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Effective Social Work Practice with Military, Veterans, and their Families

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University - University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This study explores if licensed practicing social workers in the state of Minnesota perceive themselves as competent to work effectively with military, veterans, and their families. A qualitative survey was emailed by Minnesota Social Services Association to their members. A total of eight participants responded to the survey. Each of these participants indicated that he or she worked directly with a military-connected client the military. Content analysis was conducted and two themes were found. The majority of participants described not feeling prepared to work with this population and indicated a desire for more education. One of the limitations of this study was the lack of participants. Yet, it sheds light on the fact that social workers do not feel fully prepared to work with this population. Implications for practice include integrating military-connected knowledge into education curriculum.

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Table of Contents

Introduction.....	5
Literature Review.....	8
Family impacts.....	8
Education curriculum.....	13
Conceptual Framework.....	18
Military culture.....	18
Military Deployment Cycle.....	22
Family Systems Theory.....	24
Methods.....	30
Findings.....	33
Feeling Prepared.....	34
Additional Education.....	35
Discussion.....	37
Feeling Prepared.....	37
Education.....	38
Implications for Practice.....	39
Strengths and Limitations.....	40
Personal Reflection.....	41
Conclusion.....	42
References.....	43
Appendices.....	47

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Introduction

When United States citizens enlist in the military, their families are ultimately signing up as well. Just like the enlisted family member, the family has an immeasurable sense of pride for this service to their country. Though military members and their families have an immeasurable sense of pride for this service, it may come at a price. Some families are able to reconnect with one another and face little to no adversities. However, other families are facing unfavorable situations and experiences, such as high levels of stress and family relationship troubles, as their family transitions through the various stages of the deployment cycle. Oftentimes, family members seek assistance through various modes, including social workers, during these difficult times.

Since the terrorist attack on September 11, 2001, there has been an increase in deployment of Reservists and National Guard members alongside Active members. Due to the persistent war in the Middle East, the deployment cycle has consisted of multiple, longer deployments and shorter time between deployments. Ultimately, this has led to more mental and physical injuries for those enlisted as well as more complications within the military family context (Frey, 2014).

The US Department of Veterans Affairs (VA; 2017) provides the public with statistics regarding war casualties. During World War I a total of 4,734,991 service members killed in action and 204,002 were wounded in action. Furthermore, 16,112,566 service members were killed in action during World War II and 670,846 wounded in action. During the Vietnam War, there were a total of 8,744,000 deaths and 153,303 wounded in action (VA, 2017). DeBruyne (2017) compiled statistics regarding the current war, Global War on Terrorism (GWT;

September 2001 to present). The following operations were included in the statistics compiled by DeBruyne (2017): Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), Operation New Dawn (OND), Operation Inherent Resolve (OIR), Operation Freedom's Sentinel (OFS). According to DeBruyne (2017), as of April 24, 2017, there were 6,901 killed in action and 53,534 wounded in action (DeBruyne, 2017). These numbers are subject to change in the future as GWT has yet to end.

Due to advances over the years, such as heightened medical technology and more effective body armor, there are fewer deaths than prior wars. Combat related deaths are decreasing; however, the rate of physical, mental, and emotional injuries continue to rise. Due to this shift in numbers, there is a larger number of military members, veterans, and their families are seeking assistance. Due to this large number, the VA health care system is unable to treat all those in need (Hoffler, 2014). As a result, many military connected individuals are seeking assistance within community agencies. Therefore, those working with this population have had to increase their knowledge to provide effective, culturally competent work (Hoffler, 2014).

As of 2014, the NASW identified 22 undergraduate and graduate schools that had a concentration, program, or certificate program in services relating to military, veterans, and family social work (DuMars, Bolton, Maleku, & Smith-Osborn, 2014). This increase of military, veterans, and family social work is beneficial not only to those practicing, but also to those clients being served. Additionally, continuing education units pertaining to the military culture are rising giving more knowledge to civilian social workers working within this population. Though there are a number of military agencies that provide services to help military connected families in need, many are going to community based agencies that might not necessarily be knowledgeable about military culture and therefore not as competent to support these families.

This research is designed to explore the competency of licensed social workers and their readiness to work with military connected families.

Literature Review

This study focuses on content material that is applicable to military members and veterans across the generations regardless of age, branch, or service era. Using articles relevant to the current service era allows this study to be informed with modern concepts related to military, veterans, and their families. Therefore, the following literature review contains references to articles that were published after 2005 and include information from the following conflicts apart of the Global War on Terrorism (GWOT; September 2001 - present): Operation Enduring Freedom (OEF; October 2001 – December 2014); Operation Iraqi Freedom (OIF; March 2003 – November 2011); and Operation New Dawn (OND; September 2011 – December 2011) (US Department of Veteran Affairs [VA], 2015). Though this literature focuses on the current era, it is applicable to all generations of military, veterans, and their families regardless of their service era.

Family Impacts

Glynn (2013) states that as service members return home from war and exit the military, they will be seeking help for psychological and physical injuries through the Veterans Administration (VA), Department of Defense (DoD) and community agencies. Therefore, it is important that social workers within the community be culturally competent so as to effectively serve their military connected clients.

It is often difficult for military personnel to successfully re-enter civilian life as well as reintegrate amongst their family and community (Doyle & Peterson, 2005). Lester and Flake (2013) found that families identified the post-deployment period to be the most stressful part of the deployment cycle. Though the spouse left behind has been forced to change their role in the family, sometimes children do as well. Children may take on new roles and responsibilities to

help their present parent make ends meet within the home such as preparing meals or taking care of younger siblings (Lester & Flake, 2013). When the deployed parent returns home, families often try to pick up where they left off. However, there has been a change in family dynamics, as well as a shift in roles that need to be re-addressed, which can often cause stress. For example, there is a change in who disciplines the children as well as in delegation of chores, like mowing the lawn or taking out the trash (Doyle & Peterson, 2005).

Another concept within military social work is helping reservist military personnel returning from combat deployment reintegrate to the civilian workforce. Schaefer et. al. (2013) conducted seven interviews within a 12-month period with Army reservists. From these interviews, the researchers concluded those interviewed went through a similar process, of which they created a four-stage work adjustment model. The model consists of the following four stages: return home, return to work, activation, and settling in (Schaefer et. al., 2013).

As expressed by Schaefer et. al. (2013), when working through the model, the length of each stage will vary as well as the length of the model completion; the researchers found the participating reservists varied from 3-12 months. The first stage, return home, consists of the reservist returning to the home front and having a sort of honeymoon phase consisting of excitement as they are reunited with family. As time passes this excitement drains as the reservist transitions to stage two, return to work. During stage two, disappointment often arises as there is a lack of responsibility in the current position when compared to their military job. Additionally, this can be a stressful time as the reservist must adapt to the changes within their civilian job. Activation phase, or stage three, is when the reservist makes one of two decisions. The first decision that might be made is to leave their civilian job due to the complications the job has brought about, such as not using newly acquired skills during deployment. The second decision

is to remain at their civilian job. Once this decision is made, the reservist enters stage four. Stage four, settling in, is when a new pattern of behavior is created as a result of the decision made in stage three. Additionally, during the settling in stage, the reservists finally settle in to civilian life overall (Schaefer et. al., 2013).

There is often relationship instability when the enlisted family member is reunited with their spouse on the home front. Theiss and Knobloch (2013) found that the main characteristics of relational instability post deployment included “intense emotional, cognitive, and communicative responses to relationship circumstances” (p.1109). In efforts to further understand the romantic relationships of those couples experiencing this, the researchers surveyed military personnel who recently returned home from deployment. The researchers found that a couple had a more positive relationship when the couples talked daily as well as participated in routine conversations. Routine conversations consisted of talking regularly about their days, as well as discussed their feelings openly. Ultimately, this research shows that communication is key to relationships, especially to maintain openness within the relationship and decrease aggressiveness (Theiss, 2013).

Nichols, Martindale-Adams, Graney, Zuber, and Burns (2013) set up and studied a telephone support group for spouses of returning Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) service members. Spouses self-reported an increase in depression and anxiety while their service member was reintegrating. These spouses also indicated they wanted assistance with a variety of current issues of reintegration such as reinventing communication patterns, mental health concerns, and reinstating shifted roles. The support line assisted the spouses with these complications as best possible through support, education, and building skills. The support line offered new ways for the spouses to communicate with their loved service

member to decrease these feelings, as well as gave tactful coping skills for depression and anxiety (Nichols et. al., 2013).

Not only are the couples/parents dealing with reintegration and deployment cycle stressors, such as maladaptive behaviors and change in family dynamics, but so are the children in the families. Osofsky and Chartrand (2013) found that children from birth to age five are the most vulnerable to maltreatment, behavioral issues, and attachment complication. It is believed by Osofsky and Chartrand (2013) that these vulnerable children are not sufficiently working through the developmental stages nor developing secure attachments due to one parent being deployed. Osofsky and Chartrand (2013) believe that one of the best ways to assist this vulnerable age range is by helping the parents cope with the common stresses of deployments. Additionally, helping families to keep consistent and predictable daily routines help to ensure stability for these children (Osofsky and Chartrand, 2013). Additionally, while the service member of the family is gone, it is best to try to help the children connect with the absent parent in some way. This stability and predictability helps the children continue to progress through their development and form secure attachments (Osofsky & Chartrand, 2013).

Building on Osofsky and Chartrand, Lester and Flake (2013) found that predictability and stability within the family decreased maladaptive behaviors, acting out, and emotional withdrawal by children. This carries over into school-aged children, however a few more variables are added. The school aged children, like adolescents, better understand war and the duties their enlisted parent is performing. These adolescents also have a grasp on what is occurring at home and that they are needed to help perform daily chores and maintain a routine. However, school-age children are at risk to miss major milestones developmentally due to focusing on more adult matters. The older children are focused on taking on parental roles and

responsibilities during the deployment stage of the deployment cycle. By adolescents taking on parental roles, the home remains maintained while the service member parent is away, as well as helps when that service member returns home with psychological or physical injuries (Lester and Flake, 2013). Astor and Benbenishty (2014) state this is when school social workers are most important. These researchers note that since 9/11 an estimate of over 4 million children and youths have been a part of the school system and experienced the deployment cycle at home (Astor & Benbenishty, 2014).

Within the community setting, a newer initiative has been taken to help military-connected (MC) children and families within the school systems. An MC student is a student who has at least one parent who is in the military. In efforts to address these specific students and families, a school of social work established connections with eight MC school districts and placed graduate level students within them to work with the students. Esqueda et. al, (2014) reported that the graduate level interns encountered MC students in their offices over a third of their time while at the placement. While working with these MC students, the interns addressed the following issues: student academic struggles, issues of bullying, school violence and bystander responses, attendance and truancy, and school connectedness. In addition to this, the interns provided additional supports that would were not otherwise available for those MC students and their families. Additional support services for MC students included individual, family, and group counseling. The research findings indicated that the available services were well received by the military associated students and family as well as by the school community (Esqueda et. al., 2014).

Family-centered care has been a recent focus for this population. Beardslee, Klosinski, Saltzman, Mogi, Pangelinan, McKnight, and Lester (2013) developed the Families OverComing

Under Stress (FOCUS) program that focused on working with families to overcome the stressors of multiple deployments and the stress of combat injuries on the family. This program was successful at preventative family-centered interventions that promoted and maintained a healthier psychological mindset for both the service member and their families (Beardslee et. al., 2013).

As stated previously, scientific technological advances has decreased combat related deaths. Due to the higher survival rate, it is likely that there are more unseen injuries, such as mental and emotional injury. As a result, those working with this population have had to increase their knowledge to provide effective, culturally competent work (Hoffler, 2014). McNeil (2005) expresses the various health conditions that are prevalent among service members and veterans. Posttraumatic stress disorder (PTSD), substance use disorders, and psychosis are some conditions that were listed by this researcher. McNeil (2005) continues to state that in 2002, roughly 59% of post Operation Iraqi Freedom and Operation Enduring Freedom veterans were seeking help through the VA healthcare system for mental and physical injuries; this leads to the conjecture that a large number of veterans are seeking assistance through local community based health care providers that might not be competent in the unique military culture (McNeil, 2005).

Education Curriculum

Since World War II, social workers have been a critical part of the military. It has not been until recently, however, that more formal education has been given regarding military social work. By integrating formal education, social workers are prepared to work as civilian social workers, as well as potential officers within the military. However, advanced training is critical. This advanced training uses field education for experience based learning. Additionally, civilian social work students worked on curriculum based on psychological trauma, crisis

interventions, and additional coping mechanisms to help during stressful situations. (Brand & Weiss, 2015).

As of 2014, the NASW identified 22 programs that had some form of specialized services program relating to military, veterans, and military family social work (DuMars, Bolton, Maleku, & Smith-Osborn, 2014). One of these programs available focused on military resilience research which was available as a field experience for master's students and a research program for doctoral students. This program focused on teaching the masters students to develop complex concepts of resilience and to develop a deeper knowledge base of the military. Simultaneously, the doctoral students focused on research expertise through multiple hands-on research tasks and the role of a project manager. Both masters and doctoral students indicated that the program heightened their motivation to work on social work military based research both in the present and future (DuMars, Bolton, Maleku, & Smith-Osborn, 2014).

In Virginia, an unlikely partnership was created through the Virginia Commonwealth University School of Social Work and Wounded Warrior program. This duo created the MISSION: Healthy Relationships program which utilized the help of master of social work and doctoral students. The program was set up in a weekend retreat format and was offered to community military couples in need of developing their marital relationships. The students involved focused on program management, co-facilitation, and evaluation research. During this program, the two entities forming the partnership were unable to succeed alone. This co-dependent partnership of two diverse entities meant that their unification reached high numbers of people in need. Simultaneously, the students involved in the MISSION: Healthy Relationships project grew through the hands-on learning experiences (Weng et. al. 2014).

Canfield and Weiss (2015) discuss that the social work education system has started to integrate military and veteran culture into their programs. As more military service members are entering the civilian communities, they are reaching out to civilian community-based resources to help themselves and their families. This shift from military to civilian services indicates that civilian social workers should have a firm knowledge of military culture to better serve their clients from this population. (Canfield & Weiss, 2015). In efforts to include military and veteran culture into social work education, Canfield and Weiss suggest adding the following topics related to military lifestyle: “coping and adaptation to stress, ecological and systems theories, family roles and functioning, community capacity to support the population, and the effect of these across the lifespan” (Canfield & Weiss, 2015, p. S128). The conflict that arises however, is that there is no guarantee that students will be exposed to this material due to its contents typically being offered as electives (Canfield & Weiss, 2015).

Forgey and Young (2014) dove deeper into a military social work course to better understand the learning outcomes that are critical to effective practice. These researchers conducted a quasi-experimental pre-post design to test two groups of students: those students enrolled in the military course, and those students who were not. The pre- and post-test looked at the students’ knowledge about the military population culture, advocacy frameworks, and service knowledge for this group. The scores between the two groups were compared showing a great significance. These tests indicated that there was a general lack of knowledge about the military culture among social work students as well as the need for more systematic classes infused throughout the curriculum. The researchers suggest that social work programs go beyond general military electives and implement more military focused classes (Forgey & Young, 2014).

It was found by Selber, Chavkin, and Biggs (2015) that there is a rise of student veteran enrollment in undergraduate and graduate education programs; these student veterans were additionally seeking help through the school for post-deployment assistance as well as assistance with their school work. This led to the creation of the Dual Mission field model. This field model integrated the social work students with these student veterans seeking help through the school. By working with these student veterans, it gave student social workers campus-based field education while also developing those skills needed to work with military members and veterans. Another positive outcome was helping those student veterans in need of educational help. This model not only helped the student social workers learn and increase their skills, but also helped the university respond to the enrollment increase of student veterans (Selber, Chavkin & Biggs, 2015).

Another framework of military focused education was researched by Williams-Gray (2016). This researcher looked at a theoretical orientation for Bachelor of Social Work (BSW) students implemented in a university. This theoretical orientation framework focused on working with returning military personnel while “incorporating the warrior ethos, resiliency and protective factors, and social work strengths and ecological perspectives” (Williams-Gray, 2016, p. 3). In this framework based on strengths-based resilience, undergraduate social work students incorporate military based case vignettes for practice. These vignettes are implemented for students to learn how to support military service personnel during the transition from military to civilian life, as well as focus on supporting the well-being of these military personnel and veterans (Williams-Gray, 2016).

Compared to the general public, Rishel and Hartnett (2015) state military personnel and veterans require additional mental health needs. Due to the unique needs of this population, there

is a shortage of practitioners readily equipped to offer services. (Rishel & Hartnett, 2015). In effort to combat this shortage, a training program was implemented in the masters of social work (MSW) program at West Virginia University to increase the students' knowledge of working with veterans, military personnel, and their families. This program is an integrated mental and behavioral health training that focused on training effective practitioners to provide services to military personnel in small towns and rural areas. The students who participated in the first cohort were successful in meeting all 14 learning outcome objectives as well as the overall goal. The overall goal was for all students to secure an employment position post-graduation within a mental or behavioral health setting serving the military population. (Rishel & Hartnett, 2015).

It is mandatory for practicing social workers to complete continuing education units (CEU) to stay up to date on the practices used within the field. An initiative was brought to the forefront to add a military piece to the CEUs using an intensive advanced graduate curriculum template to create the CEU (Smith-Osborne, 2015). This intensive advanced graduate curriculum CEU was created for community practitioners by combining undergraduate and graduate curriculum that focused on military based social work, education, and instructional training modules. Post-CEU surveys suggested the CEU material was useful and effective. These surveys also suggested the CEU should be implemented on a larger scale as it contained evidence-based material and resulted in a feasible military social work certificate that was useful working with this population (Smith-Osborn, 2015).

Conceptual Framework

There are three frameworks that inform this research. The first is the framework of military culture. This culture is uniquely different due to the additional concepts that are military specific opposed to concepts used within the civilian community. The second framework that guided this research is the military deployment cycle theory. There are five stages within this theory that work to explain two concepts: the stages of deployment service members experience and the various stages the family experience. The third framework is family systems theory. Family systems theory contributes the concepts that there are compound interactions within the family that link to family behaviors.

Military Culture

This first framework of military culture is derived from the 2011 article published by K. L. Hall. Hall offers her expertise and knowledge to give insight on the various components of the military culture. The first framework will reference Hall's military culture framework alone from her 2011 article.

Military culture encompasses a variety of concepts. For social workers to be effective with this population, Hall (2011) states that social workers must first understand the three core concepts that shape military culture. The beginning concept is why an individual chooses to join the military. Understanding the different variables of the culture is critical to further understand the various psychological results that may come from their service. For those serving in the military, there is also a sense of honor and sacrifice with their service. Finally, these aspects can be pulled together and impact how social workers interact and practice with those who identify with this culture (Hall, 2011).

Why Join? Hall suggested that individuals enlist in the military and join the culture for a variety of reasons. According to Hall, one of the largest reasons is family tradition. After generations of military service, sometimes one might believe it is important to proudly serve their country. On the other hand, Hall states some military children join because they do not know life outside of the military structure. After years of living within the active duty confines, such as on a base, military children are likely to feel a sense of insecurity in the civilian world; a world that feels uncomfortable as a result of too much freedom and too many choices. Additionally, some might join the military for the benefits that accompany the enlistment, such as the sign on bonus, a steady income, and the educational benefits, such as having their schooling paid for and learning a military occupation specialty. On the other hand, Hall indicates that others use the military life as an escape from their current life. Sometimes, when someone has had a difficult start to life, such as growing up in violence, struggling with addictions, or with a gang mentality, they join the military to escape this past life, as well as set up a better live for themselves. Finally, some enlist within the military so they can psychologically identify themselves as a warrior. This psychological concept comes with the ideals that one is hitting a rite of passage and entering into manhood (Hall, 2011).

Characteristics of the Culture. Hall identifies six unique characteristics that collectively make up the military culture. The first characteristic is an *authoritarian structure*. Within this structural rigidity, regulation and conformism is a must for the service member. Additionally, this authoritarian structure consists of clear and narrow boundaries, little authority questioning, and little individualization (Hall, 2011). This structure often bleeds over into the family structure leading to a conforming and suffocating feeling for the family members. The family members are forced to conform to a strict lifestyle. Hall states that children within the military family can

feel suffocated within this structure and may also act out or rebel against the strict authoritarian structure (Hall, 2011).

The second characteristic of military culture as defined by Hall is *isolation and alienation*. This characteristic is often most notable through the use of acronyms and idiosyncratic terms. Military culture has its own language consisting of various acronyms and phrases that are not easily understood by civilians. This can create a barrier that promotes military thoughts and values to stay confidential and within the military context. This can additionally cause difficulties when bridging the gap between military and civilian life for military members (Hall, 2011). Hall continues by stating that isolation is a common characteristic within a military family due to having to frequently move, in some cases every year. These frequent moves can bring about feelings of isolation as the relationships are often temporary, leaving behind shattered commitments and broken relationships. Additionally, Hall indicates that military children understand they are “different” from other children within their schools and that it is “impossible” to overlook these differences (2011, p. 10).

Class System is the third characteristic that Hall identifies. Within the military there are two subcultures that are distinct: officer and enlisted. The officers are at the upper to middle ranks; these ranks create the structure and held to a higher esteem than the enlisted. The enlisted are middle to lower management ranks. There is little equality as the class system is set up as a hierarchy. Those in the lower ranks report to those above them creating a chain of command. The service members spouse and children are expected to be cognizant of the chain of command to; the spouse and children of an enlisted service member are expected to keep their distance from the officers’ family members. This class system remains true on an active base; for example, the housing for the two subcultures are distinctly separated (Hall, 2011).

Service members within the military are often called away frequently, which leads to the fourth characteristic identified by Hall (2011), *parent absence*. Due to the rise in conflicts following the attack on September 11, 2001, service members have been deployed more frequently, resulting in one or both parents being frequently absent from the home setting (Hall, 2011, p. 11-12). Hall indicated the fifth characteristic as *importance of mission*. This characteristic indicates that military personnel are to put the mission above all other things, requiring “total commitment” to the military (Hall, 2011, p. 12). This often requires service members to miss important events, such as a high school graduation or an extended family members wedding, due to the various commitments of the military; these commitments are comprised of drill once a month, in-country trips for training, or deployments overseas. Additionally, Hall outlines that service members are to focus on the importance of mission through maintaining physical fitness, completing pre-deployment trainings, never leaving a fellow warrior behind, and never showing weakness. Additionally, service members are to ensure that the mission and unit come before the individual and family (Hall, 2011).

The sixth and final characteristic of the military culture is *preparation for disaster* (Hall, 2011). This characteristic is focused on the idea of uncertainty and that a disaster can happen at any moment. This concept, service members are help their families pre-plan for disasters; for example, setting aside funds in the case of vehicle complications or in the event of a natural disaster. Additionally, the military parent is to prepare for their potential death or injury, such as having a drafted will and having their affairs in order (Hall, 2011).

Psychological Results. Three unique psychological results of military enlistment are identified by Hall (2011): *secrecy*, *stoicism*, and *denial*. Military personnel frequently work amongst confidential intelligence. This inspires the concept that what happens at work, stays at

work. Hall states that military personnel develop a psychological tactic, similar to shutting off their brains, in effort to not transfer military intelligence into their personal life. Hall (2011) identifies the second result, *stoicism*, as “the importance of keeping up the appearance of stability and the ability to hand whatever stress the family encounters” (p. 14). It is impossible for military personnel to fully eliminate their fears and other feelings of stress. However, they are suppressed in efforts to reach an equilibrium of normalcy within the family. The third and final psychological result Hall (2011) identifies is *denial*. The result of denial runs congruent with the above psychological result of stoicism. Military personnel may deny their feelings and fears to maintain a sense of normalcy in their lives. As a result, feelings are often suppressed; this aspect of denial of feelings and fears is often carried over into the family, remarkably so in the children. Feelings are denied to the extent that if psychological treatment is sought out, one is viewed as weak and stigmatized (Hall, 2011).

Military Deployment Cycle

A continuum of readiness is imperative to have when being in the military, even more so when a part of an active duty unit. This readiness cycle is depicted through a four-stage deployment cycle (Doyle & Peterson, 2005; YRRP, 2018). As stated by Lester and Flake (2013), there is a deployment cycle model that is used for a variety of purposes, not just to depict the readiness of service members as indicated by Doyle and Peterson (2005). There are four main phases within the deployment cycle model: pre-deployment, deployment, re-deployment or demobilization, and post-deployment or reconstruction (Doyle & Peterson, 2005; Lester & Flake, 2016; Louie & Cromer, 2014; YRRP, 2018). The deployment cycle model can help describe the various stages service members work through (YRRP, 2018). Additionally, this model can be used to show the range of emotions that the service members’ families may be experiencing as

well as a variety of behaviors that arise within the children and family (Lester & Flake, 2016; Louie & Cromer, 2014).

The Yellow Ribbon Reintegration Program (YRRP) is a Department of Defense program. This program was created to assist individuals, families, and communities through the deployment cycle phases; specifically, National Guard and Reserve members and their families. The YRRP clearly identifies the four phases of the deployment cycle, as well as explain what the military member and his or her family are encountering during each phase (YRRP, 2018; see appendix C for Figure 1 regarding deployment cycle diagram).

The initial phase, or pre-deployment phase, occurs the moment the military member is notified of an impending deployment to the moment the deployment occurs. During this phase, the family system is preparing for the separation as well as utilizing time to connect emotionally. Additionally, the family is instilling support systems and resources to ensure stability of essential needs, such as emotional, physical, or financial needs. On the military member's side, units are receiving information regarding their approaching deployment as well as preparation for future missions (YRRP, 2018).

At this point, the military member transitions to the second phase, during deployment stage, or when the unit departs for the deployment location. During this phase, the service member is in their respective deployment location completing missions. On the home-front, the families are acclimating to the separation. In efforts to keep in touch with one another, this process consists of communication via letters, phone calls, or social networking, such as Facebook or Skype (YRRP, 2018).

The demobilization phase (or as Lester and Flake [2016] call it, the re-deployment phase), is when the military member transitions from the deployment location to the

demobilization location and start the process back to the home station. While at the demobilization site, the service members undergo “briefings, medical assessments, and materials to begin their healthy, successful reintegration into their families, civilian employment, and communities” (YRRP, 2018). During this phase, the family members are preparing for the arrival of their service member. It is normal for anxious feelings to arise; however, patience is encouraged for families and service members as it will help facilitate a smooth transition or all involved (YRRP, 2018).

Finally, the fourth phase, post-deployment or reconstruction, occurs when the military member arrives at the home station to reunite with his or her family as well as the following 180 days of processing and debriefing. This phase also entails reclaiming normalcy following the deployment. If any challenges arise during this phase, family members may reach out for assistance for information regarding services to help coping (YRRP, 2018).

Family Systems Theory

Theory. Kerr (2000) writes about a theory created by a psychiatrist named Dr. Murray Bowen. Dr. Bowen pulled together his knowledge of the human species and evolution as well as family research to create a concept to understand family systems; the family systems theory also heavily relies on systems thinking. Dr. Bowen indicates that humans are governed internally by an emotional system. According to Dr. Bowen, this emotional system directly impacts how humans acts or react in most situations. Additionally, Dr. Bowen states that the emotional system has a strong tie to the individual’s family system (Kerr, 2000). The family system has a profound impact on an individual’s feelings, thoughts, and actions. Individuals are constantly seeking approval, support, and attention from their family members; additionally, individuals are reacting to the needs, upsets, and expectations of their family as well (Kerr, 2000). This sense of

connectedness and reactivity is constantly ebbing and flowing within the family; this interdependence is consistent in all families, though it will vary in degree (Kerr, 2000). Dr. Bowen chooses to use a family diagram to visually look at a family. This multigenerational diagram shows not only the genealogy of a family, but also can be used to express the emotional connections between generations (Kerr, 2000).

Eight Concepts. Dr. Bowen highlighted eight concepts specific to the family systems theory. The first concept of *triangulation* indicates that three individuals make up a relationship while interlocking with additional triangles (Kerr, 2000). When looking at a two-person relationship, little tension can be supported by two individuals. By adding a third person to create a triangular relationship, more tension can be held and shifted around within the relationship. When that tension is too great for the triad, it can spread to one of the interlocking triangles. Shifting this tension helps to stabilize the triad; however, as the tension is dispersed there is no resolution occurring (Kerr, 2000). Within this triad, there are roles. Two individuals of the triad have a natural comfortably close relationship; these two are called the “insiders.” The third individual is considered the uncomfortable “outsider” (Kerr, 2000). As tension arises within the group, typically between the two insiders, the most uncomfortable insider will shift away from the tension and become closer with the outsider. At this point, roles within the triad relationship shift, as two new insiders and a new outsider are established as a result of the tension. These roles are fluid and are subject to shifting change (Kerr, 2000).

The second concept, *differentiation of self*, is about how an individual defines their individual “self.” The “self” is innate within an individual; however, during childhood and adolescence, the “self” is further developed through family relationships. Dr. Bowen indicated that once the “self” is established, it rarely changes (Kerr, 2000). If an individual’s “self” is

under-developed, and individual is more susceptible to looking to others to better define that “self;” this often leads to dependence on others. An individual with a well-defined “self” can depend on others while still being able to differentiate their individuality, while standing alone mentally and emotionally (Kerr, 2000).

The *nuclear family emotional process* is the third concept that Bowen identifies as a concept of the family systems theory (Kerr, 2000). Four basic relationship patterns are included in this concept, of which predict the possibility of problems arising within a family. Marital conflict is the first relationship pattern. This pattern is identified as one spouse trying to control the other, while the other resists (Kerr, 2000). The second relationship pattern is dysfunction in one spouse. This occurs when one spouse pressures the other to act or think a certain way; the spouse being pressured accommodates in effort to maintain equilibrium in the relationship and family (Kerr, 2000). Impairment of one or more children, is the third relationship pattern, which is when the anxieties of the spouse is focused on to one or more of the children; this pressure could cause the children to act out or internalize the tension within the family (Kerr, 2000). The fourth and final relationship pattern is emotional distance. In this pattern, the family members distance themselves from one another to reduce the intensity of the problems; this puts the family members at risk of becoming too isolated (Kerr, 2000).

Parents largely project their emotional problems on to their children through *family projection process*, the fourth family system theory concept (Kerr, 2000). Dr. Bowen explains that this process can impair the functioning of the children as well as make them vulnerable to clinical symptoms. Depending on the severity of projection, the children could develop more sensitivities in relationships than the parents (Kerr, 2000). The parents start this process by intently scanning their child thinking something is wrong. The parent will interpret or diagnose

the child's behavior confirming the fear that the parent was searching for during the scanning stage. Finally, the parent starts the treating stage; this is characterized by the parent treating their child as if there is something indeed wrong (Kerr, 2000). This three-stage cycle within the projection process is a self-fulfilling prophecy for the parents as they try to fix the problem that they are perceiving (Kerr, 2000).

The fifth concept of family systems theory is the *process of multigenerational transmission*. Through this concept, Dr. Bowen explains that an individual's "self" is influenced relationally and genetically through the multigenerational family system, which can ultimately cause differentiation among family members. (Kerr, 2000). These influences may be automatic and unconscious thoughts or conscious teachings and learning. The level of differentiation can affect an individual's "self" as well as their successes in marital, stability, health, reproduction, and educational accomplishments, as well as occupational successes (Kerr, 2000). Dr. Bowen found that the higher the differentiation the more stable that individual's nuclear family was and the more the family contributed to society; on the contrary, the poorly differentiated individuals had chaotic lives and families as well as depended heavily on others for sustainment (Kerr, 2000).

The sixth concept of *emotional cutoff* is when emotional issues within the family system go unresolved, resulting in the reduction or complete cut off of emotional contact with one another (Kerr, 2000). The emotional cut off might be subtle, such as an individual moving away and rarely going home; however, though this relationship might seem superior, the problems leading to the emotional cut off are left unresolved and remain dormant (Kerr, 2000). Following a cut off relationship, an individual may be putting their future relationships at risk by carrying the dormant, unresolved issues. Furthermore, it is not uncommon for the individual who did the

emotional cut off to seek stabilization through social or work relationships on an intimate “family” level (Kerr, 2000).

Both Dr. Bowen and psychologist Walter Toman had congruent ideals on the concept of *sibling position*, the seventh concept of family systems theory (Kerr, 2000). Within this concept, Dr. Bowen and Toman indicate that the birth order of siblings is indicative of characteristics. The oldest children tend to gravitate towards and excel in leadership positions while the youngest become followers. Rather than these two positions being in opposition, they are complimentary (Kerr, 2000). Birth order does not fully determine an individual's characteristics; parental influences, such as the projection process, can influence an individual's characteristics (Kerr, 2000). Dr. Bowen and Toman (Kerr, 2000) indicate that middle children tend to present functional characteristics of both the older and younger sibling.

Dr. Bowen continues with the eighth and final family systems theory concept of *societal emotional process* (Kerr, 2000). In this concept, an emotional system similar to that of the family, is also paralleled in society. For example, the court system acts as the parents of society; the court system must find the right amount of strictness to keep the children, or citizens behaving properly. However, if the courts were too strict in punishing, citizens could act out and be rebellious; too little, and there would be little to no structure. The courts must display the right amount of authority to keep society in line (Kerr, 2000).

Where do social workers begin to understand how the military culture influences family systems? It is critical to understand the unique concepts that create the military culture as these various concepts influence the family dynamics. Additionally, family systems theory can help social workers understand the complex family dynamics and how relationships can be influenced by communication and other outside factors. The deployment cycle brings forth a cycle that can

describe the stages and feelings military personnel experience as well as predict the emotions and relationship dynamics that are occurring within the family system. By bringing these three frameworks together, military personnel, veterans, and their families can receive sufficient assistance from social workers. Hall (2011) stated it best saying, “having an understanding of the culture of our military clients, families, and children is the best place to begin” (p. 16). This surfaces the question, how prepared do licensed practicing social workers perceive themselves?

Methods

Purpose and Design

The purpose of this research was to gain an understanding if licensed social workers feel equipped to work with military members, veterans, and their families. Therefore, a qualitative research method was used to explore the under-represented topic, are licensed social workers readily equipped to work with military, veterans and their families. A survey containing open-ended, short essay questions was created. These questions allowed participants to use their perspectives, experiences, and knowledge to inform the research question.

Recruitment

Participants were recruited through the Minnesota Social Services Association (MSSA). The MSSA was chosen due to their credibility within the Minnesota social worker community. This study focused on social workers within Minnesota who hold any professional license. These recruits were chosen due to their level of knowledge and education of which is required by education and licensing laws. Additionally, due to the exploratory nature of this study, recruitment was broadened to encompass diverse participants. For example, participants held different licensing and education opportunities, held various degrees of military experience, and experienced various employment opportunities.

Following the initial posting of the survey, few responses were collected. As a result, the survey was sent out a second time through MSSA. However, this time it was posted on the MSSA Facebook page. The second method of recruitment yielded no additional completed surveys.

Protection of Human Subjects

To protect the human subjects, an electronic informed consent was presented prior to the start of the survey. The informed consent is attached as appendix A. To maintain confidentiality, there was no personal identifiable information and minimal demographic information collected. All surveys were de-identified and kept on a password locked computer. As a participant within this research study, there were no rewards or benefits. There was a potential risk that some questions asked could result in emotional distress or the recollection of trauma or distressing events. If a participant was a part of the military or if they grew up in a military family, some distressing recollection or emotions could arise.

Data Collection

Data was collected online through a qualitative survey instrument. This survey was distributed through the online site Qualtrics. The survey included 11 questions and took participants roughly 30-45 minutes to complete. Open ended questions were used. Questions were informed by the literature review and conceptual framework materials. The survey was sent to participants via the MSSA's emailed newsletter and through the MSSA's Facebook page. There was no personal identifiable information gathered and minimal demographic information gathered, specifically questions regarding personal or family military service, and current license. This study was designed so participants could complete the survey on their own time and at their own convenience. Surveys were downloaded and kept on a password locked computer.

Data Analysis

After participants completed the electronic surveys, the surveys were analyzed using content analysis. The content analysis phase focused on looking at reoccurring words and concepts to ultimately find reoccurring themes. Once all surveys had been analyzed and the

study was concluded, all downloaded surveys were electronically destroyed to maintain the privacy of the participants.

Findings

Participants

There were a total of six participants. It was identified through Qualtrics system that two additional individuals opened the survey but did not answer any survey questions. The majority of the participants held a qualified license requiring a master's degree. Two participants were a Licensed Independent Clinical Social Worker (LICSW) and three participants were a Licensed Graduate Social Worker (LGSW); the last participant was a Licensed Social Worker (LSW).

Four of the six participants indicated in the survey that they had some form of relationship with an individual in the military. Three participants indicated that they had someone within their family system who had military experience; the indicated family members were fathers, a brother, grandfathers, a nephew, a son, uncles, and cousins. Additionally, one participant indicated that he or she had fellow coworkers who were enlisted. Two out of six participants indicated that they had no personal, familial, or relationships with military personnel or veterans.

All six participants indicated that they had no formal military- or veteran-related education in their undergraduate or graduate education process. Though all the participants indicated they had no military-related education, they all indicated formal work experience with military personnel, veterans, or military connected family members.

Participants were asked to explain their involvements with military-connected individuals in their professional line of work. The first participant described that their experience was with clients receiving Veteran Affairs services for medical and mental health needs. The second participant explained that they provided therapy to individuals whose spouses were in the military; additionally, the participant provided therapy to children who had a parent in the

military. The third participant indicated that they worked with a National Guard enlisted client. The fourth participant disclosed that he or she worked with a military-connected client who presented with post-traumatic stress disorder (PTSD), depression, and suicidal ideation. The final two participants disclosed that they worked with military-connected individuals through their employment – one a foster care agency and the other an Adult Rehabilitative Mental Health Services (ARMHS) worker.

Feeling Prepared

This theme was derived as all five of the six participants indicated they felt mildly or not at all prepared. One participant indicated a higher sense of competency, as well as stated a knowledge of where to find information regarding topics he or she lacked competency. All six participants stated they worked directly with military-connected individuals at some point in their work experience thus far. Participants indicated that what little preparation was held resulted from personal experience with military-connected individuals or various education opportunities.

One of the questions within the survey asked the participants to describe how prepared they felt to work with the military-connected populations. One of the participants indicated that due to past work experience with a variety of mental health diagnoses and a nursing degree, he or she felt moderately prepared; however, he or she did not feel competent enough to provide therapy. The participant explained that his or her nursing education and Masters in Social Work led to this moderate sense of competency.

Another participant indicated that his or her perceived level of competence when working with military-connected adults is moderate, whereas working with older adults the participant felt mild to moderately competent. The participant stated that due to academics, specifically

trauma course, evidence-based trauma therapy, and an understanding of mental health diagnoses, he or she felt this sense of competency.

Due to college course work and personal experiences the third participant felt that he or she had low competence. The sixth participant stated something similar. Outside of his or her brother being enlisted in the Army, the sixth participant had no other experience and felt incompetent in working with military personnel, veterans, or military connected family members.

A different participant felt he or she was competent, or at least knew where to go to find needed answers and resources. This fourth participant stated that they felt prepared due to his or her work experience within the Veteran Administration Medical Center (VAMC): Social Work Department; additionally, this participant cited that he or she has attended some workshops and has coworkers who are enlisted. The fifth participant indicated that they felt prepared in working with the clients he or she had. This participant indicated that he or she worked within a foster care agency. Seeing as the military couple was seeking out foster care services, the participant stated there was nothing out of the ordinary for the services given.

While a question regarding length of practice was not asked in the survey, analysis indicated that participants holding a higher level of licensing (specifically an LICSW) felt a higher sense of competency. Those participants with a lower ranking license (LSW or LGSW) felt a lower sense of competency. This indicates that with experience and gained practice knowledge, social work providers can raise their perceived preparation levels.

Additional Education

The six participants within this study indicated that additional education and preparation should be offered. Participants identified that classes should be added to existing curriculums

regarding work with military-connected individuals. Additionally, participants cited there should be additional opportunities for hands-on experiences, as well as community collaboration between military agencies, such as the Veteran Affairs, and community agencies.

Participants were asked two similar final questions. The first asking “How would you like to learn more about working with military members, veterans, or military families?” and the second asking “What do you think the best way is to prepare practitioners for working within this population?” Seeing as these two questions were similar in context, the answers given by the participants were very similar. Four participants cited that hands-on work or internships would help increase preparation and competency within this military-connected population. One of these participants directly stated that hands-on work within the VAMC would be beneficial. Additionally, three participants stated that incorporating military knowledge and course work into college classes and attending these military-connected college classes would be beneficial. Three participants indicated that attending conferences and trainings would be beneficial, two of which additionally stating learning panels would be helpful.

One participant went into detail regarding his or her needs regarding competency. This participant stated the desire to obtain “more information regarding family dynamics that are seen in military families and clinical strategies to address any dysfunctions. Training on barriers clinicians face with working with older veterans and ways to overcome these challenges.” Additionally, this participant answered the final survey question with specific information and ideas. The participant’s response stated:

... training offered through the VA. Perhaps open house type events where social workers can come to the VA and learn more about the programs, etc. ... perhaps the VA could work on enhancing community partnerships with other providers and agencies.

Discussion

How do licensed social workers perceive their readiness to engage in practice with military members, veterans, and their families? The participants of this study indicate that there are little to no feelings of being prepared. Additionally, the participants indicated that they would greatly benefit from education and various learning opportunities, such as military-connected conferences. Though the number of participants was small, their contribution indicated that service with military-connected individuals is highly likely to arise and that further preparation is needed.

Feeling Prepared

Participants self-identified as generally unprepared to work with military personnel, veterans, and their families. Those participants that perceived themselves as unprepared indicated it was due to a lack of knowledge relating to the military culture. Participants that implied a level of competence indicated this sense came from translatable skills, such as trauma informed therapy.

This was important to note as all the participants indicated they had worked with military-connected clients and additionally felt unprepared to do so. The results of this study indicate that practicing licensed social workers in Minnesota lack the appropriate cultural knowledge to best serve their military-connected clients. Within the literature, it was expressed that enlisted military personnel and veterans are experiencing psychological and physical injuries (Glynn, 2013). However, the family can be equally affected only through a different lens, such as through deployment cycles (Doyle & Peterson, 2005; YRRP, 2018). As noted within this study, 100% of the participants had employment experience with a military-connected client; some participants indicated their line of work as well, such as foster care or individual therapy. This

brings to light that social workers, as a profession, would benefit from expanding their knowledge of the military culture.

Education

All participants identified further education would be beneficial to increase competency. Nearly all participants suggested further military culture education within school settings would be beneficial. Additional suggestions were learning panels, continuing education units, or additional information regarding military supports from the Veteran's Administration or Department of Defense. However, further exploration leads to further questions: who would benefit from this additional education? Where is this education most needed? What information should be taught?

Consumers of this education would be current undergraduate or graduate college students, as well as currently practicing social workers. As identified by DuMars, Bolton, Maleku and Smith-Osborn in their 2014 article, the National Association of Social Work had identified 22 master or doctoral programs relating to military, veterans, and military family social work. Additionally, Smith-Osborne (2015) discussed a continuing education unit forum that surrounded information regarding practice within the scope of military culture. These sources indicate military-connected practice has been encouraged, though it is not what it could be. There is an initiative to start promoting knowledge regarding the military culture; however, it is important to find the drive and continue pushing forward to bring about change.

Additionally, military-connected clients would greatly benefit from the additional education in the social work practice setting. Though this education would not be directed specifically for the military-connected clients, the information would inform social work practice and promote more empathetic, competent services for this client base.

Hall's 2011 article used within the framework of this study provided not only valuable information, but also a starting point for integrating and teaching individuals about military culture. Hall does a great job at highlighting why individuals join a military branch while also thoroughly explaining the culture for the military personnel. Finally, Hall thoroughly describes the psychological results of military enlistment. Hall (2011) takes a further step to not only discuss these cultural features in the military enlisted member, but also within the family context and the effects on the family members.

Implications for Practice

Do licensed, practicing social workers in the state of Minnesota perceive themselves as prepared to practice with military-connected individuals? As this study has indicated, it does not seem likely that Minnesota licensed social workers perceive themselves as ready. The participants in this study identified a lack of knowledge of the military culture; so, how do we combat this to create a higher perception of readiness regarding the culture as well as formulating services?

The obvious answer is to simply learn; to learn more about this unique culture and how it affects those enlisted and their loved ones. This learning can be stirred by structured education through the higher education system. Additionally, the participants of this study indicated that learning through hands-on situations and internships would also be greatly helpful. It is also imperative to point out that every participant within this study indicated working with a military-connected client. This is important because the participants identified their experiences various lines of social work, such as within the medical field, foster care, school systems and in individual therapy.

The not so obvious answer to the question above is to further research military culture and the impact it procures. Though the literature review indicated there is research, more specific research is needed. Further research could identify the changes within the military culture over the years, as well as give further insight into what services are needed for military personnel, veterans, and their families. It is evident that more military specific learning content is needed not only within the higher education system, but also available to practicing professionals in the social work community.

Strengths and Limitations

Given that this study was an online survey, there were various limitations to the study. The largest limitation of this study is the lack of participants. The limited number of participants yielded important data; however, it did not give a substantial glance at the Minnesota licensed social work population. This limitation of few participants and responses could be linked to the method of a qualitative survey. Additionally, this limitation could be attributed to the methods of survey distribution and recruitment.

In addition, there was no opportunity for probing questions. In efforts to simulate probing questions, some additional questions were asked following main point questions. However, no specific additional probing or clarifying questions were available.

There was an identifiable limitation regarding recruitment methods. The recruitment methods through Minnesota Social Services Association (MSSA) were mildly successful. The greatest limitation to using MSSA for recruitment, is the fact MSSA allows members of other professions outside of social work. This led to a reduced number of eligible participants.

There were various identifiable strengths to this study. The distributed survey took a short amount of time to complete. As the survey was short and quick, it put little burden on the

participants, allowing the participants to take little time out of their day to complete the survey. Finally, the survey was geared toward the education and experience of the participants. This allowed for easier survey completion for the participants since there was no right or wrong answer, rather diverse experiences.

Based upon the given knowledge, it is recommended that future research be conducted through in-person conversation opposed to electronic. Additionally, a different recruitment method, such as a different agency or snowballing method, would be beneficial.

Personal Reflection

This topic was chosen as I, the researcher, grew up within a military family. My father served in the Air National Guard and retired after roughly 40 years of service. Throughout my life, I witnessed my father take countless deployments to nonviolent locations and active combat zones. Being as I was in my prime developmental years, I endured personal struggles of having an absent parent called to duty. Today, I continue to support two amazing, selfless brothers who have followed in their father's footsteps.

Why is all this important? Because as a National Guard family, we were not offered as many services as those active duty families. Additionally, the unit and my family were located in a rural setting, leading to an additional deficiency of services. What services my family did receive were provided by the base during deployments in an era where little research and knowledge informed the aid.

When reconsidering personal experiences, many services are identifiable that would have helped myself prosper and further grow from my experiences. I hope to further inform my work, and encourage others to do the same, so as to help those in need within the military culture succeeded to their full potential and overcome the hardships endured within the culture.

Conclusion

Social workers are called to high standards through the National Association of Social Workers (NASW). Are we as social workers adhering to our ethical value of competency if we are practicing with a lack of competency? If we neglect seeking out specific training regarding military culture, what does that mean for us – as individuals and as a profession? How can we serve clients who identify within the military culture if we, as social workers, hardly understand the culture? Glynn (2013) articulates it best stating that the nation as a whole must expound on their knowledge of the military to help service members and their family successfully reintegrate and continue to prosper in the community.

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#predepl

Appendix A



[1185447] Effective Social Work Practice with Military, Veterans, and their Families

The purpose of this study is to see if licensed Minnesota social workers are equipped to effectively work with clients connected to the military. You were selected as a possible participant because you are a member of Minnesota Social Service Association. You are eligible to participate in this study if you are a social worker over the age of 18 years and hold a valid, unrestricted license to practice social work in the state of Minnesota.

This study is being conducted by the primary investigator, Katherine Boyer, a graduate student in the joint Master of Social Work program of the University of Saint Thomas and Saint Catherine University. The following research advisor is assisting with the study: Melissa Lundquist, a University of Saint Thomas professor. My research committee consists of Lindy Fortin and Jessica Arndt, both employed through the Minneapolis VA. This study was approved by the Institutional Review Board at the University of St. Thomas.

If you agree to participate, I will ask you to answer several survey questions focused on your perceived knowledge and experience with military personnel, veterans, and their families. The survey should only take 30-45 minutes to complete.

The study has minimal risk. The risks of the study are possible emotional distress as well as possible recollection of traumatic or distressing events that are related to military experiences. If you wish to seek mental health assistance following the survey, the hotline for Hennepin County Medical Center – Acute Psychiatric Services will be provided to you.

There are no direct benefits for participating in the study.

The records of this survey will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you.

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas or Minnesota Social Services Association. If you decide to participate, you are free to withdraw at any time up to and until the survey is submitted. You may withdraw by closing the survey on your computer. You are also free to skip any questions I ask.

You may ask any questions you have now and any time during or after the survey by contacting the researcher. You may contact me at (419) 575-5441 or boye8220@stthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at (651) 962-6035 or muen0526@stthomas.edu with any questions or concerns.

By clicking “Agree,” I consent to participate in the study. I am at least 18 years of age.

Please print this form to keep for your records.

Appendix B

[1185447] Effective Social Work Practice with Military, Veterans, and their Families

Survey Questions

- What professional social work licenses do you currently hold?
- Briefly explain any military connected education you have completed during your undergraduate or graduate degree.
- Describe any military experience you may have (personal or familial).
- Have you worked with an individual or family that had military ties?
 - If not, discuss why you have not.
 - If you have, tell me about that experience.
 - Describe how prepared you felt to work with this population.
 - In terms of academics, CEU, personal history, practice experience?
- Explain your perceived level of competence in working with veterans, both in adult and older age groups?
 - If you do not feel competent, would you like to learn more about working with military members, veterans, or military families?
 - If you do feel competent, what lead to that sense of competency
 - In terms of academics, CEU, personal history, practice experience?
- What do you think the best way is to prepare practitioners for working within this population?

Appendix C

Figure 1 – Deployment Cycle Diagram

