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MILITARY SOCIAL WORKER'S DUAL PROFESSIONAL IDENTITIES

Sarah E. Bakst
Exploring Military Social Worker's
Dual Professional Identities

ABSTRACT

This qualitative, exploratory study examines how active duty military social workers negotiate their dual roles as military officers and as social workers. This study used a demographic survey and semi-structured interview guide with open-ended questions to interview twelve military social workers. The primary research question was “What are the experiences of active duty social workers in negotiating their dual professional identity as both social workers and military officers?” The major findings focus on the differences between military and civilian social work and implications for military social work practice. Recommendations include the need for workload management as well as education for commanders on the roles and responsibilities of military social workers.

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EXPLORING MILITARY SOCIAL WORKER'S DUAL PROFESSIONAL IDENTITIES

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work

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2015

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ACKNOWLEDGEMENTS

I am deeply thankful for the support of my loved ones.

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CHAPTER I

Introduction

The purpose of this study is to explore the experiences of active duty military social workers in negotiating their professional identity as a social workers and military officers. As the military continues to expand the number of social workers within its ranks, this topic warrants more exploration. Like other professionals, social workers have a code, “An obligation to articulate its basic values, ethical principles, and ethical standards” (National Association of Social Workers, 2008). As military officers, military social workers are also expected to abide by military ethics, values and laws. This study examines how military social workers negotiate these dual professional identities.

The exact number of active duty social workers is difficult to pinpoint as numbers of any specific military specialty are vague for operational security considerations. However, the military continues to show an interest in recruiting social workers as evident by postings on websites such as LinkedIn, Indeed, and Monster. In 2009 the Army developed its own Master of Social Work (MSW) program in conjunction with Fayetteville State University. The Army, Air Force, and Navy each have various “internship” programs that allow social workers with their initial license to join the military and work under supervision until they accrue the hours needed to obtain their independent license. The amount of academic literature focusing on military social workers has not kept pace with the increased number of military social workers. While there is significant research occurring about active duty military personnel and veterans, the unique role of mental health professionals within the military is not well-represented in extant research.

This study draws upon identity theory to examine the ways in which a military social worker negotiates his or her dual roles. Identity - as defined by Stryker and Burke (2000) - refers

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to “parts of a self composed of the meanings that persons attach to the multiple roles they typically play in highly differentiated contemporary societies” (p. 284). This theory assisted in understanding the dual professional identities that these individuals have, as well as their commitment to, and the salience of, each identity.

I am a Captain in the Army Reserve; however, I do not work as a social worker. I formulated this research question while participating in an Officer Professional Development training session. Throughout the training, I wondered if the values and behaviors expected of Army officers ever conflicted with those values and behaviors expected of social workers. I was interested in exploring how those that work in a military setting on a day-to-day basis deal with the possible conflict between what is expected of them as a military officer and what is expected of them as a social worker.

The findings of this study will be valuable to an array of stakeholders, including clinical social workers, social work educators, and military officers, particularly commanders who regularly work with military social workers. This study helps to portray the unique aspects of working as a military social worker, which is important for these stakeholders to understand. While social work education programs frequently address ethical challenges, there may be underlying assumptions that social workers will have more freedom and flexibility than is allowed by those working in a military setting. Additionally, while veterans remain a popular population to research, little research is focused specifically on active duty military social workers and their unique role.

The following chapters discuss the theoretical and empirical basis for this study, the methodology used to explore the research question, the demographic and qualitative findings, as

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well as a discussion section that considers the implications of the findings for research and clinical practice.

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CHAPTER II

Literature Review

The following literature review will focus on research pertaining to professional identity within the field of military social work. The purpose of my research is to explore the experiences of active duty military social workers in negotiating their professional identity as social workers and military officers. This is a timely discussion as the military continues to recruit social workers in order to deal with the effects that over a decade of war has had on the military (Malai, 2012). Providing mental health services is a unique role, one that may require the negotiation of one's professional identity as a social worker and military officer. Often these roles can create ethical dilemmas for the provider. With limited prior research exploring these themes, there is little understanding of the potential consequences for conflicts in professional identity to both the military social worker and their clients.

This chapter first supplies a historical context by providing a brief history of military social work. The chapter next presents extant literature on professional identities in the military, and then considers the case of professional boundaries and ethics in military social work including the unique experience of military social work when deployed. I conclude this section by providing the overarching theoretic orientation guiding this qualitative project, specifically an identity theory framework

History of Social Work in the Military

In this section, I examine how concepts of military social work have shifted over time in order to provide a historical context for understanding professional identity in contemporary military social work. Black (1991) details the relationship between psychiatry and social work that occurred during World War I (WWI). Psychiatrists began treating soldiers for "shell shock"

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by sending them to the rear, where volunteers treated them from agencies such as the American Red Cross and American Relief Society (Black, 1991). Due to this need, Smith College began the first large scale training program for psychiatric social workers in 1918 (Black, 1991). Beginning in WWII social workers began to serve as uniformed service members, and it was during this time they proved their usefulness to the armed forces (Odom, 2011). Post-WWII military social work developed in to its own specialty, yet in the mental health hierarchy it still fell below psychiatry (Odom, 2011). Military social workers were very involved with the many substance abuse programs that were implemented during and after the conflict in Vietnam (Odom, 2011).

In the 1980's, the military developed an interest in topics such as battle fatigue and combat stress, which led to further recognition of the importance of military social work (Odom, 2011). Operation Desert Storm/Shield mobilized thousands of reservists, and some social workers did serve in the Persian Gulf (Pehrson & Thornley, 1993). This was also the first time that Navy social workers were deployed to a combat zone, where they worked on the hospital ships Comfort and Mercy and Fleet Hospital Five. (Daley & Munson, 1999). Social workers have also deployed in support of the wars in Afghanistan and Iraq. Army Reservists and National Guardsmen are commonly becoming a crucial part of the military social work community (Harris & Pehrson, 2008). The profession of social work in both the active and the reserve component of the military continue to grow and develop in order to meet the needs of service members.

Conflicting Professional Identities among Military Professionals

Prior literature explores the potential for conflict between professional identities, including military officers that hold other professional roles such as physicians and lawyers

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(Steuart, 2014; Robertson, 2011). While there may be conflict between the professional identities of military social workers, Lawson (1982) determined that there seems to be a lifelong commitment to the profession of social work, as 97% of retiring Army social workers planned to pursue civilian work after retirement, primarily as a social worker. Lawson (1982) also concluded that Army social workers contributed greatly to the profession as a whole, through teaching, research and volunteering clinical services to civilian agencies.

Both Gordon (2014) and Robertson (2011) discuss conflicting professional identities that some military members may have. Gordon (2014) specifically examines the professional identity of military physicians. Through a grounded theory approach, he determined that military physicians do not see their role as binary, and that when identities are in conflict they do not always take the identity that is more common and valued, also known as the organizational identity (Gordon, 2014). Robertson (2011) uses identity theory to argue that “situationism rather than dispositionism” is responsible for professional identity boundaries that were crossed during the war on terror, such as psychologists that assisted with interrogations. That is to say that human behavior is determined by surrounding circumstances rather than by personal qualities.

Professional Boundaries and Ethical Conflict in Military Social Work

Professional boundaries and ethical conflicts are ways to understand how military social workers negotiate their professional identities. Prior research has investigated the presence of these challenges, and the following studies provide examples of boundary issues, specific ethical issues in a deployed environment, and ethical issues related to the law. Pehrson and Hamlin (2002) conducted a study to address military social workers' perceptions of boundary issues. The study looked at 39 social and physical behaviors and had social workers answer whether they have experienced the behavior, their perception of appropriateness of the behavior, and the

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perception of helpful effect of the behavior. Their findings concluded that perhaps due to the context in which Army social workers practice, there are few perceived boundary violations (Pehrson & Hamlin, 2002). For example, home visits are not uncommon and hospital visits may be more common because many Army social workers are based in a hospital. This is an example of how the military culture or environment can influence social work practice.

Simmons and Reycraft (2010) examined the ethical challenges of social workers that are specific to serving in a combat zone. Boundaries and relationships were cluster topics that were distilled from their data. For example, a study participant discussed the fact that “A military social worker on deployment eats, sleeps, showers with the people they will see professionally as well” (Simmons & Reycraft, 2010, p.15). Another participant spoke about being the only mental health provider in a remote geographic location; if he had a personal relationship with an individual then they would be unable to see him in a professional setting. MacDonald (2013) identified that structural and ethical challenges, as well as diagnostic and environmental issues lead to social work practice issues in the United States Air Force. Both Pehrson and Hamlin’s (2002) discussion of few perceive boundary violations and Simmons and Reycraft’s (2010) study of ethical issues in a combat zone begins to explore some of the issues that are unique to social work practice in a military setting.

Johnson, Grasso and Maslowski (2010) examine how at times professional ethics can be in direct opposition to a federal law. For example, prior to the repeal of the “Don’t Ask, Don’t Tell” law, if a client disclosed homosexuality a clinician would be obligated to report it even though it violates the basic principles of patient confidentiality (Johnson et al., 2010). A review of the American Medical Association, American Psychological Association, American Psychiatric Association and National Association of Social Workers codes of ethics reveals that

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each recognizes that at times ethical principal may not align with some laws (Johnson, et al., 2010). In these cases, professionals are expected to seek consultation prior to making a decision. Johnson, Grasson and Maslowski (2010) posit that “there are few instances where when abiding by the law will automatically violate the code of ethics or vice versa “ and someone who is a skilled clinician should typically be able to negotiate these challenges in a way that honors their code of ethics (p. 552).

Social Work in a Deployed Environment

One obvious way in which military social workers are different from non-military social workers is that they are often deployed to austere environments. Military social workers often provide “front line” treatment in a deployed environment. Simmons and DeCoster (2007) discuss the educational needs of military social workers that are deployed to war. Their findings suggest that the types of social work activities performed in a deployed setting are similar to those performed in a non-deployed setting (Simmons & DeCoster, 2007). This means that the ethical considerations that military social workers deal with could also be similar. However, some differences might also exists between these settings, including less documentation, increased autonomy and diminished confidentiality (Simmons & DeCoster, 2007). Additionally, deployed military social workers regarded both MSW course work and continuing education courses that dealt with therapy and trauma as valuable (Simmons & DeCoster, 2007).

Simmons and Reycraft's (2007) study found five cluster topics when asking participants about ethical challenges while deployed. These clusters included confidentiality and privacy, conflicts and commanders, relationships and boundaries, diagnosis and treatment, and no ethical dilemmas. Some of these cluster topics would not exist if the social worker was not practicing in the military. For example, there are no “commanders” in the civilian world that can order you to

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do something which by law you have to obey. Furthermore, dual relationships can more easily be managed in the civilian sector. This illustrates that there are unique challenge to military culture that may create distinctive ethical challenges.

Dobmeyer (2013) focused on ethical challenges that could arise for social workers or other clinicians that work in a primary care behavior health setting where they are one of a few providers, which is a common scenario in a deployed environment. Specifically, she presents a scenario where a clinician may be expected to perform a skill that they are not properly trained in. Dobmeyer (2013) draws attention to the fact that the military emphasizes “just in time” training, where service members are expected to take over things that may be beyond their range of expertise, but are expected the do the best that they can with the knowledge and resources that they have. This attitude may be especially true in a deployed environment, where due to the nature of the location and the frequent and rapid personnel transitions, service members may become responsible for tasks which are beyond the scope of their practice. Navigating that situation can be especially complicated when a commander expects a clinician to perform those tasks. The clinician then risks appearing inept or unwilling in front of their boss, which may negatively affect their performance review and possibly their career.

Theoretic Orientation

To examine the ways in which a military social worker negotiates their dual roles, this study draws upon identity theory. Identity, as defined by Stryker and Burke (2000) refers to “parts of a self composed of the meanings that persons attach to the multiple roles they typically play in highly differentiated contemporary societies” (p. 284). Most importantly in their work, Stryker and Burke (2000) examine the two threads of identity theory: how social structures and the self interact and influence each other and how internal self-processes affect social behavior.

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Stryker and Burke (2000) also write about identity salience, the idea that identities are cognitive schemas that help individuals to interpret situations. It is then possible that the more salience an identity has, the more likely an individual is to behave in a way that meets the expectations assumed by that identity (Stryker & Burke, 2000).

In addition to identity salience, commitment is a key aspect to identity theory. Commitment is defined as “the degree to which a person’s relationships to others in their networks depend on possessing a particular identity and role; commitment is measurable by the costs of losing meaningful relations to others, should the identity be forgone” (Stryker and Burke, 2000, p. 286). Stets and Burke (2000) explain that there is both a qualitative and quantitative aspect to commitment. The quantitative aspect means that the more individuals that an individual is connected with due to a certain identity, the more likely it is that that identity will be activated in a particular situation (Stets & Burke, 2000). The qualitative aspect to commitment focuses on the depth or importance of the relationship between the identity holder and others (Stets & Burke, 2000).

This theory is applicable to examining a military social worker’s identity as I am interested in exploring whether the commitment to being a military social worker is qualitatively more strongly to the military, social work, or a combination of the two. Social workers are different from other military officer’s because they are not only a military officer, but have another set of expectations placed on them by holding a professional license.

Limitations and Strengths of Literature

The largest limitation of the literature is that the majority of it is not current. In fact an article by Applewhite and BrintzenhofeSzoc, (1995) titled “Clinical Social Work Practice in the U.S. Army: An Update” is now almost 20 years old, yet it provides the most comprehensive

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findings regarding the numbers of social workers in the Army, the kind of social work that they practice, and the theoretical perspectives that they use to guide their practice. While the sampling measures may have been considered appropriate at the time the research was conducted, mass postal mailings are not currently seen as an efficient or cost-effective way of gathering research participants. Additionally, the use of postal mailings may over-sample stationary military personnel rather than those who are more mobile.

Another drawback of the currently available literature is that the same individuals are researching this topic and the research is published in only a few journals (*Military Medicine*, *Social Work*). This is a limitation because any researcher bias would be repeatedly represented. Strengths in the literature include a mix of qualitative and quantitative studies (Pehrson, K.L. & Hamlin 2013, Odom, S., 2011) and some studies explored social workers in all branches of the military instead of exclusively the Army (DeCoster V. & Simmons, 2007; Dobmeyer, A.C. 2013; Reycraft, J.R. & Simmons 2010; Preson K.L., Thorley, L. 2013).

While research on the behavioral health of veterans is a growing area of interest, most research is focused on how a civilian provider can better treat a veteran, specifically focusing on what is required in order to become more “culturally competent” with a veteran population. There is a lack of literature that focuses on behavioral healthcare providers who are also in the military. The primary gap in the literature is that no study directly addresses how social workers negotiate their professional identity on a day-to-day basis, and how their professional identity guides their clinical practice. The implication for this study is that it will add a contemporary perspective to the current literature available on military social work, while focusing more specifically on the experience of social workers in mitigating their professional identity on a day-to-day basis.

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Chapter III

Methodology

The purpose of this study was to gain a deeper understanding of the professional identity of active duty military social workers. The research question is: What are the experiences of active duty social workers in negotiating their dual professional identity as both social workers and military officers? From this study I hoped to glean important themes that surround professional identity development and role negotiation for active duty military social workers.

Sample

For this study, I selected a purposive sample of licensed social workers that are in the military. Purposive sampling was used as I was looking for a specific subset of individuals in order to select participants that have lived experiences negotiating the dual professional identities of social worker and military officer (Engel & Schutt, 2013). I interviewed 12 active duty social workers; 11 of these social workers are currently serving and one is formerly an active duty social worker. All participants serve(d) in either the Army, Air Force, or Navy. In this study, active duty is operationalized as currently or formerly serving in a permanent federal active service, as opposed to those serving in the reserve component. In this study, a social worker is operationalized as someone who possesses a MSW degree, and at least an initial social work license allowing for social work practice in any state. Additionally, participants must have served for at least a year as a social worker in the military.

Specific inclusion criteria for this study included (1) current or previous active duty member of the Army, Navy, or Air Force (2) who also held a master's level social work degree and (3) possessed a valid and current license issued by a U.S. jurisdiction at a level allowing social work practice and (4) had served in the military as a social worker for at least one year.

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I conducted 12 interviews approximately 35 minutes long, in person and via Skype and telephone. At 12 interviews, participants repeated themes of professional identity that were previously identified in earlier interviews (i.e., thematic saturation) and therefore I ceased recruitment of participants.

Recruitment approach

I posted a recruitment flyer on the “wall” of three Facebook groups that I am a part of that focus on military social work. Additionally, I contacted military social workers and military-connected social workers that I knew and e-mailed them a recruitment flyer and asked them to distribute the advertisement to colleagues that may be interested in participating in this study. After participants completed their interview, I asked them if they knew any other qualified individuals that might be interested in being interviewed. If they did, I asked them to give that individual my contact information.

Ethics and Safeguards

The Human Subjects Review board at Smith College approved the recruitment and design of this study (see Appendix D for HSR approval letter). Participation in this study was voluntary. Participants had the option to refuse to answer any question asked of them and to withdraw from the study at any point during the recruitment, informed consent and interview process. Participants who had already completed the interview had a deadline by which to formally withdraw from the study. If anyone had decided to withdraw, all of the data gathered from that participant would have been removed from the study and destroyed. No participants withdrew participating during or after the interview, and no ethical concerns arose that necessitated destroying any data. Any identifying information was stored in a separate file that

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was password protected. Participants were provided with confidentiality, but anonymity was not guaranteed.

Interview guide and procedures

The interviews were semi-structured so that I could ask certain questions to elicit information around themes, while keeping the questions open-ended enough so that respondents could discuss their own individual experiences, reactions, and responses to whatever extent they choose. This method was used to identify new idea or themes that emerged from the participant's perspective, rather than the researcher's perspective (Engel & Schutt, 2013). As there is minimal literature on this specific topic, a semi-structured interview facilitates exploratory research so that new ideas can emerge. Ten demographic questions included the individual's age, sex, racial identity, branch of service, rank, years in the military, years as a social worker, years as a social worker in the military, number of deployments as a social worker and number of deployments in a job other than a social worker. Eight open ended questions asked about the participant's educational and professional path, perceived differences in military and civilian social work, core components of s professional ethic in social work and officership, changes in professional identity over time, professional identity differences in a deployed environment and suggestions for the Department of Defense that would encourage balance between the two roles as a social worker and military officer. The complete interview guide can be found in Appendix C.

Interviews were conducted between January 28, 2015 and April 30, 2015. Two interviews were conducted in person, three interviews were conducted via Skype and seven interviews were conducted via phone. The interviews ranged from 13-49 minutes in length.

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Interviews were digitally recorded and professionally transcribed. The transcribed interviews were used for analysis.

Data Analysis

Demographic questions asked participants about their age, gender, race, rank, branch of service and number of deployments. Descriptive statistics were used to determine the range and mean of years in the military, years as a social worker, and years as a social worker in the military.

For qualitative data, I employed thematic analysis to code and analyze the data (Engel & Schutt, 2013). This type of data analysis works well with an exploratory study and allowed me to find salient descriptions, themes and patterns. The qualitative data collected through the interviews was organized using the a priori and emergent coding method. A priori codes were developed prior to examining the interviews, and inductive codes were developed based on emergent themes. These codes were developed in to a codebook. I then used this codebook to analyze all 12 interviews to systematically identify these themes across all 12 interviews. The codebook also included an "other" code when it was of interest to central research questions but not represented in the established codebook. "Other" codes were examined in order to determine if a new code should be created. If a new code was identified, all interviews were then analyzed for systematic identification of the new code.

Limitations

This study was conducted with a small sample size (n=12), which accurately reflected the criteria for the target population. The small sample size was adequate for thematic saturation given the characteristics of this sample, but limits ability to apply findings to other populations

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(e.g reserve component military social workers). Initially, participation requirements were more strenuous, requiring that a participant be an independently licensed social worker and currently serving in the military. After difficulty recruiting and feedback from the Facebook groups in which I posted my recruitment flyer, I changed the criteria so that participants were only required to have an initial social work license, and could be retired. This allowed me to recruit more participants (see Appendix E for approval of revised protocol from HSR). Additionally, I would have liked to have the Army, Air Force and Navy to be equally represented in my study but over half (n=7) of the participants are affiliated with the Air Force. The Marine Corps was not represented in this study as the Navy provides social work service for the Marine Corps. While in principle social workers in all branches of service do similar work, there may be distinct cultural differences in each branch of service and the organization and use of social workers may vary by branch. Based on this, further study would be needed to consider how being in branches of service not represented in this study might influence professional identity.

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Chapter IV

Findings

The purpose of this research project is to explore how military social workers experience negotiating their dual professional identities as social workers and as military officers. This chapter presents the findings of this exploratory, qualitative study with 12 military social workers. The findings in the chapter will first present the demographic data, then present qualitative data of major themes. These include (1) social work and military professional identity, (2) perceived differences between military and civilian social work, (3) professional identity in a deployed environment and (4) participant-identified recommendations for how the Department of Defense could help promote balance between social work and military professional identities.

Demographic Data

A total of 12 individuals answered all of the demographic and open-ended questions during the interviews. All but one individual was currently serving in an active status in the Army, Air Force or Navy. The individual that was no longer serving in an active duty capacity left the military in 2008, but served on active duty as a social worker for five years. When participants were asked to describe themselves racially or ethnically all but two stated that they were White or Caucasian. One participant described their race as Hispanic and another described their race as "Black and White" and their ethnicity is Hispanic. Seven participants identified as male and five participants identified as female. Participants ranged in age from 28-45 with a mean age of 37. The breakdown of participant's demographic information, military affiliations, years in the military, years as a social worker and years as a social worker in the military are described below.

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Table 1: Demographic Information

Characteristics	<i>n</i>	<i>percentage</i>
Gender		
Male	7	58%
Female	5	42%
Race		
Caucasian	10	83%
Hispanic	1	8.5%
Bi-Racial	1	8.5%
Branch Affiliation		
Air Force	7	58%
Army	3	25%
Navy	2	14%

Table 2: Years of Professional Experience

Description	<i>Range (years)</i>	<i>Average (years)</i>
Years in the Military	5-13	6.9
Years as a Social Worker	2-19	8.7
Years as a Social Worker in the Military	2-13	5.7

Within the military some enlisted members have the opportunity to participate in officer commissioning programs, allowing them to transition from enlisted service member to a commissioned officer. This is known as being “prior service”. Of the total sample, few¹ (n=3) participants are “prior service”. Previously, all three prior service participants served in the Army Reserve. Currently two are active duty Air Force and one is active duty Army. Seven participants experienced deployments as a military social worker. Of the 12 participants, deployment locations included Afghanistan (n=3), Bahrain (n=1), Iraq (n=1), Kyrgyzstan (n=1) and Qatar (n=1). One participant experienced a deployment where their job was not as a military social worker, but rather as an enlisted Soldier in the Army Reserve.

¹ Few refers to 2-3 participants, some refers to 4-7 participants and many refers to more than 8 participants

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Education and Pre-Military Social Work

When participants were asked about their educational and professional paths some (n=5) directly discussed their undergraduate education in the field of social work or psychology or child and family studies. Some (n=5) also directly mentioned pre-military licensed social work experience. Two participants graduated from the Army's MSW, one participant completed the Navy's social work internship program, and participant is currently in the Air Force's internship program. The Navy and Air Force "internship" program is designed for recent MSW graduates so that they can accrue the required hours in order to obtain their independent social work license. Reasons for interest in a military career were consistent with those who join the military and are not a social worker, and ranged from a family tradition of military service (n=2), to the appeal of a stable and well-paying career (n=3), to a desire to serve their country (n=2).

Core Social Work Ethics

When asked to identify the core ethics of social work, few participants (n=3) directly referenced the National Association of Social Workers code of ethics. Few (n=2) also cited their branch of service's core values as the core ethics of social work. Some (n=4) responded that the core component of social work ethics was "meeting clients where they are at" which is generally understood in the therapeutic realm to mean being respectful of a client's position and providing services to them are most appropriate for them at that time.

Social Work Professional Identity Over Time

All but two participants (n=10) agreed that their social work identity had changed over time. Some (n=5) said that their professional identity changed in that they felt that they had more expertise. They attributed this to the experiences they have gained since becoming a social worker, as well as to different treatment modalities that they had been exposed to. These

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experiences helped participants feel more competent and better able to handle difficult clinical situations as well as more general professional situations. Two participants said that their identity changed as they felt “less idealistic” than when they initially became social workers. One participant felt that his professional identity changed in that “I see myself more as an advocate for my patient. Whereas early on I was their treatment provider.”

Core Military Officership Ethics

When asked to identify core military ethics some (n=5) stated their branch of service's core values. The Air Force's core values are integrity first, service before self and excellence in all we do. Army's core values are loyalty, duty, respect, selfless service, honor, integrity and personal courage. The Navy's core values are honor, courage and commitment. One participant stated that they thought core military officership ethics were “take responsibility for that decision and use as much information prior to making that decision” Few (n=3) cited professionalism and one participant thought that “upholding the law” were core military officer ethics.

Military Officer Professional Identity Over Time

All but one participant interviewed agreed that their identity as a military officer had shifted over time. Half of all participants (n=6) stated that their professional identity as a military officer has changed over time as their rank and responsibilities increased. Two participants mentioned the phrase “kool-aid” when explaining how their military professional identity has shifted over time. “Drinking the kool-aid” generally means holding an unquestioned belief without critical examination. One participant felt his professional identity changed by lessening his belief in the “kool-aid.”

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Right out of any kind of initial military training, the kind of preferred choice is drinking the kool-aid. So we're all you know, brainwashed so to speak. You know that gung-ho military...And then you go in to the real world military number one, and number two in to the medical field.

Another participant felt that he has a stronger belief in the "kool-aid" as time goes on. He stated, "I've gone from somebody who resists the kool-aid to somebody who reluctantly sips on the kool-aid and now I'm somebody who kind of hands out the kool-aid to others." These responses imply that there is an expectation in the military that one hold an unquestioned belief in what it puts forth (the "kool-aid"). It seems that how one navigates "drinking the kool-aid" across their career is a personal decision and can be different for individuals.

Differences Between Civilian and Military Social Work Experience

All participants had experienced some kind of civilian social work experience, whether it was full time employment prior to joining the military, or as a student during their field placement. Differences between military and civilian social work experiences that were named included confidentiality, the idea of serving multiple "clients" for a single case, and the range of illnesses that are commonly seen and treated.

The most commonly cited difference (n=6) between military and civilian social work was aspects of confidentiality. As one participant stated:

Yet there's the piece about the confidentiality and limits of confidentiality as a social worker. In the civilian community I think you have a lot greater latitude with that.

Whereas in the military, there is tons of duty to warn situation, they're a little bit different because of mission impact. And I think we're inclined to not follow the rules

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to the “t” in terms of protecting someone’s confidentiality which I think presents an ethical dilemma for a lot of social workers in the military.

Another participant gave an example of participating in a “high interest” meeting for Soldiers who are experiencing mental health difficulties. She relayed that some Battalion Commanders would have all of their battalion leadership sit in on the meeting, instead of only those who were directly involved with that particular Soldier. Both of these situations--whether the impact of a mental health condition on a mission or involving a boss in mental health concerns-- are unique to a military setting, necessitating a difference in confidentiality than in a civilian setting.

Along with confidentiality, some (n=4) participants identified that they uniquely served more than one person for a single case in military settings. That is to say, in addition to the client that they are directly working with, that client’s unit and the branch of service as a whole are also a client. An Army social worker stated, “So I have this Soldier in front of me right? That Soldier’s unit, organization. I also have the big Army. So that’s kind of the hat that you’re wearing at all times as you’re navigating supporting this individual.”

Another Army social worker stated,

You need to realize that at any given time you’ve got three clients sitting in front of you and you need to do what’s right for best for all of them. The person as an individual, the unit then the Army as a whole. To be loyal to all three and take care of all three at the same time is a big part of it.

A Navy social worker related the idea of more than one client to a family therapy analogy and stated,

In the civilian world you may have one person or a family maybe as your clients. But in the military it’s really like the commander of the individual is the parent or their

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guardian. And you know, you have to be thinking of them as part of the same system really.

Finally, participants commented on the kind of client that one sees as a primary difference between clinician and military social work, as in the civilian sector there typically tends to be more acute mental health concerns. One participant stated, “[There is] A lot of mental illness that you don’t see in the military.” As an example, it is rare that someone with schizophrenia or other major psychiatric illnesses would be seen by military social worker as individuals with those kind of significant mental health concerns are not eligible fit for military service if they are discovered during initial or routine physical and mental health screens.

As illustrated above, there are many difference between working in a military setting verses a civilian setting, including limits to confidentiality, serving not only one’s direct client but that individuals branch of service, and the mental health diagnoses that social workers commonly encounter.

Professional Identity in a Deployed Environment

A little over half (n=7) of the participants interviewed experienced deployment as a military social worker. Countries of deployment included Afghanistan, Bahrain, Iraq, Kyrgyzstan and Qatar. All participants that deployed as a military social worker agreed that there were differences in negotiating their professional identity in a deployed environment versus a garrison environment. Participants discussed the pressure that they had in a deployed environment, the change in boundaries, working with services branches other than their own, and their role as a mental health provider as differences. One participant explained,

I had a unique deployment opportunity as a social worker. Where in terms of practicing social work values on regular basis was not at the forefront of my concerns. So yeah, I

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could say the social work values absolutely took a back seat. Because in a certain environment when you're deployed it's about survival.

Another social worker commented, "You know, I social work in garrison it's a lot easier because you can establish bonds and you're not living with people that you're potentially treating". All participants that had deployed cited working in a joint environment (with other branches of military service other than their primary branch) as a difference from working in a garrison environment. One participant responded, "So I was the sole mental health provider for all branches at my deployed location. And it was learning we had a lot of Army. Hurting Army. And so it was a different leadership style." An Air Force social worker commented on working with the Army in a deployed environment,

We had some Army [National] Guard, so that was during my first case of dealing with Army consistently an seeing how NCO's [Non-Commissioned Officers] would treat some of their younger Soldiers. Their culture was a little bit different in the Air Force. A little bit more hardnosed.

All participants that had deployed cited working in a joint environment (with other branches of military service other than their primary branch) as a difference from working in a garrison environment.

All participants that had deployed cited greater difficulties negotiating their professional identity as a mental health provider in a deployed environment than a garrison environment. One participants stated, "But being deployed with Army and Marines I was told that I have three strikes against me. I was a mental health provider, I was an Air Force Captain, and I was a woman. Two participants explicitly mentioned being a sole provider in a deployed setting, with

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one stating “I’m an Air Force guy one deep traveling with a 775 member battalion who was extremely combat hardened so to speak.”

The Way Forward

Themes that emerged when participants were asked “What do you think your branch of service or the department of defense could do in order to promote balance between your role as a military officer and your role as a social worker?” include negotiating workloads, decentralizing mental healthcare in the military, and a hope for more recognition. Some (n=4) responded that they felt that there already was a good balance between the roles and that nothing additional needed to be done. One participant responded:

I think they do a great job of that [promote balance between role as a military officer and role as a social worker]...so we have essentially a chief social worker, an O6 who’s assigned as a Surgeon General’s consultant for social work. And they actually do a lot of promotion of how to establish that balance between your social work roles and your officer roles. There are multiple opportunities to network with the other social workers and other mental health professionals.

When identifying areas for improvement, the most number of participants (n=4) discussed the workload. Participants expressed interest in a decreased clinical workload that makes time for the military duties that they are expected to perform. One participant stated, “ I think from what I hear other people say though, a lot of their concern comes in the expectation that they maintain 40 hours of patient care a week but also 40 hours of other work a week.” In other words, participants suggested that military social worker are expected to maintain a particular client case load while also fitting in the duties expected as a military officer, which can

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be equally time consuming. This additional burden of managing military duties is unique to military social workers and may place additional constraints on clinical practice.

The next most discussed improvement (n=3) focused on decentralizing mental healthcare within the military, or embedding it in to operational units. These participants felt that this would generally allow better access for service members. The benefits for this were expressed directly by a participant when he stated,

We cover a lot of ground. So to get over to our clinic can take like 20 minutes. So if they [social workers] were embedded it may take two or three [minutes] to get to that person, and it's less time away from work and makes access to you [social worker] a little easier

One participant hoped for additional recognition of social workers and what they do for their branch of service. She stated, "A lot of time [social workers are] sort of the work horses of the clinic and the psychiatrist and psychologist are though [of] and looked at as the subject matter experts."

With the exception of a decreased work load, participants tended to give examples of how military social work as a whole could be improved. For example, one participant recommended the embedded mental health model, referenced above, rather than explicit recommendation on what might be done to assist in mitigating conflicts in professional identity. When decreased workloads were referenced, participants saw this as a way to promote balance between their role as an officer and role as a military social worker. They also expressed a desire to feel more like a part of the units that they are supporting. All participants that cited this as an improvement agreed (n=4) that it was the duties that are associated with their military

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officer role, not their social work role that tended to be the most difficult to fit in to their schedule.

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CHAPTER V

Discussion

This qualitative, exploratory study examined how military social workers experience and negotiate their dual roles as a social worker and military officer. It provided a platform for participants to comment on what they see as the core ethics of social work and military officership and how those identities have shifted over time. It also allowed participants to comment on what they felt were the primary differences between civilian and military social work, differences between military social work in a deployed environment and a garrison environment, and how their branch of service or the Department of Defense could promote balance between their role as a social worker and as a military. This chapter opens with an exploration of the salient findings of the participant's interviews in the context of the current literature focusing on boundary issues and ethical concerns, military social work in a deployed environment and the differences between military and civilian social work. This will be followed by the limitations in study data and design and implications for clinical practice.

Boundary Issues and Ethical Concerns

Due to military social worker's unique role, boundary issues are a common concern and are an area of discussion in the literature (Phreson & Hamlin, 2002; Simmons & Reycraft, 2010). While some social workers in this study discussed boundary issues or ethical concerns in managing their dual professional identities, all felt that they had devised a way to work with boundaries in a way that felt comfortable for them. These findings are consistent with Steuart (2014) and Robertson's (2011) identity research for military physicians and lawyers, which discusses the ethical concerns that are common for individuals that hold a professional identity and are also military officers.

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Military Social Work in a Deployed Setting

Simmons and DeCoster (2007) found that in a deployed setting there is less documentation, increased autonomy and diminished confidentiality. All of these were themes that emerged when talking to my participants about social work in a deployed environment. Additionally, all participants who had deployed worked in a joint environment. Military social work education and training, should focus on working with branches of the military other than one's primary branch. There also needs to be an understanding of what it means for a social worker to be a sole provider. While geographic and security restrictions may limit the number of mental health professionals that can be in a particular area, social workers are trained to consult with supervisors and peers on a regular basis, and need some type of access to other mental health professionals in order to be as effective as possible.

Military Social Work in Contrast to Civilian Social Work

Confidentiality and multiple "clients" were the two most cited differences between military and civilian social work. These differences should be taken in to consideration when recruiting and training military social workers. These findings suggest that military social workers might benefit from training on how to communicate to higher-ranking officers and their clients about the limits of confidentiality within a military setting. It is clear from this research that military social workers care deeply about the service members that they care for. While they understand that they serve their direct client, the client's unit, and their branch of service as a whole, a client may not understand the complexity of the system. It therefore becomes important for social workers to explain during an initial meeting with a client, what would require them to breach confidentiality, so that a client can make informed decisions about their treatment.

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Limitations in Study Data and Design

A major limitation to this study was recruiting participants. Because of this, the standards for participation were lowered, allowing those who were retired or no longer serving to participate and allowing those without an independent clinical license to participate. While participants expressed the importance of this work, one potential reason for a lack of participation may have been concerns of confidentiality. Initially I was hopeful that there would be equal representation from each branch of service, however 58% of the participants were affiliated with the Air Force. I believe this is because I have a colleague who is an Air Force officer, and she was able to help personally recruit individuals. There was a lack of racial diversity in the sample, with only two participants identifying as a race other than white. Both of these limitations may have influenced the results of this research. Additionally, this study had a small sample size of $n=12$ which does not make these findings generalizable but does allow for in-depth perspective of the experiences of those interviewed (i.e., internal validity).

Implications for Practice

This study contributes to the dearth of literature on the experiences of active duty military social workers in navigating their dual identities. As the military continues to actively recruit both independently licensed social workers and social workers through “internship” programs and the Army’s MSW program, it is important that the Department of Defense be mindful about the expectations that they are placing on these officers who are expected to quickly learn two different roles.

I feel that the most significant findings from this research are the participant-generated recommendations for what measures might assist in balancing their roles as social worker and military officer. These included assistance in managing workloads, a desire for leadership to

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have a better understanding of confidentiality and education for commanders about the roles and responsibilities of social workers. No research to this point has asked military social workers what they think they need in order to become better clinicians and officers.

These findings suggest that each branch of service investigates and implements additional systems to support military social workers in fulfilling both their clinical and military duties. As workload issues were the most commonly cited difficulty for participants in this study, clear expectations of what is required might be explored in particular. While some participants expressed that they had leadership that understood the restrictions of confidentiality, there were many more anecdotes about expectations that would require social workers to break their confidentiality. Finally, education about social workers roles and responsibilities need to be provided to commanders. This may help reduce the expressed challenges in mitigating the differences in confidentiality expected by the military and clinical social work.

As previously discussed, military social work continues to be a growing and changing field within the military, and supporting these incoming and current officers should be a priority for the Department of Defense. Two participants specifically felt that the military had a "use them and lose them" mindset when it came to military social workers. They agreed that there was a huge push to recruit social workers to serve in the military, but felt that the military only expected these individuals to stay for a few years before moving on to the civilian sector. The one participant who is no longer on active duty stated "I think that at a point you just burn good people sometimes...you put too much on them and that's part of what happened." This quote also related to the idea of effectively managing a social worker's schedule so that they have hours for doing their job as a social worker, but also allow them time to complete the basic tasks that are required of a military officer (physical training, weapons training, subordinates evaluations,

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etc.). This research suggests that this is an opportune time for the military to respond to concerns around the considerable workload required in attaining professional responsibilities required as military and clinical social worker.

Conclusion

The intention of this study was to have a better understanding of how active duty military social workers experience negotiating their dual identity as social workers and as military officers. While there is an expectation that military social workers should know how to negotiate these two roles, little research has been done about what that looks like in a day to day setting. I believe the most compelling finding from this study is how military social workers can be supported in a way that make is easier for them to negotiate their dual professional identity, by identifying ways that help military social workers balance their workload and manage their dual roles as military and clinical social worker. Additionally, this research suggests the need for educating commanders around the roles and responsibilities of military social workers and ethics of confidentiality within social work practice.

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Appendix A: Recruitment Letter and Facebook Post

Hello,

I am a student at Smith College School for Social Work and am conducting a study for my degree requirements and am seeking participants. Even if you do not meet the criteria to participate, it would be very helpful if you could bring this opportunity to the attention of someone who might be eligible.

About the study: I am conducting a qualitative study to learn about their experiences of military social workers in negotiating their professional identities as both a social worker and military officer. This is an opportunity for people who have had this experience to share their stories.

Who is eligible: Participants must be:

- Currently serving in or retired from the active Army, Navy, Air Force or Marine Corps
- A master's level social worker that possesses and initial clinical social work license
- Has served in the military as a social worker for at least one year

What does this research require from participants: The study involves a semi-structured interview that will ask participants about conflicts between their role as a military officer and social worker. It will take no more than an hour of the person's time; participants can choose to be interviewed in person if in the Boston area or by internet/phone.

Additional information: Interviews will be recorded but kept private. Participation is confidential. As a student with limited resources, no compensation is available.

If interested: Please contact me at sbakst@smith.edu.

Please feel free to share this information with anyone that may be interested in participating. Thank you for your help!

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Appendix B: Informed Consent Form

Smith College School for Social Work

Northampton, MA

.....

Title of Study: What are the experiences of active duty social workers in negotiating their dual professional identity as both social workers and military officers

Investigator:

Sarah Bakst

.....

Introduction

- You are being asked to participate in a research study of the experience of active duty military social workers. You were selected as a possible participant because you are an actively serving or retired military social worker, who has served for at least a year, and has at least an initial social work license.
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is learn about the experience of military social workers negotiating their professional identity
- This study is being conducted as a research requirement for my master's in social work degree.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: you chose to be interviewed individually by the researcher for 45 minutes—hour. The interview will be either video or audio recorded. The questions will ask participants about conflicts between their role as a military officer and social worker.

* If you do not feel comfortable being video recorded, you may participate in an individual interview that is only audio recorded.

Risks/Discomforts of Being in this Study

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- The study may cause some discomfort, as it involves me asking you to discuss events regarding your professional identity. Every effort will be made to maintain confidentiality. There is a low possibility that despite all precautions, an individual may be able to figure out your identity from your responses. Feel free to decline to answer any question, or even end the interview early if the discussion causes you discomfort.

Benefits of Being in the Study

- The benefits of participation are having an opportunity to talk about your experience and possibly gaining insights into your professional development.
- The benefits to social work/society are: to provide information for future research and to identify strengths and potential areas of growth in the fields of social work and military science.

Confidentiality

- Your information will be kept confidential. The researcher will be the only person who will know your identity. If the interview is in person it will take place either at the participant's office or a public library study room. If the interview takes place via Skype, Google Hangouts or Telephone, the researcher will be in her home in a room with doors, where the interview is unlikely to be overheard. In addition, the records of this study will be kept strictly confidential. I will be the only one who will have access to the video or audio recording, with the exception of a potential transcriber, who will sign a confidentiality agreement. Recordings will be destroyed after the mandated three years. They will be permanently deleted from the recording device.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. I will not include any information in any report I may publish that would make it possible to identify you.

Payments/Gift

- You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time up to April 1, 2015 without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by April 1, 2015. After that date, your information will be part of the thesis and final report.

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Right to Ask Questions and Report Concerns

• You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Sarah Bakst at XXX-XXX-XXXX. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

• Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

if using audio or video recording, use next section for signatures:

I agree to be audio taped for this interview: (Please check options which apply)

_____ audio taped only

_____ video or audio taped

Name of Participant (print): _____

Signature of Participant: _____ Date: _____ Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____ Signature of Researcher(s): _____ Date: _____

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APPENDIX C: Interview Guide

Demographic Questionnaire

1. What is your age? _____

2. Sex:

___ Male

___ Female

3. How would you describe yourself racially?

___ American Indian/Alaska Native

___ Asian

___ Native Hawaiian or Other Pacific Islander

___ Black or African American

___ White

___ Hispanic or Latino

___ Other

4. What branch of service are you currently in?

___ Army

___ Navy

___ Air Force

___ Marine Corps

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5. What is your current rank?

___ O1

___ O2

___ O3

___ O4

___ O5

___ O6

___ O7

6. How many years have you been in the military?

7. How many years have you been a licensed clinical social worker?

8. How many years have you been a social worker in the military?

9. How many deployments have you had as a military social worker?

10. How many deployments have you had where your job was anything else other than a military social worker?

Interview Guide

1. Tell me about how your educational and professional paths lead to this point in your career?
2. How has any civilian social work experience differed from your military social work experience?

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3. What do you think of as the core components of a professional ethic in social work? Have you experienced any challenges in adhering to these ethics within your current setting? If so, please describe? How have you tried to resolve these challenges? Do you think these challenges are specific to the military setting or characterize social work practice more generally?
4. Do believe that your professional identity as a social worker has changed over time? If so, please describe?
5. What do you think of as the core components of a professional ethic as a military officer? Have you experienced any challenges in adhering to these ethics within your current setting? If so, please describe? How have you tried to resolve these challenges? Do you think these challenges are specific to your role as a social worker or characterize military settings more generally?
6. Do believe that your professional identity as a military officer has changed over time? If so, please describe. What do you feel accounts for this change?
7. If applicable, do you feel that there are different pressures in negotiating your professional identity as a military social worker in a deployed environment versus a garrison environment? If so, what are they and how have you navigated them?
8. What do you feel your branch of service or the Department of Defense could do in order to promote balance between your role as a military officer and your role as a social worker? How feasible do you think this would be for your service or DoD?

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Appendix D: HSR Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

January 5, 2015

Sarah Bakst

Dear Sarah,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D. Co-Chair, Human Subjects Review Committee
CC: Thomas Mackie, Research Advisor

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APPENDIX E: HSR Amendment Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

March 5, 2015

Sarah Bakst

Dear Sarah,

I have reviewed your amendments and they look fine. These amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Thomas Mackie, Research Advisor

Appendix F: Volunteer or Professional Transcriber's Assurance of Research

Confidentiality

STATEMENT OF POLICY:

This thesis project is firmly committed to the principle that research confidentiality must be protected. This principle holds whether or not any specific guarantee of confidentiality was given by respondents at the time of the interview. When guarantees have been given, they may impose additional requirements which are to be adhered to strictly.

PROCEDURES FOR MAINTAINING CONFIDENTIALITY:

1. All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.

2. A volunteer, or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. Depending on the study, the organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested may also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.

It is incumbent on volunteers and professional transcribers to treat information from and about research as privileged information, to be aware of what is confidential in regard to specific studies on which they work or about which they have knowledge, and to preserve the confidentiality of this information. Types of situations where confidentiality can often be compromised include conversations with friends and relatives, conversations with professional colleagues outside the project team, conversations with reporters and the media, and in the use of consultants for computer programs and data analysis.

3. Unless specifically instructed otherwise, a volunteer or professional transcriber upon encountering a respondent or information pertaining to a respondent that s/he knows personally, shall not disclose any knowledge of the respondent or any information pertaining to the respondent's testimony or his participation in this thesis project. In other words, volunteer and professional transcribers should not reveal any information or knowledge about or pertaining to a respondent's participation in this project.

4. Data containing personal identifiers shall be kept in a locked container or a locked room when not being used each working day in routine activities. Reasonable caution shall be exercised in limiting access to data to only those persons who are working on this thesis project and who have been instructed in the applicable confidentiality requirements for the project.

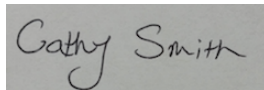
MILITARY SOCIAL WORKER'S DUAL PROFESSIONAL IDENTITIES

5. The researcher for this project, Sarah Bakst shall be responsible for ensuring that all volunteer and professional transcribers involved in handling data are instructed in these procedures, have signed this pledge, and comply with these procedures throughout the duration of the project. At the end of the project, Sarah Bakst shall arrange for proper storage or disposition of data, in accordance with federal guidelines and Human Subjects Review Committee policies at the Smith College School for Social Work.

7. Sarah Bakst- must ensure that procedures are established in this study to inform each respondent of the authority for the study, the purpose and use of the study, the voluntary nature of the study (where applicable), and the effects on the respondents, if any, of not responding.

PLEDGE

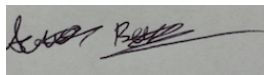
I hereby certify that I have carefully read and will cooperate fully with the above procedures. I will maintain the confidentiality of confidential information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, - *insert name of researcher* - for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.



Signature

April 30, 2015

Date



Sarah Bakst

April 30, 2015

Date