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Increasing Military Social Work Knowledge: An Evaluation of Learning Outcomes

Mary Ann Forgey and Sharon L. Young

Service members and veterans face a myriad of health, mental health, and social challenges stemming from the combat and operational stressors experienced during deployment and the challenges of reintegration to civilian life. To intervene effectively with this population, social workers must be knowledgeable about these issues and the cultural context within which they occur. Although schools of social work across the country are developing course work in military social work, little is known about the learning outcomes of these courses. This article describes a military social work course that was developed to increase student preparedness to work with a military or veteran population and the learning outcomes achieved. Using a quasi-experimental pre-post design, this study compared the learning outcomes of students enrolled in the course with a group of students who had not taken the course. To measure this knowledge, the authors developed a 50-item Military Social Work Knowledge Scale for the study. Significant differences between pre- and posttest scores were found for the social work students enrolled in the course. Specific areas of knowledge that increased for the class participants included knowledge about cultural sensitivity to military populations and knowledge about service and advocacy frameworks.

KEY WORDS: *military; military social work; social work education; veterans*

Over 2 million U.S. service members have been deployed to the post-9/11 wars in Afghanistan and Iraq (Bass & Golding, 2012). In many respects, these wars have been unlike any other in our nation's history. These protracted wars have been fought with an all-volunteer force, have mobilized large numbers of National Guard and Reserve soldiers, and have seen technical advances that have dramatically changed battlefield medicine. Compared with previous wars, warriors in this conflict are more diverse, are older, are more likely to be married with families, and often return home with wounds that are devastating and yet invisible (RAND Corporation, 2008).

An alarmingly high percentage of military personnel returning from Iraq and Afghanistan have been found to suffer from a myriad of problems, including posttraumatic stress disorder (PTSD), depression, substance abuse, suicide, traumatic brain injury (TBI), and family distress, including domestic violence and child abuse and neglect (for example, Gibbs, Martin, Jupper, & Johnson, 2007; Hoge et al., 2008; Sherman, Sautter, Jackson, Lyons, & Han, 2006; Warden, 2006). Although the recent wars in Iraq and Afghanistan were unique in certain

aspects, the devastating consequences for those who fought in them were similar to prior conflicts. High rates of PTSD, substance abuse, domestic violence, and homelessness have also been found for Vietnam War veterans (for example, Carroll, Rueger, Foy, & Conahoe, 1985; Orcutt, King, & King, 2003).

As a profession, social work is poised to assist the millions of active duty personnel, veterans, and their families affected by these recent wars and past conflicts (Council on Social Work Education [CSWE], 2008; Jacobs, 2009). The emphasis within social work education on multisystemic assessment and intervention, case management, cross-cultural competence, and the strengths perspective makes social workers uniquely prepared to assist military service members, veterans, and their family members who struggle with a range of physical, psychological, and social issues. Effective assessment and intervention requires social workers to have specialized knowledge that includes the kinds of military-specific stressors facing this unique yet diverse population and the systems of care available to effectively address these stressors. Given that approximately 50 percent of those serving in the current conflicts are members of the National Guard and Reserve (Maxfield, 2011) and live and

work in communities where social workers practice, the need for this specialized knowledge is growing more urgent.

This article describes an elective course developed at a private graduate school of social work with an urban and a suburban campus to impart this specialized knowledge base and the results of an evaluation of the learning outcomes. We begin by first reviewing what has been done to date within social work education to address this educational need and to evaluate these efforts.

LITERATURE REVIEW

Social work organizations such as the National Association of Social Workers (NASW) and the CSWE have taken leadership roles along with schools of social work across the country to meet the challenge of preparing social work students to work more effectively with the military and veteran population. As an organization, the NASW has been responsive to the needs of service veterans and military families (NASW, 2012). In addition to the drafting of practice standards for working with the population, the NASW hosts a resource page filled with links to toolkits, videos, and other valuable information and is planning to offer free online continuing education courses focused on social work with service members, veterans, and their families (Clayton, 2013). Likewise, the CSWE has responded to the need to prepare social workers for military practice by creating advanced practice guidelines (deGuzman, 2010). The CSWE also offers a list of 15 accredited schools of social work that have concentrations in military social work. Several institutions have led the way. In 2008, Fayetteville State University, in partnership with the Army Medical Department, created a program aimed at educating uniformed social work officers (Freeman & Bicknell, 2008). The University of Southern California has developed a specialized military social work program, which in addition to social work foundation offerings, provides highly specialized courses on military culture and therapeutic issues specific to military life (USC Social Work, n.d.). Apart from the specialized military social work programs, there are approximately 28 schools of social work scattered throughout the country that have reported offering individual courses related to military social work (CSWE, n.d.).

These developments are a clear indication that the social work profession is responding to the

challenge of educating its workforce about the military service member and veteran population. However, very little is known empirically about what social workers know about military social work and the effectiveness of the education and training efforts aimed to prepare them to work with a military or veteran population. One qualitative study of uniformed social workers deployed to combat areas found that the majority of knowledge about military social work is learned in the field (Simmons & DeCoster, 2007). Study respondents reported that their social work education did not provide them with enough training in trauma and the correlating therapeutic techniques.

The only study involving an evaluation of a military social work course explored student perceptions of the benefits perceived from taking a military social work course, not learning outcomes (Whitworth, Herzog, & Scott, 2012). Overall, the students reported that the course was helpful in preparing them to work with a military population. However, the authors also acknowledged that the generalizability of their findings was significantly limited because of the posttest-only design, the lack of a control group, and a moderately low response rate. In addition, the majority of those responding were either a military service member or veteran or married to one. There has been no study published to date, other than the study reported in this article, that evaluates the level of military social work knowledge of social work students and the impact of a military social work course on this knowledge base.

COURSE OVERVIEW

The development of the military social work elective evaluated in this study was informed by an extensive literature search; a review of existing syllabi from other military-related social work courses; consultation with other educators, practitioners, and researchers with experience in military social work; and the first author's own practice and research experience within the military. To ensure compliance with the recently promulgated Advanced Military Social Work Competencies (CSWE, 2010), we reviewed course objectives and methods in relation to these competencies to check that the course content addressed each of these competencies. The course has been offered each year since 2010 as an elective at both the urban and suburban campuses where the authors teach.

The course objectives fell within three learning categories: cultural sensitivity and responsiveness to military and veteran populations, service and advocacy frameworks, and assessment and intervention methods. Each learning category, and the corresponding course objectives, is listed in Table 1.

The course began with an exploration of social work practice within the military from a historical perspective. Students learned about the rich history of social work practice in relation to the military and how the uniformed officer and civilian social work roles developed within the different branches of military (Daley, 1999; Freeman & Bicknell, 2008). The emergence and growth of the social work role within the Department of Veterans Affairs (VA) was also explored, as was the role that civilian social work entities have played over the years in responding to the needs of the military and their families (Savitsky, Illingworth, & DuLaney, 2009). The changing demographic makeup of the military and the similarities and unique challenges faced by military members serving in different conflicts were also part of this historical perspective (Kelty, Kleykamp, & Segal, 2010).

Issues related to cultural responsiveness when working with the military were emphasized throughout the course (for example, Bryan & Morrow, 2011; Hall, 2011; Yarvis, 2010). Through in-class exercises, discussion, and written assignments, students reflected on their own stereotypes and biases in relation to the military. Students identified the similarities and differences between military and civilian cultures and discussed the implications of this understanding for practice (Christian, Stivers, & Sammons, 2009). The various theoretical perspectives that have informed cross-cultural social work practice work with other populations were examined (Dean, 2001), and students were challenged to think about how these perspectives could be applied in practice to lessen the divide that often exists between civilian helpers and a military or veteran client population. A strengths perspective was emphasized by highlighting the protective function of the values, traditions, and rituals within military culture and how immersion in this culture can be a growth-producing experience for many service members (for example, Christian et al., 2009).

Experiential learning methods are central to the teaching of military cultural responsiveness. For example, during one class session, a group of Fordham Reserve Officers' Training Corps faculty

Table 1: Learning Category and Corresponding Course Objectives

	Learning Category		
Course Objective	Cultural Sensitivity and Responsiveness	Service and Advocacy Frameworks	Assessment and Intervention Methods
1	Recognize the critical importance of cultural sensitivity and cultural responsiveness when working with a military or veteran population.	Develop a critical understanding about the role of military social work from a historical and contemporary perspective.	Develop a critical understanding of the current health, mental health, and social service needs of service members, veterans, and their families.
2	Analyze the changing demographic profile of the military and veteran population and the implications for social work practice.	Describe the major service frameworks within both the military and civilian sectors for responding to the social service, mental health, and health needs of service members, veterans, and their families.	Demonstrate an understanding of the assessment and evidence-based intervention methods designed for military and veteran populations.
3	Demonstrate self-awareness about one's attitudes and feeling toward the military and how these influence the response to the needs of clients within the military and veteran populations.	Describe what is being done to advocate for the needs of service members, veterans, and their families and generate ideas as to what social workers can do to strengthen these advocacy efforts.	Understand the effects of secondary trauma and strategies to enhance provider resiliency.
4	Develop increased sensitivity to the needs of special populations serving within the military (for example, women, gays, and lesbians) and the challenges of addressing those needs.		

and students discussed their experience of military culture; the differences in relation to civilian culture; and how social workers, particularly those with no military experience, can more effectively engage the military client population. Students were also required to conduct an interview with a service member, veteran, or family member about their experience in the military, to reflect on what was learned from this interview, and to address whether and how their learning was supported by the class sessions and required readings.

Culturally responsive prevention and early intervention programs to build resiliency in active duty service members and veterans were also introduced. Through the review of two such programs, Battle-mind and Comprehensive Soldier Fitness, students explored the theoretical foundations of these programs and discussed the benefits and challenges of applying positive psychology to increasing resiliency in a military population (Adler, Bliese, McGurk, & Hoge, 2009; Cornum, Mathews, & Seligman, 2011).

Students examined the different roles carried out by uniformed and civilian social workers in a variety of settings within the military and the VA. Students examined the social work role on combat stress teams and in military hospitals, military family service agencies, VA hospitals, and Vet Centers. Outside speakers also presented on specialized programs that are emerging within civilian service agencies and court systems to respond to specific needs of veterans and their families (Cartwright, 2011; Savitsky et al., 2009). Knowledge of these service frameworks within the Department of Defense and veteran and civilian systems of care is considered integral to the practice of effective case management and referral, both of which are critical to addressing the complex array of physical, psychological, and social needs facing the active duty service member or veteran client (Batten & Pollack, 2008; RAND Corporation, 2011; U.S. Department of Veterans Affairs, 2007).

Development of an evidence-based understanding of the social service, mental health, and health needs of active duty soldiers, veterans, and their family members was also a part of the course content (Milliken, Auchterlonie, & Hoge, 2007). Through the use of detailed case examples, students discussed what would be important military specific factors to explore and understand when conducting a biopsychosocial assessment with an active duty service

member, veteran, or family member (for example, Batten & Pollack, 2008; Britt, Greene-Shortridge, & Castro, 2007; Maguen et al., 2010). The screening tools available to systematically assess for combat-related PTSD, depression, and TBI were critically reviewed for their applicability to a military or veteran population (for example, U.S. Department of Veterans Affairs & National Center for PTSD, 2004). Students were challenged to think about how combat-related trauma is different from the types of trauma that have been traditionally associated with PTSD (Castro, 2009; Kimmerly et al., 2010; Maguen et al., 2010). Students critically explored through class lectures, required readings, webinars, and outside presenters the range of evidenced-based interventions that have been shown to be effective with a military and/or veteran population, including cognitive processing therapy, prolonged exposure therapy, and virtual reality therapy (Monson et al., 2006; Reger & Gahm, 2008).

Several class sessions were also devoted to the needs of family members (for example, Cozza, Chun, & Polo, 2005) and to the military family member's perspective (Henry & Robichaux, 1999). Family members discussed with the class their positive and negative experiences with professional helpers. Through this exchange, students had the opportunity to experience on a deeper level what being culturally responsive means in practice.

Students were introduced during the class sessions on family work to existing prevention and intervention strategies (Gottman, Gottman, & Atkins, 2011). The videos produced by Sesame Street to help young children and their parents better understand and cope with predeployment, deployment, and postdeployment stressors were viewed and discussed. Indicators of extreme family stress, such as child abuse and neglect and intimate partner violence, were also examined (Gibbs et al., 2007; Marshall, Panuzio, & Taft, 2005). Installation-based prevention and intervention programs for child abuse and intimate partner violence were reviewed. Conjoint approaches to address the relationship stressors being experienced by couples when a service member or veteran is struggling with physical and psychological injuries such as PTSD and TBI were also explored (Monson & Fredman, 2008).

Although the needs of service members returning from Iraq and Afghanistan were emphasized (Flynn & Hassan, 2010), the similar and different

needs of service members and veterans from previous conflicts were also considered. The particular challenges faced by special populations within the military, including women, single parents, gays and lesbians, and immigrants, were also explored (for example, Dao, 2011; Stock, 2006; Washington, Yano, McGuire, & Hines, 2010).

Last, students examined issues related to vicarious traumatization in the workplace and strategies to promote provider resiliency (Bride & Figley, 2009). Students examined the effect of vicarious trauma coping strategies to address secondary stress experiences. Challenges facing agencies serving the active duty and veteran populations in developing more institutionalized responses to provider secondary stress were also part of this discussion.

METHOD

Study Design

This study used a quasi-experimental pretest-posttest comparison group design to evaluate the effectiveness of the military social work course in increasing the knowledge needed for working with military populations and their families. Both the class participant group and the comparison group consisted of social work students in the advanced year of the MSW program. The class participant group was drawn from two different sections of the course “Social Work with Military Service Members, Veterans, and Their Families.” The comparison group was drawn from two advanced-year MSW classes made up of students who had not taken the military elective. As class enrollment in the elective was voluntary, random assignment to the class participant group or the comparison group could not be used. A total of 46 students completed both the pre- and posttests: 27 in the class participant group and 19 in the comparison group. The majority (60 percent) of the students reported being between the ages of 20 and 29; most were Caucasian (68.9 percent) and had a clinical concentration (95.6 percent). One student had served in the military, and approximately half of the students had an immediate or extended family member who was a military service member or veteran (51.1 percent). Only one student reported working with military service members, veterans, or family members often, and 31.1 percent stated that they had worked a few times with military populations. Overall, the students reported a low degree of military-related training, with 15.5

percent attending a military training or conference and 40 percent reporting military content covered somewhat in their social work courses.

To determine the equivalency of the class participant and comparison groups, we performed chi-square tests on all demographic measures and a *t* test on the pretest knowledge scores. The two groups were found to be equivalent in terms of the demographic variables of age, race, military service, family member served, experience working with military populations and families, and course-work or training on military issues. The class participant group, however, did score higher overall at pretest on military social work knowledge ($M = 28.46$, $SD = 4.84$) than the comparison group ($M = 25.42$, $SD = 4.44$) at $p = .04$.

Measures

To evaluate the learning outcomes of the course, we constructed a 50-item measure from an initial pool of six to eight true-false questions that were generated to assess each of the 10 course objectives. Item selection from this initial pool and item refinement was guided by the stages of pretesting as outlined by Dillman (2007) and a series of cognitive interviews with key informants (Forsyth & Lessler, 1991). Two groups of key informants were identified. The first group consisted of five students who had taken the course before this study. These students were asked to review each question to see whether they understood the question as intended and whether they were able to answer the question correctly. In addition, cognitive interviews were also conducted with five military social workers, all of whom had extensive experience working with military service members and/or veterans and their families. Specifically, these experts were asked to rate the relevancy of the questions to military social work training and to confirm the accuracy of the response sets. On the basis of these results, final revisions were made to the instrument.

We were able to assess the test-retest reliability of the instrument by comparing the pretest and posttest knowledge scores of the comparison group only, which were obtained 14 weeks apart. No significant difference was found between pretest ($M = 25.44$, $SD = 4.44$) and posttest ($M = 24.58$, $SD = 3.78$) of the comparison group ($p = .437$). A Pearson product-moment correlation coefficient was also used to determine the correlation between Time 1 and Time 2. The strength of association

found in this sample ($n = 19$) was medium ($r = .38$), at a significance level of $p = .11$.

RESULTS

Paired-samples t tests were conducted to compare the pretest and posttest scores for the class participant group and the comparison group. There was a significant difference found between the pretest ($M = 28.1$, $SD = 5.2$) and posttest ($M = 32.5$, $SD = 7.5$) scores in the class participant group, $t(26) = -4.57$, $p < .001$. There was no significant difference between the pretest ($M = 25.4$, $SD = 4.4$) and posttest ($M = 24.6$, $SD = 3.8$) scores of the comparison group, $t(18) = 0.79$, $p = .44$. These results suggest that participation in the military social work class may have an impact on the knowledge needed to work with military populations and their families. The results of the paired t tests can be found in Table 2.

Further t tests were conducted to determine which of the three categories of learning objectives differed at posttest. The class participant group scored significantly higher at posttest ($M = 11.3$, $SD = 2.8$) when compared with pretest ($M = 9.5$, $SD = 2.8$), $t(26) = -4.18$, $p < .001$, on items related to cultural sensitivity and responsiveness. The class participant group also scored significantly higher at posttest ($M = 8.9$, $SD = 2.1$) compared with pretest ($M = 7.3$, $SD = 1.3$) in learning objectives related to service and advocacy frameworks, $t(26) = -3.76$, $p = .001$. Although the students in the class participant group had an increase in knowledge about

assessment and intervention methods from pretest to posttest, the increase found was not significant.

DISCUSSION

Many service members, veterans, and their family members will increasingly be utilizing mental health and social services in a wide range of settings where social workers are employed, including military installations, VA hospitals, Vet Centers, and civilian community agencies (Savitsky et al., 2009). Social workers employed in these various settings will need to have basic competencies around working with military personnel, veterans, and their families. In the *Advanced Social Work Practice in Military Social Work Guidelines*, the CSWE recommends that social workers understand military culture, the challenges endemic to military service, and practice models appropriate for military populations (CSWE, 2008). This study examined the impact of participating in a military social work course on military social work knowledge that reflects the CSWE guidelines. The military social work class encompassed a broad scope of military practice knowledge, including military culture, the role of social workers, and the service frameworks within the military, VA and civilian agencies, and evidence-based and culturally responsive assessment and intervention models for active duty personnel, veterans, and their families. Students who participated in the course were found to have an overall significant increase in military social work knowledge from pretest to posttest.

This study represents an early step in examining the impact of participating in a military social work class on military social work knowledge. One of the strengths of this study is the use of a rigorously developed comprehensive instrument to measure the difference in knowledge from pretest to posttest. The inclusion of a comparison group lends further support to the study outcomes. Significant increases were found at posttest among the class participants in the two learning categories focused on military culture and service and advocacy frameworks, both of which can be considered foundational to the practice of military social work and a prerequisite for more advanced clinical training. Significant increases were not found for the learning category focused on assessment and intervention methods, which involved more advanced clinical material. This finding provides some direction as to the content that needs to be strengthened. However, it also

Table 2: Paired t Tests of Pretest and Posttest Scores

Group	Pretest		Posttest		p
	M	SD	M	SD	
Overall scores					
Intervention	28.1	5.2	32.5	7.5	<.001
Comparison	25.4	4.4	24.6	3.8	.44
Learning objectives					
Military cultural sensitivity					
Intervention	9.5	2.8	11.3	2.8	<.001
Comparison	8.2	2.1	8.3	2.2	.90
Advocacy and service frame					
Intervention	7.3	1.3	8.9	2.1	.001
Comparison	6.0	1.6	5.8	1.8	.70
Assessment and interventions					
Intervention	10.6	2.4	11.2	3.0	.29
Comparison	9.7	1.8	8.6	2.3	.03

Note: For the intervention group, $n = 27$; for the comparison group, $n = 19$.

raises the question as to what would be the best strategy for doing so. Adding more content on clinical assessment and intervention within this course is one strategy but may be problematic, given the breadth of material already covered. It also may not be realistic to expect students, particularly those who have little military experience or training, to increase their knowledge significantly in all three areas by taking one elective. Furthermore, increasing the focus on clinical assessment and intervention within the course could also result in less focus on the foundational areas of military culture and service and advocacy frameworks. Given these issues, more of a developmental perspective may be indicated in which a second, more clinically focused elective is created that builds on the foundation content in the first course.

The findings from this study also illuminate the general lack of knowledge about military social work among the social work students, as reflected by the relatively low pretest scores found in both groups. This is understandable given that, overall, participants reported a low degree of military-related training in both the field and the classroom. Given the lack of basic knowledge about the military and military social work found in the pretest results and the modest increase in knowledge shown by the students who took the elective, much more needs to be done to address this dearth of knowledge in this area at schools of social work. Military social work education clearly needs to go beyond just offering an individual elective(s) in military social work. In particular, the material related to military culture, service, and advocacy frameworks and clinical assessment and intervention needs to be more systematically infused throughout the curriculum. Increasing the number of field opportunities for students interested in working with a military population would also expose them in a more intense way to learning about the needs of this population and how best to meet them.

Infusion of military social work knowledge throughout the curriculum requires that faculty teaching across the curriculum be knowledgeable about military social work. Little is known about the level of knowledge that faculty have in military social work. This area would also be an important area of inquiry for future study. Faculty development seminars focused on military social work and the creation of incentives for faculty to attend

professional training conferences are strategies that could help increase faculty knowledge in this area.

Given the evidence from this study that participation in this class increased critical knowledge about military culture and service and advocacy frameworks, strategies to further disseminate the course material to more students are being explored. The course was recently approved for development as an online elective, which will greatly increase the number of students who can have access to this course. In addition to offering both the face-to-face and the online electives, a continuing education course modeled after the elective is being considered after multiple requests from alumni requesting access to the course material. **HSW**

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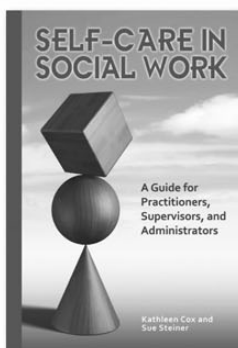
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SELF-CARE IN SOCIAL WORK

A Guide for Practitioners, Supervisors, and Administrators

Kathleen Cox and Sue Steiner



Social workers encounter a number of unique forms of occupational stress on a daily basis. The more thoroughly they understand the stressors they face, the better-prepared social workers will be able to manage them successfully. *Self-Care in Social Work* is a

guide to promote effective self-care tailored to the needs of social workers, including both individual and organizational approaches. On a personal level, it goes beyond the typical prescriptions to exercise, eat well, sleep more, and get a massage or meditate. In fact, the book is based on the premise that self-care should not be an add-on activity only happening in the rare instance when there is some free time. Instead, it is conceptualized as a state of mind and considered an integral part of a social worker's training.

In *Self-Care in Social Work*, the reader is taught how to approach individually oriented self-care through the development of self-awareness, self-regulation, and self-efficacy. At the organizational level, readers are guided through a process of learning about areas of match and mismatch between themselves and their agency structure and culture. This book is particularly timely as the economic downturn continues to create stressful working conditions by pressuring agencies to do more with less.

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