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The initial impetus for this venture came from a series of conversations between four retired Army Social Workers (Garber, Harris, Lawson, and McNelis). The context of the conversations, which now have spanned more than four years, was the Annual Program Meeting of the Council on Social Work Education. In addition to providing the occasion for four people from different geographical locations to meet, APM also provided an atmosphere in which social work knowledge in all its breadth and depth, and with its gaps is discussed, contemplated, and defined. It seemed quite natural for us to ask: "What has Army Social Work contributed?"

Our collective experiences in Army Social Work left us with the conviction that we had been a part of a remarkable phenomenon in the development of the profession of Social Work. Our collective experiences in interaction with the civilian social work establishment left us with the feeling that the contributions and the innovations which have been part of the half century of Army Social Work are largely unappreciated and un-exploited by the profession as a whole. In spite of the steady stream of Army Social Workers who have moved through doctoral programs and into social work education as teachers, deans, and directors, and in spite of an overwhelming body of literature generated out of Army Social Work, a common response when sharing one's military experience with a civilian colleague is: "I didn't know they had social work in the Army" (naive) or "How can you do social work in the Army?" (hostile). At last count, at least six retired Army Social Workers are or have been deans or directors of graduate social

work programs, three of those have been responsible for founding the program they headed. Retired Army Social Workers who have become professors in schools of social work and undergraduate program directors remain uncounated, along with those who have become policy makers, agency executives, and practitioners; they are legion. In addition there are literally thousands of social workers who have been part of the program as non-careerists and reservists, both officer and enlisted, to say nothing of civilian employees.

Obviously, bits and pieces of Army Social Work knowledge has found its way into the larger body of professional knowledge as practitioners and educators were shaped by their experiences, good and bad , as they moved through the program. Their subsequent practice and teaching has been informed by this experience. Additionally, as one reviews the literature, it is clear that Army Social Workers have not been silent in sharing their experiences, research, and theoretical formulations through professional journals, books and conferences. In the early years (1943-63), the "main line" journals were rich with articles about Army Social Work, by Army Social Workers. Examples include: *The Family* (which became *Casework*), *Compass* (which became *The Social Work Journal*, and is now *Social Work*), *Mental Hygiene*, *The American Journal of Orthopsychiatry*, *The Proceedings of the National Conference on Social Welfare* , and others (Shellhase, 1962). Over time and increasingly Army Social Workers have written for military publications such as *Military Medicine*, *Military Police Journal*, *Infantry Journal*, and *The Medical Bulletin, U.S. Army Europe*, to name four. In recent years this trend has continued. As professional journals have proliferated, and the interests of Army Social Workers have broadened, the concentration of Army Social Work literature

in the "main line" social work journals has thinned. Current contributions can be found in *Armed Forces and Society*, *Journal of Marriage and the Family*, *Journal of Human Stress*, *Journal of Social Work Education*, *Social Work*, and many others. One can conclude that, for the interested, much information about Army Social Work is readily available in the professional literature. References to military social work, however, are notably missing from texts used by schools of social work and the civilian practice literature. The reasons for this are complex, however, it is safe to say that both the military author and the knowledge consuming scholar need to overcome some problems in communication.

Although of mixed quality, there is a vast body of literature contained in the proceedings of dozens of Army Social Work short courses and conferences dating back to 1951. The bulk of this work remains unavailable to the profession at large and perhaps worse, inaccessible and untapped by Army Social Workers themselves. It has not been adequately preserved or archived for easy access. Additionally, the dozens of dissertations written by Army Social Workers gather dust on bookshelves or in microfilm containers and inform only the practice of the author or other dissertation writers who find them a necessary source for literature review. While few find dissertation reading recreational, there is a tremendous repository of Army Social Work knowledge contained in these tomes. Again access is not easy. Much of what has been written is essentially "fugitive literature," available only to the most dedicated searcher.

How can the knowledge and experience of Army Social Work be translated into forms, which civilian social workers will read and utilize? The answer at first seemed to be to develop a generalizable paradigm, based on Army Social Work experience,

designed to address problems with which most social workers struggle. One theme seemed to stand out in our initial discussions. That was: "the generation of organizational change, from within the organization." One of the outstanding features of Army Social Work over the years has been the tenacity with which its members have addressed the seemingly intractable nature of the military bureaucracy. The results have been: changes in the philosophy, structure, and programs of the Army to better meet the needs of the soldier and his family, thus enhancing the ability of the Army to accomplish its mission of national defense. The outcome of these efforts has been substantive change in military social systems and an enhanced capacity within the military to deal with a host of complex human issues. There is little doubt that Army Social Workers have been effective agents of change and have much to contribute to the larger body of knowledge with regard to working from within an organization for change. On the surface this approach might have considerable utility for the profession, however, if we know one thing about social change it is: that linear models that seek to define cause effect relationships are rarely valid. Indeed, over the years, Army Social Work has been changed by its professional and military environments as much as it has changed its environments.

At least two other practice models are immediately discernible in the Army Social Work experience which have application to the immediate concerns of the profession. The first, employee assistance social work, has received some attention in the literature (Smith, 1985; Harris, 1992). Clearly, the historic emphasis by Army Social Work on the relationship between a soldier's job performance and psychosocial factors places the program as one of the first (if not the first) models of employee assistance social work.

Second, the necessary mobility of Army Social Workers in the course of an Army career, coupled with the diversity of professional assignments has forced all but a few to develop a broad range of generalist social work skills in order to survive. The profession has been struggling, with varying degrees of intensity, since the Milford conferences in the 1920's, to define a model of generalist social work practice, that is: "...a clear conception of a competent social worker who is prepared to respond to the varying demands of clients, social institutions, and social policies." (Shatz, Jenkins, and Sheafor, 1990, p.229) It would seem that the Army Social Work experience offers a rich source of data to achieve a clear definition of generalist practice which would be of great use to the profession. One need not look far into the Army Social work experience to identify other practice models which have potential utility within the larger framework of the profession's knowledge base as well.

Before we can develop clear and transferable conceptual models of practice it is necessary to understand the complexity of the systems transactions which have led Army Social Work to where it is today. This is not an easy task, because we are dealing with complex processes within complex organizations, and we are also dealing with a geopolitical environment which has undergone multiple upheavals in the fifty or more years which span the development of the current Army Social Work Program. These forces have profoundly affected both Army Social Work and its environment. Some of the more cataclysmic of these events have occurred within the past five years. A logical starting place for developing a base for the substantive transfer of the military experience to the larger body of professional knowledge is a careful examination of the whole. This requires not only understanding the structure of the present program, but

also the historical context, both in terms of its programmatic content, and in terms of the processes which have produced that entity which we know today as Army Social Work. Likewise, such an understanding of the whole is critical to the program itself as it faces a period of accelerating change brought on by the redefinition of the geopolitical world, United States defense policy, and by extension the structure and mission of the armed forces.

There are numerous cursory reviews of the history of military social work available in the literature. The most prominent of these reviews are contained in the last four issues of the *Encyclopedia of Social Work* (Rooney, 1965; Bevilacqua and Morgan, 1971; Bevilacqua and Darnauer, 1977; McNelis, 1987). Other recent accounts of the history of Army Social Work also tend to be brief reviews of its development and expansion, these are designed to establish the context for the examination of some specific phenomenon or element of the program (Hamlin, Timberlake, Jentsch, & VanVranken, 1982; Harris, 1992). In depth, historical analysis of the program is confined to its roots in the United States Sanitary Commission (Torgerson, 1956), Army Emergency Relief (Rooney, 1956), and in its first sixteen years (Morgan, 1961). In the last fifty years Army Social Workers have contributed to many professional innovations. They have had a broad vision, exceptional professional competence, and the ability to generate opportunities for expanding social work service to the Army. No more time should pass without an attempt to put it all into perspective and then to generalize both to the social work profession's knowledge base and to the planning for the future of Army Social Work. This paper is an attempt to begin that process, it is not an end product. It will

suggest some general propositions and principles which seem to have developed over the last fifty years. These can only be validated through more exhaustive scholarship.

HISTORICAL OVERVIEW

Military Social Services Prior to World War II

Pre-dating the advent of a uniformed military social work program, a number of organizations were created to provide social welfare services to the Army. The need for a formal system of individualized social services for the soldier was recognized during the Civil War. The privately financed United States Sanitary Commission was commissioned by the President of the United States to address the welfare needs of the Union Army. Its organizers defined its mission as the prevention of disease and the provision of a system of general relief (Torgerson, 1956). The Army Relief Society was founded in 1900 to provide for needy widows and orphans of Regular Army soldiers (Rooney, 1956). The American Red Cross, founded in 1905, became the primary source of social services to the military during WWI and continued to provide the bulk of social work support to the Army through World War II. The first professionally trained social workers to be actively involved with the Army in providing both psychiatric and medical social work services were from the Red Cross. Although its role has changed considerably over the years, the American Red Cross continues to provide a significant amount of social service support for the military.

World War II - The Proving Ground: Persistence, Competence, Support from the Profession

The official birth of Army Social Work, as we know it today, is considered to be November 1943. Beginning early in World War II social workers, both enlisted and officer, were utilized by the Army in a variety of capacities in mental health, personnel, and social welfare jobs. It was not until late 1943 when the Army officially recognized social work by designating: "... an Army Serial Specification Number (SSN) 263 for Social Work (civilian) and a parallel SSN 263 for Psychiatric Social Work (military)." (Ross, 1943, p. 269) Several factors led to this development which are generalizable to the present and have contributed to the development of Army Social Work throughout its history.

The first was the persistence and downright dogged insistence on the part of social workers that they be afforded the opportunity to apply their professional skills in service to the Army. Elizabeth Ross (the first person to serve as a social work consultant to the Surgeon General of the Army), in announcing the Army's recognition of social work, credits as most impressive: "...the sustained interest, almost the pleadings, of social work to serve the army professionally." (1943, p. 271) In an article written after the war, she describes this effort as follows: "With unquenchable persistence, effort, some gall, and a discreet use of channels, he has achieved his chance to be a military social worker." (1946, p.65).

The second factor was the demonstrated ability of those social workers to be both consummate soldiers and professional social workers. The most celebrated example,

perhaps, is the utilization of enlisted soldiers with professional social work training in establishing the first mental hygiene consultation service at Ft. Monmouth, New Jersey, in October of 1942. It was this demonstration, in part, that led to the creation of SSN 263. In an optimistic assessment of both the past contributions and future role of Army Social Work, Elwood Camp noted in a 1948 article in the *Social Work Journal*: "Their devotion to their assigned duties and the respect which they established for their profession among their fellow workers has assured the profession a permanent place in the Surgeon General's future program of medical care for the Army" (p. 76).

The third, but qualified, contributing factor involved direct action and support from professional social work organizations. Without a doubt, these early Army Social Workers would have had a difficult time obtaining official recognition without the support of Elizabeth Ross and the War Service Office American Association of Psychiatric Social Workers, as well as the American Public Welfare Association and the American Association of Social Workers. These efforts, however, played to mixed reviews, as has the subsequent activity by NASW. After the war Ross observed: "Time and again the refrain has rung out: 'Where is the profession? What are the professional organizations doing in this war if they leave it up to each GI MPSW to explain to the army what social workers are trained to do?'" (1946, p. 69). In spite of somewhat limited support from the profession, these early Army Social Workers did a good job of defining their role to both the Army and the profession. Ample evidence of their success is contained in a plethora of articles published in professional journals and books both during and after the war (Shellhase 1962). A number of them went on to

become luminaries in the profession - Bertram Beck, Alfred Kahn, and Henry Maas, to name three.

Although estimates of the number of professional social workers who served the Army, in uniform, during World War II vary from 711 to 1,000, it is safe to say that this number has not been equaled since (Camp, 1948; Bevilacqua & Morgan, 1971). Of significance to the future, however, was the transfer of Maj. Daniel O'Keefe, a social worker, from the Adjutant General's Department to the Medical Administrative Corps and his assignment as Chief of the Psychiatric Social Work Section of the Division of Consultants in Neuropsychiatry, Surgeon General's Office. This action took place in July of 1945, just prior to the end of the war, and although many commissioned social workers had served prior to this time under a variety of job titles, his appointment to this office marks him as the first designated Social Work Officer (Horwitz, 1943; Pikus, 1944; Ross, 1946).

The Aftermath of World War II - From Demobilization, building the professional base: Research, Recruitment, Education, and Expert Consultation.

Although uniformed Social Work Officers were well established by the end of the war, it was not until the post war period that the present day Army Social Work program began to take shape, with the creation of the officer specialty 3605 (Psychiatric Social Worker). An interesting historical footnote is that Japan surrendered in the same month that the Social Work Officer military occupational specialty 3605 was formulated (no connection implied). The first officer was commissioned in the specialty in January

1946 and a small cadre of Social Work Officers began to develop what has been a potent force in service to the soldier and the military family since that time (Bevilacqua & Morgan, 1971). It should come as some consolation to Social Work Officers faced with the massive military draw downs of the 1990s, that the program, of which they are a part, began to flourish and achieved professional status during the most massive draw down of forces in U.S. Military history, following World War II.

The goals of the post war program consisted of providing a high level of professional service to the peacetime Army and building a strong group of reservists, as a readiness measure. Although Army Social Workers had attained the status of commissioned officers they remained organizationally subordinate to psychiatry and their practice was confined to mental health and correctional settings. The focus of their practice was determined by the setting but included both treatment and prevention functions (Camp, 1948).

Several features of the Army Social Work program of the late 40's were enumerated by Elwood Camp, the first post war Army Social Work Consultant, in the *Social Work Journal* (1948). These initiatives have been continued over time and, in part, account for the sustained quality of Army Social Work. First, from the beginning Army Social Workers were expected to be involved in research and to contribute to the knowledge base. This involvement led to a significant body of scholarly literature and to the eventual assignment of Social Work Officers to full time research positions in the 1950's. Leslie Shellhase summed it up succinctly when describing professional leadership in research: "...the Army social work researcher is best defined as an Army Social Worker." (1959).

Second, selected Regular Army officers were sent for long-term training in social work at civilian universities. This program, begun in October of 1947, continues to the present. The Army has funded both masters and doctoral training for literally hundreds of officers since 1947. At least eleven officers took advantage of the opportunity to obtain their masters degrees in social work between 1947 and 1948, more followed. They, along with a number of social workers who received direct commissions based on their social work education, became the professional core of the Army Social Work program prior to the Korean conflict. Many of this same group went on to pursue doctorates at Army expense and became the program's leaders of the 50's and 60's. The Army's sponsorship of long term civilian training, especially at the doctoral level, has been a catalyst for many innovations in the Army Social Work practice over the years. Unlike the majority of today's doctoral program graduates who use the degree as an entree into academia, the Army has returned most of its DSWs and PhDs to practice, supervisory or staff positions where their knowledge is directly applied and tested.

Third, civilian experts were actively engaged as consultants in an effort to maintain the level of professional competence of Social Work Officers and to make available the latest scientific thinking to the various program efforts. Many of the preeminent scholars in the field of social work have been consultants to the program. Examples include: Otto Pollock, Gertrude Wilson, Sidney Berengarten, Lydia Rapoport, Virginia Satir, Gordon Hearn, Daniel Thurz, and many others.

Fourth, in response to personnel shortages in the late forties a systematic training program for paraprofessionals was developed at the Medical Field Service School.

This program is now the oldest, continuously running, mental health paraprofessional training program in the United States. In the training and utilization of paraprofessionals the Army was decades ahead of the civilian professional establishment. In many respects it was the precursor to the Associate and Bachelors degree programs which exist today. In addition to providing needed personnel, this program allowed the Army to effectively utilize drafted soldiers whose educational backgrounds equipped them to work in social work and mental health settings. Many of these trained, experienced paraprofessionals have gone on to complete graduate degrees in social work and related fields and represent a substantial input of talent into the helping professions over the past five decades (Monahan, 1961; Garber & O'Brien, 1977).

The 1950's - Korea and Beyond: Consolidation of Identity, Specialist to Generalist, Struggling for Autonomy, Putting the Social into Social Work, and Developing Organizational Skills.

The Korean conflict dominated the first three years of the decade of the 50's. Its impact was to substantially increase the numbers of Social Work Officers on active duty as well as the number of Department of the Army civilian social workers in the program. The total number exceeded 200 by 1952. The needed activation of reservists justified the post war emphasis on building the Social Work Officer reserve base, many of these officers, who had served in World War II, remained on active duty following the termination of hostilities. Aside from the increase in numbers, however, the decade brought a broadening and maturing of the Army Social Work program and a

consolidation of its position in the Army, as well as cohesion in its ranks and identity. The practice settings for Army Social Workers expanded from mental hygiene clinics, neuropsychiatry services in hospitals, and disciplinary barracks to include: combat medical support units, combat divisions, and medical and surgical wards and clinics in hospitals. The expansion into medical social work came as a result of the termination of Red Cross medical social work services in Army hospitals in 1951 (Bevilacqua & Morgan, 1971). Social workers were first assigned to combat divisions in about 1957, the existence of these positions today, serves as a primary justification for the retention of uniformed social workers in the Army (Vielhaber, 1963).

Medical social work presented new horizons for Army Social Workers. To meet the challenge, a medical social work consultant, Maj. Barbara Hodges, was brought into the Office of the Surgeon General. The Psychiatric Social Work Branch was redesignated the Social Service Office and in 1954 became the Social Service Consultant's office. In addition, a separate officer designation was established for medical social work. The subspecialties of medical and psychiatric social work were combined in 1955. In keeping with trends in the profession, Army Social Work adopted a generic definition of the professional role (Department of the Army, 1962; Bevilacqua & Darnauer, 1977). The broader definition of Army Social Work plus a growing frustration with being subordinated to psychiatry led to attempts to establish autonomous social work services during the 1950's. The attempts failed and it was not until the 60s that separate social work services were established (Ryan, 1963; Bevilacqua & Darnauer, 1977). Although now largely achieved, the struggle for autonomy from psychiatry continues, in various venues, and threatens to be an issue in the future.

About 1951, Army Social Workers began congregating annually at the National Conference on Social Welfare. These meetings have expanded and changed over time to encompass a range of short courses and forums, to consider and debate the issues facing Army Social Work. They have served both the instrumental and affective needs of the program. As scientific meetings, they have served as an arena for the presentation of theoretical frameworks, program ideas, and research developed and conducted by Army Social Workers. In addition to Army Social Workers, presenters have included leaders and scholars both in and outside of the profession of social work. As social events, they have simulated cohesion among colleagues stationed around the world and facilitated the development of a program identity. In addition, they have become an important part of the socialization of young officers into Army Social Work. The proceedings of these conferences contain a vast repository of literature on Army Social Work and are an excellent source of data on the history of the program.

During the 40's and 50's the predominate influences on social work practice theory came from the works of Sigmund Freud and Otto Rank, in fact, "true believers" in their theories constituted warring camps within the profession. The emphasis was psychodynamic and, in great measure, was concerned with understanding the internal processes of the individual. Several factors tended to push Army Social Workers beyond these limiting theoretical frames of reference and led them to pioneering efforts to encompass an understanding of the social environment in their practice theory base. The combat experiences of World War II and Korea underscored, in graphic detail, the importance of social organizations to the functioning of the individual. As early as 1950, Roger Little, the first Army Social Worker to obtain a doctorate, called upon

caseworkers to assume a psychosocial perspective in understanding and working with the individual (Little, 1950). He went on to conduct his dissertation research as a participant observer in a rifle company in Korea and received a Ph.D. in sociology. Additionally, the rigors of establishing of a social work program in the Army forced those, so involved, to master the nature of the bureaucracy. They had to understand the organizational environment and its effect on them, their clients, and their programs in order to survive. This struggle led to a number of seminal contributions to the literature on professionals' accommodation to bureaucracy and other social environment issues. The exemplar of these efforts is a classic paper on professional role performance in bureaucracies, delivered by Ralph Morgan to the National Conference of Social Welfare (1962). Many of the dissertations written by Social Work Officers during this time also dealt with social environment or social policy themes (Shellhase, 1962). Out of this background, Army Social Workers were ready to adopt and apply a social systems perspective to the problems they faced in the next decade, well ahead of the main body of the profession. The maturity of the program and its vision is reflected in the title of the 1959 - Ninth Annual Army Social Work Conference: "Planning for Professional Leadership."

The 1960's - New Horizons: Social Systems, The Military Family, The Army Community, and Army Social Policy.

The 60's ushered in a period of accelerating social and technological change in America which has continued unabated. By the end of the decade we had seen the

cold war escalate in Europe, put a man on the moon, seen a president assassinated, tried to conduct a war on poverty and a war in Vietnam simultaneously, and been confronted with deep divisions in our society along race, class, and generational lines. The Army, as a microcosm of society, had to struggle with all of this change and increasingly found itself at the center of the storm. The institution was forced to begin to recognize that, above all, the Army was composed of human beings and that those human beings were connected to families which were part of a community and a society. In order to accomplish its mission, the institution had to develop new ways to cope with its human problems.

Army Social Workers were prepared to assist. The emphasis on developing professional expertise through research and education, organizational skills, and a core of committed career officers, during the previous decade, put Army Social Workers in position to facilitate multiple initiatives during the 60's and early 70's. In their clinical practice, education, and research they had dealt with most of the issues that emerged. They knew about: family problems, drug and alcohol abuse, racial conflict, soldier motivation and performance, and organizational dysfunction. Furthermore, in rank, military experience, numbers, and commitment to the Army they held an advantage over the competing disciplines of psychiatry and psychology. As the program reached its 20th birthday, in 1963, in a conscription supported Army, Social Work Officers represented a stable group with over 90% of its members committed to an Army career (Doan, 1962).

An ample description of Army Social Work's contributions during the decade of the 60's would require considerably more pages than are available in this paper. Several

predominate themes emerged, each of which deserves a book length analysis. On the 20th anniversary of the program, LTC Torgerson, the Social Service Consultant, expressed the vision in twelve program goals. All were ambitious, but four, in particular, set the tone for the 60's. They were: 1) Develop a transmittable practice theory in the field of social systems analysis. 2) Develop a social work officer space at the Department of Defense and Department of the Army levels. 3) Conceptualize and implement a family service center program. 4) Identify military problems which lend themselves to "social treatment." (1963). Many of these goals referred to work in progress, however, what emerged was a refined and developed command consultation program in mental hygiene consultation services and combat divisions, the establishment and proliferation of Army Community Service centers, the development of an advanced training program for Social Work Officers in the treatment of children and families, and the establishment of social work positions at the highest policy making levels of the military.

A concerted effort was made to broaden and deepen practice theory in two related areas. The first was the application of General Systems Theory to an understanding of human behavior and to various military practice settings. The second was to better understand the military family, in order to develop intervention strategies with families that had problems, and to develop community support systems to prevent family problems. In 1963, plans were announced to conduct a post doctoral short course in social systems analysis. The objective of this course was to develop strategies and curriculum to train Army Social Workers in social systems analysis (Rooney, 1963). Subsequent conferences took a decided social systems orientation, particularly the

1964 conference in Los Angeles, which had one section devoted to family systems, and the 1969 "Current Trends" short course, in Denver, which focused, in its entirety, on the application of systems theory to Army Social Work. The latter course, included a presentation by Gordon Hearn, a leading scholar in social work theory development (1969). To say that Army Social Work was on the cutting edge in the adoption of a systems perspective is an understatement. Social work scholars generally date the advent of a social systems perspective, in social work, to 1969 (Compton & Galaway, 1989). Without a social systems perspective Army Social Work's contribution across many levels of the military establishment would have been unlikely.

In parallel developments, on the East and West coasts Army Social Workers were developing, researching, and experimenting with family therapy. At Letterman General Hospital in San Francisco, Virginia Satir was engaged as a consultant, a relationship which lasted through 1966. She taught the Letterman social work staff, the skills and theory of family therapy, from notes which she later converted to her classic book, *Conjoint Family Therapy* (1967). Other preeminent Bay Area family therapy scholars also contributed, personally, to this group's learning including; John Bell and Don Jackson (Montalvo, 1992). Several excellent papers in the 1964, Proceedings: *14th Annual U.S. Army Clinical Social Work Conference* attest to the level of discourse and theory refinement which came out of this group (Satir, 1964). Meanwhile at Walter Reed, staff Social Work Officers were using family therapy, in response to an increasing demand from the outpatient department of the hospital for counseling of families in trouble. Their efforts were reported at the Thirteenth Army Social Work Conference (Ryan, 1963). In 1964, Ryan and Bardill published a book entitled *Family*

Group Casework : A Casework Approach to family Therapy, which drew on their experiences at Walter Reed. These developments and the benefits derived from them, along with the efforts of Donald R. Bardill, are some of the historical antecedents of the child and family fellowship program, which began at Walter Reed in the mid 60's and continues to be an important training program for Army Social Workers.

During the 60's, Social Work Officers remained organizationally subordinate to psychiatry in Mental Hygiene Consultation Services and station hospitals. At the major Army posts, however, the senior Social Work Officer tended to out rank, and have considerably more military experience than the assigned psychiatrist, many of whom were draftees or recent graduates of an Army residency. Some were even the products of brief, on the job training programs and had no formal training as psychiatrists (Baxter, 1964). Although not without conflict, social work was able to exert a major influence on the way in which the mission of the Mental Hygiene Service was carried out. The results were creative, and have had a residual impact on subsequent developments in both military mental health and social work. Although there were many initiatives, two major activities emerged. First, the lessons learned in combat psychiatry were applied to the development of command consultation programs. Second, social workers engaged in the grass roots organizing (for lack of a better term) of services for families.

Command consultation constituted a major shift in the way military mental health workers defined the dysfunctional soldier and in the way services were delivered. It transformed what had been essentially psychiatric outpatient clinics into community outreach centers. It focused on work with the soldiers environment as much as on work with the soldier. It carried preventive services to the soldier's unit rather than waiting for

the unit to send the problem soldier to mental hygiene. Although there were many innovative programs, the command consultation programs at Ft. Dix and Ft. Benning became the prototypes and were reported on extensively during the annual conferences of 1963 and 1964 (Hiatt, Kisel, Lanier, Monahan, 1963; Baxter, 1964).

The environmental focus of command consultation led quite naturally to a concern, by social workers, with the availability of services in the military community for the soldier and the military family. Army Social Workers, for years, had been providing clinical services to Army family members, retirees, widows, and others who were eligible for medical care. An obviously necessary component of this activity was, interaction with other human service providers, in and around military installations, in receiving referrals and making referrals of family members for assistance. Additionally, demographic shifts in the population of the Army meant that there were simply more Army families. It was apparent to many, that while some services were available they were loosely organized and there needed to be some form of centralized coordination within Army communities. This problem was particularly acute in Europe because the only services available to military families were those in the American military community. It was critical that those scarce resources be efficiently used . Social Work Officers at Army installations in the United States and Europe began organizing Community Service Councils (Rooney, 1963; Garber, 1964). These councils helped to develop a receptive atmosphere on military installations for the Department of the Army initiative, which created Army Community Service in 1965.

Army Social Work played a active role in the conception of Army Community Service (ACS). One of the risks of parenthood, however, is that children change your life

forever, and so it has been for Army Social Work and ACS. The history of ACS is a book unto itself, however, there are two important shifts in the direction of Army Social Work's development which are inextricably connected to ACS. The first, and perhaps the most enduring shift, is that ACS propelled Army Social Workers out of the Medical Department, into staff officer positions at Department of the Army and major command headquarters levels, subsequently this has been extended to the Department of Defense. This came about because social work expertise was a clearly defined need for ACS from its beginning. In the spring of 1963, The Surgeon General (in response to staff work by LTC Rooney, the Social Service Consultant) recommended to the Army Deputy Chief of Staff for Personnel (DCSPER) that an agency be created to coordinate all of the social welfare services on Army installations. The concept was approved and a project officer was assigned, LTC Emma Baird (a WAC officer, often referred to as the mother of ACS). LTC Rooney was designated as the professional consultant to the project (if LTC Baird was the mother of ACS, then LTC Rooney must be seen as the father) (Rooney, 1964).

When ACS was initiated in 1965 Social Work Officers assumed staff positions in the Headquarters of the Department of the Army and Continental Army Command (Hill; Krise, 1966). When the Army reorganized in 1973, equivalent staff positions were created In Training and Doctrine Command and Forces Command (Walsh: Myles, 1974). From this beginning, Army Social Workers have served, and are serving, in key staff positions in major commands around the world. Their areas of concern have extended beyond ACS to include a host of personnel policy and program issues, including: Drug and Alcohol, Race Relations, Personnel Research, and Organizational

Effectiveness. The staff officer role has given Army Social Workers a significant voice in policy and in the distribution of resources to human service programs, throughout the Department of Defense. This translates into the management of millions of dollars, and an impact on the lives of millions of service men and women and their families. The staff officer role essentially opened up a new field of practice, for Army Social Workers, which Dr. Katherine H. Briar, and others, have referred to as "policy practice"(Briar, 1990). The total impact of Army Social Workers on Army policy may never be fully appreciated. Although these contributions could not have been made with out Army Social Workers developing consummate, military staff officer skills, it is equally as true that they would not have been made had they not had superb social work skills and a social work frame of reference.

The second shift in the Army Social Work program engendered by ACS, was the assignment of Social Work Officers to provide social work services in non-medical organizations. Although Social Workers Officers had been assigned to Army correctional facilities for years, these assignments could be justified on the basis of the need for medical support by these institutions. ACS was a different ball game. Beginning in 1965, and continuing through the 70's, substantial numbers of Social Work Officers found themselves attempting to make their way in the strange and wonderful world of the Army Installation Headquarters. Their bosses were Infantry, Armor, and Artillery Officers, or an occasional Adjutant General Corps Officer. These people spoke a different language, viewed Medical Service Corps officers with disdain, and thought social workers were "little old ladies in sensible shoes." There were notable successes and notable failures. In order to succeed the ACS social worker had to be able to get

back to the roots of social work and leave behind the narrow confines of mental health (Hill, 1966).

During the last half of the decade, the United States' increasing involvement in Vietnam began to absorb more and more resources and attention. ACS was in place none too soon. Among its other missions, ACS was called upon to support families who were separated from a service member because of service in Vietnam. Nowhere was the contribution of ACS, or social work more visible, than at Shilling Manor, Kansas. What had been an Air Force base was converted to a city, populated by single parent families, all of whom had the other parent stationed in a war zone. The ACS Social Work Officer, LTC Roy Prince, found himself in a 24 hour a day job, that required him to be all things to all people. He was affectionately known as the "Mayor of Shilling Manor." He and other ACS social workers helped to establish and solidify a program which is now the corner stone of Army social welfare, and includes programs which range from consumer protection to child welfare and beyond. It is perhaps an oversimplification of a complex problem, however, generally true; that Social Work Officers who had, or were able to develop community organization skills, and could define their role as such, succeeded. Those that attempted to provide more traditional clinical services, and defined themselves as therapists, had little impact, or failed. By the beginning of the 80's, most Army Social Work positions in ACS had been civilianized or lost. Medical Department strength ceilings, plus a weakening demand for uniformed social workers in ACS made the positions difficult, if not impossible to retain. Many of the officers, who now hold senior staff positions in Army Social Work, served as ACS social workers. The loss of uniformed social work positions in ACS seriously limits the

socialization of future social work staff officers by depriving them of front line ACS experience.

Vietnam dominated the last part of the decade and the first part of the next, as did the turmoil which erupted in America attendant to the war and other long standing problems in American society. The first Army Social Worker arrived in the Republic of Vietnam in mid September 1965. He was Cpt. James Walsh, who was assigned to the First Cavalry Division (Walsh, 1966). Many Social Work Officers served in Vietnam over the course of the war. They served in combat divisions, hospitals, rehabilitation centers, psychiatric treatment teams (KO), and drug treatment facilities. Senior Social Work Officers also were assigned there, as Theater Social Work Consultants. Their story is one that deserves much more attention than can be given here. One Social Work Officer, Cpt. Armand Sylvestre was killed in the conflict. His death occurred in 1968. Needless to say, their experiences with the emerging drug and racial problems proved useful as the Army turned its attention in these directions at the end of the decade.

This summary of Army Social Work in the 1960's is far from all inclusive. In addition to serving in Vietnam and ACS, Social Work Officers in medical facilities were very involved in caring for the returning soldier, the wounded as well as those who were suffering less visible effects of the war, such as post traumatic stress disorder. Social Work Officers were also heavily involved in corrections and helped establish a new Army Correctional Facility (later called USARB) at Ft. Riley, Kansas (Reeves, 1970). This facility made maximum use of social workers skills (as many as 8 were assigned), in the rehabilitation process, as well as in research (McCubbin & Fox, 1970; Habeck,

1974). Additionally Social Work Officers were involved in helping to establish the Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS). An Army Social Worker Officer served for several years in establishing the resource information component of OCHAMPUS.

The 1970's-From Theory Building to Program Building: Race Relations, Drugs and Alcohol, POWs, Family Violence, and an all Volunteer Army.

If the 60's were busy times for Army Social Work, the 70's promised to be even busier. The literature produced by Army Social Workers during the decade manifests a perceptible shift from a concern with theory to a concern with program development. The racial conflict that had been part of American society in the 60's had spilled over into the military, several major posts had experienced race riots and race was an additional polarizing factor in Vietnam. In addition to its other problems, the Army was still suffering from the impact of project 100,000 with its infusion of marginally qualified troops during the 60's. To add insult to injury, 1970 saw an incredible upturn in heroin use among the troops in Vietnam. Drug related deaths rose from 16 in 1969 to 220 in 1970 (Kruzich, 1979). Although troop withdrawals had been initiated by President Nixon in 1969, the war would continue for more than two years. The theme of the 1970 Army Social Work Current Trends course: "Drugs, race, the counter culture, and the soldier," reflected the concerns of the time. By 1972 the rush of program development and the move to an all volunteer force, led the Current Trends program to ponder the questions: *Where have we been? Where are we now? Where are we going?*

In response to increasing awareness of racial tension and institutional bias, the Army leadership began to stress the need for action. In October of 1969, General Westmoreland dispatched a message which stressed the use of existing leadership to improve communication and to prevent racial incidents. The Army embarked on a training program to sensitize the leadership to racial issues. In January 1970, the Chief of Staff encouraged commanders to utilize Army Medical Department, Behavioral Science Personnel to assist in the effort (White, 1970). The Medical Field Service School, at the insistence of Army Social Worker, Col. Roy E. Baxter, began to incorporate race relations instruction into all career development courses at the school (Baxter, 1992). Similar efforts began at other service schools. On June 24th 1971, the Secretary of Defense issued a directive which mandated a race relations education program be implemented throughout the Department of Defense. This directive also called for the creation of a Defense Race Relations Institute (DRRI), to train the instructors necessary to support the program (Kriese, 1972). Col. Edward F. Kriese, an Army Social Worker, had participated in the staff officer group, which developed the Department of Defense position on race relations initiatives. He was selected as the first director of the institute. For five or more years, one or more Army Social Workers served on the DRRI instructional staff.

In 1971, when the President and the U. S. Army declared "war on drug abuse", Army Social Workers were well familiar with the problems created by the Army's principal drug of abuse, alcohol. Their work in mental hygiene clinics and hospitals brought them into frequent contact with alcoholic soldiers, family members, and retirees. Alcoholics groups and referral to twelve step programs were a common

denominator among mental hygiene programs. In regard to other drugs, the 1970 Current Trends course included a paper, by the Chief of Social Work at Ft. Bragg, on attempts to establish a drug program, on that installation (Marsh). As early as 1961, the Third Army, Social Work Conference was devoted to the dual problems of indebtedness and alcoholism. The Army, as an institution, was less inclined to face up to the problem. An example of this denial occurred in 1961, when this author had an article on alcoholism rejected by the official paper of the Infantry Center at Ft. Benning. The reason: "Because it reflected badly on the Army." The heroin epidemic in Vietnam punctured the denial.

The "war on drugs" created a crisis like environment, in 1971, and the Army seemed totally unprepared to deal with it (Kruzich, 1979). A host of behavioral scientists and staff officers convened at the Pentagon, to design the Army's battle plan. Drawn by the smell of federal dollars, drug experts seemed to crawl out of the woodwork. Teams of mental health workers were sent on temporary duty to Vietnam. Demand for mental health paraprofessionals increased, to the point that the fifteen week training program for Social Work/Psychology Specialists, at the Academy of Health Sciences, Ft. Sam Houston, Tx., had to be shortened to five weeks to meet the requirement. Hasty plans were made for the Academy, to conduct special training for counselors and military leaders to help them understand and cope with the "drug epidemic." Civilian universities also developed training programs to "help" the Army, and civilian trainers were hired as instructors.

The Army's early response emphasized education and law enforcement, perhaps best exemplified by "Operation Golden Flow," a program designed to ensure that

soldiers came back from Vietnam detoxified (Kruzich, 1979). At the installation level, specialized drug treatment and prevention programs were developed. Many were run, initially, by Army Social Workers (Marsh, 1970; Trick, 1972). The programs formats, ranged from residential treatment type facilities to "Rap" houses, that looked more like coffee houses than treatment facilities. The history of the Army Alcohol and Drug Program is involved and complex. It has undergone vast changes in policies and personnel over the years, and deserves a more extensive description than is possible here. The following paragraph will summarize only the evolving role of Army Social workers in the program.

By 1974, the Army Alcohol and Drug Abuse Prevention and Control Program had achieved some measure of stability, and had begun to emphasize Alcohol abuse, as its primary target. A Social Work Officer was assigned to Headquarters, Department of the Army, as a staff officer, to work on alcohol and drug policy, in 1971. He helped to design a program which was community based, and not the exclusive domain of medical treatment oriented professionals (Allen, 1974). Army Social Workers have retained some influence on Army alcohol and drug policy over the years, however, their role on the Department of the Army Staff has been reduced. At medical headquarters, both overseas and in the United States, and in the Surgeon General's Office they retain significant inputs into alcohol and drug treatment policy. They have been extensively involved in the design and implementation of alcohol and drug training programs, at the Academy of Health Sciences and in the development and administration of a competency based counselor certification program, for the Department of the Army. They have performed a continuing, and significant role in providing clinical services in,

Army and Department of Defense, alcohol and drug treatment facilities, world wide (Silsby, Kruzich, Neptune, & Gouin, 1982).

With the beginning of the peace process in Vietnam, attention began to focus on the problems of returning prisoners of war, and their families, as well as the families of the missing in action. The adjustment of waiting wives and families had received some research attention during the conflict. (Montalvo, 1968; Allen, 1972). Little, however, was known about the problems of the families of POWs and MIAs. A joint Army and Navy research project was initiated in July 1972 to study these families, in preparation for the expected repatriation, of those held captive in Southeast Asia. Two Army Social Workers, Col. Roy Baxter and Cpt. Hamilton McCubbin, were involved in the initial design of the study, and numerous others were involved in the data collection process (McCubbin, Hunter & Metres, 1974). The information generated by this study greatly facilitated work with both the returning POWs and their families during "Operation Homecoming" and contributed significantly to the knowledge base needed for subsequent repatriation activities. Five Army hospitals were involved in receiving the returning prisoners. In each, Army Social Workers played a role in easing the transition of these individuals to their families and freedom (Wanberg, 1974). Subsequently, Army Social Workers have been involved in the repatriation of hostages, released by terrorist groups in the Mid-East and, most recently, of POWs from "Operation Desert Storm"(Neptune, 1986).

One arena which has never been debated as the purview of social work is child welfare. Since 1980, the Army has developed a comprehensive Family Advocacy Program, which is designed to prevent and treat all forms of family violence, including

institutional abuse. The roots of this program lie in the 1970's and earlier, and involve the extensive involvement of Army Social Work Officers, in clinical intervention, the organization of programs, and the articulation of policy, relative to family violence. Because they worked with families, in medical facilities, it was not uncommon for Social Work Officers to encounter the victims of family violence. Military physicians, like most of the medical establishment, tended to see family violence as a clinical problem, if they "saw" it at all. It was not seen as a policy problem until Henry Kempe published his, now classic, article: "The Battered Child Syndrome" in the *Journal of the American Medical Association* (1962). Social workers concentrated their efforts elsewhere. An exception: in the 50's, Montalvo, recognized the potential for child abuse in overseas adoptions and encouraged casework involvement (1958). In the mid to late 60's, Army hospitals began to develop hospital procedures to deal with the "Battered Child Syndrome." These invariably involved, referral to an Army Social Worker. One of the first Army child advocacy programs was established, in 1967, at William Beaumont Army Medical Center. By 1970 most Army installations, had some form of child abuse protection program, and by the time the Surgeon General's office had completed a draft of an Army child abuse regulation, in 1974, nearly all had programs (Comptroller General, 1979).

Perhaps the strongest proponent of child abuse programs among Social Work Officers was LTC John Miller, the Chief of Social Work, William Beaumont Army Medical Center (WBAMC). He and his staff conducted research and wrote extensively on the subject. He made presentations to medical audiences and at the Army Social Work Current Trends courses of 1972 and 74. He advocated for an Army wide

program. His 1972 presentation described the Infant and Child Protection Council, operating at WBAMC and included a draft of an Army Regulation (Miller, 1972: 1974). The Child Protection Case Management Team required, in the 1975 Army regulation, was patterned after the WBAMC program, as were many of the early hospital based programs initiated by Army Social Workers. Although an Army-wide program was in place by 1979, a GAO study found it significantly deficient (Comptroller General, 1979). Needless to say, major revisions have taken place since that report. Again, a complete description of the evolution of the Army Family Advocacy Program is not within the purview of this paper, rather the focus is on Army Social Work Officers' contribution to it.

At present, the Army Family Advocacy program is the responsibility of both Army Community Service and the medical treatment facility on an Army installation. It covers both treatment and prevention. Its provisions encompass all forms of family violence and abuse of children. Army Social Work Officers provide policy inputs from the staff organizations of both medical and personnel headquarters chiefs. They are assigned to major command headquarters, in the United States and overseas, Department of the Army, and the Department of Defense. Within medical facilities they are involved in the case management and treatment of both perpetrators and victims of abuse. The program is supported by two Family Advocacy Staff Training Courses, conducted at the Academy of Health Sciences. One of these is sponsored by the Department of Defense. It was initiated in 1986 to train family advocacy staffs from all uniformed services, in the prevention and treatment of family violence. These courses were initiated, designed, and are administered by Army Social Work Officers. They share a

significant responsibility for presenting the course content. Social work activities in the Army Family Advocacy Program became a major preoccupation of Army Social Work Officers in the 1980's and a major source of civilian social worker employment in the Department of Defense.

Aside from the program initiatives described above, other events changed Army Social Work in the 70's. An increasing number of Army Social Work Officers were promoted to the Rank of Colonel, and found themselves in line to assume positions, not previously held by social workers. One such position was Chief of the Behavioral Science Division, Academy of Health Science. Many new staff officer positions were developed, to support a host of human initiatives, and filled by Social Work Officers. The creation of Health Services Command, in 1974, opened up two senior officer positions in that headquarters, including a social work consultant's position. Social Work Officers also joined the staffs of the Organizational Effectiveness Training School, at Ft. Ord, and the Soldier Support Center at Ft. Ben Harrison, Ind. One senior Social Work Officer joined the faculty of the Industrial College of the Armed Forces. A full time Social Work Consultant's position was created at Headquarters, Medical Command Europe. On the down side, the full time Social Service Consultant's position in the Surgeon General's Office was lost. Subsequently, this position has been held jointly with the position of, Chief of Social Work, Walter Reed Army Medical Center.

The 1980's Keeping Pace with a New Army: (Lean, Mean, High Tech, but with Families). Securing Turf, Being Ready, Being Efficient, and Searching for Opportunity.

The Army came out of the 70's suffering from a Vietnam "hang over" but determined to recover. With increased military spending, the leadership was determined to be ready to meet its global responsibilities in a technologically sophisticated and efficient way. The decade began with an emphasis on the "fit" soldier with little tolerance for the over weight, out of shape, drunk, or substance using. Increasing numbers of women were joining the ranks and demanding new roles and respect. Also they were getting married to other soldiers and starting families. Army wives, led by a sophisticated group of career women and ACS volunteers, were getting organized and making demands for improved support for families. The Army had to tolerate them. It was a "be all you can be" environment and the Army was committed to helping the soldier and the military family do just that, but if you couldn't, it wanted you to be a civilian. By the end of the decade the Soviet Empire had collapsed and soldiers were asking the question: What now?

In many ways, the changes in the Army of the 1980's produced the results that Army Social Work Officers had envisioned for years. The Army families and children were officially recognized: 1984 was named "the year of the military child" and 1986 became "the year of the military family." Budgets for family programs, child care, handicapped children, and other programs were increased, and Army Social Work Officers were in staff positions where they could influence the distribution of these resources. The establishment of the Military Family Resource Center in 1980, and the eventual assignment of an Army Social Worker to head it, opened up opportunities to exert a positive influence on military family programs throughout the Department of Defense.

Programs, like Family Advocacy, which had struggled to survive in the 1970's could now be nourished and began to flourish. Never before had the military budget supported such an extensive network of social welfare services, many of them staffed by civilian social workers.

One of the realities of the U.S. Military force structure is that there is a finite cap on the number of soldiers in uniform. Competition for these spaces is intense, and the ultimate justification for the retention of uniformed positions is the existence of a combat role for the occupational specialty filling the position. During the 80's it became increasingly difficult to justify large numbers of uniformed social workers. The politics of military position distribution is not the subject of this paper, however, increasingly, during the 80's, the impact of this process affected the shape and focus of the uniformed Army Social Work Program. Although the interests and assignments of Army Social Work Officers range well beyond the limits of the Army Medical Department, most Social Work Officer positions are in hospitals, medical units, headquarters and training programs. The management of their careers, as Medical Service Corps officers, is in the hands of the Army Medical Department and their combat role is tied to combat medical support. Two issues in this regard preoccupied the Army Social Work leadership during the 80's. The first was to solidify the combat role and the second was to identify essential and unique functions for social workers in medical facilities . In keeping with the Army's emphasis on improving the quality of performance, Army Social Work emphasized training and education to support these roles.

The rejuvenated Army of the 80's was focused on developing ways to cope with a high intensity, high technology, fast moving battlefield. The levels of human stress existent in such an environment were obvious. Army mental health personnel, including Social Work Officers, were intent on convincing the Army to plan and prepare for coping with the human reaction to such an adverse environment. The subjects of battle fatigue and combat stress became a matter of intense interest for many. Conferences were held, research from past wars was reviewed, other nation's combat experiences were examined, new studies were conducted, training was revised, and new combat stress control organizations were proposed (Furukawa, et. al. 1982; Stokes, 1990). Related subjects were also the objects of intense study, including the impact of military deployment on families and the problems faced in evacuating families from a combat zone (McIntire, 1982; Van Vranken, et. al. 1983; Jellen, 1988). The body of literature associated with these efforts is substantial and the subject in its entirety is far too complex to pursue here. In general, this trend did several things for Army Social Work Officers: 1) It provided Officers assigned to combat units the necessary expertise to expand service to their units. 2) It solidified the role of social work in combat, thus, provided a relatively secure base to retain uniformed social work officer positions. 3) It prepared Social Work Officers to perform well in the crisis and deployment situations they faced in the 80's and early 90's. The combat role for Social Work Officers seems to be inextricably linked with organizational subordination to psychiatry. Historically, Social Work Officers' duty performance, military and professional expertise, and rank, all warrant greater autonomy, however, the structure of the Army Medical establishment is unlikely to yield this point.

By 1970 separate social work services were firmly established in Army Medical Centers, with a clear mission to provide support to the entire hospital, including psychiatry. Occasional conflict, still erupted over control of those social workers assigned to support psychiatric services. For the most part, however, an accommodation had been achieved. Such was not the case in smaller community hospitals. In 1980, most did not have separate social work services. Most Social Work Officers in these hospitals were assigned to the Community Mental Health Activity, occasionally as Chief. To the extent that they engaged in activities which overlapped with psychiatry, however, they were subject to subordination to psychiatry. As the demand for hospital wide social work services grew, increasing separation of function took place. Citing the Joint Commission on Hospital Accreditation standards and the Army Family Advocacy Regulation as support, Social Work Officers pressed to establish separate services. Many succeeded. Two functions included in these standards were clearly the purview of social work, and not psychiatry. These were: child and family welfare and hospital discharge planning. Hospital commanders supported these efforts because they wanted to avoid trouble, with JCAH in maintaining accredited status and with higher headquarters monitoring family advocacy policy implementation. By the mid 80's these programs were firmly established. The increased workload generated by these programs, led to increased social work staffing of hospitals. The increasing scarcity of military social work positions led to increasing numbers of civilian employees being hired to staff social work services. The success of these efforts, plus the fact that family advocacy and discharge planning are not

perceived as combat roles, weakened the argument for preserving uniformed social work positions.

Because management skills are critical to the operation of an effective social work service the Social Service Consultant, with the support of the Army Medical Department, launched a systematic program for training Army Social Work managers in 1980. In addition, the focus of many papers delivered at Army Social Work Practices Courses, since then, have been on management issues related to quality assurance, family advocacy, discharge planning, medical social work and contracting for services. In 1988 plans were being made to publish a *Social Work Managers Guide* to support officers in the various managerial roles they perform in the field. One of the artifacts of the increased financial support for Army Human Services in the 1980's was that money became more available than personnel spaces, both military and civilian. Increasingly services are contracted to civilian providers, social work programs are no exception. Contract management demands skills which few Social Work Officers had developed before the 80's. Increasingly, these will be critical to the operation of social work programs in the Army.

During the 1980's, Army Social Work Officers served in a broad array of settings, including hospitals, medical field units, corrections, mental health, substance abuse, family welfare, research and education. They expanded their influence in family policy both within the Department of the Army and the Department of Defense. The general issues of the decade, described above, only scratch the surface of their contributions. They have been involved in responding to the crises engendered by the terrorist bombing of the U.S. Marine barracks in Beirut and the air crash, in Gander which killed

248 soldiers from the 101st Airborne Division (Ekwursel; Lucero, 1988). They have deployed with Army units to the Sinai, both as researchers and service providers (Harris, 1983; Pittman, 1988). They have been on the ground during Army combat operations in Panama, working with both soldiers and military families caught in the conflict (Spinks, et. al., 1990). They have been involved in the repatriation of hostages in the Mid-East (Neptune, 1986). Their research interests have ranged from single case evaluations, to major policy studies. The subjects include women's issues, family issues, stress, AIDS and many others. The sustained accomplishments of the 1980's is, in part, due to the development of a vision for the program. This vision has been expanded in systematic strategic planning sessions conducted by the senior Army Social Work Leadership, periodically since 1980. Tangible recognition of their accomplishments is evident in the fact, that 13 Army Social Work Officers currently on active duty, have been promoted to the rank of Colonel or have been selected for promotion. This number would have been unheard of only a few years ago.

The 1990's and Beyond: What can Army Social Work learn from its past?

As the Army Social approaches its half-century mark, its accomplishments must impress even the most skeptical observer. Mistakes have been made and some periods in its history have been more productive than others. In the main, Army Social Workers have met every challenge they faced with creativity, energy, and professionalism, both as soldiers and as social workers. A significant contributor to Army Social Work's ability to serve the Army so well, over the years, has been the

existence of a cohesive group of dedicated officers. The strong identification of this group with the Army, each other, and their commitment to applying their professional knowledge and skill to serving the soldier and the military family, would have been unlikely, had the program been staffed by civilians. They have been credible, as both soldiers and social workers. Their greatest contributions have come when they have been able function autonomously from psychiatry, which has often tried to limit the scope of their practice. They have contributed significantly to the Army Medical Department's ability to respond to the needs of the Army community, but have also been restricted by the organizational limits of the medical organization.

The world in the 90's will change faster than it has in the decades past. Already the 90's have seen a high tech, high intensity war and geopolitical changes, that have dramatically altered the Army's mission and force structure. The stress of a drawing down will reverberate through the organization for years. Army Social Work programs will be profoundly affected. At this point there are more questions than answers. What will be the impact of contracting? What will be the future combat role for social workers? Will psychiatry reassert itself and threaten social work's hard won autonomy? How can the growing number of civilian social workers in Army programs be drawn into the spirit of the uniformed group? What alliances need to be formed within the Army, with the profession, with others?

As Army Social Workers search for answers, there are three principles which have permeated the program from its inception, which should be kept in mind. The first is vision, the second is competence, the third is initiative. 1) From the beginning, the vision of Army Social Work has been to serve the soldier and the military in ever

expanding ways. Vision, to be expanded, must be exercised and nurtured; it must be radial, not axial. 2) Exemplary professional competence has been the goal of successful Army Social Workers throughout the program's history. Competence has been nurtured by training and education, both military and civilian. It has been informed, by the insistence on research based practice, and a search for the newest theoretical formulations and methods that science has to offer. 3) Last, the program is where it is today because Army Social Workers have had the initiative to seize opportunities when and where they occur, and the gall to demand a piece of the action.

In closing, an "old soldier" offers the following advice to Army Social Work Officers, as they carry the program into its fiftieth year:

- 1) Embrace the vision--for without vision you have no direction.

- 2) Demand competence, in yourselves, your subordinates, and your superiors -- for without competence you have no authority.

- 3) Seize the opportunity, wherever and when ever it presents itself -- for without initiative you have no future.

LTC Max Cook made the following observation of Army Social Work at its 20th birthday celebration:

"The personal joys inherent in our program, its strong bonds of fellowship and its collective strength came not from the victories achieved: they came from the struggle itself. Hence, I hope in the twenty years ahead of us the victories come no easier than they have during the past twenty. We made our gains lean and hungry: we will continue to grow the same way!" (Cook, 1962).

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Note: There are now 14 more years of history to be written. Who will do it?

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