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**MILITARY
SOCIAL WORK**

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SOCIAL WORK UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN





By: Brad Singer, MSW 1999

Alumni Guest Columnist: The Soldier's Challenges in Coming Home



Brad Singer, MSW 1999, is deputy chief of the Division Behavioral Health Clinic for the 3rd Infantry Division, US Army, in Ft. Worth, Georgia. Singer, a civilian provider, supervises treatment teams who serve active-duty soldiers who often present with multiple deployment-related issues, such as combat-related PTSD, severe anxiety, and depression.

Regardless of how many times a soldier deploys, coming home and the months following can be the most difficult and anxiety-producing aspect of his or her military career. Recent deployments to Iraq and Afghanistan often result in soldiers feeling anxious, hyper-vigilant, fearful of crowded/public areas, highly agitated in “uncontrolled” settings such as traffic and crowded restaurants, depressed, and emotionally detached from loved ones.

These symptoms often cause significant difficulties within the “new family system” that has evolved during the time the soldier was down range (deployed), resulting in marital discord, a sense of isolation, and an apparent lack of emotional bond or attachment.

Working with active duty soldiers has taught me a great deal regarding psychological reactions to highly stressful or traumatic events. For example, when a soldier is down range, his survival and the survival of his fellow soldiers depends on his ability to emotionally detach from all “distractions” back home.

As one soldier described it, “If we are preparing to clear a house with potential enemy combatants inside, I cannot be thinking about my wife and children, because if I am that means I am not 100 percent focused on doing my job, and we may all die.”

Emotional Detachment: A Survival Mechanism

This emotional detachment appears to be a survival mechanism that helps alleviate all possible distractions and sources of psychological pain for soldiers who are missing their loved ones. This detachment generally becomes entrenched in soldiers without their knowledge, or true intentions, thus causing a change over time that does not become evident until weeks after returning home. I have never had a soldier say that he intentionally stopped caring for his family; however, upon returning home, many soldiers find that reconnecting on an emotional and even physical level is often more difficult than imagined.

This issue is often compounded by the soldier's anxiety and fear of public places. Many soldiers avoid leaving home to avoid the feelings that occur when confronted with a situation that they cannot properly assess for risk. They cannot easily turn off the level of vigilance it takes to stay alive, and keep their fellow soldiers alive, while down range. Instead, they feel an overwhelming need to assess all crowds for potential suicide bombers and to know all possible exit routes from the vicinity.

“...upon returning home, many soldiers find that reconnecting on an emotional and even physical level is often more difficult than imagined.”

“Working with active duty soldiers has taught me a great deal regarding psychological reactions to highly stressful or traumatic events.”



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Often, soldiers who have returned home realize that they cannot control a situation or crowd, cannot properly conduct an adequate risk assessment, thus resulting in overwhelming anxiety, anger, and fear. “Fight or flight” instincts kick in, resulting in a verbal altercation, anxiety attack, or worse. The embarrassment that follows is usually the most difficult to cope with, and in the end, many soldiers opt to just stay at home or remain in the car while the family does the shopping.

Challenges at Home While Deployed

While soldiers are deployed, their spouses and children at home are forced to evolve to compensate for the absent parent. This often includes spouses at home taking full responsibility of the household chores and parenting duties, keeping all the extended family informed about the deployed soldier’s status, and never letting anyone see them sweat. Military spouses are often “on display” as neighbors, friends, and relatives, who know their spouse is deployed, watch their every move to ensure they “are OK.”

Military spouses also must maintain their composure around their children, as the children will look to them for support, guidance, and an overall sense that everything will be all right. Maintaining this composure is significantly impacted by the fear that when the phone rings, it will be bad news; when someone knocks on the door, it’s a military chaplain there to notify them of the death of their soldier; when the news broadcasts more American casualties, it might be signaling their spouse’s death.

This brings me back to my original statement: Coming home, and the months following, can be the most difficult and anxiety-producing aspects of a military career. This stress and anxiety spreads to the soldier’s family. These struggles, and countless others that are not mentioned in this article, can cause significant disruption in the family.

In the behavioral health context, we must not only carefully assess and treat soldiers with Posttraumatic Stress Disorder, but look to help them overcome the daily reintegration problems that many military families face. It can take a while for soldiers to adjust to being home. Their view of themselves and the world around them has changed due to their experiences down range.

Readjusting Back Home

Families have had to find new ways to function during the 9 to 15 months their soldier was deployed, and these new ways have become their “new normal.” These changes often produce conflict, resulting in family disruption that can cause significant damage to spousal and family relationships.

When this occurs, it is crucial that the soldier and his or her spouse acknowledge how difficult the deployment was for them both, and seek ways to function together within the new framework that exists in their home. Spouses do not have to “understand” what their soldier went through to support him or her through their challenges.

Soldiers need to understand that their spouse had a very difficult job to do while they were deployed, and acknowledge and appreciate what the spouse went through as well. This understanding of each other’s experiences can be the foundation for rebuilding their relationship, reforming attachments that may have been disrupted during the deployment, and developing a new family system that will allow each family member to flourish, regardless of what struggles may lie ahead.

Want to learn more about military social work?

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School of Social Work

**1010 West Nevada
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More information and registration coming soon. Visit www.socialwork.illinois.edu.



Serving Those Who Served Us



Lori DeYoung
University of Illinois
degrees: BS in
Psychology (1990),
MSW (1992), PhD
in Social Work
(2000)

Job title at the VA:
Veterans Justice
Outreach
Coordinator

Started at the VA:
2009

Social Work alumni, Lori DeYoung, Tim Jobin, and Rachael Dietkus Miller speak with us about the specific needs in military social work, why they chose to go into that branch of work, and breakthroughs they have experienced with patients. All three work at VA Illiana Health Care System in Danville.

SSW: Why did you choose to go into military social work?

LORI DeYOUNG: When I first graduated with my masters in social work, my area of specialization was child welfare. I decided that I wanted to transition into military social work in order to work at the same VA facility where my father received all of his care in the 1970s and '80s. The staff at the VA during those days left a very positive mark on my life as my father always felt cared for and important when he went there to seek treatment. I felt it would be an honor to work at the same facility that provided such exemplary care to my father.

TIM JOBIN: I was in the United States Illinois Air National Guard from 1999-2006 (Air Force). During a portion of this time I was deployed to the Middle East in support of Operation Iraqi Freedom. I saw the need for social work services for active members of the military and veterans while in the service. I recently went back into the military and now work as a social worker. I am a 1st Lieutenant on a Combat Stress Control Unit in the Army Reserves.

RACHAEL DIETKUS MILLER: In many ways I think this focus of social work actually chose me. I had been working in the nonprofit sector for nearly ten years when I had decided to return to school and pursue my MSW. Thinking back, I wanted both the challenge and opportunity to build on core professional strengths while expanding my work experiences to date. I had very little exposure to federal systems and knew that a field experience at the VA would be intriguing. Since the ALSC specialization was still relatively new, the VA had never had a macro student pursue the medical center. I really wanted to demonstrate how a macro social worker could still positively contribute in a highly clinical environment.

There were also personal motivations in play at the time, as well. My husband is an Operation Iraqi Freedom combat veteran. We were both born and raised in Danville, and I grew up merely two blocks away from the VA. I have cherished memories of going there over the years – singing holiday songs while in grade school in the inpatient units, walking the beautiful campus over the years, and visiting my grandfather while he was a patient. There has always been and will always be a deep, personal attachment for me at this particular VA.



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SSW: Can you speak to the need for social work for veterans?

TIM JOBIN: In my opinion, the transition from active duty service member to the civilian world is an extremely difficult process. Due to the difficulty of this transition, veterans need numerous services to be successful in this transition.

RACHAEL DIETKUS MILLER: The need is so incredibly vast and I've learned, even in my four short years at the VA, that strong, supportive partnerships between the veteran, VA, and community-at-large are critical to a healthy progression of delivering quality care. When I was a patient advocate for two years, I found that veterans and their families simply want to be heard in a way that requires a more in-tuned approach.

LORI DeYOUNG: As both our older veterans age and our younger veterans return from active duty, their physical and mental health needs are becoming increasingly complex. The Department of Veterans Affairs is in continuous movement to keep up with these complex needs by developing new, and expanding existing programs.

For instance, the Veterans Justice Outreach Program (VJO) was started in 2009 to address the needs of our justice-involved veterans who are at risk of homelessness and who may have never accessed the array of services that could address their treatment needs related to their involvement with the criminal justice system.

SSW: What is the range of veterans you work with, and what is their range of needs?

RACHAEL DIETKUS MILLER: Most of the veterans I currently work with are either at risk of becoming homeless, have had episodes of homelessness, or have a history of chronic homelessness. Not all veterans we work with have mental or physical health or substance use issues, although a large number do. The veterans we work with need assistance that ranges from paying their bills, maintaining a budget, finding employment, getting connected with services – in particular mental health and primary care – at the VA, and maintaining permanent housing.

LORI DeYOUNG: I have worked with veterans from those just leaving active duty to those having been out of the military since WWII, which was the era my father served. Since the beginning of the VJO program, we have enrolled approximately 125 veterans who either never accessed care at a VA facility or who had dropped out of care and we reengaged them in services once we met with them in jail.

TIM JOBIN: I work with veterans ranging in age from 22 to 70. These veterans have served in conflicts ranging from the current conflict, Operation New Dawn, to the Vietnam War and the Korean War. I also work with peacetime veterans as well.

Their needs range from the need for housing and full-time employment to social activity to decrease mental health symptoms. The program I work in focuses on assisting veterans in finding competitive employment, although we do assist with other issues on a very regular basis. Practically all the veterans in the program I manage have been diagnosed with some type of mental health disorders and also receive treatment for these diagnoses.



Tim Jobin
University of Illinois
degree: MSW
(2008)

Job title at the VA:
Therapeutic
Supported
Employment
Services Program
Manager

Started at the VA:
2008

SSW: Are the types of challenges new veterans face different than the challenges veterans from 40 or 50 years ago faced? If so, how?

RACHAEL DIETKUS MILLER: From what I've seen, there are certainly several recurring themes for veterans from different conflict eras. There is a stoicism that is transparent with a large number of veterans from the World War II era to present day with Iraq and Afghanistan veterans. As conflicts change and technologies evolve, the challenges that veterans face will continue to be both different and more complex from those in previous generations.

LORI DeYOUNG: I think there are many differences between the experiences of our older generation veterans versus those returning from active duty now. First, current active duty service members are experiencing multiple deployments overseas, which makes stateside and civilian readjustment more challenging to the veteran and their families.

Second, the advancement of medical care results in higher survival rates in veterans who have experienced serious physically evident, as well as invisible, trauma, such as PTSD and traumatic brain injuries, compared to those soldiers of earlier eras who may have likely died due to their injuries.

Third, when our older-era veterans returned from service, they could frequently find employment in manufacturing or, like my dad, in industries such as mining. Given the changes in the job market, those service men and women with only a high school diploma or GED are finding opportunities for employment more challenging because the job skills that they honed during active duty are often not transferable to what is available in competitive civilian employment.

Fourth, our younger veterans who grew up with computers and are more technologically savvy, have a wealth of information available at their fingertips and have the propensity of becoming more frustrated with barriers that may be in place regarding access to healthcare and community resources.

TIM JOBIN: The needs of veterans have stayed the same and changed over the past 40-50 years. I believe that veterans 40-50 years ago still struggled with many of the issues that veterans face now.

On the other hand, I do think that some of the challenges faced by veterans today are unique. For instance, many female veterans suffer from PTSD, as there is a greater number of female veterans working on or near the front lines.

Furthermore, many of the veterans in this current conflict are guard or reserve members, which also causes challenges because they don't return home to a military base, but rather to their civilian lives and jobs. Moreover, many veterans in the current conflict are faced with numerous dangerous addictive substances that were not around or as prevalent 40-50 years ago. This also adds another layer of difficulty.

SSW: What are the favorite aspects of your work?

LORI DeYOUNG: My favorite aspect of my job has been my ability to open up doors for justice-involved veterans who may have given up any hope of accessing treatment and improving their life circumstances. I have had many veterans who later thanked me for saving them from a lifetime of struggles, just because I went to the jail and worked with their attorneys to advocate with the court to consider treatment rather than incarceration.

TIM JOBIN: I truly enjoy working with a military population. I can relate to them and have a natural affinity towards assisting veterans in finding competitive employment. Veterans have so many natural strengths that they, at times, lose sight of upon discharge from the military. It is truly rewarding to assist them in tapping into these strengths and aiding them in using them in a civilian job.

RACHAEL DIETKUS MILLER: I absolutely love the strategic planning, program management, and program evaluation aspects of my job. I could do any combination of those things all day, every day. I also have a very dedicated and hardworking team, from the staff I directly supervise to the leadership within mental health and throughout the facility at large. The support we all give one another while the process unfolds of getting a chronically homeless veteran successfully housed is remarkable.



Rachael Dietkus Miller
University of Illinois degrees: BA in Sociology (2000), MSW (2010)

Job title at the VA:
Health Care for Homeless Veterans Program Coordinator

Started at the VA:
2010

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SSW: Can you tell us about a shining moment – a breakthrough – that a veteran you worked with experienced?

TIM JOBIN: I have had the privilege to witness numerous shining moments during my time at the VAMC.

The first one that comes to mind happened while I was working in the homeless program. The VA had just rolled out its plan to end veteran homelessness (2009). The VA was (and still is) targeting chronically homeless veterans. I had the opportunity to work with a chronically homeless veteran that had been homeless for 20+ years. He had no income as well as serious substance use and mental health issues. Through his hard work and this VAMC's willingness to think outside of the box, this veteran was able to obtain an apartment, achieve over a year of sobriety, obtain SSDI [social security disability insurance], and greatly improve his quality of life.

LORI DeYOUNG: Several years ago, I was approached by the Urbana police department who had an individual residing in their foyer. This was a gentleman who had faced homelessness for over 30 years and with whom I had been familiar when I was an undergraduate at Illinois in the 1980s. There was some speculation that he had been in the military but it took significant effort to determine this with certainty and to coordinate the access to care, given his current physical and mental health status.

I spent months working with the police as well as sitting on the sidewalk at Lincoln Square drinking coffee with this veteran in order to build rapport and develop some degree of trust. It took a very coordinated and highly complex string of events with this veteran, the court, attorneys, social service agencies, the police, the VA, and the public guardian to ensure a smooth and nonthreatening transition into care for this Vietnam veteran.

As a result of this team effort, we were able to increase his stability to a point where he could access the community resources he needed to avoid any likelihood of future homelessness and physical or mental health vulnerability. If I never accomplish anything else in my social work career, this will have been enough for me.



RACHAEL DIETKUS MILLER: I'll never forget the spouse of a veteran who called the advocate office shortly after I had started. She was weeping as she told me that she had recently lost her husband. Her primary reason for contacting the advocate office was wanting to talk with her late husband's primary care provider to ask some questions in hopes of having a better understanding of his untimely death.

I worked with her for several weeks, which resulted in a meeting with that provider, plus several connections for grief resources for her. Helping her was emotionally difficult, yet it affirmed why I became a social worker.

Supporting Student Veterans

Nick Osborne coordinates Veterans Student Support Services on the University of Illinois Urbana-Champaign campus. "We support veterans with their transition to the university," he says. "This includes helping them learn about the campus and their academic college, providing a student veteran sponsor to assist with their transition, providing referrals to community and campus-based resources such as the Counseling Center, Career Center, Department of Veterans Affairs, and so on."

Osborne created a class for incoming veterans that will debut in the College of Liberal Arts & Sciences this fall. "As nontraditional learners, veterans confront a variety of barriers," he says. "They are older than their peers, they have disparities in life experiences, they are more likely to have dependents, and they have had a break in their education due to their service. This break can manifest itself in students feeling 'rusty' and lacking academic confidence or needing a tutor or other specialized support."

Even so, Osborne notes, many veterans on the Illinois campus perform well in school (see "By the Numbers"). While veterans face many unique academic barriers, one camp of thought suggests that they can perform well academically "because they bring so much discipline, life experience, and motivation to their coursework," Osborne says.

By the Numbers

409: Number of student veterans on the University of Illinois Urbana-Champaign campus

27: Average age of Illinois vets

80: Percent of Illinois vets who have served in Iraq and/or Afghanistan

80: The approximate percent of student vets who are undergraduates

25: Percent of Illinois vets who make the dean's list



▶ Providing Ways to Learn, Grow, and Give Back



Marcy Kujawski
University of Illinois
degrees: MSW
(1989)

Job title at the VA:
Mental Health
Supervisory Social
Worker

Started at the VA:
2007

Marcy Kujawski wasn't sure about her life direction when she was an undergrad. When she learned about social work, though, she knew her passion had found an outlet.

"It was the idea of working with a person in his or her environment, looking at the whole situation and intervening," says the mental health supervisory social worker at VA Illiana Health Care System in Danville. "That's what drew me in. I wanted to help people."

Kujawski, who graduated from Illinois with her MSW in 1989, has helped plenty of people since. And she credits her field instructor at the Mental Health Center in Champaign, Cassandra Woolfolk, MSW (1980), with helping her greatly. "Cassandra treated me with respect, tapped into my strengths, and made me feel comfortable," she says. "I learned so much that the foundation I developed in my work with her, I've carried with me and continued it through my career. What she offered me I want to be able to give back to other people."

Kujawski directly supervises 11 mental health social workers at the VA in Danville, and oversees the supervision of about 20 more. She has been in her supervisory role for three years, and while her position is primarily management, she still reserves some time for clinical work, "because that's honestly my passion," she says. "I don't ever want to get away from that."

She credits the VA for allowing her the flexibility to continue to do clinical work. It helps her stay connected, she says, while she enjoys the challenge and growth her supervisory role affords her.

As a supervisor, she manages a significant number of Illinois School of Social Work graduates. "Over half of our social workers at the VA graduated from the U of I," she says. There are more than 60 social workers at VA Illiana and its outpatient clinics, she adds.

"They've had the theoretical foundations and some of them have had a lot of experience, and they come here and we can plug them into a variety of opportunities since we have both medical and mental health care," Kujawski says.

The Day-to-Day Giving Back

Kujawski finds her fulfillment in "taking opportunities with colleagues to collaborate and consult and give back. It's not these big monumental things, but the day-to-day things.

"When I've received letters and compliments from veterans or patients, it's usually about something that seems small, but really isn't. The fact that I was patient and kind, that I listened and was accepting and that I encouraged people to live meaningful lives. It's those day-to-day little things, helping a person who has a serious mental illness feel comfortable and to dig in and find his or her strength and potential.

That desire to give back has always been with her, but it was ignited by how her field instructor worked with her. "She gave me a safe environment to learn and grow and challenge myself and work through mistakes in a way that kept me moving forward," she recalls. "And that's what I want to do with my students. I want them to learn and enjoy their work."

"It's a wonderful pipeline from the U of I. The relationship has been standing for decades, and we continue to work on the collaboration. We've had some fantastic interns here!"

The caliber of students from Illinois, she says, speaks for itself in the number of interns who have been hired.



A Man on Mission



SPC Anthony Jones,
University of Illinois
BSW student

SPC Anthony Jones, an undergraduate student in the School of Social Work, well remembers his service in Iraq. “It was hot,” he says. “Extremely hot. Hot in the morning, cold at night. And it was dirty, smoggy, and frustrating.”

But he recalls with more pleasure the time he was driving through an Iraqi town on a humanitarian mission, and a little girl in a red dress came running after his truck. He stopped, gave her a box of Pop Tarts, and was treated to a wondrous smile.

The small treat brought extreme joy to that girl, and made Jones realize how much Americans can take for granted.

“When I got home [from Iraq] I took my shoes off and laid in the grass,” he says. “It’s just something we take for granted. I don’t think people truly understand the sacrifices soldiers make day in and day out to ensure that we live a comfortable life. People can complain about the economy and other things, but we live good. We live very good. And it’s all because of people putting their lives on the line.”

Taking Care of Business

During Jones’s four years in the Army, he served as a logistics manager for a company of about 100 soldiers. He was in charge of making sure his unit had enough ammo, weapons, vehicles, food, and whatever they needed to get the job done.

A New Mission

Jones’s life has been mission-oriented since he joined the Army. That orientation hasn’t changed since he returned to the States; only the mission has.

“I am starting a nonprofit called Great Minds,” he says. “It literally was a vision from God of giving back. Our mission is to take underprivileged boys and girls and help them succeed in academics and life.”

The idea of giving back started with the social worker he had as a child. “As I grew older and looked at the sacrifices she made, it was because of her I was able to find a home,” says Jones, who was adopted. His biological family, he says, is in a lot of trouble, but “because of my social worker, I have the life that I have now. I love who I am and where I’ve been, and I want to provide opportunities for other children.”

Were it not for his social worker, he says, “I wouldn’t be at the University of Illinois. I wouldn’t have joined the Army. I might not be alive.”

He wants to give the care he received from his social worker to others in need. He wants troubled kids to know that someone cares about them. That they have opportunities to succeed. That’s what the Army taught him, and he’s passing that on.

After graduating, Jones plans to work three to five years in the field as he gets his nonprofit going. “I need to understand the needs of the community so that I can provide the type of environment that changes lives,” he says.

“Veterans have the type of experience that will allow them to be successful, especially in social work, because we care for people. It’s what we do.”

“I wouldn’t be at the University of Illinois. I wouldn’t have joined the Army. I might not be alive.”



Setting Down Roots



Nena Stetson,
University of Illinois
MSW student

Nena Stetson knows how to pack a moving van. She and her husband, Lieutenant Colonel Eric Stetson, have moved 10 times in the 13 years they have been married. Such is the life of an officer – and an officer’s wife.

On track to graduate from Illinois with her MSW in 2015, she knows there are probably more moves in her future. But with her husband retiring in 2015 from his role as head of Army ROTC on the University of Illinois at Urbana-Champaign campus, she’ll welcome one more change: The chance to grow some roots as she settles into her work.

“I’ve had a lot of experience, everything from childcare director to information and referral specialist,” she says. “I’ve worked with military youth and workforce preparation programs. But I’ve never seen any of them through a two-year cycle.”

Her Passion in Social Work

Her passion, Stetson says, is working with young mothers and children. “I love anything to do with promoting optimal child growth and development while helping young moms set goals and develop careers,” she says.

But, she adds, she loves working throughout the family system – perhaps a leftover from working in various situations overseas. On American bases in Germany – where she met Eric in 1998, less than two weeks after starting her two-year government service position – she worked first as an assistant child development center director, then as a program director for Child, Youth, & School Services.

She and Eric returned to the States and were married in 2000, and then Eric was assigned to Germany again from 2004 to 2010. Which meant more packing, more moving, and more job experiences for Nena.

“I worked as a family advocacy program educator for Army Community Service,” she says. “I taught psychoeducational classes – couples communication classes, stress management, parenting classes. Anything to do with prevention of child abuse and neglect.”

While in Germany, Stetson saw great need for mental health services both for soldiers and family members – but she also saw great hesitancy in seeking help. “Some people are afraid of what might come out and how it might impact a service member’s career,” she explains.

One way the need for mental health services are met is through MFLCs – military family life consultants. “MFLCs are so critical, because you can have a conversation with them and they can work on an issue with you before it escalates,” she says. “Along with military chaplains, MFLCs are an important first line of defense. They do the psychoeducation and solution-based, short-term counseling – but keep no records. MFLCs are available to listen and refer people to Army behavioral health if more intervention is needed.”

Finding Needs and Filling Them

While she’s uncertain precisely what type of social work she will wind up in, she doesn’t see her 20 years of experience in working with youths and families – including 13 with the military – changing any time soon.

“I’m the type of person who looks for a need in the community and tries to fill the need,” she says. “What fulfills me is seeing people change for the better. I want to be part of that.”



▶ Visiting Scholar Sees Growth of Profession in Korea



JinHee Hyun,
Visiting Scholar
and Associate
Professor from
Daegu University in
Daegu, South Korea

JinHee Hyun has seen a lot of growth in social work in Korea since she entered the profession. Social work really came into being in Korea in the 1950s, after the Korean War. Most Koreans at that time, Hyun says, saw social work as charity.

“They don’t think of any other social work service,” says the visiting scholar and associate professor from Daegu University in Daegu, South Korea. “We had to fight these prejudices for a long time.”

Now, however, she says that the field in Korea is growing. Hyun’s hope is for social work in Korea to be seen as it is in the USA – as a profession. “I mention that goal to my students,” she says, “saying that’s the goal we have to go for in the future. Although the foundation is settled, we are still struggling with having it seen as a profession.”

Hyun received her PhD from Ewha Womans University in Seoul. Ewha, which Hyun entered in 1990, was the first Korean university to offer a social work program.

Working on the US Army Base in Korea

Hyun became the first Korean social worker to work on the Daegu US Army base. She worked for 10 years on the base, and in a Korean hospital as a psychiatric social worker for three years before that.

Hyun’s desire to work on the US Army base in Daegu was fueled in part by her hunger to learn more about the clinical side of social work. “Initially we got a lot of things about the professionalism of social work from the USA. Especially for the clinical social work side,” she says.

US Army social workers stationed in Korea in the 1950s provided clinical social work service, covering mental health issues and psychiatric issues, she says, and laying a strong foundation for clinical growth in Korea.

Hyun also knew she would learn the latest trends in clinical practice on the Daegu base. “They were really good at providing me training,” she says. “And they would send me every year to the States to attend lots of clinical training. So I felt like I was growing every day as a professional.”

Passing the Torch

Hyun went into academics because she is passionate about passing on her knowledge to future Korean social workers. “I want to contribute to the Korean community in social work development,” she says. “I want to share all the things I learned and help students apply theory to the real case.”

For Hyun, the “real case” included being on call, 24/7, every other month for 10 years. She was constantly called out of bed in the middle of the night to go to hospital emergency rooms or police stations. As a counselor, she also saw people recover from spouse and child abuse and overcome the cultural difficulties that arose from their bicultural marriages, which was common on military bases.

All of this experience, she says, helped her to grow as a social worker. That growth has now extended to passing the torch to others, preparing them to enter what is now recognized as a profession in Korea. To that end, she says, she is looking to develop international field education partnerships, and on her sabbatical – she hopes to conduct research with colleagues in the Children and Family Research Center.

“I’d like to conduct some child abuse comparative studies between USA and Korea, to look at the child abuse risk assessment process,” she says.

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