can also be a way to help communities heal. Bringing together community members to honor those who died, creating memorials, forming advisory groups to work on prevention efforts, or initiating community-building projects can all bring some deeper meaning to a tragedy (SAMHSA 2014). The challenge for social workers, as aptly demonstrated in New Orleans and Haiti, is that rebuilding is more difficult to accomplish when communities are poor before the disaster. Therefore, part of macro intervention should be efforts directed toward prevention so that the limited resources of a community are not overtaxed with a crisis, as well as recognizing the assets a community has and building on those strengths.

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Prevention

Of course, the best course of action with crises, trauma, and disasters is making sure they never happen (Tsuchiya & Shuto, 2007). As cited in several places in this chapter, the incidence of trauma and stress is significant and crosses through many facets of American lives. Prevention of any such events is beneficial to individuals as well as society. The cost of treatment, in financial measures as well as personal emotional aspects, is expensive, and the lasting effects of experiencing trauma can compromise a person's quality of life.

Prevention can be directed at predictable problems as well as unpredictable events. There are several areas of prevention that affect the incidence of crises, trauma, and disasters (Harding, 2008). There is the category of **risk prevention**, for example, taking measures to prevent or minimize financial loss or health problems. There is **hazard prevention**, which can include preparation for a possible natural disaster or efforts to protect from a natural disaster. An example of the breakdown of both these strategies was the case of Hurricane Katrina. Authorities were unprepared to address the destruction from the storm and also care for the numbers of people displaced and in need. In addition, postdisaster analysis of the levees that were designed to keep the city from being flooded revealed that they were insufficient to control the water from that category of storm. Other forms of prevention include **crime prevention**, which strives to stop criminal behaviors from happening, and **preventive medicine**, which emphasizes behaviors that promote healthy living and the prevention of illness and disease (Nafziger, 2002).

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Legislation and regulation can serve as preventive measures. For example, vehicle accidents and misuse of firearms have been addressed through laws. Mandatory seatbelt laws are designed to mitigate injury in the event of an accident, and regulations of the sale of firearms are passed with the intent to minimize the misuse and illegal distribution of handguns. Individuals practice prevention when they do not engage in risky behaviors that might be dangerous. Smoking-cessation campaigns advocate lowering a person's health risks by the promotion of not smoking. Communities address prevention through efforts to anticipate potential disasters, such as weather emergency warnings that keep people in safe locations during storms or educational campaigns advertising healthy behaviors. Social workers can be involved in all these prevention efforts.

Military Social Work

Military social work is a specialized field of practice that provides an excellent example of the roles in which social workers engage related to crises, trauma, and disasters. Military social workers assist service members, their families, and their communities. Serving in the military can be stressful for individual service members and their families. It often involves difficult and dangerous work and long deployments away from home. While in the military, soldiers must learn to adapt to military culture, which can be quite different from what they are used to. Often they must also learn to adjust to being in foreign countries with very different cultures. Social workers employed by the Department of Defense work with active-duty service members in the field, including in combat areas. They provide education and support to help soldiers adjust to military and other cultures. They provide counseling services to help soldiers cope with mental health challenges that may be exacerbated by the stress of war, including PTSD, substance abuse, depression, and anxiety. Social workers in combat areas also assist service members in coping with the loss of friends and colleagues, and are involved in prevention by assessing morale and providing suggestions for improving it.

Many social workers are employed by the VA, where they help former service members in a variety of ways. As noted earlier, soldiers often return home with PTSD, depression, and other types of mental health challenges. Some come back and have to learn to live with a disability. Many have experienced a disruption in their work lives and need help finding employment. VA social workers provide individual and group mental health counseling and job training services. They also serve as advocates to help veterans who are not getting all the benefits to which they are entitled or all the benefits they need. Additionally, military social workers lobby for more funding for veterans' services and are involved in education, helping the public understand that the soldiers who have risked their lives for their country are often not receiving the best treatment when they come home.

There are also challenges associated with being a member of a military family. Family members spend extended periods of time apart and live with the knowledge that their partner or parent may be hurt or killed. Social workers run support groups for family members whose loved ones have been deployed overseas. They also help family members get connected with military support systems and with community resources, including child-care and financial support. When military personnel return home, their reunion with family members can be challenging. Social workers provide family counseling when needed, assess for and intervene in situations of domestic violence, and offer parenting support.

Military social work brings up a variety of unique ethical challenges. The needs of the individual service member may be very different from the needs of the military unit or the military mission (Simmons & Rycraft, 2010). When this happens, that social worker must choose which needs are top priority and whether the soldier or the military is the primary client. An example of this occurs when a service member has experienced a trauma and wants to be sent home,