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Experiences and Challenges of Social Workers Providing Services to Elderly Veterans

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Abstract

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Project Submitted in Partial Proposal

of the Requirements for the Degree of

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Abstract

The social work practice problem of this doctoral action research project was the unmet mental health needs of veterans 65 and older in Puerto Rico. This action research project explored the experiences and challenges of social workers when they offer mental health services to veterans 65 and older. This study was framed using social support theory, integrating the 3 core elements of tangible support, emotional support, and informational support. The data collection technique included a semistructured interview protocol used in a focus group setting. Purposive sampling was used to identify 9 participants who were licensed social workers in Puerto Rico. Through content analysis, the findings were coded and organized into the following themes: educational background; ethics and wellbeing aspects; evaluation, interventions, and treatments; professional social and cultural competencies; social support experiences; multidisciplinary service coordination processes; and the elderly veterans' unmet needs. The results of this study could be used by social workers and administrators to contribute to positive social change through the improvement of social work practices and the development of innovative knowledge when intervening with veterans 65 and older and their families in Puerto Rico.

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Dedication

This research study is dedicated to God, and to Dr. Marilis Cuevas Torres a great friend who is an Industrial Organizational Psychologist, because she has given me support throughout all this process that has been very challenging for me. She is a wonderful human being and a competitive professional that has integrity, sensibility, and human values. Moreover, I want to dedicate this study to my family, friends, and work colleagues that have given me social and spiritual support when I was thinking I could not overcome health and social barriers during this process of my life. In conclusion, I want to dedicate this research to clinical social workers in Puerto Rico and the clients they serve that are veterans 65 an older with mental and physical health needs and their families.

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Section 1: Foundation of the Study and Literature Review

In this section, I explain the problem statement, research question, purpose statement, nature of the project, significance, ethics and values, and the literature review focusing on the social support theory and the key concepts. The social support theory was vital to explain and explore the phenomenon of this study which was the experiences and challenges of social workers providing services to elderly veterans 65 and older in Puerto Rico. In this study, I explored the core concepts presented in the literature review as a fundamental field relevant for the practice of the social work.

Problem Statement

The social work practice problem was the center of this doctoral action research project focused on the mental health needs of veterans age 65 and older. The older population is rapidly growing in the world and they have needs for specialized services. According to He, Goodkind, and Kowal (2016), the older adult population over the last decade increased to approximately 55 million. Since the last decade, the estimated proportion of elderly population reached 8.5% of the total population in the world (He, Goodkind, & Kowal, 2016). The older population is projected to double between the years 2025 to 2050, reaching 1.6 billion and the total population will grow by 34% over the same period (He, Goodkind, & Kowal, 2016).

The National Center for Veterans Analysis and Statistics (2017) indicated that the total amount of veterans in the United States is 21,681,000 and veterans aged 65 and over total of 9,934,000. In Puerto Rico, for the year 2015, the total population of veterans was 90,000 and the veterans aged 65 and over was 57,000 (National Center for Veterans Analysis and Statistics, 2017).

The VA Office of Health Equity (2016) demonstrated that veterans have problems including physical and mental health unmet needs. The VA Office of Health Equity (2016) indicated that older adults aged 65 and over has diverse physical and mental health conditions. The most frequent physical and mental health conditions in the elderly veterans population included 74.2% cardiovascular, 72.4% endocrine/metabolic nutritional, 51.4% sense organ (such as cataract and hearing problems), 43.5% musculoskeletal, 35% gastrointestinal, and 21% mental health. The mental health conditions are not documented as much as the physical health conditions of the veterans (VA Office of Health Equity, 2016). The aspects mentioned are a concern for older adults who are veterans. Veterans in Puerto Rico are one of the main minority groups. It is important to emphasize that the population of veterans aged 65 to 74 make up a larger proportion of minority veterans who receive service-connected disability compensation in comparison to the total population (US Department of Veterans Affairs, 2017).

The VA Office of Health Equity (2016) emphasized that the most severe mental health disorders among veterans are: depression, anxiety, major depression, and posttraumatic stress disorder (PTSD). In regard to the mental health issues, it is crucial to point out that minority veterans have higher rates than non-minority veterans (5.8 and 5.0 percent, respectively). According to, the U.S. Department of Veterans Affairs National Center (2017) some groups of people, including African- Americans, Hispanics, and Native Americans were more likely than Caucasians to develop PTSD.

The National Center for Veterans Analysis and Statistics (2017) indicated that in Puerto Rico, there are 54,183 veterans 65 and older and 17,849 of those veterans live in poverty. Veterans present various physical and mental health conditions. The most

common mental health disorders veterans' experiences are: depression, anxiety, major depression, and PTSD (VA Office of Health Equity, 2016). Hannold, Freytes, and Uphold (2011) conducted a study on native Puerto Rican veterans, and the data revealed three broad categories of unmet needs post- deployment: "(1) veterans' mental health needs, (2) family members' mental health needs, and (3) veterans' needs for medical evaluations and treatment for pain" (p. 383). Overall data indicated that native Puerto Rican veterans experienced substantial mental health and medical needs post deployment.

Due to the physical and mental health conditions many health care professionals provide services to increase the wellbeing and the quality of life of their clients. The social worker develops and maintains a therapeutic relationship with the client and their families, which may include linking clients such as veterans with systems that provide services, resources, and opportunities (U.S. Veterans Administration, 2014). Social workers face opportunities and challenges integrating the mental health and physical needs of the veterans age 65 and older. Social workers also bring their distinct skills and expertise to case management interventions with veterans aged 65 and older to better serve this population (U.S. Veterans Administration, 2014).

I conducted an action research project exploring the experiences and challenges of social workers that will benefit the social work practices and services to veterans age 65 and older. I focused on social workers working with veterans in Puerto Rico.

Research Question

The research question that guided this study was: What are the professional experiences and challenges faced by social workers providing services to veterans age 65 and older in Puerto Rico? My research question had the educational intent to identify

what types of experiences and challenges the clinical social workers had after they critiqued, analyzed, and reflected on two fundamental concepts and categories that were vital aspects in social work practice. My goal for this study was to encourage clinical social workers to identify their strengths and weaknesses in order to become more culturally competent practitioners and fulfill all the required ethical standards of the social work profession.

Purpose Statement

The purpose of this qualitative study was to discover the professional experiences and challenges faced by social workers providing social work services to veterans 65 and older in Puerto Rico. The evidence proved that mental health needs of veterans 65 and older is a current, relevant, and significant problem in the social work profession.

Social workers providing services to elderly veterans 65 and older confront numerous challenges in working with this population such as working in multidisciplinary medical teams and offering specialized mental health services that meet the unique needs of veterans age 65 and older (Beder, Postiglione, & Strolin-Goltzman 2012). Beder and Postiglione (2013) stated that the social workers in the Veterans Health Administration System had numerous challenges while serving the nation's veterans including those 65 and older. One major challenge is serving as part of the multidisciplinary team where social workers perform a variety of tasks and function in diverse roles, but are not recognized by the medical team colleagues as mental health professionals (Beder & Postiglione, 2013).

Wooten (2015) highlighted that despite numerous opportunities for social workers, working with Veterans Affairs organizations there are several challenges,

including secondary trauma and compassion fatigue when listening to traumatic stories of veterans. Social workers confront issues with values and ethics when service members show a significant decrease in PTSD symptoms, but the progress results in a perceived threat to disability compensation.

I gathered the information of this study to contribute, reflect, and analyze critically in order to develop and improve social work practices and create new assessments, interventions, and clinical techniques. In this study, I had the opportunity to become a scholar in clinical social work military services provided to veterans 65 and older with cultural competence skills. I developed new knowledge that will be disseminated with other health professionals and practitioners to improve practice and deliver high quality services to this population with cultural competency and sensibility.

According to Meyer, Writer, and Brim (2016) military cultural competence has become nationally important, because PTSD and depression in the military environment has currently become a relevant phenomenon in the veterans population. Health care providers, including clinical social workers, need to develop better understanding on military cultural competence (Meyer et al., 2016).

I encouraged clinical social workers that provide services to elderly veterans 65 and older to continue advancing their knowledge and skills, to serve this target population. It is fundamental that the organizations continue to offer specialized training based on the interventions and assessment needs of this group served. The outcomes obtained in this action research project are useful for the clinical social workers and the College of Professional Social Workers of Puerto Rico and the National Association of Social Workers (Puerto Rico Chapter), so they can better understand how to fulfill the

unmet needs of the veterans 65 and older and their family members with a comprehensive and holistic approach.

In this study, I encountered that it is essential for universities of Puerto Rico to become aware of the importance of integrating in their academic curriculum specialized clinical social work courses focusing on military health services provided to veterans 65 and older and their families that have health (mental and physical) unmet needs. Meyer et al. (2016), recommended integrating military culture competence in universities context in their curriculum. Specifically, health care programs to further research to better understand the military families with their unique military cultural identity. Wooten (2015) indicated that "Military social work is a specialized field of practice spanning the micro-macro continuum and requiring advanced social work knowledge and skills" (p.1). The need of highly trained social work professionals is primary to update their social work practices of the complex behavioral health problems of veterans in the most current military conflicts in Iraq and Afghanistan (Wooten, 2015).

The information obtained in this study may help professional social work associations to advocate and develop social policies for this population. In addition, I can help the College of Professional Social Workers of Puerto Rico, and the National Association of Social Workers (NASW) Puerto Rico Chapter, to develop workshops and trainings in continuous education offerings that are mandatory to work and practice the social work profession in Puerto Rico and to maintain their professional licensure. Wooten (2015) suggested that social work education presents both opportunities and challenges to respond to the military behavioral health workforce and service needs provided to the veteran's population.

Nature of Action Research

In this action research capstone project I integrated the following objectives: improve the social work practice, attain an educational intent, and promote collaboration among social work practitioners. I highlighted in my research the intent to improve practice and develop new knowledge that can help clinical social workers become more competent in the services provided to veterans 65 and older in Puerto Rico. The fulfillment of all these objectives demonstrated that this action research study has a firm purpose that is grounded in exploring and describing the professional experiences and challenges faced by the social workers when providing services to veterans age 65 and older in Puerto Rico. Furthermore, during the focus groups the participants reflected, emphasized, and indicated how committed they were with the elderly veteran population and how they can improve the social work practice. During their participation in the focus groups, they had the opportunity to reflect and become aware of the resources and the need of more capacity and trainings in military social work.

The epistemological paradigm that I used in this action research capstone project was constructivism, because it is well aligned with this action research topic. According to Dudovskiy (2016) the constructivism paradigm is qualitative and inductive. I incorporated the constructivism paradigm to promote reflection and collaboration among the participants' subjective experiences. Clinical social workers in this study had the opportunity to reflect on their own social work practices with the purpose of improving them and contributing to the positive social change in the social work profession. The inductive reasoning was based on learning from their personal experiences.

According to Amineh and Asl (2015), the individual understands, defines, and reflects in coordination with other human beings. For this reason, as researcher I decided to apply the constructivism paradigm in this study. The most important elements in this paradigm are: (a) the assumption that human beings rationalize their experiences by creating a model of the social world and the way that it functions, and (b) the belief in language as the most critical system through which humans construct reality (Amineh & Asl, 2015).

In my research I focused on the constructivism perspective to explain how people learn, through their social interactions with each other, to classify the world and their place in it. Burr (2015) indicated that the nature of the world can be revealed through observation and the perception of the individual's reality. Hutchinson (2016) reinforced the importance of the power of language and social interactions to promote transactions in the human environment. Constructivism indicates that meaningful learning occurs when individuals are engaged in social activities such as interaction and collaboration with others (Amineh & Asl, 2015).

The social workers analyze, create, and explore relevant data using the constructivism paradigm as a model. In this research, the social workers actively participated and became critical thinkers during the process of obtaining the information of this study during the focus group sessions.

Theoretical/Conceptual Framework

The underlying theory of this study was social support and its effects on health outcomes (Cohen, 2004; Cohen & Mckay, 1984; Gottlieb, 2000; and Schaefer, Coyne, & Lazarus, 1981). My intention in this action research capstone project was to examine

the unmet health needs of the veterans 65 and older and to reflect on a holistic perspective of the human health and wellness of this population. It was important to reflect on the theories and resources that are available to social workers, so they can provide support and high quality services to their clients and family members. Schaefer, Coyne, and Lazarus (1981) defined the social support theory as a multidimensional perspective that includes tangible support, emotional support and informational support. This theory is comprehensive and focuses on social support, social relationships, social networks, avoiding stigma and enhancing the importance of culturally sensitive interventions (Gottlieb, 2000). Social work practitioners and other health care professionals confront diverse challenges in the health care systems when selecting and planning supportive interventions because they need to have adequate resources and social networks in order to provide high quality services to the veterans 65 and older and their families (Gottlieb, 2000). The social workers integrate the social support theory when they conduct assessments, treatments, and evaluation plans that include the tangible support, emotional support, and informational support as part of their main resources.

Significance of the Study

As a researcher I encouraged the teamwork between the clinical social workers providing services to elderly veterans 65 and older, professional associations, and legislators. I worked with the participants to obtain data that represented and contributed to all participants of this study including the clients and their families. My study is significant for the social work profession because the participants throughout their responses in the focus groups developed innovative knowledge to improve the

social work practices and they also highlighted the importance of working in collaboration with other disciplines for the wellbeing of the clients and the families they serve.

Compiling and listening to the clinical social workers during their interaction and communication is crucial for the wellbeing of the veterans and their families. Their stories and narratives during their active participation in focus groups were beneficial because I had the opportunity to explore how these clinical social workers visualize their experiences and challenges through the power of language use and social interaction, demonstrating their commitment to the social work profession and social change. Social workers had the opportunity to reflect and engage on how they perceive their experiences and challenges when providing services to their clients.

Values and Ethics

The social work practice problem that is the center of this doctoral action research project was the unmet mental and health needs of veterans 65 and older. The older population is rapidly growing in the world and they have specialized needs.

For this reason, I selected various important aspects discussed by the National Association of Social Work Code of Ethics (NASW) that are fundamental when providing services to veterans 65 and older. Clinical social workers in Puerto Rico must be competent and must respect diversity at all times keeping in mind that elderly veteran have diverse needs (NASW, 2017).

Confidentiality when providing services to veterans 65 and older is vital (NASW, 2017). Moreover, clinical social workers must establish positive interpersonal relationships with colleagues, clients and their families to provide effective services. It

is crucial to respect the dignity of all people without discriminating against individuals because of their age (NASW, 2017). The social work practitioners are responsible in promoting social justice and becoming a voice for all groups that are being oppressed and discriminated in society due to mental and physical traumas or disparities (NASW, 2017).

Social workers must become aware of the special needs of veterans aged 65 and older in order to deliver high quality services that address the specific needs of this population and their families. 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 with the population served. Following the values and principles of social work, the professionals apply in their direct practice social justice, cultural competence, respect, and confidentiality values and principles when providing services to veterans 65 and older.

Review of the Professional and Academic Literature

In this section I include the current aspects from the literature review related to the unmet needs of veterans 65 and older and the challenges and experiences of clinical social workers when providing services to this population. The authors on the literature review focused on veterans' unmet mental health needs, family mental health needs, and the medical evaluation, clinical assessments, and treatments plans using evidence base practice to assure high quality services. The literature review includes local information about Puerto Rico and national relevant findings.

Literature Review Related to Key Variables and/or Concepts

The authors in this theoretical review outlined specific definitions, dimensions and factors of the social support theory. Different authors (Cohen, 2004; Cohen & Mckay, 1984; Gottlieb, 2000; and Schaefer, Coyne, & Lazarus, 1981) explained the factors, conditions, and context to design social support initiatives based on the social support theory. This review included different relevant studies related to the unmet health needs of the veterans 65 and older and the challenges of social work clinicians and the health care providers.

Theoretical Literature

As reported by Snyder and Pearse (2010) the social support theory is an important element for physical and mental health. It is evident that people living a stressful life could benefit of social support to overcome the crisis (Schaefer, et al., 1981). On the other hand, if they do not have social support, they will experience physical illness and psychopathology (Schaefer et al., 1981).

In the health care environment, it is fundamental to consider a multidimensional perspective of social support. This multidimensional perspective integrates three elements: tangible support, emotional support, and informational support (Cohen, Gottlieb & Underwood, 2000). In consonance with Cohen (2004) the tangible or instrumental support includes the provision of material aid such as: financial assistance, care, or help with the daily life tasks. According to Cohen and MacKay (1984) tangible support is not so often seen as critical by the general social scientific scholars, but the receiver interprets it as evidence of love and esteem. This phenomenon of tangible support can be addressed by the family members that assume their role as primary

caregivers (Snyder & Pearse, 2010).

Cohen (2004) defined emotional support as the expression of empathy, caring, reassurance, and trust and provides opportunities for emotional expression. Moreover, Cobb (1976) described emotional support as a network of communication and mutual obligation based on the feelings of care, love, esteem, and value. Also, Chantler, Podbilewicz-Schuller, and Mortimer (2005) expressed that emotional support makes individuals feel better, understood, and secure.

Furthermore, Cohen (2004) identified the informational support as the third type of resource which intends to help the individual cope with current problems and typically receiving advice or guidance. Usually health care providers facilitate knowledge, including facts and information that is relevant to the specific needs that individual is experiencing (Snyder & Pearse, 2010). Additional informational support comes from family members that search and read books in Internet resources (Snyder & Pearse, 2010).

I used social support theory to inform the social problem of this study regarding how social workers provide social support services to veterans 65 and older from a multidimensional perspective integrating tangible support, informational support, and emotional support. One of the main challenges for social workers is to design and provide interventions that support health needs, circumstances, and preferences of the beneficiaries in order to achieve wellbeing and optimum health (Gottlieb, 2000).

The three dimensions of social support theory could be used by the social workers in their assessment and interventions with the veterans 65 and older. Social workers and other health professionals have key networks to attain the health goals on

the behavior of the individuals (Gottlieb, 2000). It is imperative that social workers provide individual counseling, family therapy, support groups, respite programs, educational information, crisis intervention, and skills and training to the clients and their families (Gottlieb, 2000). Similarly, veterans aged 65 and older with physical or emotional disabilities and serious medical conditions tend to be stigmatized and it is fundamental to strengthen the care giving role, family support and social network (Wooten, 2015). For this reason, informal and formal social supports are necessary to provide wellbeing to the veterans 65 and older and their families. The balance of informal social support refers to relatives and friends, and formal social support refers to professional helpers that are important for positive health outcomes (Gottlieb, 2000; Pinquart & Sorensen 2007).

The social workers should have a resource bank that is a file of contact information of different providers and agencies, to fulfill the health needs of the veterans 65 and older without stigmatizing the clients and their families. Social workers should have a resource bank that includes: the names of various specialized community programs or agencies that serve veterans 65 and older and their families in different parts of Puerto Rico. Therefore, having available an electronic or “small box” resource bank that has a list of names, phone, address, and contact information of the programs and it would be useful for the social workers once they provide direct services to this population. The resource bank has the name of the agency or program that provides mental health and physical health services to elderly veterans and their families. This resource bank should include the contact information of the social work practitioner that provides services to this population in the community at the local, federal or nonprofit

levels. This will allow the service to be more effective and faster when conducting referrals for elderly veterans and their families that need psychosocial interventions.

The social work practitioner can apply the social support theory to their direct practice including assessments, interventions, therapies, and treatments to address the specific unmet needs of the veterans and their families from diverse socioeconomic and ethnical backgrounds. Social work practitioners should be culturally competent and should promote cultural sensibility when providing services. Helping professionals must take into account the influence of cultural values on the social relationships and networks, their norms about helping, and patterns of help seeking (Gottlieb, 2000).

Empirical Literature

The most relevant research topics of this empirical literature review were: unmet health needs of the veterans 65 and older, the satisfaction of the health care providers and services in veteran's health system, the efficacy of the treatment interventions, the challenges of social work clinicians, and the training programs offered to health care providers. In this literature review used qualitative, quantitative, and mixed method designs.

Unmet health needs of veterans 65 and older. Hannold, Freytes and Uphold (2011) conducted a qualitative research study on perceptions of unmet health services and the needs of Puerto Rican veterans and their family members after deployment. They found that the main health service needs were veteran's mental health needs, family mental health needs, and veteran needs for medical evaluation and treatments.

In another qualitative study Freytes, Hannold, Resende, Wing, and Uphold (2013) described the impact of the war on Puerto Rican veterans and their families. The authors

stated that veterans and their family members were not prepared for post-deployment changes and reintegration to the community. Similarly, Sherman and Fisher (2012), in a qualitative study with veterans, family members, and their mental health providers, described institutional and logistic barriers in the Community Based Outpatient Centers services.

Satisfaction with health care providers and services. Loganathan, Hasche, Koening, Chaffer, and Uchendu (2017) measured the levels of satisfaction among the veterans with the care coordination services. Over 75% of the population reported satisfaction with the integrated care, care continuity, and follow-up care. In addition, Seligowski et al. (2012), in their quantitative study, found the association of the veteran's stressors (combat exposure, retirement concerns, and late-life stressful events), personal resources (social support, sense of mastery and positive appraisal of military experiences), functional health (physical and mental) and life satisfaction. Seligowski et al. (2012) indicated the effects of the stressors were dissipated by the personal resources and the functional health. These positive variables appear to serve as protective roles in explaining levels of life satisfaction among older veterans.

Efficacy of the treatment interventions with veterans 65 and older. Other studies highlighted the efficacy of the mental health interventions with veterans 65 and older. Keller and Tuerk (2016) focused on the efficacy of evidence based psychotherapy for the veterans with PTSD. One significant outcome was that more veterans that participate and complete their treatment were referred from mental health clinics versus the veterans referred from primary care. Clinicians need to provide therapies focused on psycho education and trauma in their intake evaluation with veterans (Keller & Tuerk,

2016). Karlin et al., (2012) evaluated clinicians and patient level outcomes associated with national trainings and implementation of cognitive behavioral therapist for depression (CBT-D) in the Veteran Health Administration. Karlin et al., (2012) applied quantitative and qualitative instruments to measure the results of the CBT-D interventions. CBT-D training increased the competency of the clinicians and this has a positive impact in the participation and attitudes of the veterans during the treatment process.

Challenges faced by social worker clinicians. Garcia, McGreary, McGreary, Finley, and Peterson (2014) studied the burnout indicators among the Veterans Health Administration mental health clinicians providing PTSD interventions among veterans. Garcia et al., (2014) demonstrated that clinicians had high levels of exhaustion and cynicism related to the bureaucracy, clinical work load, and control of how work is done. Garcia et al., (2014) suggested prevention programs among mental health practitioners that provide treatment or therapies to veterans with intensive traumatic events. Beder and Postiglione (2013) used a qualitative design to study the challenges, frustration, roles, and interventions of the social workers in the Veterans Health Systems. They stated that the main challenges of social workers are burnout, compassion fatigue, and ethical dilemmas due to their work stress.

Training needs of social work providers. According to Wooten (2015), social workers should have a military specialization in order to provide high quality services to the veteran population. This research reinforced the importance of providing evidence-based practices in which social workers should be highly skilled in behavioral health workforces allowing these practitioners to engage in advocacy for veterans and their

families. Joosten (2008) analyzed the services provided by social workers and the unmet psychosocial and physical needs of the older adults. Joosten (2008) utilized a mixed method design to assess the needs of the older adults and the perceptions and challenges of the social workers when they want to fulfill positively their therapeutic-alliance. One significant outcome of this study was that social workers made more referrals when the older adults had mental health needs. This investigation established some need of referrals when elderly is at high risk, when they lack support and when they receive low income.

Summary

Social workers providing services to elderly veterans 65 and older confront various challenges and have diverse roles when participating in multidisciplinary health care teams (Beder, Postiglione, & Strolin-Goltzman, 2012). Most social workers put all their efforts into making positive contributions to the care of the veterans 65 and older (Beder, Postiglione & Strolin-Goltzman, 2012). In many cases, social workers are exposed to compassion fatigue and burnout due to organizational factors and excessive work load (Beder, Postiglione & Strolin-Goltzman, 2012). Additionally, the social work practitioner manages the comprehensive psychosocial needs of the veterans and their families that need psychoeducation and support (Sherman & Fischer, 2012). Social workers as mental health providers need to anticipate and address veterans' fears and highlight the potential benefits of active participation in activities for both the veterans and family members.

It is important to promote and educate veterans and their family members, so they can have all the resources available when they are needed (Sherman & Fischer, 2012).

For this reason, it was critical to understand the perceptions, challenges and experiences of the social worker that manage all the psychosocial services provided to veterans 65 and older and their families.

In reference to the literature review of Karlin et al. (2012) and Keller and Tuerk (2016) veterans present primarily two mental health disorders which are PTSD and depression. The literature review indicates that older veterans have additional psychosocial needs that have not been fully met during the clinical interventions and the veterans need attention in other comprehensive and integral areas of their daily life (Keller & Tuerk, 2016). Hannold et al. (2011) indicated that it is necessary to conduct further research that focuses on cultural influences and mental health stigma among older Hispanics. It is well-stated that older Hispanics prefer to manage their mental health illness independently within their family environment to avoid stigma in their culture (Hannold et al., 2011).

In addition, older veterans need support overcoming their fears, their post-deployment traumas, and assistance with integration to the family and to the community (Sherman & Fischer, 2012). Previous researchers revealed that social workers should participate in continuous trainings to better address and deliver the needs of the veterans and their families with sensibility and competency (Beder, Postiglione, & Strolin-Goltzman, 2012).

Authors as Hannold, et al., (2011) and Freytes et al., (2013) applied qualitative design methods using semi structured interviews and focus groups. The authors (Hannold, et al., 2011; Freytes et al., 2013) highlighted as fundamental the qualitative design to evaluate the unmet needs of the veterans and their families. Furthermore, Keller

and Tuerk (2016) and Karlin et al., (2012) integrated comprehensive mixed method to evaluate the mental health interventions and trainings to improve the social work practice. Finally, Seligowski et al. (2012) and Loganathan et al., (2017) utilized a quantitative method design to identify the relation of different variables such as: sociodemographic characteristics, stressors, personal resources, therapeutic alliance, PTSD, depression, life satisfaction, functional health, and burnout. In summary, diverse authors have used qualitative, quantitative, and mixed method designs to develop innovative knowledge that contributes to social work best practices.

I applied the qualitative analytic techniques to analyze the perceptions, challenges and experiences of the social workers providing services to elderly veterans 65 and older and attain the objective of this study.

Section 2: The Project

The core social work practice problem of this doctoral action research project was the mental health needs of veterans age 65 and older. The growing older adult population throughout the world has diverse needs for specialized services. Social workers face opportunities and challenges when offering mental health and physical services to veterans age 65 and older. In this action research project, I explored the experiences and challenges of social workers so they can become aware of best practices and services delivered to veterans age 65 and older. I focused on obtaining qualitative data from social workers working with veterans in Puerto Rico.

The purpose of this study was to discover the professional experiences and challenges faced by social workers providing social work services to veterans 65 and older in Puerto Rico. The research question was: What are the professional experiences and challenges faced by social workers providing services to veterans age 65 and older in Puerto Rico? I used a specific background and context, methodology, source of data, and ethical procedures to obtain and analyze the data.

Background and Context

My intention in this study was to obtain further information of the clinical social workers based on their experiences and challenges when providing services to assist veterans 65 and older. I used the qualitative method of action research to conduct focus groups to attain crucial information. The content analysis was useful to code, classify, and organize the data. This data analysis method represents a valuable tool to define and provide meaning of the data compiled. During the data analysis process, I obtained different outcomes to answer the research question. This process represents an

opportunity to improve practice and to implement adequate and specific assessment tools that fulfill the needs of the veterans 65 and older.

I included the College of Professional Social Workers of Puerto Rico and the National Association of Social Workers (Puerto Rico Chapter) as institutional contexts for the study. According to the U.S. Veterans Administration (2014), clinical social workers conduct behavioral health and mental health assessments, make diagnoses, and offer psychotherapeutic and counseling services. They are responsible for helping patients, families, and caregivers cope with the crisis of illness. The Veterans Benefits and Health Care Improvement Act (2000) section 205, defined the qualification of social workers as a person who has a master's degree in social work from a university approved by the Secretary and is licensed or certified to independently practice social work in a State. The National Association of Social Workers (NASW) defined clinical social work as a:

> specialty practice that focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances. Individual, group and family therapy are common treatment modalities. Social workers who provide these services are required to be licensed or certified at the clinical level in their state of practice (2017, paragraph 1).

In this study, the stakeholders were the College of Professional Social Workers of Puerto Rico and the National Association of Social Workers (Puerto Rico Chapter). Additional stakeholders were three graduate clinical social work programs that provide master's degrees in Puerto Rico: Pontifical Catholic University of Puerto Rico, and Interamerican University of Puerto Rico and the Ana G. Mendez University. As result of

this study I will impact the different agencies and programs that deliver services to the veterans 65 and older and their family members.

The professional associations of social workers have the opportunity to evaluate the finding of this study to identify the areas of improvement related to the veterans' unmet services and the social workers tools. The College of Professional Social Workers of Puerto Rico and the National Association of Social Workers (NASW) Puerto Rico Chapter could provide continuous education trainings for their members so they can become knowledgeable in this growing and specific population. It is important to disseminate the outcomes of this study to diverse universities, so they can potentially revise their curriculums or create new courses that address the needs of this population.

I did not have any relationship or previously social interactions with the participants of this study. Furthermore, during the data collection and analysis process I was part of the social context applying the constructivism paradigm. In this process I had the opportunity to observe, reflect, and interact with participants. Also, I analyzed, defined, and interpreted the data for the contribution.

Methodology

The participants of this study were clinical social workers providing services to elderly veterans 65 and older. I collected the sample in the College of Professional Social Workers of Puerto Rico by availability. The sample size consisted of nine clinical social workers providing services to elderly veterans 65 and older in Puerto Rico. The inclusion criterion to select the participants of this research were: social workers that have a master's degree in social work from a Council on Social Work Education (CSWE) accredited university, who were licensed by the State and had 2 years or more of work

experience, and who had the professional approval to work in Puerto Rico by the College of Professional Social Workers of Puerto Rico. One exclusion criterion was that the social workers occupying administrative positions were not entitled to participate in this study. In addition, they could not participate if they did not offer direct services to the target population of this study.

Source of Data

I developed a guide of questions based on the literature review. The semi structured guide had open ended questions. I used the focus group technique to collect the data.

I recorded and transcribed the focus group interviews. For the coding process, I and one additional scholar team member reviewed the transcription and set the emergent codes. Schettini and Cortazzo (2015) recommended revising the data transcribed before initializing the content analysis (Schettini & Cortazzo, 2015). I developed the emergent codes during the data analysis process. I used short words or phrases to describe the text and I established these primary themes as emergent codes. Moreover, I discussed the initial codes with the faculty chairperson and developed a codebook. Furthermore, the supervisory committee reviewed the codes that I encountered after using the qualitative software program NVivo 12. Subsequently, I established secondary and tertiary themes using the axial or hierarchical coding to set relations among categories. Schettini and Cortazzo (2015) recommended that it is crucial to establish categories and subcategories to analyze the themes (Schettini & Cortazzo, 2015).

Ethical Procedures

I submitted a completed Institutional Review Board (IRB) form to comply with

the ethical procedures. The IRB approval number is 03-15-18-0065882. To assure the ethical procedures during the study, I invited the participants by phone, email communication, and flyers. I provided a full orientation of the study to the participants. The orientation included the purpose of the study, methodology, contribution, and the explanation of the minimal risks. Each participant decided freely and voluntarily if they would like to participate. I discussed the informed consent form with each participant and they signed the document indicating that they agreed to be part of this study. Each participant could decide to withdraw anytime during the process of this study. The participants did not receive economic compensation.

The research data collection technique was the use of focus groups. Therefore, I provided orientation of the importance of maintaining confidentiality of the information discussed in the group. I will keep the audio and transcribed data in a secure and private office to guarantee the participants privacy. I will maintain the data for a minimum of 5 years following the Walden University ethic standards.

Summary

In this study I integrated a qualitative approach with an action research design. The participants of this study were clinical social workers providing services to elderly veterans 65 and older in Puerto Rico. The data collection technique was focus groups using a question guide. I performed the content analysis process using the NVivo 12 software program. I recruited the participants from the College of Professional Social Workers of Puerto Rico, and they received a full orientation about the purpose and overall details of the research.

I will present in the next section the information regarding the findings of the study. In the findings section, I integrated the analysis of the narratives organized in categories and displayed some fragments of the participants' verbalizations.

Section 3: Presentation of the Findings

The purpose of this qualitative study was to discover the professional experiences and challenges faced by social workers providing social work services to veterans age 65 and older in Puerto Rico. I encouraged clinical social workers to identify their strengths and weaknesses in order to become more culturally competent professionals and fulfill the ethical standards that the social work profession promotes. The research question was: What are the professional experiences and challenges faced by social workers providing services to veterans age 65 and older in Puerto Rico? Section 3 includes data analysis techniques, study findings, arranged by themes and subthemes, and a summary of the outcomes related to the social work practice profession.

Data Analysis Techniques

The data collection occurred in July 2018 in the Carmen Rivera de Alvarado library of the Professional College of Social Workers of Puerto Rico. I conducted two focus groups that lasted approximately 2.5 hours. The first focus group had six participants and the second focus group had three participants. All participants were social workers who had a master's degree in social work from a Council on Social Work Education (CSWE) accredited university, were licensed by the state and had 2 years or more of work experience, and had the professional approval to work in Puerto Rico by the College of Professional Social Workers of Puerto Rico.

I submitted an email and a recruitment flyer all the members of the College Professional Social Workers of Puerto Rico to extend an invitation to participate in this study. Twelve social workers replied indicating their interest to participate in the study. I called each participant by phone to ensure that they met the eligibility criteria established

in the study. I scheduled with the participants the location, day, and time to conduct the focus group. Each participant received an email confirmation of the focus group appointment details. Nine social workers participated of the focus groups.

In the focus group, I read the consent form and the participants signed the English and Spanish forms. Each participant received a copy of the focus group guide questions and I explained the rules and procedures to conduct the activity. In order to initiate the focus group activity, I presented myself and each participant introduced their names, academic degrees, job positions, and the name of the organizations or agencies where they work. I used an audio tape to record the focus groups discussions and wrote notes of the discussion.

After the focus group concluded, I transcribed the focus group discussions. I translated the participant's responses from Spanish to English. To protect the privacy and confidentiality of each participant, I did not use real names or personal identification data. I used pseudonyms to identify each participant on the transcription notes. I used NVivo 12 Software to input the transcription documents. I identified the main themes (from the guide of questions) as NVivo nodes to code the information. During the transcription review process, I added additional themes as nodes to code the information. I created a code book to define the themes. Finally, I assigned verbal quotes from the participants to the NVivo nodes.

Validation Procedures

I used different validation procedures in this action research study, including the use of confirmability and credibility. Billups (2014) stated that the qualitative research

should demonstrate rigor and trustworthiness. Confirmability and credibility are two important techniques to demonstrate trustworthiness.

Confirmability

The confirmability or member-checking technique involves securing feedback from another researcher to compare conclusions in order to avoid bias and reinforce the credibility (Billups, 2014). In this study, I analyzed the data through the emerging themes. I created a code book and discussed it with the faculty mentor in order to verify the accurate themes and definitions. During the process of the data analysis, the chair faculty member continuously checked the findings report and provided feedback to enhance the credibility. The Center for Innovation in Research and Teaching (n.d.) used the term *confirmability* to refer to the objective evaluation by other researchers in order to corroborate and examine the data analysis. According to Billups (2014), partnering with faculty to review the research is an excellent way to strengthen verity when the faculty members are subject experts and proficient in research methodology qualitative techniques.

Credibility

Another qualitative validation procedure is credibility. This validation technique refers to the believability and trustworthiness of the findings. When applying the credibility technique, the participants can decide the best quotes and explanations to demonstrate the findings that represent the phenomena. “It is important that participants feel the findings are credible and accurate” (Center for Innovation in Research and Teaching, n.d., paragraph 6). In this study, I requested to the participants to review the findings or preliminary analysis to assess whether those findings reflect what they

expressed. Participants received the opportunity to review their statements for accuracy. Participants provided verbal feedback during the focus groups. I requested the participants to provide additional feedback in writing during the coding process. Two participants replied approving the codification quotes and themes.

Limitations

I found minimal issues during the data collection. Different to the original plan, I completed two sessions of the focus groups. The session extended for over 2 hours, and the original plan was 45 minutes. All participants engaged in full discussion of each question and contributed, by answering all the questions. Another limitation was that only two participants provided written feedback during the coding process. Another limitation was that the participants were all women; unfortunately, no men participated in this study.

Participants

The participants were all Hispanic woman with permanent social worker license and members of the College of Professional Social Worker of Puerto Rico. The participants also reported more than 10 years of work experience with the elderly and veterans. The participants consisted of nine MSW professionals and of the nine participants; three were academy certified social workers (ACSW). Areas of experience or expertise among the participants were school social workers, hospital social workers, clinical social workers, family social workers, and private practice social work professionals. I used pseudonyms or fictitious names to classify the participants.

I designated the pseudonym *Sophia* as a fictitious name to represent the first participant of the focus group. Sophia is a woman who has a master's degree in family

social work with a specialization in gerontology from University of Puerto Rico, Rio Piedras Campus. Sophia is a school social worker that works in the Department of Education. Sophia holds a professional certification as a school social worker from the Department of Education. Sophia stated that many children for whom she provides services are in the legal custody of their grandparents and she has many family cases and situations with grandfathers that are veterans 65 and older that have gone to combat or have been in the military service. She has more than 10 years of professional social work practice experience. Sophia expressed that she would like to become a family military social worker, because she has identified the need in Puerto Rico to serve this population.

I designated the pseudonym *Isabella* as a fictitious name to represent the second participant of the focus group. Isabella has a master's degree in family social work from University of Puerto Rico, Rio Piedras Campus. Isabella is a court social worker in the Justice System, with previous experience as a hospital social worker. Isabella stated that many court cases involve children that are in the legal custody of grandparents who are elderly veterans. She has more than 10 years of professional social work practice experience. Isabella is a member of the Board of Labor Rights for Social Workers in the College of Professionals Social Workers of Puerto Rico. Isabella is the moderator of the radio program of the College of Professionals Social Workers of Puerto Rico.

I designated the pseudonym *Valentine* as a fictitious name to represent the third participant of the focus group. Valentine has a master's degree in clinical social work from Universidad Del Este of Puerto Rico, Carolina Campus. Valentine is a clinical and hospital social worker that works in a private hospital in the Metropolitan Region of Puerto Rico. Valentine reported that she currently provides services to veterans and non-

veterans that are hospitalized with physical and mental health needs and their family members or legal caregivers. She has more than 5 years of professional social work practice experience.

I designated the pseudonym *Jennifer* as a fictitious name to represent the fourth participant of the focus group. Jennifer has a master's degree in social work from University of Puerto Rico, Rio Piedras Campus and currently is enrolled in the Law School of the Interamerican University of Puerto Rico, Metropolitan Campus. Jennifer is a social work faculty member in the Metropolitan University of Puerto Rico, Cupey Campus in the undergraduate program. Jennifer has previous experience as a hospital social worker working with elderly veterans and non-veterans with physical and mental health needs.

I designated the pseudonym *Kimberly* as a fictitious name to represent the fifth participant of the focus group. Kimberly has a master's degree in family social work from University of Puerto Rico, Rio Piedras Campus. She also has a clinical social work certification from the Interamerican University of Puerto Rico, Metropolitan Campus. Kimberly has the Academy of Certified Social Workers (ACSW) credentials from the National Association of Social Workers Puerto Rico Chapter. In addition, she is a part-time faculty member in the social work master's program at the Pontifical Catholic University of Puerto Rico. Kimberly works in the Veterans Affairs Hospital-Caribbean HealthCare System in a Mental Health Outpatient Clinic in the West Region of Puerto Rico. She has more than fifteen years of professional social work practice experience. At the time of this study, Kimberly reported that she currently provides services to veterans that are young adults and veterans that are 65 and older with mental health needs and that

have been in combat. Moreover, Kimberly provides services to service men that have and have not been in combat.

I designated the pseudonym *Mary* as a fictitious name to represent the sixth participant of the focus group. Mary has a master's degree in family social work from University of Puerto Rico, Rio Piedras Campus. Mary is a social work supervisor that works in a private hospital in the Metropolitan Area of Puerto Rico. She has more than fifteen years of professional social work practice experience. At the time of this study, Mary reported that she currently provides services to veterans and non-veterans that are hospitalized with physical and mental health needs and their family members or legal caregivers.

I designated the pseudonym *Camille* as a fictitious name to represent the seventh participant of the focus group. Camille has a master's degree in social work from the Interamerican University of Puerto Rico, Metropolitan Campus. She also has a clinical social work certification from the Interamerican University of Puerto Rico, Metropolitan Campus. Camille works in elderly homes in the East Region of Puerto Rico. She has more than 16 years of professional social work practice experience. At the time of this study, Camille reported that she currently provides services to the elderly who are veterans and non-veterans 65 and older with physical and mental health needs and their family members.

I designated the pseudonym *Marianne* as a fictitious name to represent the eighth participant of the focus group. Marianne has a master's degree in social work from the University of Puerto Rico, Rio Piedras Campus. She also has a clinical social work certification from the Interamerican University of Puerto Rico, Metropolitan Campus.

Marianne works in the Veterans Affairs Hospital-Caribbean HealthCare System in a Mental Health Community Outpatient Clinic in the North Region of Puerto Rico. She has more than 18 years of professional social work practice experience. At the time of this study, Marianne reported that she currently provides services to veterans 65 and older with physical and mental health needs and that have been in combat or active duty. Moreover, Marianne provides services to service men that have gone to combat or not. Marianne is a professional consultant and therapist. Marianne has a certification in cognitive behavioral therapy and in evidence-based practices.

I designated the pseudonym *Nicole* as a fictitious name to represent the ninth participant of the focus group. Nicole has a master's degree in clinical social work from New York University (NYU). Nicole works in the Veterans Affairs Hospital-Caribbean HealthCare System in a Mental Health Community Outpatient Clinic in the North Region of Puerto Rico. She has more than 15 years of professional social work practice experience. At the time of this study, Nicole reported that she currently provides services to veterans 65 and older with physical and mental health needs and that have been in combat or active duty. Moreover, Nicole provides services to service men that have gone to combat or not. Nicole is a professional consultant and therapist. Nicole has a certification in evidence-based practices, prolonged exposure therapy for PTSD, and cognitive processing therapy for PTSD.

Findings

I organized the findings by themes and subthemes to identify the experiences and challenges of social workers providing services to veterans age 65 and older in Puerto Rico. After careful review of the data, a total of seven primary themes and five

subthemes emerged from the data including three levels. Table 1 illustrates the hierarchical order of the themes and subthemes levels. The primary themes are the following seven: (a) educational background, (b) ethics and wellbeing, (c) evaluation, interventions, and treatments, (d) professional social and cultural competencies, (e) social support, (f) multidisciplinary services coordination, and (g) unmet needs. The subthemes are the following five: (a) diversity aspects, (b) veterans age groups, (c) emotional support, (d) informational support, and (e) tangible support.

Table 1

Study Results Primary Themes and Subthemes

Primary themes – first level	Subthemes – second level	Subthemes – third level
Educational background		
Ethics and wellbeing		
Evaluation, interventions, and treatments		
Professional social and cultural competencies	Diversity aspects	Veterans age groups
Social Support	Emotional support Informational support Tangible support	
Multidisciplinary service coordination		
Unmet needs		

The findings reflected several experiences and challenges among social workers providing services to veterans age 65 and older. In the next part, I present the findings using the themes and subthemes encountered in the participants' narratives and direct quotes. Some examples will be provided as an overview of the results.

Primary Theme 1: Educational Background

In the first primary theme I incorporated the overview of the educational background of the participants who work and provide services to veterans 65 and older. I obtained a profile of the characteristics that qualified these social workers to serve the

specific population. Educational background includes the specialized trainings, education, and work experiences related to the veterans' services. In general, social work participants in the study explained that they obtained information and trainings through self-education. Another important aspect to mention is that most participants stated that they learned about veterans during the direct social work practice, not at the academic master programs. On the other hand, they all agreed that the university educated them in general aspects of elder population and families that established the basics foundation, but they did not focus on elderly veterans 65 and older needs and services. Marianne: "I understand that the university yes prepared me, but when one goes to work with veterans there are various challenges in order to work with elderly veterans" Most of the participants explained that they received continual specialized trainings. Camille stated:

> It is very personal for each clinical social worker to obtain new knowledge, and to assist trainings and to take continual education trainings that will allow me to grow and obtain new knowledge in a wider field setting to work with veterans 65 and older. Only one participant expressed that she obtains specialized knowledge through reading research articles.
>
> Nicole stated "different trainings in and out of VA Hospital. Also, I read research articles".

Primary Theme 2: Ethics and Wellbeing

In the second primary theme I added the ethical values and wellbeing. For the purpose of this research, I defined ethics as a professional guide and code of fundamental

principles and values that the social workers must apply in their interventions with veterans 65 and older and their families to obtain their wellbeing during the delivery of treatment or services. In general, social work participants in the study explained that at all times they must put into practice the code of ethics in their work scenario. Valentine expressed a specific comment: "I integrate the Code of Ethics to my practice at all times, because I cannot work or sign-out in my job". Some of the values and principles mentioned by the participants were: confidentiality, trust and clarity, respect, dignity, privacy, lobby and advocacy. For example, Valentine:

> In the same interview with the veteran one should speak with the veteran with trust and clarity. For example ask the veteran ¿Do you have any conflict? –I always ask my patients? So they can express themselves freely without feeling that we are pressuring them.

In addition, Mary expressed: "We must be governed by our personal and professional values. We must respect when the patient has become altered treating him or her with respect and dignity". Regarding wellbeing, Camille stated: "We will always be directed in focusing on the protection and wellbeing of the elderly veteran". Also, the Marianne indicated: "We need to become advocates for the veterans that need services".

During the focus group conversation, another highlighted topic by the participants was to work with ethical dilemmas in diverse contexts. For example, Camille stated:

> Sometimes the elderly homes do not have confidential offices, so I try to identify a space where there is no other elderly adult in that moment in which I can sit-

> down with the elderly veteran in turn to make the intervention. For example: let's suppose that we don't have an office, but there is a balcony or a terrace. This means that perhaps the rest of the elderly population of the elderly home are in their rooms or watching television in the living room. I identify a private area inside the elderly home.

Primary Theme 3: Evaluation, Intervention, and Treatment

I included in the third primary theme the evaluation, intervention, and treatments. In this theme I integrated the qualitative and quantitative assessment tools that the social workers use in evaluations, interventions, and treatments offered to veterans 65 and older, so they can fulfill their social, mental, and physical needs and become integrated into their family system. Some of the findings the participants emphasized were different evaluations techniques such as: structured interview forms, genograms and ecomaps, projective tests, qualitative techniques tools, standardized questionnaires, auto designed templates, satisfaction questionnaire, medical history, psychosocial assessments, clinical observations, multidisciplinary team evaluations (medical doctor, nurse, and social worker), and testing instruments (Mini mental test for dementia and Alzheimer, PH Q9 for depression symptoms, and PSL5 for PTSD symptoms). Specifically, Mary expressed that:

> Through the satisfaction questionnaire of the client (…) you can measure how satisfied was the veteran with your intervention and the experiences if they were

> good or bad this can be measured. Also, we can revise the monthly statistics is a very good way to evaluate this population.

In addition, Nicole stated that: “I use a lot of the testing instruments such as: PH Q9 to evaluate depression symptom and I also use PSL5 to evaluate PTSD symptoms”. This quote demonstrated the variety of the evaluation instruments.

On the other hand, it is crucial to mention that Kimberly stated that in her work setting: “The model that was been used to standardize the measurement instrument was not effective and we did not agree with it, but the agency still implemented it”. In addition, the same participant expressed her concern about evaluations and licensure aspects:

> Some of the situations I have encountered while working in the VA Administration is that only licensed clinical social workers can use some types of mental health measurement instruments and assessment. Unfortunately, in Puerto Rico we do not have clinical social worker specific licenses independent clinical social worker (LCSW o LICSW). We want to have these licenses, but some professional groups do not agree a challenge.

Furthermore, the participants included narratives of some interventions they use in their professional work settings. Per the discussion, only two participants integrated evidence-based practice interventions. Camille stated that:

> When we speak about the evidence-based practices that will be used we use interventions that will promote good results and where we have obtained good

> results with other patients and that we can validate them (…) We also did assessment and a field study to guarantee evidence-based practices and to fulfill the needs of this population.

Another type of intervention was stated by Nicole: “If the veteran is with me in therapy I give them task. I always verify if they did their assignment. I make sure that they watched the videos and completed their assignments in the manual. We provide positive reinforcement”. As a final point, Marianne highlighted the importance of the integration of the family members in the interventions: “We always try to do interventions with the veteran all by himself and then we integrate the family members so that the veterans can feel more comfortable”.

Additionally, the participants presented different treatments modalities integrated to address the unmet needs of the veterans 65 and older. These treatments modalities included: psychological treatment, individual therapy, and group therapy. For example, Camille explained it with the following statement:

> When we talk about treatment plans they vary from client to client, because we will intervene in all the social work aspects. And if the necessity is at a social level we will direct the services to improve the quality of life, also the services of improving the family relations, and improving the health area. The basic needs of the veterans are what we will address and the treatment plan will cover these needs. The basic aspect is to do a short-term plan and long-term plan.

On the other hand, Nicole mentioned some challenges regarding the treatments on the work setting. Nicole stated: “In the mental health area at the VA Hospital is required to do a treatment plan to all the veterans with mental health needs this is a challenge because the computer system is very complex and not user friendly”.

Primary Theme 4: Professional Social and Cultural Competencies

I incorporated in the fourth primary theme the professional social and cultural competencies. Social workers demonstrated respect to diverse veteran populations, cultural competence, and sensibility, avoiding stereotypes, biases, transference and counter transference. In general, social work participants in the study explained their experiences and challenges such as burnout, compassion fatigue, counter transference, and transference when they work with veterans 65 and older and their families. These aspects are related to the professional competencies of the social workers. For example, Sophia stated: “Yes, I have had burnout specially when intervening with veterans. We need to have a work and family balance if not we will be burned out”. Similarly, Isabella verbalized: “Definitely I have had burnout and compassion fatigue when the veterans are alone and with no resources”. Furthermore, Valentine mentioned that “Working with veterans is a big challenge they are very demanding, they are not flexible”.

Different opinions were verbalized by the participants when they discussed transference and counter transference. For instance, Sophia expressed “I have had counter transference”. On the other hand, Isabella explained: “I have not had (transference and counter transference) experiences in my practice”.

I found different stereotypes and biases commonly encountered in the veterans 65 and older. Some of the characteristics identified by the participants were male chauvinism, homeless, refugees, and mental health patients. These aspects were related to the cultural competencies of the social workers. Specifically, the following phrase verbalized by Jennifer "The male chauvinism and the love for the homeland and the nation". Kimberly emphasized important aspects of diversity as a professional social and cultural competence overview: "In my case I value and recognize diversity, we need to truly understand that these individuals served the nation and many have suffered many traumas and sometimes they are not valued especially in the older age".

Secondary level subtheme 4: Diversity aspects. The secondary level subtheme four was diversity aspects. In this subtheme I focused on the educational background levels, diverse participation of service men in wars or combat during different periods of time, some military veterans went to combat voluntarily and others were forced to go as enlisted. In general, Marianne stated: "All the veterans are different and culturally diverse. They have lived different experiences and even among them they have differences. Even the traumas are different". Likewise, Mary highlighted regarding the veterans' mental health issues the following: "That they all have mental health disorders and this is not true not all the veterans have mental disorders. That in any minute they explode because they have explosive behavior".

The participants emphasized on diversity aspects such as the traditional family beliefs and values. Camille mentioned: "the veteran's style is very structured and

demanding" and Nicole said: "they are very structured and not flexible". In regard to the nuclear family, the participants explained the veterans' relationships with wife and children are hierarchical. Marianne expressed that:

> Constantly, I see how they behave and how they interact with their family. Veterans that have transferred their rigid military structure to their homes (…) the veteran's wife keeps a very serious respect to her veteran husband. The wife is submissive and the veteran very strong. Especially if they have cognitive disorders they still don't want to leave aside their check and money. They are the bosses of the home and they will not drop the baton.

In the same way, Isabella said: "some are traditional married families, some are widows, and they have solid family structures. The typical family of the past was he is a military service men and the wife is a sacrificed house wife".

Another diversity aspect that I encountered was the language barrier. The participants explained that their daily work experience involves diverse interactions with different cultural and language speakers. For example, Kimberly expressed:

> I have a social work colleague providing services to a veteran that does not know Spanish and has certain degree of racism to the people of Puerto Rico, but lives here in PR. In this socio-cultural aspect we need to be very careful because the need of the veteran is the priority and not the racism or language barrier aspects.

Furthermore, Marianne stated:

> Well I must mention that I do not use jargon with my clients. They are the ones that impose it to us depending from which geographical area they come from. It depends on the military experience they have. There are some veterans that have done a military career and others could be very humble farmers and perhaps he went only two years to the military service because he was obligated, but unfortunately, they never learned English. Also, Camille verbalized we try to use simple language, so everyone can understand (…) basically I use the same jargon when serving elderly veterans or elderly that are not veterans.

One more diversity aspect was religious beliefs. The participants during the focus group underlined their work experience and challenges when they encountered different religious backgrounds among the elderly veterans 65 and older. Marianne pointed out:

> One cultural aspect of the veterans is that they have spiritism beliefs. In the USA this could be diagnosed as mystical delirium. Here in Puerto Rico this for some people is seen as a tradition. We have veterans from diverse religions such as: Mitas, evangelical, Catholics, good and bad Santeria (…) there is budu, santeria, but the spiritualism is the most common.

Camille denoted:

> I have encountered veterans 65 and older that is atheist they do not have any religious beliefs, they don't believe in no one or in anything. They only believe in themselves. They don't even trust their family members. They only believe and trust in what they learned and did in the military service.

Third level subtheme 4: Veterans age groups. The third level subtheme four was veteran's age groups. In this subtheme I focused on the differences in the age of the veterans. The veterans of the Korea War were approximately 86 years old and the veterans that went to Vietnam were approximately 78 years old versus the younger military service men that had participated in the Afghanistan, Iraq and Kuwait war. The veterans that participated in the Iraq and Kuwait war were approximately 47 years old versus the veterans from Afghanistan that were approximately 58 years old. There was a wide range of differences in age. The experiences were also different and unique in each veteran of diverse age. Camille reinforced that:

> The veterans have an internal war mainly the veterans that went to Vietnam, Korea and Kuwait among themselves. Especially when they are together in a therapeutic treatment group there is a huge division among them. Because it is not the same on how they served in wars in the past versus know a day.

Furthermore, Jennifer explained that:

> Among all the veterans there are many divisions in periods of time, in color and they are in constant competition on who is more military than the other. Isabella affirmed: They say that they would return to combat (Borinquenieers Vietnam) just to serve the nation.

On the other part, participants expressed their social work experiences in the therapy and interventions sessions with the veterans 65 and older. Nicole reported*:*

> I never mix military service men in therapy sessions. I do not mix veterans from Iraq and Afghanistan because they are from different periods of time (…) they all have different needs. It is clear that the experiences of veterans from Vietnam are not the same for the ones that went to Iraq and Afghanistan. The type of trauma and exposure is different, the type of job they had was diverse, and the social support when they returned from combat was different.

Primary Theme 5: Social Support

The fifth primary theme is social support. In the social support theme I referred to the integration of multidimensional perspective that includes: tangible support, emotional support, and informational support when providing services to veterans 65 and older and their families. In addition, social support can include any type of resource or family support that is necessary for the well-being of the veteran 65 and older and are not currently met. One of the main social support components was the family support. For instance Sophia expressed “the family support is fundamental. If the veteran does not have family support they will feel alone even when they have economical resource”. Camille was motivated to advocate and unify the family among the veterans 65 and older and their family members when she expressed: “we must help the veteran establish good relationships with their family members”. Also, Marianne said that “we verify if there is family support or resources available and in which geographical area they live”. On the contrary Kimberly underlined “sometimes the veteran has economic resources, but no

family support". Similarly, Camille stated "unfortunately, we have family members that mention our dad never came back and we never saw him again".

It is crucial to mention that the therapeutic alliance between the social worker and the veteran 65 and older is essential. One significant aspect to mention was the importance of listening to the veterans needs. Isabella reaffirmed that "it is very important to listen to them. We need time to passively listen to them". Also Camille reinforced that:

> Many elderly veterans I intervene with tell you when you are coming back. I have patients that in their mental calendar they tell you last month you came before day 15 or after this date each month. I have some elderly veterans that write down when you will return. They feel very lonely (…) This is when you here the elderly veteran say when are you coming back.

The respite care services were well needed to increase the number of elderly veterans in Puerto Rico. I encountered some different results. For example Kimberly and Camille compared diverse family situations. Kimberly indicated that "the VA has a Caregiver Program. This program has respite care services for family members or the primary caregiver that does not have to be a family member". Regarding a different family situation, Camille mentioned:

> If the elderly veteran lives in an elderly home they do not need respite care for family caregivers, because they are located outside of their home. What family

members do most of the time is visit the elderly veteran constantly, all of this will depend on the type of family relation they have.

Secondary level subtheme 5: Emotional support. The secondary level subtheme five was emotional support. In this theme, I focused on the expression of empathy, caring, reassurance, trust and provide opportunities for emotional expression (crying, laughing, angry, smiling, happy, sad or thankful). The social workers through the emotional expression of the veterans can have a better understanding on how to provide interventions with veteran and their families. Participants agreed on the following keywords as part of the emotional support: empathy, support, trust, attachment, acceptance, well-being, and protection. For example, Nicole stated "we need to have a lot of empathy". Also, Valentine expressed "developing trust to wake up interest in the client so he or she can participate of the services and can come to the appointments. It is important to motivate the client". The social workers evaluate the emotional support and the professional therapeutic alliance through demonstrating how the veterans 65 and older feel with the social workers. Mary said "They feel comfortable and when they return to the hospital they ask for you. They feel at home".

In addition, the participants recognized that some family members might feel less attached to the veteran based on their relationships and experiences. According to Camille:

Sometimes there are family issues and the social workers needs to respect certain family aspects. When the family member pays and sends money for the veterans

> basic need he or she is not being negligent in terms of health, economic needs and wellbeing. They family members comply in the basic aspects for the wellbeing and protection. If the families' relationship is not health I do not force them to come together.

Secondary level subtheme 5: Informational support. Another secondary level subtheme five was informational support. In this subtheme I focused on facilitating knowledge, facts, and educational information that include: videos on mental and physical health of the veteran, flyers, brochures, written literature on the veteran's mental and physical health, information on medical equipment that are relevant to the specific needs of veterans 65 and older and their families. The social workers provided informational support to the family members who seek and read books in the Internet resources to learn about the patients' needs. During the focus group discussion, the participants were consistent with the use of the psycho educational materials to provide support to the veterans and their family members. For example Mary indicated*:* "We provide psycho education information of the hospital and information brochures of the service providers. The information that is provided to the veteran addresses the veteran's needs". In addition, Marianne mentioned:

> We have specific educational material for elderly veterans and we offer specific psycho-education groups that meets every now and then and the first part is titled "living with a patient with dementia" we talk about cognitive changes that occur in the brain of a person with some type of cognitive disorder and the different

stages that will happen. In the second part we discuss “How to manage that small crisis” when living with a person with cognitive changes.

One participant expressed an innovative informational support resource when they integrate online resources and use the “apps”. Only Nicole emphasized this aspect: She stated the following:

> I use a lot of online material from the National PTSD Center that is found in the VA website. These resources are available for the veterans they have online therapy. I bring the veterans to the computer and I explain to them step by step how to use the webpage and participate of the PTSD Therapies by watching online videos. The VA Hospital has very good apps that are very well used with veterans such as:-PTSD -COACH, PE-COACH. The VA has other apps to intervene with depression and insomnia.

Secondary level subtheme 5: Tangible support. One additional secondary level subtheme five was tangible support. In this subtheme I focused on tangible or instrumental support as the provision of material aid such as: financial assistance, care or help with the daily life tasks. One of the examples presented by Kimberly indicated:

> We have helped the veterans on how to prepare their food but it is not assistance-based model program, instead an accompaniment program so that the person can return to their normal life. We can have veterans that are not functional. If we talk about the veteran with mental health needs in their everyday tasks we help them take public transportation, do grocery, and prepare food.

> Marianne presented another example of tangible support when she expressed:
>
> we request housekeepers for the veterans we have a postgraduate degree in this, if the veteran accepts this because this service is voluntary and if they qualify we look at an income salary scale to verify if they are eligible.
>
> On the other hand, Valentine revealed:
>
> Sometimes the veteran does not want to receive the services in the VA Hospital, because the family does not have transportation. Then we need to provide orientation to the family that the veteran has all the resources in the VA Hospital.

Primary Theme 6: Multidisciplinary service coordination

The sixth primary theme was multidisciplinary service coordination. In this theme I referred to the medical team and mental health professionals that work in collaboration with the social work practitioner when providing integrated services to veterans 65 and older and their families for their holistic well being. Some examples of the multidisciplinary service coordination were: transportation, physical and mental health specialized referrals, medical equipment, housekeeping services, homebound services, hospice and respite care services. For instance, Nicole highlighted the importance of coordinating transportation for the veterans in order to assist them attending their medical doctor appointments: “There are veterans with low economic resources. Sometimes people think all veterans have a lot of money and resources and this is not true. We coordinate the housekeeper’s services, the transportation services and we pay private taxis or uber”. Another illustration that was stated by Nicole was “In order to receive

respite care you need to fill-out an application, and the multidisciplinary team needs to evaluate it so that the respite care services can be approved".

The participant included in the service coordination tasks like home visits, phone calls, filling out documents, and following up with the service coordination. Like Nicole said "It is very important to mention that the services are always integrated including the medical doctor, the nurse and the social workers". Kimberly expressed:

> The VA Administration is very bureaucratic. There is no exception for external or internal colleagues. I am in the VA Hospital, but I also have to call phone extensions that do not answer. I try to make the contacts that will help me work the situation faster, but I still need to wait. In many cases we need to make external coordination's because the VA Hospital does not have everything.

Mary explained:

> I receive a fax with all the documents, and then the medical doctor needs to fill-up the papers. Then the medical doctor authorizes the petition, then I will put all the documents in a folder and tell the veterans family member to bring all the papers personally face to face to the VA Hospital to avoid that any paper can get lost. The family member of the veteran feels more relax when we speak with the truth to them.

Camille presented another situation:

> The veteran that is living in an elderly home could have a physical or mental health need. For this reason, the owner of the elderly home will speak with the

> family about the situation. If the situation is critical the social worker of the elderly home will send a referral to the VA Hospital social worker to discuss the situation. Previous phone call communication is done and direct coordination's visits are done. The social worker of the elderly home will discuss the veteran's situation and needs with the VA Hospital social worker always focusing on the wellbeing of the veteran.

Primary Theme 7: Unmet needs

The seventh primary theme was unmet needs. I defined the unmet needs of the veterans 65 and older as: mental health needs and physical needs, family mental health needs and veteran needs for medical and emotional evaluation and treatments. The participants repeated consistently some physical and mental health unmet needs such as: PTSD, depression, trauma, anxiety, schizophrenia, panic attack, Alzheimer, dementia, trauma brain injury, speech difficulties, amputations (loss of legs and arms) and arthritis. For example, Camille mentioned:

> In the physical health they might have arthritis, or they might have some type of injury during their active duty they could have lost an arm or leg. But most of the veterans I have served don't have physical needs, but instead mental health needs.

In addition, Kimberly underlined: "the crisis and suicide risks are the day to day situation that mental health patients have". Regarding these issues, Jennifer mentioned that "the mental health services are very limited, we do not have enough housekeepers, or people that can supervise the elderly veteran when he or she takes his or her

medications". Also, Nicole pointed out: "It is not true that all the needs are covered or met, it is necessary to follow-up on the veterans needs".

The participants highlighted additional important unmet issues such as: lack of transportation, loneliness, difficulties managing budgets or their money, lack of adherence of medications, living inhuman conditions, etc. Camille explained:

> The most critical needs found is a veteran that lives alone and cannot satisfy their daily life basic needs. It is sad that they have a bank account, and have money inside the house but living in the worst conditions any human being can live. For example: houses where there is septic tank, where there are rats, roaches and other insects. Unfortunately you see this person living in critical conditions with their own knowledge and having money to have a better life quality, but he or she decide to remain in the same situation.

Also, Kimberly stated "there are many veterans in the streets homeless and many people taking advantage of them".

Summary

During this Section 3 I discussed a presentation of the findings that included the validation procedures, the data analysis techniques, the themes and quotes as result of the coding process, and a summary of the results. In general, the participants demonstrated engagement with the study during the focus group sessions. I identified seven primary themes during the data analysis and five subthemes as secondary and third level. Nine licensed professional social workers participated in the study. The participants had

different backgrounds and work settings, but all had relevant experiences with the veterans 65 and older and their family members. In general, the participants explained different experiences and challenges when providing services to the veterans 65 and older population. I organized the findings using primary themes and subthemes responding to the main research question of this study. I included the following experiences and challenges in the social workers such as: (a) educational background, (b) ethics and wellbeing, (c) evaluation, interventions, and treatments, (d) professional social and cultural competencies, (e) social support, (f) multidisciplinary services coordination, and (g) unmet needs. In the next section, I will provide the conclusion and interpretations of the study.

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

Introduction

My research question in this project was: What are the professional experiences and challenges faced by social workers providing services to veterans age 65 and older in Puerto Rico? My purpose for this action research study was to discover the professional experiences and challenges faced by social workers providing social work services to veterans age 65 and older in Puerto Rico. I used an action research design to discover the intervention practices, measurement techniques, and assessments that fit the specific needs of this population.

In this section I will present the key findings based on the most common themes and subthemes mentioned by the participants during the focus group sessions. I will discuss main key findings that include the application for professional ethics in social work practice. Secondly, I will present the recommendations for social work practice and the implications for social change. Moreover in this section I will highlight important aspects of how to extend knowledge in military social work practice through the research outcomes. In the outcomes I considered the participants' challenges and experiences demonstrating core solutions that enrich and promote the military social work practice in Puerto Rico through the development of new curriculums, research, and multidisciplinary collaborative professional agreements. Finally, I will discuss a general overview of the conclusions.

Key Findings Inform Social Work Practice

In this doctoral study, I conducted two focus groups with nine participants who were licensed social workers. During the focus group session, the social work participants identified several themes that were consistent with the literature review regarding the challenges and experiences when they provide services to elderly veterans 65 and older. Overall, the participants expressed different experiences and challenges when providing services to the veterans 65 and older population. These include: their educational background; ethics and wellbeing aspects; evaluation, interventions, and treatments; professional social and cultural competencies; social support experiences; multidisciplinary service coordination processes; and the elderly veterans' unmet needs.

Educational Background

In general terms, the social workers explained that they obtained information and trainings through self-education and self initiatives to improve their delivery of services in direct practice and become experts when intervening with the population they serve. The participants expressed that they received general knowledge during their coursework in their accredited social work master program. They obtained knowledge about the elderly population and clinical interventions when working with individuals, groups, families, and communities.

Wooten (2015) recommended that social workers should have a military specialization in order to provide high quality services to the veteran population. In addition, Wooten (2015) referred to the importance of obtaining knowledge and training

in evidence-based practice interventions for individuals that are diagnose with PTSD, mood, and anxiety disorders. On the other hand, it is essential to highlight the importance of developing aspects of the military lifestyle and the significance of integrating strength aspects in the treatment and outcomes (Wooten, 2015). This is consistent with two of the participants (Marianne and Nicole), who indicated that they have specialized certifications in evidence-based practices. Both participants expressed positive and diverse experiences when using these types of practices with elderly veterans 65 and older in the VA hospital.

Ethics and Wellbeing

The participants consistently mentioned the values and ethic principles that they apply in their interventions with the veterans 65 and older and their family. They mentioned the following: confidentiality, trust and clarity, respect, dignity, privacy, lobby and advocacy.

A main challenge expressed by two of the participants (Camille and Marianne) was the confidentially aspect in regard to the work settings and spaces. After Hurricane Maria in Puerto Rico, some of the infrastructures of the VA community clinics suffered structural damage and mold developed, affecting the therapeutic interventions processes due to the lack of confidentiality and space. Even though the natural disaster phenomenon had a devastating impact in Puerto Rico, the social workers looked for alternatives to best serve this population and guarantee the confidentiality even when they had limited resources available at the moment.

Ambrose and Ashcroft (2016) consistently found similar responses in their research as were encountered in this study. Ambrose and Ashcroft (2016) mentioned how fundamental it is to maintain confidentiality and trust when serving veterans. The participants of the previously mentioned authors' study found the confidentiality and trust challenges and emphasized in the social workers' values and assets when they performed their social worker role in practice.

Evaluation, Interventions, and Treatments

Social work clinicians use diverse assessment tools to obtain physical and mental health data that is used to evaluate, intervene, and provide effective treatment to the elderly veterans 65 and older. The participants reported integrating qualitative and quantitative assessment tools in evaluations, interventions, and treatment offered to veterans 65 and older, so they can fulfill their social, mental, and physical needs and become integrated into their family system. The participants expressed that they include structured interview forms, genograms and ecomaps, projective tests, qualitative techniques tools, standardized questionnaires, auto designed templates, satisfaction questionnaire, medical history, psychosocial assessments, clinical observations, multidisciplinary team, and testing instruments. The satisfaction questionnaires measured how satisfied was the veteran with the interventions provided by the social worker. In the satisfaction questionnaire the veterans indicated if the therapy experience and the services provided were good or bad. They highlighted that the instruments were applied initially and after services end to see if there is a significant change after the interventions and

treatment concluded. Similarly, Loganathan et al. (2017) measured through self-reported satisfaction questionnaires, the integrated care, care continuity, and follow-up care after initial treatment. Loganathan et al. (2017) identified over 75% of the population reported satisfaction with the integrated care, care continuity and follow-up care. According to the participants and the literature review these measurement instruments are useful to collect reliable data from the veteran patients.

In addition, the participants mentioned how they use reliable testing instruments to diagnose and assess the mental health conditions. Two participants (Marianne and Nicole) did a pilot study to validate the best practices previously implemented. They explained that these evidence-based practice treatments demonstrated effectiveness and they continue using them to fulfill the needs of this population. Some of the treatments mentioned were the following: psychological treatment, individual therapy, and group therapy. The treatment plans can vary from client to client because they have different needs and the socio demographic and socioeconomic circumstances can be varied. Other studies highlighted the efficacy of the mental health interventions with veterans 65 and older promoting the importance of the evidence-based practices. Keller and Tuerk (2016), in their mixed method study, focused on the efficacy of evidence-based psychotherapy and psycho education of trauma focus therapies for the veterans with PTSD. Likewise, Karlin et al. (2012) used quantitative and qualitative methods to evaluate the effectiveness of the cognitive behavioral therapy (CBT) and the positive impact in the veterans during the treatment process.

Professional Social and Cultural Competencies

The participants pointed out different professional, social, and cultural competencies in their experiences when working with veterans 65 and older. Some participants recognized their challenges that included: burnout, compassion fatigue, transference, and counter transference. The outcomes were consistent with the qualitative study of Beder and Postiglione (2013) that highlighted the major core challenges that were: burnout, compassion fatigue, and ethical dilemmas due to their work stress in the Veterans Health Systems. Likewise, the quantitative study of Garcia, McGreary, McGreary, Finley, and Peterson (2014) confirmed that clinicians had high levels of exhaustion and cynicism related to the bureaucracy, clinical work load, and control of how work is done.

The participants reflected about the cultural competencies and diversity appreciation when working with their clients. The participants mentioned different social stereotypes encountered in the veterans' population, such as: male chauvinism, homelessness, refugees, and mental health patients. Coll, Weiss, Draves and Dyer (2012) explained that, historically speaking, the veterans are indoctrinated to believe that mental health illnesses are sources of weakness. Veterans do not consider counseling necessary (Coll et. al., 2012). Coll et. al. (2012) emphasized the importance of de-stigmatizing mental health services.

The social workers in this study mentioned the capacity of understanding the family relationships and rigid structures when working at the mezzo level of practice. The

veterans have hierarchical and traditional family values. Wooten (2015) stated that at the macro level social workers must effectively assess, advocate, and intervene with veterans and their families with the highly structure hierarchy that includes providing housing and health care. The social worker must develop specialized understanding on the rank rules and level and how this has an impact in the socioeconomic status of the veterans and their family members (Wooten, 2015). Once many veterans conclude their years of service in the military, they continue to behave the same way that they learned in the armed forces and they transmit it to their family system (Coll et. al., 2012).

In addition, the participants of this study explained diversity among the different periods of time and war eras. They mentioned specific characteristics that define the Vietnam, Korea, Kuwait, Afghanistan, and Iraq veterans. Military culture values, traditions, norms and perceptions were fundamental to the way the veterans think, communicate, interact, and establish interpersonal relationships as civilians with others in society (Coll et. al., 2012). Each veteran subgroup is governed by their own laws, norms, and traditions because they are different and unique, even though they are all veterans, some went to combat and others did not (Coll et. al., 2012).

The social workers of this study stated how important it is to listen, respect, and value each one of the points of view of the veterans served during therapy sessions according to their war eras. Similarly, Coll et. al. (2012) suggested the importance of developing a working relationship with clients and understanding the commitment and dynamics of the social workers role as agents of change. The results of this author's study

was that those with one or more continual education courses in military social work or counseling scored significantly higher in military cultural awareness and self efficacy than those without any courses. Furthermore, Coll et. al. (2012) recommended to social work practitioners to examine his or her own cultural background and biases that may consciously or unconsciously be brought into the therapeutic relationship when intervening with this population.

Multidisciplinary Service Coordination

Some of the most common multidisciplinary service coordination mentioned by the participants was: transportation, physical and mental health specialized referrals, medical equipment, housekeeping services, homebound services, hospice, and respite care services for the caregivers. One participant stated that VA Administration is very bureaucratic and they look for external coordination in the community because the VA Hospital does not have all the resources (mental and physical) as expected by the veterans and their family members. The nine social workers in this study revealed different experiences and challenges when providing services to elderly veterans 65 and older in VA Healthcare System versus social workers from other agencies.

Application for Professional Ethics in Social Work Practice

For the purpose of this study, the Code of Ethics of the Social Workers (NASW, 2017) is essential to highlight four main values and principles of the profession which are: confidentiality, direct service to clients, professional competence, and respect to diversity. The NASW (2017) principle is: “Social workers' primary goal is to help people

in need and to address social problems." Social workers are entitled to provide services to individuals regardless of their personal biases and beliefs. Social workers are called to serve and to apply their knowledge, values, and skills to address the needs of the individuals with social problems. The participants of this study revealed different experiences and challenges when providing services to elderly veterans 65 and older. Some of the service coordination's delivered by these social workers were: home visits, phone calls, filling out documents, and following up with the health service coordination's that include physical and mental aspects of the veterans. As explained by the participants of this study, the services include multidisciplinary and holistic interventions. These interactions demand high levels of professional skills and comprehension in a bureaucratic work environment in which the participants expressed diverse experiences and challenges.

The NASW Code of Ethics (2017) in the standard 1.07 (a, b and c) reinforce the importance of privacy and confidentiality aspects in the social work practice. The first privacy and confidentiality standard indicates: "Social workers should respect clients' right to privacy." Some participants expressed that confidentiality was affected do to the lack of office space to interview and intervene with the veterans 65 and older. A participant brought up during the focus groups that after Hurricane Maria in Puerto Rico in a clinical facility they confronted some limitation in the space in the work facilities. In another work setting such as an elderly home, one participant emphasized that they did

not have private office to address the veteran needs. For this reason, they tried to identify a comfortable and private space where they can talk with confidentiality.

The second privacy and confidentiality aspect of standard 1.07 (b) indicates that: "Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client." It is necessary to highlight that one participant mentioned that providing orientation to the veterans 65 and older and their families is crucial so they can obtain a clear interpretation of the HIPAA law (Health Insurance Portability and Accountability Act, 1996) that focus on privacy and confidentiality during the evaluations, interventions, and treatment processes.

The third privacy and confidentiality aspect of standard 1.07 (c) indicates that: "Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons." One participant in this study indicated that the confidentiality can break when the patient wants to harm him or others and if it is requested by the court system.

In addition, NASW (2017) "Social workers respect the inherent dignity and worth of the person". This includes focusing and respecting diversity of the elderly veterans 65 and older and their families. Social workers should respect individual differences and cultural and ethnic diversity. Social workers are responsible to promote self-determination among the clients they serve enhancing their capacity to change and to address their own needs.

In general, diversity was well presented in this study when the social work practitioners respect and value the military lifestyles and the different periods of time of each veteran who participated of specific wars and the others that did not go to combat. The NASW 2017 Code of Ethics (2017) standard 1.05 Cultural Awareness and Social Diversity (b) states, "Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups." The participants of this study stated that some important diversity aspects were: education, race, ethnicity, national origin, age, religion, and mental or physical ability. The participants considered the importance of the language and religious beliefs as another important aspect of their cultural competencies. The participants mentioned that during the therapy sessions, they do not mix veterans of different wars or periods of time, because they are diverse.

The fourth ethical standard well represented in this study is 1.04 (a) Competence, focuses on how social workers provide services and represent themselves as competent only within the boundaries of their education, training, licensure, certification, consultation received, supervised experience, or other relevant professional experience. The Code of Ethics (NASW, 2017) establishes that "Social workers practice within their areas of competence and develop and enhance their professional expertise." Social workers constantly make every effort to increase their professional knowledge and skills by taking continual education trainings that they can apply to their direct social work

practice. All the participants agreed that they took specialized training, that they had social work license to work in Puerto Rico, and that it was mandatory to take continual educational training in order to practice in Puerto Rico. The participants that do not work at the VA system agreed that they took certifications in areas of their interest and paid for this, because their employers would not pay for them. On the contrary, the participants that work at the VA system agreed that they receive ongoing specialized training and they expressed being satisfied with their professional growing experience. They manifested that the VA system is very good providing free training and that they provide the time to take these trainings.

Recommendation for Social Work Practice: Action Steps

One fundamental action step to consider in the social work practice in Puerto Rico is that historically the profession has focused mostly in school, family, correctional, forensic, community, social policy, gerontology, clinical, and medical settings, but not in military social work. The findings of this study revealed the need of developing academic and professional curriculums and research in military social work to strengthen the mental health direct services to military families (Wooten, 2015). It is important to take into consideration and develop awareness of the importance of providing specialized education in military family social work practice topics and establishing collaborative agreements with professional social work organizations such as: The College of Professional Social Workers of Puerto Rico, National Association of Social Work Practice (NASW) Puerto Rico Chapter, and integrate accredited graduate programs of

clinical social work practice in Puerto Rico. In addition, it is essential to mention that this study is useful to the broader field of social work practice, because it encourages new research to explore and develop the implementation and evaluation of social programs that can improve social work practice to better serve the veterans 65 and older and their families. The results and conclusions of current and future military social work research could motivate to develop new knowledge and social policies in Puerto Rico that can be helpful for diverse social work practitioners at the macro level.

Furthermore, it is crucial to motivate graduate students so they can become engaged and interested in research topics that focus on elderly veterans 65 and older. Once the students become engaged they may contribute and become advocates of this vulnerable and stigmatized group. The new academic research will allow the researchers to identify current psychosocial problems that affect the elderly veteran population to address the basic unmet needs. In the research findings I could perhaps encourage the interest of developing new policies that can be valuable in the social wellbeing of the veterans. Therefore, this may allow the social work practitioners including students, to advocate for the human rights and social justice of this group. The practitioners and students in the field will be able to promote respect, rapport, and empathy with this population that is growing in Puerto Rico.

I encountered an ethical dilemma in the findings of this study that stated the limited background education on specialized military social work practices forcing the social workers to engage on their own in specialized training or online certifications

when they provide services to the elderly veterans. The second proposed action step is to encourage additional educational resources to provide mental health services for the military population. The licensed social workers provided specialized services to elderly veterans in a specific historical socioeconomic context in Puerto Rico putting into action and reinforcing their cultural and professional competencies. I considered an additional action step in my study to establish multidisciplinary and collaborative agreements with other disciplines in order to provide high quality and effective services to veterans.

Recommendations for Further Research

I recommend for future research to identify the elderly veterans with unmet needs utilizing quantitative methodology. The quantitative methodology allows for large sample size and generalizes the findings to a broader population. Few studies focus on Puerto Rican military elderly population and the data found is from the United States of America. In a quantitative study, the researcher can explore, describe and correlate important variables such as: socio-demographic aspects (race, income, gender, religion, and educational background), mental health disorders (post traumatic stress disorder, depression, anxiety, and dementia), physical health conditions (diabetes, high blood pressure, and respiratory diseases) and family relationships. Another broad impact quantitative study could be related to identifying the gaps and measuring the effectiveness of the Caribbean Veterans Affairs Hospital Programs. In this research, the participants mentioned different programs available for the elderly veteran population that serve with mental health needs and economic limitations. However, Hannold et al.

(2011) suggested that it is important to study the interventions and services targeting native Puerto Rican veterans and their families.

I discussed another topic in the findings of this study relevant to the veterans' homeless reality with mental health unmet needs. The participants of this study mentioned the homelessness reality as unmet needs that are confronting veterans that do not have family support in Puerto Rico. Future researchers could identify and evaluate the homeless veterans' profile and their mental health issues.

Additional research studies could be focused on professional social workers with burnout and compassion fatigue when providing services to veterans 65 and older (Beder & Postiglione, 2013). Similar to Garcia et. al. (2014) a quantitative research study would allow identifying and exploring the main stressors and environmental factors that generate the burnout and compassion fatigue syndrome. A qualitative study can be conducted to explain their experiences and challenges and therefore suggest innovative practical strategies of self-care in order to maintain a balanced personal and professional lifestyle.

Limitations of the Study

I found three major limitations in this study. The first limitation was the sample size. Only nine licensed social workers in Puerto Rico participated in the study. All participants were women. The limitations of time and resources to coordinate the focus group affected the recruitment process. For further research, I recommend improving the logistic process when recruiting licensed social workers in Puerto Rico.

The second limitation was the validation procedures for the data analysis in this study. I applied two techniques for the data analysis process: confirmability and credibility. Due to the time constraints, data management process, and resources I did not apply other validations techniques such as: triangulation, saturation, dependability, transferability. “Qualitative studies are more complex in many ways than a traditional investigation” (Brigitte, 2017). For this reason, the reliability and validity techniques in quantitative studies are different in qualitative studies. For further investigation processes, I suggest considering these aspects.

The third limitation in the study was the instrument and the participant’s insight reflection of the study. I conducted the focus groups with a question guide in order to achieve all interest topics explored by the literature. However, the participants expand in some topics more than others. The participants provided limited information in some research topics such as: burnout, compassion fatigue, and stress management process. Further researchers in Puerto Rico, could develop more research topics encountered on previous literature. I did not have the intention to generalize the findings because of the limitations. The qualitative study intention was deep in the participants’ thoughts, experiences, and perceptions.

Disseminate the Findings

I will seek to publish an article in the College of Professional Social Workers of Puerto Rico peer reviewed journal in regard to the poverty reality of the elderly veterans 65 and older in Puerto Rico. One topic to consider is the misconception or the myth that

all veterans receive high economic benefits when this is not always the reality for all elderly veterans 65 and older in Puerto Rico. Some elderly veterans receive dignifying benefits, but others do not obtain benefits, living in high levels of poverty or in homelessness. Another topic of interest to discuss and disseminate is the conflict and differences among veterans of diverse periods of time and war eras, in which they are in continuous competition of who is more service man or veteran than the other.

I will seek to present the main findings at the Council on Social Work Education (CSWE) Annual Conference Meeting and hope to provide training to the Professional College of Social Workers of Puerto Rico members as part of continual education requirements in order to work in Puerto Rico and maintain licensure. I suggest discussing the findings and contributions of this study in the local media such as diverse educational radio stations and in accredited master programs of diverse universities in Puerto Rico.

Implications for Social Change

This study engaged the social work practitioners at the micro level so they can improve their practices or interventions with the elderly veterans 65 and older that need individualized therapy with a comprehensive and holistic approach that can promote the client's strengths, spirituality, respect, trust and social justice. At the social work mezzo intervention levels, the family support and unity are essential, because the veterans 65 and older by tradition and culture build up very strong attachment relationships with their family members that are small sized groups (Freytes, Hannold, Resende, Wing &

Uphold, 2013). In the findings of this study, I indicated that some veterans are alone and living in a residential facility. The participants revealed that the veteran that served in the military service and went to combat in order to help his family economically received more love and care during their elderly years. The family system unification in the Puerto Rico culture is essential for the well-being of the elderly veteran 65 and older (Freytes et al., 2013). Healthy family relationships provide emotional and physical stability to the elderly veterans 65 and older that need to live in harmony in their end of life years (Hannold et al., 2011).

At the macro social work intervention level, I intend to work in two specific areas. The first area is the development and implementation of new social policies for veterans 65 and older and their families in Puerto Rico. It is critical to do more research on military social work topics that are interconnected with elderly veteran 65 and older and their families to provide best practices, treatment, and specialized therapies for this population that is complex and diverse (Netting, Kettner, McMurtry & Thomas, 2016).

Moreover, it is essential to continue to train and provide continual education workshops to clinical social work practitioners, so they can provide effective evaluations, treatment, and therapies to veterans 65 an older and become aware of their own professional self-care to prevent burnout or compassion fatigue or malpractice (Beder and Postiglione, 2013). Social workers are called to become more engaged and competent for the wellbeing of their clients and of their own self to avoid burnout or compassion fatigue during the interventions they provide to individuals at the micro, mezzo and macro levels

(Netting et al., 2016). Social workers at the macro level are social change agents that advocate for the human rights of elderly veterans 65 and older by promoting social justice and staying away from discrimination (Hannold et al., 2011). Social work advocacy is well linked and needed at the local, state and federal government levels in order to modify or change social policies that can be aligned with the specific needs of this vulnerable population living and interacting in diverse multicultural communities (Netting et al., 2016).

Summary

In this research I highlighted the need of developing new social policies and more contemporary research related to the wellbeing and health of elderly veterans 65 and older in Puerto Rico and their family members. As well, conducting more research on how social workers manage their burnout and compassion fatigue when they intervene with this population at: the micro, mezzo and macro level focusing on improving the social work practices is important. In addition, it is critical to mention that specialized evaluations, assessments, treatments, and therapies are needed for the effective recovery process of the veteran. Furthermore, it is important to mention that further clinical assessment tools or measurement instruments are necessary to deliver high quality and effective services to elderly veterans 65 and older and their families (Fischer, 1973). It is important to mention that some of the findings of this study were the need of more mental health services for veterans 65 and older in their communities that live in high levels of poverty.

Another important aspect that I found in this study was that some veterans were alone and depend a lot from their family support resources in order to attend their treatment or therapy sessions. In Puerto Rico, family support is well encouraged for the veteran's wellbeing (Schaefer, Coyne & Lazarus, 1981). Furthermore, in this study the participants indicated that there are some homeless veterans living in the streets with income, but not being able to use their earned military service money or benefits because they have severe mental health disorders. In this study, I found that some veterans bring their military violent and rigid lifestyles to their homes creating an environment of fear and violence among their spouses and children. Some additional findings I encountered in this study were that some elderly veterans have diverse religious beliefs that are connected with spiritualism and santeria as part of their cultural and traditional beliefs.

In addition, I encountered that after Hurricane Maria in Puerto Rico many agencies had limited services after this devastating natural disaster in the island that affected the infrastructure and work space. Unfortunately, most of them did not meet the privacy and confidentiality requirements of the professions code of ethics, but the social workers put all their efforts to provide privacy to their clients even when they had limitations (NASW, 2017). Most families or veteran caregivers had transportation problems and could not bring the veterans to their intervention, therapies, and doctors' appointments due to the lack of transportation services available. In this study I encountered that not all military servicemen have high incomes and benefits, but instead

some are living in high levels of poverty in comparison with the regular elderly civilians that are not veterans.

I found that social work participants of this study did not have an educational background in military social work, but most of them take continual education training or certifications in order to have more skills and knowledge to work with this population. Some hospital social workers during the focus groups mentioned that their employers do not pay for their training, but they still attend training because they were committed with the clients they serve. On the other hand, the clinical social workers that work at the VA Hospital indicated that they felt very happy and satisfied with their employer because they participate in ongoing specialized training and workshops that allowed them to learn more of PTSD, cognitive behavioral therapies including evidence based mental health practices etc. In contrast, with other social work professionals that participated in this study and work in private hospitals or government agencies in Puerto Rico that do not pay nor promote their active participation in trainings. In general, the participants of this study indicated that they were committed in providing high quality services to this population as part of their ethical values and principles in the field (NASW, 2017). Social workers felt that they needed more reinforcement in identifying more clinical assessments to better serve this population as the elderly veterans have diverse traumas and mental health disorders as previously mentioned in other sections.

Cultural, religious, gender, and mental and physical health unmet needs could be addressed in future research (Hannold et al., 2011). Another significant topic that I

encountered in this study was the military women as minority in the military system, but most of the services provided to women by the VA Hospital were to fulfill daily life tasks (paying bills, cleaning the home, grocery shopping etc). The veterans have available some task programs so they can readjust and become independent once again. One more imperative aspect to mention is that most of the veterans served in diverse agencies in Puerto Rico have conflicts, because most veterans that came from combat after being in the Korea War and in the Vietnam War make biased comments to the younger veterans such as: that they are not entirely veterans because they did not suffer and struggle so much as they did. There is a subculture among the older veterans and the younger veterans that went to Kuwait, Iraq, and to Afghanistan wars. One participant of the study stated that she never mixed veterans of diverse periods of time or war eras during therapy sessions because they all have different experiences and diverse physical and mental traumas and they do not seem to get along well or click remembering that some of them went voluntarily and others were forced to go to the military service.

In summary, the social workers in this study expressed significant experiences related to their competencies, multidisciplinary tasks coordination, and therapeutic goals when they work with veterans 65 and older and their families. The participants indicated the importance of providing emotional support during their interventions with veterans 65 and older. The participants stated that they experience bonding with the veterans when they feel comfortable and understood by the social workers in diverse hospital setting. In this therapeutic relation the social workers reinforced the importance of promoting

empathy, support, trust, listening, respect, acceptance, and protection to enhance the veterans well being. The social workers highlighted the importance of applying high ethic principles that guarantee effective services. The participants reflected about the cultural competencies and diversity appreciation working with their clients. I integrated another social support element in this study focused on the informational support. The participants were consistent with the use of the psycho educational materials to provide support to the veterans and their family members.

The social workers in this study also related their experiences coordinating the health services (mental and physical) through multidisciplinary professional teams working in the health system. The services coordination includes home visits, phone calls, filling out documents, and following up with the service coordination. The social workers practitioners worked in collaboration with the medical team and other mental health professionals in the community to enhance the veterans well being using a comprehensive and holistic approach in the delivery of services to fulfill the needs of diverse veterans 65 and older.

The social workers encountered some challenges that include the lack of specialized courses in social work graduate programs that focus on elderly veterans 65 and older and their families. For some participants, not all, in this study their employers do not pay for the social workers specialized training and certifications related to elderly veterans. The social workers in this study encountered that compassion fatigue and burnout when the veterans are alone with no family support or economic resources. The

participants stated that the veterans 65 and older are a very demanding population and they are not flexible because they have rigid structures and mental health unmet needs.

In addition, the participants identified an important challenge working with the VA system. The participants stated that the VA system is very bureaucratic, delaying the process of recovery for the veterans, because they need to wait longer. The bureaucratic system affects the service coordination tasks and limit social workers in their evaluation, interventions, and treatment process with the clients. In many cases the social workers need to make external coordination's because the VA Hospital does not have everything.

In conclusion, I encountered different experiences and challenges among the participants that contribute to social work practice and the development of new knowledge working with veterans 65 and older and their families to guarantee best practices as a competent and sensitive social work practitioner in the field.

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Appendix: Guide and Research Questions for Focus Groups

Educational Background

1. Where do you receive specialized training to work with veterans 65 and older?
2. How do you seek out for educational experiences that enrich research, knowledge, understanding and cross-cultural skills?
3. Do you believe that graduate education programs capacitate social workers to work with veterans 65 and older and their families? How were your experiences in your social work graduate program? Do you have further educational degrees?
4. What type of continual education training do you have to deliver services to veterans 65 and older and their families? Where did you acquire them?

Social Support

5. How do you provide the coordination of multidisciplinary services to veterans?
6. What factors do you consider as facilitators when promoting recovery of the veterans 65 and older?
7. How do you manage the situations of veterans 65 and older with economics needs and daily life tasks needs?
8. How do you provide psychoeducation to veterans and their families? What are the formal and informal channels of communication?
9. How do you know when you establish a connection of empathy, trust, and reassurance with the veterans 65 and older?
10. How do you assure a comfortable environment in which the veterans 65 and older feel free to ventilate their needs?
11. Have do you develop support groups for the veterans 65 and older and their families? How is the interaction?
12. Do you currently have peer support groups? If yes, where do they meet?
13. How do you provide respite care to family members of veterans 65 and older?

Unmet Needs

14. What types of physical health needs do you identify veterans 65 and older have?

15. What are the most commons mental health symptoms?

16. What are the most common mental health disorders that you diagnose in veterans 65 and older according to DSM-5?

17. According to your challenges and experiences, what unmet needs are more critical?

18. How do you work with the unmet health (physical and mental) needs of the veterans 65 an older and their families?

19. What health care services would you like to have available to better serve this population?

Professional Social and Cultural Competencies

20. How do you develop your professional cultural competencies to work with veterans 65 and older and their families?

21. What types of ideological differences can you identify in your practice with the veterans 65 and older?

22. How do you appreciate and recognize the military lifestyle diversity?

23. What stereotypes, biases and preconceived notions you have identified as a challenge and how have you overcome these aspects?

24. Have you experienced counter transference and transference challenges when providing services to veterans 65 and older and their families? How have you managed these situations? What have been your experiences and challenges during these interventions?

25. Have you identified some personal characteristics and symptoms of compassion fatigue or burnout when intervening with veterans age 65 and older and their families?

26. What strategies and techniques of self-care do you use to protect yourself?

Evaluation, Interventions and Treatments

27. How do you use traditional assessment and testing instruments? How do you know these techniques are adequate to the population served?

28. How do you work with the integration of veterans in their family system and in their community?

29. How do you evaluate the family structures, values, and beliefs of the veterans 65 and older?

30. How do you identify in each individualized intervention the psychological and physical effects of military trainings?

31. In the interaction and therapeutic alliance with the client, what type of jargon do you use with veterans 65 and older and their families? Do social workers utilize a specific jargon when intervening with the veterans?

32. Explain the types of assessment and treatment plans used with veterans 65 and older and their families. Express your experiences and main challenges with these aspects previously mentioned.

33. How do you identify the ongoing outcomes during the interventions and treatment process with the veterans 65 and older?

34. What types of evidence based practices do you use?

35. During your experience with evidence based practices, have you conducted research? If yes, explain your research experiences or challenges.

36. How frequent are the crises and suicide risk in the veterans 65 and older populations that you serve? How do you manage these issues?

Ethics and Wellbeing

37. How do you integrate the social work code of ethics in your interventions with veterans 65 and older and their families?

38. How do you provide welfare to veterans and their families from a social and community perspective?