



# USC | School of Social Work

## Social Work 641

### Clinical Practice with Service Members and Veterans

### 3 Units

**Instructor:** Dr. Finney  
**E-Mail:** Kfinney@usc.edu  
**Telephone:**

**Course Day:** Thu  
**Course Time:**  
1300-1545  
**Course Location:** MRF 204

**Office:** CC  
**Hours:**  
11:00-12:00

### I. COURSE PREREQUISITES

SOWK633

### 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 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 military life and 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.

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

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

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

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

**Engagement:** Social workers:

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

8. Engagement:

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

Class Participation,  
Assignments: 1,2,3

<p><b>Assessment:</b> Social workers:</p> <ul style="list-style-type: none"> <li>▪ Collect, organize, and interpret client data.</li> <li>▪ Assess client strengths and limitations.</li> <li>▪ Develop intervention goals and objectives.</li> <li>▪ Select appropriate intervention strategies.</li> </ul>	<p>9. Assessment:</p> <ul style="list-style-type: none"> <li>▪ Select and modify appropriate multisystem intervention strategies based on continuous clinical assessment of military or veteran issues.</li> <li>▪ Use differential diagnoses that take into consideration signature injuries as well as other military related illnesses and injuries.</li> <li>▪ Use empathy, cultural responsiveness, and other interpersonal skills in completing an assessment; and assess coping strategies to reinforce and improve adaptation to life situations and transitions while also emphasizing ways of coping with readjustment from military to civilian life.</li> </ul>	<p>Class Participation, Assignments: 2 and 4</p>
<p><b>Intervention:</b> Social workers:</p> <ul style="list-style-type: none"> <li>▪ Initiate actions to achieve client and/or organizational goals and resolve problems.</li> <li>▪ Implement prevention interventions that enhance client capacities.</li> <li>▪ Negotiate, mediate, and advocate for clients.</li> <li>▪ Facilitate transitions and endings.</li> </ul>	<p>10. Intervention:</p> <ul style="list-style-type: none"> <li>▪ Use a range of appropriate clinical and preventive interventions for various injuries, diagnoses, and psychosocial concerns identified in the assessment, including crisis intervention and advocacy strategies as needed.</li> <li>▪ Engage clients in ongoing monitoring and evaluation of practice processes and outcomes.</li> <li>▪ Demonstrate the capacity to reflect on one's own responses (i.e., affect and world views) that influence the progress in and the completion of treatment.</li> </ul>	<p>Assignments:1 and 2</p>

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

Assignment	Due Date	% of Final Grade
<b>Assignment 1: Reflective Paper</b>	Week 5	25%
<b>Assignment 2: Case Analysis - Timothy McVeigh</b>	Week 10	25%
<b>Assignment 3: Group Presentation</b>	Week 4	15 %
<b>Assignment 4: Case Analysis – General Mattis</b>	Week 15	25%
<b>In-Class participation</b>		10%

Each of the major assignments is described below.

### Assignment 1: Reflective Paper (25%)

Students must complete the required book and complete a reflective paper. The students will have five weeks to complete this assignment and submit a 6 -8 page typed paper summarizing specific chapters in this book. This assignment is labeled as a reflective paper and the student is allowed to write in the first person while using a formal writing style and display graduate level work. This assignment should be double spaced with 12 point font.

1. The book is written in three sections and students are to select **four** specific themes related to the personal narratives in the book for all three parts. In addition, students will discuss events in the book that were particularly important or meaningful to them and write about them within the themes. The student should connect the identified themes described in each

section into their role as a social worker. Provide examples of these areas and specific experiences to support the analysis and reflections. **(30 points. 10 per section)**

2. Discuss an awareness of the emotional impact of these experiences, issues and topics described by individuals in the book, per three sections. Discuss counter transference, relating personally or professionally to the topic on an emotional level. **(30 points. 10 per section)**
3. Discuss new insights and awareness related to the personal narratives in the book. Discuss issues related to race and gender within military culture. **(20 points)**
4. Clearly discuss the influence of these insights on current and future practices as a social worker. Discuss views and themes in the book with current military service and events. **(20 points)**

**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.

**Due: Week 5**

*This assignment relates to student learning outcome 5.*

### **Assignment 2: Case Analysis (25%)**

Students will read and complete a full case analysis on Timothy McVeigh as presented in the book assigned for this course. Students will also use peer reviewed articles and lecture materials to submit 8-10 pages, double-spaced paper. Integrate the required readings by highlighting points of similarity and difference. Also consider current military events as they related to this case. **Rubric will be provided**

**Due: Week 10**

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

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

Students will pair and present an interactive group exercise that can be used as an ice breaker, to process an intervention, learn a skill or for the development of a psychoeducational intervention. The instructor will model one or two exercises for the class over the first two or three weeks of the course. The purpose of this assignment is to increase group skills while receiving real time

feedback from the instructor on skill set development. 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.

**Due: To be arranged by course instructor and students during second class discussion-presentations will start week 4**

#### **Assignment 4 Case Analysis (20%)**

This assignment is a **written paper** of a case analysis of an adult service member client provided by the instructor. The paper requires a biopsychosocial (spiritual) assessment. Include the appropriate DSM 5 diagnosis. This assessment will determine the appropriate evidenced-based practice intervention (from those discussed in class and in the clinical literature) to match the needs identified for the client. The development of a phase-oriented, culturally responsive, research-informed practice plan that involves diverse practice modalities (e.g., individual, group, couple/ and/or clinical case management) should also be included. Issues of diversity, gender, race, ethics and use of professional self (including transference/countertransference phenomena) should be explored. **The paper should be 8-10 pages in content.** Student must cite according to APA style. The paper must use 12 point font, double-spaced. **Grading rubric will be provided to the student.**

**Due: Week 15 Case will be provided during first week of class**

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

The instructor may offer an alternative assignment for some students.

**In Class participation**

**This is 10% of class grade.** Students will participate an interactive group exercise that can be used as an ice breaker or psychoeducational intervention. 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.**

**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-

Class Grades		Final Grade	
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: Three Books

Assignment one: *Forgotten: The Untold Story of D-Day's Black Heroes*; Linda Hervieux  
 Publisher: Amberley Publishing (Feb. 15,2019)  
 ISBN: 978-1445686615

Assignment two: *American Terrorist: Timothy McVeigh and the Oklahoma City Bombing*; Lou Michel and Dan Herbeck; May 2001  
 Publisher: harper; First Ed - May 2001  
 ISBN: 978-0060394073

Assignment four: *No Better Friend, No Worse Enemy: The Life of General James Mattis*; Jim Proser  
 Publisher: Broadside Books (August 7, 2018)  
 ISBN: 978-0062803917

#### 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.

#### Optional Textbooks

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

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

## Course Overview

Unit	Topics	Assignments
1	<ul style="list-style-type: none"><li>• Course Overview/The Military and Military Culture</li></ul>	
2	<ul style="list-style-type: none"><li>• Military Social Work and Mental Health</li></ul>	
3	<ul style="list-style-type: none"><li>• Ethical Dilemmas for Social Workers in Military Settings</li></ul>	
4	<ul style="list-style-type: none"><li>• Substance Abuse in the Military</li></ul>	Assignment 3 starts
5	<ul style="list-style-type: none"><li>• Suicide and Homicide in the Military</li></ul>	Assignment 1 Due
6	<ul style="list-style-type: none"><li>• Combat Trauma</li></ul>	
7	<ul style="list-style-type: none"><li>• PTSD Assessment</li></ul>	
8	<ul style="list-style-type: none"><li>• PTSD Treatment</li></ul>	
9	<ul style="list-style-type: none"><li>• Traumatic Brain Injury</li></ul>	
10	<ul style="list-style-type: none"><li>• Adjustment to Loss and Change</li></ul>	Assignment 2
11	<ul style="list-style-type: none"><li>• Military Sexual Trauma</li></ul>	
12	<ul style="list-style-type: none"><li>• Resilience and Positive Psychology</li></ul>	
13	<ul style="list-style-type: none"><li>• Physical Injuries and Case Management</li></ul>	
14	<ul style="list-style-type: none"><li>• Diversity in the Military</li></ul>	
15	<ul style="list-style-type: none"><li>• Coming Home: Transitions</li></ul>	Assignment 4

## 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.

#### Recommended Readings

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.

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

### 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.

#### 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.

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.

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

### **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.

#### **Recommended Readings**

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

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

## 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.

### Recommended 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. (pp. 71-141).

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.

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

## 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.

### 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.

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.

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>.

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>

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., 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.
- 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.

## 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
- 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, )
- 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.
- Junger, S. (2010). *War*. New York: Hachette Book Group  
(Instructor Note: Related film documentary—Restrepo. Viewing of documentary.)
- Van Winkle, E. P. & Safer, M. A. (2011). Killing versus witnessing in combat trauma and reports of PTSD symptoms and domestic violence. *Journal of Traumatic Stress*, 24(1). 107-110.
- Van der Kolk, B. (2008). The body keeps score: The psychobiology of posttraumatic stress disorder. In B. van der Kolk, A. MacFarlane, & L. Weisaeth (Eds.), *Traumatic stress:*

*The effects of overwhelming experience on mind, body and society* (pp. 214-241). New York: Guilford Press. (Clinical Classic)

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

## 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.

### Recommended 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.

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). New Jersey: Wiley & Sons, Inc.

## 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.

### 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.

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

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

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

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.

## 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.

### Recommended Readings

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

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.

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.

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.

### Recommended Readings

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.

- 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.
- 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.

### 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).
- Hoyt, T., Rielage, J. K., & Williams, L. F. (2012). Military sexual trauma in men: exploring treatment principles. *Traumatology*, 18(3), 29-40.
- Majewski, K. (2015). The history sexual violence in war. In Zaleski, K. *Understanding and Treating Military Sexual Trauma*. (pp 3-16) Springer
- 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

## 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.)

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

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

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

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

## Unit 13: Physical Injuries and Case Management

### Topics

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

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

### Recommended 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. (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.)

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

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.

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

## Unit 14: 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.

### Recommended Readings

- Burk, J. & Espinoza, E. (2012). Race relations within the U.S. military. *Annual Review of Sociology*, 38, 401-422.
- 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.
- 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.
- Moradi, B., & Miller, L. (2010). Attitudes of Iraq and Afghanistan war veterans toward gay and lesbian servicemembers. *Armed Forces & Society*, 36(3), 397-419.
- 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.
- 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

## 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.
- 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.

## University Policies and Guidelines

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### IX. ATTENDANCE POLICY

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

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

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

### X. STATEMENT ON ACADEMIC INTEGRITY

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

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

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

### XI. STATEMENT FOR STUDENTS WITH DISABILITIES

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

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

## XII. EMERGENCY RESPONSE INFORMATION

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

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

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

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

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

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

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

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

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

## XIII. STATEMENT ABOUT INCOMPLETES

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

## XIV. POLICY ON LATE OR MAKE-UP WORK

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

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

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

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

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

### **Preamble**

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

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

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

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

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

## **XVII. COMPLAINTS**

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