USC Suzanne Dworak-Peck

School of Social Work

Social Work 641

Clinical Practice with Service Members and Veterans

3 Units

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Course Day: Monday
Course Time: 8:45 PST - 67565
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 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 Service members and Veterans course (SOWK 641) will:

Objective #	Objectives
1	Examine the many challenges facing service members and veterans including mental health problems, reintegration, and loss and grief.
2	Promote understanding of the role of diversity and demonstrate cultural responsiveness in practice with service members and veterans.
3	Examine the military culture and ethical challenges for military social workers and how it affects clinical care.
4	Explain complex bio-psycho-social spiritual factors germane to assessment and treatment planning with service members and veterans.
5	Promote a basic understanding of evidence-based interventions for working with service members and veterans.

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

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education's 2015 Educational Policy and Accreditation Standards:

Social Work Core Competencies	
1	**Demonstrate Ethical and Professional Behavior**
2	**Engage in Diversity and Difference in Practice**
3	**Advance Human Rights and Social, Economic, and Environmental Justice**
4	**Engage in Practice-informed Research and Research-informed Practice**
5	**Engage in Policy Practice**
6	**Engage with Individuals, Families, Groups, Organizations, and Communities ***
7	**Assess Individuals, Families, Groups, Organizations, and Communities**
8	**Intervene with Individuals, Families, Groups, Organizations, and Communities**
9	**Evaluate Practice with Individuals, Families, Groups, Organizations and Communities ***

* Highlighted in this course

The following table shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

Competency	Objectives	Behaviors	Dimensions	Content
Competency 2. Engage Diversity and Difference in Practice 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 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.	Engage Diversity and Difference in Practice with respect to military culture	Recognize and communicate understanding of how diversity and difference characterize and shape the human experience and identity.	Values	Units: 3 - Ethical Dilemmas for Social Workers in Military Settings Assignments: All Assignments
Competency	**Objectives**	**Behaviors**	**Dimensions**	**Content**

Competency 7. Assess Individuals, Families, Groups, Organizations, and Communities 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.	Evaluate research to practice with service members, veterans, families, and their communities.	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.	Knowledge	Units: 7- PTSD Assessment Assignments: 3: Case Analysis

VII.   COURSE ASSIGNMENTS, DUE DATES, AND GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Case Vignette(s)		30%
Assignment 2: Case Presentation		20%
Assignment 3: Case Analysis		40%
Class participation		10%

Each of the major assignments is described below.

Assignment 1: Case Vignette(s) (30%)

Instructors will provide a case vignette(s) for student to analyze using the material from the first 7 Units of the class. These vignette(s) may be articles, stories, or videos that student will review. The students will submit 5-7 pages, double-spaced paper of the analysis not including the cover or reference pages.   The assignment should be double spaced with 12 point font, Times New Roman. The analysis should be supported by at least **6 scholarly references** (overall) from the required or recommended readings.   Instructors will provide instructions with detailed requirements.

Due: Week 7

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

Assignment 2: Case Presentation (20%)

Students will work in teams of two: partners and presentation dates will be assigned. 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. 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.

Grading criteria:

1. Demonstrate working knowledge of the biopsychosocialspiritual 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

This assignment relates to student learning outcome 4 and 5.

Assignment 3: Case Analysis (40%)

This assignment is a **written paper** of a case analysis of an adult service member or veteran client provided by the instructor. This case is based on a historical military service member. 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 paper should be 8 to 10 pages in content. The paper should include 8 scholarly references, two of which should not be in the syllabus.** The paper must use 12 point font, Times New Roman, double-spaced, APA format Instructors will provide a rubric and further guidance.

Due: Week 15

This assignment relates to student learning outcomes 1, 2, 3, 4, and 5.

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Class participation

This is 10% of class grade. 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. This grade is also 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.

Interactive Group Exercise (optional based on instructor)

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 student's 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.

Grades

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

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

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

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

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

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

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

Class grades will be based on the following:

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

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.

Optional Textbooks

Beder, J. (2012). *Advances in social work practice with the military*. New York: Routledge.

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

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

Hicks, L., Weiss, E. L. & Coll, J. E. (Eds.) (2017). *The civilian lives of US veterans: Issues and identities (2 volumes).*   Santa Barbara, CA: Praeger.

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

Scott, D. L., Whitworth, J. D., & Herzog, J. R., (2017). *Social work with military populations*. Boston: Pearson.

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

Course Overview

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

Course Schedule—Detailed Description

Unit 1: Course Overview/The Military and Military Culture

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

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

Required Reading

Coll, J., Weiss, E., & Metal, M. (2013). Military culture and diversity. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 21-36). Hoboken, NJ: Wiley. (Read pp. 21-28)

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

Hall, L. K. (2012). The importance of understanding military culture. In J. Beder, (Ed.) *Advances in social work practice with the military* (pp. 3-17). New York: Routledge.

Recommended Reading

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

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)

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

Martin, J., Albright, D., & Borah, E. (2017). Expanding our understanding of military social work: The concept of military- and veteran-connected populations. *Journal of Family Social Work, 20*(1), 54. doi:10.1080/10522158.2016.1237919

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 A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 3-20). Hoboken, NJ: Wiley.

Westphal, R. J., & Convoy, S. P. (2015). Military culture implications for mental health and nursing care. *Online Journal of Issues in Nursing, 20*(1), 47-54

Wooten, N. R. (2015). Military social work: Opportunities and challenges for social work education. *Journal of Social Work Education, 51*(4), S6. doi:10.1080/10437797.2015.1001274

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Unit 2:   Military Social Work and Mental Health

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Topics

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

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

Required Reading

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)

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

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.

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.

Canfield, Julie, & Weiss, Eugenia. (2015). Integrating Military and Veteran Culture in Social Work Education: Implications for Curriculum Inclusion. *Journal of Social Work Education, 51*, Pl.

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.

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

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.

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.

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.

Tyson, J. (2007). Compassion fatigue in the treatment of combat-related trauma during wartime. *Clinical Social Work Journal, 35*(3), 183-192.

Vogt, D., Pless, A., King, L., & King, D. (2005). Deployment stressors, gender, and mental health outcomes among Gulf War I veterans. *Journal of Traumatic Stress, 18*(2), 115-127.

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

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

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

Required Reading

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

Olson, M. D. (2014). Exploring the ethical dilemma of integrating social work values and
        military social work practice. *Social Work, 59*(2), 183-185. doi:10.1093/sw/swu010

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.

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)

Tallant, S. H., & Ryberg, R. A. (1999). Common and unique ethical dilemmas encountered by
        military social workers. In J. G. Daley (Ed.), *Social work practice in the military* (pp.
        179-187). New York: Haworth Press.

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. (SKIM pp. 71-141)

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.

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.

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

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

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

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

Unit 5:   Suicide and Homicide in the Military

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

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

Required Reading

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.

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

Stone. F. P. (2016). The suicidal military client. In E. M. Schott & E. L. Weiss (Eds.), *Transformative Social Work Practice* (pp. 413-425). Los Angeles, CA: Sage.

Recommended Reading

Army STARRS. This website contains a host of scholarly articles related to mental health and resilience. http://www.armystarrs.org/publications/

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.

Bryan, A. O., Bryan, C. J., Morrow, C. E., Etienne, N. & Ray-Sannerud, B. (2014). Moral injury, suicidal ideation, and suicide attempts in a military sample. *Traumatology: An International Journal, 20*(3), 154-160. doi:10.1037/h0099852

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.

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.

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

Rudd, M. D. (2012). Brief cognitive behavioral therapy for suicidality in military populations. *Military Psychology, 24,* 592–603.

Rudd, M. D., Bryan, C. J., Wertenberger, E. G., Peterson, A. L., Young-McCaughan, S., Mintz, J. & Bruce, T. O. (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. *The American Journal of Psychiatry, 172*(5), 441-449. doi:10.1176/appi.ajp.2014.14070843

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

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

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.

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Unit 6:   Combat Trauma

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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, NY: Little, Brown & Company.

Xue, C., Ge, Y., Tang, B., Liu, Y., Kang, P., Wang, M., & Zhang, L. (2015). A meta-analysis of risk factors for combat-related PTSD among military personnel and veterans. *PloS One, 10*(3), e0120270. doi:10.1371/journal.pone.0120270

Recommended Reading

CIMH & Weisburd, D. E. (2008). *Another kind of valor*.
(Instructor Note: CD/DVD. Nine videos that focus on PTSD and mental health issues of OIF/OEF combat veterans and their family members.)

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

Lifton, R. J. (1973). Home from the war: Vietnam veterans neither executors nor victims. Austin, TX: Touchstone.

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

MacNair, R. M. (2002b). Perpetration-induced traumatic stress in combat veterans. *Peace and Conflict: Journal of Peace Psychology, 8*(1), 63-72. doi:10.1207/S15327949PAC0801_6

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.

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

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

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

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

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

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

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.

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.

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.

Jinkerson, J. D. (2016). Defining and assessing moral injury: A syndrome perspective. *Traumatology, 22*(2), 122-130. doi:10.1037/trm0000069

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.

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.

<div style="background:#c00;color:#fff;padding:4px">Unit 8:   PTSD Treatment</div>

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

Center for Deployment Psychology.   Take the online course *Cognitive Processing Therapy for PTSD in Veterans and Military Personnel* and *Prolonged Exposure (PE) for PTSD in Veterans and Military Personnel* at this website:

http://deploymentpsych.org/online-courses

Moran, S., Schmidt, J., & Burker, E. J. (2013). Posttraumatic growth and posttraumatic stress disorder in veterans. *The Journal of Rehabilitation, 79*(2), 34-43.

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 Reading

Albright, D. L., & Thyer, B. (2009). Does EMDR reduce post-traumatic stress disorder symptomatology in combat veterans? *Behavioral Interventions, 25*(1), 1-n/a. doi:10.1002/bin.295

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.

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).

Eftekhari, A., Ruzek, J. I., Crowley, J. J., Rosen, C. S., Greenbaum, M. A., & Karlin, B. E. (2013). Effectiveness of national implementation of prolonged exposure therapy in veterans affairs care. *JAMA Psychiatry, 70*(9), 949-955. doi:10.1001/jamapsychiatry.2013.36

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

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.

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.

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

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.

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.

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.

Steenkamp, M. M., Litz, B. T., Hoge, C. W., & Marmar, C. R. (2015). Psychotherapy for military-related PTSD: A review of randomized clinical trials. *Jama, 314*(5), 489-500. doi:10.1001/jama.2015.8370

Tedeschi, R. G., & McNally, R. J. (2011). Can we facilitate posttraumatic growth in combat veterans? *American Psychologist, 66*(1), 19-24. doi:10.1037/a0021896

Tuerk, P. W., Yoder, M., Grubaugh, A., Myrick, H., Hamner, M., & Acierno, R. (2011). Prolonged exposure therapy for combat-related posttraumatic stress disorder: An examination of treatment effectiveness for veterans of the wars in afghanistan and iraq. *Journal of Anxiety Disorders, 25*(3), 397-403. doi:10.1016/j.janxdis.2010.11.002

U.S. Department of Veteran Affairs. http://www.healthquality.va.gov/guidelines/MH/ptsd

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.

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

Helmick, K. M., Spells, C. A., Malik, S. Z., Davies, C. A., Marion, D. W., & Hinds, S. R. (2015). Traumatic brain injury in the US military: Epidemiology and key clinical and research programs. *Brain Imaging and Behavior, 9*(3), 358-366. doi:10.1007/s11682-015-9399-z

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.

Recommended Reading

Centers for Disease Control and Prevention. (2013). *Report to congress on traumatic brain injury in the United States: Understanding the public health problem among current and former military personnel.*

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/

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.

McKee, A. C., & Robinson, M. E. (2014). Military-related traumatic brain injury and neurodegeneration. *Alzheimer's & Dementia : The Journal of the Alzheimer's Association*, *10*(3 0), S242–S253. http://doi.org/10.1016/j.jalz.2014.04.003

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.

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.

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. Classic Reading

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.

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.

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.

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

Unit 11: **MILITARY SEXUAL TRAUMA**

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

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

Required Reading

Department of Defense. (n.d.). *Department of Defense Annual Report on Sexual Assault in the Military.* Washington, DC. RefID5-9DB8000. (SKIM) Review the latest report at: http://sapr.mil/index.php/reports

O'Brien, C., Keith, J., & Shoemaker, L. (2015). Don't tell: Military culture and male rape. *Psychological Services, 12*(4), 357-365.

Zaleski, K. (2015). *Understanding and treating military sexual trauma (Read Chapters 2 and 3, pp. 17-47).* Springer. doi:10.1007/978-3-319-16607-0

Recommended 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)

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.

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.

Military personnel: Actions needed to address sexual assaults of male service members. (2015). .Government Accountability Office. Available at http://www.gao.gov/assets/670/669096.pdf.

Morris, E. E., Smith, J. C., Farooqui, S. Y., & Surís, A. M. (2014). Unseen battles: The recognition, assessment, and treatment issues of men with military sexual trauma (MST). *Trauma, Violence, & Abuse, 15*(2), 94-101. doi:10.1177/1524838013511540

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). *Understanding and treating military sexual trauma.* Springer. doi:10.1007/978-3-319-16607-0

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

Unit 12:   Resilience and Positive Psychology

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

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

Required Reading

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

Litz, B. T. (2014). Resilience in the aftermath of war trauma: A critical review and commentary. *Interface Focus, 4*(5), 20140008-20140008. doi:10.1098/rsfs.2014.0008

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)

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 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.

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

Leppin, A. L., Bora, P. R., Tilburt, J. C., Gionfriddo, M. R., Zeballos-Palacios, C., Dulohery, M. M., . . . Montori, V. M. (2014). The efficacy of resiliency training programs: A systematic review and meta-analysis of randomized trials: E111420. *PLoS One, 9*(10) doi:10.1371/journal.pone.0111420

Steenkamp, M. M., Nash, W. P., & Litz, B. T. (2013). Post-traumatic stress disorder: Review of the comprehensive soldier fitness program. *American Journal of Preventive Medicine, 44*(5), 507-512.

Yehuda, R., Flory, J. D., Southwick, S., & Charney, D. (2006). Developing an agenda for translational studies of resilience and vulnerability following trauma exposure. *Annals of New York Academy of Science, 1071*, 379-396.

Unit 13: Physical Injuries and Case Management

Topics
- Comprehensive care
- Returning to duty
- Defining the comprehensive care service delivery model
- The role of the primary care manager in military social work
- Services provided by care management
  - Ongoing assessment of risk and safety
  - Care coordination and collaboration among multiple providers
  - Advocacy and brokering with stakeholders

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

Required Reading

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

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.

McFarland, L. V., Choppa, A. J., Betz, K., Pruden, J. D., & Reiber, G. E. (2010). Resources for wounded warriors with major traumatic limb loss. *Journal of Rehabilitation Research & Development, 47*(4), 1-13. doi:10.1682/JRRD.2009.02.0017

Storey, C. (2009). The psychotherapeutic dimensions of clinical case management with a combat veteran. *Smith College Studies in Social Work*, 79(3), 443-452. doi:10.1080/00377310903131462

Recommended Reading

Chenault, J. C. (2006). The army's community-based health care initiative: An innovative military case management program. *Lippincott's Case Management: Managing the Process of Patient Care, 11*(3), 165-174.

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

Hudak, R. P., Morrison, C., Carstensen, M., Rice, J. S., & Jurgersen, B. R. (2009). The U.S. army wounded warrior program (AW2): A case study in designing a nonmedical case management program for severely wounded, injured, and Ill service members and their families. *Military Medicine*, 174(6), 566-571.

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.

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

Clever, M. & Fisher, K. L. (2017). Women as veterans. In L. Hicks, E. L. Weiss, & J. E. Coll (Eds.) *The civilian lives of US veterans: Issues and identities (2 volumes)* (pp. 553-576). Santa Barbara, CA: Praeger.

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.

Wooten, N. R.,, Adams, S. R. & Davis, C. A. (2017). Military and wartime experiences of racial and ethnic minorities. In L. Hicks, E. L. Weiss, & J. E. Coll (Eds.) *The civilian lives of US veterans: Issues and identities (2 volumes)* (pp. 648--672).   Santa Barbara, CA: Praeger.

Recommended Reading

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

Burrelli, D. F. (2013). *Women in combat: Issues for congress, Congressional Research Service (CRS) Reports and Issue Briefs.*

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)

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.

Dietert, M., & Dentice, D. (2015). The transgender military experience: Their battle for workplace rights. *SAGE Open, 5*(2), 1-12. doi:10.1177/2158244015584231

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

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.

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.

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.

Kavanaugh, K. (2017). Lesbian, gay, bisexual, and transgender veterans. In Hicks, L., Weiss, E. L. & Coll, J. E. (Eds.) *The civilian lives of US veterans: Issues and identities (2 volumes)* (pp. 673-692). Santa Barbara, CA: Praeger.

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

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.

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
- Reintegration
- Homelessness
- Course review

Required Reading

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.

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 A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 271-280). Hoboken, NJ: Wiley.

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.

Wilcox, S.L. & Rank, M.G. (2014). Transitioning through the deployment cycle. In B. Moore & J. Barnett (Eds.), *Military Psychologists' Desk Reference* (Chapter 63). New York, NY: Oxford University Press.

Wolpert, D. S. (2000). Military retirement and the transition to civilian life. In J. A. Martin, L. N. Rosen, & L. R. Sparacino (Eds.). *The military family: A practice guide for human service providers* (pp. 103-122). Westport, CT: Praeger.

University Policies and Guidelines

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) 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 Part B, Section 11, "Behavior Violating University Standards" https://policy.usc.edu/scampus-part-b/. 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.

XI. SUPPORT SYSTEMS

Student Counseling Services (SCS) - (213) 740-7711 – 24/7 on call
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.
https://engemannshc.usc.edu/counseling/

National Suicide Prevention Lifeline - 1-800-273-8255
Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. http://www.suicidepreventionlifeline.org

Relationship & Sexual Violence Prevention Services (RSVP) - (213) 740-4900 - 24/7 on call
Free and confidential therapy services, workshops, and training for situations related to gender-based harm. https://engemannshc.usc.edu/rsvp/

Sexual Assault Resource Center
For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: http://sarc.usc.edu/

Office of Equity and Diversity (OED)/Title IX compliance – (213) 740-5086

Works with faculty, staff, visitors, applicants, and students around issues of protected class. https://equity.usc.edu/

Bias Assessment Response and Support
Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response. https://studentaffairs.usc.edu/bias-assessment-response-support/

Student Support & Advocacy – (213) 821-4710
Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. https://studentaffairs.usc.edu/ssa/

Diversity at USC – https://diversity.usc.edu/
Tabs for Events, Programs and Training, Task Force (including representatives for each school), Chronology, Participate, Resources for Students

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 be 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 well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

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

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

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

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

XVI. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the chair of the department. 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.

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.

Don't procrastinate or postpone working on assignments.