

NATIONAL ASSOCIATION OF SOCIAL WORKERS

NASW Standards for  
Social Work Practice with

Service  
Members,  
Veterans, &  
Their Families



2012

## About the Association

**The National Association of Social Workers (NASW)** is the largest membership organization of professional social workers in the United States. Members of NASW include over 145,000 social workers from 50 states, the District of Columbia, New York City, the U.S. Virgin Islands, Guam, and Puerto Rico as well as U.S. social workers practicing abroad, many of whom are uniformed social workers or members of their families. The mission of NASW is to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

NASW Standards for  
Social Work Practice with

Service  

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Their Families

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## Introduction

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Many social workers, regardless of primary practice area, will work with clients who do, or have, served in the Military and/or with their family members including spouses, partners, children, and parents of the Service Member or Veteran. Using their expertise in assisting individuals and families across the lifespan from varying cultures, social workers can help Service Members, Veterans, and their families in a variety of ways to address challenges they may be facing.

Social workers already provide these services in numerous settings. The U.S. Department of Defense (DoD), where military social work was established over 50 years ago, includes civilian social workers assigned to military components and over 500 active military personnel who are practicing social workers (NASW, 2011b). In addition, the U.S. Department of Veterans Affairs (VA) established the first social work program in the Veterans Bureau in 1926 and is now the largest employer of master's-level social workers in the nation. The VA is also affiliated with over 180 graduate schools of social work and operates the largest and most comprehensive clinical training program for social work students in the United States, training 900 students per year (VA, 2012). Social workers also work in different direct practice and advocacy organizations, whether their mission is to specifically assist Service Members, Veterans, and their families with direct services or to advocate with and on behalf of this population. In addition, many social workers are providers under TRICARE, the health care program for uniformed Service

Members, their families, and survivors of deceased Service Members.

In addition to providing these services, social workers have an opportunity to influence a range of professionals, stakeholders, and laypeople regarding the importance of responding to the needs of military and Veteran populations. The need for social workers who are educated, trained, and skilled in working with this population has increased, and client needs are often complex, making the demand even more critical. There are already significant shortages of social workers in several fields of practice, and these shortages will increase as the baby boomers continue to age (NASW, 2011a).

Approximately 2.2 million Service Members make up America's all-volunteer force in the active, National Guard, and Reserve components, representing less than one percent of all Americans (White House Joining Forces Initiative, 2011). The White House Joining Forces Initiative (2011) has noted that "the U.S. military recruits and retains the highest-caliber volunteers to contribute to the Nation's defense and security." Service Members, Veterans, and their families sacrifice much and have earned our respect and the resources necessary to help them live productive and healthy lives. They have great strengths, including resilience, perseverance, courage, and critical problem-solving skills, yet they may also face significant challenges.

In past conflicts, such as World War II, troops who experienced serious physical and mental trauma often did not survive long enough to deal with the repercussions of these events



(Franklin, 2009). With advances in medical technology and body armor, more service members are surviving experiences that would have led to death in prior wars. In addition, deployments have become longer, redeployment to combat is common, and breaks between deployments are infrequent (Jaycox & Tanielian, 2008). With increased exposure to combat stress, Service Members may return home with mental and behavioral health challenges.

Stressors related to military experience may change over the lifespan as a Service Member moves through a military career to Veteran status. For those Veterans who were in a war zone, biopsychosocial and spiritual needs may change relative to life demands and exposure to critical reminders of war experiences.

## Definitions

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For the purposes of these standards

### **Client**

*Client* refers to the specific individual, couple, or family being served and includes the Service Member, Veteran, family member, or loved one.

### **DoD**

*DoD* refers to the U.S. Department of Defense.

### **Family**

*Family* refers to families of origin, extended family, domestic partners, adopted and foster family members, friends, and significant others of Service Members or Veterans and survivors of deceased Service Members or Veterans.

## **Service Member**

*Service Member* describes any member of the U.S. Armed Forces. There are seven Uniformed Services of the United States, including the Army, the Navy, the Air Force, the Marine Corps, and the Coast Guard. The Public Health Service Commissioned Corps and the National Oceanic and Atmospheric Administration Commissioned Corps are Uniformed Services but not Armed Services. This term is inclusive of those who are active duty, mobilized, on orders, or deployed.

Active-duty members of the Armed Forces are full-time employees who are on call 24 hours and 365 days per year and are a permanent force of the military.

Reservists train at least one weekend per month and two weeks per year and are subject to mobilization (called to active duty). The eight reserve components of the U.S. Military are the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air Force Reserve, the Coast Guard Reserve, the Army National Guard, the Air National Guard, and the U.S. Public Health Service Reserve Corps.

National Guard members serve a dual mission, providing trained and equipped units to the states to protect life and property while providing to the nation units trained, equipped, and ready to defend the United States and its interests all over the globe. The National Guard is run by state governments except when called into federal service by the President. National Guard members can serve in the Air National Guard or the Army National Guard.

## **Social Work Services**

*Social work services* include but are not limited to mental and behavioral health services, health services, social support, case management, care coordination, children and family services, administration, and advocacy. Services are provided at the micro, mezzo, and macro levels in a wide range of public and private settings—community-based, school, government, health, and mental health organizations. Services may be provided to Service Members in all branches and Veterans from all eras and conflicts as well as to their family members and loved ones.

## **Social Worker**

A *social worker* has, at minimum, a bachelor's degree (BSW) from a Council on Social Work Education (CSWE)–accredited school or program of social work and meets state requirements for social work practice or, in jurisdictions not having such legal regulation, holds certification or credentialing from NASW. Professional social workers help individuals, groups, or communities to restore or enhance their capacity for psychosocial functioning while creating societal conditions favorable to people's goals. The practice of social work requires knowledge of human development and behavior; of social, economic, and cultural institutions; and of the interaction of all these factors. Social workers can serve in the military as members of the Armed Forces or work as civilians.

Social workers holding a BSW who work with Service Members, Veterans, or their families provide generalist services and may provide nonclinical services in a variety of different settings including organizations and agencies

addressing poverty, homelessness, unemployment, child welfare, domestic violence, substance abuse, sexual trauma, and suicide prevention. They may organize communities, advocate for clients, and provide direct social work services, among other duties. In many states, BSW-level social workers are licensed.

Social workers holding a master's degree in social work (MSW) who work with Service Members, Veterans, or their families may provide the services that a BSW-level social worker provides as well as providing advanced clinical services. To provide psychotherapy services to individuals, couples, families, and groups, they must meet state clinical licensure requirements.

Social workers holding a PhD or DSW who work with Service Members, Veterans, or their families may provide the services that a BSW- or MSW-level social worker provides with proper licensure. They may also be more likely to engage in research and education.

## **VA**

*VA* refers to the U.S. Department of Veterans Affairs.

## **Veteran**

*Veteran* describes any individual who served for any length of time in the U.S. Armed Forces. The type of discharge a Veteran receives has a significant impact on his or her eligibility for VA benefits and services.

## Guiding Principles

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The *NASW Standards for Social Work Practice with Service Members, Veterans, and Their Families* should be a resource to social workers serving this population in any way, including clinical social workers providing mental and behavioral health services, direct practitioners in social service agencies addressing a wide range of challenges, and advocates for this population. These standards have been created to be inclusive of social work with Service Members, Veterans, and their families in all capacities. They are designed to enhance social workers' awareness of the skills, knowledge, values, methods, and sensitivities needed to work effectively with this population. They may also be used as a resource for other constituents, stakeholders, and client populations.

In addition, these standards are meant to be inclusive of Service Members, Veterans, and their families from all eras. Although only about 1 percent of the country's population is currently serving in the military, Veterans constitute seven percent of the population (ABC News, 2011). There are 22,658,000 Veterans in the United States today, just 8 percent of whom are female (ABC News, 2011). As of September 2011, there were about 1,981,000 living Veterans of World War II, a war that more than 4 million American were deployed to fight (ABC News, 2011). The largest living cohort of male Veterans served during the Vietnam era (August 1964 to April 1975), whereas the largest living cohort of female Veterans served during peacetime periods (VA National Center for Veterans Analysis and Statistics, 2009).

## Goals

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These standards were developed to broadly define the scope of services that social workers serving Service Members, Veterans, and/or their families shall provide; that organizations and administrators should support; and that Service Members, Veterans, and their families should expect. The goals of the standards are to

- Maintain and enhance the quality of services that social workers provide to Service Members, Veterans, and their families through understanding of military culture and the impact of services provided
- Maintain and enhance the quality of services that social workers provide to seriously wounded or injured and ill Service Members and Veterans through understanding of their unique challenges and those of primary caregivers
- Define what is expected of professional social workers who work with Service Members, Veterans, and their families
- Promote the highest quality of social work services provided to Service Members, Veterans, and their families
- Provide a basis for the ongoing development of continuing education materials and programs for social work with Service Members, Veterans, and their families
- Ensure that social work services provided to this population are guided by the NASW (2008) *Code of Ethics*
- Encourage social workers to participate in the formulation and refinement of public policy (at the state and federal levels) relevant to the opportunities and challenges of Service Members, Veterans, and their families

- Inform and educate all social workers of the importance of a professionwide response to the needs of this population, regardless of practice area or focus
- Promote social work within our profession, as well as to allied professionals and external stakeholders, as a key provider of mental and behavioral health, health, and social work services and advocacy for Service Members, Veterans, and their families over the lifespan.

## Standards for Professional Practice

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*Special Note: Individual social workers should decide which components of these Standards are applicable to their practice on the basis of their level of education and experience, employment setting, and services provided.*

*The order in which these standards appear does not reflect their order of importance.*

### Standard 1. Ethics and Values

**When working with Service Members, Veterans, and their families in any capacity, social workers shall function in accordance with ethical principles and standards of the profession as articulated in the NASW (2008) Code of Ethics.**

#### Interpretation

Social workers who practice with this population must recognize the complexity of this work and be alert and prepared to address possible ethical dilemmas and value conflicts as they occur.

Social workers shall demonstrate recognition of basic human rights, including the right of Service Members, Veterans, and their families to receive an optimal level of social work services.

Social workers shall demonstrate a willingness to act on professional judgment and convictions, which should be informed by the NASW (2008) *Code of Ethics*.

With its historic commitment to serving and empowering populations at risk and those constituting a minority within the larger population, and to promoting human rights and social justice, social work is well suited to address the ethical challenges that may arise.

The minimal knowledge base for work in this practice area includes an understanding of the following basic ethical principles:

- **Commitment:** the primary responsibility to promote the well-being of clients
- **Competence:** the representation of one's self as competent only within the boundaries of one's education, training, license, certification, consultation received, supervised experience, or other relevant professional experience
- **Cultural Competence:** the continued goal of understanding the function and influence of culture on behavior and society and meanings ascribed by clients
- **Diagnosis and Reporting:** the knowledge of dilemmas that may be posed when diagnosis and reporting could have an adverse impact on a Service Member's military career and the implications for a military career following self-report of abuse and neglect, among other issues
- **Integrity:** the maintenance and promotion of high standards of practice
- **Privacy and Confidentiality:** respect for a client's right to privacy and disclosure of confidential information only when appropriate and with valid informed consent



from the client or a person legally authorized to give such consent, balanced with considerations of national security, defense, and individual safety

- **Protection of the Rights of Service Members, Veterans, and Their Families:** particularly within the constraints of the systems within which they live and work
- **Respect for the Person:** the duty to honor others, their rights, and their responsibilities
- **Self-Determination:** the right of clients to identify and clarify their goals, including allowing Service Members, Veterans, and their families to select or refuse services and treatment in a noncoercive, unbiased manner while understanding their unique responsibilities and obligations
- **Social and Political Action:** the engagement in action that seeks to ensure that all people have equal access to resources, with understanding of the limits imposed by the client's military status or employment situation.

## Standard 2. Qualifications

**Social workers who work with Service Members, Veterans, and their families shall meet the provisions for professional practice set by NASW and the individual social worker's state, jurisdiction, or institution. They shall possess knowledge and understanding basic to the social work profession as well as to their employer.**

### Interpretation

As a distinct specialty within the social work profession, practice with this population requires that social workers at all levels

- Hold at least a BSW from a program accredited by CSWE to provide generalist

services or hold an MSW in social work from a CSWE-accredited program or a doctoral degree in social work to provide clinical mental and behavioral health services

- Acquire licensure by state boards of social work and certification by NASW to demonstrate necessary knowledge and experience
- Provide services in this specific practice area only after appropriate study, training, consultation, and supervision from people who are competent in the relevant interventions or techniques
- Acquire specialized knowledge and understanding of military cultures. It is recommended that the social work student seek this training through his or her school or program of social work. If that is not possible, the student or professional social worker shall actively seek continuing education, training, and practice opportunities to enhance his or her knowledge of this practice area.
- Develop an understanding of their own personal and cultural values and beliefs in regard to Service Members, Veterans, and their families
- Obtain ongoing supervision to maintain accountability, increase job performance, and enhance specific services to Service Members, Veterans, and their families
- Strive to increase professional knowledge and skills and apply them in practice to best serve clients
- Contribute to the knowledge base of the profession and promote the unique skill set and services provided by social workers
- Practice self-awareness as a basis for professional development and/or to increase awareness of personal assumptions, values, and biases

- Refrain from boundary conflicts and dual or multiple relationships with clients.

### Standard 3. Knowledge

**Social workers who work with Service Members, Veterans, and their families shall demonstrate a working knowledge of relevant theories and essential practice behaviors. All professional social workers, regardless of practice focus or level, should have a basic understanding of the opportunities and challenges facing this population and how, as a profession, we can support and respond to the population in an effective and meaningful way.**

#### Interpretation

The social worker working with Service Members, Veterans, and their families shall possess the knowledge necessary to achieve optimal outcomes for the client. The social worker shall demonstrate the following knowledge:

- **Benefits, Services, and Resources:** To continually understand benefits and services available to Service Members, Veterans, and their families and/or caregivers from the VA and/or DoD and how to access them; to recognize the availability of community resources and how to gain access to them on behalf of clients
- **Biopsychosocial Issues:** To acquire knowledge about and understand the context of the physical, mental health, and psychosocial issues facing Service Members and Veterans, and their families and facilitate well-being and—for clinical social workers—to provide counseling in the areas of mental and behavioral health, particularly separation, loss, grief, substance use disorders, posttraumatic

stress, other anxiety disorders, depression, suicidal or homicidal ideation, anger, aggressive behavior, domestic violence or intimate partner violence, and incarceration; clinical social workers shall also understand the range of psychosocial interventions to address these areas and should be able to recognize and respond to health-related issues such as traumatic brain injury (TBI), military sexual trauma, acute stress reaction, and chronic posttraumatic stress disorder (PTSD); and all social workers should understand the possible stigma related to seeking mental and behavioral health treatment

- **Communication:** To successfully work with the Service Member, Veteran, or family member and relevant agencies and organizations, such as DoD or the VA, a working knowledge of the complex flow of communication and common military terminology is a requirement
- **Culture:** To understand the elements and complexity of military culture as a part of U.S. culture, along with subcultures of the Services and Components as well as ethnic, religious, and other cultural differences of clients; to understand and be prepared to adequately discuss and respond to the environment, concerns, and challenges of the client
- **Discrimination:** To recognize the possibility for discrimination or prejudice toward clients on the basis of their military service
- **Discharge:** To understand the military discharge system, including the different types of discharge, military discharge documents, and the impact that discharge will have on services and resources available to the Veteran
- **Disparities:** To recognize the possible disparities of Service Members, Veterans, and

their families as these relate to the opportunities and services afforded to them during and after service

- **Evidence Base:** To learn about and understand evidence-based and research-informed practice models in this social context
- **Family Systems and Interpersonal Dynamics:** To conduct a comprehensive assessment and to assist the client and family in the best way possible; to recognize how to apply a strengths-based approach while also recognizing vulnerabilities and the impact of recurring deployments on family functioning and the military family life cycle, including but not limited to transfers, relocations, deployments, adjustment, and separation
- **Financial Resources:** To understand financial resources and challenges—including but not limited to financial health, employability, debt, financial planning, and solvency—and their impact on the Service Member, Veteran, or their families' decision making; to recognize that other challenges may go unaddressed until financial issues are resolved
- **Legal and Regulatory Issues:** To understand and, if necessary for uniformed social workers, adhere to applicable laws and regulations regarding Service Members, Veterans, and their families, such as the Uniform Code of Military Justice (UCMJ)
- **Roles and Functions:** To express the multifaceted roles and responsibilities of, and opportunities for, professional social workers who practice with Service Members, Veterans, and their families
- **Settings:** To understand and work within the range of settings that provide services for this population, including the DoD; the VA; Military and Veteran service organizations;

and related nonprofit organizations, agencies, and foundations.

#### **Standard 4. Assessment**

**Social workers who work with Service Members, Veterans, and their families shall use appropriate theoretically and evidence-based practice models, skills, and interventions that reflect their understanding of the opportunities and challenges facing this population. The depth and breadth of the assessment shall depend on the qualifications of the social work provider.**

#### **Interpretation**

Basic and specialized social work skills can be used to provide services to Service Members, Veterans, and their families. Social workers' biopsychosocial–spiritual perspective is ideal for their roles as liaison between the client and large systems, client advocate, and provider of psychosocial support services and therapy. Assessment is a fundamental process of social work practice. Treatment and intervention strategies (for clinical social workers) and plans require that social workers both assess and reassess client needs and modify plans accordingly. Social work assessments can facilitate the identification of individuals in need of specific social, health, mental health, and/or behavioral health services. The social worker should serve as an advocate for these clients, helping them to find the services and resources that they need.

Social workers who work with Service Members, Veterans, and their families should develop the skills to

- Engage in a process of assessment that mutually engages the social worker, client, and client systems

- Understand the history and development of social work with Service Members, Veterans, and their families
- Identify the theory, principles, and methods of social work—including casework, group work, community organization, administration, supervision, planning, and research—that support Service Members, Veterans, and their families
- Recognize the environmental factors that create and contribute to challenges, including but not limited to deployment, relocation, combat exposure, reintegration into the home community, and significant life events (such as marriage, birth of a child, divorce, and death)
- Identify both strengths and vulnerabilities in sociocultural and institutional, interpersonal and family, and individual contexts
- Assess clients in the context of military experience and understand the impact of military experience on all aspects of the Service Member or Veteran’s life through their lifespan
- Recognize and promote resiliency using a strengths-based approach when working with Service Members, Veterans, and their families
- Recognize the parameters of confidentiality requirements and obligations concerning data gathered for such assessment.

Areas for assessment:

- Military history, including if clients have ever served, if their family member(s) have served, where and when (what era) they served, locations where they were stationed, number of deployments and reintegration history, whether they were drafted or why they chose to join, whether they are enlisted

or commissioned, if they are currently deployed, their reintegration progress, exposure to trauma both in combat and noncombat settings, wounds and injuries or service-connected illnesses, type of discharge, and whether they are a former prisoner of war

- Relevant past and current health, mental health, and behavioral health situation (for clinical social workers), including the impact of challenges such as frequently occurring mental and behavioral health concerns (PTSD, other anxiety disorders, substance abuse, suicidal or homicidal ideation, depression), physical injuries (TBI, burns, exposure to toxic chemicals, amputations), and psychosocial issues (intimate partner and domestic violence, military sexual trauma, education, unemployment, incarceration, homelessness)
- Mental health functioning, including history, coping style, crisis management skills, and risk of suicide (for clinical social workers)
- Previous treatment for physical, mental, and behavioral health and psychosocial issues
- Family structure and roles and the impact of deployment or reintegration on familial relationships, child development, and parenting
- Patterns and styles of communication and decision making in the family
- Spirituality, religion, and/or faith
- Client's and/or family's goals
- Social supports, including support systems, resources available, and barriers to access
- Client's perception of social work services and mental and behavioral health treatment, including past experiences
- Client's experience with benefits and services through the DoD and the VA
- Unique needs and issues relevant to special populations, such as Service Members and



Veterans who are female, lesbian, gay, bisexual, transgender, or have disabilities

- Perceived relationship between the client and military or Veteran system within which they currently function.

### **Standard 5. Intervention and Treatment Planning**

**Social workers shall incorporate assessments in developing and implementing intervention and treatment plans that best serve the client's and/or family's needs on both an individual and an organizational basis.**

#### **Interpretation**

Intervention and treatment plans define or describe steps identified by the social worker—in collaboration with the client and/or family and with other members of the interdisciplinary, collaborative team—to achieve objectives identified during assessment. Social workers shall be able to engage the Service Member, Veteran, and/or family member in a client-centered model of care with shared decision making and adapt practice techniques to best meet client needs. Social workers shall apply a multisystem approach in developing interventions (individual, family, group, and so on) that make optimal use of resources available to the client as well as those that reside within the client. Social workers shall recognize strengths and vulnerabilities where they exist and work with the client to develop and maintain autonomy and self-determination.

In intervention and treatment plans, social workers should strive to

- Use a thorough biopsychosocial–spiritual assessment to craft a service (or treatment)

plan with the Service Member or Veteran that defines measurable goals and hoped-for outcomes (for clinical social workers)

- Engage clients in a culturally responsive manner to facilitate attention to goals and provide culturally sensitive services to Service Members, Veterans, and their family members
- Draw from evidence-based and research-informed practice models when possible to facilitate the accomplishment of goals
- Select the appropriate practice model for each client
- Prevent further client stressors when possible through a strengths-based approach, recognition of resilient behaviors, and appropriate interventions
- Provide a collaborative, phase-oriented, multimodal approach that addresses the issues facing the Service Member, Veteran, and military family members
- Communicate (in clear written and oral statements) to clients the purpose and availability of community resources
- Seek consultation on cases, techniques, assessments, or knowledge as deemed relevant by the social worker while maintaining confidentiality and anonymity, as permitted in the case
- Safeguard the privacy and confidentiality of client information to the extent possible
- Exercise careful, informed judgment and take responsible steps to protect clients
- Work in a multidisciplinary team approach to achieve maximum client benefit
- Provide effective clinical case management services that facilitate access to a range of financial, housing, health, mental health, education, and community resources

- Engage in advocacy with clients when possible to accomplish the stated treatment goals
- Evaluate the ongoing processes and outcomes of interventions (for clinical social workers).

## **Standard 6. Practice and Program Evaluation and Improvement**

**Social workers working with Service Members, Veterans, and their families shall be a part of an ongoing, formal evaluation of their practice to assess quality and appropriateness of services, to improve practice, and to ensure competence.**

### **Interpretation**

The evaluation of social work practice is a vital part of social work service delivery. The methods used to evaluate such practice include peer review, self-evaluation, supervision, and other research methods. Increasingly, social work outcomes from evaluations are used for position justification; performance review; and social work standards for practice, goal setting, and research efforts. Evaluation practices may include the following:

- Protecting the privacy of the client and the client system and ensuring consistency with all federal, state, and local legal and statutory, regulatory, and policy requirements and with the organization's or facility's policies on reporting, maintenance of and access to records, and confidentiality
- Disseminating evaluative data to clients and other professionals when possible and adhering to privacy rights
- Using appropriate tools, such as clinical indicators, practice guidelines, and standardized performance assessments (for clinical social workers)

- Assessing both outcome and process objectives
- Involving the Service Member or Veteran, their family, and colleagues in the evaluation process
- Using external practice evaluators as appropriate
- Participating in social work research specific to practice with Service Members, Veterans, and their families.

### **Standard 7. Professional Development**

**Social workers who work with Service Members, Veterans, and their families shall assume personal responsibility for their continued professional development in accordance with the *NASW Standards for Continuing Professional Education* (NASW, 2002) and state requirements. The systems in which social workers work with this population are complex and subject to change, and therefore it is crucial that social workers remain current in both theoretical, research, and practical knowledge of the populations and systems in which they work and the general network of psychosocial, health, and mental and behavioral health services.**

#### **Interpretation**

To practice effectively, social workers working with Service Members, Veterans, and their families must remain knowledgeable about best practice models, emerging innovative models, and changes to the systems in which they work. It is essential for social workers to understand that health and behavioral health issues related to military service evolve over time in ways specific to a Service Member or Veteran's combat experience or exposure. Social workers must remain informed about research and

evidence-based practice specific to a Service Member or Veteran's health issues. To accomplish this goal, social workers shall continually seek to improve their practice through education and training and to promote this knowledge with colleagues. Opportunities for enhancing professional identity and development include the following:

- Actively seeking continuing education, training, and practice opportunities to continually enhance knowledge of social work with Service Members, Veterans, and their families in areas such as military culture, evolving physical and mental health needs of clients, and the impact of services provided
- Participating and leading in NASW and other professional organizations and coalitions at local, state, and national levels
- Participating in and contributing practice knowledge regarding social work with Service Members, Veterans, and their families to professional conferences, training events, and other activities
- Assisting in the ongoing development of the knowledge base on social work with Service Members, Veterans, and their families by contributing to professional publications
- Identifying emerging issues and topics related to social work with Service Members, Veterans, and their families for professional development in research
- Encouraging organizations and institutions to collaborate, advocate, and provide appropriate education on social work with Service Members, Veterans, and their families grounded in practice and implemented in social work field settings.

## **Standard 8. Supervision, Leadership, Education, and Training**

**Social workers with expertise in working with Service Members, Veterans, and their families have a responsibility to provide leadership for educational, supervisory, administrative, and research efforts with individuals, groups, and organizations that both directly and indirectly influence this population.**

### **Interpretation**

Social workers shall offer their expertise and consultation to individuals, groups, and organizations as well as offer education, training, and mentoring opportunities to beginning social workers or those transitioning into work with Service Members, Veterans, and their families and to those who are developing their capabilities. When able, skilled social workers shall work in conjunction with schools of social work and the continuing education community to advocate for programs in military and Veteran social work and to enhance and encourage interest in this specialization.

Social workers shall offer supervision to practicing social workers, interns, and students to provide a guiding expertise to clinicians in this area. Social workers shall contribute to research initiatives, not only to demonstrate the efficacy of the social work profession and social work interventions, but also to advance recognition among colleagues in other professions of the need to address the psychosocial needs of Service Members, Veterans, and their families.

Social work leaders typically demonstrate knowledge, skills, and abilities in the following areas:

- **Access to Services and Care:** includes information for underserved and marginalized military and Veteran populations
- **Consultation:** on current best practices in addressing clinical and related social work practice approaches to issues facing Service Members, Veterans, and their families.
- **Legal, Ethical, and Professional Standards:** including certain aspects of the UCMJ and standards of documentation and quality improvement activities
- **Management/Administration:** includes supervision, consultation, negotiation, and monitoring
- **Policies and Regulations:** understanding how these can affect social work practice and care to Service Members, Veterans, and their families; development of and adherence to organizational policies, procedures, and regulations
- **Research and Education:** within the DoD or the VA and academic and research institutions
- **System Navigation:** includes specialized knowledge of how to function within systems, such as the DoD or the VA and related agencies and organizations

### **Standard 9. Documentation**

**Social workers shall maintain records or documentation of social work services with Service Members, Veterans, and their families that reflect pertinent information for assessment and treatment of clients and client systems, social work involvement and outcomes with and for clients, and legislative and administrative regulations and policies in accordance with care goals.**

## Interpretation

Clear, concise, and organized documentation is the hallmark of quality social work services and often serves as the mode of communication between a social worker and other professionals and clients. There are core elements that need to be included and responsibilities to follow in record keeping. Progress notes, reports, and summaries of services shall be regularly recorded and be consistent with all federal, state, and local legal and statutory, regulatory, and policy requirements and with the organization's or facility's policies on reporting, maintenance of and access to records, and confidentiality. Policies and procedures shall be developed and implemented to protect the client's rights to privacy, including confidentiality of records and procedures for release of information.

The elements and responsibilities of thorough and comprehensive documentation include the following:

- Comprehensive assessment and accounting of services delivered to the client and client systems
- Ongoing assessments, interventions, and practice planning
- Goals and planning that reflect an explicit statement of agreement with the client, client systems, and the treatment team
- Relevant historical information
- Referral sources and collaboration
- Dates, times, and descriptions of client and client system contacts
- Documentation of outcomes
- Reason for case closure or transfer
- Awareness of and sensitivity to the impact of release of records and reporting on military service and careers



- Mandated reporting requirements (such as child abuse), duty to warn, and duty to protect
- Written permission to release and obtain information, where appropriate
- Documentation of compliance with confidentiality rights and responsibilities.

### **Standard 10. Interdisciplinary Leadership and Collaboration**

**Social workers should be part of an interdisciplinary effort for the comprehensive delivery of services to Service Members, Veterans, and their families and should strive to enhance interdisciplinary and interorganizational cooperation. Social workers shall work in partnerships with local, state, and federal organizations relevant to their clients that feature mutual respect, shared information, and effective communication where appropriate and possible.**

#### **Interpretation**

As leaders and members of interdisciplinary teams, social workers must be aware of the overall goals, objectives, and tasks of their practice area and interpret them to clients, families, and other relevant professionals and organizations.

As part of such teams and collaborations, social workers shall demonstrate the ability to

- Understand the mission and functions of the institution, organization, or group by which they are employed
- Understand the role of other relevant professions and organizations
- Communicate, cooperate, and collaborate appropriately with other disciplines and agencies

- Encourage and assist clients in communicating with individuals and organizations that could contribute to their well-being.
- Ensure that the social work role and responsibilities are clearly delineated and communicated to other members of the team
- Ensure that the roles and responsibilities of each collaborating organization are clearly delineated and communicated
- Communicate the client's information in a respectful and objective manner and protect the client's confidentiality and privacy
- Work together on leadership and decision-making functions
- Articulate areas of expertise in content areas relevant to the needs of Service Members, Veterans, and their families.

### **Standard 11. Cultural Competence**

**Social workers shall have and shall continue to develop specialized knowledge and understanding about history, traditions, values, and systems as they relate to Service Members, Veterans, and their families. Social workers shall be knowledgeable about and act in accordance with the *NASW Standards for Cultural Competence in Social Work Practice* (NASW, 2001).**

#### **Interpretation**

Service Members, Veterans, and their families are increasingly diverse. Social workers shall respect and continually obtain and integrate knowledge about how Service Members, Veterans, and their families are influenced by their professional cultures, such as characteristics of the branch of the uniformed services in which they serve. Social workers recognize that cultural competence is never fully realized, achieved, or

completed but, rather, is a lifelong process for social workers, who will always encounter diverse clients and new situations in their practice (NASW, 2001). Social workers approach their work with a relationally based, culturally responsive, and theoretically informed perspective (CSWE, 2010). They explore, identify, and resolve biases, myths, and stereotypes about military and Veteran cultures and how these cultures interface with the civilian communities (CSWE, 2010).

In addition, social workers shall recognize the possibility for discrimination or prejudice toward clients on the basis of their military service, which can have the same impact and ramifications as others forms of discrimination and prejudice, such as those based on race, ethnicity, national origin, geographical location, immigration status, age, religious or spiritual affiliation, sexual orientation, gender identity, political beliefs, marital status, or mental or physical disability. Social workers recognize the complex confluence of possible discrimination or prejudice based on combinations of the above personal identifiers. Social workers should understand systems of oppression and how these systems might affect client decision making.

Social workers must consider both personal and professional cultures, as they both may influence how a client perceives and accesses social work services. Social workers who understand how culture affects these decisions and experiences will be better able to individualize care. Therefore, social workers should be familiar with the practices and beliefs of the cultural groups with whom they practice so that they can deliver culturally appropriate services.

As adapted from the *NASW Standards for Cultural Competency in Social Work Practice* (NASW, 2001), cultural competence and cultural responsiveness involves then following:

- **Ethics and Values:** to function in accordance with the values, ethics, and standards for the profession, recognizing how personal and professional values may conflict with or accommodate the needs of diverse clients
- **Self-Awareness:** to develop an understanding of one's own personal and cultural values and beliefs in regard to Service Members, Veterans, and their families
- **Cross-Cultural Knowledge:** to have and continue to develop specialized knowledge and understanding about military culture and the history, traditions, values, and family systems of Service Members, Veterans, and their families
- **Cross-Cultural Skills:** to use appropriate methodological approaches, skills, and techniques that reflect the social worker's understanding of the role of military culture in the helping process and its intersection with other diversity factors
- **Service Delivery:** to be knowledgeable about and skillful in the use of services available in the community and broader society and able to make appropriate referrals; to understand the lack of needed resources, particularly in underserved and/or rural communities
- **Empowerment and Advocacy:** to be aware of the effect of social policies and programs on Service Members, Veterans, and their families; advocating for and with clients whenever appropriate
- **Diverse Workforce:** to support and advocate for cultural diversity in recruitment,

admissions and hiring, and retention efforts in social work programs and agencies that serve Service Members, Veterans, and their families

- **Professional Education:** to advocate for and participate in educational and training programs that help to advance military cultural competence
- **Language Diversity:** to seek to provide and advocate for the provision of information, referrals, and services in the language appropriate to the client
- **Cross-cultural Leadership:** to be able to communicate information about diverse client groups to other professionals.

### Standard 12. Advocacy

**Social workers have a responsibility to advocate for the needs and interests of Service Members, Veterans, and military family clients.**

#### Interpretation

Social workers should advocate to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully (NASW, 2008). Social workers have a special responsibility to advocate for the needs of all clients, particularly those who are disenfranchised or most vulnerable, at both the micro and macro levels. Social workers will identify barriers to services and actively seek to resolve them. The responsibility to advocate for quality improvement also implies a responsibility for social workers to act as advocates to expand the role of the profession, develop leadership programs, and mentor new professionals. Social workers who work with Service Members, Veterans, and their families shall use their best professional judgment when choosing advocacy activities.

Social workers working with Service Members, Veterans, and their families shall

- Help clients and their families to negotiate their goals of care and navigate through systems of care
- Help clients to gain access to and effectively use formal and informal community resources that enable Service Members, Veterans, and their families to self-advocate
- Identify barriers to care and needs from the client's perspective and define resources and services that are not readily available
- Work with clients so that they can become their own best advocates and advocate on their behalf when appropriate
- Engage and build collaborations with external organizations and agencies to create the best possible service delivery and advocacy systems for clients
- Be aware of court decisions, budget decisions, legislation, rules and regulations, and policies and procedures that affect social work with Service Members, Veterans, and their families and provide feedback when possible
- Identify allies at local, state, and federal government levels to support causes, initiatives, legislation, and policies that are key to this population
- Follow and understand the policy agendas and positions of elected officials
- Participate in or be aware of governmental hearings and briefings and provide testimony and commentary when possible
- Understand advocacy from the micro and macro level, or from "case to cause"
- Advocate to expand the role of the profession, develop leadership programs, and mentor new professionals

- Serve as public spokespeople helping to educate colleagues, the media, allied professionals, decision and policymakers, and other stakeholders on the unique needs of this population and the important role of professional social work
- Understand how budget considerations affect the profession and this population and advocate for enhanced funding for social work services when necessary
- Remain up to date on relevant news and developments affecting this population and the profession
- Understand the limits of advocacy for active-duty Service Members or others on the basis of their professional roles.

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## Resources

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**National Association of Social Workers:**  
[socialworkers.org/military.asp](http://socialworkers.org/military.asp) 202.408.8600  
NASW's military Web page offers additional resources and information for social workers who work with, or would like to work with, Service Members, Veterans, and their loved ones.

**Council on Social Work Education: [cswe.org](http://cswe.org)**  
The Council on Social Work Education (CSWE) is the accrediting agency for social work education in the United States. CSWE offers competencies in advanced social work practice in military social work.

**Defense Centers of Excellence: [dcoe.health.mil/](http://dcoe.health.mil/)**  
**Center for Deployment Psychology:**  
[deploymentpsych.org](http://deploymentpsych.org)  
The Center for Deployment Psychology trains military and civilian behavioral health professionals to provide high-quality behavioral health services to Service Members, Veterans, and their families to better address the unmet need for deployment-related behavioral health services.

**Center for the Study of Traumatic Stress:**  
**[centerforthestudyoftraumaticstress.org](http://centerforthestudyoftraumaticstress.org)**

The Center for the Study of Traumatic Stress works to advance psychological health by providing research, education, and consultation on trauma exposure.

**Defense and Veterans Brain Injury Center:**  
**[dvbic.org](http://dvbic.org)**

The Defense and Veterans Brain Injury Center works to treat, support, train, and monitor service members, veterans, their families, and medical providers who have been affected by, work with, or care for military personnel diagnosed with traumatic brain injuries.

**Deployment Health Clinical Center:**  
**[pdhealth.mil](http://pdhealth.mil)**

The Deployment Health Clinical Center provides information for health care providers, Service Members, Veterans, and their families about deployment health and health care and assists clinicians with the delivery of postdeployment health care.

**National Center for Telehealth and Technology:** **[t2health.org](http://t2health.org)**

The National Center for Telehealth and Technology is a leader in the development of telehealth and technology for psychological health and traumatic brain injuries.

**National Intrepid Center of Excellence:**  
**[nicoe.capmed.mil/SitePages/Home.aspx](http://nicoe.capmed.mil/SitePages/Home.aspx)**

The National Intrepid Center of Excellence supports the families of military personnel who were lost in service or were severely wounded while serving their nation.

**Department of Defense Social Work Careers:**

**Air Force:** [airforce.com/careers/detail/clinical-social-worker](https://airforce.com/careers/detail/clinical-social-worker)

**Army:** [amedd.army.mil/r2d/social\\_work.html](https://amedd.army.mil/r2d/social_work.html)

**Navy:** [navy.com/careers/healthcare/clinical-care/social-work.html](https://navy.com/careers/healthcare/clinical-care/social-work.html)

**Give an Hour: [giveanhour.org](https://giveanhour.org)**

Give an Hour is a nonprofit organization whose mission is to develop national networks of volunteers capable of responding to the mental health needs of Veterans and their loved ones. Clinical social workers may volunteer to provide free mental health services to U.S. military personnel and families affected by the conflicts in Iraq and Afghanistan.

**Joining Forces: [joiningforces.gov](https://joiningforces.gov)**

Joining Forces is a national initiative, created by First Lady Michelle Obama and Second Lady Dr. Jill Biden, to mobilize all sectors of society to give our Service Members and their families the opportunities and support they have earned.

**TRICARE: [tricare.mil](https://tricare.mil)**

**Substance Abuse and Mental Health Services Administration (SAMHSA) Technical Assistance Packet on becoming a TRICARE provider:**  
[thenationalcouncil.org/cs/resources\\_services/becoming\\_a\\_tricare\\_provider#ta\\_packet](https://thenationalcouncil.org/cs/resources_services/becoming_a_tricare_provider#ta_packet)

TRICARE is the military health benefit for over 9.6 million beneficiaries comprising active-duty Service Members, retirees, and their family members. This health benefit for private sector care includes mental health and substance abuse care. Services are provided by authorized TRICARE providers outside of military treatment facilities throughout the United States and overseas.

Under TRICARE, clinical social workers can be authorized to serve this beneficiary population and receive reimbursement when certain criteria are met. Certified clinical social workers are authorized to assess or diagnose illness and to establish, manage, and efficiently implement a plan-of-care and render allowable services. (Patients' organic medical problems must receive appropriate concurrent management by a physician.)

**United States Department of Veterans Affairs:  
va.gov**

**VA Social Work: [socialwork.va.gov](https://socialwork.va.gov)**

Social workers work in every VA Medical Center, Vet Center, and in many community-based clinics.

**VA Mental Health: [mentalhealth.va.gov](https://mentalhealth.va.gov)**

The Office of Mental Health Services' mission is to maintain and improve the health and well-being of Veterans through excellence in health care, social services, education, and research.

**VA Caregiver Support: [caregiver.va.gov](https://caregiver.va.gov)  
855.260.3274**

Support and services for family caregivers are offered by the VA.

**VA National Center on Homelessness  
Among Veterans:**

**[va.gov/homeless/nationalcenter.asp](https://va.gov/homeless/nationalcenter.asp)**

The National Center on Homelessness Among Veterans is working to meet the Department of Veterans Affairs' Five Year Plan to End Homelessness by providing recovery-oriented care for homeless or at-risk Veterans.

**Veterans Crisis Line: [veteranscrisisline.net](http://veteranscrisisline.net);  
800-273-8255; text:VETALK (838255)**

The Veterans Crisis Line/Chat/Text is available for Veterans, families, and caregivers in crisis. Trained, caring VA professionals are available 24 hours a day, 7 days a week, and 365 days a year.

**Vet Centers: 877-WAR-VETS**

For Veterans who have served in any combat zone, Vet Centers are in communities to help them and their families with readjustment counseling and outreach services.

**VA Clinical Practice Guidelines:  
[healthquality.va.gov](http://healthquality.va.gov)**

Evidence-based interventions and skill sets that are aligned with the VA/DoD Clinical Practice Guidelines can address signature injuries and the more commonly experienced illnesses, depression, anxiety, and substance abuse disorders.

**Iraq War Clinician Guide:**

**[ptsd.va.gov/professional/manuals/iraq-war-clinician-guide.asp](http://ptsd.va.gov/professional/manuals/iraq-war-clinician-guide.asp)**

This manual, developed with the Department of Defense, addresses the unique needs of Veterans of the Iraq and Afghanistan wars.

**National Center for PTSD: [ptsd.va.gov](http://ptsd.va.gov)**

The National Center for PTSD is the center of excellence for research and education on the prevention, understanding, and treatment of PTSD.

**Returning Service Members (OEF/OIF):  
[oefoif.va.gov/index.asp](http://oefoif.va.gov/index.asp)**

Returning Service Members provides services and resources for Service Members returning from Iraq and Afghanistan.







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