAPT David Kennedy, retired.
Second Row: LT Tracey Jackson-Weaver, Acting Program Manager, Social Services Unit, Division of Immigration Health Services, USPHS, CDR Janet L. Hawkins, HIV/AIDS Bureau, Judy Arnold, Associate Chief, Social Work Service, Leavenworth, KS, VAMC, Carol Sheets, Social Work Program Manager, Social Work Service, VA Central Office, CAPT Wendell E. Wainwright, HRSA.
Front Row: LTC Ann McCulliss Johnson, Army Reserve Medical Command, MEDCOM-G1, Kristin Day, Deputy Director, Social Work Service, VA Central Office, Jill Manske, Director, Social Work Service, VA Central Office, and MAJ Mitzi Thomas-Lawson, Social Worker, Behavioral Health Flight Command, Osan AFB, Korea.

Roving Reporter – **Kathy Smits** Martinsburg, VAMC took these candid photos of attendees at the conferences. Thanks Kathy



AWARDS

The 2006 USH Award for Excellence Social Work Leadership

- **John Petek** is the Chief of Social Work at the Central Texas Veterans Health Care System. John was nominated by his staff for his outstanding leadership in Social Work, in his medical



Dr. Michael Kussman, Under Secretary of the VA, **John Petek**, Mr. Stranova, VISN 17 Network Director

center, and in the community. John created a strong Social Work Service, using data to effectively improve social worker productivity and the quality of the services they provide to veterans.

The 2006 USH Award for Excellence Social Work Practice

- **Robyn Medcalf** is the social worker at the Palo Alto Health Care System. Robyn is a shining example of dedication to veterans and commitment to our mission. She is an innovative practitioner who was instrumental in developing Palo Alto's polytrauma social work case management system and their temporary lodging program. Robyn is respected throughout the organization as a 'go to' clinician and team player.



Dr. Michael Kussman, Under Secretary of the VA, **Robyn Medcalf**, Jill Manske

VA Social Worker of the Year

- **Taylene Watson**, Chief of Social Work at the VA Puget Sound Health Care System in Seattle. Taylene was selected based on her exemplary service in the performance of her job and her ability to build links between individuals and groups in the organization, to think and act innovatively, to exceed the needs of internal and external customers, and to demonstrate outstanding competency.



Taylene Watson, Jill Manske

- **Edith Alzheimer**, Chief Social Work, Little Rock VAMC, receive the Federal Employee of the Year Award
- **Douglas Cadiz, LICSW**, manager, Geriatrics and Extended Care, Northampton VAMC, was recognized as Field Supervisor of the Year by Springfield College School of Social Work, Springfield, Mass.
- **Daniel Guertin** is part of the White River Junction VAMC Mental Health Team. This team is the recipient of VHA's Advanced Clinic Access (ACA) National Level Team ACA Champion Award. The 10 member WRJ Primary Mental Health team led by Dr. Andrew Pomerantz, chief, Mental Health and Behavioral Sciences (MHBS), and Brady Cole, MA, co-director, Primary Mental Health Care, reengineered the delivery of immediate comprehensive psychiatric care to any patient, with any diagnosis, with any level of acuity, at any time, with no appointment. The teams created an optimized care team that increased supply without adding new resources and shaped demand by reducing new appointment types to a single entry point located in Primary Care. By adapting the medical model of primary, secondary and tertiary care, they abandoned the traditional treatment paradigm of providing the same intense treatment for all patients. Their model has been spread throughout VHA.



Seated, from left: Patricia Stender, support staff; Dr. Andrew Pomerantz, chief, MHBS; Brady Cole, MA, co-director, Primary Mental Health Care.

Standing, from left: Catherine Kutter, PhD, Barbara Street, BSN, Richard Wren, PhD, **Daniel Guertin, MSW**, Dr. Bradley Watts, psychiatrist; Brenda Tessler, IRM. **Not pictured:** Debra Scott, MA, PTSD Program director

- **Carol Krishnamoorthy**, social worker at the Northport VAMC, was awarded the 2006 National Coalition for Homeless Veterans Staff Award, which recognizes individuals who have excelled in service to homeless veterans. Carol was selected based on her vision and innovative approaches to helping homeless veterans and her leadership in creating partnerships with community organizations to enhance the delivery of services to these veterans.
- **Don Nadeau**, social worker, Dan Silva & Donna Teas, Clerical Support, **Rita Rooney**, LICSW, **Donald Witlin**, LCSW, **Mary Fardy**, LICSW, **Erika Reitz**, LICSW and **David Gaeta**, LICSW, **Shara Puglisi**, LICSW is the HCHV/VASH Program Manager. These members of the HCHV/VASH

team at the Bedford VAMC were recognized by The Massachusetts Department of Public Health and the Boston Health Commission for Outstanding Outreach Education Award. This marks the second consecutive year in which members of the team were cited for their outstanding efforts.

PROMOTIONS

- **Karen Borrego** has been named Acting Chief of Social Work at the Northern California VAHC System while recruitment is underway for a permanent Chief.
- **Larry Bussetti** has been selected as Acting Chief of Social Work at the New Mexico VAHC System in Albuquerque. The new Chief of Staff intends to recentralize the Social Work department.
- **Terry Clark** has been chosen to serve as the Chief of Social Work at the Lexington VAMC.
- **Candice Cummings** has been selected as the new Social Work Executive at the Sioux Falls VAMC, effective May 30th.
- **Peter Durand** has been chosen as the new Chief of Social Work at the North Florida/ South Georgia VAHC System in Gainesville
- **Phyllis Hartman** has been selected as the new Social Work Executive at the Coatesville VAMC.
- **Clare Kearns** has been designated as the Social Work Lead for the Montana VAHC System.
- **Carroll McShane**, new Chief of Social Work at the Chillicothe VAMC.
- **Paul Redmond** is the Social Work Executive at the Manchester VAMC. He will also serve as supervisory social worker and SCI/D Coordinator and continue with his functions as Palliative Care Coordinator.
- **Carol Sheets**, is the Social Work Program Manager in the Office of Social Work Service in VACO.
- **Susie Spotted Horse** has been selected as the Social Work Executive at the VA Sierra Nevada Health Care System in Reno.
- **Laura Taylor**, Social Work Executive at Wichita, has been named the Service Line Director for Extended Care.
- **Edna Tizol**, returned to her former position of Chief Social Work Service. After several years in a care line organizational structure, the Director of the San Juan VA Medical Center has recentralized Social Work Service.
- **Pamela Wright** has been selected as the new Social Work Executive at the Canandaigua VA Medical Center.

RECOGNITIONS

- **Margaret Burns**, VISN 5 Care Coordinator, **Troleta Moody**, Social Work Executive at Martinsburg, **Gale Bell**, Women's Veteran's Program

Washington VAMC, gave a presentation on Women's Health Improvements on the national VHA Health Promotions conference call. **Jim Kidwell**, manager of the Former POW Program and OEF/OIF Returning Veterans case manager, Togus VAMC, was honored at the National Disabled American Veterans (DAV) Convention in Chicago on 8/12/06. DAV selected him from VHA staff nation-wide as the VHA Employee of the Year.

- **Kristin Day**, Deputy Director, Social Work Service, VACO is recognized for her contribution in the EES video, "Returning Home: The Next Generation of Veterans". This video won a Platinum Remi Award in the Educational/Instructional category at the 2006 WorldFest Houston Film Festival. The Platinum is the competition's highest award. WorldFest is one of the oldest and largest film and video competitions in the world, with more than 4,300 category entries received from 37 countries.
- **Adele Geringer**, Visual Impairment Services Team (VIST) coordinator, Providence VAMC, was honored at the national convention of the Blinded Veterans Association held in Buffalo, N.Y., on Aug. 18, 2006. Ms. Geringer received a Certificate of Appreciation from Thomas H. Miller, Executive Director, in grateful recognition of her outstanding contributions to the welfare of blinded veterans.
- **Rita Medlin**, CMSW and **Jackie Morales**, LCSW of Mountain Home VAMC were recognized as 2006 Women of the Year at the James H. Quillen VAMC by the Federal Women's Program.
- **Jennifer Summers**, clinical social worker Pittsfield CBOC, was one of 13 Northampton VAMC employees recognized with the Secretary's Hero Award to acknowledge their service during the aftermath of the 2005 hurricane season.
- **Tony Winckowski**, supervisory social worker & **Judith Caldwell**, psychiatric social worker, of West LA VAHC Center will be presenting a workshop in Hong Kong, China in December on "Social Work Field Education in the Digital Age (Complexity and Emergence)". The Conference Mission is to promote the development of social work in healthcare and mental health and to encourage international sharing of information/ resources regarding education, research and the practice of social work. The conference averages about 800 delegates from 30 countries

Congratulations to everyone

IN THE NEWS

- **James Dooley**, mental health clinician, White River Junction VAMC, Colchester Community Based Outpatient Clinic, was interviewed by St. Albans Community Cable Access TV (Channel 15). The

interview focused how White River Junction VAMC and other agencies are working together to help the families and veterans returning from combat operations in support of OIF/OEF and the Global War on Terrorism.

- **Ed Klama**, social worker at Hines VAMC, is featured in the NASW National News for June 2006 in "Social work in the Public Eye" for his work with PTSD.
- **Gay Morris**, LCSW, CRC/MHICM Coordinator at W.G. Bill Hefner VAMC, Salisbury, NC, was awarded a Public Health Grant

INTERNS

Social Work Associated Health Trainee Program

Submitted by: Carol Sheets, Social Work Program Manager in VA Central Office

The Veterans Health Administration trains more MSW students than any other single agency in the United States, and has affiliation agreements with more than 100 colleges and universities. Each year, we train between 600-700 students, with nearly 600 receiving stipends for 500 hours of training. In FY 07, Social Work received 581 stipends. All associated health trainees are paid on a per annum basis with locality adjustments based on the federal pay system. This is the first year stipends are adjusted according to the federal pay system.

Social work training experiences provide opportunities to work in a variety of VA health care programs and to work with special populations of veterans. Nearly 50% of VA social workers completed a VA field placement. As the nation's largest employer of master's prepared social workers, it is vital to our succession planning efforts to provide access to these training opportunities as graduate students enter the workforce.

In 2005, the Office of Academic Affiliations conducted a Learner Perception Survey for VA-wide trainees with social work students rating the highest satisfaction with 92% rating their training as excellent or very good.

Being a field instructor and a student is a very rewarding experience and an excellent opportunity for newly graduated social work students to come work in VA health care.

Carol Sheets, Social Work Program Manager in VA Central Office serves as the program liaison to the Office of Academic Affiliations and oversees the Social Work Associated Health Trainee Program.

INTERNS SURVIVE, THRIVE AT THE VA

By Ron Biela, LCSW, Denver VAMC.

Here's what one of our interns said after completing our program: "The staff here displays an incredible commitment to patient care and training. While this place may be short on office space and parking ☺, it has been an incredible springboard on which to launch my career."

Each year, the interns bring to the clinic their passion, fresh idealism, struggles into growth. They challenge us, make us better clinicians, make us part of their journey into social work.

As supervisors, we each strive to provide a relationship in which the student feels supported and inspired to discuss aspirations and fears, as well as explore clinical theories. The training program reflects principles from hundreds of studies that show the vast majority of patients can benefit from therapy, how neural networks may be altered from the experience. We teach how clinical work can be practiced efficiently, tailored to the patient and have enduring effects.

Our program has a long and distinguished history. While continuing to honor the VA's training mission, we adapt to changes in practice. Supervisors now have more demands on their time and energy in addition to training. Our approach aims to be empirical, inclusive of diverse modes of treatment and creative. We also try to be receptive to new perspectives and knowledge from the interns. In the process, supervisors at times can be surprised, even bewildered. We find that we also grow professionally and personally.

The leadership and staff at our VA have always welcomed the interns. There have been unprecedented problems, like how five people can practice out of two offices, whether it's okay to work in open-toed shoes, begging for stipends from Washington. The training program has expanded and reflects diverse practices such as outpatient therapy, inpatient psychiatric, services for homeless veterans, and substance abuse treatment. Interns attend clinical seminars in which staff from varied disciplines present on a wide range of issues.

Staff is always energized by their presence.

The interns are exposed to patients' worlds they've never before encountered, always with the guidance of their supervisors. Most of all, we try to help them find ways to be agents of change. Many patients' lives are deeply affected by them in just a few months.

At the start of each internship, the new interns are usually baffled and overwhelmed by the complexity of the VA and by their own anxiety. Soon, they furnish their meager office space; get to know each other, various

staff and the patients, begin to find new talents along with their doubts and zeal. At the end, they say they've been changed, won't forget, will go out and try to do good work.

National Social Work Committees

Updates & Reports

The 2005-2006 National Survey of Social Work Interns Research, Projects and Best Practices

A Collaborative Project of the VHA Social Work Education Committee and the Research and Evidence Based Practice Committee

Submitted by: Mel Tapper, Ph.D., LICSW, VA Boston Healthcare System, Chair of the Research & Evidence Based Practice Committee

This is the third consecutive year that the Research and Evidence Based Practice Committee in collaboration with the Education Committee has collected Social Work Interns' research, non research projects, and best practices initiatives completed at sites throughout the VA system. As in previous years, the current submissions reflect innovation in treatment, creativity, best practices and a commitment to the care and treatment of veterans.

Research is included as one of the three components of the Department of Veterans Affairs. The VHA Social Work Department contributes to meeting this component of the VA mission by providing a receptive environment for social workers and social work Interns to engage in projects that help veterans. In addition, the Social Work Intern projects are evidence of the Social Work Department's commitment to its FY 2006 Strategic Plan in the strategy areas of: research focused on clinical and system improvements to enhance the well-being of veterans and the promotion of excellence in education of future health care professionals.

The encouragement and support of social work interns' in these activities begins at the placement site with the intern supervisor. Social work intern supervisors provide more than clinical supervision. They are an integral part of the research project and best practices processes. They encourage, support, supervise and participate in these activities. This year they are acknowledged in the document that will be presented to the Social Work Department.

The number of projects submitted this year demonstrates a continuing positive trend. There are more interns participating: 60 in FY 06 compared to 44 in FY05; more projects: 40 compared to 36; more

schools of Social Work represented: 23 compared to 21; and more VA facilities involved: 22 compared to 15. For eleven of the schools, the project was a graduation requirement. Four interns are considering submitting their projects for publication and 6 project documents will be used as resources at the VA facilities where they were completed.

Below is a listing of the projects by category and title of the project with the VA associated with the intern project. Interns, VA supervisors and intern college affiliation are listed for each project. (see attachment for full write up of project)

Medical

Diabetes Education - James H. Quillen VAMC

Rebekka Jackson Supervisor: Stephanie Strode LCSW
East Tennessee State University Jacqueline Morales, LCSW

Social Work in a Typical VA Hemodialysis Treatment Unit-A Process Outline - West LA VAMC

Kathya Merchan Supervisor: Tuyet-Bach Brown, LCSW

VA Behavioral Health Services Smoking Cessation Program - Las Cruces VAMC

Jennifer DiDio Supervisor: Guy McCommon
New Mexico State University

The Quality of Palliative Care Consults - VA Madison

Marcie Malszycki Supervisor: Sheila Schroedi
University of Wisconsin

Factors in Successful Outcomes in a Health

Maintenance Program - James H. Quillen VAMC

Rebekka Jackson Supervisor: Stephanie Strode, LCSW
East Tennessee State University Whitney Windham, P-LCSW

HIV/AIDS and Veterans Proposal - Atlanta VAMC

Carlo T. Domingo
Florida State University

Women Veterans

An exploratory Study of Women's Experiences of Self-Disclosure in Alcoholics Anonymous Meetings

VA Central California Healthcare System

Maia Blancarte Supervisors: Carolyn Hughes, Ph.D. LCSW
California State University, Fresno Debra Harris, Ph.D.

Female Veterans Satisfaction with Services at the

Minneapolis VAMC Women's Center-Minneapolis VAMC

Miriam Ulrich Supervisor: John Shaffer, MSW, MPH, LICSW
University of Minnesota

Women Veterans' Health Care Issues: Ensuring Comprehensive Care - Madison VAMC

Keri J. Berling Supervisor: Gail Hunt, LCSW
UW-Madison School of Social Work

A Women Veterans' Spirituality Group - VAHC Boston

Kelly Bergeson Supervisor: Pat Robinson, LICSW
Simmons College

The Voice of Women Veterans on Homelessness -

VAHC Boston

Joan Whitney
Simmons College

Supervisor: Lauren Dever, LICSW

Resource Aids & Brochures

Advance Healthcare Planning

VA Boston Healthcare System

Stacey Conroy
Boston University

Supervisor: Jeanine Penzo

Resource Guide for Referrals and Placements

VA TVHS Alvin C. York Campus

Jessica Rublle
University of Tennessee

Supervisor – Sandra Hanson, CMSW

Assessment of Transportation Needs and Preferences at the VA Bedford Medical Center -

Bedford VAMC

Bill Spear
Salem State College

Supervisor – Suzanne Berghaus

Respite Care Brochure - James H. Quillen VAMC

Rebekka Jackson
East Tennessee State University

Supervisor: Stephanie Strode, LCSW
Angelina Walsh, CMSW

Resource Brochures for Veterans and Their Families – West Palm Beach VAMC

Dennis Lopez, Anita Wester
Barry University
Patricia Ross, Sharon Mahoney
Florida Atlantic University

Supervisor: G. DeDominicis,
MSW, LCSW

Veteran Homelessness - Northampton VAMC

Mike Babcock
Megan Bough
Springfield College

Supervisor – Robert Carroll, MSW
Lillian Struckus, MSW

Mental Health

The Level of Insight into Physical Health Problems for Veterans who have Severe and Persistent Mental Illnesses - Minneapolis VAMC

Sarah White
University of Minnesota

Supervisor: Sarah Burrows, MSW, LICSW

The Use of HealthMath in SARRTP - Salisbury VAMC

Earl Cressey
University of North Carolina at Greensboro and
North Carolina Agricultural and Technical State University

Supervisor – Marilyn Warlick

The Relationship between Symptoms of Depression and Perceived Social Support - Palo Alto VAMC

Stephanie Chin
San Jose State University

Supervisor – Kasey Au, LCSW

Psycho education Group Work at a Psychiatric Group Home - Salisbury VAMC, Winston-Salem CBOC

Julie S. Cottingham
North Carolina A&T State University
and University of NC at Greensboro

Supervisor: Jennifer Mischler, LCSW
Tim Doherty, LCSW

Social Work: Quality of Work Life

Social Workers Assumptions about the Good Life – Northampton VAMC

Edward Zapala
Smith College

Supervisors: Shiva Jyoti and Betty Beck

Prevention of Burnout - VA TVHS Alvin C. York

Campus
Mike Jones
University of Tennessee

Supervisor: Nicki Wall, LCSW

A Comparative Study of Occupational Stress between Social Workers and Registered Nurses with in a Hospital Setting - VAMC Augusta, GA

Torchessa West-Johnson
University of South Carolina

Supervisor: I.W. McKinney

Perceived Job Satisfaction of Social Workers at the Veterans Administration - VAMC Augusta, GA

Mary Woods, Keith Wells
University of South Carolina

Supervisor – I.W. McKinney

Military Experience and Job Satisfaction among Outpatient VA Clinic Professionals - Bob Michel

CBOC, Peoria, IL

Erika Slayton
Illinois State University School of Social Work

Supervisors: Suzanne Brashe, Dian Leibel

Evaluation of licensed social workers professional satisfaction while working with the Department of Veterans Affairs in the Western New York region VA Rochester CBOC

Patrick A. Finan
Greater Rochester Collaborative-
Nazareth College & SUNY Brockport

Supervisor: Tammy I. Franklin, LMSW

Cultural/Gender.

Case Study and Participant Observation: VA Menlo Park American Indian Sweat Lodge (AISL)

Sam Ferguson
San Francisco State University

Supervisor: Laurie Ackerman LCSW

Association between PTSD, Gender, Comorbid Disorders and Treatment Interventions of Veterans in the VA Central California Healthcare System: A Secondary Analysis - VA Central California Healthcare

Jennifer Sommer Yanez
California State University, Fresno

Supervisor: Carolyn Hughes,
Ph.D., LCSW

An Exploratory Study: The Relationship between Homonegativity and Levels of Conservative Religiosity within African American Same Gender-Loving Men and Social Work Students

Smith, Jr., Lee A
University of Georgia

Supervisor: Jeff Brown

Family

Domestic Violence Prevention and Reduction Program - Salisbury VAMC

Lesley Simmons
Charmaine Rhodes
Earl Cressey
North Carolina A&T State University
and University of NC at Greensboro

Supervisors: Bill Hayes, Christy Robbins

Barbara Fiaschetti

Marilyn Warlick

Impact of Military Experience on the Marital Relationship of Korean War Veterans –

Minneapolis VAMC

Carrie E. Peterson
Augsburg College

Supervisor: Kim Pavlik, LICSW

Social Work Month

Social Work Month Intern Project – Bedford VAMC

Parisa Rahimi-Simmons College	Supervisor: Renee Battelle
Jennifer Katz – Boston University	Susan Hewitt
Ashley Napier – Boston College	Susan Hewitt
Susan Berghaus - Salem State College	Bruce Buckley
Golda Hallett – Salem State College	
Elaine Ffneral ,	
Bill Spear – Salem State College	Dick Anastasia
Rory Alcott – Boston College	Katie Hillman
Ariana Magliocco – Boston College	Shara Puglisi

Social Work Month VA Boston

Stacey Conroy- Boston University	Supervisor: Jeanine Penzo
Joan Whitney - Simmons College	Lauren Dever
Glen Degere – Salem State College	Mel Tapper
Angela Vang – Salem State College	Mel Tapper
Keith Chan – Boston College	Betty Kuhn
Kelly Berguson – Simmons College	Patricia Robinson
Rebecca Henderson – Boston University	Mel Tapper

Long-Term Care

The Adopt a Veteran Program

Tony E. Ford	Supervisor: Tanya Faulk LCSW
University of Tennessee	

Patients' Rights to Self-Determination versus VA Hospitals' Responsibility to Maintain Patient Safety

V.A. Medical Center, Augusta, Georgia	
Heather M. Wilkerson	Supervisor: I.W. McKinney
University of Georgia	

Seamless Transition

OIF-OEF Veterans Who Drop-Out of Treatment

VA Boston Health Care System	
Greg Degere , Angela Vang	Supervisor: Mel Tapper
Salem State College	

Evidence Based Practice

Measuring social Work Interventions with Evidence Based Practice Tools - Topeka VAMC

Laura Stewart	Supervisor: Linda Bruning
James Lehr	Teri Klaumann
Vanessa Palenske	Veronica Ramnarin
Rebecca Kingry-Staton	Sharon Huske
Sonobee Wilson	Amy Morrow
Patricia Prohaskal	Terri Shaughnessy
Washburn University	

Cross Discipline Collaboration

Social Workers and Chaplains Working Together for our Veterans - Minneapolis VAMC

Shawn Bury, SWI	Supervisors: Amy Archer
University of Minnesota	Deb Smith-Wagner

Social Work Interns

Do College Students have a Fear of Intimacy

VA Central California Healthcare System	
Sara Landman	Supervisor: Jan Yamaguchi, Ph.D.
California State University Fresno	

Announcements & Web Sites

A SPECIAL EDITION of SYNERGY on Leadership will be out in January 2007. There will be more articles from the leadership project. You'll hear about the mentorship program and learn about ways that you can get more involved in VA social work. Articles are being accepted through 12/1/06 Send articles to [VHA SW Synergy Editors](#)

IN OUR NEXT EDITION:

It will be that time of year again to think about applying for membership on one of the National Social Work Committees. In this edition, we'll have a brief write up on the committees that have openings with information on how to apply.

DEADLINES for article submission

for future SYNERGY's:

February 1, 2007

May 1, 2007

August 1, 2007

Send articles to

[VHA SW Synergy Editors](#)

Data Bytes Identity Crisis Solved

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

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: [VHA SW Synergy Editors](#)
- **Social Work Community of Practice.**
<http://vaww.webboard.med.va.gov:8040/wb/default.asp?boardid=24>
- **COLLAGE**
http://vaww.collage.research.med.va.gov/collage/E_SocialWork/
- **VHA Polytrauma Telehealth Network (PTN) is now available from the OCC intranet site.**
<http://vaww.va.gov/occ/Telerehabilitation/Polytrauma.asp>
- **Social Work Intranet Home Page:**
vaww.va.gov/socialwork
- **Social Work Internet Home Page:**
www.va.gov/socialwork

SYNERGY Newsletter

<i>Editor-in-Chief:</i>	Jennifer Summers Northampton VAMC Pittsfield CBOC, MA	
<i>Assistant Editor</i>	Erica Taylor Puget Sound Health System Seattle VAMC, WA	
<i>Editorial Board:</i>	Jill Manske Director, Social Work VACO	Kristin Day Deputy Director Social Work Service VACO Carol Sheets Social Work Program Manager VACO

Heather Mahoney-Gleason, Chair-Elect	North Florida/South Georgia VHS, Lake City VAMC, Lake City, FL
Pamela Wright - Chair-Elect	Canandaigua VAMC, NY
Erin Butler	San Francisco VAMC, CA
Terry Clark	Lexington VAMC, KY
Jennifer DiSanti	Erie VAMC, PA
Victoria Hill	Birmingham VAMC, AL
Jana O'Leary	Central Texas VHCS Temple ICF, TX
Lisa McGuire	Tomah VAMC, WI
Jonathan Pollack	Albany VAMC, NY
Shirley Salom-Bail	Pala Alto VAMC, CA
Jennifer Summers, Synergy Editor	Northampton VAMC, Pittsfield CBOC, MA (ad hoc member)
Erica Taylor, Assistant Synergy Editor	Puget Sound Health Care System, Seattle VAMC, WA (ad hoc member)