

**EDITORIAL:**  
**Embracing the Diversity of Military Social Work**

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This special issue illustrates the wide diversity of the field of military social work. Military social work has spanned more than 60 years (Daley, 1999; Maas, 1951; Rubin, Weiss, & Coll, in press) and social workers were working initially in World War I as Red Cross staff (Harris, 1999). Uniformed social work officers serve in the Army, Navy, Air Force, Coast Guard, Guard/Reserve, and Public Health Service in a wide range of jobs. Civilian military social workers work within many social service programs serving the military, veterans, and their families. Many countries have uniformed and civilian social workers and programs to aid and care for the military and their families (Daley, 2003). Despite a diverse range of programs provided by and often developed by military social workers, very little is shared in the professional literature or identified as “military social work.”

In recent years, there has been a rapidly growing emphasis on the challenges of military personnel, veterans, and their families. Textbooks have begun to multiply, particularly focused on military families (e.g., Blaisure et al., 2012; Everson & Figley, 2011; Hall, 2008; Martin, Rosen, & Sparacino, 2000) and on the impact of war (Kelly, Howe-Barksdale, & Gitelson, 2011; Pryce, Pryce, & Shackelford, 2012; Slone & Friedman, 2008). Intervention protocols are being suggested (e.g., DeCarvalho & Whealin, 2012; Whealin, DeCarvalho, & Vega, 2008). Special issues of journals have highlighted military concerns and coping (e.g., *Smith College Studies in Social Work*, 2009) and a chapter on military social work in each edition of the *Encyclopedia of Social Work* is noteworthy.

There have been some significant efforts to sharpen the vision of what military social work is. The Council on Social Work Education (CSWE) formed a series of committees and developed a guideline called *Advanced Social Work Practice in Military Social Work* that identified competencies in military social work (link to CSWE document is <http://www.cswe.org/File.aspx?id=42466>). The document includes a broad definition of “military social work:”

Military social work involves direct practice; policy and administrative activities; and advocacy including providing prevention, treatment, and rehabilitative services to service members, veterans, their families, and their communities. In addition, military social workers develop and advance programs, policies, and procedures to improve the quality of life for clients and their families in diverse communities. Military social workers provide assistance and treatment in the

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transition from military to veteran status, including a continuum of care and services for military personnel and their families (CSWE, 2010, p. 2).

This special issue strives to further strengthen the public awareness of the complex issues and program initiatives facing our servicemembers, veterans, and their families. Nedegaard and colleagues report on the key issues navigated in a multi-national mental health program for troops in Afghanistan. Van Breda outlines the military social work approaches and thinking in South Africa. Issues of military families are well represented including child-parent relationship training for military families (Jensen-Hart et al.), single parent issues (Blanchard), spousal communication (Ponder & Aguirre), and building marital resilience (Ponder & Aguirre). The effects of trauma on military women are explored (Osborne et al.). Community resources are explored such as a home-based reintegration program for military families (DeVoe et al.) and building better informed civilian providers of care for military or veterans (Luby). Veterans issues are well represented with articles on rural veterans (Stotzer et al.), developing a student veterans study and helping veterans in academic settings (Smith-Osborne), assessing PTSD in older veterans (Yarvis et al.), and strategies for helping veterans (Hazle et al.). Beder's article discusses hospital-based social workers working in military hospitals and the issues of compassion fatigue. Whitworth and colleagues outline a framework for teaching military social work in a school of social work. In sum, this special issue provides for the reader a rich sampler of military social work. Each area is a portal to understanding a portion of the vast terrain that is military social work.

There are other initiatives evolving. The Council on Social Work Education (CSWE) is seeking to develop a list of schools of social work that have educational content on military social work (ranging from a course to a full concentration in military social work). There have been special panels focused on military social work at CSWE's annual conferences, the Society for Social Work and Research annual conferences, and various regional workshops on helping military, veterans, and/or their families. There is a multidisciplinary military and family collaborative called the Alliance of Military and Veteran Family Behavioral Health Providers (<http://www.ecu.edu/che/alliance/>) that is developing suggested resources for clinicians that work with military personnel, veterans, and their families. First Lady Michelle Obama has made military families a priority and developed Joining Forces (<http://www.whitehouse.gov/joiningforces>) to support and recognize the issues of military families. In short, the topic has transformed from a benignly neglected field of practice to a hot topic in the country.

There are good reasons for the heightened attention. This country has been in a prolonged series of "operations" (e.g., Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF)) that have produced more than ten years of combat with an all-volunteer force. The military demands are delivered by a small proportion of our population (commonly called "the 1%" indicating that only one percent of the population is serving in the military). The November 21, 2011 edition of Time magazine called the servicemembers "the other 1%" and defined them as "an army apart." The basic message is that combat veterans are transformed by the experience and return to face an isolated adaptation in hometowns that are not certain how to relate. Further, the National Guard and Reserve troops have an unprecedented volume and frequency of deployments. Unlike

active duty troops who return to a military base, the Guard/Reserve often return to small communities naïve to what the military person has been through and insensitive to the struggles the military families have endured throughout the deployment. Troops are facing repeated deployments, extension of time on deployments, and loss of civilian jobs when they return home. Post traumatic stress disorders, traumatic brain injuries, and suicides have risen in military personnel.

The organizations to support and care for veterans are seen at times as a poor fit for veterans with OEF/OIF issues and identity. Some young OEF/OIF veterans see the Veterans Administration (VA) programs as not geared for their needs. The American Legion and Veterans of Foreign Wars organizations are finding many of the young veterans as hesitant to join. Young OEF/OIF veterans have created their own support system in the Iraq and Afghanistan Veterans of America (<http://iava.org/>). The VA has developed special OEF/OIF programs and separate check in procedures. The VA is preparing for the inevitable onslaught as the 2.4 million veterans will possibly seek benefits and care. According to IAVA, each year 300,000 individuals complete their military service and there is a growing backlog on claims for benefits (<http://iava.org/>).

Families of servicemembers and veterans are often stressed and can feel isolated during the deployment cycle (Matsakis, 2007; Pavlicin, 2003; Pryce, Pryce, & Shackelford, 2012). They are the primary support system and are caught between the servicemember's struggles and the naïve view of the community. Financial strains, the accordion experience of deployments, and monitoring the wellbeing of the children often fall on their shoulders. Support systems targeted to military families can range from family support centers to only phone advice depending on their location. When servicemembers transition to veterans, the family struggles with benefits and the servicemember's new identity as a veteran. Often there are few resources targeted for the family within the VA system.

Military social work deals with all the issues described above from individual, to family, to community. Servicemembers and veterans rely on our commitment and expertise in creating safety nets for them as they navigate the care systems that are available to ease their challenges. The articles in this special issue are exemplars of efforts to understand and assist servicemembers, veterans, and their families. This generation of veterans needs the help of every social worker and each of us needs to be better trained and savvy to the needs of these veterans. Our work has truly just begun.

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