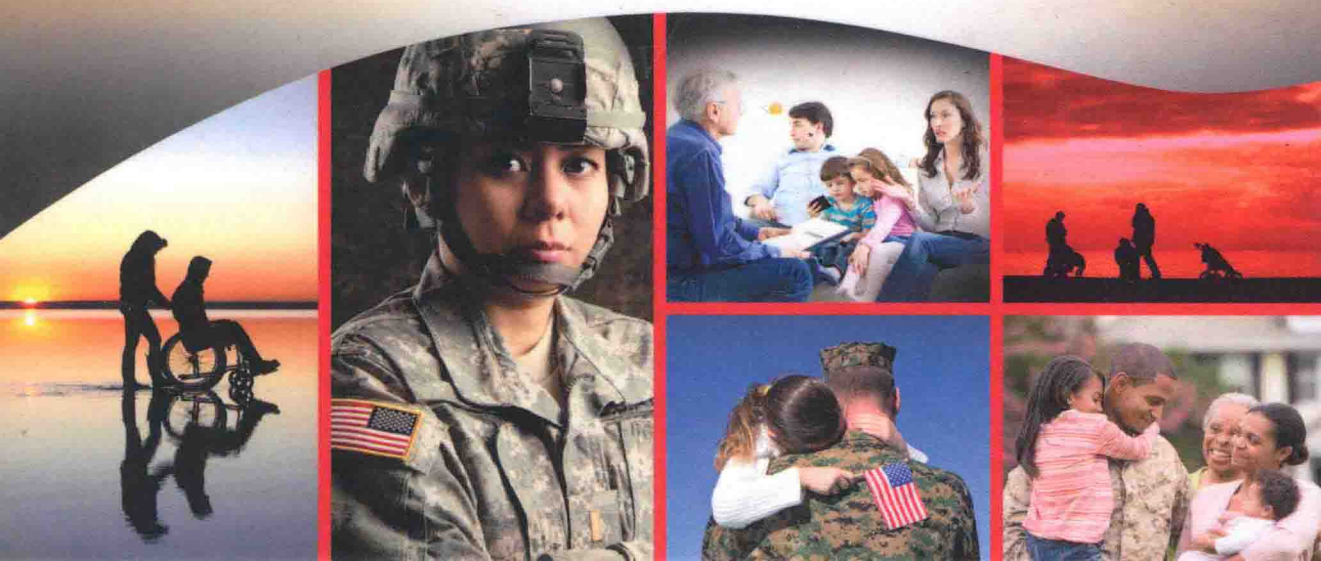
EDITED BY

ALLEN RUBIN, EUGENIA L. WEISS, AND JOSE E. COLL

HANDBOOK OF Military Social Work



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Edited by
Allen Rubin
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Jose E. Coll

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Praise for *Handbook of Military Social Work*

"This is an important book for anyone interested in providing care for our recent veterans and their loved ones. It provides a sophisticated, thoughtful orientation for nonmilitary clinicians. The discussion of military culture and diversity is especially comprehensive and brings together concepts that clinicians need to understand if they are to provide the best possible treatment for our military and their families. I highly recommend it!"

—Judith Broder, MD, Founder/Director, The Soldiers Project

"This handbook is a vital work for social work students as well as practitioners who are or plan to be engaged with veterans and their families. The chapters' authors represent a who's who of leading researchers and practitioners as they delve into the wide range of challenges, strengths, and interventions that social workers need to learn about. The text is also built around the Council on Social Work Education (CSWE)'s 2008 *Educational Policy and Accreditation Standards* while reflecting an evidence-based approach to practice. All social workers should become familiar with this important work. Rubin, Weiss, and Coll call us to stand firmly by our professional and civic responsibilities to these warriors and their families. To do otherwise would be the social work profession's shame."

—Ira C. Colby, DSW, LCSW, Dean and Professor of Social Work, University of Houston

"Wow, this is an extremely comprehensive and easy-to-read handbook regarding all aspects of military social work. The authors and editors have done a fantastic job of covering military life from the perspective of the serving members, veterans, and their families. This handbook will be of use to students and to experienced practitioners."

—Nicola T. Fear, PhD, Reader in Epidemiology, King's Centre for Military Health Research, King's College, London

"The editors of this handbook have literally written to meet Educational Policy and Accreditation Standards (EPAS) Core Competencies of the field of social work. The 26 chapters provide a comprehensive guide to understanding and helping within the military culture. This book fills a void in military social work and will become one of the most referenced handbooks of its kind."

—Professor Charles R. Figley, PhD, Paul Henry Kurzweg Distinguished Chair in Disaster Mental Health at Tulane University and School of Social Work Professor and Associate Dean for Research

"This handbook is a comprehensive and invaluable resource. It has relevance for all health professionals helping service members and families impacted by recent military operations."

—Colonel Rakesh Jetly, OMM, CO, MD, FRCPC, Psychiatrist and Mental Health Advisor to Surgeon General of Canada, Ottawa

"An excellent text that offers a lot of valuable information to social work students or professionals (especially nonveterans) who want to serve this population. Service members are a unique population because of their experience in war and the dramatic impact that can have on them and their families. An understanding of this culture is essential in order to provide them the services they need to reintegrate successfully."

—Stephen Peck, MSW, USMC, Vietnam Veteran, President/CEO, United States Veterans Initiative

"This book is a superb collection that will inform, educate, and inspire both social work students and practitioners in their commitment to provide the very best services to service members and their families. The challenges facing military personnel and their families are daunting. This volume meets a critical need in the preparation of practitioners who will meet those needs in the target population. I endorse it most highly."

—Julia M. Watkins, PhD, Executive Director Emerita, Council on Social Work Education, Alexandria, Virginia

This book is dedicated to our brave men and women service members, veterans, and their families, who have unselfishly sacrificed so much for us to enjoy the freedoms provided by this great nation, and to social work faculty members, practitioners, and students dedicated to supporting the heroes of our past, present, and future generations.

Foreword

It's about time! Finally, a book has been written to inform community social workers and other behavioral health providers about military culture, challenges, and clinical practices for military personnel, veterans, and their families. This type of book has been missing from our classrooms and professional bookshelves and is long overdue.

The wars in Iraq and Afghanistan are now the longest-running wars in U.S. history. Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) are being fought with a small, all-volunteer military made up of less than 1% of the U.S. population. What motivates individuals to enlist? Many of the men and women who have been fighting these wars joined the military because they were inspired by a sense of patriotism or were continuing a family tradition of military service. Whatever the reason for joining, these individuals enter the ranks prepared to give their lives for their country. Nevertheless, they and their families have grown weary after a decade of war.

It is now apparent that the psychological and personal stress for service members, veterans, and their families is more prevalent and powerful than previously understood. The persistently high operational tempo, along with the development of invisible wounds and the challenges associated with reintegration, have clearly taken a toll. Evidence indicates that the key mental health issues affecting the approximately 2.4 million American troops deployed to Iraq and Afghanistan since 2001 are traumatic brain injury, posttraumatic stress disorder, substance abuse, depression, anxiety, marital discord, and suicide—and often these disorders overlap (Schell & Tanielian, 2011). As troops return from the war zones and contend with transitioning back into their communities, we expect to see an increase in these issues. This is a lesson we have learned all too well from the plight of Vietnam-era veterans. Health care workers and family members can be deceived by what seems to be a relatively smooth homecoming from deployment, and perceive that all is well among these service members. However, as the initial flush of homecoming fades and time stretches on, more and more people will come forward with their struggles. The influx of OEF/OIF/OND veterans into the U.S. mental health system has yet to peak, but it is clearly underway.

Many people are concerned that the mental health care system is not prepared to handle this inevitable wave of veterans. Recent reports indicate that there is a shortage of mental health professionals competent to meet the demands of those returning from war (Cameron, 2011). This is not from a lack of empathy or interest from the health care community. Although many civilian organizations and professionals are eager to work with service members and their families, the reality is that a cultural divide exists

between military-impacted populations and their civilian counterparts—particularly regarding the warrior psyche and the experience of combat trauma. Civilian clinicians lack the means to fully comprehend these paradigms and the effect they have on the lives of service members and their families. As a result, military-impacted individuals, already reticent to seek services or mental health treatment, encounter well-meaning clinicians who are ill-prepared to accommodate them and their families with appropriate mental health and medical care, employment readjustment, training support, educational and financial guidance, and other critical services and transition supports.

The military, and the biopsychosocial challenges that arise from military involvement, have been a part of this country's history since its inception. So how did this cultural divide persist within the health fields between military and civilian populations? One factor has been that services for military personnel and veterans have historically been strictly segregated from their civilian counterparts. Compounded with the specialized and selective nature of professional military training in the United States, these factors have produced a distinctive "military culture" that is poorly understood by civilians. Drawing from my own experiences as an enlisted member and officer of both the Army and Air Force for 25 years, and having experienced deployment, I believe that to be truly effective, behavioral health professionals working with the military and veteran population need to be able to connect in a manner that says, "I understand you." If you do not connect with the military or veteran client during the first session, then he or she is not coming back.

Unfortunately, there has been little done within behavioral health education to increase the workforce supply in the area of military cultural competence and evidence-based treatment for this population. However, some steps have been taken in this direction with the Council of Social Work Education (CSWE) Task Force setting up educational and practice guidelines for a specialization in military social work. This task force was comprised of an array of military and veteran mental health experts who developed advance practice skills, behaviors and ethical conduct guidelines that define military social work today based on a set of core competencies that prepare professionals working with this population. (The Preface of this book links the CSWE approved core competencies for military social work to the chapters to which each competency pertains.) Additionally, the School of Social Work at the University of Southern California is one of the first to develop a military social work subconcentration (under the Master of Social Work), and includes curricula derived from the competencies and provides field training opportunities as well as a research center that is dedicated to studying military and veteran issues (and I am pleased to report that more and more of such educational, research, and training programs are coming to fruition around the country).

However, to fully address the behavioral health of military-impacted populations, the quality of care available, and the lack of qualified providers, there must be a concerted, coordinated effort between local, state, and federal agencies (as well as collaboration between educational institutions). We need to bring together a diverse set of resources, and ensure that access to these resources is not fragmented. We need to identify new opportunities in both the public and the private sectors that will support the range of services that this population needs. And we need to make sure that we lay a foundation that will last for many years to come—well beyond the wars in Iraq and Afghanistan.

The need for community behavioral health providers, programs and organizations to address the current and future behavioral health challenges facing our veterans and their families has never been more crucial. We need to increase our capacity to competently serve those who have so valiantly served us so that we can more effectively assist in the resolution of these hardships and in the restoration of human potential for veterans and their families. Our ability to meet these challenges will be enhanced by drawing from the valuable lessons in this timely and comprehensive handbook.

Anthony Hassan

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Preface

Allen Rubin

This book has been developed for use in the education and training of social work students and practitioners who are either currently or will in the future be working with our brave military personnel and their families. Social workers are uniquely poised to assist this population in dealing with the unprecedented and daunting challenges they face as active duty members, National Guard members, and reservists, or as veterans of today's ongoing Global War on Terrorism.

The book is directed not only to those who will work as uniformed military social workers, but also to those who will work with this target population as civilian social workers. Indeed, the vast numbers of service members returning from the wars in Iraq and Afghanistan likely will exceed the capacity of the Department of Veteran Affairs and affiliated programs such as the Vet Centers to serve them all adequately. These clients will be seeking services within the civilian sector, such as in community mental health agencies, HMOs, and private practices. It no longer will suffice for civilian social workers to just refer veterans to the VA on the grounds that they (the civilian social workers) lack sufficient expertise with such cases. Thus, one objective of this book is to help civilian social workers gain the knowledge they need to better serve this population. This book also helps students gain such expertise, including those students aspiring to become uniformed military social workers as well as those who—as civilian social workers—will be better prepared to work with active duty service members, National Guard and Reserve personnel, and veterans and their families.

ORGANIZATION

The chapters in this book address the wide range of challenges, strengths, and interventions that social workers need to learn about in working with this population. The chapters in Part I impart foundational knowledge about social work with service members and veterans, including the history of social work and the military; unique aspects of the military culture that practitioners must know to understand and be credible to military personnel, veterans, and their families; common ethical dilemmas confronting uniformed and civilian military social workers; the triumphs and challenges experienced by women in the military; and the secondary trauma practitioners often experience when working with veterans who have been physically or emotionally injured from traumatic combat experiences or from other types of trauma.

The chapters in Part II of the book cover behavioral health problems and related interventions with service members and veterans, including posttraumatic stress disorder (PTSD) and co-occurring disorders and their treatment; traumatic brain injury; substance use disorders; and preventing suicide. The chapters in Part III address the challenges social workers face in helping veterans transition to civilian life, including preventing homelessness and rehabilitating those who are homeless; helping veterans and their families navigate through complex systems of care; helping veterans secure employment, adequate housing, and veteran benefits related to education and health care; and helping transitioning service members offset the loss of camaraderie and cohesion by becoming involved in community activities and thus finding a new "mission."

The final section of this book, Part IV, contains chapters on families impacted by military service. These chapters discuss the impact of military service on families and its implications for the role of social workers, including content on family stress and resilience, such as the impact of multiple cycles of deployment on family well-being; domestic violence and its prevention and treatment; the unique circumstances of the families of National Guard and Reserve members and ways to support them; military families with children who have disabilities; grief, loss, and bereavement in military families—with a special focus on suicide loss; long-term family caregiving: the challenges faced by children and youth impacted by their parents' military service; empirically supported therapies for military couples and families; and a conceptual and historical overview of the impact of military service on families.

Most chapters provide case vignettes to illustrate the practice applications of the chapter topic, case vignette discussion questions, and/or end-of-chapter discussion questions for reflection on the chapter's main concepts—questions that might be particularly useful for instructors to employ in their teaching about those concepts. The book ends with a glossary that can help readers become familiar with military-related terms and an appendix that lists numerous resources relevant to helping service members, veterans, and their families.

EPAS CORE COMPETENCIES[1]

The contents of every chapter in this book pertain to core military social work competencies delineated in the Educational Policy and Accreditation Standards (EPAS) of the Council on Social Work Education (Council on Social Work Education [CSWE], 2010). For example **EP 2.1.1** regarding proper professional conduct pertains to Chapter 2 on military culture and the need for cultural sensitivity in serving this population as well as the ethical decision-making content in Chapter 4. Chapter 4 also addresses the ethical demands placed on social workers assisting military (active duty) versus veteran cultures and provides extensive content on ethics that also pertains to **EP 2.1.2**, which refers to ethical principles for guiding professional practice.

The critical thinking component of **EP 2.1.3** pertains to content in most of the chapters in Parts II, III, and IV of this book—particularly regarding (1) analyzing relationships among clients, families, the military, and veterans' organizations; and (2) considering various assessment, prevention, and intervention models being implemented in military social work.

[1]The military social work EPAS can be found online at www.cswe.org/File.aspx?id=42466.

The diversity component highlighted in **EP 2.1.4** pertains to most of the content in Chapter 2 on military culture and diverse groups, Chapter 3 on women in the military, Chapter 20 on families with children who have special needs, and the parts of Chapter 24 that discuss cultural responsiveness in connection to therapy with couples. Moreover, many of the case vignettes found in various other chapters involve culturally diverse cases.

The social and economic justice component in **EP 2.1.5** pertains to content found in all of the chapters in Parts I, II, and III of this book. Chapter 2, for example, discusses the stigma perceived by service members associated with seeking help for their psychosocial problems, and Chapters 12 and 13 discuss stigma in connection to seeking help for substance use disorders. Chapter 15 discusses poverty and financial hardship in connection to homelessness. Chapter 16 provides a "road map" for helping economically disadvantaged veterans access resources and benefits. Likewise, Chapter 17 discusses how social workers can help transitioning service members find employment, adequate housing, and veteran benefits. Chapter 21 discusses resources available to families of children with special needs. In addition, the Appendix provides an extensive list of resources that can enhance the lives of veterans and military families.

Virtually every chapter in this book that discusses interventions mentions the empirical support for those interventions, many of which are evidence-based. Thus, those chapters pertain to **EP 2.1.6** (engage in research-informed practice . . .). This is most evident in the chapters in Parts III and IV. For example, Chapter 3 applies the evidence-based intervention, cognitive behavioral therapy, to the case of a female veteran who was sexually harassed and who has PTSD. Chapter 6 discusses the evidentiary support for various theories of and interventions for PTSD. Chapter 8 describes exposure therapy, which is widely recognized as the most evidence-based treatment for PTSD. Chapters 12 and 13 describe motivational interviewing and seeking safety, two empirically supported interventions for substance abuse. Chapter 23 discusses the FOCUS model, which is empirically based. Chapter 25 describes empirically informed therapies being implemented with couples and families impacted by military service.

Virtually every chapter in this book contains extensive content pertaining to **EP 2.1.7** regarding human behavior and the social environment. The policy emphasis regarding advancing social and economic well-being in **EP 2.1.8** pertains to most of the chapters in this book, especially the chapters in Part III that contain content on preventing homelessness; helping veterans and their families navigate through complex systems of care; and helping veterans secure employment, adequate housing, and various veteran benefits.

EP 2.1.9 (respond to contexts that shape practice) is reflected in many of this book's chapters, especially the historical content in Chapter 1 and the cultural content in Chapter 2, which correspond to the CSWE recommendation that social work practitioners working with military clients should know about the history and current trends in service delivery to "service members, veterans, their families, and their communities" (p. 13). Additional content pertinent to **EP 2.1.9** can be found in the chapters in Part III, particularly Chapter 16, on helping veteran clients navigate through systems of care.

EP 2.1.10(a)–(d) refers to content regarding engaging, assessing, and intervening with clients at various levels of practice. This broad range of content pertains to almost every chapter in this book. To get a glimpse of the many ways our book reflects the extensive CSWE list of practice behaviors illustrating the **2.1.10** core competency, one need look no further than the Contents section that began on page ix. Providing examples of all

of those ways would go beyond the scope of this preface, so I mention just a few. To begin, **EP 2.1.10** overlaps with **EP 2.1.6** regarding engaging in research-informed practice; thus, the examples provided above for that competency apply here, as well. Some other examples are as follows. Regarding engaging clients, Chapter 2 addresses how building a therapeutic alliance with military personnel, veterans, and their families requires knowledge of military culture. Chapter 5 identifies strategies for assessing, preventing, and treating secondary trauma among service providers working with combat veterans. Chapter 7 provides an overview of the cognitive processing therapy protocol, an empirically supported treatment for PTSD. Chapters 10 and 11 discuss the assessment and treatment of traumatic brain injury (TBI). Chapters 15 and 17 give considerable attention to organizational and community efforts to help veterans transition to civilian life. Chapters 18 and 19 discuss group and support system approaches for helping families cope with the cycle of deployment and other stressors.

The unique nature of the Global War on Terrorism has confronted military service members, veterans, and their families with unprecedented biopsychosocial issues. These include the widespread problems of traumatic brain injury (TBI) and PTSD, an increase in the number of suicide attempts and completed suicides, the devastating impact that multiple and lengthy deployments can have on service members and their families, difficulties in transitioning back into civilian life between deployments and after retiring from military service, as well as various other problems. Therefore, more than ever before social workers are needed to address the multifaceted issues faced by this population and assist in supporting our nation's warriors and their families. We hope this book spurs readers to have the desire to serve military personnel, veterans, and their families, and that it improves their effectiveness and confidence in working with this target population.

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Allen Rubin
Eugenia L. Weiss
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Introduction Understanding and Intervening With Military Personnel and Their Families: An Overview

Allen Rubin

Social workers have worked with military personnel, veterans, and their families throughout the history of the social work profession. In so doing, they have performed the full range of professional social work activities. With each new war, the value of military social workers became increasingly appreciated, and they have been increasingly employed by all of the branches of the armed forces. Today, the increased utilization of military social workers is seen not only among those in uniform, but also among those who work contractually on base, at the Veterans Administration (VA) and its centers, other departments of the federal government (such as the Department of Homeland Security), and in community agencies or private practice.

With each new war, the roles of military social workers expanded. Today, military social workers (including those in and not in uniform) perform work at all levels of social work practice, ranging from direct practice to administrative and policy-level roles. Some prominent examples of their varied services include case management; various modalities of psychotherapy; counseling; family psychoeducation and advocacy; medical social work and hospice care; and the development of community-level programs, policies, and procedures. Prominent examples of the types of problems that they deal with include posttraumatic stress disorder (PTSD), domestic violence and child maltreatment, traumatic brain injury (TBI), substance abuse, suicide prevention, family bereavement, combat stress, veteran homelessness, and readjustment to civilian life.

The expansion of social work roles in helping military personnel, veterans, and their families has escalated in the current Global War on Terrorism. Today's U.S. military service members, veterans, and their families have had to deal with unprecedented biopsychosocial problems. Biologically, there is the widespread problem of TBI from roadside bombs that imperil even noncombat service members in this war without a defined frontline. Psychologically, the constant danger posed by the lack of a defined frontline has

contributed to a growing prevalence of PTSD among the service members. Military personnel are constantly vigilant, as the enemy is not another country, but rather segments of the populace that they are trying to help. Realizing that anybody could be an enemy amid a civilian population, service members know that attacks can come at any time or place, from indigenous enemies dressed in civilian clothes who often exploit women and children as a means of attack. This contributes to a state of hyperarousal that is an undesirable PTSD symptom after returning home, but is actually adaptive during deployment. It also means that the need to sometimes kill without being sure who the good guys and bad guys are can exacerbate feelings of guilt and self-blame on returning from war.

Treating combat-related PTSD, therefore, can be more challenging than treating most forms of civilian PTSD. For example, the levels of anger and aggression associated with combat PTSD tend to be greater than with most types of civilian PTSD. Also, comorbidity with other disorders is common with combat-related PTSD. Consequently, PTSD among military veterans tends to be complex and chronic and is likely to require a longer treatment regimen than with less complex forms of PTSD. Exposure therapy (an empirically supported treatment for PTSD to be discussed in Part II of this book) typically needs to be more flexible and titrated when provided to combat veterans than with civilians, and with combat vets it often needs to be preceded by or in conjunction with interventions targeting comorbid disorders, such as substance abuse, suicidality, and poor impulse control (Courtois & Ford, 2009; Moore & Penk, 2011; Rubin, 2003).

Today the ratio of wounded warriors who survive with devastating injuries is much greater than in the past. In Iraq, for example, 16 soldiers got wounded or sick for every fatality. The comparable ratios were 3 to 1 in Vietnam and Korea, and 2 to 1 in World War II (Hall, 2008). Thus, social work interventions of various modalities and at all levels of practice are needed to help veterans and their families deal with the long-term physical, psychological, and socioeconomic impact of polytraumatic injuries that can include not only TBI and PTSD, but also musculoskeletal and spinal cord injuries, amputations, burns and visual problems (Owens et al., 2008).

Also unprecedented is the number of military suicide attempts and completed suicides. As reported by Walker (2011), the number of suicide attempts by U.S. Marines is at an all time high, with the number of reported attempts during the first 11 months of 2011 more the doubling the number in all of 2002, the year that the Marine Corps first began recording and reporting suicide attempt statistics. A similar trend has been observed in the Army, where the suicide rate trended up every year between 2004 and 2009, with the rate in the latter year more than doubling the rate in 2001 (Ritchie et al., 2011). The rise in military suicides and attempted suicides has been attributed by mental health specialists to the nature of the current wars in Iraq and Afghanistan, including the stress of long and frequent deployments among other stressors. (Walker, 2011).

As discussed by Schwartz (2011), many of today's veterans have served multiple overseas deployments and return struggling to adapt to civilian life after knowing nothing but war for perhaps as long as a decade. No previous war has had such a drawn-out cycle of deployments. Although most service members in World Wars I and II served throughout the war, they were deployed just one time. In Vietnam, most service members served just a single 1-year tour of duty. Today, however, the churning cycle of being deployed, returning home for a couple of months, and then being redeployed can have a

devastating effect on the psychosocial well-being of the service members and their families. This impact has been experienced not only by full-time service members and their families, but also by part-timers and their families in the Reserve Components and the National Guard being deployed over and over again in unprecedented numbers as part of the "Total Force."

A recent report by the Iraq and Afghanistan Veterans of America (2011) summarizes data that reflect the extraordinary burden shouldered courageously and with dignity by the more than 3 million military spouses, children, and adult dependents of military personnel who have served in the Global War on Terrorism. Included are the following data on the impact of multiple deployments on families—data that are particularly relevant to the need for social work intervention at all levels of social work practice:

- A prevalence of mental health disorders of 36.6% among military spouses
- A high likelihood of developing psychosocial problems among up to one third of children aged 5 to 12
- A higher rate of domestic violence than in civilian families (Marshall, Panuzio, & Taft, 2005)
- An unemployment rate of 26% among male and female military spouses and partners
- A 35% gap in full-time employment between military wives and their civilian counterparts
- Frequent moves (i.e., geographic relocation):
  - Create difficulties for almost 20% of military spouses in transferring licensure and credentials, making it hard to gain employment
  - Create obstacles in obtaining child care
  - Make it difficult for military spouses to earn an educational degree, with more than 30% taking at least 5 years to do so
  - Result in an average of six to nine educational transfers among military children
- Lower achievement test scores among children of parents deployed longer than 19 months cumulatively
- Increases in mortgage foreclosures, with more than 20,000 home foreclosures among military families in 2010
- Much higher levels of credit card debt than civilian families, with more than one third having trouble paying monthly bills and more than one fifth borrowing outside of banks
- A tendency of predatory lending companies to locate near military installations, making service members and their families vulnerable to fraud or exploitation

The burden service members and their families experience during deployment does not end after retirement or separation from military service. For example, certain psychological states that are desirable during deployment often linger and cause problems after returning home. One problem is the extreme sense of bonding and mutual support during deployment that cannot be matched in civilian life. Another is the adrenalin rush during combat that the vet may miss and seek to reexperience after returning home. Efforts to reexperience the adrenalin rush can involve risk taking ranging from pathological forms (such as