

**Social Work 641**

**Clinical Practice with Service Members and Veterans**

**3 Units**

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**Hours:** Thurs 1200-1300

**Course Day:** Thursday  
**Course Time:** 1300-1545  
**Course Location:** City Center

**I. COURSE PREREQUISITES**

SOWK 505 and SOWK 535

**II. CATALOGUE DESCRIPTION**

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

**III. COURSE DESCRIPTION**

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

While the course specifically highlights mental health and psychosocial needs as a result of combat, deployments, workplace and community stressors, it also highlights and addresses treatment needs related to the impact of wars/conflicts on service members and veterans, i.e. Operational Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), Somalia Conflicts, etc.

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

#### **IV. COURSE OBJECTIVES**

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

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

#### **V. COURSE FORMAT / INSTRUCTIONAL METHODS**

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

## VI. STUDENT LEARNING OUTCOMES

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

	<b>Social Work Core Competencies</b>	<b>SOWK 641</b>	<b>Course Objective</b>
1	<b>Demonstrate Ethical and Professional Behavior</b>		<b>1</b>
2	<b>Engage Diversity and Difference in Practice</b>	*	<b>4</b>
3	<b>Advance Human Rights and Social, Economic, and Environmental Justice</b>		
4	<b>Engage In Practice-informed Research and Research-informed Practice</b>	*	<b>3</b>
5	<b>Engage in Policy Practice</b>		
6	<b>Engage with Individuals, Families, Groups, Organizations, and Communities</b>		<b>1 &amp; 4</b>
7	<b>Assess Individuals, Families, Groups, Organizations, and Communities</b>	*	
8	<b>Intervene with Individuals, Families, Groups, Organizations, and Communities</b>		
9	<b>Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b>	*	<b>1, 4, &amp; 5</b>

\* Highlighted in this course

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

Competency	Objectives	Behaviors	Dimensions	Content
<p><b>Competency 2. Engage Diversity and Difference in Practice</b></p> <p>Using research, social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity and are able to apply this knowledge to work empathically and effectively with diverse populations. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent which a culture’s structures and values, including social, economic, political and cultural exclusions may oppress, marginalize, and/or alienate adults and older adults or create privilege and power. Social workers through self-reflection, continue to assess and address their ageist values, building knowledge to</p>	<p>Engage Diversity and Difference in Practice with respect to military culture</p>	<p>Recognize and communicate understanding of how diversity and difference characterize and shape the human experience and identity.</p>	<p>Values</p>	<p>Units: 3 - Ethical Dilemmas for Social Workers in Military Settings</p> <p>Assignments: 1 Military Social Work Culture Training and Reflective Paper</p>

dispel myths regarding aging and stereotyping of older persons. Social workers are able to consistently identify and use practitioner/client differences from a strengths perspective. Social workers view themselves as learners and engage those with whom they work as informants.

Competency	Objectives	Behaviors	Dimensions	Content
<p><b>Competency 7. Assess Individuals, Families, Groups, Organizations, and Communities</b>            Social workers in health, behavioral health and integrated care settings understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of, diverse individuals, and groups. Social workers understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups. Social workers collect, organize, and interpret client data with a primary focus of assessing client’s strengths. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.</p>	<p>Evaluate research to practice with service members, veterans, families, and their communities.</p>	<p>Understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups.</p>	<p>Knowledge</p>	<p>Units: 7- PTSD Assessment</p> <p>Assignments: 4: Case Analysis</p>

## VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
<b>Assignment 1: Military-Related Literature and Film Analysis</b>		25%
<b>Assignment 2: Interactive Group Presentation</b>		20%
<b>Assignment 3: Veteran Interview</b>		20%
<b>Assignment 4: Clinical Case Analysis</b>		25%
<b>Class participation</b>		10%

Each of the major assignments is described below.

### **Assignment 1: Military Related-Literature Analysis (25%)**

**Select and critically analyze three** scholarly articles on military veterans and/or service members that support or conflict with the film “Fury”. **For example, three** articles on military sexual assault or three articles on the impact of war. **The student will submit 4-6** pages, double-spaced paper of the analysis. Integrate the articles highlighting points of similarity and difference. The articles should be from scholarly sources such as peer reviewed journals. They should not be articles from newspapers or popular magazines or media outlets. The articles can be from the recommended or required readings in the syllabus. The assignment should be double spaced with 12 point font, **professional font such as** Times New Roman.

Be sure to address the following questions in your review:

- A. Summarize the articles: Explain the 2-3 key points the author(s) share about working with service members or veterans that correspond to the film.

- B. Evaluate the strengths and weaknesses of the articles in terms of its scholarship that respond to the film.
- C. Explain the importance of the article to clinical practice with service members and veterans: In a few sentences, explain why you think the articles are or are not useful to the field of clinical practice with service members and veterans. Please identify a character in the film that the identified practices might apply to.
- D. Discuss how the articles fit into a bigger context (or not) of clinical practice with service members and veterans. Please include social, economic and political factors associated with a big picture world view.
- E. Discuss how the articles can be applied to race, gender or sexual orientation issues in the context of clinical practice with service members. Please discuss sexual harassment or assaults as depicted in the film.
- F. Discuss the most interesting aspect of the articles and the film. What aspect of the articles and film you personally found most interesting or useful in your current work with service members or veterans? If you served in the military discuss what aspects of the articles and the film you personally agreed or disagreed with the authors.

**Due: Week 4**

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

**Assignment 2: Interactive Group Exercise (20%)**

Students will pair and present an interactive group exercise that can be used as an ice breaker or psychoeducational intervention. The instructor will model one or two exercises for the class over the first two or three units. The purpose of this assignment is to increase group skills while receiving real time feedback from the instructor on skill set. This assignment will also help to develop the students ability to engage and facilitate group discussion.

Students must also submit a typed version of the group exercise to the instructor and a designated volunteer will collect all the presentations and provide a full collection to each student at the end of the semester. The written version of the exercise will outline each step and summarizing learning objectives from this training that may influence future practices as a social worker. The assignment should be no longer than 15-20 mins.

1. Students will be graded on clear instructions and delivery of the steps to the class



2. Each student will facilitate the implementation of the group exercise and at the conclusion facilitate discussion of the overall tasks that were completed by the group.
3. At the end of the presentation the student will provide the purpose of the exercise and how the exercise can be used with veterans and service members.
4. Students will provide examples of these areas discussed and specific observations, experiences, readings or discussions to support your discussion as indicated.
5. Students will show an awareness of the emotional impact of these experiences, issues and topics (i.e. counter transference, relating personally or professionally to the topic on an emotional level) after the exercise has been concluded.

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

**Due: To be arranged by course instructor and students during second class discussion-presentations will start week 5**

*This assignment relates to student learning outcome 5.*

### **Assignment 3 Case Presentation (20%)**

Each student will select a presentation date during the second class session. This assignment is a **class presentation of an interview:** This is a case analysis of an adult service member or veteran client from the student's field placement (protecting identifying information) or an interview of a service member or veteran from the community that is not a family member. **Presentations are not**

**to exceed 15 minutes.** This presentation requires a bio-psychosocial-spiritual perspective. Students may use a standardized assessment form to complete the interview. The final assessment findings will be used and presented in a treatment plan which will serve to guide your selection of an appropriate evidenced-based practice intervention (from those discussed in class and in the clinical literature, i.e. CBT, etc.) or suggestions to match the needs identified for the client. Standardized Assessment Forms and SBAR directions will be provided to students by instructor. Please note not every subject interviewed will have a diagnosis. There will be a total of 6 – 8 slides of content (demographics, biological, psychological, social/environmental, spiritual, SBAR (in the SBAR slide the student will note treatment plan in the recommendation section). **A copy of the slide presentation along with an electronic submission should be given to instructor on day of presentation.**

### **Grading criteria:**

1. Demonstrate working knowledge of the biopsychosocial-spiritual model and the recommendations of evidence based interventions and clinical or agency referrals.
2. Thoughtful discussion of the clinical assessment and generation of possible diagnosis and rule out diagnosis, if applicable.
3. Willingness to be self-reflective (i.e., countertransference)
4. Discussion of race, gender, sexual orientation, spirituality, etc. considerations as appropriate to your client interviewed.
5. Provide one slide outlining the situation, background, assessment and recommendations included in the treatment plan (SBAR) at the end of the presentation.

**Due: To be arranged by course instructor and students during second class discussion-presentations will start week 7**

### **Assignment 4 Case Analysis (25%)**

This assignment is a **written paper** of a case analysis of an adult service member or veteran client provided by the instructor. **This paper should read like a psychological report.** The report requires a biopsychosocial (spiritual) assessment. Include the appropriate DSM 5 diagnosis. This assessment will determine the appropriate evidenced-based practice intervention (from those discussed in class and in the clinical literature) to match the needs identified for the client and outlined in the treatment plan. The development of a phase-oriented, culturally responsive, research-informed practice plan that involves diverse practice modalities (e.g., individual, group, couple/ and/or clinical case management) should also be included in the treatment plan. Issues of diversity, gender, race, ethics and use of professional self (including transference/countertransference phenomena) should be explored. **The clinical report should be 6-7 pages in content.** The paper must use 12 point font, double-spaced and professional font.

### **Grading criteria:**

1. Appropriately assessed the client using the biopsychosocial (spiritual). This section should be concise and provide evidence that supports the diagnosis. The student will identify the biological concerns, psychological concerns, social concerns and the use of spiritual related concepts used by the client.
2. Provided and supported the appropriate diagnosis or diagnoses from the DSM-5. The diagnosis should be clearly supported by elements in the assessment.
3. Applied evidence-based interventions based upon the assessment. (Select a minimum of two interventions and student will explain efficacy and match application with a specific symptom. If the client has multiple diagnoses, select the primary diagnosis to apply the intervention and clearly identify possible rule out diagnosis (no interventions needed for rule outs). ***Provide recommendations and referrals needed for comprehensive treatment in treatment planning section of the report.***
4. Included a discussion of the problem in the military and the context for the client. For example, if the client has PTSD, discuss and analyze PTSD in the military and examine how the client fits into the broader problems of PTSD. **Prompts 5 and 6 should be written at the end of the report,i.e. following treatment plan**
5. **Discussed use of professional self (i.e., transference and countertransference).**
6. **Examined issues of diversity, gender, race, and ethics (i.e. would this case look different if the client was a female? Would this case look different if the client was Asian-American?)**

**Due: Week 15 Case will be provided**

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

### **Class participation**

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

## Grades

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

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

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

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

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

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

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

Class grades will be based on the following:

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

Class Grades		Final Grade	
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

### VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

#### Required Textbooks

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

Moore, B. A., & Jongsma Jr, A. E. (2015). *The veterans and active duty military psychotherapy treatment planner*, DSM-5 updates (Vol. 261). John Wiley & Sons.

Fury (2014) · Drama film/Action · 2h 14m

#### Strongly recommended for clinical application

Greenberger, D., & Padesky, C. (2016). *Mind over mood. Change how you feel by changing the way you think*. New York: Guilford Press.

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

### Course Overview

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

## Course Schedule—Detailed Description

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

#### Topics

- Military Culture
- The Combat Masculine Warrior Paradigm
- Who do we treat?
  - Military Life
  - Populations served
  - Treatment considerations for military members and Veterans

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

#### Required Readings

Coll, J., Weiss, E., and Metal, M. (2013). Military culture and diversity. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 21-36), Hoboken, New Jersey: John Wiley & Sons, Inc. (Read pages 21-30).

Redmond, S. A., Wilcox, S. L., Campbell, S., Kim, A., Finney, K., Barr, K., & Hassan, A. M. (2015). A brief introduction to the military workplace culture. *Work (Reading, Mass.)*, 50(1), 9-20.

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

Moore, B. A., & Jongsma Jr, A. E. (2015). Introduction, treatment planners . In *The veterans and active duty military psychotherapy treatment planner* (pp. 1-7). John Wiley & Sons.

#### Recommended Readings

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

Hajjar, R. M. (2014). Emergent postmodern US military culture. *Armed Forces & Society*, 40(1), 118-145.  
doi:10.1177/0095327X12465261

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

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, 421-49.

## Unit 2: Military Social Work and Mental Health

### Topics

- Mental Health in the Military
- Social Work in Military Settings
- Stigma and other Barriers to Care
- Assessing Veterans and Military Members

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

### Required Readings

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.



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: The National Academies Press.

Moore, B. A., & Jongsma Jr, A. E. (2015). Adjustment to the military culture. *The veterans and active duty military psychotherapy treatment planner* (pp. 19-24). John Wiley & Sons.

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.

### **Recommended Readings**

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

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

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

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

Griffith, J. (2009). Being a reserve soldier: A matter of social identity. *Armed Forces & 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, *The 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: Joseph Henry Press.

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

- Nidiffer, F. D. & Leach, S. (2010). To hell and back: Evolution of combat-related post-traumatic stress disorder. *Developments in Mental Health Law, 29*(1), 1-22.
- Pierce, P. F. (2006). The role of women in the military. In T. Britt, A. Adler, & C. Castro (Eds.), *Military life* (1<sup>st</sup> ed., Vol. 4, pp. 97-118). Westport, CT: Praeger Security International.
- Rubin, A. & Weiss, E. L. (2013). Secondary trauma in Military Social Work. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 67-78), Hoboken, New Jersey: John Wiley & Sons, Inc.
- Savitsky, L., Illingworth, M., & DuLaney, M. (2009). Civilian social work: Serving the military and veteran populations. *Social Work, 54*, 327-339.
- 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
- Role expectations for military vs. civilian social workers

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

### Required Reading

Daley, J. (2013) Ethical decision making in military social work. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 51-66), Hoboken, New Jersey: John Wiley & Sons, Inc.

NASW ethical standards for social work practice with service members, veterans and their family members: <https://www.socialworkers.org/practice/military/documents/militarystandards2012.pdf>

### Recommended Readings

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.

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.

## Unit 4: Substance Abuse

### Topics

- 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 V 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, D.C.: U.S. Department of Defense. (pp. 71-141).
- Burda-Chmielewski, R. & Nowlin, A. (2013). Preventing and intervening with substance use disorders in veterans. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 209-224), Hoboken, New Jersey: John Wiley & Sons, Inc.
- Moore, B. A., & Jongsma Jr, A. E. (2015). Substance Abuse/dependence. *The veterans and active duty military psychotherapy treatment planner* (pp. 257-267). John Wiley & Sons.

Rubin, A. & Barnes, W. (2013). Assessing, preventing, and treating substance use disorders in active duty military settings. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 191-208), Hoboken, New Jersey: John Wiley & Sons, Inc.

### **Recommended Readings**

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

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

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: The National Academies Press. Retrieved from: <http://www.iom.edu/Reports/2012/Substance-Use-Disorders-in-the-US-Armed-Forces.aspx>.

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

## **Unit 5: Suicide and Homicide in the Military**

### **Topics**

- Suicide in the Military
- Homicide in the Military
- Treating Suicidal Behavior
- Suicide Assessment and Prevention

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

## Required Readings

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 Hemingway effect. *Current psychiatry reports*, 16(8), 1-9.

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

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Suicide Event Reporting. SKIM the latest reports at: <http://t2health.dcoe.mil/programs/dodser>

Moore, B. A., & Jongsma Jr, A. E. (2015). Adjustment to killing. In *The veterans and active duty military psychotherapy treatment planner* (pp. 12-18). John Wiley & Sons.

Moore, B. A., & Jongsma Jr, A. E. (2015). Suicidal ideation. In *The veterans and active duty military psychotherapy treatment planner* (pp. 268-273). John Wiley & Sons.

Rudd, M. D., Bryan, C. J., Wertenberger, E. G., Peterson, A. L., Young-McCaughan, S., Mintz, J., et al. (2015). Brief cognitive-behavioral therapy effects on post-treatment suicide attempts in a military sample: Results of a randomized clinical trial with 2-year follow-up. *Ajp*, 172(5), 441-449.

## Recommended Readings

Armed Forces Health Surveillance Center (2012a). 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.

Army STARRS. This website contains a host of scholarly articles related to mental health and resilience.

<http://www.armystarrs.org/publications/>

- Braswell, H. & Kushner, H. I. (2012) Suicide, social integration, and masculinity in the U.S. military. *Social Science & 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>.
- 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.
- Leardmann, C.A., Powell, T.M., Smith, T.C., Bell, M.R., Smith, B., Boyko, E.J., Hooper, T.I., Gackstetter, G.D. Ghamsary, M. & 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.
- 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, Robert I. (2011). Improving Suicide Risk Assessment. *Psychiatric Times*, 28(110), 16-21.
- Shea, C.W. (2009). Suicide Assessment. *Psychiatric Times*, 26(12), 1-26.
- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, 117(2), 575-600. doi:10.1037/a0018697.

## Unit 6: Combat Trauma

### Topics

- Combat Experience and the Experience of Killing
- Stress and Coping
- Combat Stress Control Teams
- Individual Therapies, Evidence Based Practices, and Other Interventions
- Psychological First Aid
- Combat Experiences

This Unit relates to course objectives 3 and 4.

### Required Reading

Castro, C. A., Kintzle, S. & Hassan, A. M. (2015). The combat veteran paradox: Paradoxes and dilemmas encountered with reintegrating combat veterans and the agencies that support them. (2015). *Traumatology: An International Journal*, 21(4), 299-310. doi:10.1037/trm0000049

Grossman, D. (2009). Section II—Killing and combat trauma: The role of killing in psychiatric casualties. In *On killing: The psychological cost of learning to kill in war and society* (section II, chap. 1, pp. 43-95). New York: Little, Brown & Company. (still relevant)

Moore, B. A., & Jongsma Jr, A. E. (2015). Physiological stress response. In *The veterans and active duty military psychotherapy treatment planner* (pp. 193-198). John Wiley & Sons.

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. (2014). The body keeps score: Brain, mind and body in the healing of trauma. In B. van der Kolk, (Eds.), *Body-brain connection* (pp. 74-88). New York: Guilford Press.

### Recommended Readings



Clemens, S. L., Faulkner, W. C., Browning, E. B., Murray, J. S., Alcott, L. M., Stowe, H. B., et al. (2014). Violent behavior and post-traumatic stress disorder in US Iraq and Afghanistan veterans. *British Journal of Psychiatry*. doi:DOI (Clemens, Faulkner, Browning, Murray, Alcott, Stowe, & Sandburg, )

Junger, S. (2010). *War*. New York: Hachette Book Group  
(Instructor Note: Related film documentary—Restrepo. Viewing of documentary.)

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 United States Army Medical Command.

Rieckhoff, P. (2006). *Chasing ghosts: Failures and facades in Iraq, a soldier's perspective*. New York: Penguin Books.

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

Shaw, J. A. (2007). The acute traumatic moment-psyche trauma of war: Psychoanalytic perspectives. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 35(1), 23-38.

Shay, J. (2002). Shrinkage of the social and moral horizon. In *Achilles in Vietnam: Combat trauma and the undoing of character* (chap. 2, pp. 23-38). New York: Scribner.

Shkurti, W. J. (2012) To soldier on in a dying war. *Vietnam*, 24(5), 44-51.

Tripp, E. R. (2008). Losing another woman. In *Surviving Iraq: Soldiers' stories* (pp. 183-191). Northampton, MA: Olive Branch Press.

Tripp, E. R. (2008). Treating soldiers with PTSD. In *Surviving Iraq: Soldiers' stories* (pp. 200-206). Northampton, MA: Olive Branch Press.

## Unit 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 Readings

- Briere, J., & Scott, C. (2012). Central issues in trauma treatment. In *Principles of trauma treatment, 2<sup>nd</sup> Edition* (chap. 4, pp. 79-101). Thousand Oaks, CA: Sage.
- Briere, J., & Scott, C. (2012). Assessing trauma and posttraumatic outcomes. In *Principles of trauma therapy: A guide to symptoms, evaluation and treatment, 2<sup>nd</sup> Edition* (chap. 3, pp. 49-78). Thousand Oaks, CA: The Guilford Press.
- Moore, B. A., & Jongsma Jr, A. E. (2015). Nightmares. In *The veterans and active duty military psychotherapy treatment planner* (pp. 146-151). John Wiley & Sons.
- Yarvis, J. (2013) Posttraumatic Stress Disorder (PTSD) in Veterans. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 81-97), Hoboken, New Jersey: John Wiley & Sons, Inc.

## Recommended Readings

- 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.

## 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 Readings

- Committee on the Assessment of Ongoing Efforts in the Treatment of Posttraumatic Stress Disorder, (2014). *Treatment for posttraumatic stress disorder in military and veteran populations: Final assessment*. Washington, District of Columbia: The National Academies Press. **(READ THE SUMMARY)**.
- Foa, E. B. (2011). Prolonged exposure therapy: Past, present, and future. *Depression and Anxiety*, 28(12), 1043-1047.
- Moore, B. A., & Jongsma Jr, A. E. (2015). PTSD. In *The veterans and active duty military psychotherapy treatment planner* (pp. 206-215). John Wiley & Sons.

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

### **Recommended Readings**

- 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: Oxford University Press.
- Moore, B., & Jongsma, A. (2009). The veterans and active duty military psychotherapy treatment planner (pp. 206-215). Hoboken, NJ: John Wiley & Sons.
- Paulson, D., & Krippner, S. (2007). Treatment approaches to traumatic disorders. In *Haunted by combat: Understanding PTSD in war veterans including women, reservists, and those coming back from Iraq* (chap. 8, pp. 69-82). Westport, CT: Praeger Security International
- Remick, K. N., Dickerson, J. A., Nessen, S. C., Rush, R. M., & Beilman, G. J. Transforming US army trauma care: An evidence-based review of the trauma literature. *The Army Medical Department Journal*, July-Sept. 2010: 4+. *Academic OneFile*. Web.
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of PTSD: A practitioner's guide to using mindfulness and acceptance strategies*. Oakland, CA: New Harbinger Productions.

## Unit 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 Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 163-178), Hoboken, New Jersey: John Wiley & Sons, Inc.

Buck, P. W. (2011). Mild traumatic brain injury: A silent epidemic in our practices. *Health & Social Work*, 36(4), 299-302.

Defense Centers of Excellence. Review this website: <http://dvbic.dcoe.mil/about/tbi-military>.

Moore, B. A., & Jongsma Jr, A. E. (2015). Mild traumatic brain injury. In *The veterans and active duty military psychotherapy treatment planner* (pp. 139-145). John Wiley & Sons.

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 Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 179-190), Hoboken, New Jersey: John Wiley & Sons, Inc.

### Recommended Readings

Department of Veterans Affairs. (2009). *Management of Concussion/mild Traumatic Brain Injury*. Washington, D.C. 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: Department of Veterans Affairs.

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 Publishing/Training Inc.

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

## 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 Readings

Moore, B. A., & Jongsma Jr, A. E. (2015). Bereavement due to the loss of a comrade. In *The veterans and active duty military psychotherapy treatment planner* (pp. 64-70). John Wiley & Sons.

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* (Chapter 17, pp. 254-272). New York: Taylor & Francis.

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

### **Recommended Readings**

Gabbard, G. O. (2017). *Long-term psychodynamic psychotherapy: A basic text*. American Psychiatric Pub.

Greenberger, D., & Padesky, C. (2016). New thoughts, action plans and acceptance. In *Mind over mood. Change how you feel by changing the way you think*. (pp.117-130) New York. Guilford Press.

Hollon, S. D., Thase, M. E., & Markowitz, J. C. (2002). Treatment and prevention of depression. *Psychological Science in the Public Interest*, 3(2), 39-77.

Knaus, W. J., & Ellis, A. (2006). A master plan to defeat depression. In *The cognitive-behavioral workbook for depression* (pp. 61-78). Oakland, CA: New Harbinger.

Shear, K., & Frank, E. (2006). Treatment of complicated grief: Integrating cognitive-behavioral methods with other treatment approaches. In V. M. Follette & J. I. Ruzek. (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 290-320). New York: Guilford Press.

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

## Unit 11: MILITARY SEXUAL TRAUMA

### Topics

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

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

### Required Readings

Castro, C. A., Kintzle, S., Schuyler, A. C., Lucas, C. L., & Warner, C. H. (2015). Sexual assault in the military. *Current psychiatry reports, 17*(7), 1-13.

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

Majewski, K. (2015). The history sexual violence in war. In Zaleski, K. *Understanding and Treating Military Sexual Trauma*. (pp 3-16) Springer

Moore, B. A., & Jongsma Jr, A. E. (2015). Sexual assault by another service member. In *The veterans and active duty military psychotherapy treatment planner* (pp. 232-237). John Wiley & Sons.

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

Zaleski, K. (2015). Rape and roll call: How military culture and military law affect the immediate aftermath of military sexual trauma In Zaleski, K. *Understanding and Treating Military Sexual Trauma*. (49-89). Springer



## Recommended Readings

- Cameron, R. P., Syme, M. L., Fraley, S. S., Chen, S. S., Welsh, E., Mona, L. R., Cordes, C. C. Kelin, L. S., & 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).
- Harrell, M. C., Castaneda, L. W., Adelson, M., Gailot, S., Lynch, C. & Pomeroy, A. (2009). *Compendium of Sexual Assault Research*. RAND: Center for Military Health Policy Research. Santa Monica, CA.
- 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 & Abuse, 8*(4), 384-400. (still relevant)

## Unit 12: Resilience and Positive Psychology

### Topics

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

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

## Required Reading

Institute of Medicine. (2013). *Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs*. Washington DC: The 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*. RAND: Center for Military Health Policy Research. Santa Monica, CA. (Read Chapter 3, pages 31-66.)

Moore, B. A., & Jongsma Jr, A. E. (2015). Spiritual and religious issues. In *The veterans and active duty military psychotherapy treatment planner* (pp. 251-256). John Wiley & Sons.

Smith, S. L. (2013). Could comprehensive soldier fitness have iatrogenic consequences? A commentary. *The Journal of Behavioral Health Services & Research*, 40(2), 242-246. doi:10.1007/s11414-012-9302-2

## Recommended Readings

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

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

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.

Defense Centers of Excellence. (2012). *A Review of Post-Deployment Reintegration: Evidence, Challenges, and Strategies for Program Development*.

### 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 between multiple providers
  - Advocacy and brokering with stakeholders

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

#### Required Readings

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

Cameron, R. P., Syme, M. L., Fraley, S. S., Chen, S. S., Welsh, E., Mona, L. R., Cordes, C. C. Kelin, L. S., & 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.)

Matthieu, M. M. & Swensen, A. B. (2013). The stress process model for supporting long-term family care giving. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 409-426), Hoboken, New Jersey: John Wiley & Sons, Inc.

Moore, B. A., & Jongsma Jr, A. E. (2015). *The veterans and active duty military psychotherapy treatment planner* (pp. 25-31). John Wiley & Sons.

### **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.

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 Readings

Burk, J. & Espinoza, E. (2012). Race relations within the U.S. military. *Annual Review of Sociology*, 38, 401-422.

Coll, J., Weiss, E., and Metal, M. (2013). Military culture and diversity. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 21-36), Hoboken, New Jersey: John Wiley & Sons, Inc. (Read pages 30-35).

Goldbach, J. T., & Castro, C. A. (2016). Lesbian, gay, bisexual, and transgender (LGBT) service members: Life after don't ask, don't tell. *Current Psychiatry Reports*, 18(6), 56.

Moore, B. A., & Jongsma Jr, A. E. (2015). Diversity. In *The veterans and active duty military psychotherapy treatment planner* (pp. 114-118). John Wiley & Sons.

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

Weiss, E. & DeBraber, T. (2013). Women in the military. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 37-50), Hoboken, New Jersey: John Wiley & Sons, Inc.

### Recommended Readings

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: Thomas Dunn Books.

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: The National Academies Press.

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* (1<sup>st</sup> ed., Vol. 4, pp. 97-118). Westport, CT: Praeger Security International.

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.

## Unit 15: Coming Home

### Topics

- Coming home
- Deployments
- Re-integration
- Homelessness
- Course review

## Required Readings

Coll, J., & Weiss, E. (2013). Transitioning veterans into civilian life. In Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 281-297), Hoboken, New Jersey: John Wiley & Sons, Inc. (Read pages 30-35).

Moore, B. A., & Jongsma Jr, A. E. (2015). Financial difficulties. In *The veterans and active duty military psychotherapy treatment planner* (pp. 119-125). John Wiley & Sons.

Moore, B. A., & Jongsma Jr, A. E. (2015). Post-deployment reintegration problems. In *The veterans and active duty military psychotherapy treatment planner* (pp. 199-205). John Wiley & Sons.

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

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.

Hoge, C. W. (2010). *Once a warrior, always a warrior: Navigating the transition from combat to home--including combat stress, PTSD, and mTBI*. Guilford, Conn: GPP Life.

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 Rubin, A., Weiss, E. & Coll, J. (Eds.). *Handbook of Military Social Work* (pp. 271-280), Hoboken, New Jersey: John Wiley & Sons, Inc.

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.

## Unit 16: Summative Experience

### VIDEOS TO CONSIDER

*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.)



## University Policies and Guidelines

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### IX. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email ([xxx@usc.edu](mailto:xxx@usc.edu)) 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](mailto: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](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 ABOUT INCOMPLETES**

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

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

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

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

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

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

*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.

## **XVI. COMPLAINTS**

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact the chair of the sequence, Dr. Kimberly Finney at [kfinney@usc.edu](mailto:kfinney@usc.edu). If you do not receive a satisfactory response or solution contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind for further guidance. Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or [june.wiley@usc.edu](mailto:june.wiley@usc.edu) for further guidance.

## **XVII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE (OPTIONAL)**

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments BEFORE coming to class.
- ✓ BEFORE coming to class, review the materials from the previous Unit AND the current Unit, AND scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ AFTER you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

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*Don't procrastinate or postpone working on assignments.*

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