



# USC | School of Social Work

**Social Work 641**

**Section: 60672**

**Clinical Practice with Service Members and Veterans**

**Three Units**

**Instructor:**

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**Office Hours:**

@Student

Request

**Course Day:**

Thursday

**Course Time:**

8:00-10:50

**Course Location:**

CC room A

## **I. COURSE PREREQUISITES**

SOWK 505 and SOWK 535

## **II. CATALOGUE DESCRIPTION**

This course addresses the needs of service members 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 clients' 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, and workplace and community stressors, it also highlights and addresses treatment needs related to the impact of wars/conflicts on service members and veterans (e.g., Operational Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), Somalia conflicts).

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 Service Members and Veterans course (SOWK 641) will:

<b>Objective #</b>	<b>Objectives</b>
1	Explain the sociohistorical context for psychological responses and treatment methods for service members, veterans, and their families throughout the deployment cycle
2	Promote understanding of the role of diversity and demonstrate cultural responsiveness in practice with service members and veterans
3	Facilitate identification of risk and protective factors in coping with deployment stressors
4	Explain complex biopsychosocial-spiritual factors germane to assessment and treatment planning with service members and veterans
5	Promote students' ability to reflect on their own affect, thoughts, worldviews, 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 online teaching and learning environments.

#### **VI. STUDENT LEARNING OUTCOMES**

Student learning for this course relates to one or more of the following 10 social work core competencies:

	<b>Social Work Core Competencies</b>	<b>SOWK 641</b>	<b>Course Objective</b>
1	<b>Professional Identity</b>		
2	<b>Ethical Practice</b>		

3	<b>Critical Thinking</b>		
4	<b>Diversity in Practice</b>		
5	<b>Human Rights and Justice</b>		
6	<b>Research-Based Practice</b>	*	<b>1 and 4</b>
7	<b>Human Behavior</b>		
8	<b>Policy Practice</b>		
9	<b>Practice Contexts</b>	*	<b>1, 4, and 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.

<b>Competencies/ Knowledge, Values, Skills</b>	<b>Student Learning Outcomes (What Advanced Practitioners in Military Social Work Do)</b>	<b>Method of Assessment</b>
<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>	1. Locate, evaluate, and analyze current research literature related to military social work	<p>Class Participation, Discussion With Field Instructor, Assignment 2 (Presentation of Research), and Assignment 1 (Student Journal)</p>
	2. Evaluate research to practice with service members, veterans, families, and their communities	
	3. Analyze models of assessment, prevention, intervention, and evaluation within the context of military social work	
	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	

<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.

**Engagement:** Social workers:

- Substantively and effectively prepare for engagement with individuals, families, groups, organizations, and communities
- Use empathy and other interpersonal skills
- Involve the client in goal-setting, focus of work, and desired outcomes

8. Engagement:

- Recognize the unique issues and culture presented by the service member, veteran, and/or family member client
- Establish a culturally responsive therapeutic relationship that addresses the unique issues associated with confidentiality and reporting requirements within a military context
- Explain the nature, limits, rights, and responsibilities of the client who seeks services
- Explain the stigma, risks, and benefits of seeking or not seeking services
- Engage with military leadership, the unit, veteran service organizations, and/or family members
- 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
- Demonstrate knowledge related to health and mental health illnesses, injuries, and outcomes for service members, veterans, their families, and their communities

Class Participation,  
Discussion With Field  
Instructor,  
Assignment 2  
(presentation of  
research),  
Assignment 1  
(Student Journal), and  
Assignment 3

<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), 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 worldviews) that influence the progress in and the completion of treatment</li> </ul>	<p>Class Participation, Discussion With Field Instructor, Assignment 2 (presentation of research), 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), Assignment 1 (Student Journal), and Assignment 3</p>
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## VII. COURSE ASSIGNMENTS, DUE DATES, AND GRADING

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

Each of the major assignments is described below.

### **Assignment 1: Reflective Journal (20%)**

Submit a four page typed paper (not counting the title or reference page) 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.

### **Grading Criteria:**

1. Select three specific areas discussed in class 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 (e.g., countertransference, 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.

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 5**

*This assignment relates to student learning outcome 5.*

**Assignment 2: Articles Review (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 four- to six-page, double-spaced paper (not including the title or reference page) of your analysis. (Do NOT select an article on military families.) Integrate the articles by 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:

1. Summarize the articles: Explain the two to three key points the author(s) share about working with service members or veterans.
2. Evaluate the strengths and weaknesses of the articles in terms of its scholarship.
3. 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.
4. Discuss how the articles fit into a bigger context (or not) of clinical practice with service members and veterans.



5. Discuss how the articles can be applied to race, gender, or sexual orientation issues in the context of clinical practice with service members.
6. 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 hard copy).

### **Due: Week 10**

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

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

Students can 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 biopsychosocial-spiritual 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, e.g., CBT) to match the needs identified for the client. Standardized assessment forms will be provided to students.

### **Grading Criteria:**

1. Demonstrate working knowledge of the biopsychosocial-spiritual 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 (e.g., 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 (30%)**

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-5 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 8 and 10 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 (two to three 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-5 (one to two pages). The diagnosis should be clearly supported by elements in the assessment.
3. Applied evidence-based interventions based upon the assessment (two to three 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 (one to two pages).
6. Discussed use of professional self (e.g., transference and countertransference; one page).
7. Examined issues of diversity, gender, race, and ethics (one to two pages).

### **Due: Week 15**

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

The instructor may offer an alternative assignment for some students.

### **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 that 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 his or her 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 that 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** will 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	
3.85–4.00	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
2.60–2.89	B–	80–82	B–
2.25–2.59	C+	77–79	C+
1.90–2.24	C	73–76	C
		70–72	C–

## VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS AND RESOURCES

### Required Textbooks

Rubin, A., Weiss, E., & Coll, J. (2013). *Handbook of military social work*. Hoboken, NJ: Wiley.

### Optional Textbooks

Briere, J., & Scott, C. (2012). *Principles of trauma treatment* (2nd ed.). Thousand Oaks, CA: Sage.

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

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

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

### Course Overview

Unit	Topics	Assignments
1	• Course Overview/The Military and Military Culture	
2	• Military Social Work and Mental Health	
3	• Ethical Dilemmas for Social Workers in Military Settings	
4	• Substance Abuse in the Military	
5	• Suicide and Homicide in the Military	
6	• Combat Trauma	
7	• PTSD Assessment	
8	• PTSD Treatment	
9	• Traumatic Brain Injury	
10	• Adjustment to Loss and Change	
11	• Military Sexual Trauma	
12	• Resilience and Positive Psychology	
13	• Physical Injuries and Case Management	
14	• Diversity	
15	• Coming Home: Transitions	

## Course Schedule—Detailed Description

### Unit 1: Course Overview/The Military and Military Culture

#### Topics

- Military culture
- Combat masculine warrior paradigm
- Who do we treat?
  - Military life
  - Populations served
  - Treatment considerations for military members and veterans

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

#### Required Reading

Coll, J., Weiss, E., & Metal, M. (2013). Military culture and diversity. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 21-36). Hoboken, NJ: Wiley.  
(Read pp. 21-30)

Dunivin, K. O. (1994). Masculine culture: Change and continuity. *Armed Forces and Society*, 20(4), 531-547. (Classic reading)

MacLean, A., & Elder, G. H. (2007). Military service in the life course. *Annual Review of Sociology*, 33, 175-196.

Rubin, A., & Harvie, H. (2013) A brief history of social work with military veterans. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 3-20). Hoboken, NJ: Wiley.

#### Recommended Reading

Kadis, J., & Walls, D. (2006). *Military facts for non-military social workers*. Washington, DC: Veterans Health Association Handbook. (Strongly recommended for students with no experience with the military)

Kazdin, A. (2006). Arbitrary metrics: Implications for identifying evidence-based treatments. *American Psychologist*, 6, 421-449.

### Unit 2: Military Social Work and Mental Health

## Topics

- Mental health in the military
- Social work in the military
- Stigma and other barriers to care
- Assessing veterans and military members

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

## Required Reading

Armed Forces Health Surveillance Center . (2012). Mental disorders and mental health problems, active component, U.S. armed forces, 2000–2011. *Medical Surveillance Monthly Report*, 19(6), 11-17.

Barlas, F. M., Higgins, W. B., Pflieger, J. C., & Diecker, K. (2013). *2011 Health Related Behaviors Survey of Active Duty Personnel*. Washington, DC: U.S. Department of Defense. Access at [http://www.murray.senate.gov/public/\\_cache/files/889efd07-2475-40ee-b3b0-508947957a0f/final-2011-hrb-active-duty-survey-report.pdf](http://www.murray.senate.gov/public/_cache/files/889efd07-2475-40ee-b3b0-508947957a0f/final-2011-hrb-active-duty-survey-report.pdf) (SKIM)

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, service members and their families* (pp. 67-86). Washington, DC: National Academies Press.

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.

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

## Recommended Reading

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, NY: 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, NY: Dunn Books.

- Griffith, J. (2009). Being a reserve soldier: A matter of social identity. *Armed Forces and Society, 36*(1), 38-64.
- Hoge, C. W., Castro, C. A. Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine, 351*(1), 13-22.
- 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: 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: Henry Press.
- 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* (Vol. 4, pp. 97-118). Westport, CT: Praeger Security International.
- RAND National Defense Research Institute. *Recommendations for DoD leaders*. Pittsburgh, PA: RAND Corporation.
- Rubin, A., & Weiss, E. L. (2013). Secondary trauma in military social work. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 67-78). Hoboken, NJ: Wiley.
- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist, 65*(2), 98-109. doi:<http://dx.doi.org/10.1037/a0018378>
- 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.

## Unit 3: Ethical Dilemmas for Social Workers in Military Settings

### Topics

- Ethical issues for social workers in the military
  - Challenges of maintaining confidentiality
  - Command-directed referrals
  - Self-referral for treatment

This unit relates to course objectives 1, 2, and 5.

### Required Reading

Daley, J. (2013). Ethical decision making in military social work. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 51-66). Hoboken, NJ: Wiley.

Jeffrey, T. B., Rankin, R. J., & Jeffrey, L. K. (1992). In service of two masters: The ethical-legal dilemma faced by military psychologists. *Professional Psychology: Research and Practice*, 23(2), 91-95. (Classic reading)

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 Reading

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.



## Unit 4: Substance Abuse

### Topics

- The military culture and substance abuse
- Prevalence of PTSD and substance abuse disorders for military service members
  - Prescription drug abuse
  - Alcohol abuse
  - Illicit drug abuse
- The relationship between substance use and trauma
- The negative impact of substance use on coping
- Treating substance use or abuse
- Diagnosing co-occurring DSM-5 conditions
- Determining treatment priorities

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

### Required Reading

Barlas, F. M., Higgins, W. B., Pflieger, J. C., & Diecker, K. (2013). *2011 Health Related Behaviors Survey of Active Duty Personnel*. Washington, DC: U.S. Department of Defense. (pp. 71-141)

Burda-Chmielewski, R., & Nowlin, A. (2013). Preventing and intervening with substance use disorders in veterans. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 209-224). Hoboken, NJ: Wiley.

Rubin, A., & Barnes, W. (2013). Assessing, preventing, and treating substance use disorders in active duty military settings. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 191-208). Hoboken, NJ: Wiley.

Sirratt, D., Ozanian, A. , & Traenkner, B. (2012). Epidemiology and prevention of substance use disorders in the military. *Military Medicine*, 177(8), 21-28.

### Recommended Reading

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.

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.

Institute of Medicine (IOM). (2012). *Substance use disorders in the U.S. armed forces*. Washington, DC: National Academies Press. Retrieved from <http://www.iom.edu/Reports/2012/Substance-Use-Disorders-in-the-US-Armed-Forces.aspx>

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, NY: 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 5: Suicide and Homicide in the Military**

### **Topics**

- Suicide in the military
- Homicide in the military
- Treating suicidal behavior
- Suicide assessment and prevention

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

### **Required Reading**

Bush, N. G., Reger, M. A., Luxton, D. D., Skopp, N. A., Kinn, J., Smolenski, D., & Gahm, G. A. (2013). Suicides and suicide attempts in the U.S. military, 2008–2010. *Suicide and Life-Threatening Behavior*, 43(3), 262-273.

Castro, C. A. & Kintzle, S. (2014). Suicides in the military: The post-modern combat veteran and the Hemmingway effect. *Current Psychiatry Reports*, 16, 460 (1-9).

Cato, C. (2013). Suicides in the military. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 225-244). Hoboken, NJ: Wiley.

Shea, C. W. (2009). Suicide assessment. *Psychiatric Times*, 26(12), 1-26.

### **Recommended Reading**

- Armed Forces Health Surveillance Center. (2012). Deaths by suicide while on active duty, active and reserve components, U.S. armed forces, 1998–2011. *Medical Surveillance Monthly Report*, 19(6), 7-10.
- Benda, B. (2005). Gender differences in predictors of suicidal thoughts and attempts among homeless veterans that abuse substances. *Suicide and Life-Threatening Behavior*, 35, 106-116.
- Braswell, H., & Kushner, H. I. (2012). Suicide, social integration, and masculinity in the U.S. military. *Social Science and Medicine*, 24, 530-536.
- Brown, G., Ten Have, T., Henriques, G., Xie, S., Hollander, J., & Beck, A. (2005). Cognitive therapy for the prevention of suicide attempts: A randomized controlled trial. *Journal of the American Medical Association*, 294(5), 563-570.
- Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Services. (2010). *The challenge and the promise: Strengthening the force, preventing suicide and saving lives*. Retrieved from <http://www.health.mil/dhb/downloads/Suicide%20Prevention%20Task%20Force%20final%20report%208-23-10.pdf>
- Goldsmith, S. K., Pellman, T. C., Kleinman, A. M., & Bunney, W. E. (Eds.). (2002). *Reducing suicide: A national imperative*. Washington, DC: National Academies Press.
- Kang, H. K., & Bullman, T.A. (2009). Is there an epidemic of suicides among current and former U.S. military personnel? *Annals of Epidemiology*, 19(10), 757-760.
- Knox, K. L. (2008). Epidemiology of the relationship between traumatic experiences and suicidal behaviors. *PTSD Research Quarterly*, 19(4), 1-3. Retrieved from <http://www.ptsd.va.gov/professional/newsletters/research-quarterly/v19n4.pdf>
- Leardmann, C. A., Powell, T. M., Smith, T. C., Bell, M. R., Smith, B., Boyko, E. J., . . . Hoge, C.W. (2013). Risk factors associated with suicide in current and former US military personnel. *Journal of the American Medical Association*, 310(5), 496-506.
- Martin, J., Gharhramanlou-Hollway, M., & Lou, K. (2009). A comparative review of U.S. military and civilian suicide behavior: Implications for OEF/OIF suicide prevention efforts. *Journal of Mental Health Counseling*, 31(2), 101-118.
- 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.
- Ramchand, R., Acosta, J., Burns, R. M., Jaycox, L. H., & Perin, C. G. (2011). *The war within: Preventing suicide in the U.S. military*. RAND: Center for Military Health Policy Research. Retrieved from <http://www.rand.org/pubs/monographs/MG953.html>

Simon, R. I. (2011). Improving suicide risk assessment. *Psychiatric Times*, 28(110), 16-21.

## Unit 6: Combat Trauma

### Topics

- Combat experience and the experience of killing
- Stress and coping
- Combat stress control teams
- Individual therapies, evidence-based practices, and other interventions
- Psychological first aid
- Combat experiences

This unit relates to course objectives 3 and 4.

### Required Reading

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, NY: Little, Brown & Company.

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

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.

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* (pp. 214-241). New York, NY: Guilford Press.

### Recommended Reading

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, NY: 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.

Maguen, S., Metzler, T., Litz, B. T., Seal, K. H., Knight, S. J., & Marmar, C. R. (2009). The impact of killing in war on mental health symptoms and related function. *Journal of Traumatic Stress*, 22(5), 435-443.

- Mental Health Advisory Team (MHAT IV). (2007). *Final report: Operation Iraqi Freedom*. Washington, DC: Office of the Surgeon General U.S. Army Medical Command.
- Rieckhoff, P. (2006). *Chasing ghosts: Failures and facades in Iraq, a soldier's perspective*. New York, NY: 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, NY: 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 7: PTSD Assessment**

### **Topics**

- PTSD criteria
- 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 (posttraumatic stress list 17)
    - PDHA/PDHRA (post deployment health assessment)
  - Assessing for psychosocial factors

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

### **Required Reading**

- Briere, J., & Scott, C. (2012). Central issues in trauma treatment. In *Principles of trauma treatment* (2nd ed., chap. 4, pp. 79-101). Thousand Oaks, CA: Sage.
- Briere, J., & Scott, C. (2012). Assessing trauma and posttraumatic outcomes. In *Principles of trauma therapy: A guide to symptoms, evaluation and treatment* (2nd ed., chap. 3, pp. 49-78). Thousand Oaks, CA: Sage.

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, NY: Guilford Press.

Yarvis, J. (2013). Posttraumatic stress disorder (PTSD) in veterans. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 81-97). Hoboken, NJ: Wiley.

### **Recommended Reading**

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.

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

## **Unit 8: PTSD Treatment**

### **Topics**

- PTSD treatment
- Treatment options
- Pharmacology and PTSD
  - EMDR
  - Cognitive processing therapy
  - Prolonged exposure therapy

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

### **Required Reading**

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

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, NY: Guilford Press.

Shapiro, F., & Laliotis, D. (2010). EMDR and the adaptive information processing model: Integrative treatment and case conceptualization. *Clinical Social Work Journal, 39*(2), 191–200.

Shipherd, J. C., Street, A. E., & Resick, P. A. (2006). Cognitive therapy for posttraumatic stress disorder. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 96-116). New York, NY: Guilford Press.

## Recommended Reading

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.

Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences*. New York, NY: Oxford University Press.

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

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

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. (2007, July-September). Transforming US army trauma care: An evidence-based review of the trauma literature. *Army Medical Department Journal, 4*. *Academic OneFile*. Web.

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.

## Unit 9: Traumatic Brain Injury

### Topics

- Overview of traumatic brain injury
- Recovering from TBI
- Understanding TBI treatments and future directions

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

### Required Reading

- Boyd, C., & Asmussen, S. (2013). Traumatic brain injury (TBI) and the military. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 163-178). Hoboken, NJ: Wiley.
- Buck, P. W. (2011). Mild traumatic brain injury: A silent epidemic in our practices. *Health and Social Work, 36*(4), 299-302.
- Moore, M. (2013). Mild traumatic brain injury: Implications for social work research and practice with civilian and military populations. *Social Work in Health Care, 52*(5), 498-518.
- Struchen, M., Clark A., & Rubin, A. (2013). TBI and social work practice. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 179-190). Hoboken, NJ: Wiley.

### Recommended Reading

- Department of Veterans Affairs. (2009). *Management of concussion/mild traumatic brain injury*. Washington, DC: Author. Retrieved from <http://www.healthquality.va.gov/guidelines/Rehab/mtbi/>
- Department of Veterans Affairs. (2004). *Veteran's health initiative: Traumatic brain injury— independent study course*. Washington, DC: Author.
- 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.
- Mason, D. (2004). *Mild traumatic brain injury workbook*. Wake Forest, NC: Lash & Associates/Training.
- Stein, N. R., Mills, M., Arditte, K., Mendoza, C., Borah, A. M., Resick, P. A., . . . Strong Star Consortium. (2012). A scheme for categorizing traumatic military events. *Behavior Modification, 36*(6), 787-807.



## Unit 10: Adjustment to Loss and Change

### Topics

- Coping with deployment-related losses
- Combat-related grief and survivor guilt
- Guilt assessment
- Cognitive therapy for guilt
- Suicide and guilt

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

### Required Reading

Pivar, I. L., & Field, N. P. (2004). Unresolved grief in combat veterans with PTSD. *Journal of Anxiety Disorders, 18*, 745-755.

Scurfield, R. M., & Platoni, K. T. (2013). Resolving combat-related guilt and responsibility issues. In R. M. Scurfield & K. T. Platoni (Eds.), *Healing war trauma: A handbook of creative approaches* (chap. 17, pp. 254-272). New York, NY: Taylor & Francis.

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

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, NY: Guilford Press.

### Recommended Reading

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, DC: American Psychiatric Association.

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

Steven, H. (2011). Cognitive and behavior therapy in the treatment and prevention of depression. *Depression and Anxiety, 28*(4), 263-266.

## Unit 11: Military Sexual Trauma

### Topics

- Overview of military sexual trauma and assault
- Rape trauma syndrome
- Treatment considerations
- The theory and application of cognitive processing therapy

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

### Required Reading

Cameron, R. P., Syme, M. L., Fraley, S. S., Chen, S. S., Welsh, E., Mona, L. R., . . . Smith, K. (2011). Sexuality among wounded veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn: Implications for rehabilitation psychologists. *Rehabilitation Psychologist, 56*(4), 289-301. (Focus on sections dealing with military sexual assault and trauma)

Department of Defense. (2013). *Department of Defense Annual Report on Sexual Assault in the Military*. Washington, DC. RefID5-9DB8000. (SKIM)

Hyun, J. K., Pavao, J., & Kimerling, R. (2009). Military sexual trauma. *PTSD Quarterly, 20*(2). ISSN: 1050-1835.

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 and Medicine, 74*(4), 537-545.

Tewksbury, R. (2007). Effects of sexual assault on men: Physical, mental, and sexual consequences. *International Journal of Men's Health, 6*(1), 22-35.

### Recommended Reading

Harrell, M. C., Castaneda, L. W., Adelson, M., Gailot, S., Lynch, C., & Pomeroy, A. (2009). *Compendium of sexual assault research*. Santa Monica, CA: RAND: Center for Military Health Policy Research.

Hoyt, T., Rielage, J. K., & Williams, L. F. (2012). Military sexual trauma in men: Exploring treatment principles. *Traumatology, 18*(3), 29-40.

Zinzow, H. M., Grubaugh, A. L., Monnier, J. Suffoletta-Mairle, S., & Frueh, C. (2007). Trauma among female veterans: A critical review. *Trauma Violence and Abuse, 8*(4), 384-400.

## Unit 12: Resilience and Positive Psychology

### Topics

- Overview of resilience
- History of resilience
- Resilience programs
- Positive psychology

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

### Required Reading

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.

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

Bowles, S., & Bates, M. (2010). Military organizations and programs contributing to resilience building. *Military Medicine, 175*, 382-385.

Cornum, R., Matthews, M. D., & Seligman, M., (2011). Comprehensive soldier fitness: Building resilience in a challenging institutional context. *The American Psychologist, 66*(1), 4-9.

Institute of Medicine. (2013). *Preventing psychological disorders in service members and their families: An assessment of programs*. Washington, DC: National Academies Press. (SKIM)

Meredith, L. S., Sherbourne, C. D., Gaillot, S., Hansell, L., Ritschard, H. V., Parker, A. M., & Wrenn, G. (2011). *Promoting psychological resilience in the U.S. military*. Santa Monica, CA: RAND: Center for Military Health Policy Research. (Read Chapter 3, pp. 31-66)

### Recommended Reading

Defense Centers of Excellence. (2012). *A review of post-deployment reintegration: Evidence, challenges, and strategies for program development*.

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.

## Unit 13: Physical Injuries and Case Management

### Topics

- Comprehensive care
- Returning to duty
- 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 among multiple providers
  - Advocacy and brokering with stakeholders

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

### Required Reading

Cameron, R. P., Syme, M. L., Fraley, S. S., Chen, S. S., Welsh, E., Mona, L. R., . . . Smith, K. (2011). Sexuality among wounded veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn: Implications for rehabilitation psychologists. *Rehabilitation Psychologist, 4*, 289-301. (Focus on sections dealing with trauma related to sexuality)

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

Matthieu, M. M., & Swensen, A. B. (2013). The stress process model for supporting long-term family care giving. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 409-426). Hoboken, NJ: Wiley.

### 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.

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

### Topics

- Diversity in the military
- Women in the military
- LGBT military members
- Race in the military

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

### Required Reading

- Burk, J., & Espinoza, E. (2012). Race relations within the U.S. military. *Annual Review of Sociology*, 38, 401-422.
- Coll, J., Weiss, E., & Metal, M. (2013). Military culture and diversity. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 21-36). Hoboken, NJ: Wiley. (Read pp. 30-35)
- Institute of Medicine. (2010). Ethnicity, race and culture. In *Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members and their families* (pp. 90-93). Washington, DC: National Academies Press.
- Moradi, B., & Miller, L. (2010). Attitudes of Iraq and Afghanistan war veterans toward gay and lesbian servicemembers. *Armed Forces and Society*, 36(3), 397-419.
- Shipherd, J. C., Clum, G., Suvak, M., & Resick, P. A. (2009). Treatment-related reductions in PTSD and changes in physical health symptoms in women. *Journal of Behavioral Medicine*, 37(3), 423-433.
- Weiss, E., & DeBraber, T. (2013). Women in the military. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 37-50). Hoboken, NJ: Wiley.

### Recommended Reading

- Crum, N. F., Grillo, M., & Wallace, M. R. (2005). HIV care in the U.S. Navy: A multidisciplinary approach. *Military Medicine*, 17(12), 1019-1025. (Classic reading)

- Frank, N. (2009). *Unfriendly fire: How the gay ban undermines the military and weakens America*. New York, NY: Dunn Books.
- Lim, N., Cho, M., & Curry, K. (2008). *Planning for diversity: Options and recommendations for DoD leaders*. Pittsburgh, PA: RAND Corporation.
- 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.
- Pierce, P. F. (2006). The role of women in the military. In T. Britt, A. Adler, & C. Castro (Eds.), *Military life* (vol. 4, pp. 97-118). Westport, CT: Praeger Security International.

## Unit 15: Coming Home

### Topics

- Coming home
- Deployments
- Reintegration
- Homelessness
- Course review

### Required Reading

- Carrillo, E. V., Costello, J. J., & Ra, C. Y. (2013). Homelessness among veterans. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 247-270). Hoboken, NJ: Wiley.
- Coll, J., & Weiss, E. (2013). Transitioning veterans into civilian life. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 281-297). Hoboken, NJ: Wiley. (Read pages 30-35).
- Katz, I. R. (2012). Geriatric psychiatry in the department of veterans affairs: Serving the needs of aged and aging veterans. *The American Journal of Geriatric Psychiatry, 20*(3), 195-198.
- Roberts, J. (2013). Navigating systems of care. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 271-280). Hoboken, NJ: Wiley.

Scurfield, R. M., Platoni, K. T. & Rabb, D. (2013). Survival modes, coping, and bringing the war home. In R. M. Scurfield & K. T. Platoni (Eds.), *Healing war trauma: A handbook of creative approaches* (chap. 2, pp. 11-29). New York, NY: Taylor & Francis.

### **Recommended Reading**

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.

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.

## University Policies and Guidelines

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### IX. 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.

### X. 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.

### XI. 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).



## **XII. 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>.

<b>UNIVERSITY PARK CAMPUS</b>		<b>ACADEMIC CENTERS</b>	
<b>City Center</b>	Front of Building (12th & 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.

## **XIII. 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.”

## **XIV. 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.

## **XV. 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.

## **XVI. 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.

## **XVII. 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, Dr. Kimberly Finney at [kfinney@usc.edu](mailto:kfinney@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.