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ARE SOCIAL WORK SERVICES PROVIDED TO DEPLOYED MILITARY FAMILIES ADEQUATE

Janet Walker

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ARE SOCIAL WORK SERVICES PROVIDED TO
DEPLOYED MILITARY FAMILIES ADEQUATE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Janet Walker
June 2020

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DEPLOYED MILITARY FAMILIES ADEQUATE

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Approved by:

Janet Chang, Faculty Supervisor, Social Work

Armando Barragan, M.S.W. Research Coordinator

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ABSTRACT

This study was initiated to discover if Social Work services are as prevalent as they should be for deployed service families and troops abroad. Previous studies seem to suggest that social workers are minimally portioned without a true dedicated purpose. This study determined through input from enlisted personnel and their families what social work services are available to deployed military personnel and their families.

Deployed enlisted personnel and their families have a unique experience that from time to time cause trauma, both physical and mental. Whereas in the past, trauma was experienced only by fighting men, today's military is multi-gendered and often bring their families with them into non-combat zones. That social workers can be of vital help in instances of need is a determined fact. Whether or not today's soldiers and their families are receiving adequate services was the focus of this investigation.

This qualitative study was facilitated by a completely confidential questionnaire and involved 11 respondents from throughout the United States. All were deployed or formerly deployed U.S. enlisted military. The study found that the number of social workers available to deployed military are profoundly inadequate. Almost all of the respondents reported never receiving any social work services during their deployment(s). Additionally, the study found that the respondents were extremely reluctant to confide their concerns to the volunteer counselors the military does make available.

It is recommended that an evaluation be made by the U.S. Armed Forces that would result in acquiring adequate Social Work staff to fully meet the needs of the men and women who serve our country on land and sea abroad. It is also recommended that the military discontinue the practice of rudimentarily training volunteers for a task meant for a professional Social Worker.

ACKNOWLEDGEMENTS

Special thanks to my colleagues Nancy Ramos, Victor Ortega, and Jessica Chavez for their consistent support and exchange of ideas throughout our graduate experience. I want to thank my husband and family for their important encouragement of my pursuit of the Master's in Social Work.

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CHAPTER ONE

PROBLEM FORMULATION

Introduction

The Handbook of Military Social Work indicates that psychosocial services have been designed for both adults and children who remain stateside or follow their military parent abroad (Rubin, Weiss, and Coll, 2011). Spouses remaining in the U.S. have both military and community resources. However, those living in an unfamiliar country can access only what is available through the military base where they are stationed. The quality and availability of those services, therefore, is crucial.

Military Families may face culture shock when stationed abroad. Features of culture shock include stress experienced in order to make psychological adaptations, a sense of loss felt at separating from familiar surroundings and friends, feeling left out or rejected from a new culture, and confusion, anxiety, and perhaps disgust at new cultural norms (Fuhrman, 2012). However, culture shock is just one of many issues military personnel stationed abroad may have to face.

Military families who deploy abroad with their enlisted member discover varying receptions as they arrive in the many countries where the United States maintains a military presence. Currently the United States has 255,065 military personnel stationed on 800 bases in 63 countries (Dufour, 2017).

Social workers serving military families living abroad must also be prepared to treat the deployed soldiers and the civilian clients accompanying them, who are part of military culture. Psychological and emotional disorders such as anxiety, post-traumatic stress disorder, (PTSD), child abuse, anxiety, as well as domestic violence, will need attention from a military social worker. It is important to understand the level and breadth of social work services currently available to deployed military personnel and their dependents.

Currently, one social worker is tending to 900 Sailors and Marines at Camp Lejeune, North Carolina (Louie, 2018). Troops who are stationed abroad often find far fewer service providers who can find time to help. The services of military social workers may be spread thin. In one instance, in Kabul, Afghanistan, there were three mental health specialists caring for over 10,000 troops (Sheeler, 2012). The first social worker killed in combat, David M. Cabrera, was working among enlisted personnel outside Kabul when a bus he was riding in was targeted by a vehicle loaded with explosives (Sheeler, 2012). The risk to oneself is also a calculation that social workers serving the military abroad must consider.

Purpose of the Study

This study will determine the social work needs of the dependents of deployed enlisted personnel will benefit social workers at the micro level, determining the optimal caseload for embedded social workers, as well as

determining services most crucially needed from the perspective of military families. Additionally, the survey will benefit both military families and social workers located abroad on a macro level by informing social worker training procedures with up-to-date information. The question this paper will try to answer is, are military families living abroad receiving an adequate level of social work services, and if not, what changes need to be made to serve that population appropriately.

A review of historical through current available literature will be conducted to determine approaches used in past years, contrasted with current practice. Studies conducted within the contiguous United States, as well as focusing on information gathered in overseas military posts, will be used to facilitate this review. Studies using subjects who are returned from deployment will constitute the focus population of any in-country study used. The use of a literature search combined with outreach study into the military community will give context into the overview of current social work practice as it is being performed abroad.

Significance of the Project for Social Work Practice

The military has only recognized the need for social workers within its organization since 1945. At that time, social workers were enlisted men, had minimal training, and their function was to determine if an individual was psychologically unfit for duty, and therefore, to be discharged (Washington, 1957). Today, social workers serve as patient advocates in military hospitals,

perform homeless outreach, counseling, and ensure enlisted personnel and their families receive required care. Social workers now complete a rigorous curriculum and are allowed to practice only when they have obtained master's level competence.

Both micro and macro phases of the generalist model come into play in order to bring a complete perspective of the needs of service men and women and their families. Individuals experiencing combat situations necessarily have needs that are different from the families who are living with a deployed member abroad. The micro phase of social work addresses issues of individual soldiers separately, whereas a macro approach fits families and their deployed service member. Although specialization in one area is to be commended, the generalist model allows for broader research approach, and can consider factors which may seem extraneous, but are, however, part of the complete picture of the research.

The discovery in this paper could change the way the military values social workers and lead to vastly increased numbers of social workers serving United States enlisted personnel and their families while they are deployed, contributing to improved morale, enhanced family relations, and increased availability of mental health care overseas.

The questions asked in the proposed survey will be a valuable inclusion within the proposal in order to attempt to determine whether additional social workers would significantly benefit families accompanying their deployed family

member, and the deployed service personnel themselves. Considering the history, present situation, and future of social work within the military population stationed abroad should help to determine future United States Military policy regarding inclusion of the services of social workers with deployed troops and their families.

Summary

Consideration of this subject is important in that it affects how the United States military approaches the psychological and psychosocial well-being of deployed troops and their families. Preliminary studies have uncovered lapses in care of children, spouses, and enlisted service members. This study proposes to investigate how to better serve our military with appropriate social work services.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides a general overview of studies regarding the stresses military families experience living abroad while separated from familiar social support networks in the U.S. This chapter will also include relevant insight from pertinent articles focused on the subject. The need for social worker intervention will be addressed, appropriate self-care for social workers, as well as conflicting findings and gaps in available literature.

Stressors on Military Families Living Abroad

Social workers provide services to military families that include child abuse intervention, parenting instruction, domestic abuse, mental health care, and family therapy. In addition, they can provide one-on-one therapy to serve personnel who have PTSD, depression, and other mental health issues. Family Advocacy Program clinicians, who often perform these services, do not have the background of training and certification that social workers possess.

Prevailing literature points out that the military lifestyle includes prolonged separation and frequent moves. Living in foreign countries, experiencing lengthy or unpredictable duty hours, while conforming to high standards of behavior within a male-oriented culture are all part of this experience (Clever, 2013).

Although this lifestyle is an expected part of the military experience, we have decades of research and insight into human behavior to employ in easing a family's adjustment to these circumstances. Gone are the days when deployed troops experienced undiagnosed trauma. Soldiers in earlier decades were expected to continue combat duty and often returned to the U.S. afterward with no further recourse to mental health services. Families of deployed service members were left to fend for themselves (Barlas, Higgins, Pfeifer, & Deiker, 2013). Mental health issues can now be diagnosed and treated, and services exist both in military hospitals within the U.S. and abroad. The link between receiving adequate treatment and going undiagnosed, however, is often the social worker. Without acknowledgement of needed treatment by qualified social workers, trauma issues may go unrecognized.

Inadequacy of Training and Staffing

Highlighting this shortfall of treatment providers, a Council on Social Work Education (CSWE) paper notes the serious lack of training for social work students at university level in relation to military personnel and families (Canfield, Weiss, 2013). The lack of preparedness to address mental health issues within the military became evident after veterans from Iraq (Operation Iraqi Freedom, Operation Enduring Freedom) returned in need of therapeutic assistance. Many of the service members were returned to Germany, where little services, excepting hospitalization for wound treatment, existed. A deployed family living in

Germany was left to deal with the shock of either a combat wounded service member or a trauma such as PTSD without any social worker assistance. In response, CSWE then developed advanced practice competencies for military social work (CSWE, 2010).

Some NASW accredited MSW social work programs have since initiated military social work segments into their curriculum, including the University of Southern California, Simmons College, Boston University, and the University of Kentucky. This is a good first step toward adequately expanding mental health care services for our enlisted service men and women and their families (Langford, 2012).

Provided services to military can include child abuse intervention, parenting instruction, domestic abuse response, mental health care, and family therapy. In addition, a they can provide one-on-one therapy to serve personnel who have PTSD, depression, and other mental health issues. Family Advocacy Program clinicians, who often perform these services, do not have the background of training and certification that social workers possess.

Social workers can be valuable educators within a military setting. Military culture may perpetuate the stigma about denying psychological counseling, and if military families or their enlisted member do not have access or contact with a social worker, they may be encouraged to think of a plan to solve the problem, as reported by 82% of individuals surveyed anonymously by the Department of Defense. (Barlas,Higgins, Pfeiger, & Diecker, 2013, p. 201). It is traditional to

encourage problem-solving in the military, and a member who seeks help may be perceived as weak, and a detriment to the group as a whole. He or she may be discouraged from seeking treatment for family members as well.

Methodology of Referenced Studies

A correlational study (McNulty, 2003), was completed among deployed families of military living in Okinawa, Japan. The study measured family resilience, coping, coherence, social support, self-reliance, family well-being, attachment, and adaptation. study contrasted deployed with non-deployed subjects. Deployed participants numbered 99 families Only results for deployed participants are reviewed here.

Separate studies featuring military families living in Germany and Italy were conducted in 2014, with participants receiving monetary certificates to the commissary as compensation. A total response of 79 family respondents from Germany and 36 from Italy were recorded. This survey was less methodologically detailed, using a questionnaire to facilitate answers. Social connectedness, marital satisfaction, career preference, psychological distress, and physical health symptoms were recorded. Demographics and sample characteristics were reported on a statistical table, as were attitudes and health variables by community. Means, standard deviations, and correlations with social connectedness were also tabulated.

These studies showed levels of stress among children and parents varied between countries (Thomas, Adrian, Wood, Crouch, Lee, & Adler, 2017). Both studies were initiated and conducted by medical personnel, not social workers. Individuals noted to be at risk in the Germany and Italy survey were referred to Family Readiness staff, not social workers. Family Readiness staff coordinate social events on a base, connect deployed personnel to stateside relatives, and are responsible for holiday event planning (United, 2018). Their official statement includes being able to solve problems at the lowest level (United, 2018). A Family Readiness coordinator's role is to support military during deployment and later reintegration and helping deployed soldiers to remain mission focused while their families' well-being is sustained. They do not have mental health training (Drummet, Reinkober, Coleman & Cable, 2003).

Children aged between 9 and 16 who agreed to participate in the Okinawa survey said that facets of an overseas deployment of a parent occasionally had a deleterious effect on school performance. This generally occurred when the child sensed that a parent would be deployed away from the site for short periods of time, leaving the family in an unfamiliar country for the duration (McNulty, 2003).

Results from the Germany and Italy studies discovered a link between strong social networks and spousal adjustment. The data also inferred a connection between marital satisfaction and good physical health. The Italy group reported more social interconnectedness with the local community than that of the Germany section. The survey coordinators surmised that this occurred

due to the Italy group having to receive health care off-base, thereby requiring families to travel into the local community. The Germany group received medical care on base, so were less motivated to initiate connection with the host country. Lower stress levels were detected in the Italy participants than those in Germany. The survey concluded that at least moderate integration with the existing culture lowers the stress levels of deployed family members (Thomas, et al., 2017).

While the studies used in this research both conclude that deployed families have unique stressors, neither of them recommended intervention by social workers. Only in two separate instances of suicide ideation, revealed through returned survey forms in the Okinawa study, were participants recommended to any type of professional assistance, (In both cases, they were referred to medical intervention). Both surveys concurred that little research has been done to explore this subject. Data referencing military families' access to mental health care is lacking.

Impact on Social Workers

The official NASW guidelines for social workers serving the U.S. military mandate that social workers shall conduct a comprehensive assessment and assist the client and family in the best way possible (NASW p. 25, 2012). Social workers must also be able to recognize how to apply a strengths-based approach while recognizing vulnerabilities and the impact of recurring deployments on family functioning and the military family life cycle, including but not limited to

transfers, relocations, deployments, adjustment, and separation. These guidelines refer to service provided to individual families.

Military social workers deal with unique questions from their clients. Children experience anxiety and may have unresolved questions about death, dismemberment, and changes in their parent's demeanor. To forestall enhancing stress, children need to be counseled and calmed. Living in a foreign country may not only be stressful to children, but frightening (Louie, 2018).

Considering that the average caseload for a social worker involved with children's welfare stateside is 17 clients (NASW, 2004), the contrast of one social worker serving a military population of thousands seems very unbalanced. This disparity was not addressed in either of the surveys referenced. Meeting the NASW guidelines as written for military families does not seem currently possible.

The frequently unpredictable situational circumstances that military families live with also impact the social worker. Self-care in the assigned field should be a priority for social workers who are living abroad and serving a diverse and extremely regulated population. An embedded social worker can expect to be stopped on the street and asked for advice (Louie, 2018).

Theories Guiding Conceptualization

In view of the need for correlation within the military complex, Systems Theory will be employed to best integrate necessary networking and referrals to

effect change. Since each subsystem within the military complex impacts all other parts of the whole, it can be assumed that social workers will facilitate the successful blending of deployed military families within their new living situations. Additionally, military families' access to therapeutic healthcare services will be enhanced. Strengthening one part of the system will impact the whole system. First, however, an evaluation must be made to gather information that can be used to determine the number of social workers that are needed to adequately facilitate services to the deployed familial population living abroad (Theoretical, n.d.).

Since statistics are elusive or currently unavailable, data on the number of social workers currently serving our troops cannot be used as part of this evaluation. Therefore, a survey of formerly deployed service members and families currently and formerly deployed will be taken to determine through qualitative methods the necessity of increasing the population of MSW qualified social workers.

Summary

This paper will seek to determine if the availability of more social workers would make a positive difference among life situations experienced by United states military and their families posted to locations outside the United States. The paper will trace the history of the military's use of social workers, and their role with contemporary military serving abroad. Qualitative methods

with interview-style questions will be used to support the conclusions.

CHAPTER THREE

METHODS

Introduction

This chapter contains information regarding the methods of the study. Study design, sampling, collection methods, protection of human subjects, and analysis of the data is covered.

Study Design

This study examines if United States military personnel stationed abroad with their families are receiving adequate mental health care and counseling by qualified social workers. Existing literature shows that there is little information available in scholarly journals on this subject (Simmons & De Coster, 2007).

Since this specific topic has not previously been studied, and limited research has been done toward discovery, this study is qualitative in nature, utilizing open-ended questions to examine the topic. The exploratory, qualitative approach allowed respondents no restriction in personal comments, therefore information that might be constrained using closed questions was collected and analyzed

Sampling

The survey was distributed to presently deployed and formerly deployed military. Recruitment of the participants was facilitated through personally known military personnel and military faculty on a university campus ROTC program. The final sample size numbered 11. Seven respondents are no longer on active duty. Three are currently serving in the Navy and one university military faculty in the Army. Three participants were accompanied by family while serving in Europe.

Questions ranged from “yes” and “no” answers to requesting a brief explanatory answer. The questions covered times and dates of deployment, family situation, and noted if they had received contact from a social worker during their period of service. Results have been studied and compiled in a summation.

Data Collection and Instruments

This study utilized a one-page survey inviting written answers to approximately 12 questions. Several questions were asked regarding military families' contact, or lack of it, with social workers. A brief description of services provided by social workers accompanied the questionnaire. Questions asked, were: 1) Has the family had contact with social workers while deployed living abroad? 2) If not, were there any situations where a social worker might have been useful, in your view? (i.e., health crisis, parent/teacher conflict, mental

health needs, personal or marital counseling, culture adaptations) 3) Did/do your children attend school on base, or use the country's local schools? 4) Were you offered any of these services by Family Advocacy Program personnel? Date of deployment, number and ages of children, the country where deployed, age and ethnicity also were asked

The questionnaire incorporated deployed military unaccompanied by spouse or family. Questions to be asked were: 1) Has the individual had contact with social workers while deployed? 2) If not, were there any situations where a social worker might have been useful to them? (i.e., health crisis, mental health needs, personal or marital counseling, culture adaptations). Date of deployment, the country where deployed, ethnicity and age were also gathered.

Procedures

An introductory letter was emailed or sent by mail, requesting the individual's participation. The researcher included information detailing the source and purpose of the study. The letter contained the researcher's email if subjects wanted further clarification and want to communicate. Personal contact with some subjects was made through friends and family.

Respondents from the Army, Navy, Air Force, and Marines were contacted. Out of necessity, some respondents living abroad were surveyed by completing a questionnaire and returning by email. Some were contacted by phone. Participants contacted by phone were read the informed consent and

asked if the form could be marked by the surveyor as completed. Contact was facilitated through the utilization of personal military contacts in Washington, D.C., and at Camp Pendleton, CA., and on the university campus.

Protection of Human Subjects

Complete protection of confidentiality has been maintained through the process of the study. Participants were not asked any identifying information, such as names or location of subject. Once the survey was completed, and the project was finalized, the survey materials were shredded. Any data collected has also been destroyed after the survey was completed. Each participant was asked to read and sign an informed consent form and return it with the survey.

Data Analysis

This study has used qualitative data analysis techniques. The data have been coded into significant categories and themes.

The importance of data collection is to gain a better perspective of what the needs are of deployed service members and their families. Upon analysis of the data, suggestions have been made to improve or expand services that these subject groups are presently receiving, or perhaps lacking. A section of the survey was open to personal comments, in order to better understand individual perspectives.

Summary

This study investigated why the presence of social workers, or lack of, affects the personal lives of deployed United States military soldiers and their families. The focus groups were able to express subjective opinions as to whether or not a more robust population of social workers should be included in military planning to serve deployed personnel.

CHAPTER FOUR

RESULTS

Introduction

In this chapter, a statistical overview will be presented of survey findings. Comments submitted by interview respondents will be analyzed and evaluated. Major findings and consensus of opinions will be examined and compared to service utilization and availability.

Presentation of the Findings

Demographics

The sample population included 11 United States military personnel. All respondents were or are currently deployed abroad. Four respondents were interviewed in person, seven were interviewed by telephone contact. The survey also contains details regarding age, gender, ethnicity, length of service abroad, and family details.

Three respondents were women, representing 27.2%, and eight were men, representing 72.7%. Respondents were of diverse ethnicities, eight were white, representing 72.7%, and three identified as Latino, representing 27.2%. The median age was 48. Six were under age 40, representing 54.5%, and five were over age 40, representing 45.4%. Length of deployment ranged from seven years to two years. Two respondents, representing 18.1%, were

accompanied abroad by their immediate family, and nine, representing 81.8%, were deployed individually.

Results indicated that respondents overwhelmingly reported their lack of contact with a social worker while they were deployed. A majority of respondents reported that they knew that social workers could provide counseling and mental health services. Yet, the majority were either disinterested in pursuing contact or felt uncomfortable with that choice.

Only two respondents reported contact with a social worker, respondent #1 had requested counseling service on shipboard. The respondent felt that one social worker for a ship with 4,000 sailors was vastly inadequate. Respondent #2 inadvertently had contact with a social worker when one came to the family's door to ask why the children weren't in school. Dissatisfied with the quality of teaching at the American school, respondent had pulled them out and registered them at a local school where they learned French and made friends with the local children.

Among those who were offered no contact with a social worker was respondent #3, who was deployed to a war zone while caring for a two-month old baby, requiring the respondent to leave the baby in the care of a relative. The only counseling afforded this respondent was a DVD on family separation.

Another respondent, # 4, wanted to make it clear that the respondent would not have used services from the military's volunteer family counseling service, because the providers did not keep personal information confidential.

Respondent was concerned that personal family details would become common knowledge within the American contingent.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the major findings presented in Chapter 4. Also presented will be recommendations for military social work practice, policy, and recent research. Limitations of this study will also be considered. This chapter will conclude with a summary of findings and the resulting implications for military social work practice.

Limitations of this Study

An effort was made through a U.S. Congress member's office to obtain real time data on the actual number of social workers who are employed to provide counseling to military stationed abroad. Although the request for data was approved by the Congress member's office, the government's data remained unavailable for this study. Therefore, this study remains reliant for statistical information regarding the number of social workers available to enlisted military stationed abroad on the individual scholarly research performed by the author.

It would have been preferable to interview a larger number of subjects, but it was fortunate that a disparate group in age was reached in order to compare available military social work services within a 50-year time period.

Results

The participants in this study were diverse in gender, age, and ethnicity. and also determined the number of deployments abroad for each participant, family situation, social work services received or not received, and the participant's awareness of the availability or lack of availability of social work services.

The findings of this survey were consistent with what was discovered in the literature regarding social workers available to deployed military personnel. Overwhelmingly, (90 %) of participants surveyed reported little or no interaction or initiation of contact with a social worker while they were deployed.

As referenced previously, NASW guidelines for military social workers stress that social workers serving the U. S. military shall conduct a comprehensive assessment and assist the client and family in the best way possible (NASW, p. 25, 2012). If no social workers are available to perform these services, however, deployed military personnel will not receive assistance.

Similarities were noted in the respondent's answers regarding their understanding of the availability of social workers. Respondents who had served in conflicts over 50 years ago (Vietnam War) reported the same amount of contact with social workers as those currently serving abroad. Additionally, those who knew that social workers could provide counseling, (90%), were reluctant to request it.

Practice, Policy and Research

Much work is to be done to increase the number of social workers who are available to our deployed enlisted men and women. If the stated level is 3 social workers to 10,000 troops as was the case in Afghanistan in 2012, few of those needing counseling and mental health services will receive them (Sheeler, 2012).

Men are often socialized to internalize their feelings, rather than seek out someone to confide in. The military structure of working as a team may further subsume individual concerns that should in reality be addressed by a qualified professional. In one instance, a military family sought out civilian counseling outside of the base rather than accept the volunteer Family Advocacy services. Professional Social Workers are bound by terms of confidentiality, and families are assured their privacy will be respected while receiving counseling services.

The level of frustration expressed by the women respondents interviewed revealed that being deprived of professional mental health services was detrimental to their well-being. Lack of availability of qualified Social Workers caused several of the respondents to fail to contact anyone when they felt a distinct need to seek counseling. Leaving a months-old baby and deploying to a war zone, as one female respondent was required to do, is a definite source of trauma.

Lacking a confidential source to talk to about the quality of one's children's education is also stressful, as happened to another female respondent and her

family. Instead, the female parent was accosted at her door by a Social Worker who had up until that time been unavailable.

Recommendations for Social Work

Considering that the results of this study show that the availability of services of Social Workers to deployed military have changed very little over a period of 50 years, and the hesitancy with which a majority of participants viewed asking for counseling, it appears that it is time for the United States military to recognize that making an adequate number of Social Workers available to their troops on both a micro and macro level is crucial to maintaining the good mental health of service members and their families.

Several universities with accredited MSW programs now feature specific classes on military social work. MSW recipients with emphasis on military training should be utilized by the U.S. military complex as valued resources, thereby improving morale among troops and reducing the frustration that can be relieved by appropriate therapy from educated professional social workers.

Conclusions

By interviewing deployed and formerly deployed military personnel, this study revealed that there is a need for more qualified Social Workers within the deployed American military communities. A consistent and thought-out program of Social Worker availability should be devised as part of orientation prior to

deployment so the military personnel and their families are aware of professional Social Work services available to them and how to easily access those services. Additionally, the number of Social Workers available should be proportional to the number of individuals they will be asked to counsel.

APPENDIX A
SURVEY QUESTIONS

INSTRUMENTS
SURVEY QUESTIONS

1. Do you have children? _____
2. If so, do/did they go to school locally or on the base? _____
3. Date of deployment: _____
4. Location of deployment: _____
5. How long were you stationed abroad? _____
6. Did you know that social workers can provide counseling, family and individual therapy, mental health care, and crisis intervention?

7. Did you or any family members receive counseling from another source?

8. Did you or anyone in your family receive services from a social worker during your deployment? _____
9. Age_____
10. Gender_____
11. Ages of children_____
12. Active duty_____Yes _____No

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT FORM

The survey in which you are asked to participate is designed to determine if United States military personnel and their families living abroad are receiving adequate services from Social Workers. The study is being conducted by Janet Walker, a graduate student, under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

Purpose: The purpose of this survey is to determine the amount of contact (or lack of) with Social Workers among deployed families and enlisted personnel.

Description: Participants will be asked a few questions about their experience interacting with Social Workers during their deployment, what roles social workers filled, and their opinion on adequacy of social work services.

Participation: Your participation in this survey is entirely voluntary. You may refuse to participate or discontinue at any time without any consequences.

Confidentiality: Your responses will remain confidential **and** data will be reported in group form only.

Duration: It will take 5-10 minutes to complete the survey.

Risks: Although not anticipated, there may be some discomfort in answering the questions. You are not required to answer, or skip the question or end your participation.

Benefits: There are no known benefits of this survey.

Contact: If you have any questions about this survey please feel free to contact Dr. Barragan at 909-537-3501.

Results: Results of this study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) T California State University, San Bernardino, after June 14, 2019.

This is to certify that read the above and I am 18 years of age or older.

Place an X mark here _____

Date _____

APPENDIX C
INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Janet Walker
Proposal Title Social Work Services Provided to
Deployed Military Families
SW192B

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)

A. B. [Signature] 01/22/20
Committee Chair Signature Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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