

# USC Suzanne Dworak-Peck

School of Social Work

## Social Work 650

### Section #

### Military and Veteran Policy and Program Management

### 3 Units

<b>Instructor</b>	Maureen C. Macias, LCSW
<b>Email</b>	mcmacias@usc.edu
<b>Telephone</b>	(949) 525-1590
<b>Office</b>	VAC
<b>Office Hours</b>	Friday's 8:15am - 9:15am
<b>Course Day(s)</b>	Friday
<b>Course Time(s)</b>	7:00am - 8:15am
<b>Course Location(s)</b>	ZOOM MEETING ID 960 8879 6295

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

SOWK 649 and SOWK 639

### Catalogue Description

This course addresses how military and veteran policy and programs within the Departments of Defense (DoD) and Veterans Affairs (VA) are developed and implemented to improve the health and wellbeing of service members, veterans and their families. Specific attention is given to policy and programs on the prevention and treatment of domestic violence, family maltreatment, sexual assault, suicide, substance abuse and other issues related to the military members, veterans, and their families. The roles of non-profits and veteran's advocacy groups in the formation of policy and programs are also highlighted.

### Course Description

Social workers provide leadership in the development of the Department of Defense (DoD) and Veterans Affairs (VA) policy and programs designed to improve the health and welfare of service members, veterans, and families. This course provides military social work students with an in-depth understanding of how DoD and VA develops, funds and implements health and wellness programs. Social work students will learn how the VA and DoD fund health and wellness programs through the Plans, Programming, Budgeting and Execution System (PPBE).

Military social work students will gain detailed knowledge about the management and oversight of major DoD and VA programs including mental health, homelessness, vocational rehabilitation, GI bill, family advocacy, and prevention of sexual assault, suicide, domestic violence and alcohol and substance abuse. Special emphasis will be placed on how DoD and VA policy and programs advance diversity. The course will also address DoD and VA eligibility, compensation and benefits, and the disability rating system.

## Course Objectives

1. Explain the complex interaction between civilian society and the military as two distinct yet interactive cultures.
2. Illustrate how medical and behavioral health care doctrine and policies are developed, funded and implemented within the VA and DoD.
3. Describe the major programs within the VA and DoD that address mental health, homelessness, vocational rehabilitation, GI bill, family advocacy, and prevention of sexual assault, suicide, domestic violence and alcohol and substance abuse.
4. Analyze diversity policy within the VA and DoD as applied to sexual orientation, race, ethnicity and gender.
5. Promote the value and scope of the role of the non-clinical social worker within the VA and DoD to improve the health and wellbeing of service members, veterans and their families.

## Course Format / Instructional Methods

Modes of instruction will consist of a combination of didactic lecture, in-class discussion, student case presentations, experiential exercise, and online teaching and learning environments.

## 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
<b>Assignment 1: Application Paper</b>	Week 6 9/30	30%
<b>Assignment 2: Policy Presentation</b>	Weeks 7-14 9/30 - 11/25	20%
<b>Assignment 3: Application Paper</b>	Week 15 12/2	40%

Each of the major assignments is described below.

### **Assignment 1: Application Paper**

This is a short answer assignment that asks students to apply their learning from Units 1-6 of the course. The answers to each of the scenario questions should be between 1 to 2 pages double-spaced. The entire paper should be **4 to 8 pages** not counting the cover or reference pages that are required. Do not include the scenarios or questions in the answers. Use the title of each scenario chosen as the level one APA style heading within the paper. The paper does NOT need an introduction or conclusion. The assignment should be 12 point-font, Times New Roman. Use APA style throughout. Answers should be supported by at least **6 scholarly references** (overall) from the syllabus required or recommended readings.

#### **Requirements:**

1. Address all elements of each question/scenario.
2. Display an understanding of the course materials.
3. Appropriately integrate the course materials in your answer.
4. Display critical thinking in analyzing the scenarios and using the course materials.
5. Meets graduate school-level writing standards.

Pick **four** of the following six questions/scenarios and answer the questions:

#### **Veteran Transition, Culture, and Employment**

Veterans sometimes struggle with adjusting to civilian culture. Name three elements of military culture different than civilian culture and discuss how these elements may hinder veterans getting a job in the civilian world. Support your answer.

#### **Health Care Eligibility and Options**

A retired Army officer comes to you, a military social worker, and says that she wants to get health care. She is confused about the differences between the Veterans Health Administration and the Military Health Services. Explain to her the differences in the missions between these organizations and under what circumstances she can and cannot get care from them? Consider the characterization of her discharge and other elements that would contribute to her eligibility for care. Support your answer.

#### **Feres Doctrine**

Service members are barred from suing the military by the Feres Doctrine.. Provide at least two reasons for and two reasons against overturning the doctrine. Justify your answer using the literature. Then give your opinion as to which side you take (for or against overturning) and justify your answer in relation to the reasons previously shared.

#### **Applying Budgeting Steps**

The military is funded through the Program, Planning, Budgeting, and Execution program. You are a military staff officer who has been tasked to develop a program to prevent suicides among military spouses. Using the PPBE as a guide, list three steps you would need to take in the PPBE process to gain funding for your program. Support your answer.

### Military Family Program

The military has a host of programs to help military families. Select one of the programs discussed in the class, describe its mission, and provide at least one recommendation to improve it. Support your answer.

#### Program that Addresses Mental Health Issues

Military members and veterans often struggle with mental health issues as described in Unit 6. Select one program that addresses one of these problems and identify at least one strength and one weakness of the program. Make a recommendation to address the identified weakness. Support the answer.

**Due: Week 6 9/30**

Assignment Rubric Score Area	Outstanding	Excellent	Satisfactory	Unsatisfactory
Scenarios 1 – 4 (17.5 points each = 70 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 insights.	None of the requirements met. Little evidence and no insights.
Writing (20 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)				
<ol style="list-style-type: none"> <li>Completed on time.</li> <li>Paper is within the required page range and conforms to other format instructions.</li> </ol>				

3. Citations, references, and formatting are in accordance with APA requirements.
4. Adhered to additional turn instructions.

Late Paper Penalty (5 pts deducted for each day the paper is late without prior approval)

***This assignment relates to course objective 1, 2, & 3 and social work competency 5.***

Instructions for Assignment #2 begin on the next page

## Assignment 2: Policy Presentation

Students will work in teams of two and presentation dates will be assigned. This assignment is a class presentation that analyzes a DOD or Veteran program or policy that addresses a problem or issue related to military members, veterans, and/or their families. The topic must be approved by the professor and related to the unit assigned (usually units 7-14). Presentations should be a minimum of 20 minutes and not exceed 25 minutes (or 25-30 minutes for teams of 3). A PowerPoint or similar presentation format will be used on the VAC platform for the presentation.

### Requirements:

1. Demonstrate a working knowledge of a DOD or veteran program or policy. (30 points)
2. Discuss the targeted population for this program/policy including how the program/policy addresses race, gender or sexual orientation issues. (10 points)
3. Discuss the effectiveness of this program/policy. (10 points)
4. Discuss lessons learned in reviewing the strengths and weaknesses of the program/policy. (10 points)
5. Propose a potential solution to either fixing the current program/policy or replacing it. This section does not have to be extensive, but should invite discussion from the class. (10 points)

### Grading Scale:

#### Outstanding

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

#### Excellent

- a. Showed limited understanding of the case, diagnosis, and intervention(s)
- b. Clearly articulated the case, but left out important information.
- c. Analysis was supported by mostly relevant, accurate, and sufficient evidence.
- d. Evidence supported the argument and was mostly varied, specific, and unambiguous.
- e. Ideas presented were not consistently presented in logical or coherent fashion.
- f. Showed some personal insights and awareness related to future social work practice.

#### Satisfactory

- a. Showed a superficial understanding of the case, diagnosis, and intervention(s).
- b. Case presentation was largely unfocused and ambiguous.
- c. Analysis had little support from relevant, accurate, and sufficient evidence.
- d. Evidence provided little support for the argument and/or was not varied, specific, and unambiguous.
- e. Ideas presented in a largely illogical and incoherent fashion.
- f. Showed little personal insights or awareness related to future social work practice.

Poor

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

**Presentation (20%): Requirements:**

1. Slides met graduate level standards.
2. Grammar, structure, spelling and punctuation were correct.
3. Slide information was well-structured, clear, and concise.
4. Presentation was professional.

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

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

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

**Administration (10%): Requirements:**

5. Presentation remained in the required time limit.
6. Citations are in accordance with APA requirements.
7. Adhered to additional turn instructions.

Points will be deducted for failing to meet these requirements. Late Paper Penalty (5 pts deducted for each day the paper is late without prior approval)

**Due: Weeks 7-14 as assigned, 9/30-11/25**

*This assignment relates course objective 1, 2, 3, 4, & 5 and social work competency 5 & 8.*

Instructions for Assignment #3 begin on the next page

### Assignment 3: Application Paper

This is a short answer assignment that asks students to apply their learning from Units 7-14 of the course. The answers to each of the scenario questions should be between 1 to 2 pages double spaced. The entire paper should be **4 to 8 pages** not counting the cover or reference pages that are required. Do not include the scenarios or questions in your answers, but do number your answers to correspond with the questions. The paper does NOT need an introduction or conclusion. The assignment should be 12 point-font, Times New Roman. Use APA style throughout. Answers should be supported by at least **6 scholarly references** (overall) from the syllabus required or recommended readings.

#### Requirements:

1. Address all elements of each question.
2. Display an understanding of the course materials.
3. Appropriately integrate the course materials in your answer.
4. Display critical thinking in analyzing the scenarios and using the course materials.
5. Meets graduate school-level writing standards.

Pick **four** of the following seven scenarios and answer the questions:

#### Sexual Assault Prevention and Response

You have taken a job as the Sexual Assault Prevention and Response Office Director in Washington, DC. Despite years of prevention efforts, the rates of sexual assaults remain stubbornly high. The Chairman of the Joints Chiefs of Staff has asked you to **briefly** summarize how the program operates and make recommendations to improve it. What are two changes or improvements you would make to the program to address the problem? Discuss possible barriers to implementing your recommendations. Justify and support your answer.

#### Process of Care and Survival Rate

The survival rate of military members who have been wounded in combat has been high with some estimates that as many as 99% of those who make it to a medical facility survive. You have been asked by a group of political leaders to explain this remarkable accomplishment. Discuss the process of care from being wounded on the battlefield to getting back the United States and how this process saves lives.

#### Less than Honorable Discharge and Veteran Homelessness

Veterans with less than honorable discharges struggle with finding employment and often end up homeless. You are the director of a non-profit organization that helps veterans and have an appointment with the Deputy Chief of Veteran Policy to the Chairperson of the House Committee on Veterans Affairs. The Chairperson has publicly stated that she has no interest in helping veterans who have not served honorably. Your job is to show the problems created by less than honorable discharges and provide the Chairperson with a recommendation that would reduce veteran homelessness and help veterans find jobs. Justify your recommendation.

**Recommendation Regarding Resilience Programs**

Your boss is a curmudgeonly retired Air Force Colonel who thinks that resilience training is “a bunch of bull” and the DoD should eliminate these programs. You are a lead researcher on resilience for the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, and your boss has asked for your recommendation. Based upon available evidence, explain and justify why the DOD should or should not cancel its resilience programs such as Comprehensive Soldier Fitness. Justify your answer.

**Female Veteran Challenges in Transition**

You have decided to start a non-profit helping female veterans’ transition from military to civilian life. Briefly describe two challenges female veterans often face in transition and propose two steps your non-profit would take to address these two challenges.

**Advice Regarding Veteran Disability Improvement**

You are in charge of a Vet Center, and one of your social workers comes to you with a problem. She has been helping Bob, a combat veteran with PTSD. Bob has made remarkable progress and is almost entirely symptom free. Bob, however, is getting a check from the VA each month based on being 100% disabled. He has pleaded with the social worker to not report his improvement. In fact, he has threatened to “relapse” if the VA tries to reduce his benefits. Based upon the Social Work Code of Ethics and your knowledge of the military and VA, what advice would you give to this social worker? Justify your guidance.

**Responding to Public Anti-Gay Statement**

You are running for Congress, and the Veterans of Foreign Wars has asked you to speak at a monthly dinner. After your talk in which you discussed the problems with recruiting for the military, one of the members stands up and says, “If you want to help recruiting, then you need to stop letting gay people in. It is destroying morale and hurting the military.” What would your response be? Justify your answer.

**Due: Week 15 1/2**

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

Assignment Rubric Score Area	Outstanding	Excellent	Satisfactory	Unsatisfactory
Scenarios 1 – 4 (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 insights.	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.
<b>Administrative (10 points)</b> <ol style="list-style-type: none"> <li>Completed on time.</li> <li>Paper is within the required page range and conforms to other format instructions.</li> <li>Citations, references, and formatting are in accordance with APA requirements.</li> <li>Adhered to additional turn instructions.</li> </ol>				
<b>Late Paper Penalty (5 pts deducted for each day the paper is late without prior approval)</b>				

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

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

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*

No textbooks are assigned in this course.

### *Course Reader*

This syllabus lists the required and recommended readings for the course. Required readings can be found in the electronic reserve library (ARES) using course number 650 or David Bringhurst in the search options.

*Notes:*

- Additional required and recommended readings may be assigned by the instructor throughout the course.
- See **Appendix C** for recommended instructional materials and resources

Course overview begins on the next page

**Course Overview (Fall / Spring)**

<b>Unit/Week #</b>	<b>Date</b>	<b>Topics</b>	<b>Assignments</b>
1	<b>8/26</b>	Society and the Military	
2	<b>9/2</b>	Health Care Doctrine and Policy Approaches within the DoD and VA	
3	<b>9/2</b>	Overview of the Departments of Defense (DoD) and Veteran Affairs (VA) Health Care Mission, Structure and Functions	
4	<b>9/9</b>	Fiscal Management within the DoD and VA	
5	<b>9/16</b>	DoD Policy/Programs and the Social Worker: Policies to Support Families	
6	<b>9/23</b>	DoD Policy/Programs and the Social Worker: Substance and Alcohol/Suicide/PTSD/TBI	Assignment #1 Application Paper
7	<b>9/30</b>	DoD Policy/Programs and the Social Worker: Sexual Assault Prevention and Response	Assignment #2 Policy Presentations, TBD
8	<b>10/7</b>	Combat Healthcare	Assignment #2 Policy Presentations, TBD
9	<b>10/21</b>	VA Programs and the Social Worker	Assignment #2 Policy Presentations, TBD
10	<b>10/28</b>	DoD and Veteran Research Infrastructure	Assignment #2 Policy Presentations, TBD
11	<b>10/28</b>	Non-profits and Veteran Advocacy Groups	Assignment #2 Policy Presentations, TBD
12	<b>11/4</b>	The Military Transition	Assignment #2 Policy Presentations, TBD
13	<b>11/18</b>	Military Social Work and Ethics	Assignment #2 Policy Presentations, TBD
14	<b>11/18</b>	Diversity Policy	Assignment #2 Policy Presentations, TBD
15	<b>12/2</b>	Non-clinical Careers for the Social Worker within the VA and DoD/Burnout/Course Review	Assignment #3 Application Paper

**Detailed description of each unit begins on next page**

## Course Schedule—Detailed Description

### Unit 1

#### Topics

- Military Culture
- Evolving Military Culture
- Military Life

This unit relates to course objective(s) 1 & 4.

#### Required Readings

Hall, L. K. (2011). The Importance of Understanding Military Culture. *Social Work in Health Care, 50*, 4-18. doi:10.1080/00981389.2010.513914

Sarkesian, S. C., & Connor, R. E. (2006). *The US military profession into the twenty-first century: War, peace and politics* (2<sup>nd</sup> Edition). Portland, Oregon: Frank Cass.(Read Chapter 5, Civilian and Military Cultures, pp. 77-91.)

Soeters, J. L., Winslow, D. J., & Weibull, A. (2006). Military culture. In G. Caforio (Ed.) *Handbook of Sociology of the Military* (pp. 237-254). New York, NY: Kluwer Academic/Plenum Publishers. doi:10.1007/0-387-34576-0

#### Recommended Readings

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

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

Hajjar, R. M. (2014; 2013). Emergent postmodern US military culture. *Armed Forces & Society, 40*(1), 118-145. doi:10.1177/0095327X12465261

Kadis, J., & Walls, D. (2006). *Military facts for non-military social workers*. Washington, DC: Veterans Health Association Handbook. (Strongly recommended for students with no experience with the military)

Kohn, R. H. (2009). TARNISHED BRASS: Is the U.S. military profession in decline? *World Affairs, 171*(4), 73-83. doi:10.3200/WAFS.171.4.73-83.

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

### Unit 2

#### Topics

- Health Care Policy
- Role of policy

- Development and dissemination of policy
- Policy evaluation

This unit relates to course objective(s) 2, 3, & 4.

### **Required Readings**

Congressional Budget Office (2017). *Approaches to changing military healthcare*. Washington, DC. (SKIM).

Dewar, C. D., Boulter, J. H., Curry, B. P., Bowers, D. M., & Bell, R. S. (2020). The changing landscape of military medical malpractice: From the Feres doctrine to present. *Neurosurgical Focus*, 49(5), 1-4. <https://doi.org/10.3171/2020.8.focus20594>

Mundell, B. F., Friedberg, M. W., Eibner, C., & Mundell, W. C. (2013). US military primary care: Problems, solutions, and implications for civilian medicine. *Health Affairs (Project Hope)*, 32(11), 1949-1955.

Netting, F. E., Kettner, P., & McMurty, S. L. (2012). Assessing human service organizations. In *Social work macro practice* (5th ed., Chapter. 8, pp. 258-305). Boston, New York, San Francisco: Pearson. (SKIM)

Review these websites:

<https://www.va.gov/vhapublications/publications.cfm?pub=1>

<https://www.health.mil/dha>

<http://www.health.mil/dhapublications>

<http://www.tricare.mil/CoveredServices/HowBenefitBecomesCovered.aspx>.

Review some of the videos at this site: <https://www.youtube.com/user/DARPAtv>.

### **Recommended Readings**

Defense Laboratories Enterprise. Retrieved from [http://www.acq.osd.mil/chieftechologist/publications/docs/Defense\\_Laboratory\\_Enterprise.pdf](http://www.acq.osd.mil/chieftechologist/publications/docs/Defense_Laboratory_Enterprise.pdf)

Department of Defense. (2017). *Joint Publication 4-02: Health Services Support*. Retrieved from [https://www.jcs.mil/Portals/36/Documents/Doctrine/pubs/jp4\\_02ch1.pdf](https://www.jcs.mil/Portals/36/Documents/Doctrine/pubs/jp4_02ch1.pdf). (Read summary and Chapter 1.)

Horne, S., & McCrae, L. (2022). The Military Contribution to Strategic Health Diplomacy. *The RUSI Journal*, 1–12. <https://doi.org/10.1080/03071847.2021.2023325>

Girard, P. (2007). Military and VA telemedicine systems for patients with traumatic brain injury. *Journal of Rehabilitation Research and Development*, 44, 1017-1026.

Parker, V. A., Wubbenhorst, W. H., Young, G.I., Desai, K.R., & Charns, M.P. Implementing Quality Improvement in Hospitals: The Role of Leadership and Culture. *American Journal of Medical Quality*, 14, 64-69. doi: 10.1177/106286069901400109.

Shwel, S. J. (2020). Combating the Feres doctrine. *St. Thomas Journal of Complex Litigation*, 7, 1–13. Retrieved September 30, 2021, from

Sterling, D. D. (2019). *The Feres doctrine: A comprehensive legal analysis*. Center for Law Organization. Retrieved September 26, 2021, from <https://digitalcommons.pepperdine.edu/cgi/viewcontent.cgi?article=2041&context=etd>.

The Feres doctrine. (n.d.). Cornell Law School: Retrieved September 30, 2021, from [https://www.law.cornell.edu/wex/feres\\_doctrine](https://www.law.cornell.edu/wex/feres_doctrine) Weinberger, S. (2008). Military research: The pentagon's culture wars. *Nature*, 455(7213), 583-585. doi:10.1038/455583a

U.S. Department of Justice (2021). *Justice Department Justice department recovers over \$2.2 billion from false Claims Act cases in fiscal year 2020*. The United States Department of Justice. <https://www.justice.gov/opa/pr/justice-department-recovers-over-22-billion-false-claims-act-cases-fiscal-year-2020>.

### Unit 3

#### Topics

- Structure and Function of the Military Health System (DoD) and the VA Health Care System
- Services for military members, veterans, and their families
- Role of policy within the DoD and VA
- Wellness research within the DoD
- Military laboratories and infrastructure
- VA research centers

This unit relates to course objective(s) 2, 3, & 5.

#### Required Readings

Department of Defense. (February, 2019). *Evaluation of the Tricare Program: Fiscal Year 2019) Report to Congress*. (Read page 1-44, SKIM the rest.)

Department of Defense. (August, 2014). *Final Report to the Secretary of Defense: Military Health System Review*. Washington, D.C. (Overview of DoD's Military Health System (pp. 19-32).

Department of Veterans Affairs. (2019). *Federal Benefits of Veterans, Dependents, and Survivors*. (Read Chapter 1 Health Care Benefits, pp. 1-13, SKIM the rest). Retrieved from [https://www.va.gov/opa/publications/benefits\\_book/2016\\_Federal\\_Benefits\\_for\\_Veterans.pdf](https://www.va.gov/opa/publications/benefits_book/2016_Federal_Benefits_for_Veterans.pdf)

Jansen, D. J. (2014). Military medical care: questions and answers. *Congressional Research Service*. [www.crs.gov](http://www.crs.gov). RL33537.

Resnik, L., Reiber, G. E., Steager, P., Evans, R.K., Barnabe, K., & Harris, J. (2013). VA/DoD *Collaboration guidebook for healthcare research*. <http://www.research.va.gov/va-dod/va-dod-guidebook-2013.pdf>. (Read pp. 1-16, Skim the rest.)

Smith, D. J., Bono, M.D., & Slinger, B. J. (2017). Transforming the military health system. *JAMA*, 318(24), 2427-2428.

Review the following websites:

<http://www.defense.gov/>

<http://www.va.gov/>

### **Recommended Readings**

Department of Veterans Affairs. (n.d.). VA History in Brief. Retrieved from [http://www.va.gov/opa/publications/archives/docs/history\\_in\\_brief.pdf](http://www.va.gov/opa/publications/archives/docs/history_in_brief.pdf).

Department of Veterans Affairs. (2014). *Federal Benefits of Veterans, Dependents, and Survivors*. Retrieved from [http://www.va.gov/opa/publications/benefits\\_book/2014\\_Federal\\_Benefits\\_for\\_Veterans\\_English.pdf](http://www.va.gov/opa/publications/benefits_book/2014_Federal_Benefits_for_Veterans_English.pdf).

## **Unit 4**

### **Topics**

- Overview of the Congressional budget process
- Plans, Program, Budgeting and Execution (PPBE)

This unit relates to course objective(s) 2 & 5.

### **Required Readings**

Department of Defense. (February, 2019). *Evaluation of the Tricare Program: Fiscal Year 2019 Report to Congress*. (Read page 173-198, SKIM the rest.)

Garrick J. (2017) Whistleblowers Can Benefit from Peer Support to Remain Resilient while Dealing with Organizational Retaliation and Adversity. *Federal Practitioner*, 34(7), 38-41.

Gregerson, B. (2012). Curing military health care. *Armed Forces Journal*, 14.

Shevin-Coetzee, M. (2016). The Labyrinth Within: Reforming the Pentagon's Budgeting Process. Center for New American Security. Retrieved from [https://www.jstor.org/stable/resrep06219?seq=1#metadata\\_info\\_tab\\_contents](https://www.jstor.org/stable/resrep06219?seq=1#metadata_info_tab_contents).

Video: The PPBE System: <https://www.youtube.com/watch?v=LVe9E1qCwsY>

### **Recommended Readings**

Department of Defense (2006). Department of Defense planning, programming, budgeting, and execution system (PPBE) process/Army planning, programming, planning, budgeting and execution (PPBE) process – An executive primer. Access at: <http://www.acqnotes.com/Attachments/Army%20PPBE%20Executive%20Primer.pdf>.

Department of Defense. (2014). Planning and Programming. *Defense Contract Management Agency*.

Holcombe, S.G. & Johnston, N.C. (2008). Analysis of the PPBE Process in the current dynamic political environment. Naval Postgraduate School, Monterey, CA.

Smith, B. (2012). Understanding the PPBE Process. *Navy Supply Corps Newsletter*, 75, ISSN 0360-716X.

## Unit 5

### Topics

- Family Advocacy Program (FAP)
- Exceptional Family Member Program
- Support Programs

This unit relates to course objective(s) 2, 3, 4, & 5.

### Required Readings

Blaisure, K. R., Saathoff-Wells, T. Pereira, A. Wadsworth, S. M. & Dombro, A. L. (2016). *Serving Military Families: Theories, Research, and Application* (2<sup>nd</sup> Edition). (Read Chapter 11, pp. 259-286.). New York: Rutledge.

*Military Personnel: DOD Should Improve Its Oversight of the Exceptional Family Member Program.* (2018). US Government Accountability Office. SKIM

Milner, J. S. (2015). Child maltreatment in United States military families: The military family advocacy program has given increased attention to the prevention of family violence. *Child Abuse & Neglect*, 47, 102-118.

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). Hoboken, NJ: Wiley & Sons, Inc.

Review these websites:

<https://www.militaryonesource.mil/>

<https://nrd.gov/resource/detail/21073324/Joint+Services+Support>

### Recommended Readings

Department of the Air Force. (2015). *Air Force Instruction 40-301: Family Advocacy Program.*

Department of the Army. (2011). *Army Regulation 608-18: The Family Advocacy Program.*

Lutgendorf, M. A., Snipes, M. A., Rau, T., Busch, J. M., Zelig, C. M., & Magann, E. F. (2012). Reports to the navy's family advocacy program: Impact of removal of mandatory reporting for domestic violence. *Military Medicine*, 177(6), 702-708. doi:10.7205/MILMED-D-11-00436

Military OneSource. (2021, September 2). *EFMP information & resources for military families*.  
<https://www.militaryonesource.mil/family-relationships/special-needs/exceptional-family-member/exceptional-family-member-program-the-essentials/>

## Unit 6

### Topics

- Alcohol and Substance Abuse Program (ASAP)
- Suicide
- Post-Traumatic Stress Disorder
- Traumatic Brain Injury

This unit relates to course objective(s) 2, 3, 4, & 5.

### Required Readings

Congressional Research Service. (2013). *Post-traumatic stress disorder and other mental health problems in the military*. CRS report.

Olenick, M., Flowers, M., & Diaz, V. (2015). US veterans and their unique issues: Enhancing health care professional awareness. *6*, 635-639.

Thomas, S. (2021). *Substance abuse in the active military personnel*. American Addiction Center.  
<https://americanaddictioncenters.org/occupational-stress-influences/military-substance-abuse>

### Recommended Readings

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

Department of Defense. (2014). *Problematic Substance Use by DOD Personnel*. Number 1010.04. Retrieved from <http://www.dtic.mil/whs/directives/corres/pdf/101004p.pdf>.

Department of Defense (2015). *Department of Defense Strategy of Suicide Prevention*. Retrieved from [http://www.dspo.mil/Portals/113/Documents/TAB%20B%20-%20DSSP\\_FINAL%20USD%20PR%20SIGNED.PDF](http://www.dspo.mil/Portals/113/Documents/TAB%20B%20-%20DSSP_FINAL%20USD%20PR%20SIGNED.PDF) (Read Sections 1 and 2).

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

Institute of Medicine (IOM). (2012). *Substance use disorders in the U.S. armed forces*. (Read Chapter 6, pp. 137-183.) Washington, DC: National Academies Press.

Miech, R. A., London, A. S., Wilmoth, J. M., & Koester, S. (2013). The effects of the military's antidrug policies over the life course: The case of past-year hallucinogen use. *Substance use & Misuse*, 48(10), 837-853. doi:10.3109/10826084.2013.800120

- Moore, M. (2013). Mild traumatic brain injury: Implications for social work research and practice with civilian and military populations. *Social Work in Health Care*, 52(5), 498-518.
- Yarvis, J. (2013). Posttraumatic stress disorder (PTSD) in veterans. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 81-97). Hoboken, NJ: Wiley.
- Walton, T. O., Walker, D. D., Kaysen, D. L., Roffman, R. A., Mbilinyi, L., & Neighbors, C. (2013). Reaching soldiers with untreated substance use disorder: Lessons learned in the development of a marketing campaign for the warrior check-up study. *Substance use & Misuse*, 48(10), 908-921. doi:10.3109/10826084.2013.797996.

## Unit 7

### Topics

- Military Sexual Assaults
- SAPR

This unit relates to course objective(s) 1, 2, 3, & 4.

### Required Readings

- Castro, C. A., Kintzle, S., Schuyler, A. C., Lucas, C. L., & Warner, C. H. (2015). Sexual assault in the military. *Current Psychiatry Reports*, 17(7), 1-13. doi:10.1007/s11920-015-0596-7
- Department of Defense. (2015). *Sexual Assault Prevention and Response Program Procedures*. Retrieved from <http://www.dtic.mil/whs/directives/corres/pdf/649502p.pdf>. (SKIM)
- National Defense Research Institute. (2014). Top-Line estimates for active-duty service members from the 2014 RAND military workplace study. *Sexual assault and sexual harassment in the U.S. military*. (Read pages 9-30). Retrieved from [http://www.rand.org/content/dam/rand/pubs/research\\_reports/RR800/RR870/RAND\\_RR870.pdf](http://www.rand.org/content/dam/rand/pubs/research_reports/RR800/RR870/RAND_RR870.pdf).

Review this website: <http://www.sapr.mil/>

### Recommended Readings

- Sexual assault in the military: Sexual misconduct and the culture of the U.S. armed forces. (2013). *Congressional Digest*, 92(8), 1.
- U.S. Commission on Civil Rights. (2013). *Sexual Assault in the Military*. Retrieved from [http://www.usccr.gov/pubs/09242013\\_Statutory\\_Enforcement\\_Report\\_Sexual\\_Assault\\_in\\_the\\_Military.pdf](http://www.usccr.gov/pubs/09242013_Statutory_Enforcement_Report_Sexual_Assault_in_the_Military.pdf)

## Unit 8

### Topics

- Military medicine
- Casualty Care

- Resilience

This unit relates to course objective(s) 1, 3, 4, & 5.

### **Required Readings**

Department of the Air Force. (2014). *TTP 3-42.71, Expeditionary Medical Support (EMEDS) and Air Force Theater Hospital (AFTH)*. (SKIM).

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

Kellerman, A. L. & Elster, E. (Eds.) (2017). *Out of the Crucible: How the US Military Transformed Combat Casualty Care in Iraq and Afghanistan*. Department of Defense, Department of the Army, Borden Institute. (Read pp. 53-82).

Spelman, J., Hunt, F., Seal, S., & Burgo-Black, C. (2012). Post Deployment Care for Returning Combat Veterans. *Journal of General Internal Medicine*, 27(9), 1200-1209.

Review these websites:

<http://militarymedic.com/combat-support-hospital/>

<http://www.airforcemedicine.af.mil/>

<http://www.med.navy.mil/Pages/default.aspx>

### **Recommended Readings**

Blackbourne, L. H., Baer, D. G., Eastridge, B. J., Renz, E. M., Chung, K. K., Dubose, J., . . . Holcomb, J. B. (2012). Military medical revolution: Deployed hospital and en route care. *The Journal of Trauma and Acute Care Surgery*, 73(6 Suppl 5), S378-S387. doi:10.1097/TA.0b013e3182754900

Donohue, J., H J. (1992). A combat support hospital in the gulf war. *Physician Executive*, 18(1), 29.

Gibbons, S. W., Shafer, M., Aramanda, L., Hickling, E. J., & Benedek, D. M. (2014). Combat health care providers and resiliency: Adaptive coping mechanisms during and after deployment. *Psychological Services*, 11(2), 192-199.

Hatzfeld, J. J., Dukes, S., & Bridges, E. (2014). Innovations in the en route care of combat casualties. *Annual Review of Nursing Research*, 32, 41.

Harvis, L. H. (2010). *Rescue from chaos: USAF responds to disaster in Haiti*. Dog Ear Publishing.

Johannigman, J. (2008). Maintaining the continuum of en route care. *Critical Care Medicine*, 36(7 Suppl), S377-S382. doi:10.1097/CCM.0b013e31817e31e1

Mitka, M. (2013). Combat casualty care research. *Journal of the American Medical Association*, 309(14), 1452. doi:10.1001/jama.2013.3559

Owens, B. D., Kragh, J., John F, Wenke, J. C., Macaitis, J., Wade, C. E., & Holcomb, J. B. (2008). Combat wounds in operation iraqi freedom and operation enduring freedom. *The Journal of Trauma: Injury, Infection, and Critical Care*, 64(2), 295-299. doi:10.1097/TA.0b013e318163b875

Sorbero, M. E., Olmsted, S. S., Morganti, K. G., Burns, R. M., Haas, A. C., & Biever, K. (2013). *Improving the deployment of army health care professionals: An evaluation of PROFIS*. RAND Corporation.

## Unit 9

### Topics

- Homelessness
- Vocational Rehabilitation
- Patient and Family
- Veteran Courts
- The GI Bill

This unit relates to course objective(s) 3, 4, & 5.

### Required Readings

Balshem, H., Christensen, V. A., Tuepker, A. (2011). *A critical review of the literature regarding homelessness among veterans*. Washington, DC: Department of Veterans Affairs, Veterans Health Administration, Health Services Research & Development Service. (Read the Executive Summary.)

Felder, S., & Delany, P. J. (2020). The life course of homeless female veterans: Qualitative study findings. *Journal of Military, Veteran and Family Health*, 6(S3), 31–39.  
<https://doi.org/10.3138/jmvfh-2020-0006>

Gundlapalli, A. V., Fargo, J. D., Metraux, S., Carter, M. E., Samore, M. H., Kane, V., & Culhane, D. P. (2015). Military misconduct and homelessness among US veterans separated from active duty, 2001-2012. *JAMA*, 314(8), 832-834.

Katz, I. R. (2012). Geriatric psychiatry in the department of veterans affairs: Serving the needs of aged and aging veterans. *The American Journal of Geriatric Psychiatry*, 20(3), 195-198.

Roberts, J. (2013). Navigating systems of care. In A. Rubin, E. Weiss, & J. Coll (Eds.), *Handbook of military social work* (pp. 271-280). Hoboken, NJ: Wiley.

Review this website: <http://www.benefits.va.gov/gibill/>

Review this website: <https://www.va.gov/oig/>

### Recommended Readings

Altschuler, G. C., Blumin, S. M. (2009). *The GI bill: A new deal for veterans*. New York: Oxford University Press.

Belanger, H. G., Uomoto, J. M., & Vanderploeg, R. D. (2009). The veterans health administration system of care for mild traumatic brain injury: Costs, benefits, and controversies. *The Journal of Head Trauma Rehabilitation*, 24(1), 4-13. doi:10.1097/HTR.0b013e3181957032

Bradley, M. H. (2010). *Veterans' benefits and care*. Hauppauge, N.Y: Nova Science Publishers.

Slattery, M., Dugger, M. T., Lamb, T. A., & Williams, L. (2013). Catch, treat, and release: Veteran treatment courts address the challenges of returning home. *Substance use & Misuse, 48*(10), 922-932. doi:10.3109/10826084.2013.797468

United States. Government Accountability Office. (2012). *Recovering servicemembers and veterans: Sustained leadership attention and systematic oversight needed to resolve persistent problems affecting care and benefits: Report to congressional committees*. Washington, D.C.: United States Government Accountability Office.

## Unit 10

### Topics

- Wellness research within the DoD
- Military laboratories and infrastructure
- VA research centers

This unit relates to course objective(s) 1, 2, 3, 4, & 5.

### Required Readings

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

Meredith, L. S., Sherbourne, C. D., Gaillot, S., Hansell, L., Ritschard, H. V., Parker, A. M., & Wrenn, G. (2011). *Promoting psychological resilience in the U.S. military*. Santa Monica, CA: RAND: Center for Military Health Policy Research. (Read Chapter 3, pp. 31-66)

Review these websites:

Defense Centers of Excellence: <https://www.health.mil/Military-Health-Topics/Centers-of-Excellence>

National Center for PTSD: <http://www.ptsd.va.gov/>

### Recommended Readings

Defense Laboratories Enterprise. Retrieved from [http://www.acq.osd.mil/chieftechologist/publications/docs/Defense\\_Laboratory\\_Enterprise.pdf](http://www.acq.osd.mil/chieftechologist/publications/docs/Defense_Laboratory_Enterprise.pdf)

Girard, P. (2007). Military and VA telemedicine systems for patients with traumatic brain injury. *Journal of Rehabilitation Research and Development, 44*, 1017-1026.

Weinberger, S. (2008). Military research: The pentagon's culture wars. *Nature, 455*(7213), 583-585. doi:10.1038/455583a

## Unit 11

### Topics

- What is a non-profit?
- Organization and role of non-profits as veteran support organizations
- Influence and impact of veteran advocacy groups

This unit relates to course objective(s) 1, 4, & 5.

### Required Readings

Boris, E. T. (2012). Introduction—Nonprofit organizations in a democracy: Varied roles and responsibilities. In E. T. Bois & Steuerle, C. E. (Eds.) *Nonprofits & government: Collaboration & conflict* (2nd ed.). Washington, D.C: Urban Institute Press.

Flynn, M., Hassan, A. M., & West, K. (2012). Emerging Community Mental Health Challenge: Meeting the needs of veterans and families impacted by military service. In J. Rosenberg and J. Rosenberg (Eds), *Community Mental Health: Challenges for the 21<sup>st</sup> Century* (2<sup>nd</sup> Edition) (Chapter 4, pp. 45-62). New York: Routledge.

Wilson, C. E. (2013). Leadership, collaboration, and Veterans-Related nonprofit organizations. *Journal of Leadership Studies*, 7(1), 48-53. doi:10.1002/jls.21279

Zacchea, M. (2013). Veteran's advocacy: Social justice and healing through activism. In R. M. Scurfield & K. T. Platoni (Eds.), *Healing war trauma: A handbook of creative approaches* (Chapter 3, pp. 30-44). New York, NY: Taylor & Francis.

Review these websites:

<http://servicewomen.org/>

<http://www.militaryreligiousfreedom.org/appeal-2015/appeal.html>

<http://www.militaryfamily.org/about-us/>

<http://www.woundedwarriorproject.org/>

### Recommended Readings

Balassiano, K., & Chandler, S. M. (2010). The emerging role of nonprofit associations in advocacy and public policy: Trends, issues, and prospects. *Nonprofit and Voluntary Sector Quarterly*, 39(5), 946-955. doi:10.1177/0899764009338963

Levasseur, D. G. (2005). The role of public opinion in policy argument: An examination of public opinion rhetoric in the federal budget process. *Argumentation and Advocacy*, 41, 64-79.

## Unit 12

### Topics

- Military Transition Theory
- Individual and role of DoD and VA in the transition process
- Role of the community in the transition process

This unit relates to course objective(s) 1, 3, & 5.

### Required Readings

Buddin, R. & Kapur, K. (2005). An analysis of military disability compensation. Santa Monica, CA: RAND. Retrieved from <http://www.rand.org/pubs/monographs/MG369.html> (Read Chapters 1 and 2).

Heflin, C. M., Hodges, L. B., & London, A. (2017). TAPped out: A study of the Department of Defense's Transition Assistance Program. In L. Hicks, E. L. Weiss, & J. E. Coll (Editors) *The civilian lives of U.S. veterans: Issues and identities*. Praeger, and imprint of ABC-CLIO, LLC.

Ward, B. K. (2020). Major barriers facing veteran transition from military to civilian workforce: suggested strategies. *International Journal of Business and Public Administration*, 17(2), 60-85. [https://link.gale.com/apps/doc/A651190532/GPS?u=usocal\\_main&sid=bookmark-GPS&xid=d5127e3](https://link.gale.com/apps/doc/A651190532/GPS?u=usocal_main&sid=bookmark-GPS&xid=d5127e3)

### Recommended Readings

Amdur, D., Batres, A., Belisle, J., Brown, J. H., Cornis-Pop, M., Mathewson-Chapman, M... Washam, T. (2012). VA integrated post-combat care: a systematic approach to caring for returning veterans. In Beder, J. (Ed.), *Advances in social work practice with the military* (Chapter 16, pp. 253-262). New York: Routledge. doi:10.4324/9780203825747

Burnett-Zeigler, I., Valenstein, M., Ilgen, M., Blow, A. J., Gorman, L. A., & Zivin, K. (2011). Civilian employment among recently returning Afghanistan and Iraq national guard veterans. *Military Medicine*, 176(6), 639-646. doi:10.7205/MILMED-D-10-00450

Castro, C. A. (2014). The US framework for understanding, preventing, and caring for the mental health needs of service members who served in combat in Afghanistan and Iraq: A brief review of the issues and the research. *European Journal of Psychotraumatology*, 5, 1-12. doi:10.3402/ejpt.v5.24713

Department of the Army (2012). *Physical evaluation for retention, retirement, or separation*. Army Regulation 635-40.

Hazle, M., Wilcox, S.L., & Hassan, A.M. (2012). Helping veterans and their families fight on! *Advances in Social Work*, 13(1), 229-242.

Heaton, P., Loughran, D. S., & Miller, A. R. (2012). *Compensating wounded warriors: An analysis of injury, labor market earnings, and disability compensation among veterans of the Iraq and Afghanistan wars*. Santa Monica, Calif: RAND. doi:10.7249/mg1166osd

Hudak, R. P., Morrison, C., Carstensen, M., Rice, J. S., & Jurgensen, B. R. (2009). The U.S. army wounded warrior program (AW2): A case study in designing a nonmedical case management

program for severely wounded, injured, and ill service members and their families. *Military Medicine*, 174(6), 566-571. doi:10.7205/MILMED-D-04-0408

Institute of Medicine (2010). *Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members, and their families*. Washington, D.C: National Academies Press.

Muller, L. S., Early, N. & Ronca, J. (2014). Veterans who apply for social security disability worker benefits after receiving a department of veterans affairs rating of “total disability” for service-connected impairments: characteristics and outcomes. *Social Security Bulletin*, 74, No. 3. Retrieved from <http://www.ssa.gov/policy/docs/ssb/v74n3/v74n3p1.html>.

Panangala, S.V. & Jansen, D.J. (2011). *TRICARE and VA health care: Impact of the patient protection and affordable care act (PPACA)*. Congressional Research Service. Retrieved from [http://www.ncsl.org/documents/health/TRICARE&VA\\_PPACA.pdf](http://www.ncsl.org/documents/health/TRICARE&VA_PPACA.pdf).

Scott, C., Panangala, S.V. & Henning, C. A. (2010). Disability evaluation of military service members. In M. H. Bradley (Ed.), *Veterans' benefits and care* (Chapter 6, pp. 123-142). Hauppauge, N.Y: Nova Science Publishers.

Veterans Administration (2014). Federal Benefits for Veterans, Dependents, and Survivors. [http://www.va.gov/opa/publications/benefits\\_book/2014\\_Federal\\_Benefits\\_for\\_Veterans\\_English.pdf](http://www.va.gov/opa/publications/benefits_book/2014_Federal_Benefits_for_Veterans_English.pdf)

Wilcox, S. L., Oh, H., Redmond, S. A., Chicas, J., Hassan, A. M., Lee, P., & Ell, K. (2015). A scope of the problem: Post-deployment reintegration challenges in a National Guard unit. *Work (Reading, Mass.)*, 50(1), 73-83.

Wilcox, S. L., Redmond, S., & Hassan, A. M. (2014). Sexual functioning in military personnel: Preliminary estimates and predictors. *The Journal of Sexual Medicine*, 11(10), 2537-2545. doi:10.1111/jsm.12643

William, M. B. (2013). Slogging the bog of war to return to the world of work. In R. M. Scurfield & K. T. Platoni (Eds.), *Healing war trauma: A handbook of creative approaches* (Chapter 18, pp. 273-286). New York, NY: Taylor & Francis.

## Unit 13

### Topics

- Challenges of Military Social Work
- Ethical Challenges

This unit relates to course objective(s) 2, 3, 4, & 5.

### Required Readings

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

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

St. Cyr, K., Liu, J. J., Cramm, H., Nazarov, A., Hunt, R., Forchuk, C., Deda, E., & Richardson, J. D. (2022). “You can’t un-ring the bell”: A mixed methods approach to understanding veteran and family perspectives of recovery from military-related posttraumatic stress disorder. *BMC Psychiatry, 22*(1). <https://doi.org/10.1186/s12888-021-03622-3>

### **Recommended Readings**

Hall, J. C. (2009). Utilizing social support to conserve the fighting strength: Important considerations for military social workers. *Smith College Studies in Social Work, 79*(3/4), 335-343.

Jeffrey, T. B., Rankin, R. J., & Jeffrey, L. K. (1992). In service of two masters: The ethical-legal dilemma faced by military psychologists. *Professional Psychology: Research and Practice, 23*(2), 91-95. (Classic reading)

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

## **Unit 14**

### **Topics**

- LGBTQI in the military
- Race and ethnicity issues in the military
- Gender, Sex, and the Military

This unit relates to course objective(s) 1, 2, 3, & 4.

### **Required Readings**

Belkin, A., Ender, M. G., Frank, N., Furia, S. R., Lucas, G., Packard, G., & Segal, D. R. (2013). Readiness and DADT repeal: Has the new policy of open service undermined the military? *Armed Forces & Society, 39*(4), 587-601.

Burk, J., & Espinoza, E. (2012). Race relations within the U.S. military. *Annual Review of Sociology, 38*, 401-422. Congressional Research Service (7-5700), R40795.

Matthews, M. & Lim, N. (2015). *Improving the timeliness of equal employment opportunity complaint processing in department of defense*. Santa Monica, Calif: RAND Corporation. (Read the Summary and Chapter 2).

Truhon, S. A. (2008). Equal opportunity climate in the United States military: Are differences in the eye of the beholder? *European Journal of Work and Organizational Psychology, 17*(1), 153-169. doi:10.1080/13594320701643535

### **Recommended Readings**

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

Department of Defense. (2015). *Department of Defense Military Equal Opportunity (MEO) Program*. Retrieved from <http://dtic.mil/whs/directives/corres/pdf/135002p.pdf>.

Crompvoets, S. (2011). The health and wellbeing of female veterans: A review of the literature. *Journal of Military and Veterans Health, 19*(2), 25-31.

Feder, J. (2013). "Don't Ask, Don't Tell": A Legal Analysis. Congressional Research Service. Retrieved from <https://www.fas.org/sgp/crs/misc/R40795.pdf>.

Pierce, P. F. (2006). The role of women in the military. In T. Britt, A. Adler, & C. Castro (Eds.), *Military life* (vol. 4, pp. 97-118). Westport, CT: Praeger Security International.

Titunik, R.F. (2000). The First Wave: Gender Integration and Military Culture. *Armed Forces & Society, 26*, 229-257. doi: 10.1177/0095327X0002600204

## Unit 15

### Topics

- Careers within the DoD – uniformed officers or civilians
- Careers with the VA
- Careers within non-profits
- Research career

This unit relates to course objective(s) 1, 2, 3, 4, & 5.

### Required Readings

Beder, J. C. (2012). Social work in the department of defense hospital: Impact of the work. *Advances in Social Work, 13*(1), 132-148.

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

Harrington, D., Bean, N., Pintello, D., & Mathews, D. (2001). Job satisfaction and burnout: Predictors of intentions to leave a job in a military setting. *Administration in Social Work, 25*(3), 1-16. doi:10.1300/J147v25n03\_01

Review this website for social work jobs: <https://www.usajobs.gov/>

Review these websites:

<http://www.vacareers.va.gov/application-process/navigating/top-10.asp>

### List of Appendices

- A. Detailed Descriptions of Social Work Core Competencies Highlighted in this Course
- B. Definitions of Grades and Standards Established by Faculty of the School
- C. Recommended Instructional Materials and Resources
- D. Suzanne Dworak-Peck School of Social Work DEI Statement
- E. University Policies and Guidelines
- F. 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
<p><b>Competency 5: Engage in Policy Practice</b> Social workers understand that policy and its implementation at the federal, state, and local levels mediate human rights of individuals and social justice. Social workers understand the history and current structures of social policies and service delivery systems, the role of policy in service delivery, and the role of practice in policy development. Social workers actively engage in policy practice to effect change in communities, organizations and businesses. Social workers understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy, and are knowledgeable about policy formulation.</p>	<p><b>1.</b> Explain the complex interaction between civilian society and the military as two distinct yet interactive cultures.</p>	<p><b>5a.</b> Identify social policies at the state, federal and global levels that emphasize the financial and personal well-being of individuals, families and communities</p>	<p>Skills</p>	<p><b>Unit 1:</b> Society and the Military</p> <p><b>Unit 3:</b> Health Doctrine and Policy Approaches within the DoD and VA</p> <p><b>Unit 5:</b> DoD Policy/Programs and the Social Worker: Policies to Support Families</p> <p><b>Assignment 1:</b> Application Paper</p> <p><b>Assignment 2:</b> Policy Presentation</p>
<p><b>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</b> Social workers are knowledgeable about evidence-based interventions that help them best address the goals of their clients and the systems that serve them. Social workers are able to intervene effectively at individual, group, and system levels. Social workers understand methods of identifying, analyzing and implementing evidence-informed interventions to promote the well-being of individuals. Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require</p>	<p><b>3.</b> Describe the major programs within the VA and DoD where the social worker plays a key role such as mental health, homelessness, vocational rehabilitation, GI bill, family advocacy, and prevention of sexual assault, suicide, domestic violence and</p>	<p><b>8a.</b> Use knowledge of evidence-informed interventions to initiate actions that enhance the capacity and sustainability of organizations</p>	<p>Knowledge</p>	<p><b>Unit 2:</b> Overview of the Departments of Defense (DoD) and Veteran Affairs (VA) Health Structure and Functions</p> <p><b>Unit 6:</b> DoD Policy/Programs and the Social Worker: Substance and Alcohol</p> <p><b>Unit 7:</b> DoD Policy/Programs and the Social Worker: Sexual Assault Prevention and Response</p>

<p>interdisciplinary, inter-professional, and inter-organizational collaboration.</p>	<p>alcohol and substance abuse</p>			<p><b>Unit 9:</b> VA Programs and the Social Worker</p> <p><b>Unit 10:</b> DoD and Veteran Research Structure</p> <p><b>Unit 13:</b> The Military Health System, TRICARE, and Medical Discharges</p> <p><b>Assignment 2:</b> Policy Presentation</p> <p><b>Assignment 3:</b> Application Paper</p>
---	------------------------------------	--	--	--

## **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***

American Psychological Association. (2019). *Publication manual of the American Psychological Association* (7th ed.). American Psychological Association

## **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](#), abide by the [CSWE Educational Policy and Accreditation Standards](#), and address the [American Academy of Social Work and Social Welfare, Grand Challenges for Social Work](#).

## **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 ([mcmacias@usc.edu](mailto:mcmacias@usc.edu)) of any anticipated absence or reason for tardiness.

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

Please refer to [SCampus](#) and to the [USC School of Social Work Policies and Procedures](#) 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>

### **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.symlicity.com/care\\_report/index.php/pid422659?](https://usc-advocate.symlicity.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 Disability Services and Programs

<https://dsp.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.