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# Utilizing Social Support to Conserve the Fighting Strength: Important Considerations for Military Social Workers

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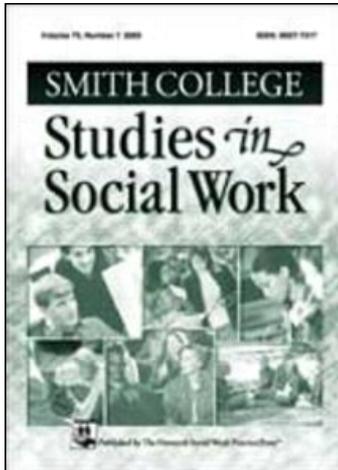
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## Utilizing Social Support to Conserve the Fighting Strength: Important Considerations for Military Social Workers

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*This article is a continuation of a conference panel dialogue that focused on providing individualized, culturally responsible treatment of secondary traumatic stress (STS) for military social workers. Key aspects of the roles and responsibilities, professional and ethical challenges of military social workers and social work officers serve as focal points for understanding the importance of social support. This article discusses ways social support might help to moderate the impact of STS. The “buddy system” describes a culturally unique protective factor, which is a well-known and effective type of social support utilized throughout the military. This article provides valuable information on how the “buddy system” can serve as a blueprint for managing STS experienced by military social workers. The article concludes with research, policy, and practice implications.*

**KEYWORDS** *Military social workers, secondary traumatic stress, social support, buddy system*

More than 70% of licensed social workers experienced at least one symptom of secondary traumatic stress (STS), and 55% met the criteria for at least one of the core posttraumatic stress disorder (PTSD) symptoms clusters, and 15% met the criteria for PTSD (Bride, 2007). More important, 19% met the criteria for PTSD due to secondary exposure to client trauma. When considering

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This article is dedicated to the men and women of the 75th Combat Support Hospital, Company B, Detachment 1, Millington, Tennessee; their support and courage have enabled me to continue my service in the United States Army Reserve.

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STS, one group of concern is military social workers. In the current combat operations Operation Enduring Freedom (OEF), Afghanistan, and Operation Iraqi Freedom (OIF), military social workers perform traditional mental health jobs as well as prevention activities they have not had the opportunity to perform in past conflicts. Presently, there are more than 300 active duty and reserve social work officers and more than 600 civilian social workers who provide direct support to U.S. soldiers and their family members (Simmons & DeCoster, 2007). All five branches of the military are known to provide extensive physical and psychological training for their soldiers in preparation for deployment and/or mobilization (Bilmes, 2007); however, one question remains, what precautions are taken to protect caregivers?

The importance of psychiatric casualties induced by war can hardly be exaggerated. Research findings show that 16% to 17% of soldiers returning from Iraq face psychological sequelae that range from major depression, generalized anxiety, and/or PTSD symptoms (Hoge et al., 2004); this finding has increased the focus of mental health in the military. Active participation in combat exposes the soldier to extreme stress, which may result in immediate and long-term impairment in his or her mental health. The most prevalent effects that are associated with combat-related stress are combat stress reaction and PTSD. Long-term effects of combat-induced psychopathology are not limited to the soldiers on the front line. The term "secondary traumatization" coined by Figley (1989) has been used to describe others (e.g., military social workers) who come into close contact with a trauma victim and experience considerable emotional upset and may, over time, themselves become indirect victims of the trauma.

Since World War I, the mental health of soldiers has become a prevalent subject of research, literature, television, and movies (Daley, 2000). The prevalence and types of mental health issues associated with military life may have changed over the years, but the psychological consequences themselves have not. Previous research studies have examined the psychological effects of military service (Figley & Nash, 2007; Hoge et al., 2004; Maskin, 1941), but few studies have examined the impact of proactive treatment efforts for STS. Bride (2007) wrote STS is an occupational hazard of providing care to traumatized populations. Others (Ball & Peake, 2006; Figley, 1995; Solomon & Shalev, 1995) support his opinion and have documented the effects of STS on professionals working in social and behavioral health related fields. Researchers have yet to investigate the incidence of STS among military social workers in the OIF/OEF conflicts. Social workers rarely deal with a single demand; often, military social workers are required to balance conflicting demands of the profession with the inherent tensions of the military. The discussion in this article addresses the complexity and treatment of secondary traumatic stress among military social workers. More specifically, the discussion highlights ways one type of

social support the “buddy system” might serve as a protective factor and/or informal treatment for STS.

## ROLES & RESPONSIBILITIES OF MILITARY SOCIAL WORKERS

Military social workers must possess clinical skills needed to respond to traumatic stress events. They must understand the dynamics of battlefield management of combat stress and battle fatigue. In most cases military social workers are the first mental health practitioners available to evaluate combat stress and battle fatigue. In fact, Daley (2000) stated that,

Universally, military social workers need to be willing and able to engage those who seek their care, in the field or in a hospital setting, with skills that will “conserve the fighting strength” and promote the recovery of those who have volunteered to sacrifice their lives and well-being for our nation. (p. 156)

Military social workers are responsible for maintaining unit cohesion to increase combat readiness. Military social workers gain the trust and respect of the command structure by remaining knowledgeable of the mission. In combat operations (e.g., frontline, battlefield) the majority of military social workers are assigned to a neuropsychological ward where they work on combat stress teams; they provide a myriad of services (e.g., brief counseling, consultation to commanders, smoking cessation services, critical incident stress management, informal counseling during time spent with soldiers; modeling healthy coping mechanisms, etc.) regarding combat stress reduction (e.g., pre- and post-deployment/reintegration). The duties and responsibilities of the military social workers increase their risk of STS.

## MILITARY SOCIAL WORKER VS. SOCIAL WORK OFFICER

Military social workers experience professional and ethical challenges that may seem applicable only to the social work profession. The military social worker is a professional social worker and professional officer. Each unit has its own set of morals, values, ethics, mission, and purpose. The chief duty of the military professional is to promote the safety and welfare of humanity. This duty, according to military law, Uniformed Code of Military Justice (UCMJ) takes precedence over duties to clients, who as his fellow citizens are but a particular portion of the human race (see Daley, 2000, p. 184). The chain of command, rank, and UCMJ have significant implications for military social workers. First, military social workers are ordered to perform a task (sometimes by a nonsocial worker or someone outside their chain of command) and cannot quit their jobs if they disagree with their first-line

leader or chain of command. Second, military social workers are subject to UCMJ and civilian laws and held responsible and punished if they fail to follow legal orders. Recently, a tape-recorded session of a Fort Carson neuro-psychiatrist and Iraqi sergeant revealed that military clinicians were pressured from the military not to diagnose soldiers with PTSD (Soldz, 2009). There are characteristics of military mental health services that prohibit strict adherence to confidentiality and impact the development of therapeutic alliance. For example, disclosures regarding sexual orientation (e.g., "Don't Ask, Don't Tell" policy) must be reported to the commander, which might result in terminating the soldiers' military career. The uniqueness of the relationship between the military social worker and client and the emotions experienced can hardly be ignored. It seems reasonable to conclude the therapeutic alliance is tenuous at best, and more hazardous to the emotional welfare of the military social worker in combat operations

### MILITARY SOCIAL WORK PRACTICE

Psychotherapy has a clear and important place in the work lives of modern military social workers tasked with maintaining the psychological health and readiness of active duty personnel. Treatment usually involves a deliberate effort to reestablish preexisting psychological homeostasis by providing the soldier with temporary relief from stress and with biological and social support. The prevailing treatment approach to treatment of casualties is "frontline treatment." Oftentimes, soldiers view mental health services with a mixture of suspicion, stigma, and fear of career damage. To avoid violating UCMJ, military social workers must exercise caution regarding client advocacy. Some soldiers might resist treatment, and military social workers might choose to ignore their own psychological well-being to avoid the risk of damaging their career. For this reason, military practitioners must be flexible and adaptive to the varying needs of the armed forces and the requirement for timely interventions.

Military mental health practitioners have been adaptive in applying new methods and thinking in their provision of services for large numbers of active duty personnel, retirees, and family members (Ball & Peake, 2006; Daley, 2000). Briefer forms of psychotherapy (e.g., cognitive-behavioral interventions, interpersonal therapy, dialectical behavior therapy, brief psychodynamic therapy, and a wide range of specific methods of assertive training, anger management stress reduction strategies, and pain control, etc.) all of which are now practiced regularly in military settings are a reliable and valid form of psychotherapeutic interventions, which are particularly appropriate for the military culture (Ball & Peake, 2006; Maskin, 1941; Trosman & Weiland, 1958).

Historically, soldiers risk increased combat stress in the forward areas (battlefield); the first-line leader, usually a noncommissioned officer (NCO)

is the first person to recognize and identify soldiers who exhibit psychological problems. The NCO notifies the combat stress team (CST) that includes a psychiatrist, psychologist, psychiatric nurse, enlisted mental health technician, and social worker (always a MSW). At this point, the soldiers' ability to continue the mission (work) or "fitness for duty" must be evaluated. A CST member, usually a military social worker, conducts a mental status examination to assess the soldiers' risk level. Unless the military social worker has a PhD, the evaluation for "fitness for duty" must be completed or cosigned by a psychologist or psychiatrist. A psychological debriefing interview is one evaluation tool used to determine "fitness for duty."

Debriefing interviews follow a variety of protocols but usually entail a systematic review of the event and of the participants' reactions and an application of combat stress management techniques. There are a variety of goals which include (1) working through the emotional overload, (2) improvement of unit cohesion, (3) teaching coping skills, and (4) detection of signs/symptoms of psychological distress. The practitioner is continually exposed to traumatic events encountered during debriefings which pose potential risks for the development of STS. At this juncture, the military social workers should be more alert to elements of their responses that might be countertransference. They should seek to better understand these elements and their origin in their personal histories so that the influence of these elements can be lessened. Frequently, therapy and supervision are vehicles by which the military social worker might explore their countertransference responses that might be signs and symptoms of STS.

During combat, there are obvious limitations for therapy and supervision; consequently, there is even less time devoted toward exploring the signs and symptoms of STS, especially for military social workers. Self-care should be the first line of defense for STS.

A myriad of strategies (e.g., balancing clinical caseload with other professional activities; balancing traumatized clients with non-traumatized clients; developing realistic expectations for working with traumatized clients; engaging in advocacy for traumatized populations) that would supposedly enable caregivers to balance their professional and personal lives have been proposed (see Bride & Figley, 2009). Unfortunately, during combat operations these options are not readily available and/or conducive to the organizational culture. By its very nature, the totality of the military is somewhat inflexible, because the military must function as a highly integrated activity with purposes somewhat at conflict with the alleviation of problems of psychologically vulnerable individuals. For instance, every soldier is expected to meet and in most situations exceed his or her limitations, failure to do so evokes lack of discipline and weakness. Let us consider how this expectation might affect the military social workers' ability

to develop realistic treatment goals for traumatized clients, seek professional help, and subsequently increase their risk for STS.

### SOCIAL SUPPORT IN THE MILITARY

Military socialization is direct and indirect, verbal and nonverbal, overt and covert. Military values, norms, morals, and beliefs needed to survive in combat operations are transmitted in basic training (enlisted) and officers' basic training. The military socialization process enables the individual to develop an interdependent consciousness, which is an awareness of a common history, and common predicament. The "buddy system" (e.g., army) is an informal helping network implemented at basic training for enlisted soldiers and reinforced throughout each military unit. Each soldier is assigned (or may choose) another soldier to be his or her "buddy." The most primary socialization task of the "buddy system" is instilling a sense of camaraderie. Most soldiers perceive the "buddy system" as a part of their duty versus obligation. In combat operations, the roles and responsibilities of the "buddy system" are critical to survival. Buddies are accountable to each other and the military unit; they must be aware of each other's whereabouts at all time. Most important, the "buddy system" serves as a protective (e.g., emotional and physical) barrier for soldiers. Soldiers take pride in looking out for their buddy; and through this relationship they develop authentic emotional bonds. These emotional bonds provide nurturance and oftentimes the safety soldiers need to share their most intimate feelings. Unlike supervision and psychotherapy the "buddy system" is a reciprocal relationship. It is important to understand how the "buddy system" can be used to manage the sign and symptoms of STS and the related hardships of military life.

Participants in the "buddy system" have many types of social support available to them, such as instrumental (e.g., assist with a problem), tangible (e.g., donate goods), informational (e.g., give advice), and emotional (e.g., give reassurance). The "buddy system" has also been the source of strength, resilience, and survival for soldiers. This form of social support provides inimitable opportunities for managing STS. The value of group effort for the common interest is taught as an enduring strategy for the survival of the military, as opposed to an individual effort. Given the special demands of the military profession, especially in combat operations the "buddy system" gains added importance. When faced with the possibility of deployment, mobilization or daily stressors (i.e., ability to manage family and finances, decision making, and career progression), soldiers who utilize the "buddy system" appear more adaptive and resilient to unique demands of military life (McCubbin, Thompson, Thompson, & Futrell, 1998).

## DISCUSSION

Managing STS can be achieved through reciprocal relationships where the demands of one unit are met by the capabilities of another, resulting in a “balance” in functioning. From a personal and professional point of view, the issue is the “fit” between the military social worker and his or her buddy. The “buddy system” allows a soldier to engage in a dynamic relational process over time introducing changes directed at restoring and maintaining psychological balance. These bonds cannot be assessed through conventional models of family and community life. Because soldiers regularly interact (e.g., physical/professional training, sleeping, eating, etc.) with superiors and subordinates throughout their careers; these established patterns of functioning enables them to form trusting relationships. It is common practice in the military for buddies to make small loans with token or no interest to one another on a short-term basis. There are cases where enlisted soldiers may require more direction and extra incentive to fulfill his or her rightful responsibilities, NCOs and officers fill in the gaps by encouraging and redirecting them toward matters of importance. They also serve as role models, caretakers, tutors, and informal counselors. Unselfish efforts such as these are performed to facilitate interest and shore up successful completion of the mission.

Functions of the buddy system are indicative of the self-reliance, resourcefulness, and strength inherent to the military. The effect of social support in the military is well documented. Comprehensive reviews of research (e.g., family members, high-ranking military members, and even younger, lower-ranking soldiers) show the importance of this resource (McCubbin et al., 1998). Despite the proliferation of research on social support in the military, few studies have been conducted on how the “buddy system” might help to minimize the stresses of STS. The flexibility of the “buddy system” becomes the foundation for promoting resilience and empowering soldiers. Specifically, this resource can be very useful in managing the pressure and strain of STS.

## CONCLUSION

Setting limits and learning to follow order, are part of the military socialization process and are seen in two ways: (1) as a means for the soldier to learn to be disciplined, and (2) so that when the soldier encounters a hostile system he or she will understand how to follow rules in order to survive. The “buddy system” is an integral component of survival. This survival must also include a supportive atmosphere that encourages soldiers to seek mental health services. The buddy system provides guidance in major (e.g., informal counseling, sharing provisions, etc.) and minor matters (e.g., ironing uniforms, etc.). The “buddy system” is a valuable self-care tool

for military social workers. By and large, military social workers like other caregivers (e.g., nurses, chaplains, psychologists, etc.) talk about clients with other colleagues as an intervention into the ongoing processes of work. Nevertheless, certain things seem clear; the trusting relationship of the “buddy system” empowers the military social worker to seek help without risking career damage.

To prepare for successful deployment, mobilization, and reintegration the military emphasizes the importance of social support for soldiers and their families. As a result, military social workers should take advantage of and encourage soldiers to make full use of the “buddy system.” Whether measuring traits or emotionally adaptive processes of the “buddy system,” there are complex substantive questions to be considered and political and ethical concerns to be weighed. With all this said, all branches of the military should investigate the impact of this culturally embedded social support system.

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