**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.