



DND/CFEJC photo IS2005-11716

Captain Bruce Cleveland, a Social Worker with the Canadian Forces Disaster Assistance Response Team, shares a laugh with local children in Pottuvil, Sri Lanka, during the DART team's deployment there in 2005.

Social Work in the Military ~ Considering a Renewed Scope of Practice

by Dave Blackburn

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Introduction

The social work scope of practice is broad, which makes it difficult to establish a clear overall picture of it.¹ The way that the social work profession is practised within the Canadian Armed Forces (CAF) is specific, unique and guided by directives that are different from those of civilian organizations. Given that social work practice must “[trans] [...] take into consideration the places where it is being practised and the types of problems that it is trying to resolve,”² social work in a military context presents unique challenges.

Currently, social work is formally practised at CAF Health Services Centres. It is focused on the provision of psychosocial and mental health services that include clinical activities such as evaluation, psychotherapy and support. Social workers practise their profession as members of multidisciplinary teams. Those conditions of the practice are fundamental to the profession, which is aimed at helping people in order to improve their well-being.³ However, by offering services only to CAF members,⁴ the “formal” practice of social work in a military context is restrictive and limits the inclusion of family, social and community components.

With that in mind, how is it possible for social work in a military context to fully meet the current needs of soldiers and their families and offer solutions to social problems in the community?

For military authorities, establishing two separate groups of social workers committed to improving the well-being of soldiers and families appears to be the answer. In addition to the 45 military social workers and 118 civilian social workers working in the 26 mental health services clinics in Canada and Europe,^{5,6} there is also another group of social workers working in the military family resource centres. That second group offers community and individual social intervention services to



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Wounded at Chaplain Service free coffee stall during the advance east of Arras, September, 1918.

soldiers and their families. However, it does not report to the CAF national social work practice lead in matters of professional and technical guidance. It is managed independently and locally through an administrative structure (director and board of directors) that is specific to each of the centres and must follow the administrative directives of the Directorate Quality of Life/CAF Military Family Services, which is in charge of the Military Family Services Program. That directorate is not part of CAF Health Services.

To understand the rationale behind the social work scope of practice in a military context and its current directions, a historical review of the profession is in order. That historical review will lead to an analysis and discussion of how social work is practised in the CAF, highlighting the main points of tension that justify practice renewal.



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The Right Honourable William Lyon Mackenzie King speaking with troops in August, 1941.

DND photo, 1944



Social Work officers in 1944 with Lieutenant Colonel Sutton.

Lieutenant W.J. Hynes/DND/Library and Archives Canada PA-147114



War brides and their children enroute to Canada from England, 17 April 1944.

History of social work in the Canadian Armed Forces

The social work profession has existed in the CAF for more than 60 years.⁷ The profession has undergone a number of major changes over the years, but it has always endured and been able to redefine itself to ensure that some of its fields of expertise continue to be applied within the Canadian military.

New realities, new needs

Throughout the First World War, the support offered to Canadian Army soldiers was provided by chaplains and troop officers.

In the first months of 1939, a social worker named Stewart Sutton sent a letter to the Prime Minister of Canada, W. L. Mackenzie King, to raise awareness of potential morale issues among Canadian soldiers.⁸ He pointed out that the biggest morale problem lay in the fact that Canadian soldiers would be serving in a theatre very far away from their families, and they were very concerned with how they would deal with problems at home.⁹ He suggested that some form of social service be put in place to support the soldier's personal problem-solving networks, enabling them to communicate family-related problems in complete confidence and obtain help resolving those issues.¹⁰

It was only in 1942 that Stewart Sutton, who had by then become director of the Children's Aid Society of the City of Kingston, received a visit from a lieutenant-colonel who wished to discuss the letter that he had sent to the prime minister and inquire as to whether he would be interested in joining the Canadian Army in order to develop a professional services division to help soldiers and their families.¹¹

In May 1942, the Department of National Defence officially authorized the creation of a Division on Special Services with the mandate of collecting information on factors affecting troop morale and the circumstances of families in Canada and of resolving issues that were negatively affecting troop morale.¹²

Emergence of social work within a military context during the Second World War

During the Second World War, Canada had a shortage of professional social workers. Some authors estimate that, at the time, the country as a whole had only slightly more than 1,000 qualified social workers.¹³ As Denault said, "[trans] The family social services agencies were called upon to contribute their 'war effort' by working with the Department of National Defence and the Department of Veterans Affairs to administer allowances and pensions to soldiers' families while at the same time practicing professional social work."¹⁴

In 1943, social workers were authorized to join the ranks of the Canadian Army¹⁵ and were assigned to the rallying/recruiting centres. In addition to performing social and medical background checks during medical evaluations, they also had to identify people with psychopathologies. They played an important role in deciding who would be deemed unfit for military service based on mental health and criminal background checks. It should be noted that "[trans] those early social workers were viewed as technical assistants or advisors to doctors and psychiatrists during recruitment screening."^{16,17}

After Sutton was commissioned as an officer, he became the Director of Social Science, and he had to create a social services program for the Canadian Army. His challenging task involved developing administrative guidelines and defining the role of social workers, particularly with the commanders. He also needed to conduct hiring, devise training that was tailored to the military environment, and ensure that the social workers were supervised. In addition, Sutton had to invest time and energy in making social work relevant in the Canadian Army and helping it gain acceptance at all levels of the military hierarchy. The Social Sciences directorate became official and operational on 17 July 1944.¹⁸ The benefits of being able to rely on professional social workers in the Canadian Army were unquestionably recognized by commanders, who could obtain advice on social and family-related problems, and by civilian social service agencies, which could work with professionals with university-level training in social work. The Social Science directorate helped to manage two significant situations that resulted from the Second World War, ie, those involving children born out of wedlock and war brides.¹⁹

Towards the end of the Second World War, "the Canadian Army employed professional social workers at headquarters and certain large camps; the Royal Canadian Air Force had such personnel at Headquarters and in Commands; and the Royal Canadian Navy had an office in Halifax to deal with personal social problems."²⁰ The Social Science directorate was disbanded in 1945 and ceased activities. A number of social workers were then assigned to the Canadian Department of Veterans Affairs for a short period of time before being released. In spite of the disbanding, it was acknowledged that social work should continue to be a part of the structure of the Canadian Armed Forces.²¹

The Royal Canadian Air Force revives social work within the military

In 1947, Professor Charles Eric Hendry of the University of Toronto's Faculty of Social Work was given the task of studying what CAF recreation and social service needs were by the Personnel Members' Committee, which included soldiers from all three elements (Army, Navy and Air Force). After two years of research and analysis, he published his report. Professor Hendry was of the opinion that the needs of CAF members and their families were similar to those of civilian families. In addition, for Hendry, hiring professional social workers during the Second World War was the step that had had the greatest impact on helping to resolve soldiers' personal problems.²² He made several recommendations in concluding his analysis, including that the CAF employ social workers who had been professionally trained to respond to issues involving social welfare. Hendry added that each element "[trans] should have a social worker at its headquarters, as well as professional social workers at the formation level [...]."²³

After Hendry's report was published, it did not produce the desired effect because there were differences of opinion within the Personnel Members' Committee.²⁴ It was only in 1952 that the RCAF made the decision to move forward, without the other two elements, with the report's main recommendation and seek help from social workers by creating its own social welfare and recreation branch. Because it was limited in the number of social workers it could hire, the RCAF was only able to recruit 12 military social workers.²⁵ The twelve positions were distributed

strategically and geographically within the RCAF while remaining under the direction of the Director of Welfare Services. By 1958, the positive contribution of military social workers appeared to be well established. In a document entitled “Personnel Personal Problems,” the air officers command recommended that social workers from the region be used to help training and section officers resolve young aviators’ adaptation issues.²⁶

After advances were made by the RCAF, the two other elements followed suit in the 1960s. In 1961, the Royal Canadian Navy called on two civilian social workers to work at its two naval bases (Halifax and Esquimalt). As for the Canadian Army, the unification of the three elements brought an end to the establishment of a social welfare branch. “By 1966, the RCAF social welfare branch had slowly grown to 16 officers.”²⁷

The unification of the three elements restructures how social work is practised

An important event in Canada’s military history occurred on 1 February 1968 when an act abolishing the Royal Canadian Navy, the Royal Canadian Air Force and the Canadian Army came into effect.²⁸ The unification of the three elements led to the creation of the Canadian Forces Social Work Service. Built from the RCAF’s Social Welfare Branch and the two civilian social workers from the Royal Canadian Navy, the Social Work Service was now offered to the three elements.²⁹ The head of the Social Work Service would from then on have the rank of lieutenant-colonel and report to the Director General Personnel Services. Following the unification, there was a gradual increase in the number of social workers. In 1971, the service was decentralized, and all of the social workers except for those working in Ottawa were assigned to regional support positions.

Social work as a speciality within Health Services

In January 1979, social work moved from under the Director General Personnel Services to CAF Health Services, under the Surgeon General Branch.³⁰ At the time, military authorities justified this change by saying that soldiers needed to receive medical care in a multi-disciplinary environment that took into account physical, mental as well as social factors. Thus, by bringing together military social workers with military doctors, there would be better continuity of care using a more integrated approach. “[trans] At the base level, that principle is formalized in the enduring relationship between medical personnel and social workers, who now work together in medical units.”³¹ As for the practice of social work, the service offering continued to be made using the regional model, but it fell under the direction of the surgeons from the bases and regions. By gradually taking their place within CAF Health Services, military social workers saw their roles become more multifaceted over the years. Some of them taught in military colleges while others were assigned to health promotion or drug and alcohol abuse prevention, while still others went on to be rehabilitation-program advisors and administrators.³²

Operation Phoenix and the end of social work in a military context

The year 1994 was significant for the CAF because a review process was introduced that led to major restructuring within the military. For CAF Health Services, it was Operation

Phoenix, the ultimate goal of which was to “rationalize health care services in the CF with the view to developing a viable, operationally orientated, cost effective medical support system.”³³ After an in-depth study of all Health Services occupational groups was conducted, the social worker profession was set aside. As it was not considered to be essential to operational deployments, a notice was drafted to abolish it, despite the fact that the utility of social workers was well recognized. People, particularly commanding officers, reacted quickly, coming out strongly against the decision and reaffirming the important role that social workers played in understanding the military way of life and deployment-related problems. Social workers as an occupational group were saved a great deal of pain and misery in 1997 when they were recognized as being essential but non-operational. They were thus deemed to be non-deployable and “the role of the military social worker has become more focused in terms of assessment, consultation, collaboration and intervention in an operational environment.”³⁴

Rx2000 and the redefining of Health Services

In 1999, the Chief of the Defence Staff ordered that a comprehensive study be done of the CAF health system. That study involved a detailed and independent analysis of the quality and continuity of care provided to CAF members while evaluating the system’s ability to provide services and determining which areas could be improved.³⁵

The result was Rx2000, an initiative aimed at establishing the best health care possible for CAF members in accordance with high standards and best practices. “It is a proactive, multi-faceted reform that aims at making the Canadian Forces health care system patient-focused, accessible, and capable of meeting the needs of the member and operational chains-of-command at home and abroad while respecting the principles of the *Canada Health Act*.”³⁶ Rx2000 redefined mental health services, which are now based on best practices. As a result, the role of social workers once again changed with this new reform.

Social workers work with other health professionals, and their main task is to support the morale, effectiveness and mental health of Canadian soldiers, sailors and airmen and women in the three mental health programs offered in the Health Services Centres³⁷:

- **Psychosocial services program** – Social workers provide brief interventions, crisis interventions, alcohol/drug/gambling addiction counselling and information services, as well as handle administrative requests (eg, involving unexpected moves, compassionate status and postings, assessments for OUTCAN postings) and pre-deployment and post-deployment screenings.
- **General mental health program** – As part of this program, social workers provide assessment and individual and group treatment for people suffering from a broad range of mental health problems, including depression, anxiety, excessive worry, insomnia, etc.
- **Operational trauma and stress support program** – Social workers provide assessment and individual and group treatment for members suffering from an operational stress injury, as well as assistance to members on



DND photo D5C00064 by Captain Edward Stewart

Patrol Commander Sergeant Fergus McGee (left), A Flight 2nd Royal Air Force Regiment, confers with Master Warrant Officer Tim Ralph, Company Sergeant Major Health Service Support Company, 1 Royal Canadian Regiment Battle Group, Kandahar, Afghanistan, 19 November 2006. The HSS Company was providing village medical outreach and the RAF Regiment was providing for their security.

active service and their families dealing with stresses arising from military operations.

The contribution of social workers in Afghanistan and Haiti

During operational missions such as those in Afghanistan and Haiti, social workers form an integral part of a multidisciplinary team of mental health professionals. The services provided are designed to support CAF members exposed to operational stress or to help deployed members deal with difficult situations faced by loved ones at home. In situations like this, where stress and anxiety are all too real, the services are designed to be flexible so as to reach members in need.³⁸

Between 2006 and 2014, civilian and military social workers formed the core of the mental health team for third-location decompression, which took place



DND photo IS2009-1011-052 by Sergeant Paz Ouilie

Incoming members going through administration procedures at the Azia resort and spa Hotel as they commence decompression in Paphos, Cyprus, prior to returning to Canada.

primarily in Cyprus and Germany. In addition to offering sessions from the mental health education and training program *Road to Mental Readiness*, they offered counselling services for members deploying back to Canada.³⁹

Reflecting on a practice that should be renewed

Social work under Health Services: a stunted profession?

Since 1979, the social work practice has officially been under the direction of CAF Health Services. That integration accelerated the medicalization of social work and, consequently,

of the social problems experienced by soldiers and their families. That medicalization is evidenced in the way that phenomena that previously were not viewed through a medical lens now are.⁴⁰ It is therefore unsurprising that, in 2015, the main role of social workers is to provide psychosocial and mental health services.

Social work, however, “is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. [...] social

work engages people and structures to address life challenges and enhance wellbeing.”⁴¹ The way that social work is currently practised in a military context does not enable it to fulfill its fundamental role as an interdisciplinary and transdisciplinary profession.

The domination and influence of the medical domain within CAF Health Services has had an enormous impact on the directions

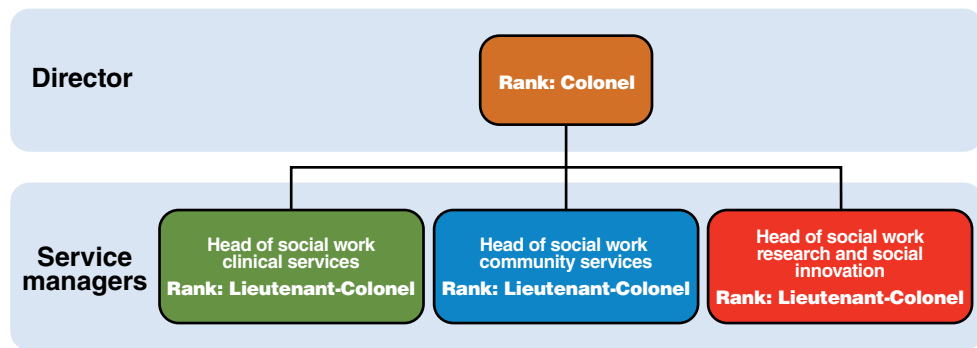


Figure 1: The Directorate of Social Work

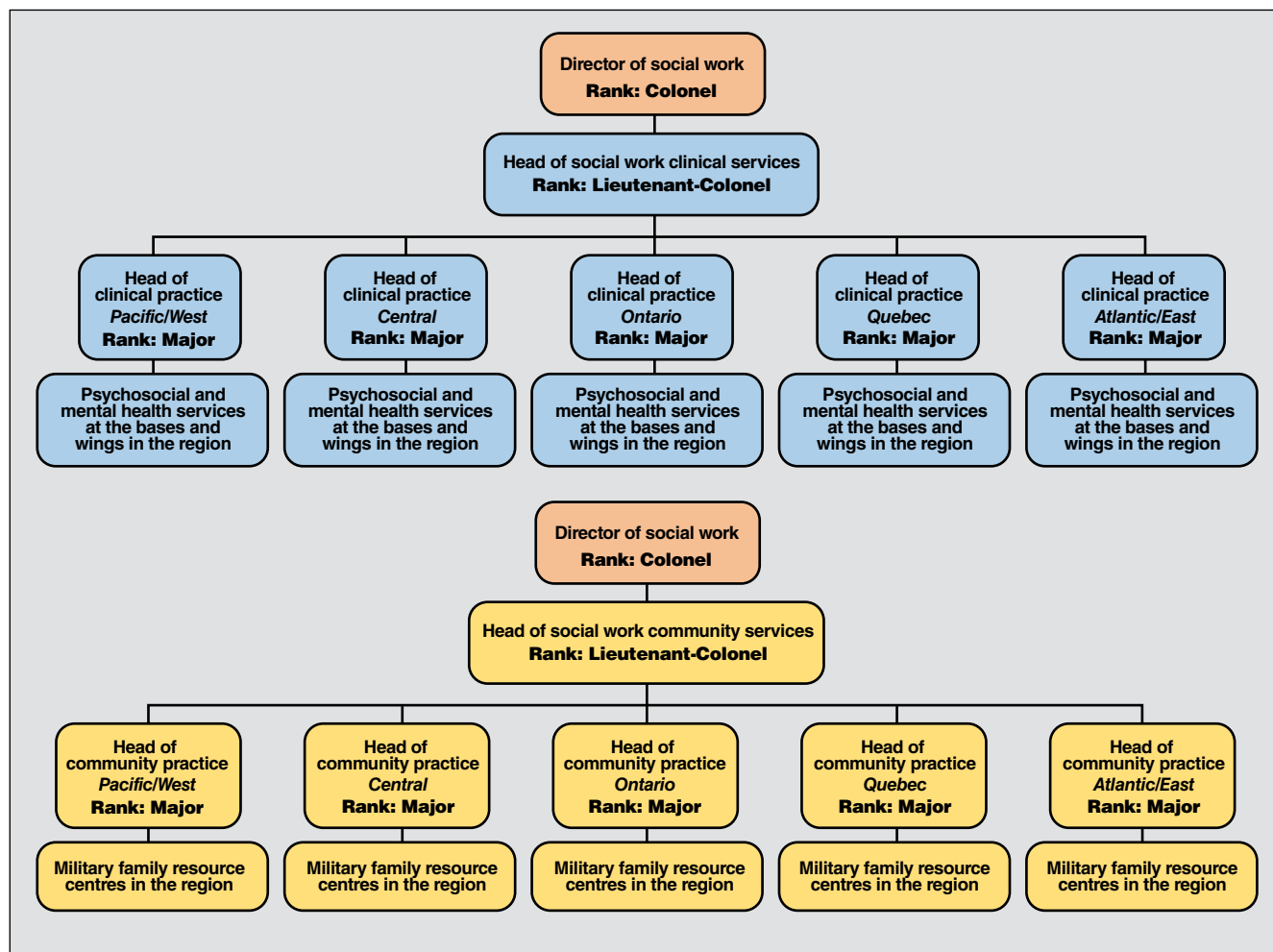


Figure 2: The Directorate of Social Work ~ Clinical Services and Community Services

that social work has taken. One of the consequences has been the near disappearance of the community, social and family aspects essential to the social work field. It is deemed preferable to treat soldiers by focusing on their biology and psychology while failing to accord the same importance to social factors.

The social work practice lead is a lieutenant-colonel (the highest ranked social worker) who reports to the director of mental health (a position reserved for military doctors of the rank of colonel). The social work practice lead is a senior staff officer, in the same way as a health care administration officer. The power of the social work practice lead is therefore extremely limited. He/she must take cues from the director of mental health in the directions that social work will take as a component of mental health. That organizational structure raises a number of questions. Why is a doctor in charge of the mental health directorate? Why must the social work practice lead report to the director of mental health? Why can he/she not report directly to the Surgeon General, the Chief of Military Personnel or the Chief of the Defence Staff? Should the social work profession be part of the mental health directorate and, ultimately, CAF Health Services? Should not the social work profession have its own directorate? After all, it is a professional field that was established over 60 years ago in the CAF, and it offers special expertise to deal with the psychosocial problems that are specific to the military community.⁴²

There are a number of reasons that we believe that the social work practice would have greater influence and its services would have a broader reach if it was separate from Health Services (as was the case before 1979) or it had its own directorate within CAF Health Services.

A social work directorate would bring all of the civilian and military social workers working in CAF Health Services Centres and military family resource centres under one organization. The social worker workforce is a large one. It has the largest number of professionals within CAF Mental Health Services.⁴³ Grouping members of the profession together that way would make it possible to integrate community, social and family aspects into the practice and create a separate directorate for all social workers that would be led by a military social worker holding the rank of colonel. That officer would need to have significant community, clinical and operational experience to successfully lead both clinical and community social work services. In addition to adhering to the fundamentals of the social work practice and adopting an ecological perspective, the provision of military social services would also be improved from a technical and professional standpoint. The ecological perspective developed in the field of social sciences from the 1980s to the 1990s applies to the practice of social work in a military context. That perspective focuses on how individuals interact with their immediate and extended social environment.⁴⁴ “[trans] The ecological approach therefore all at once takes into account social, community, family, and individual aspects.⁴⁵” That approach is useful for dealing with the military community’s psychosocial problems. In addition to having a clinical section and a community section, the directorate of social work would need to have a social research and innovation section for studying the

current problems and social issues that soldiers and their families face and proposing innovative solutions that are specifically tailored to the military community and that can be put into practice by social workers. Figure 1 shows the organizational structure that the directorate of social work could take and Figure 2 shows the possible distribution of clinical and community services.

Unfortunately, one area where CAF Mental Health Services fall short is the way in which suicidal behaviour is handled. Because the CAF health system focuses on soldier biology and psychology, the social, family and community factors are not taken into account. Suicidal behaviour is an area of intervention in the social work field that is approached from both an ecosystem and multidisciplinary perspective. “[trans] Social work is, without a doubt, one of the professions that is most concerned with suicide [...]”⁴⁶ Although the *Surgeon General’s Mental Health Strategy* tries to cement the various components related to mental health,

“Unfortunately, one area where CAF Mental Health Services fall short is the way in which suicidal behavior is handled.”

it is still a local initiative that is internal to the CAF. That approach to mental health, and to suicide in particular, can only result in limited or partial success. By working with communities and using an ecosystem approach “[trans] that always situates the individual within his or her own context and environment, social services bring together, to some extent, the contributions of those other disciplines in order to obtain a holistic view of the situation with the aim of responding effectively both to the person who is suicidal and to his/her net-

work.”⁴⁷ Social workers are therefore able to develop integrated, concerted approaches. The Canadian Mental Health Association and the Canadian Association for Suicide Prevention unequivocally express their concerns regarding soldier suicides by stating the following: “Members of the armed forces and their families live in and contribute to all of our communities. We need to work together to finalize an integrated and collaborative strategy on suicide prevention for all Canadians, including members of the Forces, their families and veterans.”⁴⁸ Over time, social workers have developed in-depth clinical and community expertise while offering an analytical framework that makes it possible to gain an even deeper understanding of suicide as a social issue.⁴⁹

Currently, the only military social worker in the CAF who truly practices social work as an interdisciplinary and transdisciplinary profession is the person working in Geilenkirchen, Germany. He offers services to soldiers and families and works to prevent social problems in direct cooperation with the military family resource centres and the Health Promotion Branch; he also works with the local community organizations in the countries where soldiers are stationed and with professional services from the CAF and NATO countries.⁵⁰

Social workers and chaplains: two professions with different realities

Military chaplains have long maintained an independent status and a branch dedicated to their field of practice that is led by a chaplain general of the rank of brigadier-general. That person advises the Chief of the Defence Staff directly. The role of the military chaplains is to attend to “the moral and spiritual well-being of military personnel and their families in all aspects of their lives, during conflict

and peacetime.”⁵¹ Bergeron points out that “[trans] military chaplains are therefore not social workers who are concerned only with the social side of [soldiers].”⁵² It should be noted that, in the current CAF Health Services system, social workers attend to the psychosocial side of soldiers, with the emphasis being more on the psychological than the social. What reason is there that social workers, who are just as important as chaplains, cannot have their own structure that is at once administrative and professional, technical and independent from CAF Health Services, just as chaplain do?

A lack of career opportunity: challenges for the profession and attrition

Another consequence of the social work profession being under the direction of CAF Health Services is that there is a lack of career prospects. In its current state, the social work profession is not developing or offering career opportunities to soldiers, and the situation is even more dire for civilians. Social work in the military must grow, develop, and promise new career opportunities if we are to turn things around.

The attrition rate is very high among military social workers. A lack of variety in professional tasks is one of the reasons for that. In the past, a military social worker could teach in military colleges, serve as a social worker in a sector or region, work in an alcohol addiction rehabilitation centre, serve as a regional drug education coordinator or a drug and alcohol prevention program administrator, be a social service director at the National Defence Medical Centre and, ultimately, be the director of social affairs.⁵³ Today, a social worker’s career path is a straight line. After undergoing a period of training in the field, he/she becomes the head of psychosocial services at a base. The person stays in that role (which is similar from one base to another) until being promoted to the rank of major. After being promoted to major, a social worker’s climb up the ranks is probably over, as there is currently only one lieutenant-colonel position. As a major from then on, he or she is posted to one of the “big bases” to be, once again and for the rest of his or her career, the head of the psychosocial services program and, possibly, the professional practice lead for a region (which is more of a symbolic role than a practical one). The roles and responsibilities of a major at Halifax, Valcartier or Edmonton are essentially the same. The individual can also hold one of the few staff officer positions for majors in Ottawa, specifically at the Directorate of Mental Health. A headquarters position also brings its share of challenges. Those are only a few of the reasons that some social workers get worn out

and decide to continue their careers with a civilian organization or change professions.

Not being able to access the health care administration officer occupational group (in the way that military nurses and pharmacists can) also closes the door on any ambition that some military social workers may have to become administrators. Some people prefer to remain within the professional practice while others are interested in the administrative components of health services. Why can a military nurse, a military pharmacist or a health care administration officer (ranked captain) become a health care administration officer (and have access to the strategic management positions within the Health Services Group) but military social workers, who all have a master’s degree, cannot? It is merely a way of safeguarding the

turf of “purely medical” professions—and social work has never been considered to be among those professions.

Psychotherapy regulations in Canada: What are the consequences?

The Canadian provinces are developing laws that will define and frame the psychotherapy field, which makes it necessary to review how social work has been practiced in the military in recent decades. In addition to all of the other reasons for re-examining the profession, that has placed pressure on military authorities to conduct an in-depth analysis of the practice, as a large number of social workers will no longer be authorized to practise psychotherapy without a licence under the new laws.

Conclusion

The history of military social work has been shaped over the years by military conflicts, internal changes to the military institution, the redefining of services for soldiers, budget cuts, and the tireless work of certain important individuals. It has not been an easy journey, but the aims of the profession are still just as noble: to help people overcome psychosocial problems. Unfortunately, the social work profession has lost ground and influence in recent decades, and it is soldiers and families who have paid the price. We hope that this article will help to create a climate of debate and lead to a re-examination of the social work profession and scope of practice in a military context. Such an analysis can only be constructive and directly benefit social workers, the CAF and, ultimately, men and women in uniform and their families.



NOTES

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DND photo IS2009-0012-08 by Sergeant Paz Quillé

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