



# USC | School of Social Work

## Social Work 641 (VAC)

### Clinical Practice with Service Members and Veterans

**3 Units**

**Summer 2014**

**Instructor:**

**E-Mail:**

**Telephone:**

**Office:**

**Office**

**Hours:**

Virtual

Upon Request: Please send me an email. Will arrange a meeting time.

**Course Day:**

**Course Time:**

**Course Location:** VAC

### **I. COURSE PREREQUISITES**

SOWK 505 and SOWK 535

### **II. CATALOGUE DESCRIPTION**

This course addresses the needs of servicemembers and veterans at different developmental phases of the military life cycles, both holistically and within the context of their families and communities. In addition, theoretical and practical approaches to treatment of chronic stress, acute stress and trauma-related stress disorders are examined with the goal of advancing students' knowledge of best practices and current evidence-based models.

### **III. COURSE DESCRIPTION**

Military social work students (per CSWE-2010 guidelines) will be prepared to facilitate client's ways of coping with a range of physical health, mental health and psychosocial issues. Students learn to identify these concerns along with the risk and protective factors associated with navigating deployments and combat stressors. Those service members who are bolstered by their resilience and protective factors often return from deployment with a healthy transition, while others exposed to high intensity combat exposure and repeated deployments may develop injuries to their physical health, mental health and psychosocial coping.

While the course specifically highlights mental health and psychosocial needs as a result of combat, deployments, workplace and community stressors. It also highlights and addresses treatment needs related to the impact of wars/conflicts on service members and veterans, i.e.

Operational Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), Somalia Conflicts, etc.

Students will also learn to understand and apply evidence based clinical approaches that address signature injuries noted. Managing transference/countertransference phenomena and attending to secondary trauma are central. Attention will be paid to issues of diversity (gender, race, sexual orientation and culture) including specific issues relevant in work with culturally diverse client groups. Addressing stigma and barriers to service will help students establish alliances with their clients effectively. Finally, students will learn to use the range of practice models in a phase-oriented approach that values the therapeutic relationship, cultural responsiveness and theoretical grounding.

**IV. COURSE OBJECTIVES**

The Clinical Practice for Servicemembers and Veterans course (SOWK 641) will:

Objective #	Objectives
1	Explain the socio-historical context for psychological responses and treatment methods for servicemembers, veterans, and their families throughout the deployment cycle.
2	Promote understanding of the role of diversity and demonstrate cultural responsiveness in practice with servicemembers and veterans.
3	Facilitate identification of risk and protective factors in coping with deployment stressors.
4	Explain complex bio-psycho-social spiritual factors germane to assessment and treatment planning with servicemembers and veterans.
5	Promote students’ ability to reflect on their own affect, thoughts, world views, and biases that influence practice and teach the use of “professional self” in clinical practice contexts.

**V. COURSE FORMAT / INSTRUCTIONAL METHODS**

Modes of instruction will consist of a combination of didactic lecture, in-class discussion, student clinical case presentations, experiential exercise, analysis of videotapes, role-plays and on-line teaching and learning environments.

**Student Learning Outcomes**

Student learning for this course relates to one or more of the following ten social work core competencies:

Social Work Core Competencies	SOWK 641	Course Objective
1 Professional Identity		
2 Ethical Practice		
3 Critical Thinking		
4 Diversity in Practice		

5	<b>Human Rights &amp; Justice</b>		
6	<b>Research Based Practice</b>	*	<b>1 &amp; 4</b>
7	<b>Human Behavior</b>		
8	<b>Policy Practice</b>		
9	<b>Practice Contexts</b>	*	<b>1, 4, &amp; 5</b>
10	<b>Engage, Assess, Intervene, Evaluate</b>	*	<b>1-5</b>

\* Highlighted in this course

The following table explains the highlighted competencies for this course, the related student learning outcomes, and the method of assessment.

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes (What Advanced Practitioners in Military Social Work Do)	Method of Assessment
<p><b>Research Based Practice</b>—Engage in research-informed practice and practice informed research.</p> <p>Social workers use practice experience to inform research; employ evidence-based interventions; evaluate their own practice; and use research findings to improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. Social workers:</p> <ul style="list-style-type: none"> <li>▪ Use practice experience to inform scientific inquiry.</li> <li>▪ Use research evidence to inform practice.</li> </ul>	<ol style="list-style-type: none"> <li>1. Locate, evaluate, and analyze current research literature related to military social work.</li> <li>2. Evaluate research to practice with service members, veterans, families, and their communities.</li> <li>3. Analyze models of assessment, prevention, intervention, and evaluation within the context of military social work.</li> <li>4. Apply different literature and evidence-informed and evidence-based practices in the provision of services across the DoD/VA continuum of care and services.</li> </ol>	<p>Class Participation, Discussion with Field Instructor, Assignment 2 (Presentation of Research), and Assignment 1 (Student Journal)</p>

<p><b>Practice Contexts</b>—Respond to contexts that shape practice. Social workers are informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice. Social workers recognize that the context of practice is dynamic and use knowledge and skill to respond proactively. Social workers:</p> <ul style="list-style-type: none"> <li>▪ Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services.</li> <li>▪ Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.</li> </ul>	<p>5. Assess service systems’ history, trends, and innovations in social work practice with service members, veterans, their families, and/or their communities.</p>	<p>Assignment 1</p>
<p>6. Apply knowledge of practice within the military context to the development of evaluations, prevention plans, and treatment strategies.</p>		
<p>7. Use information technologies and organizational analysis techniques for outreach, planning multiyear projections, for service delivery to service members and the veteran populations as well as to their families and their communities.</p>		

**Engage, Assess, Intervene, and Evaluate**—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.

Professional practice involves the dynamic and interactive processes of engagement, assessment, intervention, and evaluation at multiple levels. Social workers have the knowledge and skills to practice with individuals, families, groups, organizations, and communities. Practice knowledge includes identifying, analyzing, and implementing research-informed interventions designed to achieve client goals; using research and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating, and providing leadership for policies and services; and promoting social and economic justice.

<p><b>Engagement:</b> Social workers:</p> <ul style="list-style-type: none"> <li>▪ Substantively and effectively prepare for engagement with individuals, families, groups, organizations, and communities.</li> <li>▪ Use empathy and other interpersonal skills.</li> <li>▪ Involve the client in goal-setting, focus of work, and desired outcomes.</li> </ul>	<p>8. Engagement:</p> <ul style="list-style-type: none"> <li>▪ Recognize the unique issues and culture presented by the service member, veteran, and/or family member client.</li> <li>▪ Establish a culturally responsive therapeutic relationship that addresses the unique issues associated with confidentiality and reporting requirements within a military context.</li> <li>▪ Explain the nature, limits, rights, and responsibilities of the client who seeks services.</li> <li>▪ Explain the stigma, risks, and benefits of seeking or not seeking services.</li> <li>▪ Engage with military leadership, the unit, veteran service organizations, and/or family members.</li> <li>▪ Demonstrate a knowledge base related to risk and protective factors associated with deployment, military service, and other aspects of life and role transitions that service members and veterans experience.</li> <li>▪ Demonstrate knowledge related to health and mental health illnesses, injuries, and outcomes for service members, veterans, their families, and their communities.</li> </ul>	<p>Class Participation, Discussion with Field Instructor, Assignment #2 (presentation of research), and Assignment #1 (Student Journal) and Assignment #3</p>
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<p><b>Assessment:</b> Social workers:</p> <ul style="list-style-type: none"> <li>▪ Collect, organize, and interpret client data.</li> <li>▪ Assess client strengths and limitations.</li> <li>▪ Develop intervention goals and objectives.</li> <li>▪ Select appropriate intervention strategies.</li> </ul>	<p>9. Assessment:</p> <ul style="list-style-type: none"> <li>▪ Select and modify appropriate multisystem intervention strategies based on continuous clinical assessment of military or veteran issues.</li> <li>▪ Use differential diagnoses that take into consideration signature injuries as well as other military related illnesses and injuries.</li> <li>▪ Use empathy, cultural responsiveness, and other interpersonal skills in completing an assessment; and assess coping strategies to reinforce and improve adaptation to life situations and transitions while also emphasizing ways of coping with readjustment from military to civilian life.</li> </ul>	<p>Class Participation, Discussion with Field Instructor, Assignment #2 (presentation of research), and Assignment #1 (Student Journal) and Assignment #3</p>
<p><b>Intervention:</b> Social workers:</p> <ul style="list-style-type: none"> <li>▪ Initiate actions to achieve client and/or organizational goals and resolve problems.</li> <li>▪ Implement prevention interventions that enhance client capacities.</li> <li>▪ Negotiate, mediate, and advocate for clients.</li> <li>▪ Facilitate transitions and endings.</li> </ul>	<p>10. Intervention:</p> <ul style="list-style-type: none"> <li>▪ Use a range of appropriate clinical and preventive interventions for various injuries, diagnoses, and psychosocial concerns identified in the assessment, including crisis intervention and advocacy strategies as needed.</li> <li>▪ Engage clients in ongoing monitoring and evaluation of practice processes and outcomes.</li> <li>▪ Demonstrate the capacity to reflect on one's own responses (i.e., affect and world views) that influence the progress in and the completion of treatment.</li> </ul>	<p>Class Participation, Discussion with Field Instructor, Assignment #2 (presentation of research), and Assignment #1 (Student Journal) and Assignment #3</p>

<p><b>Evaluation:</b> Social workers critically analyze, monitor, and evaluate interventions. Advanced practitioners in military social work understand the process of adaptation from evidence-based practice to implementation within a military context. They understand the research that informs all levels of practice as it relates to service members, veterans, their families, and their communities.</p>	<p>11. Evaluation:</p> <ul style="list-style-type: none"> <li>▪ Use clinical and program evaluation of the process and/or outcomes to develop best practice interventions and programs for a range of biopsychosocial-spiritual conditions.</li> <li>▪ Evaluate their own practice to determine the effectiveness of the applied intervention on military/veteran issues.</li> </ul>	<p>Class Participation, Discussion with Field Instructor, Assignment #2 (presentation of research), and Assignment #1 (Student Journal) and Assignment #3</p>
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**VI. COURSE ASSIGNMENTS, DUE DATES & GRADING**

Assignment	Due Date	% of Final Grade
Assignment 1: Articles Reviews		25%
Assignment 2: Reflective Journal		20%
Assignment 3: Case Presentation		15%
Assignment 4: Case Analysis		30%
Class participation		10%

Each of the major assignments is described below.

**Assignment 1 Article Reviews (25%)**

Select and critically analyze two scholarly articles on working with military veterans and/or service members that are on the same topic. For example, two articles on military sexual assault. Submit a 4 to 6 page, double-spaced paper of your analysis. (Do NOT select an article on military families.) Integrate the articles highlighting points of similarity and difference. The articles should be from scholarly sources such as peer reviewed journals. They should not be articles from newspapers or popular magazines or media outlets. **Only one article can be from the recommended or required readings in the syllabus.** The assignment should be double spaced with 12 point font, Times New Roman.

Be sure to address the following questions in your review:



- A. Summarize the articles: Explain the 2-3 key points the author(s) share about working with service members or veterans.
  - B. Evaluate the strengths and weaknesses of the articles in terms of its scholarship.
  - C. Explain the importance of the article to clinical practice with service members and veterans: In a few sentences, explain why you think the articles are or are not useful to the field of clinical practice with service members and veterans.
  - D. Discuss how the articles fit into a bigger context (or not) of clinical practice with service members and veterans.
  - E. Discuss how the articles can be applied to race, gender or sexual orientation issues in the context of clinical practice with service members.
  - F. Discuss the most interesting aspect of the articles. What aspect of the articles did you personally find the most interesting or useful in your work with service members or veterans?
- Provide a copy of the articles to the instructor (electronically or hardcopy)

**Due: Week 6**

*This assignment relates to student learning outcomes 1, 3, and 4.*

**Assignment 2 Reflective Journal (20%)**

Submit a 4 to 6 page typed paper summarizing your learning from this course that may influence your future practices as a social worker. Although this assignment is labeled as a journal, the assignment should use formal writing and display graduate level work. The assignment should be double spaced with 12 point font, Times New Roman.

1. Select three specific areas discussed in class, the VAC, or reading that were particularly important for you and discuss how each will influence your practice as a social worker.
2. Provide examples of these areas and specific experiences, readings, or discussions to support your analysis.
3. Show an awareness of the emotional impact of these experiences, issues, and topics (i.e. counter transference, relating personally or professionally to the topic on an emotional level)
4. Specifically discuss new insights and awareness.
5. Clearly discuss the influence of these insights on future practices as a social worker.



**Grading:** Instructors are looking for evidence related to the course objectives where you provide an account of a particular experience, issue, or topic, demonstrate an awareness of any emotional response the activity engendered, and describe the outcome of reflecting on the experience such as a new awareness or significant insight.

**Due: Week 11**

*This assignment relates to student learning outcome 5.*

### **Assignment 3 Case Presentation (15%)**

Students will work in teams of two: partners and presentation dates will be assigned during the second class session. This assignment is a **class presentation** of a case analysis of an adult service member or veteran client. Ideally the cases will come from the student's field placement; however, where the student does not have access to an adult service member or veteran client, a case study will be provided by the instructor. **Presentations are not to exceed 20 minutes.** This presentation requires a biopsychosocialspiritual perspective. Students may use a standardized assessment form. This assessment may be used to guide their selection of an appropriate evidenced-based practice intervention (from those discussed in class and in the clinical literature, i.e. CBT, etc.) to match the needs identified for the client. Standardized Assessment Forms will be provided to students.

#### **Grading criteria:**

1. Demonstrate working knowledge of the biopsychosocialspiritual model and evidence based interventions;
2. Thoughtful discussion of your clinical assessment and generation of possible diagnosis and rule out diagnosis;
3. Willingness to be self-reflective (i.e., countertransference);
4. Discussion of race, gender, sexual orientation, spirituality, etc. considerations as appropriate.

**Due: To be arranged by course instructor and students during second class discussion**

### **Assignment 4 Case Analysis**

This assignment is a **written paper** of a case analysis of an adult service member or Veteran client. The paper requires a biopsychosocial(spiritual) assessment. Include the appropriate DSM V diagnosis. This assessment will determine the appropriate evidenced-based practice intervention (from those discussed in class and in the clinical literature) to match the needs identified for the client. The development of a phase-oriented, culturally responsive, research-informed practice plan that involves diverse practice modalities (e.g., individual, group, couple/family therapy and/or clinical case management) will also be included. Issues of diversity, gender, race, ethics and use of professional self (including transference/countertransference phenomena) should be explored. **The paper should be**

**between 10 to 12 pages.** You may write in the first person narrative and must cite according to APA style. The paper must use 12 point font, Times New Roman, double-spaced.

**Grading criteria:**

1. Appropriately assessed the client using the biopsychosocial(spiritual) model (2-3 pages). This section should be concise and provide evidence that supports the diagnosis.
2. Provided and supported the appropriate diagnosis or diagnoses from the DSM V (1-2 pages). The diagnosis should be clearly supported by elements in the assessment.
3. Applied evidence-based interventions based upon the assessment (2-3 pages). (Select one or two interventions and explain their application in detail. If the client has multiple diagnoses, select the primary diagnosis to apply the intervention. )
4. Included citations from scholarly sources (Minimum of **10 sources**--three must be readings that are not contained in the syllabus.) **BOLD THE OUTSIDE READINGS IN THE REFERENCE LIST.**
5. Included a discussion of the problem in the military and the context for the client. For example, if the client has PTSD, discuss and analyze PTSD in the military and examine how the client fits into the broader problem of PTSD. (1-2 pages).
6. Discussed use of professional self (i.e., transference and countertransference) (1 page).
7. Examined issues of diversity, gender, race, and ethics (1-2 pages).

**Due: Week 15**

*This assignment relates to student learning outcomes 1, 2, 3, and 4.*

**Class participation**

This is 10% of class grade. This grade will be based on the student's ability to demonstrate professional courtesy, support to peers, and active participation during discussions and presentations of fellow classmates. **Cell phone usage (texting) and recreational computer use are not permitted during class time.**

**Grades**

Grades in the School of Social Work are determined based on the following standards that have been established by the faculty of the School:

**Grades of A or A-** are reserved for student work which not only demonstrates strong mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.

**A grade of B+** will be given to work that is judged to be very good and demonstrates a more-than-competent understanding of the material being tested in the assignment.

**A grade of B** will be given to student work, which meets the basic requirements of the assignment and demonstrates work that meets course expectations at an adequate level.

**A grade of B-** will indicate that a student’s performance was less than adequate on an assignment and reflects only moderate grasp of content and/or expectations.

**A grade of C** would reflect a minimal grasp of the assignments, poor organization of ideas and/or several areas requiring improvement.

**Grades between C- and F** will denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student’s performance on the assignment.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

**VII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES**

**Required Textbooks**

Rubin, A., Weiss, E. & Coll, J. (2013). *Handbook of Military Social Work*. Hoboken, New Jersey: John Wiley & Sons, Inc.

**Optional Textbooks**

Briere, J., & Scott, C. (2012). *Principles of trauma treatment*. 2<sup>nd</sup> Edition. Thousand Oaks, CA: Sage.

Greenberger, D., & Padesky, C. (2004). *Mind over mood. Change how you feel by changing the way you think*. New York: Guilford Press.

Resick, P., & Schnicke, M. (1996). *Cognitive processing therapy for rape victims: A treatment manual*. Newbury Park, CA: Sage Publications

**Note:** Additional required and recommended readings may be assigned by the instructor throughout the course.



Course Overview

Unit	Topics	Assignments
<b>PART 1: Introduction and Overview</b>		
1	<ul style="list-style-type: none"> <li>Context and Central Principles</li> </ul>	
2	<ul style="list-style-type: none"> <li>Military Life and Deployment</li> </ul>	
<b>PART 2: Ethical Dilemmas in Military Social Work</b>		
3	<ul style="list-style-type: none"> <li>Ethical Dilemmas and Implications for Research and Social Policy</li> </ul>	
<b>PART 3: Phenomenology and Neurobiology of Combat Trauma</b>		
4	<ul style="list-style-type: none"> <li>Phenomenological Experience of Combat Trauma</li> </ul>	
5	<ul style="list-style-type: none"> <li>Clinical Treatment Implications of Trauma</li> </ul>	
<b>PART 4: Phase-Oriented, Multi-Modality Social Work Practice Planning for Military Service Members and Veterans</b>		
6	<ul style="list-style-type: none"> <li>Assessment and Engagement</li> </ul>	
7	<ul style="list-style-type: none"> <li>Planning Treatment and Matching Interventions to Identified Needs</li> </ul>	
8	<ul style="list-style-type: none"> <li>Assessment of Individual, Partner, and Family Safety, Violence and Risks</li> </ul>	
9	<ul style="list-style-type: none"> <li>The Impact of Physical Injuries on Psychosocial Factors</li> </ul>	
10	<ul style="list-style-type: none"> <li>Adjustment to Loss and Change</li> </ul>	
11	<ul style="list-style-type: none"> <li>Individual Treatment Approaches for Service Members and Veterans</li> </ul>	
12	<ul style="list-style-type: none"> <li>Group Treatment Approaches for Service Members and Veterans</li> </ul>	
13	<ul style="list-style-type: none"> <li>Clinical Care Management with Service Members and Veterans</li> </ul>	
14	<ul style="list-style-type: none"> <li>Treatment of Trauma Related Symptoms and Substance Abuse</li> </ul>	
15	<ul style="list-style-type: none"> <li>Special Clinical Issues for Women Service Members, Veterans, and their Families</li> </ul>	

**Course Schedule—Detailed Description**  
**Part 1: Introduction and Overview**

**Unit 1: Context and Central Principles**

**Topics**

- Introduction
- Historical context
  - Treatment of war trauma
  - Combat stress control
- Military culture and deployment cycles
- Who do we treat?
  - Populations served
  - Treatment considerations for the combat veteran
- Guiding principles for effective practice
- Utilizing evidence-based practices

This Unit relates to course objectives 1, 2, and 3.

**Required Readings**

Flynn, M., & Hassan, A. M. (2010). Unique challenges of war in Iraq and Afghanistan. *Journal of Social Work Education*, 46(2).

Institute of Medicine (IOM). (2010). Ethnicity, race and culture. In *Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, servicemembers and their families* (pp. 90-93). Washington DC: The National Academies Press.

Institute of Medicine (IOM). (2010). Mental health, substance abuse and psychosocial outcomes. In *Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, servicemembers and their families* (pp. 67-86). Washington DC: The National Academies Press.

Rubin, A. & Harvie, H. (2013) A brief history of social work with military veterans. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 3-20), Hoboken, New Jersey: John Wiley & Sons, Inc.

**Recommended Readings**

Gray, S. H. (2009). Frontline: Evidence and narrative in contemporary psychiatry. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 37(3), 415-420.

Greenberger, D., & Padesky, C. A. (1995). *Mind over mood* (pp. 33-61). New York: Guilford Press.

- Institute of Medicine (IOM). (2008). *Gulf War and health: Physiologic, psychologic, and psychosocial effects of deployment-related stress* (Vol. 6, pp. 31-49). Washington DC: The National Academies Press.
- Kadis, J., & Walls, D. (2006). *Military facts for non-military social workers*. Washington, DC: Veterans Health Association Handbook.
- Kazdin, A. (2006). Arbitrary metrics: Implications for identifying evidence-based treatments. *American Psychologist* 6, 421-49.
- Lim, N., Cho, M., & Curry, K. (2008). *Planning for diversity: Options and recommendations for DoD leaders*. Pittsburgh, PA: RAND Corporation (RAND National Defense Research Institute).
- Lomsky-Feder, E., Gazit, N., & Ben-Ari, E. (2008). Reserve soldiers as transmigrants: Moving between the civilian and military worlds. *Armed Forces and Society*, 34(4), 593-614.
- Martin, J. A. (2000). Afterword: The changing nature of military service and military family life. In J. A. Martin, L. N. Rosen, & L. R. Sparacino (Eds.), *The military family: A practice guide for human service providers* (pp. 257-270). Westport, CT: Praeger Publications.
- McHugh, R. K., & Barlow, D. H. (2010). The dissemination and implementation of evidence-based psychotherapy treatments: Review of current efforts. *American Psychologist*, 65(2), 73-84.
- McLean, A., & Elder, G. H. (2007). Military service in the life course. *Annual Review of Sociology*, 33, 175-196.
- Moradi, B., & Miller, L. (2010). Attitudes of Iraq and Afghanistan war veterans toward gay and lesbian servicemembers. *Armed Forces & Society*, 36(3), 397-419.
- Orthner, D. K., & Rose, R. (2002). *Relocation adjustment among army civilian spouses*. Washington DC: Army Research Institute for the Behavioral and Social Sciences.
- Petrovich, J. (2012). Culturally competent social work practice with veterans: an overview of the U.S. military. *Journal of Human Behavior in the Social Environment*, 22(7), 863-874.
- Pierce, P. F. (2006). The role of women in the military. In T. Britt, A. Adler, & C. Castro (Eds.), *Military life* (1<sup>st</sup> ed., Vol. 4, pp. 97-118). Westport, CT: Praeger Security International.
- Tanlielian, T., & Jaycox, L. H. (Eds.). (2008). *Invisible wounds of war*: Santa Monica, CA: RAND Corporation.



**Unit 2: Military Life and Deployment Cycles****Topics**

- Introduction
- Lifecycle of the soldier
- Risk factors for service members and veterans
- Resiliency factors related to combat stress

This unit relates to course objectives 1, 2, and 3.

**Required Reading**

Coll, J., Weiss, E., and Metal, M. (2013). Military culture and diversity. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 21-36), Hoboken, New Jersey: John Wiley & Sons, Inc.

Scurfield, R. M. (2006). *War trauma: Lessons unlearned from Vietnam to Iraq* (chap. 3, pp. 37-75). New York, NY: Algora Publishings.

**Recommended Readings**

Bride, B., & Figley, C. R. (2009). Secondary trauma and military veteran caregivers. *Smith College School for Social Work*, 79(3/4), 314-329.

Chapin, M. (2009). Deployment and families: Hero stories and horror stories. *Smith College Studies in Social Work*, 7(3/4), 263-282.

Daley, J. G. (1999). Understanding the military as ethnic identity. In J. G. Daley (Ed.), *Social work practice in the military* (pp. 291-306). New York: Haworth Press.

Daley, J. G. (2003). Military social work: A multi-country comparison. *International Social Work*, 46(4), 437-448.

Frank, N. (2009). *Unfriendly fire: How the gay ban undermines the military and weakens America*. New York: Thomas Dunn Books.

Griffith, J. (2009). Being a reserve soldier: A matter of social identity. *Armed Forces & Society*, 36(1), 38-64.

Lomsky-Feder, E., Gazit, N., & Ben-Ari, E. (2008). Reserve soldiers as transmigrants: Moving between the civilian and military worlds. *Armed Forces and Society*, 34(4), 593-614.

McEwen, B. S. (2002). A new way to look at stress. In *The end of stress as we know it* (pp. 1-16). Washington, DC: Joseph Henry Press.

McEwen, B. S. (2002). The stress response—Or how we cope. In *The end of stress as we know it* (pp. 17-38). Washington, DC: Joseph Henry Press.

Moradi, B., & Miller, L. (2010). Attitudes of Iraq and Afghanistan war veterans toward gay and lesbian servicemembers. *Armed Forces & Society*, 36(3), 397-419.

- Nidiffer, F. D. & Leach, S. (2010). To hell and back: Evolution of combat-related post-traumatic stress disorder. *Developments in Mental Health Law*, 29(1), 1-22.
- Pierce, P. F. (2006). The role of women in the military. In T. Britt, A. Adler, & C. Castro (Eds.), *Military life* (1<sup>st</sup> ed., Vol. 4, pp. 97-118). Westport, CT: Praeger Security International.
- RAND National Defense Research Institute. *Recommendations for DoD leaders*. Pittsburgh, PA: RAND Corporation.
- Tyson, J. (2007). Compassion fatigue in the treatment of combat-related trauma during wartime. *Clinical Social Work Journal*, 35(3), 183-192.
- Vogt, D., Pless, A., King, L., & King, D. (2005). Deployment stressors, gender, and mental health outcomes among Gulf War I veterans. *Journal of Traumatic Stress*, 18(2), 115-127.
- Weins, T. W., & Boss, P. (2006). Maintaining family resiliency before, during and after military separation. In C. A. Castro, A. B. Adler, & T. W. Britt (Eds.), *Military life: The psychology of serving in peace and combat* (Vol. 3, pp. 13-38). Westport, CT: Praeger Security International.
- Wolpert, D. S. (2000). Military retirement and the transition to civilian life. In J. A. Martin, L. N. Rosen, & L. R. Sparacino (Eds.). *The military family: A practice guide for human service providers* (pp. 103-122). Westport, CT: Praeger Publishers.

## Part 2: Ethical Dilemmas in Military Social Work

### Unit 3: Ethical Dilemmas and Implications for Clinical Practice

#### Topics

- Introduction
- Ethical issues for social workers in the military
- Challenges of maintaining confidentiality
  - Command directed referrals
  - Self-referral for treatment
  - Impact of “don’t ask-don’t tell” policy
  - Role expectations for military vs. civilian social workers
- Implications for research, social policy, and reform

This Unit relates to course objectives 1, 2, 3, 4, and 5.

#### Required Reading

- Daley, J., (2013) Ethical decision making in military social work. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 51-76), Hoboken, New Jersey: John Wiley & Sons, Inc.

Savitsky, L., Illingworth, M., & DuLaney, M. (2009). Civilian social work: Serving the military and veteran populations. *Social Work, 54*, 327-339.

Simmons, C. A., & Rycraft, J. R. (2010). Ethical challenges of military social workers serving in a combat zone. *Social Work, 55*(1), 9-18.

### Recommended Readings

De Jong, J. (2007). Public mental health and culture: Disasters as a challenge to western care models, the self and PTSD. In B. Drozok & J. P. Wilson (Eds.), *Broken spirits: Treatment of the traumatized asylum seekers, refugees, war and torture victims* (chap. 7, pp. 157-176). UK: Routledge.

Frank, N. (2009). *Unfriendly fire: How the gay ban undermines the military and weakens America*. New York: Thomas Dunn Books.

Hall, J. C. (2009). Utilizing social support to conserve the fighting strength: Important considerations for military social workers. *Smith College Studies in Social Work, 79*(3/4), 335-343.

Lim, N., Cho, M., & Curry, K. (2008). Planning for diversity: *Options and recommendations for DoD leaders*. Pittsburgh, PA: RAND Corporation.

Mental Health Advisory Team (MHAT IV). (2007). *Final report: Operation Iraqi Freedom*. Washington DC: Office of the Surgeon General United States Army Medical Command.

## Part 3: Phenomenology and Neurobiology of Combat Trauma

### Unit 4: Phenomenological Experience of Combat Trauma

#### Topics

- Introduction
- Symptoms of combat operational stress
  - First person narratives of combat
- Psychosocial impact of combat operational stress
  - Homelessness
  - Financial strains
  - Employment problems
  - Marital conflicts and divorce
  - Domestic violence
  - Parent-child relationship problems

This Unit relates to course objectives 1, 2, and 3.

**Required Readings**

- Grossman, D. (2009). Section II—Killing and combat trauma: The role of killing in psychiatric casualties. In *On killing: The psychological cost of learning to kill in war and society* (section II, chap. 1, pp. 43-95). New York: Little, Brown & Company.
- Van Winkle, E. P. & Safer, M. A. (2011). Killing versus witnessing in combat trauma and reports of PTSD symptoms and domestic violence. *Journal of Traumatic Stress*, 24(1), 107-110.

**Recommended Readings**

- CIMH & Weisburd, D. E. (2008). *Another kind of valor*.  
(Instructor Note: CD/DVD. Nine videos that focus on PTSD and mental health issues of OIF/OEF combat veterans and their family members.)
- Junger, S. (2010). *War*. New York: Hachette Book Group  
(Instructor Note: Related film documentary—Restrepo. Viewing of documentary.)
- Lifton, R. J. (1973). *Home from the war: Vietnam veterans neither executors nor victims*. Austin, TX: Touchstone Publishing.
- Rieckhoff, P. (2006). *Chasing ghosts: Failures and facades in Iraq, a soldier's perspective*. New York: Penguin Books.
- Shaw, J. A. (2007). The acute traumatic moment-psychic trauma of war: Psychoanalytic perspectives. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 35(1), 23-38.
- Shay, J. (2002). Shrinkage of the social and moral horizon. In *Achilles in Vietnam: Combat trauma and the undoing of character* (chap. 2, pp. 23-38). New York: Scribner.
- Shkurti, W. J. (2012) To soldier on in a dying war. *Vietnam*, 24(5), 44-51.
- Tripp, E. R. (2008). Losing another woman. In *Surviving Iraq: Soldiers' stories* (pp. 183-191). Northampton, MA: Olive Branch Press.
- Tripp, E. R. (2008). Treating soldiers with PTSD. In *Surviving Iraq: Soldiers' stories* (pp. 200-206). Northampton, MA: Olive Branch Press.

**Unit 5: Clinical Treatment Implications of Trauma****Topics**

- Introduction
- Impact of trauma on the brain and body
- Connecting trauma symptoms to neurobiology
- Physical and mental health issues resulting from combat operational stress
  - Physical problems (hypertension, etc.)
  - Mental health (PTSD, depression, anxiety, etc.)

This Unit relates to course objectives 3 and 4.

**Required Reading**

Van der Kolk, B. (2008). The body keeps score: The psychobiology of posttraumatic stress disorder. In B. van der Kolk, A. MacFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society* (chap. 10, pp. 214-241). New York: Guilford Press.

Yarvis, J. (2013) Posttraumatic Stress Disorder (PTSD) in Veterans. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 81-97), Hoboken, New Jersey: John Wiley & Sons, Inc.

**Recommended Readings**

Basham, K. (2008). Trauma Theories. In J. Berzoff, L. M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts* (pp. 411-441). New York: Jason Aronson.

Cozolino, L. (2006). Teaching old dogs new tricks: Stimulating neural plasticity. In *The neuroscience of human relationships: Attachment and the developing social brain* (pp. 323-358). New York: W. W. Norton.

Fisher, J., & Ogden, P. (2010). Sensorimotor psychotherapy. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 312-328). New York: Guilford Press.

Ford, J. D. (2010). Neurobiological and developmental research: Clinical implications. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 31-58). New York: Guilford Press.

James, L. M., Engdahl, B. E., Leuthold, A. C., Lewis, S. M., Van Kampen, E., & Georgopoulos, A. P. (2013). Neural network modulation by trauma as a marker of resilience: Differences between veterans with posttraumatic stress disorder and resilient controls. *JAMA Psychiatry*, 70(4), 410-418.

Siegel, D. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York: W. W. Norton.

- Van der Kolk, B. (2003). Black hole of trauma. In M. F. Solomon & D. J. Siegel (Eds.), *Healing trauma: Attachment, mind, body and brain* (chap 1, pp. 1-56). New York: W. W. Norton.
- Van der Kolk, B. (2003). Posttraumatic stress disorder and the nature of trauma. In M. F. Solomon & D. J. Siegel (Eds.), *Healing trauma: Attachment, mind, body and brain* (chap 4, pp. 168-195). New York: W. W. Norton.
- Yehuda, R., Flory, J. D., Southwick, S., & Charney, D. (2006). Developing an agenda for translational studies of resilience and vulnerability following trauma exposure. *Annals of New York Academy of Science*, 1071, 379-396.

#### **Part 4: Phase-Oriented, Multi-Modality Social Work Practice Planning for Military Service Members and Veterans**

#### **Unit 6: Assessment and Engagement**

##### **Topics**

- Introduction
- Applying the biopsychosocial assessment to military clients
  - Differential assessment related to signature injuries
    - Operational combat stress vs. acute stress reaction vs. PTSD vs. anxiety disorder
    - Affective disorders vs. grief reaction vs. depression (unipolar, bipolar or reactive)
    - Traumatic brain injury vs. PTSD/PTS vs. substance abuse vs. polytrauma
  - Addressing ongoing assessment of safety, risks, self-care, suicidal ideation, danger to self and others
  - Using standardized assessment tools
    - Beck depression inventory
    - PCL -17 (post traumatic stress list 17)
    - PDHA/PDHRA (post deployment health assessment)
  - Assessing for psychosocial factors
- Treatment process considerations
  - Using 4 basic ice breaker questions to engage military clients
  - Establishing rapport, building a therapeutic alliance
  - Considering diversity and cultural responsiveness
  - Positive therapeutic stances for the practitioner (demonstrate hope, empathy, acknowledging service)
  - Cognitive Behavioral Therapy for PTSD

This Unit relates to course objectives 1, 2, 3, and 4.

##### **Required Readings**

- Briere, J., & Scott, C. (2012). Central issues in trauma treatment. In *Principles of trauma treatment, 2<sup>nd</sup> Edition* (chap. 4, pp. 79-101). Thousand Oaks, CA: Sage.
- Reyes, V. (2011). Treating combat veterans with PTSD. *Clinical Update. California Society for Clinical Social Work*, XL(8), 12.



**Recommended Readings**

- Courtois, C. A., Ford, J. D., & Cloitre, M. (2010). Best practices in psychotherapy with adults. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 82-103). New York: Guilford Press.
- Carr, R. B. (2011). Combat and human existence: Toward an intersubjective approach to combat-related PTSD. *Psychoanalytic Psychology*, 28(4), 471-495.
- Greenberger, D., & Padesky, C. A. (1995). *Mind over mood* (pp. 62-75). New York: Guilford Press.
- Kudler, H. (2007). The need for psychodynamic principles in outreach to new combat Veterans and their families. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 35(1), 39-50.
- Lewis, M., Lamson, A., & Leseuer, B. (2012). Health dynamics of military and veteran couples: A biopsychorelational overview. *Contemporary Family Therapy*, 34(2), 259-276.
- Luxton, D. D., Skopp, N. A., & Maguen, S. (2010). Gender differences in depression and PTSD symptoms following combat exposure. *Depression and Anxiety*, 27(11), 1027-1033.
- McWilliams, N. (1994). Developmental considerations. In *Psychoanalytic diagnosis: Understanding personality structure in the clinical process* (pp. 40-67). New York: Guilford Press.
- McWilliams, N. (1999). Assessing what cannot be changed. In *Psychoanalytic case formulation* (pp. 48-63). New York: Guilford Press.
- Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq War. *Journal of the American Medical Association*, 298(18), 2141-2148.
- Moore, B. A., & Jongsma, A. E. (2009). *The veterans and active duty military psychotherapy treatment planner* (pp. 206-215). New Jersey: Wiley & Sons, Inc.
- Pratt, E. M., Brief, D. J., & Keane, T. M. (2006). Recent advances in psychological assessment of adults with posttraumatic stress disorder. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 34-61). New York: Guilford Press.
- Tanielian, T., & Jaycox, L. H. (Eds.). (2008). Prevalence of PTSD, Depression and TBI among returning servicemembers. In *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery* (pp. 35-82). Santa Monica, CA: RAND Corporation.
- Weathers, F. W., Keane, T. M., & Foa, E. B. (2008). Assessment and diagnosis of adults. In E. Foa, T. M. Keane, & M. J. Friedman (Eds.), *Effective treatment for PTSD: Practice*



*guidelines for the International Society for Traumatic Stress Studies* (pp. 23-61). New York: Guilford Press.

## Unit 7: Planning Treatment and Matching Interventions to Identified Needs

### Topics

- Introduction
- Review of DSM V diagnosis
  - Considering co-occurring conditions
  - Specifying psychosocial and environmental problems
  - Rating the global assessment of functioning
- Designing a treatment plan
  - Setting goals
  - Choosing intervention strategies
- Interventions and treatment approaches
  - Herman's "3 Phases of Trauma Therapy" (safety, talking story, reconnection)
  - Cognitive Behavioral Therapy
  - Using the CBT Assessment Form (thought record)
  - Promoting post-traumatic growth
  - Teaching resiliency skills
- Phases of treatment
  - Ongoing assessment
  - Reflecting trauma narratives and the mourning process
  - Consolidation of gains
  - Building renewed supports
  - Transformative post traumatic growth

This Unit relates to course objectives 1, 2, 3, and 4.

### Required Readings

Briere, J., & Scott, C. (2012). Assessing trauma and posttraumatic outcomes. In *Principles of trauma therapy: A guide to symptoms, evaluation and treatment, 2<sup>nd</sup> Edition* (chap. 3, pp. 49-78). Thousand Oaks, CA: The Guilford Press.

Herman, J. (1997). A forgotten history. In *Trauma and recovery* (chap. 1, pp. 7-32). New York: Basic Books.

Taylor, S. (2006). Developing a case formulation and treatment plan. In *Clinician's guide to PTSD: A cognitive behavioral approach* (chap. 8, pp. 134-169). New York: The Guilford Press.

### Recommended Readings

Moore, B., & Jongsma, A. (2009). The veterans and active duty military psychotherapy treatment planner (pp. 206-215). Hoboken, NJ: John Wiley & Sons.

Paulson, D., & Krippner, S. (2007). Treatment approaches to traumatic disorders. In *Haunted by combat: Understanding PTSD in war veterans including women, reservists, and those coming back from Iraq* (chap. 8, pp. 69-82). Westport, CT: Praeger Security International

Remick, K. N., Dickerson, J. A., Nessen, S. C., Rush, R. M., & Beilman, G. J. Transforming US army trauma care: An evidence-based review of the trauma literature. *The Army Medical Department Journal*, July-Sept. 2010: 4+. *Academic OneFile*. Web.

## Unit 8: Assessment of Individual, Partner, and Family Safety, Violence and Risks

### Topics

- Introduction
- Risk assessments for service members and families
  - Imminent “danger to self and others”
  - Distress, anxiety, and depression
  - Reactions to trauma
  - Management of anger and rage reactions
  - Level of coping and resilience
- Interventions addressing risks and interpersonal violence
  - Individual approaches
    - Conducting a 5150 assessment
    - Developing a safety plan
  - Group therapy models

This Unit relates to course objectives 1, 3, and 4.

### Required Reading

Cato, C. (2013). Suicide in the Military. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 225-244), Hoboken, New Jersey: John Wiley & Sons, Inc.

Presley, L. R. (2010). Interpersonal violence and clinical practice. In J. R. Brandell, *Theory and practice in clinical social work* (2<sup>nd</sup> ed., pp. 435-470). Washington, DC: Sage Press.

### Recommended Readings

Alvarez, L., & Sontag, D. (2008, February 15). When strains on military families turn deadly. *New York Times*.

Haggerty, L. A., Hawkins, J. W., Fontenot, H., & Lewis-O'Connor, A. 2011. Tools for screening for interpersonal violence: State of the science. *Violence and Victims*, 26(6), 725-737.

- Jordon, C., Nietzel, M., & Walker, D. (2004). *Intimate partner violence: Clinical training guidelines for mental health practitioners*. New York: Springer.
- Kinsler, P. J., Courtois, C. A., & Frankel, A. S. (2010). Therapeutic alliance and risk management. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 183-201). New York: Guilford Press.
- Mansfield, A. J., Kaufman, J. S., Marshall, S. W., Gaynes, B. N., Morrissey, J. P., & Engel, C. C. (2010). Deployment and the use of mental health services among U.S. military wives. *New England Journal of Medicine*, 362(2), 101-109.
- Morland, L. A., Love, A. R., Mackintosh, M., Greene, C. J., & Rosen, C. S. (2012). Treating anger and aggression in military populations: Research updates and clinical implications. *Clinical Psychology: Science and Practice*, 19(3), 305-322.
- Roberts, A. R. (2007). *Battered women and their families: Intervention strategies and treatment programs* (3<sup>rd</sup> ed.). New York: Spring Publisher.
- Wadsworth, S. M., (2010). Family risk and resilience in the context of war and terrorism. *Journal of Marriage and Family*, 72(3), 537-556.

## Unit 9: The Impact of Physical Injuries on Psychosocial Factors

### Topics

- Introduction
- Combat-related injuries
  - Amputations
  - Burns
  - Visual/auditory injuries
- Traumatic brain injury
- Somatic illness and conditions
- Interventions addressing combat-related injuries

This Unit relates to course objectives 1, 3, and 4.

### Required Reading

- Boyd, C. & Asmussen, S. (2013). Traumatic Brain Injury (TBI) and the Military. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 163-178), Hoboken, New Jersey: John Wiley & Sons, Inc.
- Hoge, C. W., McGurk, D., Thomas, J. F., Cox, A. L., Engel, C. C., & Castro, C. (2008). Mild traumatic brain injury in U.S. soldiers returning from Iraq. *New England Journal of Medicine*, 358(5), 453-463.

Struchen, M., Clark A., & Rubin, A. (2013). TBI and Social Work Practice. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 179-190), Hoboken, New Jersey: John Wiley & Sons, Inc.

### Recommended Readings

Department of Veterans' Affairs. (2004). *Veteran's Health Initiative: Traumatic brain injury—Independent study course*. Washington, DC: Department of Veterans Affairs.

Mason, D. (2004). *Mild traumatic brain injury workbook*. Wake Forest, NC: Lash & Associates Publishing/Training Inc.

Stein, N. R., Mills, M., Arditte, K., Mendoza, C., Borah, A. M., Resick, P. A., Litz, B. T. & Strong Star Consortium. (2012). A scheme for categorizing traumatic military events. *Behavior Modification*, 36(6), 787-807.

Wain, H. J., & Gabriel, G. M. (2007). Psychodynamic concepts inherent in a biopsychosocial model of care of traumatic injuries. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 35(4), 555-573.

## Unit 10: Adjustment to Loss and Change

### Topics

- Introduction
- Coping with deployment-related losses
- Combat-related grief and survivor guilt
- Suicidal ideation and behavior
- Interventions addressing mood disorders and grief reactions
  - Evidence-based treatments for mood disorders
  - Interpersonal therapy
  - Cognitive behavioral therapy
  - Cognitive processing therapy
  - Exposure therapies

This Unit relates to course objectives 1, 3, and 4.

### Required Readings

Foa, E. B. (2011). Prolonged exposure therapy: Past, present, and future. *Depression and Anxiety*, 28(12), 1043-1047.

Stroebe, M. S. (2011). Coping with bereavement. In *The Oxford handbook of stress, health, and coping*. (chap 8, pp.148-162). New York: Oxford Press, Inc.

Turner, K. (2009). Mindfulness: The present moment in clinical social work. *Clinical Social Work Journal*, 37(2). 95-103.

**Recommended Readings**

- Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences*. New York: Oxford University Press.
- Gabbard, G., & Bennett, T. (2006). Psychoanalytic and psychodynamic psychotherapy for depression and dysthymia. In D. Stein, D. Kupfer, & A. Schatzberg (Eds.), *Textbook of mood disorders* (pp. 389-404). Washington D. C.: American Psychiatric Association.
- Greenberger, D., & Padesky, C. (2004). *Mind over mood. Change how you feel by changing the way you think*. New York. Guilford Press.
- Hollon, S. D., Thase, M. E., & Markowitz, J. C. (2002). Treatment and prevention of depression. *Psychological Science in the Public Interest*, 3(2), 39-77.
- Knaus, W. J., & Ellis, A. (2006). A master plan to defeat depression. In *The cognitive-behavioral workbook for depression* (pp. 61-78). Oakland, CA: New Harbinger.
- Shear, K., & Frank, E. (2006). Treatment of complicated grief: Integrating cognitive-behavioral methods with other treatment approaches. In V. M. Follette & J. I. Ruzek. (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 290-320). New York: Guilford Press.
- Steven, H. (2011). Cognitive and behavior therapy in the treatment and prevention of depression. *Depression and Anxiety*, 28(4). 263-266

**Unit 11: INDIVIDUAL TREATMENT APPROACHES FOR SERVICE MEMBERS AND VETERANS**

**Topics**

- Introduction
- Overview of brief therapies for military social work
- Stage ONE: Psychological First Aid
- Stage TWO: Evidence Based Practices
- Stage THREE: Primary Care Management Services
- Interventions and approaches addressing post-traumatic stress disorder

This Unit relates to course objectives 1, 3, and 4.

**Required Readings**

- Monson, C. M., Schnurr, P. P., Resick, P., Friedman, M. J., Young-Yu, Y., & Stevens, S. (2006). Cognitive processing therapy for Veterans with military-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 74(5), 898-907.
- Riggs, D. S., Cahill, S. P., & Foa, E. B. (2006). Prolonged exposure treatment of posttraumatic stress disorder. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive-behavioral therapies for trauma* (chap. 4, pp. 65-95). New York: Guilford Press.

**Recommended Readings**

Adler, A. B., Bliese, P. D., McGurk, D., Hoge, C. W., & Castro, C. A. (2009). Battlemind debriefing and battlemind training as early interventions with soldiers returning from Iraq: Randomization by platoon. *Journal of Consulting and Clinical Psychology, 77*(5), 928-940.

Alvarez, J., McLean, C., Harris, A., Rosen, C.S., & Ruzek, J. I. (2011). The comparative effectiveness of cognitive processing therapy for male veterans treated in VHA posttraumatic stress disorder residential rehabilitation program. *Journal of Consulting and Clinical Psychology, 79*(5), 590-599.

IOM (2006). *Posttraumatic stress disorder: Diagnosis and assessment*. Washington, DC: The National Academies Press.

## Unit 12: Group Treatment Approaches for Service Members and Veterans

**Topics**

- Introduction
- Overview of group therapies for military social work
- Therapeutic value of group approaches and process
- Stage ONE: Debriefing groups
- Stage TWO: Peer support groups
- Stage THREE: Psycho-educational groups
- Evidence based practices

This Unit relates to course objectives 1, 3, and 4.

**Required Reading**

Adler, A., Castro, C. & McGurk, D. (2009). Time-driven battlemind psychological debriefing: a group-level early intervention in combat. *Military Medicine*, vol. 174, 1:21, 21-28.

Foy, D. & Larson, L. (2006). Group therapies for trauma using cognitive behavioral therapy. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 388-404). New York: Guilford Press.

**Recommended Readings**

Harris, M. (1998). *Trauma recovery and empowerment: A clinician's guide to work with women in groups*. New York: Free Press.

Kingsley, G. (2007). Contemporary group treatment of combat-related posttraumatic stress disorder. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, 35*(1), 51-70.

Murphy, R. T. (2008). Enhancing combat Veterans' motivation to change posttraumatic stress disorder symptoms and other problem behaviors. In H. Arkowitz, H. A. Westra, W. R. Miller, & S. Rollnick (Eds.), *Motivational interviewing in the treatment of psychological problems* (pp. 26-56). New York: Guilford Press.

Orsillo, S., & Batter, S. (2005). Acceptance and commitment therapy in the treatment of PTSD. *Behavior Modification, 29*(1), 95-129.

Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of PTSD: A practitioner's guide to using mindfulness and acceptance strategies*. Oakland, CA: New Harbinger Productions.

### Unit 13: Clinical Care Management with Service Members and Veterans

#### Topics

- Introduction
- Defining the comprehensive care service delivery model
- The role of the primary care manager in military social work
- Services provided by care management
  - Ongoing assessment of risk and safety
  - Care coordination and collaboration between multiple providers
  - Advocacy and brokering with stakeholders
- Care manager services for special populations
  - Homeless veterans
  - Transitioning veterans from military installations to community

This Unit relates to course objectives 1, 2, 3, and 4.

#### Required Readings

Kanter, J. (2010). Clinical case management. In J. Brandell (Ed.), *Theory and practice in clinical social work* (2<sup>nd</sup> ed., chap. 20, pp. 561-586). Washington DC: Sage Publications.

Possemato, K. (2011). The current state of intervention research for posttraumatic stress disorder within the primary care setting. *Journal of Clinical Psychology in Medical Settings, 18*(3), 268-280.

#### Recommended Reading

Feiler, G., Chen, R. C., Pantelis, C., & Lambert, T. (2012). Health behaviours of community-related patients with psychosis. *Australasian Psychiatry, 20*(3), 208-213.

Kanter, J. & Vogt, P. (2012). On “being” and “doing”: Supervising clinical social workers in case-management practice. *Smith College Studies in Social Work, 82*(2-3), 251-275.

Kessler, R. (2010). What we need to know about behavioral health and psychology in the patient-centered medical home. *Clinical Psychology: Science and Practice, 17*(3), 215-217.

Manuel, J. I. (2011). Does assertive community treatment increase medication adherence for people with co-occurring psychotic and substance use disorders? *Journal of the American Psychiatric Nurses Association, 17*(1), 51-56.



## Unit 14: Treatment of Trauma Related Symptoms and Substance Abuse

### Topics

- Introduction
- Prevalence of PTSD and substance abuse disorders for military service members
- The relationship between substance use and trauma
- The negative impact of substance use on coping
  - Avoidance and relationship ruptures
- DSM V criteria for substance abuse disorders
- Treating substance use or abuse
- Diagnosing co-occurring DSM V conditions
- Determining treatment priorities for servicemembers with dual diagnoses

This Unit relates to course objectives 1, 3, and 4.

### Required Readings

Bernhardt, A. (2009). Rising to the challenge of treating OIF/OEF Veterans with co-occurring PTSD and substance abuse. *Smith College Studies in Social Work*, 79(3/4), 344-367.

Bray, R. M., Pemberton, M. R., Lane, M. E., Hourani, L. L., Mattiko, M. J., & Babeu, L. A. (2010). Substance use and mental health trends among U.S. active duty personnel: Key findings from the 2008 DoD health behavior survey. *Military Medicine*, 175(6), 390-399.

### Recommended Reading

Hanwella, R., Silva, V. A., & Jayasekera, N. E. (2012). Alcohol use in a military population deployed in combat areas: A cross sectional study. *Substance Abuse Treatment, Prevention, and Policy*, 7(24), 1-7.

Najavits, L. M. (2006). Seeking safety: Therapy for post-traumatic stress disorder and substance use disorder. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 228-257). New York: Guilford Press.

Nunnink, S. E., Goldwaser, G., Heppner, P. S., Pittman, J. O., Nievergelt, C. M., & Baker, D. G. (2010). Female veterans of the OEF/OIF conflict: Concordance of PTSD symptoms and substance misuse. *Addictive Behaviors*, 35(7), 655-659.

## Unit 15: Special Clinical Issues for Women Service Members, and Veterans

### Topics

- Introduction
- Overview and history of women in combat
- Military sexual trauma
  - Prevalence of MST
  - Sexual assault and harassment
  - Cognitive processing treatment (evidence based practice)

This Unit relates to course objectives 1, 3, 3, and 4.

### Required Readings

- Mattocks, K. M., Haskell, S. G., Krebs, E. E., Justice, A. C., Yano, E. M., & Brandt, C. (2012). Women at war: Understanding how women veterans cope with combat and military sexual trauma. *Social Science & Medicine*, 74(4), 537-545
- Weiss, E. & DeBraber, T. (2013). Women in the military. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 37-66), Hoboken, New Jersey: John Wiley & Sons, Inc.

### Recommended Readings

- Himmelfarb, N., Yaeger, D., & Mintz, J. (2006). Post-traumatic stress disorder in female veterans with military and civilian sexual trauma. *Journal of Traumatic Stress*, 19, 837-846.
- Holmstedt, K. (2007). *Band of sisters: American women at war in Iraq*. Mechanicsburg, PA: Stackpole Books.
- Matsakis, A. (2007). I have to be twice as good. In *Back from the front: Combat trauma, love and the family* (chap. 9, pp. 244-275). Baltimore, MD: Sidran Press
- Matsakis, A. (2007). Sex now, sex never. In *Back from the front: Combat trauma, love and the family*. (chap. 5, pp. 136-163). Baltimore, MD: Sidran Press  
 McLagan, M., & Somers, D. (2008). *Lioness: A Room 11 Productions Film*.  
 (Instructor Note: This is a film.)
- Sloane, L. B., & Friedman, M. J. (2008). Reconnecting with your partner, children, family and friends. In *After the war zone: A practical guide for returning troops and their families* (chap. 9). Philadelphia, PA: Perseus Books.

## University Policies and Guidelines

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### VIII. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

Please refer to Scampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

### IX. STATEMENT ON ACADEMIC INTEGRITY

USC seeks to maintain an optimal learning environment. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one's own academic work from misuse by others as well as to avoid using another's work as one's own. All students are expected to understand and abide by these principles. *SCampus*, the Student Guidebook, contains the Student Conduct Code in Section 11.00, while the recommended sanctions are located in Appendix A:

<http://www.usc.edu/dept/publications/SCAMPUS/gov/>. Students will be referred to the Office of Student Judicial Affairs and Community Standards for further review, should there be any suspicion of academic dishonesty. The Review process can be found at: <http://www.usc.edu/student-affairs/SJACS/>.

Additionally, it should be noted that violations of academic integrity are not only violations of USC principles and policies, but also violations of the values of the social work profession.

### X. STATEMENT FOR STUDENTS WITH DISABILITIES

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible.* DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday.

Students from all academic centers (including the Virtual Academic Center) may contact Ed Roth, Director of the DSP office at 213-740-0776 or [ability@usc.edu](mailto:ability@usc.edu).

**XI. EMERGENCY RESPONSE INFORMATION**

**Note:** The following Emergency Response Information pertains to students on campus, but please note its importance should you be on campus for a temporary or extended period. When not on campus: Call the 911 listing in your local community for any emergency.

To receive information, call the main number (213) 740-2711, press #2. “For recorded announcements, events, emergency communications or critical incident information.”

To leave a message, call (213) 740-8311

For additional university information, please call (213) 740-9233

Or visit university website: <http://emergency.usc.edu>

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

Students may also sign up for a **USC Trojans Alert** account to receive alerts and emergency notifications on their cell phone, pager, PDA, or e-mail account. Register at <https://trojansalert.usc.edu>.

UNIVERSITY PARK CAMPUS		ACADEMIC CENTERS	
<b>City Center</b>	Front of Building (12 <sup>th</sup> & Olive)	<b>Orange County</b>	Faculty Parking Lot
<b>MRF</b>	Lot B	<b>San Diego</b>	Building Parking Lot
<b>SWC</b>	Lot B	<b>Skirball</b>	Front of Building
<b>VKC</b>	McCarthy Quad		
<b>WPH</b>	McCarthy Quad		

Do not re-enter the building until given the “all clear” by emergency personnel.

**XII. STATEMENT ABOUT INCOMPLETES**

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. **Students must NOT assume that the instructor will agree to the grade of IN.** Removal of the grade of IN must be instituted by the student and agreed to by the instructor and reported on the official “Incomplete Completion Form.”

**XIII. POLICY ON LATE OR MAKE-UP WORK**

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

#### **XIV. POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS**

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

#### **XV. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS**

*Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly [<http://www.socialworkers.org/pubs/Code/code.asp>]*

##### **Preamble**

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

**XVI. COMPLAINTS**

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact the chair of the sequence, Anthony Hassan, at [hassana@usc.edu](mailto:hassana@usc.edu). If you do not receive a satisfactory response or solution, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at [rmaiden@usc.edu](mailto:rmaiden@usc.edu). Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or [june.wiley@usc.edu](mailto:june.wiley@usc.edu) for further guidance.