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Experiences and Challenges of Social Workers Working With Transitioning and Postmilitary Service Members Who Have Mental Health Issues

Joyce M. Hewitt
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Walden University

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the review committee have been made.

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Walden University
2020

Abstract

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Postmilitary Service Members Who Have Mental Health Issues

by

Joyce M. Hewitt

MS, Jackson State University, 2012

BS, Jackson State University, 2005

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Social Work

Walden University

May 2020

Abstract

Active duty service members, veterans, and their family members are faced with a myriad of problems including mental health issues, substance abuse issues, traumatic brain injury, suicide, family integration issues, and family distress. Understanding the organizational, environmental, and person-centered factors that affect the delivery of mental health care treatment to active duty service members, veterans, and their families is urgent to this unique population for social work practitioners (licensed master, advanced, & clinical). This project explored the experiences and challenges that social work practitioners (licensed master, advanced, & clinical) have in providing effective services for mental health care treatment to transitioning and postmilitary service members and their families in San Antonio, Texas. The research question explores the experiences and challenges that social workers perceive when working with transitioning and postmilitary service members with mental illness, the barriers influencing the continuity of care, and postmilitary reluctance to access mental health care. A qualitative research methodology was used to analyze the experiences of 6 licensed social workers. The findings identified military cultural competency as necessary to establish rapport with transitional and post-military service members, and that stigma is a barrier for service members to seek mental health services. The findings from this study may be used by social workers to improve services to post military service members and their families.

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Dedication

Thank you to my immediate family (my wonderful husband-Fredrick, my beautiful daughters- Olivia, D'Antwonique, and Brenda, and my handsome son-Eddie) for the unrelenting support, faith in me, encouragement, understanding, and sacrifice throughout this process. A tremendous thank you to my beautiful parents and extended family, especially my aunts and uncles for all of your support, understanding, and having a strong belief in me during this process to accomplish my goal. Thank you to my adorable friends and my loving in-laws' for your prayers, spiritual guidance, and being an active listener during this process. Thank you to all the servicemen and women, veterans, who faithfully and selflessly served in the United States military. Next, thank you to all the social workers who selflessly and diligently provide for our servicemen and women. A special thank you to my Walden classmates for supporting me and providing insight on this journey.

Lastly, but not least, I dedicate this dissertation to the memory of my mother-Bobbie J. Mitchell, great grandmother Eva Lou "G-mama" Haywood, my great aunt Mattie H. Smith, and my aunt Ethel "Love" Rule-Jordon for inspiring me, helping me find my strength, providing me with wisdom, and teaching me. I am thankful for this opportunity to dedicate this dissertation to you all. Words cannot express how grateful I am to have you.

Acknowledgments

First and foremost, I would like to acknowledge my committee chair, Dr. Kenneth Larimore, and the second committee chair, Dr. Juanita White, for being patient with me as I am a visual learner, providing an abundance of encouragement, guidance, and feedback during this journey. Second, I would like to acknowledge the Walden University, professional staff members, and professors that helped make it possible for me to complete this rigorous doctoral program by administering excellent online flexibility for me to preserve my family life and my career. Third, I would like to acknowledge the mental health social workers who participated in this research and providing valuable insight into their experience in working with transitional and post-military service members. Forth, I would like to acknowledge my higher power for blessing me with mercy, grace, endurance, determination, surrounding me with the right positive energy and support I need to accomplish this milestone in my life. Last but never least, I would like to acknowledge my beautiful family for their unconditionally support, understanding, and sacrifice they made for me during this journey to accomplish my goal of earning a doctorate.

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Section 1: Foundation of the Study and Literature Review

Introduction

Men and women volunteer every day to serve in the United States military, whether it is in the Air Force, Army, Coast Guard, Marines, or Navy. A total of 1,359,254 active duty service members have joined the military and put their life on the line for their country (Statistical 2019; Department of Defense, 2019; & Defense Manpower Data Center, 2019). Active duty service members have a high risk of deployment with possible separation from their family and combat exposure with the possible loss of life. Many active-duty soldiers who enter the military have experienced some type of mental health issues after serving in the military, which includes combat and noncombat experiences. A research study by Army STARRS, Kessler, Heeringa, et al. (2014) found that 1 in 4 active duty service members exhibited signs of mental health issues. However, both Tanielian and Jaycox (2008) and White, Mulvey, Fox, and Choate (2011) found that 18.3% (300,000) and National Veterans Foundation (2016) found that 20% active duty service members are diagnosed with a mental health disorder such as major depression and posttraumatic stress disorder, whereas one-fifth of service members are diagnosed with substance abuse after deployment. Another study by Harrell and Berglass (2011) reported an estimation of 20% of alcohol and drug abuse, and increase 5% to 12% prescription drug abuse, and 33% of death involving substance abuse amongst active duty service members. Additionally, the Mental Health First Aid National Council for Behavioral Health noted that 30% (730,000) of active-duty service members and reservists have mental health issues.

Furthermore, active duty service members, having a mental health disorder, can be devastating and harmful to the soldiers due to the possibility of having their career to end. Active duty service members and postduty service members pursuing mental health care are suspicious, concerned, and afraid of how others in the military, civilian employers, and society will react to them having a mental health diagnosis (Ashley & Brown, 2015; Sayer et al. 2009). Having an untreated mental health disorder has been correlated with the increase in suicidal ideation and the suicide of active duty and postduty service members (Bryan, Jennings, Jobes, & Bradley 2012; Holloway, n.d.; Lee, 2012; & Vasterling et al., 2006). According to Harrel and Berglass (2011), active duty service members commit suicide every 36 hours, and there is one postactive duty service member every 80 minutes. There is a need to revise several components of the military predeployment and postdeployment operations as they pertain to how mental health issues are addressed in the military (Bog, Filges, Jorgensen, 2018; Harrell & Berglass, 2011). The association between untreated mental health disorders in the military and the rise in suicide attempts and suicidal ideation are misconstrued and are contributing factors to the imperative need to address the issue (Harrel & Berglass, 2011).

Background

Nonetheless, significant and essential research is taking place, and researchers remain cognizant of the mental health issues in the military and veterans. There is a fundamental need to understand the social workers perspective on the experiences and challenges, which prevent postmilitary service members from seeking and engaging in mental health treatment. According to DeFraia, Lamb, Resnick, and McClure (2014),

social workers are the leading discipline delivering mental health care to veterans and service members, which includes providing transitional support to transfer service members from a military hospital or a civilian hospital to the VA mental health hospital. Therefore, the research explores the advanced, clinical, and licensed master social workers' expertise and perspectives of these practitioners by illuminating the current clinical challenges to mental health treatment for veterans in San Antonio, Texas.

The research question for this research is: What are the experiences and challenges social workers perceive when working with service members transitioning to post-military? How do these barriers influence the continuity of care? What do social workers perceived why veterans are reluctant to access mental health care? I will use a qualitative research methodology to analyze services allocated for transitional and post-military in San Antonio, Texas. The method and the purpose of this research coordinate with the intention of the profession of social work by unveiling the experiences and challenges to mental health treatment for transitional and post-military service members. The research further coordinates with the profession of social work by the community-based focal point, and it aims to endorse and improve social awareness and social justice (disability benefits, chaotic VA, poor mental health, homelessness, and unemployment) amid a derogating, marginalized, and vulnerable population.

I will introduce the research in the following section, which includes the problem statement, research question(s), and purpose statement. The following preparatory sections have a compressed introduction to the nature of the action research project and

the theoretical framework. The connotation of this action research amongst the field of social work and similarity to values and ethics of the profession is the first section.

An extensive review of the professional and academic literature is the second section. In this section, there is a subsection on the affinity between military culture, veteran's environment, and mental health disorder. Within this literature review, I will show the correlation regarding mental health issues and barriers to service, along with gaps in previous research.

Problem Statement

The social work practice problem I will address is the social workers' perceived experiences and challenges in working with transitioning service members and post-military service members who have mental health issues, specifically those living in the San Antonio, Texas. Vincent et al. (2012) revealed that some combat service members struggled with reintegration back into the community following deployment due to psychological problems, which lead to other destructive behaviors. The Department of Veterans Affairs (VA) is the primary health care provider for veterans, whether they have insurance or not. Therefore, the VA is the largest and primary health care source for veterans to receive medical and mental health services. The VA and Department of Defense (DoD) has acknowledged mental illness as an issue for veterans returning to civilian life. According to the Institute of Medicine (2012), states DoD and VA estimate increase numbers of returning veterans will need PTSD services.

Therefore, the VA and the DoD collaborated to develop clinical guidelines for practitioners, including social workers, to use as tools to improve mental healthcare

services, which include new strategies being developed regarding treatment options (U.S Department of Veteran Affairs, 2017). Even with the DoD and the VA collaboration and teamwork efforts with creating the clinical practice guidelines, both have determined challenges remain. These challenges are adequate training in evidence-based treatments (Military Medicine, 2014), effectively screening for mental illness, and developing effective strategies to address veterans with mental health issues to include veterans who may not qualify for mental health treatment due type of discharge character (VA, 2017). Discharge character is how a veteran was discharged/separated from the military, which determines eligibility for VA benefits.

Both DoD and VA have numerous programs and services that were configured to treat mental illness; however, it is arduous to maneuver, identify, and evaluate the programs and treatments due to being under different authorities (Institute of Medicine, 2012; Military Medicine, 2014). Institute of Medicine (2012) noted good leadership, unit support, and training are protective factors for PTSD that could assist in encouraging and endorsing positive mental health during deployments and reducing the risk for PTSD in service members. PTSD is indicated and portrayed by an amalgamation of mental health manifestations. These manifestations could be reliving a traumatic event, avoiding trauma-associated stimuli, and experiencing mood swings and hyperarousal. These manifestations could be persistent for at least one month or more and impair normal functioning, may occur soon after exposure to a traumatic event, or delayed sometimes for years (National Institute of Mental Health (2019). However, acute stress disorder has similar symptoms to PTSD but last three days to one month (SAMHSA, 2014). However,

to meet the DSM-5 criteria for a diagnosis of PTSD, a person must meet the eight criteria. Criteria A: a veteran has to be exposed to one or more events (death, threats of serious injury or sexual violation, or severe actual injury/sexual violation) by either experience, witnessing, repeat exposure, or learn about the event. Criteria B: a person is having reoccurring and intrusive memories of the traumatic event, upsetting dreams or night tares, strong bodily reactions (night sweats or pounding heart), experiencing dissociation (flashbacks), or robust and persistent distress exposure to a traumatic event. Criteria C: avoidance of thoughts, feelings, people, places, conversations, activities, objects, or situations that remind of memories of the traumatic event. Criteria D (have three or more): inability to experience positive emotions and having a negative emotional state or persistent negative evaluations about self, feeling detached from others, having self-blame or blaming others, or losing interest in enjoyable activities. Criteria E (having three or more) sleep problem, difficulty concentrating, easily startle, aggressive behavior or irritability, self-destructive behavior or impulsive, or being hypervigilance. Criterion F: symptoms are lasting longer than a month. Criterion G: symptoms interfere with different areas of a person life (work, family, friends, physical and mental health). Criterion H: the symptom is not due to a medical condition or substance abuse.

Scientists have identified the environmental facets of efficacious mental health treatment services, researchers, and treatment practitioners (Institute of Medicine, 2012; Military Medicine, 2014; Ames & Spera, 2011). Social, political, and economic factors are significant to the transitional and post-military service members' specific mental health treatment needs. Furthermore, social worker practitioners understand the effects

environmental factors (social, political, economic factors, etc.) can have on a person's mental health because of social work uniquely intertwined with the person and the environment. McCrady, 2006 noted that social workers who have experience with the person-in-environment style of care are more likely to incorporate environmental factors into a personalized treatment plan because they understand the ramifications of the situation. An upsurge of concern regarding the care of veterans has sparked in the social work community especially for veterans who are returning from deployment with dual diagnosis (Erdtmann, 2014; Hosek, Kavanaugh, & Miller, 2010; Savaisky, Illingworth, & Dulaney, 2009). Since 9/11, there have been 2.77 million service members deployed to Iraq and Afghanistan among other service members (943,737) who have multiple deployments (Baiocchi, 2013; Wenger, O'Connell, & Cottrell (2018). Wenger et al. noted that the average age of service members deployed overseas is under 30-years-old, over half married, and about half with children. There is an increase in the number of service members returning from deployment with mental health issues like depression, traumatic brain injury (TBI), readjustment disorder, PTSD, and substance abuse. According to a study by Vanneman, Harris, Cheng, et al. (2015) noted that social workers who work with veteran primary concern were focused in the area of veteran's motivation to seek treatment and access to care.

Clinical social workers and other practitioners must understand providing services to this population of veterans are unique, and each veteran idiosyncratic physiognomy is enmeshed to his or her treatment planning (Institute of Medicine, 2013 and Strom, Gavian, Possis, Loughlin, Bui, Linardatos, & Siegel (2012). Service members returning

from deployment, and veterans are using maladaptive mechanisms such as alcohol, drugs, extravagant shopping, gambling, or hypersexual activities to cope with their mental health issues (DOD, 2012). Therefore, mental health issues among active duty service members and veterans warrant instantaneous consideration and action, particularly for young active duty service members and veterans (Institute of Medicine, 2013 & Saxon, 2011). Social work practitioners working with this unique population have to perform their treatment carefully to provide effective and efficient treatment (Saxon, 2011). Social work practitioners in San Antonio, Texas, have a unique perception of how mental health issues affect transitional and post-military service members, as well as current treatment protocols' effectiveness and efficiency used by local mental health agencies. Veterans, who are suffering from mental health issues, have gained high awareness, insight, and concerns in the field of social work practice for reason of increasing clinical scope in practice regarding military culture and magnitude of mental health problem (Lash, Timko, Curran, McKay, & Burden, 2011). The field of social work, social work practitioners, and other practitioners gain from acquiring vast knowledge and extensive understanding regarding the needs of veterans with mental health issues. Additionally, this study will benefit veterans, active duty service members, and their families, including veteran and active duty service members living in San Antonio, Texas, by bringing awareness to the challenges social workers perceived to hinder veterans from seeking mental health treatment. Additionally, if any, bringing awareness to training social worker needs to work with this population.

Purpose Statement.

The purpose of this qualitative research is to explore the advanced, clinical, and licensed master social workers' expertise and perspectives of these practitioners by illuminating the clinical challenges to mental health treatment for transitioning and post-military service members in San Antonio, Texas. In addition, the study examines social worker practitioners' perception of how veteran image may impede their ability to build a relationship and provide adequate services. Seal, Maguen, Cohen, et al. (2010); Rosen, Greenbaum, & Fitt (2011); and Sharp, Fear, Rona, et al. (2014) stated 60% to 70% of service members and post-military service members are diagnosed with a mental health issue and do not obtain adequate treatment within a year of their diagnosis. Abraham, Lewis, and Cucciare (2017) found insufficient care, resources, knowledge of care options, and the referral process among providers; prioritization of alcohol-related care; and time constraints during routine clinical visits are barriers practitioners identified from different disciplines which hindered veteran from the ability to connect to mental health treatment once a veteran decides to seek treatment. These findings can eventually affect the transitional and post-military service members, their family, and their communities by improving the process for services, provide services that are missing, or identify the best clinical practices for mental health treatment for the veteran population.

Research Question.

My research questions for this project are: What are the experiences and challenges social workers perceive when working with service members transitioning to post-military? How do these barriers influence the continuity of care? What do social workers perceive as to why veterans are reluctant to access mental health care? These

questions are specifically associated with the social work practice problem of improving mental health services for transitioning service members and post-military service members with mental health disorders in San Antonio, Texas. The knowledge and understanding attained from this research will contribute towards improving the field of social work profession and practice.

Obstacles to successful mental health treatment for transitional and post-military service members with mental health disorders, clinical outcomes (treatment completion and treatment compliance), environmental antecedents (social, political, economic factors, etc.), and social work practitioner's perspective of services provided are qualitative variables associated with this research. The goal of the research was to advance knowledge, understanding, and improve the practice of social workers who work with transitioning and post-military service members suffering from mental illness. The primary objectives in the research were to explore experiences and challenges social work practitioners face; explore environmental antecedents specific to San Antonio, Texas and other local agencies contributing to successful mental health treatment for active duty service members and veterans who access mental health care in San Antonio, Texas.

Nature of the Doctoral Project

In this qualitative action research, I intended to provide awareness to improve mental health treatment to veterans in San Antonio, Texas and identify experiences and challenges clinical, advanced, and/or licensed master social workers faced when providing mental health treatment to veterans. Additionally, the research is intended to

generate awareness and knowledge about mental health treatment for transitioning and post-military service members by being inquisitive about what necessity has to be analyzed by the researcher, why the research is significant, and what additional requirement needs to be acknowledged to make the research practical, feasible, and workable (McNiff & Whitehead, 2010).

McNiff & Whitehead (2010) noted that epistemological archetype is the execution of theory and familiarity of action research. Furthermore, Heron & Reason (1997), stated the epistemological paradigm concentrates on the synergetic essence of retrieving and acquiring information held by the study applicants. Therefore, the epistemological paradigm is supported and knowledge of the method of action research in this project.

An exploratory cross-sectional qualitative research will be the design used for this action research utilizing semi-structured interviews with purposively selected social work practitioners who provide mental health services to transitioning and post-military service members in San Antonio, Texas. The applicants in this research include advanced/clinical/licensed master social work practitioners working specifically with transitioning and post-military service members in the context of treatment for mental health illnesses in San Antonio, Texas. In selecting eight applicants, I will attempt to draft a diverse study sample (military experience and knowledge, educational background, ethnicity, age, gender, military service, and career length). Time limitations of the research and practical availability constrained the number of research applicants selected for this research. The methodology consists of interviews with eight social work practitioners (advanced/clinical/licensed master) in an effort to reconnoiter the best practices for

transitioning and post-military service members with mental health diagnoses. The research sample size will be justified by the availabilities and convenience of the social work practitioners in San Antonio, Texas, in which applicants will provide extensive information and meet the inclusion criteria for the study (see McNiff & Whitehead, 2010; Strauss & Corbin, 1998). I will use an audio recording device to record the applicant's response to open-ended questions with subsequent probes and documentation. I will possess the data collected from the applicants in which it will be kept in a double lock safe in my home.

Definition of Key Terms

Mental illness: defined by the National Institute of Mental Health (2019) as a “mental, behavioral, or emotional disorder which can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment. Nevertheless, the National Institute of Mental Health defines serious mental illness as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities” (p.1). American Psychiatric Association defines mental illness as “health conditions involving changes in emotion, thinking, behavior, or a combination (p. 1).”

Stigma: defined by Dudley (2000) as stereotypes or negative views attributed to a person or groups of people when their characteristics or behaviors are viewed as different from or inferior to societal norms. National Institute of Mental Health (2019) identified stigma as disapproval and shame felt by an individual demonstrating and displaying

characteristics society considers as wrong, unusual, or unbecoming in which extensively discredits his or her identity.

Active-duty servicemembers: a person is serving in the military full time in one of the five branches of the military (Air Force, Army, Coast Guard, Marines, and Navy). Being full-time in the military is considered being on duty around-the-clock and can be deployed at any given time without notice.

Veteran or post-military service member: is used interchangeably to describe a person who served in the military and is “discharged or released from the military under conditions other than dishonorable” (Title 38 of the Code of Federal Regulations, 3.1).

Transitioning servicemember: an individual who is separating or retiring from the military; is within 12 months from separating and 24 months from retiring; and returning to civilian life (Iwamoto, 2019).

Participants: The participants in this study were licensed master social workers, licensed clinical social workers, or advanced social workers who presently or prior work exercise with a veteran with mental illness.

Significance of the Study

The social problem related to this project is the social worker’s perception of the experiences and challenges in working with transitioning and post-military service members who have mental health issues, specifically those living in the San Antonio, Texas. In the greatest of situations, transitioning from an active duty service member to a post-military civilian, at times, can be unbearable and overwhelming (Morin, n.d.). Department of Veteran Affairs (2018) research illustration the year succeeding

discharging from active duty military can present numerous transition-related challenges. According to DeFraia, Lamb, Resinick, and McClure (2014), “60% of those screening positive for mental health issues do not seek care” (p. 526). The ramifications of not effectively transitioning to mental health services following military discharge include a high risk for suicide, increased alcohol and drug abuse, homelessness, and undiagnosed mental health disorders (DeFraia et al., 2014; VA, 2018). Social workers are involved in mental health assessment pre-discharge at the unit level as well as available through transitioning services. Extensive information is needed regarding barriers influencing continuity of care regarding mental health services. This information needs to address gaps in services, which lead to an unsuccessful transition. My research questions will be: What are the experiences and challenges social workers perceive when working with service members transitioning to post-military? How do these barriers influence the continuity of care? What do social workers perceive as to why veterans are reluctant to access mental health care?

This research contributes to the profession of social work practice by analyzing significant environmental factors such as demographics, physical, social, cultural, political, technological, and economic factors that are prominent to the distinct mental health services needs of the post-military service members. Military-based social workers provide unique practical skills that expose the crucial needs to assess for adequate service delivery. The ramifications of improving clinical social work practice with transitioning and post-military service members, who have a mental health disorder, may impact positive social change to reduce barriers that hinder mental health services. Social work

practitioners and mental health providers who work with transitioning and post-military service members in San Antonio, Texas, have unique acumen into the mental health problems that affect the military and post-military population, which includes having proficient and effective treatment procedures used in the community to help transitioning and post-military service members. The qualitative research examines the clinical social work expertise and perspectives regarding the barriers and challenges to the mental health services of transitioning and post-military service members in San Antonio, Texas.

Ultimately, these discoveries can emphatically affect the transitioning and post-military service members, their families, and communities. Social work practitioners conscientiously work with service members, post-military service members, and their families with mental health illness, recognizing or acknowledged an absence or shortage of services in laboring with this unique community which result in a upsurges for professional frustration and burnout (Morse, Salyers, Rollins, Monroe-Devita, & Pfahler, 2012). According to Morse et al. (2012), professional burnout is typical and prevalent in the profession of mental health, which includes social work practitioners faced with emotional fatigue, countertransference, depersonalization, and deterioration of individual achievement when working in insufficient and inadequate systems or organization service provision.

The social work field is a helping profession that seeks ways to assist their clients better and ensure that they administer phenomenal, effective, and noteworthy services. The profession of social work is versatile in nature that permits practitioners to acclimatize and contrivance emerging practice models reinforced by new research

outcomes (Fisher, Holton, & Van Wormer, 2013). This research is pertinent to the research applicants (advanced/clinical/licensed master social work practitioners laboring with transitioning and post-military service members with mental health illness in the San Antonio, Texas) because it delineates their practice intelligence, observation, and knowledge to enhance service distribution for laboring with transitioning and post-military service member with mental health disorders. This study is also relevant, especially for the transitioning and post-military service members living in San Antonio, Texas. The research is pertinent to stakeholders (other mental health treatment providers, veteran health advocates, colleagues/social work profession, service members and post-military service members with mental health illness and their families) for the reason that it grants them the ability to govern, execute, and advocate for more effective/efficient treatment and services for this unique population.

Additionally, the outcome of treatment may improve by the level of experiences the social worker practitioners have working with transitional and post-military service members and their families. A review of the literature proposed an obligation for practitioners to acquire awareness and acquainted with the latest evidence-based treatment and enhanced and/or revised how social work practitioners successfully work with transitioning and post-military service with a mental health disorder. Previous research regarding veterans with mental health issues identified patient-center care related to efficacious treatment.

The current research bridged the gap in the practitioner knowledge base for professional social workers working with transitioning and post-military service members

with mental health disorders in San Antonio, Texas. Therefore, the information and knowledge retrieved and collected from this study were explicit to the region and to the advanced/clinical/licensed social work practitioners' perspective. The ramification for social change resultant from this study includes enhanced advanced/clinical/ licensed master social work practices and improved outcomes for transitioning and post-military service members with mental health disorders. The social work practitioners acquired the latest knowledge and insight about what evidence-based practices worked successfully and the treatment that needs enhancement in laboring with transitioning and post-military service members with a mental health disorder.

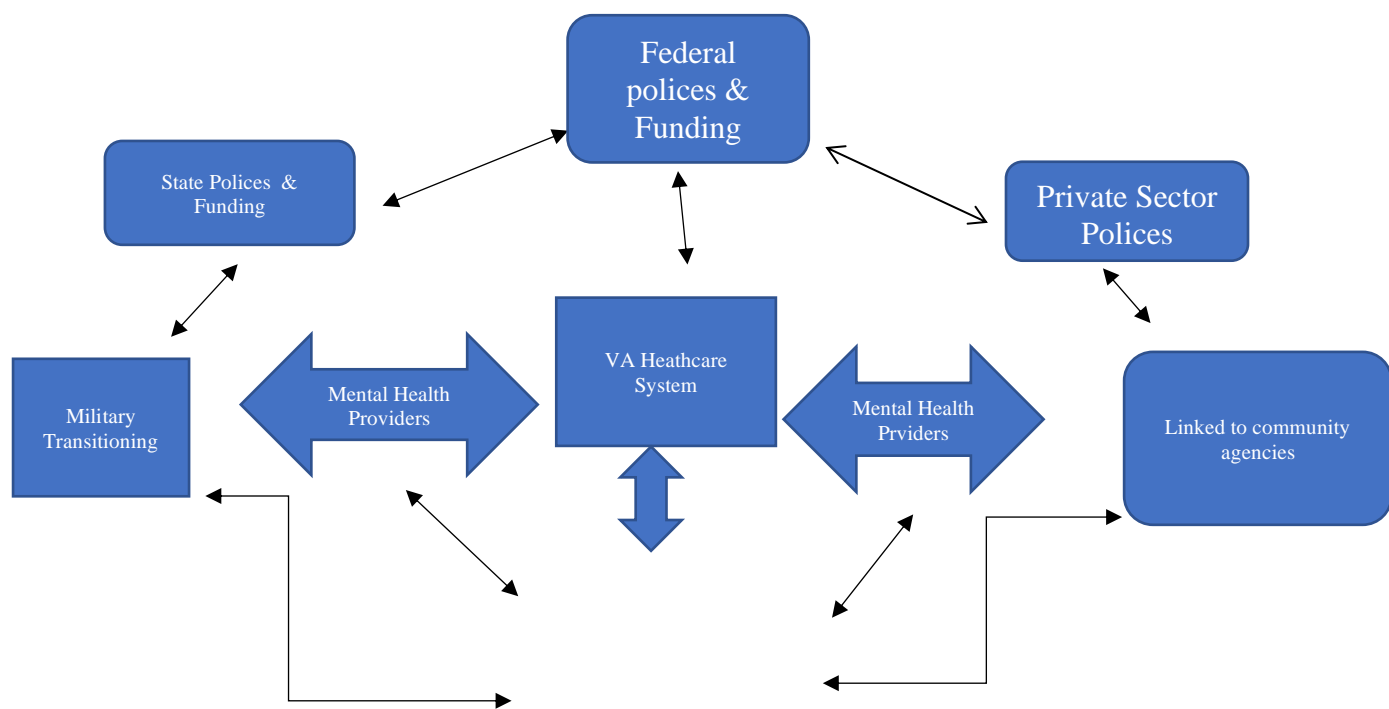
Theoretical/Conceptual Framework

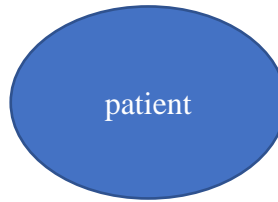
Based on earlier works of the pioneer Ludwig von Bertalanffy (1968), system theory's driving focus is that all parts are interconnected in a system and change in that one component affects the other parts. Secondly, the system theory's principle of wholeness is the idea that any phenomenon can be understood only by viewing the entire system of an organization (Walsh, 2013). Therefore, it is essential to analyze how an individual adapts to an increasingly complex environment. Thirdly, the feedback principle stated that the system's behavior affects its external environment (Walsh, 2013). Friedman & Allen (2014) said that systems theory elaborates on multifaceted systems through a continuance of themes regarding persons-in-environment, grants social work researchers to grasp the dynamics and diversified sector of patient systems to include understanding complications that can generate and intervention strategies contribution in increase decency with persons in their environment.

Additionally, Friedman & Allen (2014) noted that systems theory concentrates on establishing a conceptual framework for examining what is acceptable and unacceptable in theory; therefore, system theory does not use a specific theoretical orientation for understanding the dynamics of an issue. Systems theory will be used to explore the issue on a micro, mezzo, and macro level. Systems theory overlaps a broad range of theoretical and methodological practices across many disciplines. Systems theory applies to the topic of research because the research can explore from the following levels:

- The micro-level will focus on addressing the barriers social workers face when working with transitioning and post-military service members to receive mental health services. Additionally, micro-level would also include working with individuals, families, and direct care service providers to engage in helping to find solutions or solve problems.
- Mezzo level will address how social workers involve the agency and community in addressing the issue. Additionally, the Mezzo level focus on cultural changes to ensures the needs of the transitional and post-military service members are understood and addressed in tandem with larger social issues.
- The macro-level will discuss what social workers are doing in the large system to help this unique population which includes lawmakers, lobbyists, and advocates. Additionally, the Marco level would also include other large systems that influence this unique population, such as lobbying for change in mental health laws, large scale advocating for social policy change with veterans organizations, State and Federal agencies.

The environment plays an essential part in people with mental health issues, and there is a negative emotional connotation that supports the understanding that particular circumstances generate stressful situations or crises for those with mental health issues. Schmidt (2007) noted environmental factors threat (illicit or prescription drug, nutritional deficiencies, abuse, victims of crime, and psychosocial conditions/stress) to a person's mental health. Systems theory distinguishes the significance of groups and how they are affected compared with other entities. Mental illness is a multifaceted phenomenon that is contextualized by mental illness, psychosocial adversity, and other social systems which include families, cultures, organizations, neighborhoods, and society (Friedman & Allen, 2014 and Jacob, 2013). Bertalanffy believed that all systems have balance and harmony to the point one affects the other. Hence when balance and harmony are exposed to dysfunction in any way, then the natural balance of the scheme becomes dysfunctional (Bertalanffy, 1968 and Lander, Howsare, & Byrne, 2013).





Values and Ethics

The social work practice problem that is the focus of this qualitative action research project is the challenges and barriers social work practitioners perceived working with transitional and post-military service members. The transitional and post-military service members are unique populations. For this reason, there are several elements of the National Association of Social Work Code of Ethics that are essential when providing service to transitional and position-military service members. The National Association of Social Workers (NASW) Code of Ethics values and principle that relates to this qualitative research is the dignity and worth of the person, integrity, competence, social justice, respect, and service (NASW 2017). Additionally, social work practitioners must be competent and respect diversity at all times (NASW, 2017). Social work practitioners must be mindful that transitional and post-military service members have diverse needs.

In military culture, confidentiality is very limited. Therefore, social work practitioners need to establish a positive interpersonal relationship with colleagues, clients, and their families to provide adequate services. NASW (2017) noted that it is crucial to respect the dignity of all people without discriminating against an individual and understand the military culture (NASW, 2017). The social work code of ethics is

fundamental in this research because it allows social work practitioners to become more competent, engaged, and aware of their commitment to the population served. NASW Code of Ethics allows the social work profession to follow a set of values and principles that apply to direct practice for social justice, cultural competence, respect, and confidentiality when providing services to transitional and post-military service members (NASW, 2017).

Review of the Professional and Academic Literature

An analysis of relevant articles published between 2014 to 2019 identified five categories that were contributing factors that were experiences and challenges to service members and veterans seeking mental health treatment. This researcher selected search terms to adequately and sufficiently identify literature that was pertinent to this research topic. Relevant terms included: *active duty service member(s), veteran(s), post-military, mental health, post-traumatic stress disorder, transitioning service members, substance abuse, barriers, obstacles, challenges, benefits, experiences, perspective, social worker, social worker education/training, military culture, and utilization*. Additionally, I found adequate resources for secondary and tertiary themes. The databases used were Ebsco host (Military and Government Collection, SocIndex, and Psycho Infor), which is devoted to providing articles associated with the helping professions. I use scholarly journals and peer-review journals to create pertinent social work issues that assist in educate practice regarding transitional and post-military seeking mental health treatment. In the following literature review, I will focus on the social and environmental factors associated with social work practitioners in the mental health field and the treatment for

transitioning and post-military service members, which includes education, ethical dilemma, military culture, and stigma toward accessing treatment service.

Mental Illness in the Military. License social work practitioners are laboring with transitional and post-military service members with mental health disorders in San Antonio, Texas, confronting with extraordinary social, political, and economic factors that affect transitional and post-military service members for mental health treatment. The purpose of this qualitative research is to improve the mental health services of transitioning and post-military service members by analyzing numerous perspectives and expertise of mental health practitioners who are professionally trained (educational attainment, number of years worked with population, and specialized training for this population) advanced social workers or clinical social workers. Hosek et al., 2010; Savitsky et al., (2009) stated that post-military service members returning from combat with co-occurring mental health issues were concerning for the military and the community-based agencies providers and practitioners. Department of Veteran Affairs (VA), (2015b) and Boden et al., (2014) also cited that organizations and service providers working with Veterans, which includes advanced social workers practitioners, clinical social workers practitioners, and licensed master social workers, all have concerns about the effectiveness of mental health services provided and used by transitional and post-military service members.

In reviewing an article by Kvaternik and Grebenc (2009), noted that social workers have to consider responses to service users' needs in a way that will not harm, injury, or impair individuals further. To be able to work, social workers need to

understand the everyday lives of veteran and servicemember with different circumstances and situations of distress and use the instruments that will allow them to gain knowledge and/or information which is needed to be placed in the wider social context of life. Social workers have to pay attention to how veteran and servicemember live with these particular diagnosis/diagnoses, consider how the medication used may influence their everyday lives, whether they have information relating to social welfare and their healthcare rights, how they manage to survive and what are their needs and wishes during this difficult time in their lives.

There should be descriptions of such situations and circumstances translated into needs that are useful for the orientation and planning of social work interventions (Kvaternik and Grebenc, 2009). In pragmatic terms, social work professionals have to believe in the users and the power of survival.

Stigma. Mental health is an extreme problem for people across the world, preferably militants and veterans who have served in the United States Army (Ashley, 2015). Service members are at a higher risk for mental health problems because of organizational barriers. These barriers are key factors in why many service members with psychological problems fail to seek professional assistance. Vogt (2011) expounds on the lack of professional assistance being sought by service members who are in directed needs of help. The question remains as to why service members fail to seek help that can potentially save their lives. In examining the risks that are associated with mental health problems in service members, the main issue is public stigma and personal beliefs as it relates to mental health. Also, many service members are not knowledgeable about the

effects of mental health. Vogt (2011) also expounds on extensive aid from the Veteran Health Administration to assist service members with the care they need to treat mental illness and found that veterans were not open to receiving care because of fear of being stereotyped. Based on the evidence from the literature, some service members' personal beliefs about individuals with mental illness played a significant role in them not seeking help. Service members have fears of being judged and looked down on, and this idea presents a negative thought about mental illness.

Being prevalent among service members, mental health problems are steadily being ignored (Ashley, 2015). According to research, many service members are unwilling to seek help; they need to live a healthy life. Veterans, who need help, find it difficult to do so at times (Vogt, 2011). A veteran's age and the severity of the illness play a major role in whether a veteran chooses to seek help. One of the major factors that veterans choose not to seek help is if they must delay initiating care (Ashley, 2015). When a veteran has a positive mindset about the treatment needed and their ability to follow through, they are more likely to seek treatment (Ashley, 2015 & Vogt, 2011). According to the article, *The Impact of Combat Status on Veteran Attitudes Toward Help-Seeking: The Hierarchy of Combat Elitism* (2015), Many veterans failed to seek help because of personal barriers within the military culture. Seeking to help many veterans means exposing the most vulnerable part of their lives and allowing different individuals to have an opinion. To them, they are being stereotyped.

The attitudes, that many veterans have, reflect what they have seen take place around them when it comes to seeking help and reflects how they perceive themselves

and the world around them. The concern for veterans is that the treatment needed to aid them is associated with a mental illness. It makes them feel like they are being treated as a person with a mental health condition. The beliefs about mental illness and treatment are often perceived as negative because the word stigma is often associated with negativity. Stigma is related to the low intention of seeking aid. According to the author, research shows that there is a need for increased attention to the veteran's attitude toward seeking help.

Also, service members who are prone to frequent transitions while serving in the military are more likely to suffer from mental illness. Transitioning from different job duties to different countries while serving in the military can be very stressful, and adding mental illness that can lead to many difficult challenges that can sometimes be life-threatening and life-changing. While most veterans are able to transition to civilian life smoothly, some have difficulty adjusting to life after the military. With that being said, the link between a veteran's mental and emotional health depends on how well they are able to adjust to civilian life — being in the military means following orders that have been set forth by the sergeant. This means that a serving member has to follow orders as requested. If a service member has to be deployed or moved to another job, orders have to be followed. If they are not, consequences will follow.

According to the article entitled *Continuity of Mental Health Care Across Military Transitions* (2014), military transitions are an inevitable part of military life, and transition stress can exacerbate a mental health condition that hinders service members. There is enough stress from being away from family and friends. Being constantly moved

creates a mental state that is unhealthy for service members. There is a change in the patterns and competency of service members. There needs to be an examination that focuses on adaptive resources that are related to treating the mental illness that is being overlooked in service members that are caused by transitioning.

Ethical dilemma. Olson (2014) cited that “military social workers may be forced to choose between the military mission and their client.” Olson (2014) noted that the “dilemma exemplifies the paradox of the social worker within the military system” (p.183). The CSWE stated that the curricula of social work require an increase in the subject matter on military practice. Olson noted inconsistency amongst the military operation and the profession of social work regarding culture and philosophy that warrant additional discussion. As Olson explores the interconnection amongst macro forces and micro issues in the military, Mullaly (1997), to grasp the understanding of the social problems, social work practitioners must engage in an ideological analysis of the system. Olson noted that social environment persuasion could not be disconnected from the challenging experienced by individuals and groups, which conclude that all social work practice entails macro practice. Olson (2014) stated that the family life of service members in the armed forces might be affected by structural norms of authoritarianism.

Additionally, military social work education must be able to explore the possible influence of military culture and its effects on servicemen and -women. Olson stated that research had identified lower socioeconomic status, lower educational attainment, and minority group status as predisposing risk factors for combat-related posttraumatic stress disorder (U.S. Department of Veterans Affairs/Department of Defense, 2010). Veterans

from disadvantaged groups are particularly vulnerable. Olson noted that one must address the impact of socioeconomic class. Concerns regarding a "poverty draft," that is, the targeting of low-income youths for enlistment, reflect how factors of socioeconomic class may be manifested. The article also stated that overemphasis on EBP might reduce multidimensional, contextual issues to a narrow psychological perspective, and divert attention from the wide-ranging effects of war on families, communities, and society as a whole. The author also noted that questions remain regarding the efficacy of practice interventions because of "significant gaps" in the available evidence supporting mental health treatments (Watkins et al., 2011). Issues affecting servicemen and women might be analyzed within the context of the military culture's structural norms of "dominance and subordination" (Hall, 2011).

Culture. Simmons and Rycraft (2010) examined the ethical concerns of balancing the needs of the client and the needs of a military combat mission as they are assigned to support. The research explored other ethical concerns of confidentiality and privacy, conflicts with commanders, relationships, and boundaries, and diagnosis treatment. Simmons and Rycraft (2010) noted that military and social work ethics are incredibly parallel to each other in which both “depends on sets of ethical values that focus on personal conduct and service” (p.10). However, each military branch embodies its own set of core values, the US Armed Forces has encapsulated the necessary ethical values for all service members as honesty, integrity, loyalty, accountability, fairness, caring, respect, promise-keeping, responsible citizenship, and pursuit of excellence (Powers, 2019). Likewise, the NASW (2017) Code of Ethics outlines social work's core

values like service, social justice, dignity and worth of the person, the importance of human relationships, integrity, and competence. However, the two professions have contrasts. The social work value of social justice is a concept relatively contrary to the military value of social justice. Moreover, military practice sacrifices individual freedom for the greater good of society.

Besides, ethical principles of autonomy, self-determination, privacy/confidentiality, quality of life, and even the right to life take on a different meaning in the military, where the Uniformed Code of Military Justice and the needs of the military missions prevail. The research found it interesting that ethical concerns highlighted the direct conflict between military realities and NASW's core values and ethical standards. Additionally, having healthy boundaries is impossible because of the isolation and smallness of a unit; privacy and confidentiality become more difficult. The research noted from one participant that it was entirely odd to work on a mental health issue with a client and then find yourself standing right next to the guy an hour later... with both of showering.

Social Work Education/Training. Forgery & Young (2014), Jacobs (2009), and Council on Social Work Education (CSWE) (2008), social workers reserved to succor active duty service members, veterans, and their families who are affected by the military occupational hazards. According to Forgery & Young (2014) noted that “social work education on multisystemic assessment and intervention, case management, cross-cultural competence, and the strengths perspective make social workers uniquely prepared to assist military service members, veterans, and their family who struggle with a range of

physical, psychological, and social issues” (p.7). Active duty service members are discharged from the military every day into the civilian world. Some of the service members are discharged with a myriad of problems from mental health issues, substance abuse issue, traumatic brain injury (TBI), suicide, family integration issues, and family distress which also affect the family member as well (Armed Forces Health Surveillance, 2013; Canfield & Weiss, 2015; Wooten, 2015; Forgery & Young, 2014 and Seal, Shi, Cohen, Cohen, Maguen, & Krebs, 2012). According to Canfield and Weiss (2015) and Wooten (2015) noted that military occupational hazards expose active duty service members and their families to environmental stressors, which may be different from the civilian populations. Therefore, military culture needs to be infused into social work general curricula in which students are exposed to the military way of life; because some service member and their families are seeking mental health services in the community. However, there is a shortage of social worker who is educated on military culture. Sorrell & Durham, 2011; Wynn & Sherrod, 2012; Rubin, 2013; and Rishel and Hartnett (2015) pointed out that the shortage of behavioral health providers and the deficiency in options outside the VA system create a set of complex mental and behavioral health needs. Hence, a reluctance for some veterans and their families to seek treatment, isolation of veteran in rural areas, and a lack to trust in civilian providers which emphasize the need for extensive training.

According to the Journal of Social Work Education’s article of Preparing MSWS students to provide mental health and behavioral health services to military personnel, veterans and their families in rural settings noted that mental health disorders constitute a

nationwide public health crisis and a shortage of social worker who is trained in military culture (Rishel and Hartnett, 2015). It is relevant in our society that we all address the needs of our active duty service members, veterans, and their families regarding their mental and behavioral health needs. Rishel & Hartnett (2015) and Seal, Berthenal, Miner, Saunak, & Charles (2007) noted that research suggested active duty service member, veterans, and their families has superior mental health needs contrast to the general population. As social work professionals, military culture should be integrated into the education of becoming a social worker, therefore; being able to address the particular needs of mental and behavioral health as well as assisting with healthcare if needed. Wooten (2015) noted that “military social work is a specialized practice area that differs from the generalized practice with civilians.” Forgey and Young (2014) pointed out that the National Association of Social Workers (NASW), the CSWE, and the schools of social work across the country taken on the obligation of educating and coaching social work student to prepare them to be more effectively with active duty service members and veterans population.

Social work has to understand the military culture and way of life, which included a hierarchical system. Service members, veterans, and their families “live, work, and receive healthcare and social benefits in a hierarchical, sociopolitical environment within the structured military” (Wooten, 2015 p. 8). Social workers professional who works with this unique population of veterans and active duty service members need to be conscious of the organization practice of the military and cultural differences; “how they influence access and adherence to care; and care coordinated between military, veteran, and civilian

organizations” (Wooten, 2015; p. 8). Canfield & Weiss (2015) pointed out that in order to teach social work students about multicultural skill development, one must examine any preconceived notions or biases they may hold about the culture. Hall (2011) cited in Canfield & Weiss (2015) provided recommendation for mental health professionals (social workers) working with active duty service members, veterans, and their families to enact multicultural skills, which include three recognized areas: “becoming aware of their own behavior, values, biases, preconceived notions, and personal limitations; understanding the worldviews of culturally diverse clients without negative judgment; and actively developing and practicing appropriate, relevant, and sensitive strategies for this work” (p. 131).

Research by Wooten (2015) pointed out that CSWE (2010) and NASW (2012) two guidelines for educating social workers to work with military and Veteran population and effective practice. The NASW (2012) and CSWE (2010) furnished a foundation to establish of ingenious pedagogical and field placement models to (1) “educate a behavioral health workforce trained in military social work practice and (2) integrate evidence-informed interdisciplinary practice models into military social work education (3) inform the operationalization of military-related foundation and advanced knowledge for military social work curriculum development and continuing education programs” (Wooten, 2015, p. 11). Additionally, the Education Policy and Accreditation Standards (EPAS) in CSWE stated that social work students are expected to illustrate proficiency, knowledge, and understanding of culturally-competent practice concepts (CSWE, 2008) which include the military culture.

Section 2: Research Design and Data Collection

The social problem related to this project is the experiences and challenges social worker perceives when working with transitioning and post-military service members accessing mental health care. In the greatest of situations, transitioning from active duty service member to a post-military civilian, at times, can be unbearable and overwhelming. Department Veteran Affairs (2018) research illustration the year succeeding discharging from active duty military can present numerous transition-related challenges. According to DeFraia, Lamb, Resinick, and McClure (2014), “60% of those screening positive for mental health issues do not seek care” (p. 526). The ramifications of not effectively transitioning to mental health services following military discharge include a high risk for suicide, increased alcohol and drug abuse, homelessness, and undiagnosed mental health disorders (DeFraia et al., 2014, and VA, 2018). Social workers are involved in mental health assessment pre-discharge at the unit level as well as available through transitioning services. Extensive information needed regarding challenges influencing continuity of care regarding mental health services. This information needs to address gaps in services, which lead to an unsuccessful transition.

In this chapter, I will discuss the research design, methodology, prospective data, data analysis, and the ethical procedures.

Research Design

The purpose of this research is to build the social change that reflects an awareness of the current challenges of mental health services from a social workers’ perception. The following research question guided this action research: What are the

experiences and challenges social workers perceive when working with service members transitioning to post-military? How do these barriers influence the continuity of care? What do social workers perceive as to why veterans are reluctant to access mental health care? I will use this qualitative research to explore the literature and practice of social workers precipitate the benefits of connecting mental health services to transitioning and post-military service members. The participant will share their perceptions of the challenges and experiences of providing mental health services to transitioning and post-military service members in San Antonio, Texas. Smith, Sparkes, Phoenix, & Kirby, 2012 noted the acumen of this reality exists within the social workers' professional perceptions of their experience hence, interpretive acknowledging their own individual meanings within the realities of the social work profession. Therefore, an interpretive lens will be used to highlight the social workers' perception of the challenges and experiences within their profession. Additionally, research by Husserl (1954) examines clarity for understanding unconsciousness and worth in which he suggested the desire for an approach to explore the inner experiences and conduct an evaluation within this groundwork.

The social work practitioner will share their perceptions of the challenges transitional and post-military service members face with seeking mental health treatment. Moreover, the goals of this research coordinate with the intention of the social work profession by establishing best-clinical practices for mental health treatment for transitioning and post-military service members. Additionally, the goal of this research is to generate social change that reveals an understanding of the current challenges of

mental health treatment. The interview approach aligned with the goal of investigating the problems to alleviate the challenges of transitional and post-military service members seeking mental health treatment by allowing the applicants the opportunity to share their experiences and perspective regarding mental health treatment. The social workers' perceptions entangle the reasons, pragmatic wisdom, professional experiences, and practical insight into mental health treatment and/or access.

Methodology

The interview approach aligned to investigate the problems to alleviate the challenges of transitional and post-military service members seeking mental health treatment by allowing the applicants the opportunity to share their experiences and perspective regarding mental health treatment. The social workers' perceptions entangle the reasons, pragmatic wisdom, professional experiences, and practical insight into mental health treatment and/or access.

The applicants of this study will be licensed mental health social workers (licensed master social worker, advanced social worker, licensed independent practice social worker, or licensed clinical social worker) who work or have worked with transitioning or post-military service members with mental health disorders in San Antonio, Texas. The applicants in this study will be voluntary. There will be a minimum of six applicants for this study. This researcher will purposively select the applicants for this research based on their availability to participate in the research and their thriving wisdom of mental health services administering to transitioning or post-military service members who are accessing mental health services. The research sample size will be

justified by the availabilities and convenience of the social work practitioners in San Antonio, Texas, in which applicants will provide extensive information and meet the inclusion criteria for the study (see McNiff & Whitehead, 2010; Strauss & Corbin, 1998). The purposively selected applicants will provide knowledge of the obstacles and the needs transitioning, and post-military service members encounter in San Antonio, Texas, attempting to access mental health services successfully.

In identifying and recruiting applicants for this research, the following procedures and strategies will be done by email to current and past license mental health social workers working with transitioning or post-military service members in San Antonio, Texas. The sampling pool will be created from a list of professional contact in which the applicants will have two weeks to respond to whether they are willing to participate in the narrative interviewing process. A follow-up letter will also be sent to those who fit the criteria to participate but do not respond initially. The applicants will be given information about the interviewing process, the recording of the interview, and the purpose of the interview by email and mail. The applicants are asked to sign an informed consent form before beginning the qualitative interview that acknowledges their willingness to be recorded if the applicants refuse to sign a consent form, then they are not allowed to participate in the research. Transcription the data will be completed at a later time.

Participants

The applicants of this study will be licensed mental health social workers (licensed master social worker, advanced social worker, licensed independent practice

social worker, or licensed clinical social worker) who work or have worked with transitioning or post-military service members with mental health disorders in San Antonio, Texas. The applicants in this study will be voluntary. There will be a minimum of six applicants for this study. This researcher will purposively select the applicants for this research based on their availability to participate in the research and their thriving wisdom of mental health services administering to transitioning or post-military service members who are accessing mental health services. The research sample size will be justified by the availabilities and convenience of the social work practitioners in San Antonio, Texas, in which applicants will provide extensive information and meet the inclusion criteria for the study (see McNiff & Whitehead, 2010; Strauss & Corbin, 1998). The purposively selected applicants will provide knowledge of the obstacles and the needs transitioning and post-military service members encounter in San Antonio, Texas, attempting to access mental health services successfully.

Prospective Data

I developed a list of questions based on the literature review to serve as a guide when I conduct the interviews. A semi-structured interview with between six to ten licensed social workers (licensed master social worker, advance social worker, licensed independent practice social worker, or licensed clinical social worker) was interviewed to examine the best practice for transitional and post-military service members with mental health issues. The applicants were asked ten open-ended questions with subsequential probing. The audio- recording device document the responses to the questions. The

interview will be between 30 to 60 minutes per interview. I transcribe the audio recordings. The data transcribe was reviewed and revised before content analysis.

Additionally, Schettinie & Cortazzo (2015) suggested reexamine the data transcribed before initializing the content analysis. Content analysis was used to analyze the data (see below for a complete description) (Schettini & Cortazzo, 2015; McNiff & Whitehead, 2010). I used short words and/or phrases to describe the text in which I will develop themes as emergent codes. Additionally, I discuss the initial code with my chairperson to develop a book of codes. Moreover, Schettini & Cortazzo (2015) suggested establishing categories and subcategories to analyze the themes. Therefore, I begin setting the relation amongst categories by utilizing the hierarchical code of primary, secondary, and tertiary themes. Data was collected for this project to explore the relationship between social worker practitioners' practice, mental health treatment, and environment antecedents to successful treatment among transitional and post-military service members in San Antonio, Texas.

Instruments

The instrument that was used to collect the data is a semi-structured qualitative interview. There was ten open-ended questions with subsequential probing. I selected the semi-structured qualitative interview because of the flexibility and dynamic nature, assemble more in-depth and holistic information from the research applicants, and capability to permit researchers to probe with follow-up questions.

Existing Data

There were no client-level data required nor accessed and no existing data.

Assumptions

This research was based on the following assumptions: (a) the data collected from the participants during the interview were accurate, truthful, open, and honest with their answers, and (b) individual rationalize their experiences by constructing a replica of the social world, the way it functions, and the language in which individual create reality. (Amineh and Asl, 2015). My research focuses on social worker observation and perception of the mental health challenges and experiences in working with transitional and post-military servicemembers. According to Amineh & Asl (2015), Burr (2015), and Hutchinson (2016) noted that the nature of the world could be revealed through observation and the perception of the individual's reality. Additionally, Amineh & Asl (2015) stated that meaningful learning transpires when people are involved in social activities such as interacting and collaborating with others.

Ethical Procedures

The NASW Code of Ethics (2017) provide the social work profession with values and standards a social worker must follow while providing services, executing programs, evaluating policies, and applying interventions to clients to include research. The NASW (2017) recommend that social worker should engage in research to add to the development of the field of social work. Additionally, the NASW (2017) recommended that social work practitioners should have written consent from the appropriate representative before performing research, should consider the consequences, explain the research, and be voluntary.

Therefore, I submit a completed Intuitional Review Board form to comply with the ethical procedures. I provide the applicant with an orientation of the research, which includes the purpose of the study methodology, contribution to the social work field, and a description of minimal risks. I provide the applicants with a consent form that spells out their rights to include refusal to participate in the research at any time without penalty. I educate the applicant regarding inexcusable or undue mental and/or physical distress, danger, destitution, or disservice (NASW, 2017). All applicants were voluntary and knew their rights to withdraw at any time from the study without penalty. The information kept confidential and private in a double lock safe. Per Walden University ethic standards, I will maintain the data for a minimum of 5 years.

Summary

In this research, I unify an action research design with a qualitative approach. The applicants of this research will be licensed master social workers, licensed independent practice social workers, advanced social worker, and/or licensed clinical social workers who provide mental health services to transitional and post-military service members in San Antonio, Texas. An individual interview using a question guide was the data collection technique. I attempted to use the latest NVivo software program (currently 12) to execute the content analysis process. I recruit the participants from my professional mental health social workers' contacts list and a private social media group for San Antonio, TX social workers. The applicants were informed about the research to include but not limited to purpose and overall details.

In the next section, I present the finding of the research.

Section 3: Presentation of the Findings

The purpose of this qualitative research was to understand the perceptions, experiences, and improve the effectiveness of licensed master, advanced, and clinical social workers practice who work with transitional and post-military service member that has a mental illness. Additionally, this qualitative research reveals the social worker's professional experiences and challenges encountered when providing mental health treatment to transitional and post-military service members in San Antonio, TX. The research questions granted the opportunity to vigorously pursue information related to the mental health treatment needs of transitional and post-military service members living in San Antonio, Texas. Through this qualitative research study, I developed an understanding of the social workers' evaluations of the accumulative psychosocial and mental health effects has on transitional and post-military servicemembers. The research question was: What are the experiences and challenges social workers perceive when working with service members transitioning to post-military? How do these barriers influence the continuity of care? What do social workers perceived why veterans are reluctant to access mental health care?

I use a comprehensive interview to congregate information relevant to the research question for this qualitative study. The design of qualitative research included semi-structured interviews with six purposively selected licensed master, advance, and clinical social workers providing mental health treatment services to transitional and post-military service members in the San Antonio, TX area. The questions were open-ended questions with subsequently probing questions. The participants were audio-

recorded. The audio-recording data collected were transcribed, and then I attempted to use Nivo coding but reverted to the old fashion method of using a spreadsheet, color coding, poster board, and post-sticky. The results were filtered down to determine the categories and themes relevant to answering the research questions. In the following sections, I provide a summary of the processes used to analyze the data which include the validation and legitimation processes, present the findings collected from the research participants to answer the research questions, share important learning point with specific findings that will affect the social work practice, and unexpected result from the research.

Data Analysis Techniques

After receiving IRB approval number 01-08-20-0482253, I started the data collection process in January 2020 with three weeks period of recruitment for social workers interested in participating in this research study. The data collection occurred in public libraries and private offices around San Antonio, TX. Six research participants consisted of social workers who hold at least a minimum of two years of experience working with transitional or post-military servicemembers and holds at least a master's degree in social work from a Council on Social Work Education (CSWE) accredited university or college and licensed by the state as a social worker. The interviews were 30 to 60 minutes. Each research participant had an identifier, and the data was organized by the identifiers, beginning with Participant 1 and ending with Participant 6. The qualitative interview of the participants was collected through a digital audio recorder. Following the interview, I use Vanan Online Services to transcribe the audio-recordings. After the interview was transcribed, I chose the NViVo 12 Qualitative Analysis software to

identified themes associated with each participant's data but NVivo 12

Qualitative Analysis software did not demonstrate to be useful in gaining the depth of understanding of the data and making a thematically linkages needed to craft a cogent analysis. Therefore, I reverted to the old fashion method of using a spreadsheet, color coding, poster board, and post-sticky. I discover common themes derived from the participants' interviews, kept track of common themes, and maneuver them around on the spreadsheet that I was able to see how the themes fit together.

I initially based the codes for the labeling quotes from the sequence of topics covered in the interview, which has been based on an initial review of the literature. As my understanding of the data developed and the reading of the transcribed progressed, some codes were dropped or merged into categories that made sense due to the unexpected patterns and themes that were discovered. The framework of my finding for this research arrived from me grouped and regroup codes and themes as they emerge in the final diagram of themes and sub-categories.

Validation Process

Using a reflexive journal to write down my thoughts and feeling during the qualitative interviewing process helped me to be aware of any personal biases and be mindful of how these biases could affect research outcomes. I would take notes and write down any questions that I might have after each interview session. I would debrief with a peer to help eliminate any biases. This peer is not a part of the research study and was not employed by any mental health agency in San Antonio, TX.

Additionally, I consulted with my faculty research supervisor at Walden University to address the quality and the rigorousness of the interview process. Stringer (2014) noted that rigor in qualitative research is “based on checks to ensure the outcome of the research is trustworthy.” My faculty research supervisor provided me with feedback and support during and after the interview process, which included question techniques for qualitative interviewing (e.g., appropriate probing), identifying themes, interpreting results, and reporting key findings. This was a part of my validation group for this research, which Stringer (2014) stated that the validation group and respondent validation is part of the validation procedures.

During the interview process, I was vigilant, discreet, inquisitive, and posed questions in diverse ways to assist in coordination, trustworthiness, and coding of data collection. Malterud (2001) outlined four instructions for examining the trustworthiness of participants in qualitative research. Malterud (2001) talked about approaches for questioning findings and interpretations instead of taking them for granted. Second, Malterud (2001) stated displaying and discussing the processes of analysis instead of believing that merely following the rules grants trustworthiness. Third, Malterud (2001) wanted researchers to assess their internal and external validity instead of judging them obvious or universal. Finally, Malterud (2001) wanted researchers to think about the effect of context and bias without believing that knowledge is untouched by the human mind.

Additionally, Stringer (2014) noted that the authentication process allows participants the chance to clarify and/or extend information related to their experience as

a social worker. However, Morse, Barrett, Mayn, Olsen, & Spiers (2002) noted it is more practical to utilize verification procedures that will allow self-correction during the research as a means to address threats to reliability and validity instead of using strategies to establish trustworthiness at the end of the research. Therefore, I diversely posed and asked probing questions to assist with the validation procedure. I allowed the participants to talk candidly throughout the interviewing process; therefore, it was no reason to believe the participants were not truthfully in their responses. Second, I do not know the social workers nor feel my professional relationship with the study participants had any influence on their response. Additionally, I used member checking to ensure the words spoken by each participant captured accurately in which this process established credibility.

Demographics

This qualitative action research study was to understand the perceptions, experiences, and improve the effectiveness of licensed master, advanced, and clinical social workers practice who work with transitional and post-military servicemember that has a mental illness. Additionally, this qualitative research reveals the social worker's professional experiences and challenges encountered when providing mental health treatment to transitional and post-military service members in San Antonio, TX. There were particular demographics inherent in the 6 participants. Four of the participants was women, and two was men that were licensed master social worker or higher. All the participants have a master's degree in social work and engaged in postgraduate clinical practice for two or more years. Four of the participant are married, one divorce, and one

single. Half of the participants are former service members. Two of the participants are Caucasian, two African American, one Hispanic, and one mixed race. All participants worked or have worked in mental health. Half completed their master's in social work within the last six years. The years of service in working with transitional or post-military service members with mental health issues ranged from 2 years to 22 years of service and an average of 13 years. The age of the participant ranged from 27 to 58 years old, with the median age range was 38-46. 2 of the participant have their own private practice.

Delimitations

The sample was delimited to mental health social workers who worked or have worked in the mental health field. The sample was further delimited to mental health social workers who worked or have worked with transitional and/or post-military service members. Additionally, this sample was delimited to licensed master social workers, advance social workers, licensed independent social workers, and licensed clinical social workers with two years of experience or more.

Limitations

The limitation is related to the external validity of the study (small and regionalized sample size). The study only included social worker practitioners who work with transitional and post-military service members in San Antonio, Texas. Furthermore, the limitation may impact the practicality by not applying to other unique populations, communities, or problems; however, it is my aspiration that some of this information

could be conveyed to other professional social workers working with transitional and post-military service members with mental health issues.

Finding

The purpose of the study was to understand the social workers' perceptions of working with transitional and post-military service members with mental health illness. I wanted to understand the barriers and experiences of social workers who provide mental health services to transitional and post-military service members with mental health needs. The finding of this research was gathered from the descriptions of six participants who were interviewed by this researcher which provided insight into the research questions about what are the experiences and challenges social workers perceive when working with service members transitioning to post-military; how do these barriers influence the continuity of care; and what do social workers perceived why veterans are reluctant to access mental health care? The finding from the interview supported some of the literature reviews.

Themes

I will present a summary and analysis of the data in a non-evaluative language and an impartial manner that relates to the research questions. After rigorously reviewing the data, common themes were expressed by the participants, which included training/education, lack of military culture, resource issues, and access to mental health.

Themes 1: Lack of Education. Interview question two: Did you feel prepared to work with transitional and post-military service members once graduated from college/university? All participants noted that they did not feel prepared to work with

transitional and post-military service members after graduate school. All but one participant stated that his university offers a military course but still did not feel ready. Overall, the social work participants in this research explained that they attained information and training through self-education for working with transitional and post-military service-members. Another critical aspect to mention is that most participants stated that they learned about transitional and post-military service-members during the direct social work practice, not at the academic master programs. Although, the participants all agreed that the university/college educated them in general aspects of social work related to families and children. Additionally, all the participants explained they receive specialized recurrence training geared toward the military population.

Participants mentioned addressing the issue of lack of education on military culture. One participant noted: "There needs to be a specialized program for the military." Another participant noted, "The school needs professors with military experience to teach the military course." Another participant stated, "The Council for Higher Education Accreditation and the Council on Social Work Education need to change the social work curriculum for field placement to allow field placement to be completed with supervision study. He continued, "Instead of field placement- the student will have residency placement for two years once all course work is completed this will allow quarter placements to the various social work position." Further, another participant noted, "I am not sure if you can teach military culture to someone." She continued, "As a formal service member, a person has to experience military life to understand it fully and not forget what it is like to serve in the military."

Theme 2: Values and Ethics. Interview questions two: In your opinion, do you feel there is a mismatch in social work values, ethics, practice or agency, if so, where do you feel it is most prevalent in your practice or agency? Several social workers has reported a lack of support from leadership and administration in which they endorsed not feeling very well supported, organization struggles in utilizing the skills set of social workers, treated as a lower-paid psychologist with additional duties that psychologist does not want to do, little to no mentorship programs for social work, and not feel valued.

P3 expressed,

“ I think a lot of the times the agency is more policy-based and not people based because of the bureaucracy piece of it in which the agency is unable to show the human side of it. I think they put you in an ethical dilemma because you have to follow what best for the patient, but at the same time, you have to follow the policy of the hospital or the program, which is not always the best interest of the patient.”

P4 shared,

“Veteran have self-determination which will align with the veteran respect but sometimes that does not always happen. Sometimes veteran views providers as an authoritative or a valued seat, and have to treat them a certain way or say yes to a treatment that they do not want.... Sometimes you can come off as I am the boss in this situation and you are going to respect me, but at the same time I am just trying to give you the tools.”

Theme 3: Cultural Competencies and Diversity. Being culturally competent in the military culture, practitioners have to realize that all transitional and post-military

service-members are uniquely different and culturally diverse in which they have lived different experiences and even traumas are different. Moreover, the military is a subculture with its own identity, traits, and norms. Some service-members went to combat voluntarily and others were forced to go as enlisted. The military way of life could be characterized by mobility and a strong emphasis on the mission and being mission readiness in which transitional and post-military service members are expected to be prepared and perform their job under any circumstances. Savitsky et al. (2009) noted that the military operation involves three phases (predeployment, deployment, and postdeployment) in which the service members are notified of imminent deployment to homecoming and réintégration, deployment encompasses the physical, emotional, and mental distress in the form of physical and environmental stressors, high operating tempo, long work hours, and separation from family.

Additionally, the military provides services and programs for the service members and their families on military installations (healthcare, Morale/Welfare/Recreation {MWR}, travel, employment) to enhance the connection to the military community. However, this connection to the military community could lead to the isolation of the service members and their families. Especially if the service member and their family does not know the community resource in their area which would lead to the service member not seeking mental health treatment due to fear of the repercussion of possibly losing their career.

Furthermore, military life can be viewed from two different perspectives within the organization as a servicemember or from outside as some who have not experienced

military life firsthand. This is critical to recognize when attempting to understand or perceive the problems and challenges experienced by military service members.

Therefore, interview question 4 addresses how cultural competencies and diversity of the social worker's participants perceive themselves to be in working with transitional and post-military service members.

P2 stated,

“Being in the military is different. It is a different world. My father was in the military and I saw how it was like to be a child living on a military installation which rank hierarchy is the driving force of whom you can play with or not. It was not until I enter the service myself that I receive a very different perspective of the military from a soldier's point of view. Providers are not going to know that part of the military if they never experience what is it like to go through a gas chamber, get sprayed with mace, jump out a plane, get shot at, or go to a different country can not speak the language, or leave your family for months at time.”

Additionally, P4 stated, similar but added services in the military, especially overseas, is very different.

As a former servicemember, “I witness first-hand that confidentiality does not fully apply to the military. During my younger years, I was involved in an altercation off-post and was taken to the police station. As I was leaving the police station which had only been a few hours, I met my platoon sergeant at the front door of the police station and I was informed my commander knew about the altercation. I was told the community police inform the military authorities of

every soldier that comes to the police.” P4 continues with a second incident by stating that he went to the hospital for a medical issue. Upon returning, the commander calls him in the office to discuss my private issue. P4 stated that he asked the commander how did he know about the hospital visit in which the commander stated a report from the military installation of every servicemember and their family who goes to the medical doctor or involved with the police and what reason visiting.”

P4 went on to state that providers are not going to understand what it is like to have every part of your life control by the military to include how to have sex.

Two participants stated at the beginning of their career as a social worker it was difficult to understand the military culture and how some of the Social Worker Code of Ethics does not apply to the military. The participants stated that they thought some of the service members were exaggerating their encounters with military providers or military life. One participant stated it was not until one of her colleagues was sharing a story about her military experience when she becomes more open to military life is different. Additionally, another participant stated that if a person is not aware of the military culture, it is easy for the practitioner to assume the service member is malingering or trying to manipulate the system. Furthermore, Tanielian (2014) cited finding from a 2014 RAND survey of 132 civilian social workers which stating 87% did not fully meet the study criteria for both cultural competence and capacity to deliver evidence-based practices to a veteran population.

Theme 4: Stigma. This research has identified and provided insight to social workers' perspective and interpretation as it pertains to developing an enhanced understanding of numerous characteristics and inconsistent which affect the continue experiences of the transitional and post-military service members with mental illness regarding stigma. Therefore, the interview question 5 was, "In your opinion, you believed public stigma of mental illness affects negative perceptions, actions, and discrimination against transitioning and post-military members?" Mostly all the participants stated that society sees all transitional and post-military service-members having mental health disorders, which are not valid because not all the military service-members have mental disorders. P3 noted that some of her veterans expressed that they did not want a mental health diagnosis because they did not want to be stereotypically labeled by their peers or society, which produces discriminatory behaviors. However, P5 stated

he perceives the stigma of mental illness has a negative impact on the transitional or post-military service member to the point service members having self-stigma because they were groomed them not to show weakness and mental illness is a weakness.

P1 noted similar:

The stigma of mental illness is mentally weak and more of a liability to the society or military. Most transitional and post-military service members try to hide it because it would be difficult to excel in the military or civilian sector with a mental health label.

P6 stated,

“Service members have reported stigma affecting their potential to gain employment after the military. Some service members are having a difficult time integrating back into the workforce due to the preconceived ideas or the misconception that every person who served in the military suffers from a mental health illness.”

Pattyn, Verhaeghe, Sercu, & Bracke (2014) informs it reads that public stigma is convoluted by how the public perceives, stereotyping particular groups, and self-stigma, which includes internalizes the individual’s perceptions of this negative association.

Theme 5: Lack of Resource and the Red Tape. The majority of the social work participants stated transitional and post-military service members have complained or inquired about having a mental health appointment on the weekends or after 5 pm. One participant stated that post-military service members are put into a position where they have to chose between going to their mental health appointment and working to provide for their families. The participants state that most mental health appointments are from 8 to 5 and not a good fit for the working military population.

All of the social workers interviewed collectively revealed there is a lack of resources in the community to include a lack of mental health providers. Furthermore, most of the participants stated they do not diagnose in their agency nor did their agency provided them with the new DSM-V. Most of the practitioners stated they are not seen as a clinical social worker but more of case managers. Another participant stated,” working in an agency with other mental health disciplinary- some mental health disciplinary are touchy feeling or sensitive about social workers practicing the clinical aspect of their

license or there are unaware all the aspect of social worker license.” One participant went as far as saying, “not all veterans or service members know about the mental health services the VA provides or have access to those services. P6 provided a couple of comments regarding lack of resources and the veterans unwilling to work with providers who do not have prior military experiences.

“I had veterans come to my office seeking mental health treatment because they are frustrated with trying to maneuver through the VA system. You have veterans who enter the military at 18-years-old, left straight from their parents' home in which the service member had to follow orders and shown what to do in their parents' houses and the military. Now, service member leaves the military and having difficulty accessing care because they are accustomed to the military having someone (sergeant) to guide them through the military system. Now, what we as providers see in the clinical setting is a non-compliant service member and not looking deeper into what is really going on.”

P3 shared,

As a fellow service member who is transitioning out of the military and a social worker, I find it to be difficult to have access to community providers to prescribes my medication. I have an appointment 45 days out to see a psychiatrist, but an urgent mental health clinic is an option for a sooner appointment, which does not take insurance. The VA is an excellent option for mental health treatment for the service members who do not have an issue with crowds and can access service about 14 to 30 days. However, the VA a huge crowded place that is very

noisy with no assistance in maneuvering the system. This could set service members up for failure and not wanting to return due to the large system.

Theme 7: Reintegration. Several of the participants' articulation was concerning transitional and post-military service-members having difficulties reintegrating into civilian life, which included the inability to connect with family and friends due to emotional numbing, avoidance, and isolative behaviors. However, several of the social worker participants found that social workers who are culturally connected with the transitional and post-military service-members are able to build a rapport and trust in encouraging and helping in their reintegration into the community and mental health treatment. The participants expressed that behaviors of transitional and post-military service members make it hard to provide mental health treatment due to irregular follow-up, aggressive behaviors, and closed off. Additionally, failure to reconnect or integration could result in a decline in mental health, domestic violence, self-medication, or demolish a family.

P3 stated,

“working with post-military service members freshly discharged from the military with mental illness that has a symptom of extreme numb- are emotionally dead. They are walking through life and not know what going on. They are not focused on and lack memory of the day to day task. They feel that no one understands how they are feeling; therefore, they stop coming to treatment and not taking the medications.”

P6 stated,

“Many transitional service-members are reluctant to share their trauma to the point of quickly changing the conversation or just shut down. They are very guarded and suspicious of others questioning or asking about their experience/trauma. The more the transitional and post-military service members' declines mental health services, the less the service member's ability to make decisions for themselves in which they want to isolate more to avoid close loved ones from seeing their disability.”

P1 shared:

that social workers spend an extensive amount of time establishing a rapport and trust with the transitional and post-military service members before engaging in a meaningful therapeutic conversation to determine the service member treatment needs. A veteran may come to 10 or 20 therapy sessions before opening-up about what wrong with them. Individual needs to feel connected or a sense of belonging to their environment or society to successfully integrate into the community. Transitional and post-military service members need to have a new purpose in life once they leave the military because the military gives them a purpose and mission. Now, there are no more military missions; the transitional and post-military service members need to connect with meaning again or a new mission.

These findings answer the research questions by recognizing the challenges social worker perceives when working with transitional and post-military service members. The research identified the lack of military culturally competent in social worker plays a huge role in social worker establishing a rapport with transitional and post-military service members. Social Worker clinical skills underutilized played a valuable role in transitional

and post-military seeking mental health treatment due to the lack of mental health providers. The finding recognizes stigma as a barrier for service members to seek mental health services.

Unexpected Findings

The finding that was unexpected for me was comments made by the research participants regarding many of the colleges and universities are not offering courses related to the military. Many of the social work participants stating they were unprepared to work with the military population and having to search out for additional training. Furthermore, I found a lack of utilization of clinical social workers skills regarding mental health diagnosing in corporations and agencies. Several participants stated their organization/agency does not provide clinical social workers DSM books, nor are they allowed to make mental health diagnoses. Lastly, the most challenging aspects of the finding that one social worker participant revealed that the agency was more eager to keep post-military service members in the hospital longer who had insurance than those who do not. This aspect seems contradictory and in conflict with the values of social work and the military.

Summary

The research questions for this project displayed the findings of this qualitative action research study. Four of the participants were women and two were men that were licensed master social worker or higher. All the participants have a master's degree in social work and engaged in postgraduate clinical practice for two or more years. Four of the participant are married, one divorce, and one single. Half of the participants are

former service members. Two of the participants are Caucasian, two African American, one Hispanic, and one mixed race. All participants worked or have worked in mental health. Half completed their master's in social work within the last six years. The salient themes were the lack of resources, lack of academy education in specialized training in military culture, access to mental health treatment, shortage of mental health providers, and predicated on organizational shortcomings.

In the next section, I will discuss the research participants, focus on how the findings enlighten the social work practice, suggested reasonable recommendations to the findings discovered from the research, and apply the findings to the professional practice.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The purpose of this qualitative research was to understand the perceptions, experiences, and improve the effectiveness of licensed master, advanced, and clinical social workers practice who work with transitional and post-military servicemember that has a mental illness. Additionally, this qualitative research reveals the social worker's professional experiences and challenges encountered when providing mental health treatment to transitional and post-military service members in San Antonio, TX. The research questions granted the opportunity to vigorously pursue information related to the mental health treatment needs of transitional and post-military service members living in San Antonio, Texas.

In this chapter, I noted the following key findings:

- (1) It is essential for universities and colleges to offer a specialized curriculum geared towards military culture to increase social worker competence in working with the military population.
- (2) It should be better access and linkage process between the military, community mental health agencies, and VA.
- (3) It is beneficial for organizations to have flexible and extended hours for mental health appointments.
- (4) There stands a need for accessible mental health resources for transition and post-military service members.

The finding from this research contributes new knowledge to the social work profession that may be used to improve social workers educated regarding the military, bring more awareness to the utilization of social worker clinical skills, and social workers lack cultural competence in working with the military population. This information can be used to actively encourage the Council for Higher Education Accreditation and the Council on Social Work Education to mandate all colleges or universities to offer a military curriculum and taught by former or current military personnel. Second, this information could be used to offer mental health education programs to servicemembers, veterans, and their families. Third, This information could be used for agencies to identify conditions that contribute to transitional and post-military service members from seeking mental health treatment.

The recommended solution for the challenge of social workers is not culturally competent in military life once completing graduate school would be to push the Council for Higher Education Accreditation and the Council on Social Work Education to mandate all colleges or universities to offer a military curriculum. Second, agencies need to do a better job at screening their new hires as it relates to military culturally competent. Hence, having a family member who served in the military does not mean a person is culturally competent in the military.

There needs to be an improvement in how to fully utilize the clinical skills of social workers in agencies or corporation, provide training for them to be certified in evidence-based therapy to work as a mental health social work, and allow time to build a rapport with the servicemembers or the veteran. There need to be improvement on the

flexibility to offer mental health treatment to transitional or post-military service members which would offer an array of outpatient services options that could coordinate with the servicemember or post-military servicemember schedule to attend mental health treatment without fear of having to take off work, not having sick/annual leave, having to use leave without pay, or losing their job. Therefore, communities, state, and federal agencies need to be more proactive in supporting servicemember and post-military servicemember through the challenges of limited options to access mental health treatment.

The transitional and post-military service members are unique populations. For this reason, there are several elements of the National Association of Social Work Code of Ethics that are essential when providing service to transitional and position-military service members. The first NASW Code of Ethics that is related to the social work practice problem is “social workers practice within areas of competence and develop with developing and enhance their professional expertise” (p.25). The second NASW Code of Ethics values and principle that relates to this social work practice problem is the dignity and worth of the person, integrity, competence, social justice, respect, and service (NASW 2017). Additionally, social workers practitioners must be competent and respect diversity at all times (NASW, 2017). Social worker practitioners must be mindful that transitional and post-military service members have diverse needs. In military culture, confidentiality is very limited. Therefore, social work practitioners need to establish a positive interpersonal relationship with colleagues, clients, and their families to provide adequate services. Finally, the NASW (2017) noted that it is crucial to respect the dignity

of all people without discriminating against an individual and understand the military culture (NASW, 2017).

The NASW Code of Ethics guides clinical social work practice in this area of focus because the values like competence allow social workers to strive to cultivate proficiency in their professional achievements and practice by maintaining and continuance knowledge relevant to their field of practice (NASW, 4.01, 2017). Additionally, the NASW Code of Ethics guides the clinical social work practice by creating a model that encourage and challenge social workers to improve services offered which strengthen their professional expertise, knowledge, and values to address societal issues that could be applied to address mental health issue in transitional and post-military service members (NASW, 2017).

The social work code of ethics is fundamental in this research because it allows social work practitioners to become more competent, engaged, and aware of their commitment to the population served. NASW Code of Ethics allows the social work profession to follow a set of values and principles that apply to direct practice for social justice, cultural competence, respect, and confidentiality when providing services to transitional and post-military service members (NASW, 2017).

Recommendations for Social Work Practice.

The finding from this study revealed a need to bolster social worker cultural competence regarding mental health services to transitional and post-military service members. Additionally, the finding revealed a gap in the underutilization of clinical

social work skills that could signal an area for improvement. The following recommendations for social work practitioners in the area of mental health are provided.

Practice Recommendations

Action step 1: Engage in a culturally competent screening for the social workers who considering working with veteran.

Action step 2: Social workers who have identified having a military concentration in their graduate study should be a line and assessable with field placement.

Action step 3: Utilize clinical social work skills to include diagnosing patients to have a more cohesion treatment process.

Research Recommendation

Action step 1: Engage, promote, and explore current knowledge, intervention, and training that address the effects psychosocial issues have on service members with mental illness to promulgate new knowledge, intervention, and training for mental health social workers.

Policy Recommendation

Action step 1: Established a basic reintegration intervention to help transitional and post-military service members connect with the Department of Veteran Affairs and community-based agencies, provide peer support and counseling, moving forward focus training to address employment, housing, education, health, social support, and returning to the family.

Action step 2: Engage in program evaluation to assess the policies and practices to promote robust treatment strategies and eliminate underutilized clinical social works

skills to continually address the systemic barriers that impede the realization of all individuals to lead healthy, productive, and fulfilling lives.

Action step 3: Engage in providing and creating an atmosphere that fosters good rapport building, culturally competent, and cohesion in the treatment process.

Action step 4: Requirement for academic and professional curriculums to have offer courses on military life and culture.

Impact of the Findings

The finding from this research will influence and impact my clinical social work practice with transitional and post-military service members with mental illness by allowing me to understand the perspective of other social workers. This research made me aware that there is farther work that needs to be done to ensure future social workers are culturally competent in the military culture when working with the military population. Additionally, this research acquaints my knowledge of clinical social workers skills that are underutilized, which could be added to the shortage of mental health providers in San Antonio, TX.

Transitional and post-military service members may be reluctant to access mental health services because of the delays, lack of services or inadequate service, limited resources, and navigation barriers, which could lead to trust issues with their practitioners and questioning the treatment process. Therefore, the transferability of the finding from this study to the field of clinical social work practice is by having new insight and better techniques could provide the social worker practitioners with greater understanding and concretely address the noted problems for transitional and post-military service members.

Second, agencies and stakeholders hosting quarterly town hall meetings with the target intention to inviting service members, post-military service members, mental health social workers, and advocates to get their viewpoint to evaluate and assess the recommended solutions.

The usefulness of the finding from this research to the broader field of social work practice was by increasing the awareness and knowledge of existing treatment challenges which could empower mental health social worker. Hence, the need to continue specialized training geared to military culture to improve practice and engagement with service members or post-service members. Secondly, policymakers should identify and eliminate policies that create challenges for the service members to establish treatment for mental health care to promote appropriate referral for resources.

Limitations

The research represents an effort to add qualitative scholarship to understand the perceptions, experiences, and improve the effectiveness of licensed master, advanced, and clinical social workers practice who work with transitional and post-military servicemember that has a mental illness. The goal was to focus on the social worker and allow them to provide their perception of the challenges transition and post-military service member encounter. The limitations include (a) the absence of other professionals' perspectives on challenges transitional and post-military face when accessing mental health treatment. This research did not include license professional counselors (LPC), peer support counselors, non-clinical staff, psychologists, or psychiatrists in which the other disciplinary viewpoint is imperative to achieving a more comprehensive

understanding of the components of excellent mental health integration experience. (b) Geography restricted the research. While San Antonio, Texas, is home to roughly 250,000 post-military service members and 80,000 active-duty service members and one of the largest concentrations of military bases in the US. An insight into how transitional and post-military service mental health integrates experiences vary in areas with no concentration of military bases might contribute to developing a continuum of care model which demonstrates the needs of service members with continuing access to a military environment. The study only included social worker practitioners who work with transitional and post-military service members in San Antonio, Texas. Furthermore, the limitation may impact the practicality by not applying to other unique populations, communities, or problems; however, it is my aspiration that some of this information could be conveyed to other professional social workers working with transitional and post-military service members with mental health issues.

The research limitations are illustrations of those particular to qualitative research; therefore, the recommendations for future research based on the limitations, which include large-scale studies from other geographical areas. Another direction for further research is profound knowledge and understanding the affect integration plays in working with service members with mental health issues. All the research participants highlight the need to create a more effective and proficient connection between the military, the Department of Veteran Affairs, and community-based organizations. Lastly, education in cultural competence building among social work practitioners, other professionals, and

community-based personal necessary to understand how to best implement, achieve, and support buy-in and staff development.

Disseminating the information produced in this research could be by agencies and stakeholders hosting quarterly town hall meetings with the target intention to inviting service members, post-military service members, mental health social workers, and advocates to get their viewpoint to evaluate and assess the recommended solutions. Hosting a town hall meeting allows the community agencies, transitional and post-military service members, and mental health advocates to identify what is working and what is not working and address those concerns. The town hall meeting gives all that involve the opportunity to assess whether any changes implemented by the agencies have had a positive or negative effect on their treatment experiences.

Implications for Social Change

The finding from this research has several valuable social change implications which could be applied at the micro, mezzo, macro levels. At the micro-level, the recommendation could be applied to improve building rapport and providing motivation to pursue mental health treatment with transitional and post-military service members. The strategies applied to help transitional and post-military service members could result in self-improvement, personal growth, and benefit the families. When transitional and post-military service member self-improve and have personal growth, this could lead to a better home environment, fewer family disruptions, and they are less like to end in divorce. According to Bushatz (2019), stating service member divorce rate is 3.1%, which means about 21,290 of 689,060 service members divorced in 2017. Providing

education to the transitional and post-military service member's loved ones about mental illness, correcting the myth regarding mental illness, providing support, and allow the opportunity to express feeling about how mental illness affected the family dynamics could strengthen the family and contribute to the chance for more substantial community involvement.

At the mezzo-level perspective, providing education to the communities to include first responders, churches, schools, and neighborhoods about mental illness, correcting the myth regarding mental illness, and allow the opportunity to express feeling their concerns, fears, or support regarding mental illness which could strengthen and contribute to the chance for a stronger community involvement. The social worker is a broad spectrum of function, which helps improve federal, state, and local policies and procedures that directly affect the services social worker provides to transition and post-military service members with mental illness.

At the macro level, policymakers could use the research results to create policies that help to build acknowledge and provide the opportunity for organizations to modify and change their hiring practice approach, which puts attention toward smoother integrated treatment services and improving cultural competence. The social work accreditation board should mandate requirements for schools to integrate a specialized curriculum for the student's who are interested in working with the military population in which field placement is aligned. Students getting exposure to the military population allows them to develop an understanding of the military culture and becoming more competent in working with this unique population. According to NASW Code of Ethics

(2017) allows the social work profession to follow a set of values and principles that apply to direct practice for social justice, cultural competence, respect, and confidentiality when providing services to transitional and post-military service members.

Summary

The purpose of this qualitative research was to understand the perceptions, experiences, and improve the effectiveness of licensed master, advanced, and clinical social workers practice who work with transitional and post-military servicemember that has a mental illness. Additionally, this qualitative research reveals the social worker's professional experiences and challenges encountered when providing mental health treatment to transitional and post-military service members in San Antonio, TX.

The key findings of this research were universities and colleges needing to offer a specialized curriculum geared towards military culture to increase social worker competence in working with the military population, having better access and linkage process between the military, community mental health agencies, and VA; organizations to have flexible and extended hours for mental health appointments; need for accessible mental health resources for transition and post-military service members. The findings of this research study aid mental health agencies and organizations to identify circumstances that contribute to transition and post-military service members from seeking treatment for more successful treatment planning.

The experiences of mental health social workers who work with transitional and post-military service members have various facets that vary from mental health social workers who may not have the experience of working with the military population. The

research participants expressed a realization regarding the social worker professions in the field of mental health requiring more formal training at the beginning of their careers or on the graduate level in order to be more prepared to work with the military population.

It is with great hope and aspiration that the knowledge achieved from this research will be effective in developing and establishing policies and practices that will benefit transition and post-military service members which allow them to successfully access mental health treatment, integrate into the community, and becoming more productive by having a useful purpose in the world.

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Appendix A: Invitation Email for the Research

Dear Mental Health and/or Psychiatric Social Worker,

My name is Joyce Hewitt, and I am a licensed social worker. I am pursuing a doctoral degree in medical social work at Walden University. My current study is improving the mental health services of transitioning and post-military service members by analyzing numerous perspectives and expertise of mental health social workers. The study I will be conducting will look at the social workers' perceived barriers/challenges/rewards, education and training, values and ethics, cultural competency, and stigma/social support.

Participation is entirely voluntary. Therefore, if you are interested in participating in the study, please sign the attached "Informed Consent" form. The consent will allow me to include you in the study. Additionally, the study is strictly confidential, and all information gathered to include all identifying information such as name, age, location, will be removed before any analysis occurs.

All personal material will be stored confidentially, in a lockbox in double-locked safe, in the researcher's home. All electronic files and audio recorders will also be secured with a password and/or face recognition. Data will be stored for five years. In the fifth year, all data collected will be destroyed, and electronic hardware permanently deleted. There will be no reference made in any reports, orally or written, that could link the participants to the study.

If you have any questions at any time about the study or the procedures, you may contact the researcher, Joyce Hewitt, at [REDACTED] or [REDACTED].

Thank you in advance for your consideration,

Joyce M. Hewitt, LMSW, Doctoral Candidate in Social Work

Appendix B: Interview Guiding Questions

Qualitative Research Questions

The following questions are related to your professional/clinical experience working with mentally ill transition or post-military service members. Please speak clearly because your responses to these questions will be recorded for transcription later. If you are uncomfortable with any of the questions, let me know and we will move on to the next question. Just to remind you, all information will be kept strictly confidential.

Do you give your consent to be audio-taped for the sole purpose of research? Yes or No.

Education/Training:

1. Do you have prior experience as a psychiatric social worker working with transitional or post-military service members? Please elaborate

2. Did your college/university offer courses regarding military culture?

PROBE: What specialized curriculum did the university offer?

PROBE: Did you feel prepared to work with the military or post-military service members? Please elaborate

PROBE: Please describe specific training have you received to deal with transitioning and post-military service members with mental illness?

PROBE: Which specific trainings have you been provided? How has that helped you in serving a service member with a mental health crisis? What skills do you bring to the work? What works for you in a crisis?

3. How do you utilize diagnosing in your practice?

PROBE: Is it helpful or not helpful? Please explain.

PROBE: If you didn't have to diagnose, do you feel this would be an easier or more difficult aspect of your clinical practice? In what ways? (in considering treatment, in receiving services for your clients, personally)

4. What evidence-based practices are you currently using in working with transitioning and/or post-military service members?

5. In your opinion, what has worked well with using evidence-based practices?

6. In your opinion, what has not worked well with using evidence-based practices?

Values and Ethics

1. How would you describe the relationship between social work values and your daily practice?

PROBE: describe the relationship between social work values and your daily practice?

PROBE: Is there an example of an individual you worked with where these values mentioned may have left you feeling insecure/frustrated or confident about your practice (e.g. work with the client, diagnosis, decision)?

PROBE: Do you ever feel that there is a mismatch between social work values and ethics in your daily practice? Please elaborate.

2. In your opinion, do you feel there is a mismatch, if so, where do you feel it is most prevalent in your practice (e.g. diagnosing, meetings, supervision, policies, the structure of workplace- may be prevalent in several of these areas)?

PROBE: How does the mismatch come up in the course of a day?

PROBE: How does this mismatch make you feel about your clinical social work practice or the agency you work in and why?

Cultural Competencies

1. Describe the organizational culture related to veterans in your organization(s)?
2. Describe your experience or explain how you have been educated to understand the military culture.
3. Give an example of how you walk in the shoes of the individuals you serve.
4. When interacting with transitioning or post-military service members from a different culture than your own, how do you ensure that communication is effective?
5. What ways have you integrated multicultural issues as part of your professional development?

Stigma/Social Support

1. In your opinion, do you believe that the public stigma of mental illness affects negative perceptions, actions, and discrimination against transitioning and post-military service members? Please elaborate.

2. In your opinion, what stereotypes, biases, and preconceived notions you have identified as a challenge?

PROBE: How have you overcome these aspects?

PROBE: Do you believe these stereotypes, biases, and/or preconceived notions is a barrier to mental healthcare?

Challenges/Barriers/Rewards

1. To what extent are transitioning and post-military service members with mental health illness reporting successful reintegration into the community?

PROBE: How can transitioning and post-military service members with mental health illness be empowered to become productive well-functioning civilians?

2. In your opinion, what are the gaps in care transitioning and post-military service members are reporting?

PROBE: What are the gaps in the care you notice?

PROBE: Are they the same as those reported by the transitioning and post-military service members?

6. As a social worker, what are the challenges you experience when working with transitioning and post-military service members with mental health illness?

PROBE: What do you find most rewarding in working with transitional or post-military service members with a mental health illness?

7. What problems do you see in working with transitioning or post-military service members with mental health disorders or illness? Please elaborate.

PROBE: How do you address barriers to mental health services?

PROBE: In your opinion, how does your organization or agency address barriers to mental health service?

PROBE: How does your organization support you when working with transitioning and post-military service members who have complex care needs?

8. Are there any social issues or environmental stressors you could identify that you or the transitioning and post-military service member you work with see as barriers to a successful treatment episode?

PROBE: In your opinion, has these social issues or environmental stressors prevent transitioning and post-military service members from seeking mental health treatment.

9. If you could make any changes to the current treatment provided to transitional or post-military service members, what might those changes look like?

10. Is there anything else you want to share about you experiences?

End of Interview. Thank you for your participation

Appendix C: Demographic Questionnaire

Study Pseudonym:

Sex:

Age:

Race:

Marital status:

Highest level of education completed:

Number of years practicing social work:

Number of years practicing mental health social work

Military status

Appendix D: Consent Form

You are invited to take part in a research study about improving the mental health services of transitioning and post-military service members by analyzing numerous perspectives and expertise of mental health practitioners. The researcher is inviting licensed master social workers, licensed clinical social workers, advanced practice social workers, or licensed master social workers- independent practice who works with or has worked with transitional or post-military service members and who have worked or work in the mental health field to be in the study. I obtained your name and contact information via professional rolodex. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Joyce M. Hewitt, who is a doctoral student at Walden University. You might already know the researcher as a psychiatric social worker, but this study is separate from that role.

Background Information:

The purpose of this study is to improve the mental health services of transitioning and post-military service members by analyzing numerous perspectives and expertise of mental health practitioners who are professionally trained. I hope to learn how mental health social worker’s approach to serving transitioning and/or post-military service members with mental illness.

Procedures:

If you agree to be in this study, you will be asked to:

- You will be asked to participate in a one time the only interview conducted by me
- You will be asked to participate in a 30 to 60 minutes session
- You will be asked to attend the interview session in a private location (a public library that closest to the interviewee or your building- interviewee choice).
- You will be asked to be recorded using a recording device for the sole purpose to be transcribed later

Here are some sample questions:

- How long have you been a psychiatric social worker?
- Do you have prior experience as a psychiatric social worker working with transitional or postmilitary service members?
- Did your college/university offer courses regarding military culture?
- What was your experience in working with transitional or post-military service members with a mental health illness?
- What do you find most rewarding and challenging in working with transitional or post-military service members with a mental health illness?
- If you could make any changes to the current treatment provided to transitional or post-military service members, what might those changes look like?

Voluntary Nature of the Study:

This study is voluntary. You are free to accept or turn down the invitation. I will not treat you differently if you decide not to be in the study. If you decide to be in the study now, you can still change your mind later. You may stop at any time. The researcher will follow up with all volunteers to let them know whether or not they were selected for the study.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of minor discomforts that can be encountered in daily life, such as fatigue or emotional discomfort. Being in this study would not pose a risk to your safety or wellbeing. This qualitative study involves the following risk: There are minor risks in the study. There is potential for some emotional discomfort, due to the nature of the questions asked in the interview about mental illness and providing services to transitional and/or post-military service members. In the event of any discomfort that takes place, the discomfort is expected to be minimal and brief. If you experience any discomfort that lingers or becomes difficult to manage, you are encouraged to seek supportive services from a local mental health service provider (a list can be provided to you of local mental health providers).

This study is designed to gain an understanding of mental health/psychiatric social workers' experiences in providing services to transitioning and/or post-military service members. The results of the study could be helpful in planning how best to help in providing services to transitioning and/or post-military service members with a mental health illness/disorder. This study could benefit veterans, active duty service members, and their families, including veteran and active duty service members living in San Antonio, Texas, and the surrounding area by bringing awareness to the challenges social workers perceived to hinder veterans from seeking mental health treatment. However, there is no guarantee that you will personally experience benefits from participating in this study.

Payment:

There is no payment of any kind that is provided to participants in this study. However, there will be a thank you card and light refreshments given to the participant after the interview session.

Privacy:

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by using double lock security in my home, which includes a lockbox in my dual lock safe, codes will be used instead of participants' names, and the computer will be password/face protected. The return consent forms will

be stored in an encrypted file on my computer that password protected. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email: [REDACTED]

Walden University's approval number for this study is 01-08-20-0482253 and it expires on January 7, 2021.

The researcher will give you a copy of this form to keep.

Obtaining Your Consent

If you feel you understand the study well enough to make a decision about it, please indicate your consent by signing below.

Printed Name of Participant _____

Date of consent _____

Participant's Signature _____

Researcher's Signature _____