



Social Work 641

Clinical Practice With Service Members and Veterans

Three Units

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Course Day: Monday
Course Time: Sections 67550 & 67551
4:45-6:00 PM
PST sect 50
6:30-7:45 PM
PST
sect 51

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

Course Location: VAC

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:

Objective #	Objectives
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:

	Social Work Core Competencies	SOWK 641	Course Objective
1	Professional Identity		
2	Ethical Practice		

3	Critical Thinking		
4	Diversity in Practice		
5	Human Rights and Justice		
6	Research-Based Practice	*	1 and 4
7	Human Behavior		
8	Policy Practice		
9	Practice Contexts	*	1, 4, and 5
10	Engage, Assess, Intervene, Evaluate	*	1–5

* 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>Research-Based Practice—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"> ▪ Use practice experience to inform scientific inquiry ▪ Use research evidence to inform practice 	<ol style="list-style-type: none"> 1. Locate, evaluate, and analyze current research literature related to military social work 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>Class Participation, Discussion With Field Instructor, Assignment 2 (Presentation of Research), and Assignment 1 (Student Journal)</p>

<p>Practice Contexts—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"> ▪ Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services ▪ Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services 	<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>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>	<p>Assignment 1</p>
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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>Assessment: Social workers:</p> <ul style="list-style-type: none"> ▪ Collect, organize, and interpret client data ▪ Assess client strengths and limitations ▪ Develop intervention goals and objectives ▪ Select appropriate intervention strategies 	<p>9. Assessment:</p> <ul style="list-style-type: none"> ▪ Select and modify appropriate multisystem intervention strategies based on continuous clinical assessment of military or veteran issues ▪ Use differential diagnoses that take into consideration signature injuries as well as other military-related illnesses and injuries ▪ 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 	<p>Class Participation, Discussion With Field Instructor, Assignment 2 (presentation of research), Assignment 1 (Student Journal), and Assignment 3</p>
<p>Intervention: Social workers:</p> <ul style="list-style-type: none"> ▪ Initiate actions to achieve client and/or organizational goals and resolve problems ▪ Implement prevention interventions that enhance client capacities ▪ Negotiate, mediate, and advocate for clients ▪ Facilitate transitions and endings 	<p>10. Intervention:</p> <ul style="list-style-type: none"> ▪ 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 ▪ Engage clients in ongoing monitoring and evaluation of practice processes and outcomes ▪ 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 	<p>Class Participation, Discussion With Field Instructor, Assignment 2 (presentation of research), Assignment 1 (Student Journal), and Assignment 3</p>

<p>Evaluation: 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"> ▪ 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 ▪ Evaluate their own practice to determine the effectiveness of the applied intervention on military/veteran issues 	<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
<p>Assignment 1: Culture Course TURN IN CERTIFICATE in turn-it-in. http://deploymentpsych.org/online-courses</p>	<p>Opens TBD</p>	<p>5%</p>
<p>Assignment 2: Articles Review</p>	<p>Week 6 19 June</p>	<p>25%</p>
<p>Assignment 3: Reflective Journal</p>	<p>Week 11 31 JUL</p>	<p>20%</p>
<p>Assignment 4: Case Presentation</p>	<p>TBD</p>	<p>10%</p>
<p>Assignment 5: Problem Solution Paper</p>	<p>Week 14 31 AUG</p>	<p>30%</p>
<p>Class participation</p>	<p>End</p>	<p>10%</p>

Each of the major assignments is described below.

Assignment 1: Culture Course (5%) Opened on 5 JAN, Must complete by 15 FEB!!

To work effectively with military members, veterans, and their families, you need to know the culture. This assignment will familiarize you with many of the elements of this culture. This “mini” course takes between 45 minutes and 3 hours to complete depending on your familiarity with the culture and is hosted on a website outside the VAC.

This assignment is pass/fail and constitutes 5 percent of your final grade. You must complete this assignment by the beginning of the fourth week of this class. Your instructor will provide a specific date for your section. Upon completion of the course, post your certificate in the Exam, Assignment Upload, and Grading Unit to receive the credit.

The instructions for accessing the course can be found in Documentation in the SOWK 641 VAC course. <http://deploymentpsych.org/online-courses>

Assignment 2: Articles Review (25%)

Select and critically analyze three 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). Points will be lost (2 per article if you do not provide Dr. Yarvis with a copy of them).

Due: Week 6

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

Assignment 3: Reflective Journal (20%)

Submit a four- to five-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. (Hint: I really want to see YOU in this paper).

Grading Criteria:

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 (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 11

This assignment relates to student learning outcome 5.

Assignment 4: Case Presentation (10%)

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 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 5: Problem Solution Paper (30%)

The final course assignment is problem solution paper focused on resolving a problem or issue related to military members and/or veterans. The paper should analyze the problem/issue in depth using the course materials and outside sources. It should examine the underlying assumptions of the problem/issue and apply at least two theories in understanding and resolving the problem/issue. The problem/issue can be either clinical or policy related. Students should clearly label their papers as either a policy or clinical analysis. Topics must be approved by the course instructor. Some examples are provided below. Do NOT choose a topic on military families as these topics are covered in another course.

Examples:

- Integrating transgender service members into the military
- Increasing the number of women and minorities in the senior ranks
- Overcoming homophobia in the military
- Veteran employment challenges
- Reintegration of service members (select a specific element of this topic)
- PTSD Treatment Failure Rate
- Alcohol abuse in the US military
- Homelessness among veterans
- Suicide among veterans or military members
- Use of prescription medications among military members

The paper should be 10-12 pages long, double-spaced with one-inch margins all around, in Times New Roman 12pt. font. APA Style should be used throughout.

Grading Criteria:

1. Review the literature around the problem/issue. This section should compare and contrast different perspectives on the problem/issue and include an analysis of the underlying assumptions of the problem. For example, an underlying assumption around military suicides that it is significant problem in all of the services. The evidence, however, shows that the Navy and Air Force suicide rates have never been above the matched civilian rates. Another assumption might be that the United States government should spare no expense provide for veterans. The assumptions around the problem/issue can be correct, incorrect, or both. You need to bring out some of the assumptions and explore their impact on how the problem is framed as well as the accuracy of the assumption.
2. Discussion of an underlying theory that helps in the analysis and explanation of this area of interest. This discussion should examine the history of the policies or practices surrounding this problem area as well as current policies and programs that address this area.
3. Provide a solution to the problem/issue. The solutions can either be a clinical application, policy change, or program proposal. Be sure to critically analyze your recommendations. Consider counter arguments to your recommendations and respond to them. The solutions should include an analysis of evidence-based practices that address this problem. For example, you might examine interventions such as prolonged exposure therapy in helping military members and veterans overcome post-traumatic stress disorder.
4. Ethical implications of the issue for social workers. This should include a discussion of potential ethical implications as well as issues of social justice.
5. Include discussion of race, gender, sexual orientation and other diversity issues as appropriate.
6. The paper should be supported by at least 8 scholarly articles 3 of which should NOT be in the course syllabus. **HIGHLIGHT the articles in the reference sheet that are not in the syllabus.**

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 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.

Yarvis, J. (2008) *Subthreshold PTSD in Veterans with Different Levels of Traumatic Stress: Implications for Prevention and Treatment with Populations with PTSD.* Saarbrucken, Germany: VDM Verlag Dr. Muller Publishers, ISBN- 978-3-639-08332-3. Available on Amazon.

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

Course Overview

Unit	Topics	Assignments
1	<ul style="list-style-type: none"> • Course Overview/The Military and Military Culture-Your cultural bootcamp 	08 MAY
2	<ul style="list-style-type: none"> • Military Social Work and Mental Health-Alligator River 	15 MAY
3	<ul style="list-style-type: none"> • Ethical Dilemmas for Social Workers in Military Settings and the RIME 	22 MAY Culture Crs
	<ul style="list-style-type: none"> • Soldiers of Kindness-Memorial Day 	29 MAY No class
4	<ul style="list-style-type: none"> • Wartorn-Suicide and Homicide in the Military 	05 JUN
5	<ul style="list-style-type: none"> • Trauma Spectrum Disorders & SUDS (from wk 4) 	12 JUN
6	<ul style="list-style-type: none"> • Combat Trauma (Witness to Evil) Weeks 6-8 	19 JUNE (AWC) Article Rev
7	<ul style="list-style-type: none"> • PTSD Assessment & Treatment (weeks 7 & 8) 	26 JUNE (AWC)
	<ul style="list-style-type: none"> • (Fourth of July Weekend) 	03 JUL (Brainline)
8	<ul style="list-style-type: none"> • Traumatic Brain Injury 	Group 10 JUL
9	<ul style="list-style-type: none"> • Adjustment to Loss and Change /Moral Injury 	17 JUL -Group
10	<ul style="list-style-type: none"> • Military Sexual Trauma –The Invisible War 	24 JUL
11	<ul style="list-style-type: none"> • Resilience and Positive Psychology 	31 JUL –Refl. Journal *Group
12	<ul style="list-style-type: none"> • Physical Injuries and Case Management 	7 AUG –Group

Unit	Topics	Assignments
13	<ul style="list-style-type: none"> Diversity 	14 AUG* Make-up Group
14 Exam week	<ul style="list-style-type: none"> Coming Home: Transitions 	21 AUG Termination indiv sessions Case paper
15 Grades due	<ul style="list-style-type: none"> Termination Labor Day 	28 AUG Indiv sessions 4 SEP No class

* possible class/group presentation days

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.

*Cultural “Boot Camp”

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. 21-28)

Dunivin, K. O. (1994). Masculine culture: Change and continuity. *Armed Forced 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
- Ice Breaker

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 (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.

R.I.M.E.

Cultural Competence

Freeman on ethics and the military.

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.

Yarvis, J. (2000) "Clinical and Cultural Concerns in Operations Other Than War: A Case Study of HIV and Haiti." *US Army Medical Department Journal (OCT-DEC ed.)*, Fort Sam Houston, TX.

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.

Yarvis, J.S. and Schiess, L. (2008) Subthreshold PTSD as a predictor of depression, alcohol use, and health problems in soldiers. *Journal of Workplace Behavioral Health* 23(4).

*possible guest speaker

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.

*In class watch excerpts from Wartorn and reaction.

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.

*Witness the Evil (In class) and reaction/discussion

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.)

- Coll, E., Weiss, E.L. & Yarvis, J.S. (2011) No One Leaves Unchanged: Insights for Civilian Mental Health Care Professionals into the Military Experience and Culture. *Health Care in Social Work*. February ed. Sage.
- 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-psycho 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.
- Yarvis, J., Bordnick, P., Spivey, C., & Pedlar, D. (2005) Subthreshold PTSD: A Comparison of depression, alcohol and physical health problems in Canadian peacekeepers with different levels of traumatic stress. *Taylor Francis-Brunner-Routledge: Stress, Trauma, & Crisis: An International Journal*.

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.

Yarvis, J.S., Yoon, E., Ameuke, M., Simien-Turner, & Landers, G.D. (2012). Assessment of PTSD in older veterans: The posttraumatic stress disorder checklist: Military version (PCL-M). *Advances in Social Work, 13*(1).

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.
- Schuster-Wachen, J., Dondanville, K.A., Pruiksma, K.E., Molino, A., Carson, C., Blankenship, A.E., Wilkinson, C., Yarvis, J.S., Resick, P. A. (2015) Implementing Cognitive Processing Therapy for Posttraumatic Stress Disorder with Active Duty U.S. Military Personnel: Special Considerations and Case Examples. Submitted for publication. Submitted to the *Journal of Cognitive and Behavioral Practice*.
- 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.
- Yarvis, J.S. & Spivey, C. (2003), "Eye movement desensitization and reprocessing: Ethical considerations of EMDR." *The Scientific Review of Mental Health Practice* (2) 2: Amherst, NY.
- Yarvis, J.S., (2008) Hypnotherapy under fire: Efficacy of Heart-Centered Hypnotherapy in the Treatment of Iraq War Veterans with Posttraumatic Stress. *Journal of Heart Centered Therapies* 11(1). Wellness Press: Issaquah, WA. pp 3-18.
- Yarvis, J.S., (2011) A Civilian Social Worker's Guide to the Treatment of War-Induced PTSD. *Social Work in Health Care* (50) 1.

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.
- Brainline Military, WETA, TV, Arlington, VA. Living with Traumatic Brain Injury (<http://www.brainlinemilitary.org/>), May, 2013. Watch the Yarvis and Chae videos.

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.

*Invisible War reactions.

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.

*Lioness and reactions

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.

*Women in combat and physical injuries effects on children.

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.
- Yarvis, J.S. (2014) The Intimacy of Trauma. *Reflections: Narratives of Professional Helping* 19 (3). ISSN: 1080-0220 Online.

University Policies and Guidelines

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. ACADEMIC CONDUCT

Plagiarism – presenting someone else's ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Section 11, *Behavior Violating University Standards* <https://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/>. Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, <http://policy.usc.edu/scientific-misconduct/>.

Discrimination, sexual assault, and harassment are not tolerated by the university. You are encouraged to report any incidents to the *Office of Equity and Diversity* <http://equity.usc.edu/> or to the *Department of Public Safety* <http://capsnet.usc.edu/department/department-public-safety/online-forms/contact-us>. This is important for the safety whole USC community. Another member of the university community – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person. *The Center for Women and Men* <http://www.usc.edu/student-affairs/cwm/> provides 24/7 confidential support, and the sexual assault resource center webpage sarc@usc.edu describes reporting options and other resources.

XI. SUPPORT SYSTEMS

A number of USC's schools provide support for students who need help with scholarly writing. Check with your advisor or program staff to find out more. Students whose primary language is not English should check with the *American Language Institute* <http://dornsife.usc.edu/ali>, which sponsors courses and workshops specifically for

international graduate students. *The Office of Disability Services and Programs* http://sait.usc.edu/academicsupport/centerprograms/dsp/home_index.html provides certification for students with disabilities and helps arrange the relevant accommodations. If an officially declared emergency makes travel to campus infeasible, *USC Emergency Information* <http://emergency.usc.edu/> will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, and other technology.

XII. 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.

XIII. 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	
City Center	Front of Building (12th & Olive)	Orange County	Faculty Parking Lot
MRF	Lot B	San Diego	Building Parking Lot
SWC	Lot B	Skirball	Front of Building
VKC	McCarthy Quad		
WPH	McCarthy Quad		

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

XIV. 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.”

XV. 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.

XVI. 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.

XVII. 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 wellbeing 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.

XVIII. 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, Kim Finney at 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. 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 for further guidance.

SOWK 641 Assignment 1: Article Reviews

Grading Rubric

Select and critically analyze three scholarly articles on working with military veterans and/or service members that are on the same topic. For example, three 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.) Compare and contrast 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:

7. Discuss the similarities and differences between the articles.
8. Evaluate the strengths and weaknesses of the articles in terms of its scholarship and their importance to clinical practice with service members and veterans:
9. Discuss as appropriate how the articles can be applied to race, gender, or sexual orientation issues in the context of clinical practice with service members.

Provide a copy of the articles to the instructor (electronically or hard copy).

Grading Scale:

Outstanding

- a. Exceeded the requirements of the assignment.
- b. Argument/Main Points were clear and interesting and demonstrated a robust understanding of the course materials.
- c. Evidence supported the argument and was varied, specific, and unambiguous.
- d. Ideas presented in a logical and coherent fashion with no effort required by the reader.
- e. Showed significant personal insights and awareness and related those to future social work practice.

Excellent

- a. Met the requirements of the assignment.
- b. Argument/Main Points were clear.
- c. Evidence supported the claims.
- d. Ideas were easy to follow with little effort required by the reader.
- e. Showed some personal insights and awareness.

Satisfactory

- a. Met most but not all of the requirements.
- b. The central argument/points were present but not clear.
- c. Some evidence failed to support the argument/main points.
- d. Ideas were difficult to follow or were not logical.
- e. Showed little personal insights or awareness.

Poor

- a. Met none of the requirements.
- b. Central arguments/points were not present
- c. Evidence does not support the argument/main points.
- d. Ideas are very difficult to follow and illogical.
- e. No personal insights offered.

Writing (20%): Requirements:

1. Written to graduate level standards of writing.
2. Writing is clear and mechanically sound.
3. Grammar, structure, spelling and punctuation are correct.
4. Sentences are well-structured, complete, clear and concise

Outstanding-Sentences are concise, and the meanings are completely unambiguous. Vocabulary is precise and accurate. The paper does not contain colloquialisms, idioms, or undefined jargon. The paper is relatively free of spelling, grammar, or punctuation errors.

Excellent-Sentences are easy to follow, and their meanings are largely unambiguous. The paper contains few colloquialisms, idioms, or undefined jargon. There are few spelling, grammar, or punctuation errors.

Satisfactory to Poor-Sentences are difficult to follow and their meanings are sometimes difficult to understand. There are numerous spelling, grammar, or punctuation errors.

Administration (10%): Requirements:

1. Completed on time.
2. Paper is within the required page range and conforms to other format instructions.
3. Provided a copy of the articles to the instructor (electronically or hardcopy)
4. Citations are in accordance with APA requirements.
5. Adhered to additional turn instructions.

Points will be deducted for failing to meet these requirements.

Five points will be deducted per day for late papers.

____ of 70 points Content

____ of 20 points Writing

____ of 10 points Administration

____ Final Grade

The grading rubric is based upon rubrics provided in:

Ambrose, S. A., Bridges, M. W., Lovett, M. C., DiPietro, & Norman, M. K. (2010). *How learning works: Seven research-based principles for smart teaching* (1st ed.). San Francisco, CA: Jossey-Bass.

SOWK 641 Assignment 1: Article Reviews
Checklist: Complete and Add to the Assignment

- Yes No I analyzed three **scholarly** articles.
- Yes No The articles focused on military members or veterans.
- Yes No The paper is 4 to 6 pages, double-spaced paper, not including the title or reference page.
- Yes No The articles are NOT on military families.
- Yes No At least two of the articles are NOT in the syllabus.
- Yes No The paper is 12-point font, Times New Roman.
- Yes No The paper has a section that identifies the similarities of the articles.
- Yes No The paper has a section that identifies differences between the articles.
- Yes No The paper has at least one section that critically evaluates the articles.
- Yes No A section discusses the articles' importance to social work w/the military population.
- Yes No The paper discusses how the articles could apply to diverse populations (HINT: If your articles do not discuss diversity, you need to apply your knowledge of diversity to analyze possible implications.)
- Yes No I have submitted the articles to the VAC along with the paper.
- Yes No I have checked to make sure that the citations are in accordance with APA requirements
- Yes No I have checked the paper with errors in grammar, spelling, and style.
- Yes No I have read the *Citation and Plagiarism Handout* and complied with its guidance.

Please indicate yes or no for each question and type your name below:

Typed Signature:

SOWK 641 Assignment 2: Reflective Journal
Grading Rubric

Submit a four- to five-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.

Content (70%): Requirements:

6. Select three specific areas discussed in class, the VAC, or readings that were particularly important for you and discuss how each will influence your practice as a social worker.
7. Provide examples of these areas and specific experiences, readings, or discussions to support your analysis.
8. 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).
9. Specifically discuss new insights and awareness.
10. 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.

Grading Scale:

Outstanding

- f. Exceeded the requirements of the assignment.
- g. Argument/Main Points were clear and interesting and demonstrated a robust understanding of the course materials.
- h. Evidence supported the argument and was varied, specific, and unambiguous.
- i. Ideas presented in a logical and coherent fashion with no effort required by the reader.
- j. Showed significant personal insights and awareness and related those to future social work practice.

Excellent

- f. Met the requirements of the assignment.
- g. Argument/Main Points were clear.
- h. Evidence supported the claims.
- i. Ideas were easy to follow with little effort required by the reader.

- j. Showed some personal insights and awareness.

Satisfactory

- f. Met most but not all of the requirements.
- g. The central argument/points were present but not clear.
- h. Some evidence failed to support the argument/main point.
- i. Ideas were difficult to follow or were not logical.
- j. Showed little or no personal insights or awareness.

Poor

- a. Met none of the requirements.
- b. Central arguments/points were not present
- c. Evidence does not support the argument/main points.
- d. Ideas are very difficult to follow and illogical.
- e. No personal insights offered.

Writing (20%): Requirements:

- 5. Written to graduate level standards of writing.
- 6. Writing is clear and mechanically sound.
- 7. Grammar, structure, spelling and punctuation are correct.
- 8. Sentences are well-structured, complete, clear and concise

Outstanding-Sentences are concise, and the meanings are completely unambiguous. Vocabulary is precise and accurate. The paper does not contain colloquialisms, idioms, or undefined jargon. The paper is relatively free of spelling, grammar, or punctuation errors.

Excellent-Sentences are easy to follow, and their meanings are largely unambiguous. The paper contains few colloquialisms, idioms, or undefined jargon. There are few spelling, grammar, or punctuation errors.

Satisfactory to Poor-Sentences are difficult to follow and their meanings are sometimes difficult to understand. There are numerous spelling, grammar, or punctuation errors.

Administration (10%): Requirements:

- 6. Completed on time.
- 7. Paper is within the required page range and conforms to other format instructions.
- 8. Citations are in accordance with APA requirements.

4. 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.

5. Adhered to additional turn instructions.

Five points will be deducted per day for late papers.

____ of 70 points Content

____ of 20 points Writing

____ of 10 points Administration

____ Final Grade

The grading rubric is adapted from:

Ambrose, S. A., Bridges, M. W., Lovett, M. C., DiPietro, & Norman, M. K. (2010). *How learning works: Seven research-based principles for smart teaching* (1st ed.). San Francisco, CA: Jossey-Bass.

SOWK 641 Assignment 2: Reflective Journal
Checklist: Complete and Add to the Assignment

- | | | |
|-----|----|---|
| Yes | No | I summarized my learning in the course that may influence me as a social worker. |
| Yes | No | The paper uses a formal writing style. |
| Yes | No | The paper is 4 to 5 pages, double-spaced, not including the title or reference page. |
| Yes | No | The paper focuses on three specific topics from the course that are important to me and will influence my practice as a social worker. |
| Yes | No | The paper provides examples, areas and specific experiences to support the analysis. |
| Yes | No | The paper shows the emotional impact these experiences, issues, and topics (e.g., countertransference, relating personally or professionally to the topic on an emotional level). |
| Yes | No | The paper discusses my new insights and awareness related to the topic or working with military members, veterans, and their families. |
| Yes | No | The paper discusses the impact of these insights on my practice as a social worker. |
| Yes | No | I have checked to make sure that the citations are in accordance with APA requirements. |
| Yes | No | I have checked the paper for errors in grammar, spelling, and style. |

Please indicate yes or no for each question and type your name below:

Typed Signature:

HINT: I recommend that you organize the paper into three sections each on a topic area and then address each of the elements (examples, emotional impact, new insights, and impact on social work practice) for each topic. Another HINT: Your grade will be based largely on the depth of your analysis, so think deeply about what you have learned and its impact.

SOWK 641 Assignment 3: Case Presentation

Grading Rubric

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, numerous case studies are located in the course textbook. **Presentations are not to exceed 20 minutes.** This presentation requires a biopsychosocial(spiritual) perspective. An assessment form is located in the documentation section of the VAC. This assessment may be used to guide 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.

Content (70%): Requirements:

1. Demonstrated working knowledge of the biopsychosocial(spiritual) model and evidence-based interventions.
2. Discussion demonstrated thoughtful clinical assessment and generated possible diagnosis and rule out diagnosis.
3. Displayed self-reflection (i.e., countertransference)
4. Discussed race, gender, sexual orientation, spirituality, etc. considerations as appropriate.

Grading Scale:

Outstanding

- k. Showed a deep/robust understanding of the case, diagnosis, and intervention(s).
- l. Clearly articulated the case and all important information.
- m. Analysis was supported by relevant, accurate, and sufficient evidence.
- n. Evidence supported the argument and was varied, specific, and unambiguous.
- o. Ideas presented in a logical and coherent fashion.
- p. Showed significant personal insights and awareness and related those to future social work practice.

Excellent

- k. Showed limited understanding of the case, diagnosis, and intervention(s)
- l. Clearly articulated the case, but left out important information.
- m. Analysis was supported by mostly relevant, accurate, and sufficient evidence.
- n. Evidence supported the argument and was mostly varied, specific, and unambiguous.
- o. Ideas presented were not consistently presented in logical or coherent fashion.
- p. Showed limited personal insights and awareness and related those to future social work practice.

Satisfactory

- k. Showed a superficial understanding of the case, diagnosis, and intervention(s).
- l. Case presentation was largely unfocused and ambiguous.
- m. Analysis had little support from relevant, accurate, and sufficient evidence.

- n. Evidence provided little support for the argument and/or was not varied, specific, and unambiguous.
- o. Ideas presented in a largely illogical and incoherent fashion.
- p. Showed little personal insights and awareness and related those to future social work practice.

Poor

- a. Showed little or no understanding of the case, diagnosis, and intervention(s).
- b. Case presentation was almost completely unfocused and ambiguous.
- c. Analysis was not supported by relevant, accurate, and sufficient evidence.
- d. Evidence did not support the argument.
- e. Ideas presented in an illogical and incoherent fashion.
- f. Showed no personal insights and awareness and related those to future social work practice.

Presentation (20%): Requirements:

- 9. Slides met graduate level standards.
- 10. Grammar, structure, spelling and punctuation were correct.
- 11. Slide information was well-structured, clear, and concise.
- 12. Presentation was professional.

Outstanding-Slides were concise, and the meanings were completely unambiguous. The presentation was free of spelling, grammar, or punctuation errors. The presenters presented in a clear and confident manner, and did not overly rely on written material.

Excellent- Slides were somewhat concise, and the meanings were largely unambiguous. The presentation was largely free of spelling, grammar, or punctuation errors. The presenters presented in a somewhat clear and confident manner, but relied too much on written information.

Satisfactory to Poor-Slides were difficult to follow, and their meanings were sometimes difficult to understand. There were numerous spelling, grammar, or punctuation errors. The presenters lacked confidence and read almost all of their presentation.

Administration (10%): Requirements:

- 9. Presentation remained in the required time limit.
- 10. Citations are in accordance with APA requirements.
- 11. Adhered to additional turn instructions.

Points will be deducted for failing to meet these requirements.

_____ of 70 points Content

_____ of 20 points Presentation

_____ of 10 points Administration

_____ Final Grade

The grading rubric is based upon rubrics provided in:

Ambrose, S. A., Bridges, M. W., Lovett, M. C., DiPietro, & Norman, M. K. (2010). *How learning works: Seven research-based principles for smart teaching* (1st ed.). San Francisco, CA: Jossey-Bass.

SOWK 641 Assignment 4: Problem-Solution Paper
Grading Rubric

The final course assignment is problem solution paper focused on resolving a problem or issue related to military members and/or veterans. The paper should analyze the problem/issue in depth using the course materials and outside sources. The problem/issue can be either clinical or policy related. Students should clearly label their papers as either a policy or clinical analysis. Topics must be approved by the course instructor. Some examples are provided below. Do NOT choose a topic on military families as these topics are covered in another course.

Examples:

- Integrating transgender service members into the military
- Increasing the number of women and minorities in the senior ranks
- Overcoming homophobia in the military
- Veteran employment challenges
- Reintegration of service members (select a specific element of this topic)
- PTSD Treatment Failure Rate
- Alcohol abuse in the US military
- Homelessness among veterans
- Suicide among veterans or military members
- Use of prescription medications among military members

The paper should be 8 to 10 pages long, double-spaced with one-inch margins all around, in Times New Roman 12pt. font. APA Style should be used throughout.

Grading Criteria:

7. Review the literature around the problem/issue. This section should compare and contrast different perspectives on the problem.
8. Examine the history of the policies, programs, or practices surrounding this problem area as well as current policies and programs that address this area. Examine the evidence base of current policies, programs, or practices.
9. Discuss ethical implications of the issue for social workers. This should include a discussion of potential ethical implications the problem and/or current approaches to resolving the problem.
10. Include a discussion of race, gender, sexual orientation and other diversity issues as appropriate.
11. Provide a solution to the problem/issue. The solutions can either be a clinical application, policy change, or program proposal. Be sure to critically analyze your

recommendations. Consider counter arguments to your recommendations and respond to them.

12. The paper should be supported by at least 8 scholarly articles, 3 of which should NOT be in the course syllabus. **HIGHLIGHT the articles in the reference sheet that are not in the syllabus.**

Grading Scale:

Outstanding

- q. Exceeded the requirements of the assignment.
- r. Argument/Main Points were clear and interesting and demonstrated a robust understanding of the course materials.
- s. Evidence supported the argument and was varied, specific, and unambiguous.
- t. Ideas presented in a logical and coherent fashion with no effort required by the reader.
- u. Showed significant personal insights and awareness and related those to future social work practice.

Excellent

- q. Met the requirements of the assignment.
- r. Argument/Main Points were clear.
- s. Evidence supported the claims.
- t. Ideas were easy to follow with little effort required by the reader.
- u. Showed some personal insights and awareness.

Satisfactory

- q. Met most but not all of the requirements.
- r. The central argument/points were present but not clear.
- s. Some evidence failed to support the argument/main points.
- t. Ideas were difficult to follow or were not logical.
- u. Showed little personal insights or awareness.

Poor

- f. Met none of the requirements.
- g. Central arguments/points were not present
- h. Evidence does not support the argument/main points.
- i. Ideas are very difficult to follow and illogical.
- j. No personal insights offered.

Writing (20%): Requirements:

13. Written to graduate level standards of writing.
14. Writing is clear and mechanically sound.
15. Grammar, structure, spelling and punctuation are correct.
16. Sentences are well-structured, complete, clear and concise

Outstanding-Sentences are concise, and the meanings are completely unambiguous. Vocabulary is precise and accurate. The paper does not contain colloquialisms, idioms, or undefined jargon. The paper is relatively free of spelling, grammar, or punctuation errors.

Excellent-Sentences are easy to follow, and their meanings are largely unambiguous. The paper contains few colloquialisms, idioms, or undefined jargon. There are few spelling, grammar, or punctuation errors.

Satisfactory to Poor-Sentences are difficult to follow and their meanings are sometimes difficult to understand. There are numerous spelling, grammar, or punctuation errors.

Administration (10%): Requirements:

12. Completed on time.
13. Paper is within the required page range and conforms to other format instructions.
14. Citations are in accordance with APA requirements.
15. Adhered to additional turn instructions.

Five points will be deducted per day for late papers.

____ of 70 points Content

____ of 20 points Writing

____ of 10 points Administration

____ Final Grade

The grading rubric is based upon rubrics provided in:

Ambrose, S. A., Bridges, M. W., Lovett, M. C., DiPietro, & Norman, M. K. (2010). *How learning works: Seven research-based principles for smart teaching* (1st ed.). San Francisco, CA: Jossey-Bass.

SOWK 641 Assignment 4 : Problem Solution Paper
Checklist: Complete and Add to the Assignment

- Yes No The paper analyzes a problem or issue related to military members and/or veterans—NOT families.
- Yes No The paper is labeled as either a policy or clinical analysis.
- Yes No My topic was approved by the instructor.
- Yes No The paper has a literature review that compares and contrast different perspectives on the problem/issue.
- Yes No The paper examines current and past policies, programs, or practices surrounding this problem with an emphasis on the evidence of current policies, programs, and practices.
- Yes No The paper discusses ethical implications for social workers of the problem/issue as well as potential ethical issues of current or past solutions.
- Yes No The paper discusses how diversity relates to the problem or solution.
- Yes No The paper proposes a solution to the problem/issue.
- Yes No The paper critically analyzes the solution including consideration of counter arguments.
- Yes No The paper is 12-point font, Times New Roman.
- Yes No I have checked to make sure that the citations are in accordance with APA requirements
- Yes No I have checked the paper with errors in grammar, spelling, and style.
- Yes No The paper uses at least 8 scholarly articles, 3 of which are NOT be in the course syllabus. I HIGHLIGHTed the articles in the reference sheet that are not in the syllabus.

Please indicate yes or no for each question and type your name below:

Typed Signature:

Attach the checklist to the paper.

Proper Citing

How to Avoid Plagiarism

The surest way to receive a failing grade on an assignment is to plagiarize. During the past few years, I have been surprised at the number of students who have submitted work that violates USC academic integrity standards. In most cases, students have claimed ignorance of the rules, and I have believed them. Ignorance, however, is not an excuse.

Each student must know the rules for properly citing works. Failing to comply with these rules may result in a failing grade and being referred to the University Office of Judicial Affairs. This list provides some of the standards academic integrity and advice on avoiding plagiarism.

1. USC Student Conduct Code (11.1) provides these examples of integrity violations (taken verbatim):

- a. The submission of material authored by another person but represented as the student's own work, whether that material is paraphrased or copied in verbatim or near-verbatim form.
- b. The submission of material subjected to editorial revision by another person that results in substantive changes in content or major alteration of writing style.
- c. Improper acknowledgment of sources in essays or papers.

See: <http://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/>

2. You can avoid plagiarism by following these simple rules:

- a. Anytime you take another author's exact words, enclose those words in quotation marks. A good rule is that if you take three or more words in a row from a source, put those words in quotes. (In APA, this citation must include a page number.)
- b. Anytime you take another author's ideas and you put those ideas into your own words, cite the ideas. (In APA, this citation may use page numbers but they are not required.)
- c. Common knowledge does not have to be cited.

3. Using work from previous classes is prohibited. Using papers (or parts of papers) from previous courses is unacceptable because you have received feedback on this work from an instructor or other students giving you an unfair advantage. Also, submitting papers from another course undermines your education. It is during the act of writing a paper that most of your learning in graduate school education takes place. See USC Student Conduct Code 11.16.

4. This website provides an excellent explanation of the citation requirements. Please review:
<http://www.usc.edu/libraries/about/reference/tutorials/avoiding-plagiarism/story.html>

5. These are additional sources that can assist you in avoiding plagiarism.

<https://owl.english.purdue.edu/owl/resource/589/02/>

<https://owl.english.purdue.edu/owl/resource/589/1/>

<https://owl.english.purdue.edu/owl/section/3/33/>

<http://libguides.usc.edu/APA-citation-style>