**Social Work 640**

**Section #XXX**

**Clinical Practice with the Military Affiliated Family: Understanding and Intervening**

**3 Units**

***Term Year***

|  |  |
| --- | --- |
| **Instructor** | David Bringhurst |
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| **Telephone** | 385-224-9464 |
| **Office** | N/A |
| **Office Hours** | After class and by appointment |
| **Course Day(s)** |  |
| **Course Time(s)** |  |
| **Course Location(s)** | Virtual Academic Center |

**Course Pre-requisites, Co-requisites, and Concurrent Enrollment**

SOWK 505 and SOWK 535

**Catalogue Description**

Theoretical and practical approaches to clinical practice with military affiliated families. Overview of common social issues in the military and veteran systems and demands on their family dynamic.

**Course Description**

The purpose of this course is to understand the military culture within which military affiliated families and veteran families function, the stressors such as deployment that they navigate, and the diversity of military family structures, and how a range of diversity filters can impact the **military affiliated family and military culture**. The different military contexts (i.e., active duty, guard/reserve, veteran) are analyzed. Ethical issues for working in this environment are examined. Theory-based and research-informed strategies to intervene with military affiliated families are reviewed. Military affiliated family policies are examined and critiqued. Family life cycle interactions with the military demands are discussed. Students completing this course will have a more in-depth understanding of and ability to work with the military and military affiliated families that are a vital part of American society.

**Course Objectives**

1. Provide students with an understanding of military culture and how military affiliated families cope with and thrive within and without of the military.
2. Challenge the student to consider ethical dilemmas, diversity, and the many stressors inherent in the military, when intervening with military affiliated families.
3. Explore theories and research-informed intervention strategies and have the student engage, assess, and develop intervention goals with case studies.

**Course Format / Instructional Methods**

The format of the course will consist of didactic instruction and experiential exercises. Case vignettes, videos, and role plays will also be used to facilitate the students’ learning. These exercises may include the use of videotapes, role-play, or structured small group exercises. Material from the field will be used to illustrate class content and to provide integration between class and field. Confidentiality of material shared in class will be maintained. As class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and its application to theory and practice.

**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, which are the basis of the student learning outcomes in the MSW program:

|  |
| --- |
| **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*

See **Appendix A** for an expanded table, which details the competencies and dimensions of competence highlighted in this course. The table also shows the course objective(s), behaviors/indicators of competence, and course content and assignments related to each competency highlighted in the course.

**Course Assignments, Due Dates, and Grading**

|  |  |  |
| --- | --- | --- |
| **Assignment** | **Due Date** | **% of Final Grade** |
| **Assignment 1: Articles Analyses** | Week 4 | 25% |
| **Assignment 2: Application Paper** | Week 8 | 35% |
| **Assignment 3: In Class Presentation/ Role Play** | Students will sign up for dates of Weeks 9-14  | 30% |

Each of the major assignments is described below.

**Assignment 1: Articles Analysis**

Select and critically analyze two scholarly articles on the same topic related to clinical work with military affiliated families. For example, two articles on an issue like deployment, transition, reintegration/readjustment, spouse employment, caregiving, military child education, etc…and their impact military families, couples, or children. Write a four (4) to six (6) page paper (not including the title or reference pages) of your analysis. The articles should be from scholarly sources such as peer-reviewed journals, not articles from newspapers or popular magazines or media outlets. The assignment should be written using APA Style 7th edition formatting (for example, 12-point Times New Roman, 11-point Calibri, 11-point Arial…or …).

***Content Requirements (70 pts):***

1. Select two scholarly articles. The articles should be on the same or a very similar topic and from peer reviewed academic journals.
2. Summarize the key concepts: Explain 2-3 key points the author(s) share about working with military affiliated families.
3. Integrate the analysis of the research by highlighting similarities and differences between findings and/or concepts in the articles.
4. Evaluate the research method (i.e. types of research methods used, sampling methods used, unbiased analysis, objective presentation of information…) and their strengths and weaknesses.
5. Explain why the articles are useful to the field of clinical practice with military affiliated families. What specific information would you want a clinician to know for their clinical practice with these families? (Consider assessment, treatment, and/or prevention).
6. Discuss how the information in the articles might be applied differently related to race, gender, sexual orientation, religion, and/or other diversity issues in the context of clinical practice with military affiliated families.
7. Discuss how the information in the articles fit into the macro context related to military affiliated families. For example, when applying the information on a large scale what impact might this have on military family policy or budgeting?
8. Discuss what you found most interesting. What aspect of the articles did you personally find the most interesting or useful for your work with military affiliated families?

***Grading Scale***

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

 **Excellent.** Met the requirements of the assignment. Argument/Main Points were clear.

Evidence supported the claims. Ideas were easy to follow with little effort required by the reader. Showed some personal insights and awareness.

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

 **Poor.** Met none of the requirements. Central arguments/points were not present. Evidence does not support the argument/main points. Ideas are very difficult to follow and illogical. No personal insights offered.

***Writing Requirements (20 pts):***

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

***Grading Scale***

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

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

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

***Administration Requirements (10 pts):***

1. Completed on time. Paper is within the required page range and conforms to other format instructions. The assignment should be written using APA Style 7th edition formatting (for example, 12-point Times New Roman, 11-point Calibri, 11-point Arial…). Double spacing, and correct headings are used.
2. Upload a pdf copy of the two articles chosen with your written submission.
3. Citations are in accordance with APA requirements. Please do not over rely on quotes, paraphrase from your reference sources instead.
4. Adhered to additional turn instructions.
5. Please proof read your paper before submitting.
6. Submit the paper are articles in the Assessment area for Assignment #1.

**Due: Week 4**

**Late submissions without prior permission from the instructor will have 5 points deducted for each day late**. Extensions are only granted under extreme circumstances and are at the instructor’s discretion.

***This assignment relates to course objective 1 & 2 and social work competencies 1, 2, 6, 7, & 8.***

**Assignment 2: Application Paper**

 This is a short answer assignment. Students will apply their learning from Asynchronous Units 1 through 8, and the applicable required readings, to four out of six scenarios. The answers to each of the scenario questions should be between 1 to 1.5 pages. The entire paper should be between 4 to 6 pages, not counting the title or reference pages (which are required). Do not include the scenarios in your answers, but do put the title of each chosen scenario as a level one APA style heading in your paper. The paper does NOT need an introduction or conclusion. The assignment should be written using APA Style 7th edition formatting (for example, 11-point Calibri, 11-point Arial…or 12-point Times New Roman…). Answers should be supported only from the syllabus required or recommended readings, with *a minimum of 6 references (overall)*.

**Choose four out of the six scenarios and briefly respond to the questions/requirements:**

**To Report or Not to Report**

Sharon is a military spouse seeking therapy at your off-base agency for depression related to domestic violence within her marriage to Tom, an active duty service member. She reports a history of physical and verbal abuse, which their three young children witness. She chose your agency because she doesn’t want Family Advocacy or Tom’s command involved. Given this information:

1. Discuss what ethical principles and standards (not core values) are involved in this case, using the NASW Code of Ethics.
2. In your state, do you have a duty to report suspected child abuse when children witness domestic violence? Explain.
3. Regardless of whether this is a reportable case in your state, *if it was reportable*, what is the appropriate agency to report to: Family Advocacy or the local Child Protective Services? Explain your answer.
4. Discuss the clinical and legal implications of reporting, and, not reporting.
5. Assuming this is a mandated reporting situation, what ethical decision-making steps or ethical principles model (found in the readings) would you use to help guide your decision making around whether to inform Sharon of your obligation to report?
6. Apply the principles or steps chosen in your answer to #5 to this case.

**Theory to Assess Family Stressors**

The Miller family consists of parents Denise and TSgt Richard Miller, and their two children, Vince, a senior in high school, and Charlotte, a 6th grader. The just moved to their new installation (permanent change of station) six weeks ago, and the children are in their first week of school. Denise gets notified from casualty affairs that her husband has been injured in a military combat training accident. He will live, but is paralyzed from the waist down. While hospitalized he begins to recover, however, he will never regain the use of his legs. The family has no family or friends in the area. Vince is upset about the move as it occurred at the beginning of his senior year in high school. And soon after his father’s accident he becomes even more “moody”, he is reluctant to help around the house, doesn’t say much, and stays in his room for hours. Similarly, Charlotte is starting sixth grade and is worried about making friends at her new school (a middle school, whereas she was in an elementary school last year). She has become noticeably quiet around the house. When her mother asks for help with unpacking and doing chores around the home she pouts and is reluctant. On top of these challenges, Denise is the only child of her single mother, who was recently diagnosed with a reoccurrence of breast cancer. Her mother is planning to move in with Denise and Richard within a few months while undergoing treatment. Denise was put in touch with a case worker from a non-profit agency for caregivers of injured military members, but she does not qualify for their services yet, as she isn’t Richards “caregiver,” based on their criteria. Yet she is unable to seek new employment as she will soon be Richards’s full time caregiver. Despite all of this, Denise has remarkably resilient views, having previously cared for her mother during her mother’s first episode with cancer. She further recognizes senses that her attitude toward the family crisis will eventually rub off on her children.

1. Identify and describe an appropriate theory/model found in the course that could be used to *assess* the level of family stress and potential adaptation related to the family stressors.
2. Apply the specific information about Denise’s family to assess the situation in detail using the theory/model.

**Combat Related Stress Impact on Family**

The Johnson family was excited to have MSgt Johnson back home from his third deployment. However, Mrs. Johnson noticed within a few weeks that her husband was not the same. For example, he was not as conversational or interactive with her or their two children, Claire (18y/o female) and Nate (15y/o male). In fact, he has become short-tempered around seemingly trivial noises and behaviors.

1. Describe combat related stress symptoms and their potential impact on the military member.
2. Discuss the potential impact of MSgt Johnson’s combat stress on each family member (Mrs. Johnson, Claire, and Nate).
3. If left untreated, discuss what the research suggests about gendered responses for Claire and Nate related to the impact of MSgt Johnson’s combat stress.

**Assessment and Treatment of Substance Use and Couple Conflict**

John and Sal, a same sex couple, have been legally married for seven years and together as a couple for 17 years. John is active duty Navy and met Sal in the Navy prior to Sal separating after his initial enlistment. Sal enjoyed the military, but felt their relationship was unduly hindered by them both being active duty during the Don’t Ask Don’t Tell policy era. John has begun drinking heavily since his latest temporary duty assignment (TDY) to Texas in support of immigration control, where he witnessed government agents treating immigrants in what he viewed as an abusive manner. While John is withdrawn, agitated, jumpy, and distracted when not drinking, the issue of his heavy drinking has also led to significant conflict and arguments between the couple. They have come to you for treatment, you are a social worker at the active duty Mental Health clinic.

1. Discuss how you would assess this couple, include psychometric measures you would use to support your assessment.
2. Discuss the specific intervention(s) you would recommend to the couple and justify your clinical reasoning for this choice.
3. Discuss clinical and ethical considerations related to this couple’s military history.

**Johnny’s Individual Education Plan**

The school has just initiated an Individual Education Plan for eight-year-old Johnny Wayne Santini due to his recent diagnosis of ADHD.

1. What military program is responsible for ensuring the appropriate educational services are available wherever Johnny’s active duty mother is assigned?
2. What are the **educational** requirements/criteria for Johnny to qualify for this program?
3. What are the **clinical/medical** requirements/criteria for a military family member to be qualify for this program?
4. What does the program provide for families with individuals with special needs?
5. How might registration into this program impact Johnny’s mother’s military career?

**Name that Loss**

“Being physically present but psychologically absent, or psychologically present but physically absent” describes a particular aspect of a type of loss that military families are likely to experience, especially related to deployment.

1. What is the name for this type of loss?
2. Give an example of how this type of loss might be exhibited in the family during each stage of the military deployment cycle (pre-deployment, deployment, and post-deployment = three examples total), in each example discuss how this loss is experienced from differing views (by the home parent/child and by the deployed military member).
3. List other family situations that can lead to experiencing this type of loss.

**Due: Week 8**

**Late submissions without prior permission from the instructor will have 5 points deducted for each day late**. Extensions are only granted under extreme circumstances and are at the instructor’s discretion.

***This assignment relates course objective 1, 2, & 3 and social work competency 1, 2, 6, 7, & 8.***

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| --- | --- | --- | --- | --- |
| **Scenario 1-4**  | **Outstanding**  | **Excellent** | **Satisfactory** | **Unsatisfactory** |
|  Content (20 points each = 80 points possible) | Exceeded requirements. Main points are clear and show a robust understanding of the course material. Ideas are presented logically with superior insights.  | Met the requirements. Main points clear. Evidence provided. Some insights provided.  | Met most of the requirements. Points not clear or well supported. Little insight. | None of the requirements met. Little evidence and no insights.  |
| Writing (10 points) | Sentences are concise, and the meanings are completely unambiguous. Vocabulary is precise and accurate. The paper does not contain colloquialisms, idioms, or undefined jargon. The paper is relatively free of spelling, grammar, or punctuation errors.  | Sentences are easy to follow, and their meanings are largely unambiguous. The paper contains few colloquialisms, idioms, or undefined jargon. There are few spelling, grammar, or punctuation errors.  | Sentences are difficult to follow and their meanings are sometimes difficult to understand. There are several spelling, grammar, or punctuation errors.  | Sentences are very difficult to follow and their meanings are sometimes difficult to understand. There are numerous spelling, grammar, or punctuation errors.  |
| Administrative (10 points)1. Completed on time.
2. Paper is within the required page range and conforms to other format instructions.
3. Citations are in accordance with APA requirements.
4. Adhered to additional turn instructions.
 |
| /80 Content (4 Scenarios x 20 pts each)/10 Writing/10 Administration/**100 Total Score** |

Assignment #3 instruction begin on the next page

**Assignment 3: In-Class Presentation**

 Students are to present in pairs (or in one team of three) to the class on a military affiliated family/couple/children topic. In selecting your topic, please consider current events that impact the lives of military children, couples, and families. Students will present during weeks eight through 12; partners, topics, and date of presentations will be selected by the second or third class session.

 Example, if students choose the problem of substance use disorders in military affiliated families, then they will present the research findings on this topic, apply an evidence based intervention to a case where such issues are present, and discuss the role of the social worker in such a case, this may include advocacy roles as applicable, see grading criteria for additional details.

 The in-class presentation should include the use of PowerPoint or Prezi. Use APA style citations throughout the slides, and include reference slides at the end. The use of an experiential exercise such as a role play, a case vignette, leading a class debate, use of discussion questions, or other experiential exercise is required. The experiential component is to take 5 minutes of the total presentation time. The student presenters should present on this topic area for 20-25 minutes, no more (please watch your time!).

 The presenters should do more reading (outside of the syllabus) on the topic than the rest of the class (if the topic is part of the syllabus). A minimum of five readings outside the syllabus should be referenced. Please deliver your presentation in a professional manner (see Delivery Style grading criteria below).

 A discussion of diversity issues as they relate to the subject matter should be included. Particular attention should be given to potential cultural issues intersecting with military families and the topic.

 Finally, a willingness to be self-reflective should be exhibited by all presenters, or a personal rationale for the topic chosen should be shared.

 One individual in the partnership will upload a copy of the presentation to the **Assessment area for Assignment #3**, and provide the instructor with a copy of the presentation on the day that you present.

**Due: Weeks 9-14 (as assigned)** students must present on their assigned date.

***This assignment relates to course objective 1, 2, & 3 and social work competency 2, 6, 7, & 8.***

Grading Rubric for Assignment #3 begins on the next page

**Assignment #3 Grading Rubric Criteria**

**Content Topic Knowledge, Evidence Based Intervention, and Role of Social Worker**  Exhibited a thoughtful discussion of the topic chosen and used a clinical case and/or to apply knowledge learned on the topic. Demonstrated a working knowledge of the material (family or couples’ based) and evidence-based interventions as appropriate. Discussed the role or position of the social worker as it relates to the topic. Showed a depth of knowledge beyond the course material. (40 pts.)

**Visuals and Delivery Style**

Professional presentation included the use of PowerPoint or Prezi. Presented with a professional delivery style: included confident/clear voice, good eye contact, comfortable body language, and little to no verbatim reading of the content. Presentation slides were visually appealing and formatted correctly. Showed organization in the delivery of the presentation. At least one dry run practice of the presentation before presenting in class is recommended. (10 pts.)

**Self-Reflection and Rationale for Topic Choice**

Exhibited a willingness to be self-reflective (e.g. countertransference) and provided a discussion of the personal rationale for selecting the particular subject matter and case choice. (10 pts.)

**Experiential Exercise**

Included an experiential class exercise (role-play, case scenario with class discussion, game…). The exercise enhanced the learning of the other class members. Exercise was five minutes of the presentation time. (10 pts.)

**Administration, Citations, References, and Use of Time**

 Uploaded the presentation in the Assessment section of the VAC. Included APA citations throughout the slides and references on the slide(s) at the end of the presentation. Materials were *well organized* and presenters were prepared (presented within the time allowed, presented for at least 20 minutes, but not longer than 25 minutes). (10 pts.)

**Research Evidence with Minimum of Five Outside Sources**

 Evidence of thorough research of the subject matter. Used scholarly sources, with a *minimum of five (5) readings outside of the syllabus*. (10 pts.)

**Diversity Discussion**

Discussed race, gender, sexual orientation, spirituality, military culture and intersectionality (i.e., any diversity considerations), as appropriate to the topic chosen for the presentation. (10 pts.)

Presented on the day assigned.

**Class Participation (10% of Course Grade)**

Each student is to participate in designated class activities and discussions in each class. Students may also be expected to participate in on-line discussion boards as arranged by instructor. Attendance to class and promptness are also part of the participation grade. Cell phone usage (texting) and recreational computer use are not permitted during class time. Please respect the VAC learning environment.

As a professional school, class attendance and participation is an essential part of your professional training and development at the USC Suzanne Dworak-Peck School of Social Work. You are expected to attend all classes and meaningfully participate. For Ground courses, having more than 2 unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences can result in additional deductions. For VAC courses, meaningful participation requires active engagement in class discussions and maintaining an active screen. Having more than two unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences in the live class can result in additional deductions. Furthermore, unless directed by your course instructor, you are expected to complete all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete two asynchronous units before the live class without prior permission may also lower your final grade by a half grade. Not completing additional units can result in additional deductions.

Class grades will be based on the following:

|  |  |
| --- | --- |
| **Grade Points** | **Letter Grades** |
| 3.85 – 4.00 | A | 93 – 100 | A |
| 3.60 – 3.84 | A- | 90 – 92 | A- |
| 3.25 – 3.59 | B+ | 87 – 89 | B+ |
| 2.90 – 3.24 | B | 83 – 86 | B |
| 2.60 – 2.89 | B- | 80 – 82 | B- |
| 2.25 – 2.59 | C+ | 77 – 79 | C+ |
| 1.90 – 2.24 | C | 73 – 76 | C |
|  |  | 70 – 72 | C- |

See **Appendix B** for additional details regarding the definitions of grades and standards established by faculty of the School.

**Attendance and Participation**

Students’ active involvement in the class is considered essential to their growth as practitioners. Consistent attendance, preparation for and participation in class discussions and activities, timely completion of coursework and assignments, and personal conduct that fosters a respectful, collegial, and professional learning environment are expected. Having more than 2 unexcused absences in class may result in the lowering of the grade. For VAC and remote/hybrid Ground courses, substantive participation includes maintaining an active screen in live sessions and completing all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete 2 or more asynchronous units before the live class, without prior instructor permission, also may result in a lowered grade.

**Class participation will be assessed according to the following criteria:**

“A” grade range: Very Good to Outstanding Participation: Contributions in class reflect thorough preparation, and participation is substantial. Ideas offered are always substantive. Regularly provides one or more major insights and comments that provoke deeper thought. If this person were not a member of the class, the quality of discussion and class activities would be diminished markedly.

“B” grade range: Good Participation: Contributions in class reflect solid preparation. Ideas offered are usually substantive, and participation is regular. Provides generally useful insights and some comments that provoke thought. If this person were not a member of the class, the quality of discussion would be diminished somewhat.

“C+” or “C”: Adequate Participation: Contributions in class reflect some preparation. Ideas offered are somewhat substantive. Provides some insights, but seldom offers comments that provoke deeper thought. Participation is somewhat regular. If this person were not a member of the class, the quality of discussion would be diminished slightly. Please note: The minimum passing grade at the graduate level is “C”.

“C-” or “D”: Inadequate Participation: Says little in class and does not adequately participate in activities or present insights or ideas. Does not appear to be engaged. Submits late work. If this person were not a member of the class, the quality of discussion would not be affected.

“F”: Nonparticipant/Unsatisfactory Participation: Misses class. When present, contributions in class, if any, reflect inadequate preparation. Ideas offered are seldom substantive, and behavior may be inappropriate and/or disrespectful. Unable to work effectively on in-class assignments/activities and detracts from the learning process. Regularly misses assignment deadlines, if work is submitted at all.

**Required Instructional Materials and Resources**

***Required Textbooks***

Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S.M., Dombro, A.L. (2016). *Serving military families: Theories, research, & application*. (2nd Ed). Routledge

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

***Notes:***

* Readings that are required and are not in the textbooks will be available online through Electronic Reserves (ARES) under Professor David Bringhurst or SOWK 640.
* Additional required and recommended readings may be assigned by the instructor throughout the course.
* See **Appendix C** for other recommended instructional materials and resources

**Course Overview**

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| --- | --- | --- | --- | --- |
| **Unit/Week #** | **Date** | **Topics** | **Asynchronous Content** | **Assignments** |
| 1 |  | Course Overview/Review of Culture in Military Life | Unit 1 |  |
| 2 |  | Systematic Approach to Military Families | Unit 2 |  |
| 3 |  | Military Deployment: Impact on Family | Unit 3 |  |
| 4 |  | Understanding Combat Stress/PTSD and the Military Couple | Unit 4 | **Articles Analysis** |
| 5 |  | Child and Adolescent Approaches to Trauma | Unit 5 |  |
| 6 |  | Family Violence and the Military Couple | Unit 6 |  |
| 7 |  | Geographic Relocation and Diversity of Military Family Structure | Unit 7 |  |
| 8 |  | Substance Abuse in Military Families | Unit 8 | **Application Paper** |
| 9 |  | Attachment in the Military Family | Unit 9 | **In Class Presentation** |
| 10 |  | Grief, Loss, and Suicide in the Military Family | Unit 10 | **In Class Presentation** |
| 11 |  | Retirement and Women in the Military | Unit 11 | **In Class Presentation** |
| 12 |  | Family Caregiving in Combat Injured Families | Unit 12 | **In Class Presentation** |
| 13 |  | Support for Military Families | Unit 13 | **In Class Presentation** |
| 14 |  | Intimate Relationships After Wartime With Military Couples | Unit 14 | **In Class Presentation** |
| 15 |  | Self-Care for Trauma Psychotherapists | Unit 15 |  |

**Course Schedule—Detailed Description**

**Unit 1 – Introduction to Course & the Culture of Military Family Life**

***Topics***

|  |
| --- |
| * Review of syllabus
* Growing up in a military family: Military culture
* Contrasting active duty and guard/reserve families
* Ethical considerations for social workers
 |

This unit relates to course objective(s) 1 & 2.

***Required Readings***

Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S.M., Dombro, A.L. (2016). *Serving military families: Theories, research, & application*. (2nd Ed) (Ch.1 pp.1-22). Routledge.

Daley, J.G. (2013). Ethical decision making in military social work. In A. Rubin, E.L. Weiss, & J.E. Coll, (Eds.),  *Handbook of military social work* (pp. 51-65). Hoboken, NJ: Wiley & Sons, Inc.

Keeling, M., Borah, E. V., Kintzle, S., Kleykamp, M., & Robertson, H. C. (2020). Military spouses transition too! A call to action to address spouses’ military to civilian transition. *Journal of Family Social Work*, *23*(1), 3-19.

***Recommended Readings***

Castaneda, L. W., Harrell, M. C., Varda, D. M., Hall, K. C., Beckett, M. K., & Stern, S. (2008). *Deployment experiences of guard and reserve families*. RAND Corporation.

Ender, M. G. (2006). Voices from the backseat: Demands of growing up in military families. In Castro, C. A., Adler, A. B., & Britt, T. W. (Eds.). *Military life: The psychology of serving in peace and combat―volume 3: The military family*. Westport, Connecticut: Praeger Security International.

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

Harnett, C. (2013). Supporting National Guard & Reserve members and their families. In A.

Rubin, E.L. Weiss, & J.E. Coll, (Eds.). *Handbook of military social work (pp. 335-357)* Hoboken, NJ: Wiley & Sons, Inc.

Lomsky-Feder, E., Gazit, N., & Ben-Ari, E. (2008). Reserve soldiers as transmigrants: Moving between the civilian and military worlds. *Armed Forces & Society, 34*(4), 593-614.

Rubin, A. & Harvie, H. (2013). A brief history of social work with the military and veterans. In A. Rubin, E.L. Weiss, & J.E. Coll, (Eds.), *Handbook of military social work* (pp. 3-19). Hoboken, NJ: Wiley & Sons, Inc.

**Unit 2 –Systemic Approach to Military Families**

***Topics***

* Family stress and resilience theories
* Family systems
* Military specific family genogram

This unit relates to course objective(s) 1 & 2.

***Required Readings***

Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S.M., Dombro, A.L. (2016). *Serving military families: Theories, research, & application* (2nd Ed) (Ch. 2 & 5p. 22-48 & 99-127). Routledge

Weiss, E. L., Coll, J. E., Gebauer, J., Smiley, K., & Carrillo, E. (2010). The military genogram: A solution-focused approach for resiliency building in service members and their families. *The Family Journal, 18*, 395-406.

***Recommended Readings***

Calhoun, L. G., & Tedeschi, R. G. (Eds.). (2006)*. Handbook of post traumatic growth: Research and practice.* Mahwah, NJ: Erlbaum.

Gottman, J. M., Gottman, J. S., & Atkins, C. L. (2011). The comprehensive soldier fitness program: Family skills component. *American Psychologist,* *66*, 52-57.

Everson, R. B., & Camp, T. G. (2011). Seeing systems: An Introduction to systemic approaches with military families. In R. B. Everson & C. R. Figley (Eds.), *Families under fire: Systemic therapy with military families* (pp. 3-29). New York, NY: Routledge.

Kotria, K., & Dyer, P. (2008). Using marriage education to strengthen military families: Evaluation of the active military life skills program. *Social Work & Christianity, 35*(3), 287-311.

Mancini, J.A., O’Neal, C.W., Martin, J.A., & Bowen, G.L. (2018). Community social organization and military families: Theoretical perspectives on transitions, contexts, and resilience. *Journal of Family Theory and Review*, 10, 550-565.

Nichols, M. P. (2007). *The Essentials of Family Therapy* (3rd ed., pp. 56-80). Pearson

Rapp, C. A., Sallebey, D., & Sullivan, W. P. (2005). The future of strengths-based social work. *Advances in Social Work, 6*(1), 79-90.

Sories, F., Maier, C., Beer, A., & Thomas, V. (2015). Addressing the needs of military children

 through family-based play therapy. *Contemporary Family Therapy*, *37*(3), 209-220.

Weber, J. G., (2011). *Individual and family stress and crisis*. Chapter 4: The ABCX Formula and the Double ABCX Model. Sage Publications Inc. DOI:<http://dx.doi.org/10.4135/9781452274720.n4>

**Unit 3 – Military Deployment**

***Topics***

* Cycles of military deployment & effects on the family
* Family care plan policy
* Changing family roles

This unit relates to course objective(s) 1 & 2.

***Required Readings***

Asbury, E. T. & Martin, D. (2012). Military deployment and the spouse left behind. *The Family*

 *Journal: Counseling and Therapy for Couples and Families*, 20(1): 45-50.

Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S.M., Dombro, A.L. (2016). *Serving*

 *military families: Theories, research, & application* (2nd Ed) (Ch.3 pp. 49-72). Routledge

Franklin, K. (2013). Cycle of deployment and family well-being. In A. Rubin, E.L.

Weiss, & J.E. Coll, (Eds.), *Handbook of military social work (pp. 313-333)*

Hoboken, NJ: Wiley & Sons, Inc.

Lucier‐Greer, M., Arnold, A. L., Mancini, J. A., Ford, J. L., & Bryant, C. M. (2015). Influences of cumulative risk and protective factors on the adjustment of adolescents in military families. *Family Relations*, *64*(3), 363-377.

***Recommended Readings***

Barker, L. H., & Berry, K. D. (2009). Developmental issues impacting military families with young children during single & multiple deployments. *Military Medicine*, *174*, 1033-42.

Boss, P. (2007). Ambiguous loss theory: Challenges for scholars and practitioners**.** *Family Relations, 56*(2), 105-111.

Bowling, U. B., & Sherman, M. D. (2008). Welcoming them home: Supporting service members and their families in navigating the tasks of reintegration. *Professional Psychology: Research and Practice, 39*, 451-458.

Burrell, L. M., Adams, G. A., Durand, D. B., & Castro, C. A. (2006). The impact of military lifestyle demands on well-being, army, and family outcomes. *Armed Forces & Society, 1*(33), 43-58.

Dawalt, S. (2007). *365 deployment days: A wife’s survival story.* Bridgeway Books.

Henderson, K. (2006). *While they’re at war: The true story of American families on the homefront.* Houghton Mifflin Company.

Knobloch, L. K., & Wilson, S. R. (2014). Communication in military families across the deployment cycle. In *The SAGE handbook of family communication* (pp. 370-385). SAGE Publications Inc. https://doi.org/10.4135/9781483375366.n24.

Lucier‐Greer, M., Arnold, A. L., Mancini, J. A., Ford, J. L., & Bryant, C. M. (2015). Influences of cumulative risk and protective factors on the adjustment of adolescents in military families. *Family Relations*, *64*(3), 363-377.

Redmond, J. (2005). *A year of absence: Six women’s stories of courage, hope, and love.* Elva Resa Publishing.

Spera, C. (2009). Spouses’ ability to cope with deployment and adjust to Air Force demands: Identification of risk and protective factors. *Armed Forces & Society, 35*(2), 286-306.

SteelFisher, G., Zaslavsky, A., & Blendon, R. (2008). Health-related impact of deployment extensions on spouses of active duty army personnel. *Military Medicine*, *173*(3), 221-29.

**Unit 4 –Understanding Combat Stress/PTSD and the Military Couple**

 **(NOTE: Articles Analyses due)**

***Topics***

* Understanding combat stress/PTSD and the military couple
* Interventions for couples affected by combat PTSD

This unit relates to course objective(s) 1, 2, & 3.

***Required Readings***

Basham, K. (2013). Couple therapy for redeployed military and veteran couples. In A. Rubin, E.L. Weiss, & J.E. Coll (Eds.), *Handbook of military social work (pp. 443-465).* Wiley & Sons, Inc.

 Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S.M., Dombro, A.L. (2016). *Serving military families: Theories, research, & application*. (2nd Ed) (Ch.8 p.181-210). Routledge.

Blow, A. J., Curtis, A. F., Wittenborn, A. K., & Gorman, L. (2015). Relationship problems and military related PTSD: The case for using emotionally focused therapy for couples. *Contemporary Family Therapy*, *37*(3), 261-270.

***Recommended Readings***

Basham, K. (2008). Homecoming as safe haven or the new front: Attachment & detachment in military couples. *Clinical Social Work Journal, 36*(1), 83-96.

Erbes, C. R., Polusny, M. A., MacDermid, S., & Compton, J. S. (2008). Couple therapy with combat veterans and their partners. *Journal of Clinical Psychology, 64*(8)*,* 972-983.

Errebo, N., & Sommers-Flanagan, R. (2007). EMDR and emotionally focused therapy for war veteran couples. In F. Shapiro, F. W. Kaslow, & L. Maxfield (Eds.), *Handbook of EMDR and family therapy process* (pp. 202-222). Hoboken, NJ: John Wiley & Sons.

Lewis, M., Lamson, A., & White, M. (2016). The state of dyadic methodology: An analysis of the literature on interventions for military couples. *Journal of Couple & Relationship Therapy*, *15*(2), 135-157.

Matsakis, A. (2007). Frequently asked questions about combat trauma. In *Back from the front: Combat trauma, love and the family* (pp. 36-67)*.* Baltimore, MD: Sidran Institute Press.

Matsakis, A. (2007). He doesn’t talk about the war. In *Back from the front: Combat trauma, love and the family* (pp. 19-35)*.* Baltimore, MD: Sidran Institute Press.

Matsakis, A. (2007). He’s not the same. In *Back from the front: Combat trauma, love and the family* (pp. 68-106)*.* Baltimore, MD: Sidran Institute Press.

Sautter, F. J., Armelie, A. P., Glynn, S. M., & Wielt, D. B. (2011). The development of couple-based treatment for PTSD in returning veterans. *Professional Psychology: Research and Practice,* 42(1), 63-69.

Shnaider, P., Pukay‐Martin, N. D., Fredman, S. J., Macdonald, A., & Monson, C. M. (2014). Effects of cognitive–behavioral conjoint therapy for PTSD on partners’ psychological functioning. *Journal of traumatic stress*, *27*(2), 129-136.

Sneath, L., & Rheem, K. D. (2011). The use of emotionally focused couple’s therapy with military couples and families. In R. B. Everson & C. R. Figley (Eds.), *Families under fire: Systemic therapy with military families* (pp. 127-151). Routledge.

Weiss, E.L., DeBraber, T., Santoyo, A. & Creager T. (2013). Theory and practice with military couples and families. In A. Rubin, E.L. Weiss, & J.E. Coll, (Eds.), *Handbook of military social work (pp. 467492)*. Wiley & Sons, Inc.

**Unit 5 –Child and Adolescent Approaches**

***Topics***

* Understanding combat stress/PTSD and the children/family
* Interventions for children affected by PTSD

This unit relates to course objective(s) 1, 2, & 3.

***Required Readings***

Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S.M., Dombro, A.L. (2016). *Serving*

 *military families: Theories, research, & application* (2nd Ed). (Ch.4 p.72-98). Routledge

Harrison, D., Albanese, P., & Berman, R. (2014). Parent-adolescent relationships in military families affected by PTSD. *Canadian Social Work Review*, *31*(1), 85.

Leskin, G.A., Garcia, E., D’Amico, J., Mogil, C.E. & Lester, P. E. (2013). Family-centered programs and interventions for military children and youth. In A. Rubin, E.L. Weiss, & J.E. Coll, (Eds.) *Handbook of military social work* (pp. 427-441). Wiley & Sons, Inc.

***Recommended Readings***

Dekel, R., & Goldblatt, H. (2008). Is there intergenerational transmission of trauma? The case of combat veterans’ children. *American Journal of Orthopsychiatry, 78*(3), 281-289.

Hall, L. K. (2008). The children. In *Counseling military families: What mental health professionals need to know* (pp. 101-128)*.* New York, NY: Routledge.

Matsakis, A. (2007). Why can’t you make dad better? Children in veteran families. In *Back from the front: Combat trauma, love and the family* (pp. 296-342)*.* Sidran Institute Press.

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

Mogil, C., Hajal, N., Garcia, E., Kiff, C., Paley, B., Milburn, N., & Lester, P. (2015). FOCUS for early childhood: A virtual home visiting program for military families with young children. *Contemporary family therapy*, *37*(3), 199-208.

**Unit 6 –Family Violence in Military Families**

***Topics***

* Family violence in military families
* Family advocacy program in the military

This unit relates to course objective(s) 1, 2, & 3.

***Required Readings***

AFI40-301 Family Advocacy Program (Skim) <http://www.e-publishing.af.mil/>

Fraser, C. (2011). Family issues associated with military deployment, family violence, and military sexual trauma. *Nursing Clinics of North America,* 46(4), 445-455.

Williamson, E. (2012). Domestic abuse and military families: The problem of reintegration and control. *British Journal of Social Work,* 42(7), 1371-1387.

***Recommended Readings***

Amy, L. (2010). *The wars we inherit: Military life, gender violence, and memory*. Philadelphia: Temple University Press.

Gibbs, D. A., Martin, S. L., Clinton-Sherrod, M., Hardison Walters, J. L., & Johnson, R. E. (2011). Child maltreatment within military families. In S. MacDermid Wadsworth & D. Riggs (Eds.), *Risk and resilience in U.S. military families* (pp. 111-130). Springer.

Hall, L. K. (2008). Family violence. In *Counseling military families: What mental health professionals need to know* (pp. 177-184). New York, NY: Routledge.

Hall, L. K. (2008). Case Study # 1. In *Counseling military families: What mental health professionals need to know* (pp. 251-255)*.* New York, NY: Routledge.

Matsakis, A. (2007). Why do I stay?: Battered women. In *Back from the front: Combat trauma, love and the family* (pp. 221-243)*.* Baltimore, MD: Sidran Institute Press.

Sherman, M. D., Sautter, F., Jackson, M. H., Lyons, J. A., & Han, X. (2006). Domestic violence in veterans with posttraumatic stress disorder who seek couples therapy. *Journal of Marital & Family Therapy, 32*(4)*,* 479-490.

Taft, C.T., Walling, S. M., Howard, J.M., & Monson, C. (2011). Trauma, PTSD, and partner violence in military families. In S. MacDermid Wadsworth & D. Riggs (Eds.), *Risk and resilience in U.S. military families* (pp. 195-212). New York, NY: Springer.

**Unit 7 – Geographic Relocation and Diversity of Military Family Structure**

***Topics***

* Geographic relocation: Impact on families and children
* Diversity of family structures
* Diversity in military families
* Dependents with Special Needs (Exceptional Family Member Program)

This unit relates to course objective(s) 1, 2, & 3.

***Required Readings***

Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S.M., Dombro, A.L. (2016). *Serving*

 *military families: Theories, research, & application* (2nd Ed) (Ch.13 pp.307-334). Routledge.

Stebnicki, M. A., Grier, P., & Thomas, J. F. (2015). Best practices in the healthcare of LGBT military service members, partners and families. *Journal of Military and Government Counseling*, 3(3), 150-171.

Wheeler, B.Y., McGough, D., & Goldfarb, F. (2013). The Exceptional Family Member

Program: Helping special needs children in military families. In A. Rubin, E.L. Weiss, & J.E. Coll, (Eds.) *Handbook of military social work (pp. 359-381)* Wiley & Sons, Inc.

***Recommended Readings***

Castro, C. A., Adler, A. M., & Britt, T. W. (Eds.). (2006). *Military life: The psychology of serving in peace and combat – The military family*. Praeger Security International.

Drummet, A. R., Coleman, M., & Cable, S. (2003). Military families under stress: Implications for family life education. *Family Relations*, *52*(3), 279-287.

Hall, L. K. (2008). Other military families to consider. In *Counseling military families: What mental health professionals need to know* (pp. 129-150)*.* New York, NY: Routledge.

 (Kelley M L 2006 Single military parents in the new millennium)Kelley, M. L. (2006). Single military parents in the new millennium. In T. Britt, A. Adler, & C. Castro (Eds.), *Military Life* (1st ed., Vol. 4, pp. 93-114). Praeger Security International.

Matsakis, A. (2007). Military couples. In *Back from the front: Combat trauma, love and the family* (pp. 278-295)*.* Baltimore, MD: Sidran Institute Press.

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

Morris, M., Cooper, R.L., Ramesh, A. *et al.* Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: A systematic review. *BMC Med Educ* 19, 325 (2019). https://doi.org/10.1186/s12909-019-1727-3

Slaven-Lee, P.W., Padden, D., Andrews, C.M., & Fitzpatrick, J.J. (2011). Emotional distress and health risk behaviors of mothers of United States Marines. *International Nursing Review, 58(2),* 164-170.

Sullivan, T. (2006). He’s the spouse? The most neglected military spouses: Husbands. *Military Spouse, 2*(6), 52-56.

**Unit 8 –Substance Abuse & the Military Family (NOTE: Application Paper Due)**

***Topics***

* Substance abuse and military families

This unit relates to course objective(s) 1 & 3.

***Required Readings***

Heyman, R. E., Smith Slep, A. M., & Nelson, J. P. (2011). Empirically guided community intervention for partner abuse, child maltreatment, suicidality and substance misuse. In S. MacDermid Wadsworth & D. Riggs (Eds.), *Risk and resilience in U.S. military families* (pp. 85-107). New York, NY: Springer.

Klostermann, K., Kelley, M. L., Mignone, T., Pusateri, L., & Fals-Stewart, W. (2010). Partner violence and substance abuse: Treatment interventions. *Aggression and Violent Behavior*, 15 (3), 162-166.

Rotunda, R. J., O’Farrell, J., Murphy, M., & Babey, S. H. (2008). Behavioral couples therapy for comorbid substance use disorders and combat-related posttraumatic stress disorder among male veterans: An initial evaluation. *Addictive Behaviors, 33*, 180-187.

***Recommended Readings***

Hall, L. K. (2008). Alcohol in the military. In *Counseling military families: What mental health professionals need to know* (pp. 184-187)*.* New York, NY: Routledge.

Sullivan, K., Capp, G., Gilreath, T. D., Benbenishty, R., Roziner, I., & Astor, R. A. (2015). Substance abuse and other adverse outcomes for military-connected youth in California: Results from a large-scale normative population survey. *JAMA pediatrics*, 169(10), 922-928.

**Unit 9 – Attachment in the Military Family**

***Topics***

* Attachment considerations for children
* Attachment considerations for spouses
* Parent-child interaction therapy as an intervention

This unit relates to course objective(s) 1 & 3.

***Required Readings***

Louie, A. D., & Cromer, L. D. (2014). Parent–child attachment during the deployment cycle: Impact on reintegration parenting stress. *Professional Psychology: Research & Practice*, *45*(6), 496.

Lincoln, A. L., & Sweeten, K. (2011). Considerations for the effects of military deployment on children and families. *Social Work in Health Care, 50*(1)*,* 73-84.

Vincenzes, K. A., Haddock, L., & Hickman, G. (2014). The implications of attachment theory for military wives: Effects during a post-deployment period. *The Professional Counselor*, 122.

***Recommended Readings***

Basham, K. (2008). Homecoming as safe haven or the new front: Attachment & detachment in military couples. *Clinical Social Work Journal, 36*(1), 83-96.

Chandra, A., Lara-Sinisomo, S., Jaycox, L., Tanielian, T., Burns, R., Ruder, T., & Han, B. (2010). Children on the homefront: The experience of children from military families. *Pediatrics, 125*(1), 13-22.

Gibbs, D. A., Martin, S. L., Clinton-Sherrod, M., Hardison Walters, J. L., & Johnson, R. E. (2011). Attachment ties in military families: Mothers’ perception of interactions with their children, stress and social competence. In S. MacDermid Wadsworth & D. Riggs (Eds.), *Risk and resilience in U.S. military families* (pp. 131-147). New York, NY: Springer.

Merolla, A. J. (2010). Relational maintenance during military deployment: Perspectives of wives of deployed U.S. Soldiers. *Journal of Applied Communication Research*, *38*(1), 4-26.

Sloane, L. B., & Friedman, M. J. (2008). *After the war zone: A practical guide for returning troops and their families*. Philadelphia, PA: Perseus Books.

**Unit 10 –** **Grief, Loss, and Suicide in the Military Family (In Class Presentation as assigned)**

***Topics***

* Grief & loss in the military family
* Suicide & the veteran family

This unit relates to course objective(s) 1, 2, & 3.

***Required Readings***

Faber, A. J., Minner, J., & Wadsworth, S. M. (2014). Killed in combat: the impact of the military context on the grief process. *Military Behavioral Health*, *2*(1), 14-17.

Harrington-LaMorie, J. (2013). Grief, loss & bereavement in military families. In A. Rubin, E.L. Weiss, & J.E. Coll, (Eds.) *Handbook of military social work (pp. 383-407).* Hoboken, NJ: Wiley & Sons, Inc.

Explore the Tragedy Assistance Program for Survivors website, <https://www.taps.org/>

***Recommended Readings***

Fiske, H. (2008). *Hope in action: Solution-focused conversations about suicide*. Routledge

Gilreath, T. D., Wrabel, S. L., Sullivan, K. S., Capp, G. P., Roziner, I., Benbenishty, R., & Astor, R. A. (2016). Suicidality among military-connected adolescents in California schools. *European child & adolescent psychiatry*, 25(1), 61-66.

Matsakis, A. (2007). Anger, grief and guilt. In *Back from the front: Combat trauma, love and the family* (pp. 164-196)*.* Baltimore, MD: Sidran Institute Press.

Matsakis, A. (2007). Suicide. In *Back from the front: Combat trauma, love and the family* (pp. 343-369)*.* Baltimore, MD: Sidran Institute Press.

**Unit 11 – Retirement and Women (Mothers) in the Military; (In Class Presentation as assigned)**

***Topics***

* Employment challenges for civilian spouses
* Veteran transitioning/reintegration
* Women (Mothers) in the military

This unit relates to course objective(s) 1 & 2.

***Required Readings (choose three)***

Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S.M., Dombro, A.L. (2016). *Serving*

 *military families: Theories, research, & application* (2nd Ed) (Ch.10 pp. 231-258). Routledge.

Goodman, P., Turner, A., Agazio, J., Throop, M., Padden, D., Greiner, S., & Hillier, S. L. (2013). Deployment of military mothers: Supportive and nonsupportive military programs, processes, and policies. *Military Medicine*, 178(7), 729-734.

Kelley, M. L., Doane, A. N., & Pearson. M. R. (2011). Single military mothers in the new millennium: Stresses, supports, and effects of deployment. In S. MacDermid Wadsworth & D. Riggs (Eds.), *Risk and resilience in U.S. military families,* (pp. 343-363). Springer.

Walsh, T. B., & Nieves, B. (2018). Military moms: Deployment and reintegration challenges to motherhood. In Motherhood in the face of trauma (pp. 213-225). Springer, Cham. [https://doi.org/10.1007/978-3-319-65724-0\_14.](https://doi.org/10.1007/978-3-319-65724-0_14)

***Recommended Readings***

Davison, E. H., Pless, A. P., Gugliucci, M. R., King, L. A., King, D. W., Salgado, D. M., & Bacharach (2006). Late life emergence of early life trauma: The phenomenon of late-onset stress symptomatology among aging combat veterans. *Research on Aging, 28*(1), 84-114.

Hoggatt, K. J., Jamison, A. L., Lehavot, K., Cucciare, M. A., Timko, C., & Simpson, T. L. (2015). Alcohol and drug misuse, abuse, and dependence in women veterans. *Epidemiologic reviews*, *37*(1), 23-37.

Meadows, S. O., Griffin, B. A., Karney, B. R., & Pollak, J. (2015). Employment Gaps Between

Military Spouses and Matched Civilians. *Armed Forces & Society*, 0095327X15607810.

Raza, R. (2009). Workplace challenges for military families. *Intersections in Practice, NASW*, 28-30.

Viuc, K. D. (2007). “I am afraid we’re just going to have to change our ways”: Marriage, motherhood and pregnancy in the Army Nurse Corps during the Vietnam War. *Journal of Women, Culture & Society, 32(4),* 997-1022

Weiss, E.L. & DeBraber, T. (2013). Women in the military. In A. Rubin, E.L. Weiss, &

J.E. Coll, (Eds.) *Handbook of military social work, (pp. 37-49).* Wiley & Sons, Inc.

**Unit 12 –Family Caregiving; (In Class Presentation as assigned)**

***Topics***

* Combat injured families
* Traumatic brain injury
* Family caregiving

This unit relates to course objective(s) 1, 2, & 3.

***Required Readings***

Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S.M., Dombro, A.L. (2016). *Serving military families: theories, research, & application*. (2nd Ed). (Ch.6 p.129-160 & Ch.8 181-210). Routledge.

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

Saban, K.L., Hogan, N.S., Hogan, T.P., & Pape, T. (2015). He looks normal but…Challenges of family caregivers of veterans diagnosed with a traumatic brain injury. *Rehabilitation Nursing*, 40, 277-285.

***Recommended Readings***

Amdur, D., Batres, A., Belisle, J., Brown, J.H., Cornis-Pop, M., Mathewson-Chapman, M., Harms, G., Hunt, S. C., Kennedy, P., Mahoney-Gleason, H., Perez. J., Sheets, C., & Washam, T. (2011). VA integrated post-combat care: A systemic approach to caring for returning combat veterans. *Social Work in Health Care*, 50(7), 564-575.

Cozza, S.J. & Guimond, J.M. (2011). Working with combat injured families through the recovery trajectory. In S. MacDermid Wadsworth & D. Riggs (Eds.). *Risk and resilience in U.S. military families* (pp. 259-277). New York, NY: Springer.

Fritz, H. A., Lysack, C., Luborsky, M. R., & Messinger, S. D. (2014). Long-term community reintegration: concepts, outcomes and dilemmas in the case of a military service member with a spinal cord injury. *Disability & Rehabilitation*, (0), 1-7.

Hyatt, K.S., Davis, L.L., & Barroso, J. (2015). Finding the new normal: accepting changes after combat related mild traumatic brain injury. *Journal of Nursing Scholarship*, 47(4):300-309.

Phelan, S. M., Griffin, J. M., Hellerstedt, W. L., Sayer, N. A., Jensen, A. C., Burgess, D. J., & van Ryn, M. (2011). Perceived stigma, strain, and mental health among caregivers of veterans with traumatic brain injury. *Disability and Health Journal*, 4(3), 177-184.

President’s Commission on Care for America’s Returning Wounded Warriors. (2007). *Serve, support, simplify: Report of the President’s Commission on Care for America’s Returning Wounded Warriors.* As of February 2010, available at: <http://www.cnas.org/sites/default/files/Dole_Shalala_July_30_2007report.pdf>

Tanielian, T., & Jaycox, L. H. (Eds.). (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. Santa Monica, CA: RAND Corporation.

**Unit 13 –Support for Military Families (In Class Presentation as assigned)**

***Topics***

* Building community strengths to empower military families
* Families OverComing Under Stress
* Military children in schools

This unit relates to course objective(s) 1, 2, & 3.

***Required Readings***

Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S.M., Dombro, A.L. (2016). *Serving*

*military families: Theories, research, & application*.(2nd Ed) (Ch.11 pp. 259-286 & Ch.12 287-306). Routledge.

Mogil, C., Hajal, N., Garcia, E., Kiff, C., Paley, B., Milburn, N., & Lester, P. (2015). FOCUS for early childhood: A virtual home visiting program for military families with young children. *Contemporary family therapy*, *37*(3), 199-208.

Straits-Troster, K. A., Brancu, M., Goodale, B., Pacelli, S., Wilmer, C., Simmons, E. M., &

Kudler, H. (2011). Developing community capacity to treat post-deployment mental health problems: A public health initiative. *Psychological Trauma: Theory, Research, Practice, and Policy,* 3(3), 283-291.

***Recommended Readings***

Bowen, G. L., Mancini, J. A., Martin, J. A., Ware, W. B., & Nelson, J. P. (2003). Promoting the adaptation of military families: An empirical test of a community practice model. *Family Relations*, *52*, 33‑44.

Clark, J. (2006). *A legislators’ guide to military children: What you and your state can do to help the children who also serve*. Harker Heights, TX: Military Child Education Coalition. Retrieved from <http://www.k12.wa.us/MilitaryKids/pubdocs/MCECLegislatorsGuide.pdf>

Esqueda, M. C., Astor, R. A., & De Pedro, K. M. T. (2012). A call to duty: Educational policy and school reform addressing the needs of children from military families. *Educational Researcher*, 41(2), 65-70.

Hoshmand, L. T., & Hoshmand, A. L. (2007). Support for military families and communities. *Journal of Community Psychology*, *35*(2), 171-180.

Lester, P., Leskin, G., Woodward, K., Saltzman, W., Nash, W., Mogil, C., Paley, B. & Beardslee, W. (2011). War time deployment and military children: Applying prevention science to enhance family resilience. In S. MacDermid Wadsworth & D. Riggs (Eds.), *Risk and resilience in U.S. military families* (pp. 149-173). New York, NY: Springer.

Ridding-Johnston, C. (2010). Building sustainable communities for America’s military families: The story of Army Hawaii Family Housing. *Economic Development Journal*, *9*(1), 24-30.

Sherman, M. D., Monn, A., Larsen, J. L., & Gewirtz, A. (2018). Evaluation of a sesame street multimedia intervention for families transitioning out of the military*. Journal of Child and Family Studies*, 27(8), 2533-2540.

Weiss, E.L. & Coll, J.E. (2013) Children & youth impacted by military service: A school-based perspective. In C. Franklin, M.B. Harris & P. Allen-Mears (Eds.), *The School Services Sourcebook: A Guide for School Based Professionals* (2nded.) (pp. 695-706). New York, NY: Oxford University Press.

**Unit 14 –Intimate Relationships after Wartime for Military Couples; (In Class Presentation as assigned)**

***Topics***

* Expression of sexuality post war
* Changes in sexual/intimacy functioning and response
* Couples sex therapy
* Relationship betrayal

This unit relates to course objective(s) 1 & 3.

***Required Readings***

Nunnink, S. E., Goldwaser, G., Niloofar, A., Nievergelt, C. M., & Baker, D. G. (2010). The role of emotional numbing in sexual functioning among veterans of the Iraq and Afghanistan Wars. *Military Medicine,* *175*, 424-428.

Snyder, D. K., Gasbarrini, M. F., Doss, B. D., & Scheider, D. M. (2011). Intervening with military couples struggling with issues of sexual infidelity. *Journal of Contemporary Psychotherapy*, 41(4)*,* 201-208.

Weeks, G. R. (2005). The emergence of a new paradigm in sex therapy: integration. *Sexual and Relationship Therapy*. 20, (1), 89-102.

***Recommended Readings***

Dyer, K., & das Nair, R. (2014). Talking about sex after traumatic brain injury: perceptions and experiences of multidisciplinary rehabilitation professionals. *Disability and rehabilitation*, *36*(17), 1431-1438.

Matsakis, A. (2007). Sex now, sex never? In *Back from the front: Combat trauma, love and the family* (pp. 136-163)*.* Baltimore, MD: Sidran Institute Press.

**Unit 15: Self Care for Trauma Psychotherapists**

***Topics***

* Compassion Fatigue
* Secondary Trauma in Social Workers

This unit relates to course objective(s) 1 & 2.

***Required Readings***

Berzoff, J. & Kita, E. (2010). Compassion fatigue and countertransference: Two different concepts. *Clinical Social Work Journal*, 38(3), 341-349

Rubin, A. & Weiss, E.L. (2013). Secondary trauma in military social work. In A. Rubin, E.L. Weiss, & J.E. Coll, (Eds.) *Handbook of military social work (pp. 67-97)* Wiley & Sons

Thieleman, K., & Cacciatore, J. (2014). Witness to suffering: Mindfulness and compassion fatigue among traumatic bereavement volunteers and professionals. *Social work*, 44.

***Recommended Readings***

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

**List of Appendices**

1. Detailed Descriptions of Social Work Core Competencies Highlighted in this Course
2. Definitions of Grades and Standards Established by Faculty of the School
3. Recommended Instructional Materials and Resources
4. Suzanne Dworak-Peck School of Social Work DEI Statement
5. University Policy and Guidelines
6. Support Systems and Additional Resources

**Appendix A: Detailed Description of Social Work Core Competencies Highlighted in this Course**

| **Competency** | **Objective(s)** | **Behavior(s)** | **Dimension(s)** | **Content** |
| --- | --- | --- | --- | --- |
| **Competency 1: Demonstrate Ethical and Professional Behavior**Social workers working with military and veteran families understand the value base of the profession and its ethical standards, as well as relevant military and civilian laws and regulations that may impact practice at the micro, mezzo, and macro levels with military affiliated families. Social workers understand frameworks of ethical decision-making related to the military and military affiliated families and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers (especially those with their own military connected background) understand the potential for countertransference and prepare through using ethical decision making models to understand their own potential countertransference responses and how to best manage such responses. Social Workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. | Teach differences in ethical standards and practices of professional social work and the Uniform Code of Military Justice. Provide an environment that encourages students to explore how military law, policy, as well as their particular gender identity, age, religion, ethnicity, social class, and sexual orientation (sexual identity) influence their practice and decision making | **1a.** Makes ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context.**1b.** Uses reflection and self-regulation to manage personal values and maintain professionalism in practice situations.**1e.** Uses supervision and consultation to guide professional judgment and behavior. | Knowledge, Values,Skills, & Cognitive and Affective processes | **Unit 1:** Course Overview/Review of Culture in Military Life **Unit 3:** Demands and Stressors on the Military Family & Combat Related Stress and the Military Family**Unit 4:** Family Violence and Military Couples**Unit 6:** Substance Abuse and Military Families**Assignment 2**: Application Paper**Assignment 3:** In-Class Presentation**Class Participation** |
| **Competency 2**: **Engage Diversity and Difference in Practice**Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. 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, tribal sovereign status, as well as including military rank, position, and branch of service 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 to which the military (and greater societies’) culture’s structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power. | Provide opportunities for students to increase awareness of individual, family, and community needs that military populations (including gender, race, sexual orientation, social class, religion, and vulnerable and oppressed groups) present and which require appropriately matched effective services. | **2a.** Applies and communicates understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels.**2b**. Presents themselves as learners and engages military affiliated families as experts of their own experiences.**2c**. Applies self-awareness and self-regulation to manage the influence of personal biases and values in working with military affiliated families. | Knowledge, Values,Skills, & Cognitive and Affective processes | **Unit 1:** Course Overview/Review of Culture in Military Life **Unit 2:** Systemic Approach to Military Families**Unit 3:** Demands and Stressors on the Military Family**Unit 4**: Family Violence and Military Couples**Unit 5:** Diversity and Military Families**Unit 10**: Family Caregiving (TBI and Polytrauma)**Assignment 2**: Application Paper**Assignment 3**: In-Class Presentation**Class Participation** |
| **Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities**Child and family social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, military affiliated children, youth, and, families. They understand the importance of significant relationships and development from an ecological perspective with an understanding of risk and protective factors related to military affiliated families and how these interact within the larger social environment. Social workers utilize theories of human behavior and the social environment to facilitate engagement with their clients and the groups, organizations, institutions, and communities that impact them. Social workers understand and utilize varied engagement strategies to advance practice effectiveness with military affiliated children, youth, and families and thus advance social, economic and environmental justice within marginalized communities. Social workers understand that their personal experiences and affective reactions may have an impact on their ability to effectively engage with military affiliated families and children. Social workers understand the role of relationship-building and inter-professional collaboration in facilitating engagement with military affiliated children, youth, and families | Provide students with an understanding of the military culture and how military affiliated families cope with and thrive within the military. Provide nuanced understanding of the ecological and other theoretical perspectives related to military affiliated families in order to facilitate engagement. | **1a.** Applies knowledge of human behavior and the social environment, person-in environment, and other multidisciplinary theoretical frameworks to engage with military affiliated families.**1b**. Uses empathy, reflection, and interpersonal skills to effectively engage military affiliated families. | Knowledge, Skills, Cognitive and Affective Processes | **Unit 1**: Course Overview**Unit 2**: Systemic Approach to Military Families**Unit 3**: Demands, Stressors & Combat Related Stress on the Military Family**Unit 5**: Diversity and Military Families**Unit 9:** Retirement and Women in the Military**Unit 10:** Family Caregiving **(**TBI and Polytrauma)**Unit 11:** Support for Military Families**Unit 12**: Intimacy for Couples after Wartime**Assignment 1:** Articles Analysis**Assignment 2**: Application Paper**Assignment 3**: In-Class Presentation**Class Participation** |
| **Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities**Social workers use their knowledge of theories of human behavior and the social environment to inform ongoing assessment as they work with military affiliated children, youth, and families, as well as with the groups, organizations, and institutions that play important parts in their lives. Social workers use culturally informed and varied assessment methods to capture the diverse strengths, resources, and needs of military affiliated children, youth and families, which in turn advances the effectiveness of their practice. Social workers work collaboratively with other service providers involved in the family’s life in order to obtain a comprehensive understanding of the family system to enhance the assessment process. Social workers are mindful of the potential influence of their personal experiences and affective reactions on the processes of assessment with children, youth, and families. | Explore theories and research-informed intervention strategies and have the student assess and develop intervention goals with case studies | Collect and organize data, and applycritical thinking to interpretinformation from military affiliated families | Knowledge, Skills, Cognitive and Affective Processes | **Unit 1:** Course Overview/Review of Culture in Military Life **Unit 2:** Systemic Approach to Military Families**Unit 3:** Demands and Stressors on the Military Family**Unit 4:** Combat Related Stress and the Military Couple & Family Violence and the Military Couple**Unit 5:** Children and Family Violence & Diversity and Military Families**Unit 6**: Substance Abuse and Military Families**Unit 7:** Attachment and Parent-Child Interactions**Unit 8:** Grief and Loss**Unit 11 :** Retirement and Women in the Military **Unit 10:** Family Caregiving (TBI and Polytrauma)**Unit 12**: Intimacy for Couples after Wartime**Assignment 1:** Articles Analysis**Assignment 2:** Application Paper**Assignment 3**: In-Class Presentation**Class** **Participation** |
| **Competency 8**: **Intervene with Individuals, Families, Groups, Organizations, and Communities**Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, military affiliated individuals, families, groups, organizations, and communities. Social workers are knowledgeable about evidence-informed interventions to achieve the goals of military affiliated families, including individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with the military affiliated family. Social workers understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve military affiliated family goals. Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration. | Demonstrate major concepts to support the treatment process (engagement, assessment, planning and contracting, implementation, and termination/evaluation phases). Provide students with commonly applied models of practice and experiential activities to practice clinical skills related to military affiliated families. | **8a.** Critically choose and implement interventions to achieve practice goals and enhance capacities of military affiliated families.**8b.** Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with military affiliated families.**8c**. Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.**8d**. Negotiate, mediate, and advocate with and on behalf of military affiliated families.**8e**.Facilitate effective transitions and endings that advance mutually agreed-on goals | Knowledge, Values, Skills, & Cognitive and Affective Processes | **Unit 2:** Systemic Approach to Military Families**Unit 3:** Demands and Stressors on the Military Family**Unit 4:** Violence and the Military Family**Unit 5:** Diversity and Military Families**Unit 6:** Substance Abuse and Military Families**Unit 7**: Attachment and Parent-Child Interactions**Unit 8**: Grief and Loss**Unit 9:** Retirement and Women in the Military**Unit 10:** Family Caregiving (TBI and Polytrauma)**Unit 12:** Intimacy for Couples after Wartime**Assignment 1:** Articles Analysis**Assignment 2**: Application Paper**Assignment 3:** In-Class Presentation**Class Participation** |

**Appendix B: Definitions of Grades and Standards Established by Faculty of the School**

Within the USC Suzanne Dworak-Peck School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School:

1. Grades of A or A- are reserved for student work which not only demonstrates very good 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.
2. A grade of B+ will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment.
3. A grade of B will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations.
4. A grade of B- will denote that a student’s performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations.
5. A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.
6. Grades between C- and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student’s performance on the assignment.

**Appendix C: Recommended Instructional Materials and Resources**

***Recommended Guidebook for APA Style Formatting***

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***Recommended Books***

Catherall, D.R. (Ed) (2004). *Handbook of Stress, Trauma, and the Family*. Taylor & Frances

Datttilio, F.M. & Jongsma, A.E. (2014). *The family therapy treatment planner with DSM V updates* (2nd Edition (Practice Planner). Hoboken, New Jersey: John Wiley & Sons.

Domenici, P., Best, S. & Armstrong, K. (2013). *Courage under fire for parents of service members: Strategies for coping when your son or daughter returns from deployment*. New Harbinger

Exum, H. A., Coll, J. E., & Weiss, E. L. (2011). *A counselor’s primer for counseling veterans* (2nd ed.). Deer Park, NY: Linus Publications.

Figley, C.R. & Kiser, L.J. (2013). *Helping traumatized families* (2nd Ed). Routledge: Taylor & Frances

Hall, L. K. (2008). *Counseling military families: What mental health professionals need to know*. New York, NY: Routledge.

Matsakis, A. (2005). *In harm’s way. Help for the wives of military men, police, emt’s & firefighters*. New Harbinger Publications

Sayers, S.L. & Armstrong, K. (2014). *Coming back together: A guide to successful reintegration after your partner returns from military deployment*. New Harbinger Publications.

***Recommended Websites***

U.S. Army: [www.goarmy.com/](http://www.goarmy.com/)

U.S. Army National Guard: [www.nationalguard.com/](http://www.nationalguard.com/)

U.S. Army National Guard Readiness Program: [www.arng.army.mil/soldier\_resources/default.asp?id=37](http://www.arng.army.mil/soldier_resources/default.asp?id=37)

U.S. Army Community Services: [www.armycommunityservice.org/home.asp](http://www.armycommunityservice.org/home.asp)

U.S. Air Force: [www.military.com/Resources/ResourceSubmittedFileView?file=air\_force\_links.htm](http://www.military.com/Resources/ResourceSubmittedFileView?file=air_force_links.htm)

U.S. Coast Guard: [www.gocoastguard.com/](http://www.gocoastguard.com/)

U.S. Marines: [www.marines.com/](http://www.marines.com/)

U.S. Navy: [www.navy.com/](http://www.navy.com/)

Family Advocacy Program: <http://www.bragg.army.mil/dv/>

Military Family Resource Center: <http://www.mfrc-dodqol.org/>

Military Family Resources: <http://www.2aces.com/endter/milfam.html>

Military One Source: <http://www.militaryonesource.com/MOS.aspx>

Military Spouse Resource Center: <http://www.milspouse.org/>

National Center for Post-Traumatic Stress Disorder: <http://www.ncptsd.va.gov/ncmain/index.jsp>

National Military Family Association: <http://www.militaryfamily.org>

Please skim:

*USC’s Building Capacity in Military Connected Schools Annual Reports* (not the technical reports). Download the link from website: <http://buildingcapacity.usc.edu/research/annual-reports.html>

**\***Please notify your classmates and instructor if you find a new Internet Resource

***Recommended Movies***

**Gold Star Children (2013)** A cross-generational story of how the Gold Star Children of Vietnam are mentoring the Gold Star Children from the wars in Iraq and Afghanistan. It is a one hour film of resilience, hope, and the power of sharing. Amazon Streaming.

**Tools and Techniques for Family Therapy** by John Edwards has spent the last twenty years distilling the intricacies of family systems theory into a user-friendly approach that has enhanced the work of thousands of clinicians and educators in North America. <http://www.psychotherapy.net/> **( USC Library streaming)**

**Harnessing the Power of Genograms in Psychotherapy** by Monica McGoldrick watch master family therapist  Monica McGoldrick, MSW, create a genogram on the spot in this live session with a client struggling to understand why he is distancing from his pregnant wife. <http://www.psychotherapy.net/> **( USC Library streaming)**

**Coming Out: Voices of Gay and Lesbian Teens and their Families** by Karin Heller Thought provoking and accessible, this video is invaluable for all parents, teachers, and professionals working with teenagers.<http://www.psychotherapy.net/> **( USC Library streaming)**

**Individual Assessment and Psychotherapy** by Ron Scott The second video in the Psychotherapy with Gay, Lesbian and Bisexual Clients Series focuses some of the most salient assessment and treatment issues that clinicians should know. <http://www.psychotherapy.net/> **( USC Library streaming)**

**When Helping Hurts: Sustaining Trauma Worker** by Charles Figley. Six noted therapists and experts offer their stories and advice on dealing with Compassion Fatigue, and discuss ways of recognizing and addressing this condition in yourself and others. <http://www.psychotherapy.net/> **(USC Library streaming)**

**Appendix D: Suzanne Dworak-Peck School of Social Work Diversity, Equity, and Inclusion Statement**

At the USC Suzanne Dworak-Peck School of Social Work, we aspire to promote diversity, equity and inclusion in our courses and professional practice. We value the diverse backgrounds and perspectives that our students bring into the classroom as strengths and resources that enrich the academic and learning experience. We offer and value inclusive learning in the classroom and beyond. We integrate readings, materials and activities that are respectful of diversity in all forms, including race, ethnicity, culture, gender identity and expression, sexual orientation, age, ability and disability, socioeconomic status, religion, and political perspectives. Collectively, we aspire to co-create a brave space with students and instructors to critically examine individual and collective sources of bias, prejudice, discrimination, and systematic oppression that affect the ability of people and communities to thrive. In this way, we fulfill our professional responsibility to practice the [NASW Code of Ethics](https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English), abide by the [CSWE Educational Policy and Accreditation Standards](https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx), and address the [American Academy of Social Work and Social Welfare, Grand Challenges for Social Work.](https://grandchallengesforsocialwork.org/)

**Appendix E: University Policies and Guidelines**

**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 (bringhur@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](https://policy.usc.edu/scampus/) and to the [USC School of Social Work Policies and Procedures](https://dworakpeck.usc.edu/student-life/student-resources) for additional information on attendance policies.

**Statement on 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. Recording a university class without the express permission of the instructor and an announcement to the class, as well as distributing or using recordings of university lectures or classes without the express permission of the instructor, for purposes other than individual or group study, also constitute violations of the USC Student Conduct Code.

Please familiarize yourself with the discussion of plagiarism, unauthorized recording of university classes, and other forms of academic dishonesty and misconduct in SCampus, Part B, Section 11, “Behavior Violating University Standards,” as well as information in SCampus and in the university policies on scientific misconduct.

**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.”

**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.

**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.

**Code of Ethics of the National Association of Social Workers (Optional)**

*Approved by the 1996 NASW Delegate Assembly and revised by the 2017 NASW Delegate Assembly* [*https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English*](https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English)

**Preamble**

The primary mission of the social work profession is to enhance human well-being 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 well-being 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.

**Academic Dishonesty Sanction Guidelines**

Some lecture slides, notes, or exercises used in this course may be the property of the textbook publisher or other third parties. All other course material, including but not limited to slides developed by the instructor(s), the syllabus, assignments, course notes, course recordings (whether audio or video) and examinations or quizzes are the property of the University or of the individual instructor who developed them. Students are free to use this material for study and learning, and for discussion with others, including those who may not be in this class, unless the instructor imposes more stringent requirements. Republishing or redistributing this material, including uploading it to web sites or linking to it through services like iTunes, violates the rights of the copyright holder and is prohibited. There are civil and criminal penalties for copyright violation. Publishing or redistributing this material in a way that might give others an unfair advantage in this or future courses may subject you to penalties for academic misconduct.

**Complaints**

Please direct any concerns about the course with the instructor first. If you are unable to discuss your concerns with the instructor, please contact the faculty course lead. Any concerns unresolved with the course instructor or faculty course lead may be directed to the student’s advisor and/or the Chair of your program.

**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.

**Appendix F: Support Systems and Additional Resources**

**Counseling and Mental Health**

<https://studenthealth.usc.edu/counseling/>

Phone number (213) 740-9355

On call 24/7

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

**National Suicide Prevention Lifeline**

<https://suicidepreventionlifeline.org/>

Phone number 1 (800) 273-8255

On call 24/7

Free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

**Relationship and Sexual Violence Prevention Services (RSVP)**

<https://studenthealth.usc.edu/sexual-assault/>

Phone Number (213) 740-9355(WELL), press “0” after hours

On call 24/7

Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

**USC Office of Equity, Equal Opportunity, and Title IX**

<https://eeotix.usc.edu/>

Phone number (213) 740-5086

Title IX Office (213) 821-8298

Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

**Reporting Incidents of Bias or Harassment**

<https://usc-advocate.symplicity.com/care_report/index.php/pid422659>?

Phone number (213) 740-5086 or (213) 821-8298

Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity, Equal Opportunity, and Title IX for appropriate investigation, supportive measures, and response.

**The Office of Student Accessibility Services**

<https://osas.usc.edu/>

Phone number (213) 740-0776

Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, assistance with architectural barriers, assistive technology, and support for individual needs.

**USC Campus Support and Intervention**

<https://campussupport.usc.edu/>

Phone number (213) 821-4710

Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

**Diversity at USC**

<https://diversity.usc.edu/>

Phone number (213) 740-2101

Information on events, programs and training, the Provost’s Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

**USC Emergency**

<https://dps.usc.edu/>

UPC phone number (213) 740-4321

HSC phone number (323) 442-1000

On call 24/7

Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

**USC Department of Public Safety**

<https://dps.usc.edu/>

UPC phone number (213) 740-6000

HSC phone number (323) 442-120

On call 24/7

Non-emergency assistance or information.

**Additional Resources**

Students enrolled in the Virtual Academic Center can access support services for themselves and their families by contacting Perspectives, Ltd., an independent student assistance program offering crisis services, short-term counseling, and referral 24/7. To access Perspectives, Ltd., call 800-456-6327.

**Emergency Preparedness and Response Resources**

**USC Earthquake Procedures**:

<https://fsep.usc.edu/usc-emergency-procedures/emergency-procedures-for/during-an-earthquake/>

**USC Emergency Procedures Video**:

<https://usc.edu/emergencyvideos>

**Campus Building Emergency Information Fact Sheets**:

<https://fsep.usc.edu/emergency-planning/building-emergency-fact-sheets/>

**USC ShakeOut Drill: (morning of October 21, 2021)**

<https://fsep.usc.edu/shakeout/>

**Personal Preparedness Resources, such as preparing your home, etc.**

<https://fsep.usc.edu/personal-preparedness/>