Instructor’s Manual: Chapter 15

Table of Contents

[Learning Objectives 2](#_Toc410312857)

[Lecture Notes 3](#_Toc410312858)

[Key Concepts 1](#_Toc410312859)1

[Case Study 1](#_Toc410312860)2

[Discussion Questions 1](#_Toc410312861)3

[Chapter Exercises 1](#_Toc410312862)4

[Class Activities 1](#_Toc410312863)6

[Video and Multimedia](#_Toc410312864) 18

[Web Resources](#_Toc410312865) 18

[SAGE Journal Articles](#_Toc410312866) 19

# Learning Objectives for Chapter 15: Veterans, Their Families,

# and Military Social Work

After reading this chapter, you will be able to  
1. Understand military culture, values, and beliefs.  
2. Understand the history and practice of military social work with veterans, members of the armed services, and their families.  
3. Identify contexts where soldiers and veterans may seek social services, health care, and mental health/addiction counseling.  
4. Understand challenges and stressors in military families.  
5. Identify policies, models, and interventions to assist veterans and their families.

# Lecture Notes for Chapter 15: Veterans, Their Families,

# and Military Social Work

To work most effectively with service members, veterans, and military families, social workers must understand why people join the military, as well as military culture and service experiences pre-deployment, during deployment, and post-deployment. Licensed social workers may work as fulltime uniformed military officers or as civilians for the Veterans Administration (VA) and veterans’ centers. Additionally, social workers can also work part or full-time as civilians who are contracted by the armed forces or the VA. Social workers can also work with veterans and military families as private practitioners through the military’s health insurance plan. Individuals return from war with extensive needs. Even those who are not gravely injured may have trouble reintegrating into society.

The Armed Services and Military Culture

Military personnel may be placed in danger. They are required to take an oath when they enlist to abide by the Uniform Code of Military Justice and the moral principles found in the Constitution and the Declaration of Independence. The Department of Defense (DoD), otherwise known as the Pentagon, is the headquarters of all branches of the U.S. armed forces, which include the Army, Navy, Marines, Air Force, and Coast Guard. The U.S. President is the head of the armed forces; second in command is the Secretary of Defense, a civilian appointed by the President.

* Helpful for social workers to know terms and jargon (See Exhibit 15.1)
* What It Means to Be a Soldier
  + Four pillars
    - Discipline - requires strict discipline throughout the hierarchy
    - Loyalty – relies on soldiers’ values of loyalty and self-sacrifice to keep order in battle
    - Rituals – uses ceremonies and rituals to create common identities among its members
    - Cohesion - emphasizes group cohesion and esprit de corps to keep soldiers interconnected
  + Reasons for enlisting
    - identification with the warrior mentality, family tradition of military service, benefits of being a member of the military, escape from difficult life circumstances
* How War Affects Soldiers
  + Combat veterans have survived serious burns, amputation, and other physical injuries.
  + The three traits of secrecy, stoicism, and denial that are crucial for a contemporary warrior’s success on a mission may also cause psychological trauma. It is difficult to live in a strange environment with constant fear, continuous planning for disaster, and constant readiness for change.
  + Psychological injuries include PTSD, helplessness, shame, and survivor’s guilt Along with these injuries come high rates of co-occurring physical, psychological, and substance abuse problems.
* How the Military Takes Care of Its Own
  + Veterans Administration hospitals and TRICARE military insurance benefits were established to respond to pre-deployment, deployment, and post-deployment military needs.
  + Military families look out for each other.

Social Work with the Military and Veterans

Traditional challenges include physical injury, emotional anguish and grief, and combat stress and fatigue. Additional contemporary challenges include extended and multiple deployments, traumatic brain injuries (TBI), post-traumatic stress disorder (PTSD) and bodily injuries from explosive devices. Social workers help veterans deploy and re-integrate into society.

* A History of Military Social Work
  + In 1943, the Army designated psychiatric social work as a separate job category.
  + Commissioned status in the U.S. Army for social workers was accomplished in 1945 when Major Daniel I. O-Keefe became the first Chief of the Army’s Psychiatric Social Work Branch.
  + In the Vietnam War era, military social work in the Navy expanded greatly. During this time the Red Cross stopped providing psychosocial services.
  + At VA hospitals and clinics, social workers promote psychosocial and vocational rehabilitation, and help VA patients and families cope better with the new realities of their lives.
  + Military social workers also assist with discharge planning and provide ongoing case management services.
* Behavioral Health Problems of Service Members and Veterans
  + Traumatic Brain Injury - Caused by blast exposure, it is the signature wound of recent warfare. Adjustment to civilian life becomes more complicated than it usually is with returning soldiers. Skull fractures, contusions, and ocular/eye injuries are common.
  + Post-Traumatic Stress Disorder - One in five veterans meet diagnostic criteria for PTSD. The term originated in the Vietnam War, when veterans exhibited higher frequency of panic disorder and an earlier age of onset for alcoholism. Today the signs and symptoms of PTSD are described more in terms of an anxiety disorder. Combat veterans may relive experiences through having flashbacks, nightmares, and trigger responses. Vets may also try to avoid crowds, driving, or war movies if such things remind them of a combat situation.
  + Substance Use Disorders – In the American Civil War alcohol was used medically, and daily consumption of rum was common to help soldiers cope with battle. Opiates were used for pain when limbs were amputated, and many soldiers became addicted to these substances as well. During the Vietnam War, the pattern of substance abuse changed. While alcohol continued to be prominent, marijuana use increased. Later in the war heroin use surpassed marijuana use.
    - Substance use disorder prevention efforts have been developed based on a community-based model. One model is the Community Capacity model used by the Air Force, which includes two components: “shared responsibility” and “collective competence.”
  + Suicide - The highest suicide rates are among soldiers who have been to war. Suicide data in the military point to three primary risk factors: relationship, legal, and financial troubles.
* Issues Affecting Wounded Military Veterans
  + Veterans and their family members often require assistance in adjusting to physical impairments that end or greatly alter plans for the future.
  + They require assistance in navigating systems of care.
  + Social work professionals need a working knowledge of eligibility and enrollment criteria, service-connected disabilities and compensation resources, Veteran (VET) centers, Homeless veterans programs, suicide prevention, transition assistance resources, and the special needs of women veterans.
  + Social workers help veterans and their family members have a successful post-war adjustment experience.
* Issues Affecting Military Families
  + Family separation as a result of deployment has become more frequent and unpredictable. The deployment puts strain on military families.
  + Family members fear for their soldier’s safety, living conditions, and health.
  + Spouses become lonely and apprehensive about adapting to unfamiliar roles.
  + Post-deployment household roles and routines require renegotiation, and soldiers must reconnect with their children.
  + Children in military families, one-third of whom are between the ages of 5-12 years old, are challenged to adjust to the relocations and prolonged periods of separation from one or both parents.
* Programs and Policies for Military Personnel, Veterans, and Their Families
  + Social workers employed by Veteran’s Administration Hospitals require knowledge about disabled transition assistance and military programs that help wounded service members.
  + They also have to know about TRICARE military insurance benefits and how to uphold confidentiality and minimize stigma so service members get needed treatment.
  + Civilian social workers in private practice will help veterans most when they possess knowledge and resources to assist re-integration in personal, social and community situations regarding civilian life.
* Assessment and Intervention Skills
  + Social workers can increase their effectiveness in this field of practice through a systems-ecological approach. Clinical Interventions should include individual and systemic variables, cultural/worldview variables, and use a bio-psychosocial approach.
  + Skills required by military social work personnel include case management, counseling, motivational interviewing and cognitive behavioral therapy (among other therapies), advocacy, medical social work, and hospice care.
  + Social workers who help military also need to know how to prevent homelessness, rehabilitate, and navigate systems.
  + They must realize how the social work Code of Ethics may conflict with military codes.
  + Secondary trauma - Social workers who counsels veterans who have been physically or emotionally handicapped from traumatic combat experiences may experience vicarious trauma similar to that of their clients.
  + Multidisciplinary Team Approach
    - Social workers collaborate with medical personnel and military chaplains.
  + Common Types of Therapy
    - Cognitive Processing Therapy - an empirically supported treatment for PTSD. The therapist uses virtual reality to present traumatic stimuli, always controlling what is presented so as to increase or decrease the degree of client reaction. Cues--such as event-related odors—are carefully chosen. The social work counselor can monitor the client’s physiological and mood reactions during the virtual reality presentation.
    - Cognitive Information Processing - emphasizes decision-making and career problem- solving, and requires strong self-knowledge. A psychological inventory is used to help identify some of the negative thinking veterans may experience, or to assess the Big Five personality factors of Openness, Conscientiousness, Extraversion, Agreeableness, and Emotional Stability.
    - The strength of the helping relationship itself has a greater impact on treatment outcome than the specific intervention approach selected.

Diversity and Military Social Work

* Age - nearly half of the force is between seventeen and twenty-four years old. The age distribution of men and women is similar. There are slightly more women at younger ages and more men at older ages, mainly because of gender differences in retention: women leave the military at earlier ages than men, perhaps because of family reasons.
* Class - The military has two distinct subcultures and lifestyles, the world of the officer and the life of the enlisted. They do not socialize with each other.
* Ethnicity/Race - Serving in the military makes immigrants eligible for expedited citizenship. Undocumented immigrants who came to the U.S. before age sixteen can gain citizenship in exchange for two years of military service.
* Gender - Women are currently employed in over 90% of military occupations, are at risk for combat exposure and serve multiple, lengthy deployments similar to men. The hyper-masculine culture of the military devalues feminine qualities, and this devaluation has led to violence and harassment against women. Women service members, and sometimes men, contend with MST (Military Sexual Trauma),which includes rape, sexual assault, and sexual harassment.
* Sexual Orientation - From 1950 until 1993, gays were officially prohibited from service, however. Then in 1993 resident Clinton signed the “Don’t Ask, Don’t Tell, Do Not Pursue” policy on sexual orientation in the military. As long as gay soldiers’ sexuality was not known, they were allowed to enlist and serve; if it did become known while they were in the service, they were discharged. In 2010 President Obama signed the repeal of the Don’t Ask, Don’t Tell policy, which theoretically allowed gay and lesbian military members to serve openly.
* Intersections of Diversity - African American men have reported more overall sexual harassment than White men. Also, these African American armed service members tended to be enlisted personnel rather than officers. The military is one place where men of color can rise in the ranks based on merit. Consider Colin Powell, who after graduating from college and ROTC, garnered numerous military and civilian awards and became the youngest man and first African American to become the Chairman of the Chief Joints of Staff and first African American Secretary of State.

Advocacy for Veterans and Members of the Military

* Social and Economic Justice - military social workers are responsible both to the social work code of ethics and to military law and ethics, and the military’s needs usually trump those of clients. Military social work embraces seven social work fields of practice: aging, education, criminal justice, family and children, health, mental health, and work. Military social work advocacy concerns encompass: how to optimally counsel military in combat situations to prevent and treat alcohol and drug abuse, how to lend family support in the midst of domestic violence, and how to intervene with acute and chronic health and mental health issues that involve medications and monitoring.
* Supportive Environment - When military clients have been traumatized, injured, or in constant grief, social workers can and do advocate for supportive environments and help members of the armed forces and their families make adjustments and find housing. Social workers help military families apply for benefits at the VA and other sources, and they help families find housing. Nearly one-third of all homeless people in the United States are veterans, and 56% of homeless veterans are Black or Latino. One in four veterans becomes disabled as a result of physical violence or emotional trauma of war. There are many reports of poor care in VA hospitals.
* Human Needs and Rights - Rape and sexual violence are very common occurrences for women in the military. Military divorce rates differ by gender, race, and rank. Military men are less likely to be divorced than their age-matched civilian counterparts, while women in uniform are significantly more likely to be divorced than their civilian counterparts.
* Political Access - Social workers need to understand the politics of military culture that relate to military occupations, rank, branches of service, the deployment cycle, the uniform code of military justice, the warrior ethos, and the perceived stigma associated with seeing a mental health professional Military social workers from all branches have assisted with humanitarian relief efforts to people suffering from natural disasters, and served survivors from hostage situations and mass casualty efforts.

Your Career in Military Social Work

* The need for military social work is so great that civilian social workers will increasingly be required to help veterans and their families. They may work contractually on a base or on staff in a VA hospital, Vet Center, or the Department of Homeland Security. They are involved with every possible social work role, from crisis intervention and assessment to administration and policy practice.
* Military social work has opportunities for clinical social workers, policy practitioners, educators, researchers, and direct practitioners at homeless shelters, domestic violence agencies, or substance abuse organizations that have clientele who are veterans.
* Social workers may also encounter veterans and military family members in private practice, medical clinics, schools, community agencies, and other typical settings for social work practice.
* Social workers must understand military jargon, culture, beliefs and practices.
* It is especially important for civilian clinicians to comprehend the realities of war and combat; if they don’t connect with their veteran client in the first session, it is likely that the veteran will not return for subsequent sessions.
* The VA employs over 13,000 social workers, and operates the biggest and most comprehensive clinical training program for social work students.

# Key Concepts for Chapter 15: Veterans, Their Families,

# and Military Social Work

Department of Defense (DoD)

Department of Veterans Affairs (VA)

GI Bills

military sexual trauma (MST)

Operation Enduring Freedom

Operation Iraqi Freedom

reservists

secondary trauma

TRICARE

Uniform Code of Military Justice

# Case Study for Chapter 15: Veterans, Their Families,

# and Military Social Work

Carl is a 65-year-old dad of three whose 26-year-old son, Kevin, an OIF/OEF combat veteran and sergeant in the U.S. Marine Corps, committed suicide by a public, self-inflicted gunshot wound to his head while at his camp base. Kevin enlisted in the Marine Corps at age 20. Carl had served in combat in Vietnam, and Kevin’s granddad served in World War II, thereby making Kevin a third-generation U.S. Marine.

While in the Marine Corps, Kevin served in a reconnaissance unit, otherwise known as a Special Forces Unit, and he completed two combat tours in both Afghanistan and Iraq. Kevin experienced multiple blasts during both his deployments, and he had symptoms of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI). Although his dad wanted Kevin to be hospitalized, Kevin only sought outpatient treatment. After Kevin’s wife, Meg, threatened to leave him, Kevin finally went to the medical clinic and told the health care providers he felt “hopeless and confused.” The wait in the clinic felt like hours to Kevin; instead of waiting to be admitted, he left the hospital, got in his car, and drove to a local park where he proceeded to shoot himself.

Kevin’s dad Carl was driving through a scenic byway in southern Virginia when he got a life-altering phone call that no parent ever wishes to receive. His youngest child had taken his own life. Carl was in a daze, not believing what the caller had just told him. Carl felt numb and conflicted.

Carl must now be responsible for making military funeral arrangements. Amidst his planning and phone calls, Carl feels a sense of shame, given his son died from what many may consider less than honorable circumstances.

Two months after his death, Kevin was buried in Arlington National Cemetery. Carl continues to have great difficulty feeling his emotions and he focuses on caring for his deceased son’s spouse and children. Carl has withdrawn from his own personal friendships and he experiences crying spells when he least expects them. Carl blames himself for ever encouraging Kevin to enlist in the military. Carl is also having a hard time sleeping and his work life is suffering. Carl is losing weight and he now turns in to sleep around 7:00 p.m. most evenings. Carl’s wife finally insists that he get counseling from a community social worker and his insurance company is willing to pay for the counseling.

1. If you were Carl’s social worker, what would you focus upon first? How would/did you make that determination?

2. Would you want to involve Carl’s wife in your counseling with Carl as well? If so, how would you do it, and what would be your goal? If not, why not?

3. If Carl didn’t follow through with counseling, what outcome would you expect?

# Discussion Questions for Chapter 15: Veterans, Their Families,

# and Military Social Work

Discussion Question #1

Do you think it’s necessary for a social worker to have military experience to truly be able to appreciate the military culture? What if the social worker didn’t serve in the military, but grew up in a military family?

Discussion Question #2

The military has at times been criticized for incentivizing marriage to the point that young people who normally would wait much longer to get married do so at much younger ages in order to gain some of the benefits (e.g., better housing options, not having to be separated). Marriage at a young age is positively correlated with divorce even among the civilian population, and the military life often adds unique stressors not normally found in young marriages. What do you think of this criticism?

Discussion Question #3

The argument has been made that the increase in sexual assault in the military should have been expected as more women entered the military. Some pundits (including some women) have said that this is evidence we should decrease the roles of women in the military, and others have said that the presence of women can compromise a mission because men will “naturally” want to protect the women, perhaps at the cost of the mission. What do you make of this seeming contradiction? Should we expect assault or caretaking of women by men in the military? What other explanations could there be? Is this an example of victim-blaming?

Discussion Question #4

Getting a dishonorable discharge from the military is sort of akin to being convicted of a felony. It shows up on a background check and can disqualify someone from particular jobs as well. It also prevents the individual from accessing VA benefits. Do you think there should be more options for men and women who have left the military under less-than-ideal circumstances to be able to clear their record and have a better chance to support themselves and their families?

# Chapter Exercises for Chapter 15: Veterans, Their Families,

# and Military Social Work

1. You are asked to configure a 4-hour learning module for your social work program to teach students how to help clients who are veterans or armed services members, or their families. Sketch out your ideas for such a learning module. You may wish to view James Gandolfini’s documentary film Alive Day Memories: Home From Iraq, which inspired Dr. Bender at Yeshiva to develop a course on social work practice with the military and to oversee a four-course certificate program related to the military and a field placement that serves the military. You may find more information about military curricula at Catholic University of America in Washington, D.C.; Boston College; and SUNY Empire State College.

2. Read and reflect on the following excerpt from War Is a Force That Gives Us Meaning by Chris Hedges (2002), a New York Times correspondent and Harvard Divinity School graduate. Then discuss your reflections on the culture and attraction of war.

War forms its own culture. The rush of battle is a potent and often lethal addiction, for war is a drug, one I ingested for many years. It is peddled by mythmakers—historians, war correspondents, filmmakers, novelists, and the state—all of whom endow it with qualities it often does possess: excitement, exoticism, power, chances to rise above our small stations in life, and a bizarre and fantastic universe that has a grotesque and dark beauty. It dominates culture, distorts memory, corrupts language, and infects everything around it, even humor, which becomes preoccupied with the grim perversities of smut and death. Fundamental questions about the meaning, or meaninglessness, of our place on the planet are laid bare when we watch those around us sink to the lowest depths. War exposes the capacity for evil that lurks not far below the surface within all of us. And this is why for many, war is so hard to discuss once it is over. The enduring attraction of war is this: Even with its destruction and carnage it can give us what we long for in life. It can give us purpose, meaning, a reason for living. Only when we are in the midst of conflict does the shallowness and vapidness of much of our lives become apparent. Trivia dominates our conversations and increasingly our airwaves. And war is an enticing elixir. It gives us resolve, a cause. It allows us to be noble. And those who have the least meaning in their lives, the impoverished refugees in Gaza, the disenfranchised North African immigrants in France, even the legions of young who live in the splendid indolence and safety of the industrialized world, are all susceptible to war’s appeal. (p. 3)

3. Read and reflect on this excerpt from Allvord and Nowlin’s (2008) When Baseball Went to War. Then discuss how people are forever changed by serving in the military and going to war.

Arguably one of the first victims in a war is a person’s humanity, the memory of the person he was before the nightmare of war, before the sacrifice began and the long and tired feeling of war and regret set in as young boys became men much too early and much too fast. This was true in World War II and is still true today. . . . In the Korean War, in Vietnam, in Desert Storm, and even today in Iraq, soldiers would burn off a little energy when they could and play baseball to regain a sense of the person they once were and hoped to become again. . . . Veterans of America’s current conflicts such as Desert Storm and Iraq also serve and play baseball with passion in their spare time. Navy pilot Lt. Commander Terry Allvord saw the importance of baseball as an essential element to morale, discipline, and hope. The U.S. Military All-Stars are servicemen and women from all branches who give up their leave time to play baseball, paying the cost out of their own pockets. World War II, where the players were flown from event to event by the government, the U.S. Military All Stars choose not to accept government money; they want the government to spend all funds for those serving in the War on Terror. In 1990, then–Aviation Candidate Allvord had the honor of escorting President George H.W. Bush in Pensacola, Florida, and the conversation quickly turned to baseball. It was a subject for which both naval aviators held a deep passion. Bush mentioned how in his day, “Military baseball helped them pass the time, feel a sense of home, and gave them hope.” Then the president asked how the current Navy team was doing. “We don’t have a (baseball) team, Mr. President,” Allvord answered. The president was disappointed. “Someone should start a team,” answered the former Yale baseball captain. Allvord agreed, and the U.S. Military All-Stars were born. In nearly two decades, those original teams grew to more than 35 singleservice teams worldwide. Allvord selected players from those teams and the best players from worldwide tryouts to create the first and only combined armed forces team, U.S. Military All-Stars. Players from the U.S. Military All-Stars were among those who pulled Saddam Hussein from the depths of a spider hole in Iraq. Allvord notes, “There is something unique, something special, when an evil dictator is pulled out of his hole by a liberator, but the fact it was also one of our players makes it even better.” These men are more than willing to give up their cherished free time to represent their country on and off the field. Former Dodgers farm hand and U.S. Military All-Star second baseman Ray Judy USN has a simple answer about playing baseball in the armed forces: “We love baseball, but we love our country more.” (Allvord & Anton, 2008, pp. 239–244)

# Class Activities for Chapter 15: Veterans, Their Families,

# and Military Social Work

**Class activity #1**

Break the class into groups and have them choose someone to be the recorder. Ask them to answer the following questions.

1) What traits do you associate with being a member of the military? Think of both positive and negative traits if you can.

2) What traits do you associate with being a social worker? Again, think of both positive and negative traits if you can.

3) Looking at your list of traits, what similarities are there? Are there more differences? What do you make of it? What would you expect a military social work officer to be like?

4) What typical social worker traits might make it hard to serve in the military? What typical military traits might make it hard to be a social work client?

Discuss as a large group.

Note that in reality, military service people are diverse and so are social workers. Certainly, many people fit the stereotypes to varying degrees, but it is important not to treat military members as a homogenous group any more than one would treat any group of clients with a common trait as homogenous. Still, it’s important to recognize the impact the strong military culture can have on people—both good and bad—and be prepared to deal with that in working with military clients.

**Class activity #2**

The textbook mentions the fact that social workers with military clients can experience “secondary trauma;” that is, they can empathize so strongly with their clients, who have often experienced catastrophic injuries or other events, that they can begin to feel symptoms of the same problems themselves. This struggle to maintain boundaries between self and client can lead to compassion fatigue and/or burnout. It can cause a social worker to feel extremely tired both physically and emotionally.

Of course, this is not the only area of practice where social workers may struggle to separate themselves from their clients (and their clients’ stories) enough to maintain their own health. It is essential for social workers, however, to have a good sense of what is necessary to maintain their own personal health.

After discussing the above, instruct students to come up with a list of tips and/or strategies they believe they can use to help themselves maintain a good emotional balance when it comes to work and personal life. How can they engage in solid self-care? What tactics will they use to do their best to leave work at work and to have a healthy home life and leisure life? What sorts of clients (or client experiences) do they believe would be the most challenging to them in maintaining this balance?

After they have had some time to come up with individual plans, ask for volunteers from the class to discuss with the large group, or if you prefer, break them up into small groups so that everyone gets a chance to speak to a few people about their plan, get feedback, and totally focus on a few peers’ plans as well.

**Class activity #3**

The military has taken more steps than ever in recent years to address the scourge of sexual assault, sexual harassment, and rape within its ranks. Without a doubt, men are also subject to these crimes, but as women have become more prevalent in the military ranks, the rates of these incidents have risen sharply, even though the vast majority still go unreported.

Break the class into groups to discuss what specific strategies they believe could be undertaken to reduce the volume of military sexual trauma (MST) and to encourage a higher percentage of victims to come forward. This is one area where, unlike many areas of practice, the funds that could be accessed are virtually unlimited if the use of them can be properly justified. MST costs the military a great deal of money every year, so prevention efforts that were effective would likely be welcomed quite openly.

Tell the students to keep in mind the hypermasculinity of the Armed Forces and the fact that most enlisted people and officers are men can make women who are assaulted or harassed even more reluctant to come forward with their stories.

Have the class discuss their strategies as a whole after each group has completed its list of ideas.

# Video and Multimedia for Chapter 15: Veterans, Their Families,

# and Military Social Work

#### Video Clips

* [Posttraumatic Stress Disorder](https://www.youtube.com/watch?v=JBUjLXtedfc)   
  PTSD discussed from a medical perspective, and through the stories of three veterans.
* [Military Social Work](https://www.youtube.com/watch?v=sZBQHEr3YOY)   
  One military social worker discusses his experiences in the Navy as opposed to civilian work.
* [Stress, Mental Health and Suicide in the Military](http://abcnews.go.com/ThisWeek/video/closer-military-stress-11352285)   
  ABC News takes a closer look at the unique stresses of military life.

#### Audio Clips

* [One Soldier’s Near Suicide Back Home](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=134657905&m=134771075&live=1)   
  Brock Savelkoul, after three tours in Iraq, PTSD, and TBI, found himself suicidal back home and instigating a confrontation with a police officer.
* [Dealing With Sexual Assault, Harassment, and Rape in a Military Environment](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=134657905&m=134771075&live=1)   
  Military Sexual Trauma (MST) is a problem that the Armed Forces is being forced to grapple with more and more.

# Web Resources for Chapter 15: Veterans, Their Families,

# and Military Social Work

* [Naval Social Work Careers](http://www.navy.com/careers/healthcare/clinical-care/social-work.html)   
  Information on becoming a clinical social work officer in the Navy.
* [Air Force Social Work Careers](http://www.airforce.com/careers/detail/clinical-social-worker)   
  And the Air Force as well!
* [Posttraumatic Stress Disorder Specialists](http://www.ptsd.va.gov/)   
  The home page of the VA’s National Center for PTSD.

# SAGE Journal Articles for Chapter 15: Veterans, Their Families,

# and Military Social Work

[**SAGE Journal User Guide**](http://www.uk.sagepub.com/sageEdge/orvis3e/files/SJ-userguide.pdf)

Article 1.

[True, G., Rigg, K. K., & Butler, A. (2014). Understanding barriers to mental health care for recent war veterans through photovoice.*Qualitative Health Research*](http://qhr.sagepub.com/cgi/reprint/1049732314562894v1?ijkey=tXtVf1GNbrs06&keytype=ref&siteid=spqhr) doi:10.1177/1049732314562894

Through a qualitative visual medium (photovoice), this article highlights the multiple barriers recent war veterans face in accessing mental health care.  The role of symptoms, coping strategies, and negative encounters with the health care system are discussed.

#### Questions:

1. How does existing research explain the low utilization rate of mental health services among recent veterans?
2. What did this study reveal about the role of military culture and values in help-seeking?
3. How did veterans’ experiences with healthcare providers and institutions serve as an additional barrier to seeking mental health care?

Article 2.

[Weiss, E. L., Coll, J. E., Gerbauer, J., Smiley, K., & Carillo, E. (2010). The military genogram: A solution-focused approach for resiliency building in service members and their families.*The Family Journal, 18*(4), 395-406.](http://tfj.sagepub.com/cgi/reprint/18/4/395?ijkey=boF4SEV3ocoxc&keytype=ref&siteid=sptfj) doi:10.1177/1066480710378479

In this article, drawing on evidence of the unique effects of military culture on families, the authors develop a culturally-specific assessment and treatment tool, the military genogram.  The article includes a description of the steps involved in creating a military genogram as well as a model drawing on a case vignette.

#### Questions:

1. Describe the unique elements of military culture and its effects on families.
2. What is Solution-Focused Brief Therapy (SFBT)?  Why is this approach particularly compatible with military culture, according to the authors?
3. What is the added benefit of the military genogram?