Cohen Veterans Network

SPECIALIZED PRACTICE CURRICULAR GUIDE *for* MILITARY SOCIAL WORK

2015 EPAS Curricular Guide Resource Series

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2015 EPAS Curricular Guide
Resource Series

Council on Social Work Education
Alexandria, Virginia

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Council on Social Work Education

Cohen Veterans Network

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Preface

COMPETENCY-BASED EDUCATION

In 2008 the Council on Social Work Education (CSWE) adopted a competency-based education framework for its educational policy and accreditation standards. Competency-based education rests on a shared view of the nature of competence in professional practice. Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being. The *Educational Policy and Accreditation Standards* (EPAS) recognizes a holistic view of competence, that the demonstration of competence is informed by knowledge, values, skills, and cognitive and affective processes that include the social worker's critical thinking, affective reactions, and exercise of judgment regarding unique practice situations. Overall professional competence is multidimensional and composed of interrelated competencies. An individual social worker's competence is developmental and dynamic, changing over time in relation to continuous learning (CSWE, 2015, p. 6).

Competency-based education is an outcome-oriented approach to curriculum design. The goal of the outcome approach is to ensure that students can demonstrate the integration and application of the competencies in practice. In EPAS, social work practice competence consists of nine interrelated competencies and component behaviors that consist of knowledge, values, skills, and cognitive and affective processes.

Using a curriculum design that begins with the outcomes, expressed as the expected competencies, programs develop the substantive content,

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pedagogical approaches, and educational activities that provide learning opportunities for students to demonstrate the competencies (CSWE, 2015, p. 6).

SOCIAL WORK COMPETENCIES

The 2015 EPAS stipulates nine competencies for the social work profession. These competencies apply to both generalist and specialized practice. The nine social work competencies are listed in the 2015 EPAS on pp. 7–9. Each of the nine social work competencies is followed by a paragraph that describes the dimensions (knowledge, values, skills, and cognitive and affective processes) that make up the competency at the generalist level of practice. This paragraph informs the content that should be reflected in the generalist social work curriculum and represents the underlying content and processes that inform the behaviors.

The bullet points under the paragraph descriptions in the EPAS are a set of behaviors that integrate the dimensions of the competency and represent observable components of each competency. The dimensions of the competency inform the behaviors.

SPECIALIZED PRACTICE

Specialized practice builds on generalist practice, as described in Educational Policy (EP) 2.0 of the 2015 EPAS, adapting and extending the social work competencies for practice with a specific population, problem area, method of intervention, perspective, or approach to practice. Specialized practice augments and extends social work knowledge, values, and skills to engage, assess, intervene, and evaluate within an area of specialization. Specialized practitioners advocate with and on behalf of clients and constituencies in their area of specialized practice. Specialized practitioners synthesize and use a broad range of interdisciplinary and multidisciplinary knowledge and skills based on scientific inquiry and best practices and consistent with social work values. Specialized practitioners engage in and conduct research to inform and improve practice, policy, and service delivery.

The master's program in social work prepares students for specialized practice. Programs identify the specialized knowledge, values, skills, cognitive and

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affective processes, and behaviors that extend and enhance the nine social work competencies and prepare students for practice in the area of specialization (CSWE, 2015, p. 12).

FRAMEWORK FOR THE GUIDE

The CSWE Commission on Educational Policy (COEP) developed a framework for the development of curricular guides for areas of specialized practice. The task force followed the guidelines for creating military social work competencies and curricular resources that reflect accreditation standards for master's programs, listed here:

1) Identification of an area of specialized practice for a specific population, problem area, method of intervention, perspective, or approach to practice in social work (EP M2.1).
2) Discussion of how the area of specialized practice builds on generalist practice as described in EP 2.0 (AS M2.1.1).
3) Identification of the specialized knowledge, values, skills, cognitive and affective processes, and behaviors that extend and enhance the nine social work competencies and prepare students for practice in the area of specialization identified (EP M2.1 and AS M2.1.3).
4) Suggested curriculum content and resources (e.g., readings, multimedia and online resources, modules, assignments, experiential exercises, class and field activities) for each of the nine social work competencies and any additional competencies identified. The curriculum content and resources identified in this guide are not required by accreditation standards and are meant to serve as an optional guide to programs on how to conceptualize military social work practice with the nine social work competencies identified in the 2015 EPAS.
5) Identification of the competency dimensions (knowledge, values, skills, and cognitive and affective processes) associated with the course content for each competency.

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ORGANIZATION OF THE GUIDE

Congruent with the 2015 EPAS and framework developed by CSWE's COEP, specialized practice in military social work builds on generalist practice but augments and extends social work knowledge, values, and skills to engage, assess, intervene, and evaluate within this area of specialization. Accordingly, for each of the competencies identified in this guide, there is a paragraph description of the dimensions—military knowledge, values, skills, and cognitive and affective processes—that make up the competency and prepare students for military social work practice. This is followed by a set of three or four behaviors to be attained by practitioners who are working with and on behalf of military personnel and their constituencies. Readings, in-class exercises, media and assignments, and whether they address knowledge, values, skills, or cognitive and affective processes are identified for each of the competencies. Descriptions of shorter selected assignments and in-class exercises for each competency are shown in the curricular map; longer activities or additional details are given in the appendices.

REFERENCE

Council on Social Work Education. (2015). *Educational policy and accreditation standards*. Retrieved from https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx

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Introduction

In 2010 the Council on Social Work Education (CSWE) published the first guidelines for advanced practice in military social work, describing core competencies central to specialized social work service to our nation's military, veterans, and their families. The introduction to the first guide laid out a thoughtful chronology of the relationship between social work and the military, dating back to as early as 1918. The scope of practice outlined in the first guide is grounded in knowledge that every war and conflict can impart lasting injuries on individuals, families, and communities. By 2010, we were learning as a profession, and a nation, that current systems were unprepared to support the complex consequences of a decade of war. At the time the original guide was drafted, in 2010, our engagement in Iraq and Afghanistan had already exceeded the duration of any American war before it. Eight years later, we remain a nation at war.

Military social work has mobilized in the last decade to significantly improve social and institutional capacities to care for those who have served. Through research, practice, and advocacy, military social work has made significant contributions to the development of interventions, programs, and policies supporting veterans, service members, and military families. Military social workers have ensured the expansion of services to military families and veterans not otherwise eligible for health care and legal services. At the same time, the uniformed services have significantly increased the number of active duty social workers who wear the uniform, deploy, and serve their clients and their nation in a unique capacity.

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In the last 8 years, we have improved our national understanding of the injuries, issues, and strengths of service members, veterans, and military families. New issues emerge when children who watched their parents deploy during the early years of the war are now deploying themselves. Women are increasingly serving in combat capacities. Military sexual trauma and openly serving LGBTQ service members are now part of a national dialogue. Specialized education to prepare social work students and professional social workers to serve military, veterans, and families is as essential as it was in 2010. Through explicit course work, field experience, and clinical supervision, specialized social work practitioners can remain at the forefront of research, practice, and advocacy in service of those who have served.

Despite all that has developed over the last decade, the core themes of all social work education remain as relevant and essential as ever: our ethical responsibility to our clients; our ethical responsibilities to our agencies, communities, and society; and the demand that we meet our clients where they are and commit to helping them with their goals without imposing our own worldview on them. It is important, too, to acknowledge the potential friction between some of the core values of social work and some of the themes military social workers will be working with. Military social work programs that engage in, and embrace, this dialectical balance—promoting complex reasoning in the face of conflicting values and challenges—are vital. This does not mean that we endorse war or aggression but rather that we extend meaningful help to those who have been affected.

Military social work as a field of practice and research is critical to our relevance as social workers, to the advancement of new career options, and in our leadership among helping professionals. As social workers continue to exert their central influence in the midst of wartime and its aftermath, a revised, vigorous social work research agenda and appropriate training to effectively prepare military social workers are needed.

DEFINING MILITARY SOCIAL WORK

Military social work involves direct practice, policy and administrative activities, and advocacy, including providing prevention, treatment, and rehabilitation to service members, veterans, their families, and their communities. In

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addition, military social workers develop and advance programs, policies, and procedures to improve the quality of life for clients and their families in diverse communities. Military social workers provide assistance and treatment in the transition from military to veteran status, including a continuum of care and services for military personnel and their families. As the signature injuries and diagnoses (i.e., posttraumatic stress disorder [PTSD], traumatic brain injury [TBI], substance misuse, readjustment issues, intimate partner violence, and polytrauma) evolve with current combat-related events, military social work strives to develop effective interventions and policies to aid service members, veterans, and their families and communities.

The term *military social work*, as used in this document, is meant to be inclusive rather than exclusive. Hereafter, in this document the scope of military social work practice includes work with the armed forces of the Department of Defense (DoD), which consists of the Air Force, Army, Navy, and Marine Corps, and the Department of Homeland Security, which consists of the U.S. Coast Guard. Additionally, this term includes all branches of the active and reserve components of the military, including the National Guard and Reserves. In this document, *veteran* refers to anyone who has ever served in the military, regardless of service length and regardless of discharge status. In addition, military social work includes noncombatant uniformed service members who serve in the Department of Health and Human Services as commissioned officers of the Public Health Service, and commissioned officers of the National Oceanic and Atmospheric Administration. Furthermore, the scope of military social practice extends to service members and other people who participate in federal disaster relief and humanitarian missions. Given this complex network of populations of clients who are engaged in military social work services, this specialized practice guide is defined by the provider–client interaction, which by definition involves work with a service member who is affiliated with any of the military, uniformed service, or veteran systems noted herein. Likewise, the social worker providing services to this client base is by definition a military social worker, whether in uniform or not, veteran or not, government service employee, contractor, agency, private practitioner, researcher, or educator.

Military social workers engage in specialty practice including the clinical modalities of individual, couple, family, and group psychotherapy; community

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practice and research; and case management to address a wide range of co-occurring mental health and physical health issues. Treatment goals aim to facilitate promotion of health, wellness, and resiliency for service members, veterans and their families, and their communities. This clinical practice typically involves the dynamic interactive and reciprocal processes of therapeutic engagement, bio-psycho-social-spiritual assessment, and research-driven, evidence-based clinical and group interventions and programs. Military social workers approach their work with a relationally based, culturally responsive, and theoretically informed perspective.

Military social workers can be deployed into hostile and disaster-affected environments to provide community, family, and individual assistance for military personnel and citizens in affected areas or countries.

FUTURE CHALLENGES

Because it remains unclear when the current wars will end, military social workers have essential and ongoing responsibilities. There are unique challenges across the board, whether one is working through large bureaucratic agencies or small, underfunded community-based agencies. But for every challenge that exists, there are opportunities, too. And social work remains in an essential position to engage in individual, family, organizational, and societal solutions. Forward-thinking military social work programs can look to identify future challenges.

For example,

- Identifying and serving the needs of subpopulations in the military and veterans' communities.
  - Military families have fewer psychological health resources than veterans or service members. Because partners, children, and parents navigate developmental phases that are often affected by deployment cycles and frequent relocations, they can readily benefit from couple, family, and individual therapy approaches.
  - Literature on the unique biopsychosocial needs of LGBTQ veterans and service members is scarce. During active duty, in many cases front-line psychosocial support is still led by the chaplaincy, largely

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evangelical and not often educated about or supportive of LGBTQ service members.

- Expanding and deepening the evidence base for a broad range of interventions serving individuals, families, and communities. Social workers are in a unique position to consider and evaluate highly contextual variables, such as client characteristics, preferences, and beliefs when developing and evaluating the efficacy of current and future interventions.
- Balancing a strength-based treatment orientation with an increasingly disability-focused benefit system. There is an incredibly complex situation that continues to grow and morph around service-related disabilities and lifetime disability ratings for PTSD. Within this complex issue there are micro, mezzo, and macro challenges; questions about ethics; and questions about how our own beliefs and worldviews might affect how we care for our wounded, ill, and injured veterans.

Despite the uniqueness of some of the challenges to be addressed by this specialty, most of our work is in adapting the bread and butter of social work education to the military population: how to think through ethical dilemmas; how and when seek out supervision, consultation, and professional education; and how to respect our clients' personal agency and not impose assumptions and beliefs on them.

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Competency 1

Demonstrate Ethical and Professional Behavior

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military social workers serve as representatives of the profession, its mission, and its core values, and as such they demonstrate a professional demeanor that reflects awareness of and respect for military and veteran culture. Military social workers understand the inherent friction between the social work profession, which seeks to reduce suffering and injustices, and the military profession, which by its very nature often leads to death, suffering, and destruction. Military social workers understand the "warrior ethos" associated with military service and the impact that mission readiness has on the military health-care system. Military social workers understand the nuances of military culture (e.g., differences associated with occupational specialties, officer and enlisted categories, rank structures, and impact on gender), the differences between different service components, and the barriers this culture may present to service members and their families to engaging in help-seeking behavior. Military social workers understand that diagnosis and treatment decisions can have significant impact on service members and veterans, including short-term military status, service-connected disability benefits, long-term professional development, and social standing. Social workers serving the active duty population are aware of the potential ethical conflicts that can arise with requirements to communicate sensitive clinical information to unit leadership. Military social workers use a strength-based and biopsychosocial spiritual perspective across the life course in working with their clients.

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COMPETENCY BEHAVIORS

- Make ethical decisions by applying the standards of the National Association of Social Workers (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 the military context (e.g., impact of interventions on military readiness, communication with unit leadership).
- Engage in appropriate self-care, to include mitigating the impact of vicarious trauma, with the understanding that military social workers are sometimes exposed to the same direct or indirect stressors as their client base (e.g., social worker and client living and working in the same community, relevant current or prior military service experiences of social worker, personal biases, values, and assumptions or stereotypes of military experience that may affect social work practice).
- Demonstrate professionalism in practice situations, with keen awareness of the significance the military culture places on values such as punctuality, integrity, respect, and devotion to duty.
- Use supervision and consultation to guide professional judgment and behavior and navigate the complexities of social work practice unique to military populations (e.g., understanding cultural nuances within each military branch, being cognizant of the "warrior ethos" and the military's focus on mission readiness, dealing with the stigma associated with help-seeking behavior).
- Respect and maintain the confidentiality of the physical and psychological status (e.g., PTSD, TBI, HIV/AIDS) of military service members in compliance with Health Insurance Portability and Accountability Act, social work values and ethics, and current DoD and Veterans Health Administration (VHA) policies.

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CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Coll, J. E., Weiss, E. L., Draves, P. R., & Dyer, D. L. (2012). The impact of military cultural awareness, experience, attitudes and education on clinician self-efficacy in the treatment of veterans. *Professional Development: The International Journal of Continuing Social Work Education, 15*(1), 39–48.	Knowledge Values
Coll, J. E., Weiss, E. L., & Yarvis, J. S. (2011). No one leaves unchanged: Insights for civilian mental health professional into the military experience and culture. *Social Work in Health Care, 50*(7), 487–500.	Knowledge Values
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. 51–66). Hoboken, NJ: Wiley.	Knowledge Values Skills
Hall, L. K. (2011). The importance of understanding military culture. *Social Work in Health Care, 50*, 4–11.	Knowledge Values
Johnson, W. B. (2008). Top ethical challenges for military clinical psychologists. *Military Psychology, 20*, 49–62.	Knowledge Values
Johnson, W. B., Grasso, I., & Maslowski, K. (2010). Conflicts between ethics and law for military mental health providers. *Military Medicine, 175,* 548–553.	Knowledge Values
McCauley, M., Hacker Hughes, J., & Liebling-Kalifani, H. (2008). Ethical considerations for military clinical psychologists: A review of selected literature. *Military Psychology, 20*, 7–20.	Knowledge Values
National Association of Social Workers (NASW). (2008). *Code of ethics.* Washington, DC: Author. Retrieved from http://www.naswdc.org	Knowledge Values Skills Cognitive and Affective Processes

(continued)

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Readings *(continued)*

Resource	Competency Dimension
National Association of Social Workers (NASW). (2012). *NASW standards for social work practice with service members, veterans, and their families*. Washington, DC: Author. Available for purchase at: https://www.naswpress.org/publications/standards/service-members-veterans.html	Knowledge Values Skills Cognitive and Affective Processes
Olson, M. D. (2014). Exploring the ethical dilemma of integrating social work values and military social work practice. *Social Work, 59*(2), 183–185.	Knowledge Values
Pehrson, K. L. (2002). Boundary issues in clinical practice as reported by Army social workers. *Military Medicine, 167*(1), 14–22.	Knowledge Values
Reger, M. A., Etherage, J. R., Reger, G. M., & Gahm, G. A. (2008). Civilian psychologists in an Army culture: The ethical challenge of cultural competence. *Military Psychology, 20,* 21–35.	Knowledge Values
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. 3–20). Hoboken, NJ: Wiley.	Knowledge Values
Savitsky, L., Illingworth, M., & DuLaney, M. (2009). Civilian social work: Serving military and veteran populations. *Social Work, 54*(4), 327–339.	Knowledge Values
Scott, D. L., Whitworth, J. D., & Herzog, J. R. (2017). Working with military personnel. *Social work with military populations* (pp. 1–18). Boston, MA: Pearson Education.	Knowledge
Simmons, C. A., & Rycraft, J. R. (2010). Ethical challenges of military social workers serving in a combat zone. *Social Work, 55*(1), 9–18.	Knowledge Values
Tallant, S. H., & Ryberg, R. A. (2008). *Social work in the military: Ethical dilemmas and training implications*. Retrieved from http://isme.tamu.edu/JSCOPE00/Tallant00.html	Knowledge Values Skills
Wooten, N. R. (2015). Military social work: Opportunities and challenges for social work education. *Journal of Social Work Education, 51*, S6–S25.	Knowledge Values

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In-Class Exercises

Resource	Competency Dimension
Center for Deployment Psychology. (n.d.). *Military culture: Core competencies for healthcare professionals*. Retrieved from http://deploymentpsych.org/military-culture-course-modules Four modules: 1. Self-assessment and introduction to military ethos 2. Military organization and roles 3. Stressors and resources 4. Treatment, resources, and tools	Values Skills Cognitive and Affective Processes
Prosek, E. A., & Holm, J. M. (2014). Counselors and the military: When protocol and ethics conflict. *The Professional Counselor Digest, 4*(2), 93–102. Retrieved from http://tpcjournal.nbcc.org/counselors-and-the-military-when-protocol-and-ethics-conflict/ Although this article is geared toward counselors, there are some salient points that could be adopted in our Code of Ethics. It includes a case study and two ethical decision-making models.	Values Skills Cognitive and Affective Processes
Reamer, F. G. (2014, September). Novel boundary challenges: Military social workers. *Social Work Today.* Retrieved from http://www.socialworktoday.com/news/eoe_091214.shtml Examples of ethical challenges of military social workers. These cases could be used as a foundation to initiate a discussion on military social work ethical boundaries.	Values Skills Cognitive and Affective Processes

Media

Resource	Competency Dimension
Air War College. (2011). *Leadership, ethics, and command central*. Retrieved from http://www.au.af.mil/au/awc/awcgate/awc-ldr.htm	Knowledge
Frank speaks about being an Army social worker. (2015). Retrieved from https://www.youtube.com/watch?v=vMqtALguqC0 Captain Zarah Davis, Air Force social worker. (2015). Retrieved from https://www.youtube.com/watch?v=HOjZ1gkW7Uk Navy clinical social worker—LT Bryan Pyle. (2010). Retrieved from https://www.youtube.com/watch?v=sZBQHEr3YOY	Knowledge
The International Society for Military Ethics. (2011). Archive site. Retrieved from http://isme.tamu.edu/ Provides links to core values for Air Force, Army, and Navy, and a long list of case studies that pose ethical questions students can discuss (as if they were military service members).	Knowledge Values Cognitive and Affective Processes

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Assignments

Resource	Competency Dimension
PsychArmor Institute (https://psycharmor.org/): After creating a free account, students can complete online courses. Some titles include "Military Culture," "Service Branch Overview," "DoD Overview," "Military Laws and Regulations," "Officer vs. Enlisted," "Military Lingo and Discharges," and "15 Things Veterans Want You to Know."	Knowledge Values
Film Critique Paper (MSW, but may be suitable for BSW): Select a film (list provided by instructor) and consider how issues relevant to deployment, military service, veterans, the war experience, and so on might affect the main characters. How have those issues affected them? Select one issue covered in the course and describe how it affected the characters. Cite scholarly articles that relate to the issue. Note: Films may be triggering for some student veterans, so please meet with the instructor to discuss alternatives. Examples of movies include *Full Metal Jacket, Black Hawk Down, We Were Soldiers, 13 Hours, Lone Survivor, American Sniper, Saving Private Ryan, Flags of Our Fathers, The Hurt Locker, Act of Valor, The Deer Hunter, Zero Dark Thirty, Jarhead,* and *Band of Brothers*.	Knowledge Values Skills Cognitive and Affective Processes
Personal Reflection Assignment: Complete self-awareness exercise on working with service members, veterans, and their families through the Center for Deployment Psychology: http://deploymentpsych.org/self-awareness-exercise Assesses: • My effort to welcome service members and veterans • My social views • My beliefs about war and national security • My beliefs about the military, military members, and families	Values Cognitive and Affective Processes

Field Activities

Resource	Competency Dimension
Conduct an interview with a staff member at your field agency who is a service member, veteran, or family member of a service member or veteran. (If your agency serves veterans or related populations, conduct an interview with a client also.) During the interview, pay attention to what you learned about military culture, service, and ethos. Notice any ethical issues or dilemmas that may occur in setting up or holding the interview.	Skills Cognitive and Affective Processes

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Engage Diversity and Difference in Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military social workers and social workers who work with military service members, veterans, and their families recognize that the military as an institution is hierarchically arranged and military culture is defined by rank and the privileges associated with rank. Social workers understand the complex relationships between the self, families, and a variety of civilian and military systems that encompass diverse historical and current military and civilian experiences. Military social workers understand the intersectionality of multiple factors, including age, class, color, culture, religion, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion and spirituality, sex, sexual orientation, and tribal sovereign status as well as service organization and branches of service, military terminology, rank of service, military rate, discharge status, and era of service. Social workers working with military service members, veterans, and their families understand that the needs of the organization often supersede those of the individual, thereby privileging group norms over individual diversity. Social workers working with military service members, veterans, and their families understand the complex historical context of the military, which has provided meaningful opportunity for upward social mobility for historically discriminated groups. It is the unique and important commission of the social worker working with military service members, veterans, and their families to engage in and resolve the inherent conflicts between social work service and military values as they relate to diversity and difference in practice and advocacy.

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COMPETENCY BEHAVIORS

Military social workers and social workers who work with military service members, veterans, and their families:

- Demonstrate awareness of the conflicts between some social work and military values through use of self-reflection and self-regulation.
- Use culturally competent practice informed by the intersectionality of diversity and difference and military factors within military personnel, veterans, and their families.
- Engage in practice that seeks to resolve conflicts that arise between social work and military values with respect to diversity and difference.
- Engage in advocacy that recognizes and advances the interests of diverse military service members, veterans, and their families.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings	
Resource	**Competency Dimension**
Adler, J. L. (2017). "The service I rendered was just as true": African American soldiers and veterans as activist patients. *American Journal of Public Health, 107*(5), 675–683. doi:10.2105/AJPH.2017.303688	Knowledge Values Cognitive and Affective Processes
Alford, B., & Lee, S. J. (2016). Toward complete inclusion: Lesbian, gay, bisexual, and transgender military service members after repeal of Don't Ask, Don't Tell. *Social Work, 61,* 257–265. doi:10.1093/sw/sww033	Knowledge Values Cognitive and Affective P
Allsep, M. L. (2013). The myth of the warrior: Martial masculinity and the end of Don't Ask, Don't Tell. *Journal of Homosexuality, 60,* 381–400.	Knowledge Values Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Biddix, J. M., Fogel, C. I., & Black, B. P. (2013). Comfort levels of active duty gay/bisexual male service members in the military healthcare system. *Military Medicine, 178,* 1335–1340. doi:10.7205/MILMED-D-13-00044	Knowledge Values Cognitive and Affective Processes
Black, H. B. (2016). Three generations, three wars: African American veterans. *The Gerontologist, 56*(1), 33–41.	Knowledge Values Cognitive and Affective Processes
Burgess, S. (2015). Gender and sexuality politics in the James Bond film series: Cultural origins of gay inclusion in the U.S. military. *Polity, 47*(2), 225–248. doi:10.1057/pol.2015.3	Knowledge Values Cognitive and Affective Processes
Campbell, W. R., Jahan, M., Bavaro, M. F., & Carpenter, R. J. (2017). Primary care of men who have sex with men in the U.S. military in the post–Don't Ask, Don't Tell era: A review of recent progress, health needs, and challenges. *Military Medicine, 182*(3/4), e1603–e1611. doi:10.7205/MILMED-D-16-00255	Knowledge Values Cognitive and Affective Processes
Eden, J. (2015). Women in combat. *Military Review, 95*(2), 39–47.	Knowledge Values Cognitive and Affective Processes
Estrada, A. X., Dirosa, G. A., & Decostanza, A. H. (2013). Gays in the U.S. military: Reviewing the research and conceptualizing a way forward. *Journal of Homosexuality, 60,* 327–355.	Knowledge Values Cognitive and Affective Processes
Freeman, D., & Shaler, L. (2016). Introduction: Special issue on religious and spiritually-oriented interventions with veteran and military populations. *Social Work & Christianity, 43*(3), 3–6.	Knowledge Values Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Gubata, M. E., Piccirillo, A. L., Packnett, E. R., Niebuhr, D. W., Boivin, M. R., & Cowan, D. N. (2014). Risk factors for back-related disability in the US Army and Marine Corps. *Spine, 39*(9), 745–753. doi:10.1097/BRS.0000000000000272	Knowledge Values Cognitive and Affective Processes
Hendricks Thomas, K. (2016). Warrior faith: A Marine's lesson in religion, health, and healing. *Social Work & Christianity, 43*(3), 109–123.	Knowledge Values Cognitive and Affective Processes
Johnson, W. B., Rosenstein, J. E., Buhrke, R. A., & Haldeman, D. C. (2015). After "Don't Ask Don't Tell": Competent care of lesbian, gay and bisexual military personnel during the DoD policy transition. *Professional Psychology: Research & Practice, 46*(2), 107–115. doi:10.1037/a0033051	Knowledge Values Cognitive and Affective Processes
Leardmann, C. A., Pietrucha, A., Magruder, K. M., Smith, B., Murdoch, M., Jacobson, I. G., Ryan, M. A., Gackstetter, G., Smith, T. C.; Millennium Cohort Study Team. (2013). Combat deployment is associated with sexual harassment or sexual assault in a large, female military cohort. *Women's Health Issues, 23*(4), e215–e223.	Knowledge Values Cognitive and Affective Processes
Mattocks, K., Sadler, A., Yano, E., Krebs, E., Zephyrin, L., Brandt, C., . . . Haskell, S. (2013). Sexual victimization, health status, and VA healthcare utilization among lesbian and bisexual OEF/OIF veterans. *Journal of General Internal Medicine, 28*(2), 604–608. doi:10.1007/s11606-013-2357-9	Knowledge Values Cognitive and Affective Processes
McAndrew, L. M., D'Andrea, E., Shou-En, L., Abbi, B., Yan, G. W., Engel, C., &Quigley, K. S. (2013). What pre-deployment and early post-deployment factors predict health function after combat deployment? A prospective longitudinal study of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) soldiers. *Health & Quality of Life Outcomes, 11*(1), 1–9. doi:10.1186/1477-7525-11-73	Knowledge Values Cognitive and Affective Processes
Ohye, B., Kelly, H., Yang, C., Zakarian, R. J., Simon, N. M., & Bui, E. (2016). Staying strong with schools: A civilian school-based intervention to promote resilience for military-connected children. *Military Medicine, 181*(8), 872–877. doi:10.7205/MILMED-D-15-00234	Knowledge Values Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Ramirez, M. H., & Sterzing, P. R. (2017). Coming out in camouflage: A queer theory perspective on the strength, resilience, and resistance of lesbian, gay, bisexual, and transgender service members and veterans. *Journal of Gay & Lesbian Social Services, 29*(1), 68–86. doi:10.1080/10538720.2016.1263983	Knowledge Values Cognitive and Affective Processes
RAND. (2010). *Sexual orientation and U.S. military personnel policy: An update of RAND's 1993 study*. Santa Monica, CA: National Defense Research Institute.	Knowledge Values Cognitive and Affective Processes
Settles, I. H., Buchanan, N. T., & Colar, B. K. (2012). The impact of race and rank on the sexual harassment of black and white men in the U.S. military. *Psychology of Men & Masculinity, 13*(3), 256–263. doi:10.1037/a0024606	Knowledge Values Cognitive and Affective Processes
Shaler, L. (2016). Ethical integration of Christian faith into clinical work with service members and veterans. *Social Work & Christianity, 43*(3), 47–58.	Knowledge Values Cognitive and Affective Processes
Sterner, W. R., & Jackson-Cherry, L. R. (2015). The influence of spirituality and religion on coping for combat-deployed military personnel. *Counseling & Values, 60*(1), 48–66. doi:10.1002/j.2161-007X.2015.00060.x	Knowledge Values Cognitive and Affective Processes
Wadsworth, S. M. (2013). Understanding and supporting the resilience of a new generation of combat-exposed military families and their children. *Clinical Child & Family Psychology Review, 16*(4), 415–420. doi:10.1007/s10567-013-0155-x	Knowledge Values Cognitive and Affective Processes
Werner, S., & Hochman, Y. (2017). Social inclusion of individuals with intellectual disabilities in the military. *Research In Developmental Disabilities, 65,* 103–113. doi:10.1016/j.ridd.2017.04.014	Knowledge Values Cognitive and Affective Processes

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In-Class Exercises	
Resource	**Competency Dimension**
Five Case Studies: Military Integration Canaday, M. (2001, May 2). *U.S. military integration of religious, ethnic, and racial minorities in the twentieth century.* Retrieved from http://archive.palmcenter.org/publications/dadt/u_s_military_integration_of_religious_ethnic_and_racial_minorities_in_the_twentieth_century Throughout the twentieth century, the American military has brought together cultural, religious, and racial groups even when civilian life has been characterized by considerable prejudice towards such groups. Indeed, military integration has often proceeded at a faster pace than civilian integration. Consider the following five examples from the past century. **CASE #1:** ***The Multi-Cultural Platoon*** At the beginning of the twentieth century, tensions between Catholics and Protestants were extremely high, anti-immigrant sentiment was at its peak, and marriages across ethnic and religious lines were rare. Native-born Americans fled their neighborhoods as immigrants moved in while Irish, Jews, and Italians fled from one another. Despite these hostilities in the civilian world, the military placed foreign-born soldiers from a variety of ethnic and religious backgrounds into integrated units during World War I. "It is not the policy of the United States Army," wrote Brigadier General Harvey Jervey, "to encourage or permit the formation of distinctive brigades, regiments, battalions or other organizations composed exclusively or primarily of members of any race, creed, political or social group." The policy worked. According to one distinguished historian, "Many regiments drew on servicemen from every region of the country and from every religion and European nationality. Sometimes together for as long as four years, these units became extraordinary vehicles for melding the many streams of Euro-Americans into one." **CASE #2:** ***Native Americans*** During World War I, 10,000 Native Americans served in integrated units. Except for the Navajo Code Talkers, a separate unit which sent messages concerning enemy troop movements in the Navajo language, 25,000 Native Americans also served in integrated units during World War II. Secretary of War Stimson opposed the formation of all-Indian units and resisted the efforts of the Bureau of Indian Affairs to establish separate units. According to historian Alison Bernstein, "Stimson even objected to assigning Indians to the same platoons, preferring that they serve among whites." Native Americans were integrated in the military at a time when they experienced intense social discrimination—Indian workers received lower pay than whites in defense industries, and when they moved to cities they were forced to live in separate "Indian ghettos." Historian Ronald Takaki writes that Indian people "faced discrimination in restaurants, night clubs, retail and department stores and in housing." As historian Gary Gerstle argues, "These advances, moreover, have generally been accomplished with far less racial recrimination and anger than that which accompanied parallel efforts . . . to desegregate schools, universities, and workplaces."	Knowledge Values Cognitive and Affective Processes

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In-Class Exercises *(continued)*

Resource	Competency Dimension
CASE #3: ***African-Americans*** African-Americans served in segregated battalions prior to and during the Second World War. Military officials supported segregation because they believed that blacks were unintelligent and that integration would cause severe social disruption. But segregation created its own set of problems—within the military, some 209 racial confrontations occurred between 1942 and 1945. After the war, President Truman issued a policy of "equality of treatment and opportunity in the military." Despite the opposition of some senior commanders, more than 90% of African-Americans served in integrated units by the end of the Korean War. The Army's research showed that racial integration enhanced combat effectiveness. Scholars agree that while the military was not able to eliminate all vestiges of racial discrimination, the military surged ahead of civilian institutions in this regard. In 1963, the Secretary of War mandated command responsibility in civil rights matters. In response to racial tension in the late 1960s, the military established the Defense Race Relations Institute. The Institute served educational, training, and research functions. In 1979, the Institute was renamed the Defense Equal Opportunity Management Institute to reflect its broadening mission to enhance leadership and readiness in a military that was diverse in terms of gender, race, ethnicity, and religion. That Colin Powell, the nation's first African-American Secretary of State, has risen through the military is a powerful testament to the success of military desegregation. **CASE #4:** ***Japanese-Americans*** Like African-Americans, Japanese-Americans served in segregated units during the Second World War. The viciousness of the war with Japan exacerbated animosity towards Japanese-Americans. A December 1945 poll found that almost a quarter of Americans surveyed wished that the United States had the opportunity to drop more atomic bombs on Japan before it surrendered. Despite this fact, the military integrated Japanese-Americans during the Korean War. One scholar suggests that the military accomplished the integration of Japanese-Americans with even less difficulty than that of African-Americans. Still, Japanese-Americans (and other minorities) have suffered from racial bias in promotions at the officer level. In response, the military has redoubled efforts to procure, promote, and retain minority officers, and to publish and enforce anti-discrimination policies at all military schools. **CASE #5:** ***Koreans (The Katusa Program)*** During the Korean War, negative attitudes towards Koreans were very prevalent in American popular culture and public opinion and even our South Korean allies often were referred to as "barbarians," "beasts," and "gooks." However, the U.S. military utilized Korean nationals in integrated units during the Korean War as part of the Korean Augmentation to the U.S. Army program (KATUSA). Initially, the program met with some	Knowledge Values Cognitive and Affective Processes

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In-Class Exercises *(continued)*

Resource	Competency Dimension
difficulty. The Korean soldiers were poorly trained, and despite the fact that high-level policy had dictated that they be treated as equals in every respect, cultural and language barriers were substantial. The military responded by increasing the educational level of the Korean soldiers, by stating the need of American soldiers to be aware of the problems of cross-cultural interaction, and by preparing a "Commander's KATUSA Program Checklist" that outlines American obligations in the program. As Korean soldiers became more proficient in English, many of the difficulties subsided. By the end of the war, 98% of KATUSA soldiers reported that they were happier in the U.S. Army than in the Republic of Korea Army, and more than half of the American officers felt that they had KATUSAs who were capable of being NCOs in the U.S. Army. While the KATUSA program has not been without its challenges, it has, in the words of one historian, "had more positive than negative results." As of 1995, the KATUSA program was ongoing, with 6,200 KATUSA soldiers serving in the U.S. Army. Conclusion: Why has the U.S. military been able to integrate different racial, ethnic, religious, and national groups so effectively? Military scholars suggest several reasons. First, inter-group contact itself has eased intergroup conflict, as Samuel Stouffer's classic 1949 study *The American Soldier* demonstrated with regard to white–black relations. The more contact that white and black soldiers had with one another, Stouffer argued, the more favorably they felt about racial integration. Second, the military has, as Charles Moskos Jr. has written, "a bureaucratic ethos [and] . . . formality . . . that mitigated tensions arising from individual or personal feelings." Third, the military employs powerful sanctions (not available in the civilian world) to implement integration. As Lt. Colonel Bruce A. Brant observes, "Commanders are held directly responsible for equal opportunity [and] the ability to deal with people of diverse backgrounds is an item on performance evaluations." Finally, personnel needs have led military leaders to see equal opportunity as a necessary part of creating a viable military organization.	Knowledge Values Cognitive and Affective Processes

Media

Resource	Competency Dimension
Defense Centers of Excellent Webinar/Podcast: *Outreach and support to military families*: *Ethnic/cultural considerations.* Retrieved from http://dcoe.mil/training/webinars/2017/outreach-and-support-military-families-ethniccultural-considerations	Knowledge Values Cognitive and Affective Processes

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Media *(continued)*

Resource	Competency Dimension
Lioness Retrieved from http://lionessthefilm.com/	Knowledge Values Cognitive and Affective Processes
The Invisible War Retrieved from http://www.invisiblewarmovie.com/	Knowledge Values Cognitive and Affective Processes
Veteran Documentary Corps: *Zoe Dunning*. Retrieved from https://www.kanopystreaming.com/product/women-military	Knowledge Values Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
Discussion Board: Diversity and Difference in the Military Issues related to diversity and difference among service members, veterans, and military families are all over the news. This assignment is designed to raise students' awareness of such issues in the news and popular press (rather than academic sources) and encourage discussion of these issues. Topics may include challenges facing women, LGBT, or racial, ethnic, and religious minority service members, veterans, or military family members. Once (or twice) during the semester, each student is required to post to the class discussion board a link to a recent article, podcast, or other form of media on a relevant issue and include two discussion questions (based on the article or media) for classmates to respond to and then moderate the ensuing discussion (e.g., reply to the student responses; ask additional questions to prompt further discussion, if appropriate). Both the link and discussion questions are to be posted to the discussion board together. Students are also required to respond to at least two postings from other students over the course of the semester.	Knowledge Values Cognitive and Affective Processes

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Advance Human Rights and Social, Economic, and Environmental Justice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military social workers are knowledgeable about potential conflicts between basic human rights, the military lifestyle, and duties of service members to protect U.S. security interests, nationally and internationally. Military social workers understand theories and models of oppression, discrimination, and social justice and aspects of combat, humanitarian, and peacekeeping missions exposing service members to human rights violations and environmental injustices. Military social workers are knowledgeable about military, veteran, state, and community policies, benefits, and programs that protect human rights and promote social, economic, and environmental justice, as well as historical social injustices and human rights violations that military and veteran organizations imposed on vulnerable populations (e.g., women, racial and ethnic minorities, immigrants, detainees, prisoners of war). Military social workers acknowledge how ageism, sexism, homophobia, and other forms of intolerance in the military may affect human rights and social, economic, and environmental justice. Military social workers advocate for and engage in strategies to promote social justice, human rights, and human agency within military, veteran, and community organizations when policies and practices unduly affect the health, well-being, and social environment of military service members, veterans, their families, and communities. Military social workers are aware of personal biases and stereotypes about military and veteran organizations, service members, veterans, and their families that affect human rights and social justice and of how institutional and cultural biases influence the policies and practices of military, veteran, and community organizations, universities, and systems of care. Military social workers

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understand the impact of the rules of engagement, U.S. laws of war, and the Uniform Code of Military Justice have on human rights and social justice.

COMPETENCY BEHAVIORS

- Engage in practices and advocate for policies that advance human rights and social, economic, and environmental justice for service members, veterans, families, and their communities.
- Respect and affirm the service of women, racial and ethnic minorities, immigrants, and gay, lesbian, bisexual, and transgendered people in the U.S. Armed Forces and the sacrifices they make to uphold the U.S. Constitution and democracy.
- Demonstrate unconditional positive regard toward people who feel vulnerable or disempowered within military and veteran organizations and identify the effect power differentials have on military families.
- Intervene when military, veteran, and other institutional and community policies and practices result in human rights violations and social injustices.
- Identify the social, economic, and emotional impact of human rights violations and social injustices in military and veteran organizations on service members, veterans, and family members.
- Intervene and advocate for equal access to high-quality health care, benefits, services, and entitlements regardless of race or ethnicity, gender, religion, sexual orientation, and citizenship status of service members, veterans, and their families within the DoD and the VA.
- Analyze, evaluate, and synthesize self-reports, collateral reports, and observations of oppression, discrimination, human rights violations, and social injustices within military organizations, military families, and community organizations.

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CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Boulton, M. (2007). How the GI Bill failed African-American Vietnam war veterans. *The Journal of Blacks in Higher Education, 2007*(58), 57–61.	Knowledge Values
Corn, G. P. (2016). Should the best offense ever be a good defense? The public authority to use force in military operations: Recalibrating the use of force rules in the standing rules of engagement. *Vanderbilt Journal of Transnational Law, 49*(1), 1–57.	Knowledge Values
Department of Defense. (2015, June). *Law of war manual* (updated December 2016). Washington, DC: Office of General Counsel, Department of Defense.	Knowledge
Goldbach, J. T., & Castro, C. A. (2016). Lesbian, gay, bisexual, and transgender (LGBT) service members: Life after Don't Ask, Don't Tell. *Current Psychiatry Reports, 18*(6), 1–7.	Knowledge Values Cognitive and Affective Processes
Huntley, T. C. (2014). Balancing self-defense and mission accomplishment in international intervention: Challenges in drafting and implementing rules of engagement. *Maryland Journal of International Law, 29*(1), 83–118.	Knowledge Values
Kerrigan, M. F. (2012). Transgender discrimination in the military: The new Don't Ask, Don't Tell. *Psychology, Public Policy, and Law, 18*(3), 500–518.	Knowledge Values Cognitive and Affective Processes
Landen, R. (2014, May 12). Alleged VA cover-up of long patient waits puts Shinseki in peril. *Modern Healthcare,* 19. Retrieved from https://www.pressreader.com/usa/modern-healthcare/20140512/textview	Knowledge Values
Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*(8), 695–706.	Knowledge Values

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Readings *(continued)*

Resource	Competency Dimension
Robbins, R. (2014). Troubles continue for the Phoenix VA. *Southwest Journal of Pulmonary and Critical Care, 9*(4), 240–241. doi:10.13175/swjpcc140-14	Knowledge Values Cognitive and Affective Processes
Roberts, A. (2006). Transformative military occupation: Applying the laws of war and human rights. *American Journal of International Law, 100*(3), 580–622.	Knowledge Values
Scarry, E. (2006). Rules of engagement. *Boston Review, 31*(6), 23–30.	Knowledge Values
Shay, J. (2014). Moral injury. *Psychoanalytic Psychology, 31*(2), 182–191.	Knowledge Values
Smith, S. L. (2008). Mustard gas and American race-based human experimentation in World War II. *The Journal of Law, Medicine & Ethics, 36*(3), 517–521.	Knowledge Values
Wooten, N. R., Adams, S. R., & Davis, C. A. (2017). Military and wartime experiences of racial and ethnic minority veterans. In L. Hicks, E. Weiss, & J. E. Coll (Eds.), *Veterans in our communities: Issues and identities* (Vol. II, pp. 649–672). New York, NY: Praeger/ABC-CLIO.	Knowledge Values Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults Teaching Module https://www.cswe.org/getattachment/Centers-Initiatives/Centers/Gero-Ed-Center/SocialWorkPracticeandCompetencywithLGBTOlderAdults_2015_TeachingModule.docx.aspx The instructor provides content from this module on the challenges facing older LGBT people and their strengths and resilience in the face of adversity and reviews the professional competencies for working with this population. Three cases can be used as class exercises: “Case of Ellen,” “Case of Charles,” and “Case of Elizabeth.”	Knowledge Values Skills Cognitive and Affective Processes

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Media	
Resource	**Competency Dimension**
Charged Under the Uniform Code of Military Justice (UCMJ) (YouTube link)	Knowledge Skills
Difference Between UCMJ Court Martial vs Civilian Criminal Cases (YouTube link)	Knowledge
Bowe Bergdahl: The Path to His Court-Martial (YouTube link)	Knowledge Skills
FRONTLINE | Rules of Engagement | Sneak Peek | PBS (YouTube link)	Knowledge Values Skills
Drugs: Psychiatry's Standard Issue—The Hidden Enemy Documentary (YouTube link)	Knowledge Values Skills
Rules of Engagement in Afghanistan (YouTube link)	Knowledge Values
Soldiers who killed pregnant Afghan women followed rules of engagement – Pentagon (YouTube link)	Knowledge Values
Ghosts of Abu Ghraib (YouTube link)	Knowledge Values
VA hospital may have altered death records (YouTube link)	Knowledge Values
Brett Litz: Moral Injury and Repair in Veterans of War (YouTube link)	Knowledge Values
Jonathan Shay: Moral Wounds of War (YouTube link)	Knowledge Values

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Assignments

Resource	Competency Dimension
Self-Reflection on Social and Economic Justice in Military Social Work Practice This written assignment is focused on the conflicts between military policy, social work values and ethics, and personal biases or stereotypes. You are to select one YouTube video below and briefly summarize the main ideas or concepts from a social and economic justice or discrimination framework. Discuss how these relate to the case presentation in the video you selected and how relevant military, veteran, or social policies (identified or implied in the video) would influence military social work practice from a social justice perspective. Relevant countertransference issues that affect your clinical work should also be included. Use scholarly readings to help you explore and discuss these issues. You may also want to consider current events or current military policies that overturned or continued the spirit of these policies of disempowerment or discrimination. The paper should be approximately 6 pages long and cite sources according to APA 6th edition style. Government Tested Mustard Gas on Vets, Denied Health Care Why the U.S. military exposed minority soldiers to toxic mustard gas The deadly legacy of open air burn pits American Soldiers Posing with Dead Bodies and Urinating on Prisoners Marine Who Urinated on Taliban Corpses Says He Has No Regrets, Would Do It Again	Knowledge Values Skills Cognitive and Affective Processes

Field Activities

Resource	Competency Dimension
While conducting an interview with a military or veteran client at your field placement, inquire about the service era (e.g., Vietnam, Persian Gulf War, post-9/11) in which they served and ask them to discuss one or two human rights violations they saw committed by fellow service members or host nation nationals, experienced, or committed themselves during their military or wartime service. Explain human rights violations as acts committed against humanity (individuals, families, groups) that would be unacceptable according to the Geneva Convention or the U.S. Constitution, including racial and ethnic, gender, religious, and sexual orientation discrimination. After the client recounts these events, ask the following: 1. Did these acts have an emotional effect on them? 2. Did these acts violate a moral code based on their family upbringing or religious belief? 3. How do they think they have been changed (emotionally, psychologically, religiously) by witnessing, committing, or having knowledge of these human rights violations?	Knowledge Values Skills

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Field Activities *(continued)*

Resource	Competency Dimension
Next, conduct interviews with two or three social workers in your field placement agency and ask them the following: 1. Have human rights violations that occurred during military or wartime service been discussed with them by military or veteran clients? 2. How did the client's experience of human rights violations during the commission of military duties affect the therapeutic relationship, motivation for change, and treatment adherence? 3. During treatment, how did they address experiencing or witnessing social injustices or human rights violations?	Knowledge Values Skills
Finally, write a process recording and document the following: 1. Any transference or countertransference that occurred during this interview. 2. Your emotional response to the human rights violation disclosed and how it may affect the therapeutic relationship. 3. How the client's experience of human rights violations may affect motivation for change and treatment adherence. 4. Your assessment of whether the client may have experienced a moral injury. 5. Possible ways you can address a client's experience of witnessing social injustices or human rights violations?	Knowledge Values Skills Cognitive and Affective Processes

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Engage in Practice-Informed Research and Research-Informed Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military social workers have specialized practice knowledge about evidence-based practice (EBP) and value the integration of practice-informed research and research evidence to inform their inquiry, practices, programs, evaluation, research, and policies specifically related to military and veteran populations. Military social workers understand that the military is a unique culture with frequent operational deployments, and therefore not all interventions shown to be effective in civilian populations are equally effective in military and veteran populations. Military social workers understand the obligation to value, and to seek to understand, quality improvement, evaluation, and research findings that can be translated into effective social work practice. They continually consider the historical, social, political, and economic context of the country and its impact on the federal government and Cabinet-level departments such as the DoD and VA. Military social workers understand and use population health, implementation, and dissemination research findings from DoD, VA, and other population- or system-wide organizations to influence the adoption, integration, and sustainment of best practices, policies, and programs for military and veteran populations. Military social workers support and engage in research as social workers and as research participants. Finally, they understand that military personnel are a protected research population that needs protection against risk and coercion.

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COMPETENCY BEHAVIORS

- Identify, discern, evaluate, and synthesize specialized knowledge and skill with relevant and credible sources of current and emerging research, quality improvement, evaluation, practice, and policy related to veterans, military service members, families, communities, and organizations.
- Critically appraise and intentionally integrate into military social work practice relevant practice and research-informed social work practice, evaluation and policy models, interventions, programs, benefits, entitlements, services, and research findings specifically related to military and veteran populations.
- Integrate specialized practice knowledge and skill of the historical, social, political, and economic context with the current and emerging research and evaluation literature, electronic resources, and data from the DoD or VA.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings	
Resource	**Competency Dimension**
VA/DoD Clinical Practice Guideline Series https://www.healthquality.va.gov/ "In 2010 the Institute of Medicine identified VA/DoD as leaders in clinical practice guideline development. Implementation of evidence-based clinical practice guidelines is one strategy VHA has embraced to improve care by reducing variation in practice and systematizing 'best practices.' Guidelines address patient cohorts, serve to reduce errors, and provide consistent quality of care and utilization of resources throughout and between the VA and DoD healthcare systems. Guidelines are also cornerstones for accountability and facilitate learning and the conduct of research. The guidelines on this website are those endorsed by the VA/DoD Evidence Based Practice Work Group." Topics include: • Chronic Disease in Primary Care: "Asthma," "Chronic Kidney Disease (CKD)," "Chronic Obstructive Pulmonary Disease (COPD)," "Diabetes Mellitus (DM)," "The Non-Surgical Management of Hip & Knee Osteoarthritis (OA)," "Dyslipidemia (LIPIDS)," "Hypertension (HTN)," "Obesity and Overweight (OBE)" • Mental Health: "Assessment and Management of Patients at Risk for Suicide," "Major Depressive Disorder (MDD)," "Posttraumatic Stress Disorder (PTSD)," "Substance Use Disorder (SUD)"	Knowledge Skills Cognitive Processes

(continued)

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Readings *(continued)*

Resource	Competency Dimension
• Military Related: "Nuclear, Chemical and Biological Illness (NBC)," "Management of Chronic Multisymptom Illness (CMI), Formerly known as Medically Unexplained Symptoms (MUS)" • Pain: "Opioid Therapy (OT) for Chronic Pain," "Lower Back Pain (LBP)" • Rehabilitation" "Concussion-mTBI," "Lower Limb Amputation," "Stroke Rehabilitation," "The Management of Upper Extremity Amputation Rehabilitation (UEAR)" • Women's Health: "Pregnancy" Examples of citations include: Department of Veterans Affairs, Department of Defense. (2015). *DVA/DoD clinical practice guideline for management of substance use disorder: Guideline summary* (ver. 3.0). Office of Quality and Performance. Washington, DC: Author. Department of Veterans Affairs, Department of Defense. (2017). *DVA/DoD clinical practice guideline for posttraumatic stress disorder and acute stress reaction* (ver. 3.0). Office of Quality and Performance. Washington, DC: Author.	
VA Evidence-based Synthesis Program https://www.hsrd.research.va.gov/publications/esp/ This website has a directory of all of the systematic reviews and synthesis reports written by the VA Evidence-based Synthesis Program (ESP), which "makes high quality evidence synthesis available to clinicians, managers and policymakers as they work to improve the health and health care of Veterans."	Knowledge Cognitive and Affective Processes
QUERI: Quality Enhancement Research Initiative Quality Improvement Methods https://www.queri.research.va.gov/implementation/quality_improvement/default.cfm This website has tools for understanding and using quality improvement methods in clinical practice. The Quality Improvement Methods Selection Tool aids in determining which quality improvement methods or tools to use in developing research or evaluation to improve clinical practice that benefits veteran and military populations.	Knowledge Cognitive and Affective Processes
Quality Enhancement Research Initiative (QUERI) Implementation Guide https://www.queri.research.va.gov/implementation/default.cfm This guide is helpful in learning about implementation research, an area that focuses on implementing research- and practice-informed practices into real-world clinical settings with veteran and military populations.	Knowledge Cognitive and Affective Processes

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In-Class Exercises	
Resource	**Competency Dimension**
Community Provider Toolkit This toolkit supports the behavioral health and wellness of veterans receiving services outside the VA health-care system. Resources available in this toolkit include information and training on screening for military service, handouts and trainings to increase knowledge about military culture, and mini-clinics focused on relevant aspects of behavioral health and wellness. Training available at https://www.mentalhealth.va.gov/communityproviders/clinic_sud.asp	Knowledge Cognitive and Affective Processes
Toolkit for Providers of Clients With Co-occurring TBI and Mental Health Symptoms Traumatic brain injury (TBI) is a significant public health concern. This toolkit provides mental health clinicians necessary training and information to address the needs of veterans and military personnel with a history of TBI and co-occurring mental health conditions. Community mental health clinicians' input was integral in identifying areas of focus. This toolkit is designed to assist providers in identifying TBI and co-occurring problems and determining potential need for further evaluation or mental health treatment modification. TBI Toolkit available at http://www.mirecc.va.gov/visn19/tbi_toolkit/	Knowledge Cognitive and Affective Processes

Media	
Resource	**Competency Dimension**
Make the Connection (2017) http://maketheconnection.net This website includes video vignettes and cases to learn veterans' stories of recovery.	Knowledge Values Cognitive and Affective Processes
About Face (2017) http://www.ptsd.va.gov/apps/AboutFace/Index.html This website has video vignettes and cases to learn about posttraumatic stress disorder from veterans who have experienced it. Hear their stories. Find out how treatment turned their lives around.	Knowledge Values Cognitive and Affective Processes

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Assignments	
Resource	**Competency Dimension**

Using Internet Research to Assist a Veteran or Military Service Member Case Assignment (see Appendix A)
 	
Instructions: Based on the case presented in class or the one you select from http://maketheconnection.net or http://www.ptsd.va.gov/apps/AboutFace/Index.html, begin to research national and state or local resources that can help your veteran or military service member build a network of support that addresses their current needs.
 	
• Complete the data, assessment, and plan (DAP) note with a very specific plan to use these resources. You must have at least one national and one local resource for every category below. Write the URL and add a brief description of the resource in each cell. Start at www.nrd.gov. Write a one-paragraph case summary of your client's demographics, presenting problem, and needs.
 	
Fill in the table (expand table up to three total pages) with the following:
 	
• Complete all 20 cells with resources to address your client's needs.
• You must have at least one national and one state or local resource for every category.
• Write the URL for the resource and ensure that the URL links directly to your resource.
• Add a brief description of the resource in each cell that explains how it is specifically related to your client's presenting problem or needs.
  • The brief (up to two phrases or one complete sentence) description must include:
    – full and proper title of resource, complete contact and address information, and a specifically named point of contact;
    – reason for selecting the resource that is directly related to client needs that is noted in the case summary and your DAP note.
	Knowledge
	Skills
	Cognitive and Affective Processes

Final Action Plan Presentation (see Appendix B)	Knowledge Values Skills Cognitive and Affective Processes

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<table>
<tr><th colspan="2">Field Activities</th></tr>
<tr><th>Resource</th><th>Competency Dimension</th></tr>
<tr><td>Using Internet Research to Assist a Veteran or Military Service Member Assignment (see Appendix A)

Complete the assignment for a current client who is a veteran or military service member. Present the case with the DAP note and completed table in a team-based case consultation.

• Write a one paragraph case summary of your client's demographics, presenting problem, and needs.

Fill in the table (expand table up to three total pages) with the following:

• Complete all 20 cells with resources to address your client's needs.
• You must have at least one national and one state or local resource for every category.
• Write the URL for the resource and ensure the URL links directly to your resource.
• Add a brief description of the resource in each cell that explains how it is specifically related to your client's presenting problem or needs.
  • The brief (up to two phrases or one complete sentence) description must include:
    – full and proper title of resource, complete contact and address information, and a specifically named point of contact;
    – reason for selecting the resource that is directly related to client needs that is noted in the case summary and your DAP note.</td><td>Knowledge
Skills
Cognitive and Affective Processes</td></tr>
</table>

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Engage in Policy Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military social workers understand that a wide range of programs and services unique to military service members, veterans, and their families are governed by laws and policies at the local, state, and federal level. Military social workers understand that definitions of military populations such as "veterans," "military families," and roles based on "discharge status" limit eligibility for services and support. Military social workers understand that self-advocacy for service members and veterans is often complicated by the vast bureaucratic system and that specific laws prohibiting military service members from lobbying and engaging in advocacy activities results in their reliance on others to do so. Military social workers appreciate that the military value of "selfless service" clashes with self-advocacy and can interfere with help seeking.

COMPETENCY BEHAVIORS

- Demonstrate ability to apply relevant policies that outline eligibility for benefits to military populations, including Tricare, Veterans Benefits Administration benefits, the GI Bill, Medicaid, Medicare, and the Veterans Access, Choice, and Accountability Act.
- Demonstrate an understanding of the Uniform Code of Military Justice and its relevance for service members and veterans.
- Understand how national policy toward any given war or conflict (e.g., World War II, Vietnam, Cold War, Afghanistan, Iraq) affects service members' military experience and their experience as veterans.

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- Understand the military's evolving policies toward women, minorities, LGBTQ populations, and people with disabilities and how these policies have affected service members' military experience and their experience as veterans.
- Demonstrate an ability to advocate effectively and appropriate on behalf of service members, family members, caregivers, and veterans.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

In-Class Exercises

Resource	Competency Dimension
Panel Discussions Each student will participate in one of the four panel discussions relevant for policy practice with military populations. Panel members will present key issues and engage the class in discussion on current policies and policy recommendations. Panel discussions will address policies affecting: • the role of technology in military social work practice, including telehealth or telemedicine, mobile apps, and virtual reality; • the role of women in the military and opportunities and challenges in active duty and as veterans, including deployment, combat roles, military sexual trauma, and family; • the military family, including issues relevant for active duty families, guard and reserve families, gay and lesbian couples and families, and caregivers of disabled or aging veterans; • Veterans' reintegration, including gaps in services; needs of veterans in underserved areas such as inner cities and rural areas; employment, education, and housing; suicide prevention; PTSD, TBI, and other behavioral and mental health concerns.	

Media

Resource	Competency Dimension
African Americans and the Military All-Black regiment important beginning in Civil War http://en.wikipedia.org/wiki/54th_Massachusetts_Volunteer_Infantry Buffalo Soldiers http://en.wikipedia.org/wiki/10th_Cavalry_Regiment_(United_States) World War II http://www.airpower.maxwell.af.mil/airchronicles/aureview/1981/nov-dec/osur.htm	Knowledge Values Skills

(continued)

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Media *(continued)*

Resource	Competency Dimension
Up to the 1950s, African American units were typically separated from White units even though they were led by White officers. http://en.wikipedia.org/wiki/Racial_segregation_in_the_United_States World War II military response to African American soldiers http://www.oldmagazinearticles.com/discrimination_in_1940s_US_military_court_system_pdf All-Black squadron during World War II http://blackamericaweb.com/129773/little-known-black-history-fact-the-all-black-rangers/	
Effects of Agent Orange video http://www.military.com/video/operations-and-strategy/chemical-warfare/dear-agent-orange/2200380586001/ Video cleanup of Agent Orange http://www.military.com/video/operations-and-strategy/vietnam-war/us-to-begin-agent-orange-clean-up/1780260096001/	Knowledge Values Skills
Prosecution of Army 1st Lt. Elizabeth Whiteside, who, after suffering a psychiatric breakdown in Iraq, attempted suicide and endangered the life of another soldier who attempted to stop her. By Dana Priest, *Washington Post,* Thursday, January 31, 2008 http://www.washingtonpost.com/wp-dyn/content/story/2008/01/30/ST2008013003145.html?sid=ST2008013003145	Knowledge Values Skills
Policy on Technology On the Frontier of Telehealth https://www.youtube.com/watch?v=iIpWjfR2k9I PTSD Coach Mobile App: Help at Your Fingertips, U.S. Department of Veterans Affairs https://www.youtube.com/watch?v=yQuEVOPeDrM	Knowledge Values Skills
Policy Related to Women in Combat Legal Issues for Women Who Have Served https://www.youtube.com/watch?v=2kOkc3Gc55k Women in Combat: History and Today's Debate https://www.youtube.com/watch?v=qAvZDVFe0Yw	Knowledge Values
Policies on Transgendered People Serving in the Military Transgender Policy Training for Military Service Members, June 28, 2017 https://www.youtube.com/watch?v=sG2bNSa4HOk U.S. Army Transgender Policy Training, April 1, 2017 https://www.youtube.com/watch?v=Zzx4Na3wrA4	Knowledge Values

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Media *(continued)*

Resource	Competency Dimension
Policy on Caregivers for Veterans The VA Post 9/11 Caregiver Program: Detailed plain language on program and policy https://www.youtube.com/watch?v=hbhrcSdV1sc U.S. VA, Caregiver Support: Extended Benefits, June 26, 2015 https://www.youtube.com/watch?v=Vv95bU-nYJM	Knowledge Values Skills
Policies on VA Benefits Veterans Choice, November 30, 2015 https://www.youtube.com/watch?v=gOIEEzX9nqU GI Bill Policy: Know Before You Go, November 2, 2015 https://www.youtube.com/watch?v=Z1ttkv9oRI4 Benefits for Spouses and Survivors, June 2, 2015 https://www.youtube.com/watch?v=tRx_w7Jma9M	Knowledge Values
The following movies, all based on true stories, reveal how policy change did or did not result: *Wounded Platoon,* directed by Dan Edge (2010) *The Invisible War,* directed by Kirby Dick (2012) *American Sniper,* directed by Clint Eastwood (2014)	Knowledge

Assignments

Resource		Competency Dimension
Program Mission	Military Policy	
Intended Outcome	The primary goal of the course is to gain a basic understanding of major policies that affect military personnel and their dependents. Students will gain an understanding of the context in which major policies were created, how the policies have affected the military culture, how and why policies changed over time, and current societal forces affecting policies today. Students will apply this knowledge to help clients understand their rights, access benefits that they and their families are entitled to, and advocate for changes in outdated policies.	

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Assignments *(continued)*

Resource		Competency Dimension
Factors and Performance Levels	Students will demonstrate an understanding of how diversity among military personnel and their families can affect access to benefits. Students will analyze policies to inform their social work practice and how their practice can advance their research-informed knowledge. Students will be able to demonstrate how human behavior and the social environment shape the creation and adaption of military policies. Students will be able to explain the context in which policies develop and how these policies affect practice.	
Journal Entries (25%)	Students will write five entries, worth five points each, that answer questions about specific bills. The entries will be submitted as threads that have been set up by the professor. The questions to be addressed will be posed in the syllabus.	
Midterm Assignment (25%)	Write a 10-page paper and identify a bill that has *not* passed. Describe its trajectory, why it was needed, and who was for it and against it. Explain the historical and social context impinging on the bill. Discuss the fate of the bill and how its not passing has affected social work clients and explain the state of the bill now. Identify the committees and contact the office staff of one of the people responsible for the bill; explore with them whether there is a plan to create another bill to overcome the death of the first go-around. Indicate the context that created a need for social work related to this problem that is addressed by the bill and what social work can provide.	
Signature Assignment (25%)	Write a 10-page paper that traces the trajectory of a bill that *did* pass. Explain the historical and social context impinging on the bill. How has the passing of this bill affected social work clients?	
Presentation (25%)	Give a 20-minute presentation of your paper and your conversation with the legislators or staffer who wrote the bill you are presenting.	

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Field Activities	
Resource	Competency Dimension
1. Visit the U.S. Senate Committee on Veterans Affairs website: https://www.veterans.senate.gov/ a. Search "Legislation" to find out what recent and current bills regarding veterans exist. 2. Search the website for the U.S. senators from your state to find out which bills they are supporting. 3. Search the website for the congressional representatives from your state to find out what bills they are supporting. 4. Make an appointment to meet the Veteran Service Officer (VSO) in the county in which you live or work and find out all the services the VSO officer can provide for veterans and families, based on policies currently in place. 5. Search your state legislature website to find out which state senators and which house members support bills and which are on committees for active duty or military veterans, and contact one house member and one senate member for more information. Find a bill, track a bill, and find out the agenda, who the lobbyists are, and how the bill was created.	
Assignment 1. Visit the VA Office of Inspector General (OIG) website. https://www.va.gov/oig/. Sign up for "Email Alerts" to receive VA and OIG reports daily during the semester. 2. Choose an "Oversight Report" at https://www.va.gov/oig/apps/info/OversightReports.aspx. Read the full report, which will include VA and OIG recommendations. These are downloadable. Prepare a presentation that informs classmates about the issue and VA and OIG recommendations. Discuss how the problem could have been prevented and social work's role in prevention. 3. Choose a "Statement to Congress" at https://www.va.gov/oig/publications/statements.asp	
Assignment Research the NASW's involvement in policy support and change for active duty service members and veterans.	

(continued)

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Field Activities *(continued)*

Resource	Competency Dimension
Assignment Find out which veterans' advocacy organizations are involved in shaping, advocating, and providing input into creating a bill. Veterans' advocacy groups include the American Legion, Veterans of Foreign Wars, Operation Engage America, Good Men Project, Tragedy Assistance Program for Survivors (TAPS), National Organization of Veterans' Advocates (NOVA), Disabled American Veterans, Wounded Warriors, The Veterans Group, Military OneSource, Defense and Veterans Brain Injury Center, National Center for Telehealth and Technology, Real Warriors Campaign, and Make the Connection.	
Assignment Learn about the Federal Tort Claim Act (FTCA) and the Freedom of Information Act (FOIA) as they apply to service members and veterans. Part of the assignment is learning how to find this information.	
Assignment Visit the Social Work Policy Institute site, look at the policies, and create an assignment based on a specific policy related to social work and veterans. http://www.socialworkpolicy.org/research/veterans.html	

BIBLIOGRAPHY

Adams, J. (2013). Women in combat: Good policy or political convenience [article]. *Liberty Legal Journal,* 34.

Alford, B., & Lee, S. J. (2016). Toward complete inclusion: Lesbian, gay, bisexual, and transgender military service members after repeal of Don't Ask, Don't Tell. *Social Work, 61*(3), 257–265.

Asch, S. M., & Kerr, E. A. (2016). Measuring what matters in health: Lessons from the Veterans Health Administration State of the Art Conference. *Journal of General Internal Medicine, 31*(1), 1–2. Retrieved from https://doi.org/10.1007/s11606-015-3576-z

Connell, C. (2017). Now that we can ask and tell: The social movement legacy of the DADT repeal. *Sociology Compass, 11*(9).

Crosbie, T., & Posard, M. N. (2016). Barriers to serve: Social policy and the transgendered military. *Journal of Sociology, 52*(3), 569–585.

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Domi, T. L. (2013). Women in combat: Policy catches up with reality. *The New York Times*. Retrieved from http://proxy.ulib.csuohio.edu:2050/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsggr&AN=edsgcl.318043232&site=eds-live&scope=site

Dyhouse, T. (2016). Panel tells Congress to downsize VA. *VFW, 103*(4), 8.

Folaron, I., & Lovasz, M. (2016). Military considerations in transsexual care of the active duty member. *Military Medicine, 181*(10), 1182–1186.

Kamarck, K. N., Jansen, D. J., Kapp, L., Mason, R. C., & Torreon, B. S. (2016). FY2017 National Defense Authorization Act: Selected military personnel issues. *Congressional Research Service: Report,* 1.

Kilbourne, A., & Atkins, D. (2014). Partner or perish: VA health services and the emerging bi-directional paradigm. *Journal of General Internal Medicine, 29*(4), 817–819. https://doi.org/10.1007/s11606-014-3050-3

Manson, H. M. (2012). The development of the core-values framework as an aid to ethical decision-making. *Medical Teacher, 34*(4), e258–e268. https://doi.org/10.3109/0142159X.2012.660217

McSally, M. (2007). Women in combat: Is the current policy obsolete? *Duke Journal of Gender Law & Policy*, (2), 1011.

Noe, T. D., Brookes, E. A., Bair, B. D., Kaufman, C. E., Daily, N. K., & Shore, J. H. (2011). Addressing the health needs of rural native veterans: Assessment and recommendations. *Journal of Rural Social Sciences, 26*(3), 137–156.

Norman, S. B., Rosen, J., Himmerich, S., Myers, U. S., Davis, B., Browne, K. C., & Piland, N. (2015). Student veteran perceptions of facilitators and barriers to achieving academic goals. *Journal of Rehabilitation Research and Development, 52*(6), 701–712. https://doi.org/10.1682/JRRD.2015.01.0013

Panangala, S. V. (2010). Veterans health care: Project HERO implementation: R41065. *Congressional Research Service: Report,* 1.

Petersen, L. A., Byrne, M. M., Daw, C. N., Hasche, J., Reis, B., & Pietz, K. (2010). Relationship between clinical conditions and use of Veterans Affairs health care among Medicare-enrolled veterans. *Health Services Research, 45*(3), 762–791.

Peterson, K. J. (2012). Shared decision making in health care settings: A role for social work. *Social Work in Health Care, 51*(10), 894–908. https://doi.org/10.1080/00981389.2012.714448

Tarsi, M. R. (2010). Veterans' benefits and social policy: Expanding the conceptual boundaries of the American welfare state. *Conference Papers: New England Political Science Association,* 1–22.

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Tarsi, M. R. (2011). The changing thanks of a grateful nation: The institutional evolution of American veterans' benefits. *Conference Papers: Southern Political Science Association,* 1.

Thompson, M. (2015). Sending women to war. *Time, 186*(24), 52.

Transgender military policy. (2017). *Congressional Digest, 96*(8), 31–31.

Trump changes policy on military service by transgender individuals; LGBT rights organizations quickly sue. (2017). *LGBT Law Notes,* 294–298.

Walling, A. M., & Dy, S. M. (2014). The importance of a comprehensive, patient-centered approach to end-of-life care. *Journal of General Internal Medicine, 6,* 822. https://doi.org/10.1007/s11606-013-2757-x

Williston, S. K., Taft, C. T., & VanHaasteren, K. O. (2015). Military veteran perpetrators of intimate partner violence: Challenges and barriers to coordinated intervention. *Aggression and Violent Behavior, 21,* 55–60.

Wilson, C., Trego, L., Rychnovsky, J., Steele, N., & Foradori, M. (2015). Creating and sustaining a military women's health research interest group. *U.S. Army Medical Department Journal,* 76–80.

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Engage With Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military social workers respect the importance of community and social context as a central principle to many service members, veterans, and their families through shared challenges, risks, resilience, contributions, and strengths. Practitioners in military social work understand how to engage service members, veterans, and their families, as well as military and military-connected organizations, by using evidence-based or evidenced-informed practice principles. Practitioners recognize how their own life experiences, biases, and preconceptions influence their engagement with diverse service members, veterans, and families and the wider communities in which they live and participate. Military social workers effectively cultivate alliances through outreach to military and veteran affiliation groups and communities to build coalitions that allow them to engage these communities to provide effective, trusted professional services and foster mutual aid and peer-to-peer networks.

COMPETENCY BEHAVIORS

- Develop understanding of one's preconceptions, biases, knowledge, and learning needs about service members, veterans, and families for appropriate engagement.
- Develop and maintain cognitive awareness and emotional self-regulation as we bear witness to their experience and their stories.
- Help service members and veterans navigate systems of care (e.g., financial, legal, health) through advocacy and outreach.

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- Build coalitions across the military, veterans' groups, and military service organizations.
- Identify and address barriers to care including those caused by policy, discharge status, or stigma associated with seeking care.
- Engage with service members, veterans, and families to develop a shared understanding of the military-related group with which they identify (e.g., combat veteran, active duty service member, military family member, veteran of a specific war era, female veteran).

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings	
Resource	**Competency Dimension**
Beder, J. (Ed.). (2016). *Caring for the military: A guide for helping professionals*. New York, NY: Routledge.	Knowledge Values
Bernhardt, A. (2009). Rising to the challenge of treating OIF/OEF veterans with co-occurring PTSD and substance abuse. *Smith College Studies in Social Work, 79*(3/4), 344–367.	Knowledge Values
Bowling, U., & Sherman, M. (2008). Welcoming them home: Supporting service members and their families in navigating the tasks of reintegration. *Professional Psychology: Research and Practice in the Public Domain, 39*(4), 451–458.	Knowledge Cognitive and Affective Processes
Jordan, K. (2011). Counselors helping service veterans re-enter their couple relationship after combat and military services: A comprehensive overview. *The Family Journal Counseling and Therapy, 19*(3), 263–273.	Knowledge Cognitive and Affective Processes
Koblinsky, S. A., Schroeder, A. L., & Leslie, L. A. (2016). "Give us respect, support and understanding": Women veterans of Iraq and Afghanistan recommend strategies for improving their mental health care. *Social Work in Mental Health*. http://dx.doi.org/10.1080/15332985.2016.1186134	Knowledge Values
Military Facts for Non-Military Social Workers. https://www.mentalhealth.va.gov/coe/cih-visn2/Documents/Provider_Education_Handouts/Military_Facts_for_Non_Military_SW_Version_3.pdf	Knowledge Values

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Readings *(continued)*

Resource	Competency Dimension
Paulson, D., & Krippner, S. (2007). Treatment approaches to traumatic disorders. In *Haunted by combat: Understanding PTSD in war veterans including women, reservists, and those coming back from Iraq* (pp. 69–82). Westport, CT: Praeger Security International.	Knowledge Cognitive and Affective Processes
Rubin, A., Weiss, E. L., & Coll, J. E. (2012). *Handbook of military social work* (pp. 51–76). Hoboken, NJ: Wiley. See Chapters 23 (stress process model), 25 (therapy for redeployed couples), 26 (review of challenges and strengths in military families), and 11 (TBI and social work practice)	Knowledge Values
Sautter, F., Armelie, A., Glynn, S., & Wielt, D. (2011). The development of a couple-based treatment for PTSD in returning veterans. *Professional Psychology: Research and Practice, 42*(1), 63–69.	Knowledge Cognitive and Affective Processes
Tanlielian, T., & Jaycox, L. H. (Eds.). (2008). *Invisible wounds of war*. Santa Monica, CA: RAND Corporation.	Knowledge Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
The Veteran Experience of Asking for Help Have the class discuss what the barriers to accessing care are for veterans. What might make it difficult for veterans to seek out care? The instructor can talk about institutional problems (waiting times, geographic location of VA medical centers, eligibility for VA care), stigma associated with asking for help, and fear that no one will understand the veteran's experience. Show the video *Doubts,* then have the class discuss the ways in which barriers were overcome in this situation. https://www.youtube.com/watch?v=rKzN2yI5DTU&feature=youtu.be	Knowledge Values Skills
Provide the class with a deidentified DD-214 (a sample can be found at https://www.dhrm.virginia.gov/docs/default-source/veteran-related/dd214-sample.pdf?sfvrsn=2). Instructor then asks the class to discuss what we know about the veteran based on the DD-214. The instructor would help class identify information such as the character of discharge, level of education, what duties the service member performed, what	Knowledge Values Skills

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In-Class Exercises *(continued)*

Resource	Competency Dimension
rank the service member achieved, medals or other citations the service member earned, whether the veteran had been deployed, whether he or she was part of a regular or reserve unit, and what benefits the veteran may be entitled to as a result. The instructor can then ask the class to imagine what psychosocial issues this veteran may need social work services to address.	

Media

Resource	Competency Dimension
Karl Malantes on the mindset of a modern warrior, interview with Bill Moyers (56:47 minutes) http://billmoyers.com/episode/what-its-like-to-go-to-war/	Knowledge Values Cognitive and Affective Processes
Sebastian Junger why soldiers miss war, NPR podcast (13 minutes). http://www.npr.org/2015/04/17/399802471/how-does-war-teach-soldiers-about-love	Knowledge Values Cognitive and Affective Processes
Make the Connection: This site provides hundreds of videos of veterans and their family members sharing their stories of strength and recovery. In addition, there is useful information about local mental health resources and ways to show your support. https://maketheconnection.net/	Knowledge Values Cognitive and Affective Processes
Lioness tells the story of a group of female Army support soldiers who were part of the first program in American history to send women into direct ground combat. Without the same training as their male counterparts but with a commitment to serve as needed, these young women fought in some of the bloodiest counterinsurgency battles of the Iraq war and returned home as part of this country's first generation of female combat veterans. *Lioness* makes public, for the first time, their hidden history. www.lionessthefilm.com	Knowledge Values

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Media *(continued)*

Resource	Competency Dimension
The Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center works with states and territories to strengthen their behavioral health systems for service members, veterans, and their families. The SMVF TA Center provides training and technical assistance through the following activities: • Webinars • Learning communities • Telephone and on-site individualized consultation, technical assistance, and training • Policy academies • Resource provision (e.g., publications and fact sheets) https://www.samhsa.gov/smvf-ta-center	Knowledge Values
The Defense Suicide Prevention Office (DSPO) provides advocacy, program oversight, and policy for DoD suicide prevention, intervention, and postvention efforts to reduce suicidal behaviors in service members, veterans, and their families. http://www.dspo.mil	Knowledge
Military Culture: Core Competencies for Health-care Professionals Module 1: Self-Assessment/Intro to Military Ethos; Module 2: Military Organization and Roles; Module 3: Stressors and Resources; Module 4: Treatment, Resources, and Tools. http://deploymentpsych.org/military-culture-course-modules	Knowledge Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
Using a case example, have students develop a resource list of military, VA, and community resources available to assist an active duty service member, veteran, or family member.	Knowledge Values Skills

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Competency 7

Assessment With Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military social workers, as well as social workers who work with military service members, veterans, and their families, understand the physical, psychological, social, and spiritual influences involved in military service, the adjustments that occur in multiple stages of the lifespan, and the continuum of reintegration with families and communities. Dynamic and comprehensive assessments are needed, focused on complex issues including combat and military sexual trauma, depression and suicidality, posttraumatic stress and PTSD, and musculoskeletal injuries. Because military social workers recognize that service members, veterans, and their families possess unique strengths as well as vulnerabilities, they include measures of resilience and secondary trauma. Military social workers recognize that service members and veterans often minimize their physical and psychological suffering. They understand that service members, veterans, and families, as well as military or military-connected organizations, can be influenced by a variety of transition factors such as the stage of the deployment cycle. Recognizing whether a service member is transitioning into or out of the military is crucial during any assessment. In addition, attuning to intersecting social identities and issues related to social justice strengthens the assessment process. Military social workers understand that health and well-being can be influenced by the climate of the organization in the community and thus incorporate measures of organizational effectiveness and leadership. They recognize how their cultural biases and personal experiences may either positively or negatively influence their judgments during assessments.

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COMPETENCY BEHAVIORS

- Develop, adapt, and use assessment methods and tools that optimize treatment planning within a social context.
- Demonstrate the capacity to establish rapport with clients and recognize the influence of military, veteran, or civilian status.
- Demonstrate knowledge of psychological and social theories and research data to support the selection of assessment tools and methods.
- Demonstrate assessment skills that enhance coping strategies of military or veteran clients while they adjust to transitions from military to civilian life.
- Reveal the ability to collaborate effectively in interdisciplinary teamwork contexts.
- Understand how to select instruments and tools to use for assessment.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings	
Resource	**Competency Dimension**
ASSESSMENT OF INDIVIDUAL SERVICE MEMBERS AND VETERANS	
Basham, K. (2013). Couple therapy for redeployed military and veteran couples. In A. Rubin & E. Weiss (Eds.), *Handbook of military social work* (pp. 443–465). Hoboken, NJ: Wiley. Contains bio-psycho-social-spiritual assessment for military and veteran couples and families.	Knowledge Values Cognitive and Affective Processes
Bliese, P. D., Wright, K. M., & Hoge, H. W. (2011). Preventative mental health screening in the military. In A. B. Adler, P. D. Bliese, & C. A. Castro (Eds.), *Deployment psychology: Evidence-based strategies to promote mental health in the military* (pp. 175–193). Washington, DC: American Psychological Association.	Knowledge Values Skills Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Castro, F., Hayes, J. P., & Keane, T. M. (2011). Issues in assessment of PTSD in military personnel. In B. A. Moore & W. Penk, (Eds.), *Treating PTSD in military personnel: A clinical handbook* (pp. 23–41). New York, NY: Guilford.	Knowledge Values Skills Cognitive and Affective Processes
Finkel, D. (2013). *Thank you for your service*. New York, NY: Farrar, Straus and Giroux.	Knowledge
Institute of Medicine (IOM). (2010). Operation Enduring Freedom and Operation Iraqi Freedom: Demographics and impact. In *Returning home from Iraq and Afghanistan*: *Preliminary assessment of readjustment needs of veterans, servicemembers and their families*. Washington, DC: National Academies Press.	Knowledge Values Cognitive and Affective Processes
Institute of Medicine (IOM). (2014). *Ongoing review of the effectiveness of treatment programs for PTSD: A final assessment*. Washington, DC: National Academies Press.	Knowledge Values
Library of Congress. Experiencing war stories from the Veterans' History Project. http://www.loc.gov/vets/stories/ Provides evocative accounts of veterans' biological, psychological, social, and spiritual issues that occur during different eras of military service	Knowledge Values Cognitive and Affective Processes
Monahan, M. C., & Keener, J. M. (2012). Fitness-for-duty evaluations. In C. H. Kennedy & E. A. Zillmer (Eds.), *Military psychology: Clinical and operational applications* (2nd ed., pp. 25–49). New York, NY: Guilford.	Knowledge Values Skills Cognitive and Affective Processes
Rubin, A., & Barnes, W. G. (2013). Assessing, preventing and treating substance use disorders in active duty military settings. In A. Rubi, E. L. Weiss, & J. E. Coll (Eds.), *Handbook of military social work* (pp. 191–208). Hoboken, NJ: Wiley.	Knowledge Values

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Readings *(continued)*

Resource	Competency Dimension
Yarvis, J. S. (2013). Posttraumatic stress disorder in veterans. In A. Rubin, E. L. Weiss, & J. E. Coll (Eds.), *Handbook of military social work* (pp. 81–98). Hoboken, NJ: Wiley.	Knowledge Values Skills Cognitive and Affective Processes
SUBSTANCE ABUSE AND ADDICTION ASSESSMENT (B. Cluft, Veterans' Service Coordinator, Massachusetts Department of Public Health)	
The American Society of Addiction Medicine (ASAM) https://www.asam.org/resources/the-asam-criteria	Knowledge Skills
Screening Brief Intervention and Referral to Treatment (SBIRT) https://www.samhsa.gov/sbirt	Knowledge Skills
National Institute on Drug Abuse https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/additional-screening-resources	Knowledge Skills Cognitive and Affective Processes
Strom, T. Q., Gavian, M. E., Possis, E., Louglin, J., Bui, T., Linartatos, E., . . . Siegel, W. (2012). Cultural and ethical considerations when working with military personnel and veterans: A primer for VA training programs. *Training and Education in Professional Psychology, 6*(2), 67–75.	Knowledge Values Skills Cognitive and Affective Processes
PTSD	
PTSD: National Center for PTSD, VA Health Care DSM-5 Chart: Adult PTSD Self-Report Measures: • Davidson Trauma Scale (DTS) • Distressing Event Questionnaire (DEQ) • Impact of Event Scale–Revised (IES-R) • Mississippi Scale for Combat-Related PTSD (M-PTSD) • PTSD Checklist (PCL), Civilian, Military, Specific Trauma • Trauma Symptom Inventory (TSI) https://www.ptsd.va.gov/professional/assessment/screens/index.asp	Knowledge Skills

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Readings *(continued)*

Resource	Competency Dimension
The PILOTS Database includes a record of tests and measures listing psychological and medical instruments used in research and assessment. https://www.ptsd.va.gov/professional/pilots-database/pilots-assessment.asp	Knowledge
Community Provider Toolkit: The VA provides a collection of resources related to screening and assessment for military service and handouts related to increasing knowledge about military culture. https://www.mentalhealth.va.gov/communityproviders/	Knowledge Skills Cognitive and Affective Processes
TBI	
The Toolkit for Providers of Clients With Co-occurring TBI and Mental Health Symptoms provides information to address the needs of veterans, military personnel, and their families related to TBI and co-occurring conditions. Focus is on complex biopsychosocial assessment. http://www.mirecc.va.gov/visn19/tbi_toolkit/	Knowledge Cognitive and Affective Processes
SECONDARY TRAUMA AND PROVIDERS IN ORGANIZATIONS	
Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, burnout and compassion satisfaction: Factors impacting a professional's quality of life. *Journal of Loss and Trauma, 12,* 259–280.	Knowledge Values Cognitive and Affective Processes
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.	Knowledge Values Skills Cognitive and Affective Processes
Pryce, J. G., Shackelford, K. K., & Price D. H. (2007). *Secondary traumatic stress and the child welfare professional*. Chicago, IL: Lyceum. Addresses the impact of secondary stress in a child welfare organization	Knowledge Values
Sprang, G., Whitt-Woosley, A., & Clarik, J. (2007). Compassion fatigue, burnout and compassion satisfaction: Factors impacting a professional's quality of life. *Journal of Loss and Trauma, 12,* 259–280.	Knowledge Values

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Readings *(continued)*

Resource	Competency Dimension
Stamm, B. H. (2010). *The concise ProQOL manual* (2nd ed.). Pocatello, ID: ProQOL.org. http://www.proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf Measure to assess for secondary traumatic stress and resilience for family members and health and behavioral health providers	Knowledge Skills
Compassion Fatigue Self-Test http://www.practicenotes.org/vol10_n3/Stamm.pdfMeasure to assess compassion fatigue for family caregivers and providers	Knowledge Skills
BIO-PSYCHO-SOCIAL-SPIRITUAL ASSESSMENTS FOR CHILDREN AND FAMILIES	
American Association of School Administrators Toolkit to Support Military Children Created by the National Child Traumatic Stress Network, supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and Duke University, providing a range of resources to leaders in school administration for assessing the resilience and vulnerabilities of children and adolescents in school systems.	Knowledge Values Skills Cognitive and Affective Processes
Concerns About Life and Family Disruption Scale, Deployment Risk and Resilience Inventory Measures worries that deployment will negatively affect life domains in the family. https://www.ptsd.va.gov/professional/assessment/deployment/life-family-disruption.asp	Knowledge
Family Stressors Scale, Deployment and Resilience Inventory Scale measures exposure to stressful family experiences during the time of deployment. https://www.ptsd.va.gov/professional/assessment/deployment/family-stressors.asp	Knowledge
Basham, K. (2008). Homecoming as a safe haven or new front: Attachment and detachment in military and veteran couples*. Clinical Social Work Journal, 36,* 83–96.	Knowledge Skills Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Gerson, R. R., & Figley, C. R. (2011). *Families under fire: Systemic therapy with military families.* New York, NY: Routledge.	Knowledge Values Skills Cognitive and Affective Processes
Ippen, C. G., Ford, J., Racusin, R., Acker, M., Bosquet, M., Rogers, K., . . . Edwards, J. (2002). *Traumatic Events Screening Inventory–Parent Report Revised.* Retrieved from https://www.ptsd.va.gov/professional/assessment/child/tesi.asp Assesses a child's experience of traumatic events.	Knowledge
McCarroll, J. E., Newby, J. H., Bended, D. M., Ursano, R. J., & Vineburgh, N. (Eds.). (2014). *Family violence research, assessment and interventions: Looking back, looking ahead*. Bethesda, MD: Center for the Study of Traumatic Stress. Uniformed Services University of the Health Sciences. Retrieved from https://www.cstsonline.org/resources/resource-master-list/family-violence-research-assessment-and-intervention-looking-back-looking-ahead	Knowledge Values
Riggs, S. A., & Riggs, D. S. (2011). Risk and resilience in military families experiencing deployment: The role of the family attachment network. *Journal of Family Psychology, 25*(5), 675–687.	Knowledge
ASSESSMENT OF FAMILIES AND COMMUNITIES	
Hoshmand, L. T., & Hoshmand, A. L. (2007). Support for military families and communities. *Journal of Community Psychology, 35*(2), 171–180.	Knowledge Values
Lehavot, K., Der-Martirosian, C., Simpson, T. L., Shipherd, J. C., & Washington, D. L. (2013). The role of military social support in understanding the relationship between PTSD, physical health, and health care utilization in women veterans. *Journal of Traumatic Stress, 26*(6), 772–775. Focuses on the role of social supports within the unit and community to facilitate access and use of services.	Knowledge Values
Martin, J. A., Mancini, D. L., Bowen, G. L., Mancini, J., & Orthner, D. (2004). *NCFR policy briefing: Strong communities for military families.* Washington, DC: National Council on Family Relations.	Knowledge Values Skills

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Readings *(continued)*

Resource	Competency Dimension
Schechter, K. (2010, October). The soldiers' project: A psychoanalytically-informed free clinic for military servicemembers and their families. International *Journal of Psychoanalysis, 91*(5), 1239–1241.	Knowledge Values
ASSESSMENT OF GROUPS	
Cox, D. W., Westwood, M. J., Hoover, S. M., Chan, E. K. H., Kavari, C. A., Dadson, M. R., & Zumbo, B. D. (2014). Evaluation of a group intervention for veterans who experience military-related trauma. *International Journal of Psychotherapy, 64*(3), 89–102.	Knowledge Cognitive and Affective Processes
Scott, D. L., Whitworth, J. D., & Herzog, J. R. (2017). *Social work with military populations*. Boston, MA: Pearson Education.	Knowledge Values Skills Cognitive and Affective Processes

Media

Resource	Competency Dimension
Carlson, J., Brooks, G., American Psychological Association, & Governors State University, Division of Digital Learning Media Design. (2008). *Working with veterans* [DVD] (APA Psychotherapy Series. XI, *Men and masculinity*). Washington, DC: American Psychological Association.	Knowledge Skills Cognitive and Affective Processes
HBO Video. (2008). Season one: "The case of Alex," sessions 1 and 8. *In treatment.* [DVD, Widescreen ed.]. New York, NY: HBO Video.	Knowledge Skills Cognitive and Affective Processes
Lionsgate. (2013). *Escape fire: The fight to rescue American healthcare* [DVD, Widescreen ed.]. Santa Monica, CA: Lionsgate. Veterans' health care is featured, along with ways that one veteran addressed opiate addiction by using complementary and alternative medicine.	Knowledge Skills Cognitive and Affective Processes

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Media *(continued)*

Resource	Competency Dimension
Wartorn 1861–2010 https://www.youtube.com/watch?v=swsX8Q51Fj4 Video of deployment affected veteran and partner that illuminates complex presenting issues.	Knowledge Values Skills Cognitive and Affective Processes
"The Soldier's Heart" https://www.pbs.org/wgbh/pages/frontline/shows/heart/ Introduction to issues and symptoms associated with PTSD and effects on service members, veterans, and their families.	Knowledge Values Cognitive and Affective Processes
What Is Compassion Fatigue? https://www.youtube.com/watch?v=VubmnvCl9sk	Knowledge Values Cognitive and Affective Processes
Restrepo http://restrepothemovie.com/story/com Group assessment exercise: Identify the salient bio-psycho-social factors relevant in this reporting of the deployment of a platoon of U.S. soldiers in Afghanistan's Korengal Valley, featuring a 15-man unit.	Knowledge Values Cognitive and Affective Processes
FAMILY REINTEGRATION GROUP ASSESSMENT	
Strong Bonds: Army Marriage Support https://www.strongbonds.org/skins/strongbonds/home.aspx Focuses on issues that contribute to the complex assessment that facilitates sound relating in couples and families.	Knowledge Values Cognitive and Affective Processes
CBS News https://www.youtube.com/watch?v=XkLDP1KKfc4 Military families struggle to reacclimatize after deployment; focused on couple and family assessment.	Knowledge Cognitive and Affective Processes

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Media *(continued)*

Resource	Competency Dimension
The Invisible War (available on Netflix and Amazon) Focuses on how biopsychosocial factors affect the individual and unit group. Complexities of military trauma are stressed.	Knowledge Values Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
Assignment 1: Clinical Assessment of a Service Member or Veteran (see Appendix C)	Knowledge Skills Cognitive and Affective Processes
Assignment 2: Individual Intervention With a Service Member or Veteran (see Appendix D)	Knowledge Skills Cognitive and Affective Processes
Assessment Assignment 1 (J. Whitaker). Assessment Assignment With Staff Sergeant Steven Callaghan (see Appendix E)	Knowledge Values Skills Cognitive and Affective Processes
Military Family Genogram Example Used for Assessment (J. Whitaker) (see Appendix E)	Knowledge Values
Tripp, E. F. (2008). *Surviving Iraq: Soldiers' stories.* Ithaca, NY: Olive Branch Press. Students will read "Losing another woman" (pp. 182–191) or "Treating soldiers with PTSD" (pp. 200–206) and submit a 2-page, double-spaced paper in APA (6th edition) format identifying their reactions to the story, including personal and cultural countertransference responses that may affect assessment and use of professional self (K. Basham/C. Hall)	Knowledge Values Cognitive and Affective Processes

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Assignments *(continued)*

Resource	Competency Dimension
Assignments to promote cultural responsiveness and constructive use of professional self. Students will watch the video "The Soldier's Heart" https://www.pbs.org/wgbh/pages/frontline/shows/heart/ and submit a three-page double-spaced paper in APA-VI format of their reaction to the story, identifying emotions and thoughts, including personal and cultural countertransference responses that may affect assessment and use of professional self. (Basham/Hall).	Knowledge Values Cognitive and Affective Processes

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Competency 8

Intervene With Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military social workers recognize the distinct culture of military service and how social work interventions are influenced by the historical and current operational military social context and sociocultural factors across service member, veteran, and family life cycles. They recognize that members of the military train, work, and live in group settings, so group interventions and modalities are efficacious in facilitating mutual aid. Military social workers value scientifically developed interventions through the implementation of best practices, evidence-based interventions, technologies, and programs focused on health promotion, prevention, treatment, recovery, and rehabilitation. Military social workers critically assess the strengths and limitations of interventions used with service members and implement practices supported by evidence that demonstrate efficacy for service members, veterans, families, and military or military-connected organizations.

COMPETENCY BEHAVIORS

- Demonstrate an understanding of the historical and current social contexts of the military system and how the unique challenges and stressors of military service affect assessments and interventions for service members, families, organizations, communities, and systems of care.
- Understand the importance of health promotion and prevention programs, relevant technologies and treatments, recovery and rehabilitation services, self-help resources, military and civilian

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organizations, and communities of care that specifically address the needs of veterans, service members, and their families.

- Collaborate with the military client system to develop mutually agreed goals, including relevant others as indicated (e.g., chain of command, peers, spouses, families, communities, and systems of care).
- Implement strength-based, target-focused interventions that incorporate the inherent resiliency of service members and military families that are congruent with the appropriate occupational demands and the military service or veteran life cycle.
- Adapt, implement, and critically assess the strengths and limitations of a range of evidence-based practices that have efficacy for military populations, families, children, communities, and systems of care (e.g., individual, group modalities; self-help resources; mutual aid; and policies, programs and organizations that support military families).

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Amdur, D., Batres, A., Belisle, J., Brown, J. H., Cornis-Pop, M. C., Mathewson-Chapman, . . . Washam, T. (2012). VA integrated post-combat care: A systemic approach to caring for returning combat veterans. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 253–263). New York, NY: Routledge.	Skills Cognitive and Affective Processes
Beckerman, N. (2012). Ethical challenges when working with the military. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 267–277). New York, NY: Routledge.	Knowledge Values
Bedard-Gilligan, M., Marks, E., Graham, B., Garcia, N., Jerud, A., & Zoellner, L. A. (2016). Prolonged exposure and cognitive processing therapy for military sexual trauma–related posttraumatic stress disorder. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 135–154). New York, NY: Springer.	Knowledge Values Skills

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Readings *(continued)*

Resource	Competency Dimension
Beder, J. (2012). Those who have served in Afghanistan/Iraq: Coming home. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 97–124). New York, NY: Routledge.	Knowledge Values
Beder, J., & Jones, H. (2012). When they return from Iraq/Afghanistan: The needs of the wounded. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 92–105). New York, NY: Routledge.	Skills Cognitive and Affective Processes
Beder, J., Sullivan-Sakaeda, L., & Martin, T. P. (2012). Animal-assisted intervention. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 239–252). New York, NY: Routledge.	Skills Cognitive and Affective Processes
Bell, M. B., & Reardon, A. (2012). Working with survivors of sexual harassment and sexual assault in the military. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 72–91). New York, NY: Routledge.	Knowledge Values Skills Cognitive and Affective Processes
Briere, J. M., & Scott. (2015). Assessing trauma and posttraumatic outcomes. In J. N. Briere & C. Scott (Eds.), *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (pp. 63–94). Washington, DC: SAGE.	Knowledge Values Skills Cognitive and Affective Processes
Briere, J. M., & Scott, C. (2015). Central issues in trauma treatment. In J. N. Briere & C. Scott (Eds.), *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (pp. 215–230). Washington, DC: SAGE.	Knowledge Values Skills Cognitive and Affective Processes
Bruner, V. E., & Woll, P. (2012). The battle within: Understanding the physiology of warzone exposure. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 119–134). New York, NY: Routledge.	Knowledge Values

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Readings *(continued)*

Resource	Competency Dimension
Capehart, B., & deViva, J. (2016). Military sexual trauma and treatment of sleep disorders and nightmares. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 99–118). New York, NY: Springer.	Skills Cognitive and Affective Processes
Chapin, M. (2012). Family resilience and the fortunes of war. Civilian social worker's guide to the treatment of war-induced post-traumatic stress disorder. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 148–163). New York, NY: Routledge.	Skills Cognitive and Affective Processes
Christian, J. R., Stivers, J. R., & Sammons, M. T. (2009). Training to the warrior ethos: Implications for clinicians treating military members and their families. In S. M. Freeman, B. Moore, & A. Freeman (Eds.), *Living and surviving in harm's way* (pp. 27–49). New York, NY: Routledge.	Skills Cognitive and Affective Processes
Coll, J. E., Weiss, E. L., & Yarvis, J. S. (2012). No one leaves unchanged: Insights for civilian mental health care. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 19–33). New York, NY: Routledge.	Knowledge Values
Everson, B., & Perry, C. W. (2012). Spouses and their families in the modern military system: Problems, assessments, and interventions. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 199–214). New York, NY: Routledge.	Knowledge Values
Figley, C. R., & Beder, J. (2012). The cost of caring requires self-care. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 278–286). New York, NY: Routledge.	Knowledge Values
Hall, L. K. (2012). The importance of understanding military culture. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 1–17). New York, NY: Routledge.	Knowledge Values
Hammerslough, J. (2016). Psychotherapeutic and third-party issues when treating military sexual trauma. In L. S. Katz (Ed.), *Treating military sexual trauma* (275–284). New York, NY: Springer.	Skills Cognitive and Affective Processes
Harpaz-Rotem, I., & Rosenheck, R. A. (2011). Serving those who served: Retention of newly returning veterans from Iraq and Afghanistan in mental health treatment. *Psychiatric Services, 62*(1), 22–27.	Knowledge Values

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Readings *(continued)*

Resource	Competency Dimension
Hughes, V., & Levine, P. A. (2016). Treating military sexual trauma with somatic experiencing. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 195–216). New York, NY: Springer.	Skills Cognitive and Affective Processes
Hurley, E. C. (2016). Treating military sexual trauma with EMDR therapy. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 155–174). New York, NY: Springer.	Skills Cognitive and Affective Processes
Jackson, C., & Branson, Y. (2012). Assessing and responding to suicidal risk among OIF/OEF veterans. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 164–179). New York, NY: Routledge.	Knowledge Values
Jones, J., Ardern, H., Briere, J. N., & Scott, C. (2015). Treating the effects of acute trauma. In J. N. Briere & C. Scott (Eds.), *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (pp. 231–258). Washington, DC: SAGE.	Skills Cognitive and Affective Processes
Katz, L. S. (2016). Epilogue: Flourishing after military sexual trauma. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 285–288). New York, NY: Springer.	Skills Cognitive and Affective Processes
LaMoire, J. H. (2012). Operation Iraqi Freedom/Operation Enduring Freedom: Exploring wartime death and bereavement. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 180–198). New York, NY: Routledge.	Skills Cognitive and Affective Processes
Larson, G. E., Hammer, P. S., Conway, T. L., Schmied, E. A., Galarneau, M. R., Konoske, P., & Johnson, D. C. (2011). Predeployment and in-theater diagnoses of American military personnel serving in Iraq. *Psychiatric Services, 62*(1), 15–21.	Skills Cognitive and Affective Processes
Majewski, K. (2016). Historical and military cultural context of military sexual trauma. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 25–42). New York, NY: Springer.	Skills Cognitive and Affective Processes
Maltz, W., & Katz, L. S. (2016). Healthy sexual functioning after military sexual trauma: An interview with Wendy Maltz. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 99–118). New York, NY: Springer.	Skills Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Najavits, L. M., & Pakacholla, R. (2016). Substance abuse, military trauma and the seeking safety model. In L. S. Katz (Ed.). *Treating military sexual trauma* (pp. 217–234). New York, NY: Springer.	Skills Cognitive and Affective Processes
Nelson, T. S. (2016). Therapist vicarious trauma and burnout when treating military sexual trauma. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 257–274). New York, NY: Springer.	Skills Cognitive and Affective Processes
Parkinson, G. W., French, L. N., & Massetti, S. (2012). Care coordination in military traumatic brain injury. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 56–71). New York, NY: Routledge.	Skills Cognitive and Affective Processes
Prins, A., Westrup, D., & Walser, R. D. (2016). Acceptance and commitment therapy: A case study for military sexual trauma. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 175–194). New York, NY: Springer.	Skills Cognitive and Affective Processes
Raja, S. (2016). Affect regulation for military sexual trauma. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 81–98). New York, NY: Springer.	Skills Cognitive and Affective Processes
Reinhardt, K. M., Smith, C. P., & Freyd, J. J. (2016). Came to serve, left betrayed: Military sexual trauma and the trauma of betrayal. In L. S. Katz (Ed.), *Treating military sexual trauma* (pp. 61–80). New York, NY: Springer.	Skills Cognitive and Affective Processes
Roy, M., & Skidmore, W. C. (2012). Substance use disorders in veterans: A clinical overview and assessment and treatment of substance use disorder in veterans and service members. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 215–233). New York, NY: Routledge.	Skills Cognitive and Affective Processes
Scott, C., Jones, J., & Briere, J. N. (2015). Psychobiology and psychopharmacology of trauma. In J. N. Briere & C. Scott (Eds.), *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (pp. 259–329). Washington, DC: SAGE.	Skills Cognitive and Affective Processes
Smith-Osborne, A., & Felderhoff, B. (2014). Veterans' informal caregivers in the "sandwich generation": A systematic review toward a resilience model. *Journal of Gerontological Social Work, 57*(6–7), 556–584.	Knowledge Values

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Readings *(continued)*

Resource	Competency Dimension
Smith-Osborne, A., Wilder, A., & Reep, E. (2013). A review of reviews examining neurological processes relevant to impact of parental PTSD on military children: Implications for supporting resilience. *Journal of Aggression, Maltreatment & Trauma, 22*(5), 461–481.	Skills Cognitive and Affective Processes
Tallant, S. H., & Ryberg, R. A. (2008). *Social work in the military: Ethical dilemmas and training implications*. Retrieved from http://isme.tamu.edu/JSCOPE00/Tallant00.html	Knowledge Values Skills
Weiss, E. L., Coll, J. E., Gerbauer, J., Smiley, K., & Carillo, E. (2010). The military genogram: A solution-focused approach for resiliency building in service members and their families. *The Family Journal, 18*(4), 395. Retrieved from http://tfj.sagepub.com/content/18/4/395	Knowledge Values
Yarvis, J. S., & Beder, J. (2012). Civilian social worker's guide to the treatment of war-induced post-traumatic stress disorder. In J. Beder (Ed.), *Advances in social work practice with the military* (pp. 37–54). New York, NY: Routledge.	Skills Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
Divide the class into groups. Each group will evaluate the following military case scenarios and discuss and develop a provisional diagnosis and initial evidence-based treatment plan. The groups will report how they determined the diagnosis and treatment plan and how military culture influenced their outcome. • An 18-year-old private has self-referred to your clinic because she feels depressed. She reports having low energy and fragmented sleep and describes herself as being "not able to do anything right." She tells you that while in high school she was prescribed Zoloft for depression, and it helped, but she quit taking it so she could enlist in the Army. • Your provisional diagnosis is ____________________ • A 25-year-old sergeant was referred to your behavioral health clinic because his wife told him to "get help" or she would leave him. Since returning from his second deployment 6 months ago, he reports feeling guilty about some actions he took while "down range," is having disturbing dreams, becomes easily angered by others, and avoids talking about his combat experiences. He is drinking more than usual and believes his career and marriage are probably over. • Your provisional diagnosis is ____________________	Skills Values Cognitive and Affective Processes

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In-Class Exercises *(continued)*

Resource	Competency Dimension
• A 32-year-old staff sergeant presents with an overly cheerful mood, his speech is rapid, and he is animated in his gestures. He tells you that for the past 2 weeks he has needed very little sleep, his mind races from "one great idea to another," and he has never felt better. He is seeking assistance for marital problems because his wife is upset that he spent all the money in their savings account on a risky investment. • Your provisional diagnosis is ____________________ • A 36-year-old sergeant first class has self-referred to your clinic because he feels depressed, hopeless, and worried about the future. He feels jittery during the day and has trouble falling asleep at night: "I just lie there and think about my wife." He tells you that because he can't concentrate at work, his job performance has declined significantly. You learn that 2 months ago his wife unexpectedly told him she wants a divorce and moved out of the house. • Your provisional diagnosis is ____________________ • A 20-year-old private first class was brought to your clinic by his battle buddy to be seen as a walk-in. The private tells you that he has felt "down" since his girlfriend broke up with him 2 weeks ago. He has difficulty concentrating on the job, doesn't feel like eating, can't sleep, and no longer enjoys playing video games with his friends like he used to: "All I do is wonder what is she doing now." He denies wanting to hurt himself, but he isn't sure life is worth living without her. He is scheduled to go to the range with his unit tomorrow morning. • This soldier may be at risk for what behavior? ____________ • While deployed to Operation Enduring Freedom, a 32-year-old staff sergeant self-refers to your brigade behavioral health clinic. She reports that 4 days ago an improvised explosive device exploded just in front of her gun truck, and she remembers being briefly "knocked out." She was checked by the medic at the scene, but because she did not sustain any physical wounds she did not receive any further follow-up. Since then she has experienced an almost constant headache, has ringing in her ears, at times feels dizzy, gets easily tired, feels anxious, and has a little trouble remembering things. She has heard a lot about PTSD and thinks she might have it. • The first thing you do is ____________________	

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In-Class Exercises (continued)

Resource	Competency Dimension
Select the evidence needed to make an assessment and treatment plan for a selected client system for at least two target populations (e.g., prisoners and people with mental illness). 1. Assessment model addressing the person in environment (PIE) needs of incarcerated active duty service members and veterans with mental illness. 2. Neurobiological underpinnings informing assessment for mental health intervention models, including combinations of medication and psychosocial treatments, for a specific type of high-prevalence condition in the military population (e.g., TBI, PTSD, substance misuse). 3. Assessment models addressing the PIE needs for military children and adolescents dealing with deployment effects (e.g., school systems, day care, recreation, home). 4. Assessment models for families and caregivers for veterans with early-onset dementia, brain injury, polytrauma, and other disorders. 5. Assessment plan addressing the PIE needs for veterans with TBI and their families or caregivers.	Skills Values Cognitive and Affective Processes

Media

Resource	Competency Dimension
Genetic Transmission of Trauma http://www.pbs.org/newshour/bb/study-finds-ptsd-lingers-body-chemistry-next-generation/ Research on Holocaust survivors shows how catastrophic events can alter body chemistry and how the changes can be transmitted to the next generation. As a result, children may be affected by a traumatic event they never witnessed. (Published March 20, 2015.)	Knowledge
The Effect of Trauma on the Brain and How It Affects Behaviors https://www.youtube.com/watch?v=m9Pg4K1ZKws Dr. John Rigg discusses how the brain reacts constantly to sensory information, generating nonthinking reactions before the brain can process the event and develop a self-driven response. This talk was given at a TEDx event using the TED conference format but independently organized by a local community (learn more at http://ted.com/tedx).	Knowledge

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Media *(continued)*

Resource	Competency Dimension
Helping Children Cope With Deployment and Trauma http://www.uctv.tv/shows/Children-of-Military-Families-Helping-Them-Cope-With-Deployment-and-Trauma-16080 Dr. Alicia Lieberman of the University of California, San Francisco explores effective therapies for the children of military families who are affected by the deployments and traumas of their parents.	Knowledge
The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma https://www.youtube.com/watch?v=53RX2ESIqsM Dr. Bessel van der Kolk, a leading expert on developmental trauma, says the body keeps score of prior exposure to violence, emotional abuse, and other forms of traumatic stress. His book explores treatments ranging from meditation and neurofeedback to yoga, sports, and drama can help. His work has been featured in *The New York Times,* on National Public Radio, and other media outlets. (Published May 22, 2015.)	Knowledge Values Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
Group Presentation (30%) Students will be randomly divided into five groups. Each group will select a topic pertinent to military family life (subject to instructor approval) and prepare a comprehensive review of their chosen topic that includes a literature review of peer-reviewed journals or books that captures the challenges associated with their topic (what does the literature say), a group analysis of the strengths or positive aspects that the military environment provides in support of your chosen topic (what do the group members think), and a list of the top 10 questions to ask military family members to assess their experiences related to the topic. A group briefing, with each group member participating, will be conducted in class. Briefings will be 45–50 minutes long. Each group will provide a copy of their PowerPoint (PPT) slides to the instructor when the first group presents. Grading will be based on the overall group performance, with all group members receiving the same group grade. Examples of acceptable topics include military marriages, dual military couples, same-sex couples in the military, spouses as caregivers, children growing up in a military family, impact of deployment on military families, and single parents in the military. A matrix will be provided for further guidance.	Knowledge Values Skills Cognitive and Affective Processes

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Assignments *(continued)*

Resource	Competency Dimension
Military Family Interview (35%) From a strength perspective, conduct an interview with a military family that focuses on the family's military life experiences and the coping strategies they have used to function well in a demanding environment. As part of the process, students will complete a genogram that captures the family's structure and records major experiences in the military context, such as deployment, permanent change of station, and family separation. Interviews should be conducted in a professional manner and in an appropriate setting. Interviews will typically take about 60 minutes but can be flexible, based on the student's need to gather the required information and the family's availability. Families will be clearly informed that the interview is not intended to be therapeutic but instead is an opportunity for students to identify lessons learned from a resilient military family. Students will conduct a 30-minute in-class presentation supported by a genogram that emphasizes their military experiences as a family. Students will be provided a detailed format and grading matrix.	Knowledge Values Skills Cognitive and Affective Processes
Resident Expert Project PPT Slide Show Presentation Post your PPT slide show presentation and be sure to include the following: 1. What is your understanding of the ways the veterans or family members in the case were affected by the military culture? 2. Explain the ways that military trauma affected the clients in the case. 3. Provide a brief description of the therapeutic approach and specific techniques you would use in treating the clients in this case. 4. Provide a thorough conceptualization illustrating the connection of the case to the therapeutic approaches you would use. 5. Connect treatment examples to potential outcomes for clients based on the application of your selected approaches, which should match the details of the case and diagnosis.	Knowledge Values Skills Cognitive and Affective Processes
Apply up-to-date knowledge of military culture in interaction with other environmental influences to a specific issue within a specific life stage or trajectory of your choice (5–10 pages, APA style). Examples of topics include: 1. Evaluation of military culture factors interacting with family characteristics of exposure to parental PTSD symptoms for military children in a specific life stage (e.g., infancy, school age, adolescence), with implications for later development and intervention. 2. Analysis and implications of the military culture and human development evidence for assessing and serving homeless veterans with dual diagnoses.	Knowledge Values Skills Cognitive and Affective Processes

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Assignments *(continued)*

Resource	Competency Dimension
3. Analysis and implications of military culture and policies interacting with changes of aging in the central nervous system for social support systems and living environments for aging veterans. 4. Analysis of implications of military culture for recovery-oriented models in substance abuse treatment for the military population.	
In the text use no more than 5 pages, typed and double-spaced. You do not need to write a bibliography, but if you cite another author's material you will need to indicate the author's name and date of his or her material in the text. Use the following outline for the case study. 1. Background information (1/2 to 1 page): In the first section of your paper indicate your agency, your role, and the reason for meeting with a military or veteran client. Present your client's background and include factors such as age, gender, work, military history, health status, mental health history, family mental health history, family and social relationships, drug and alcohol history, life difficulties, goals, and coping skills, strengths, and limitations. 2. Description of the presenting problem (1–2 pages): In the next section of your case study, describe the problem or symptoms that the client presented with. Describe any physical, emotional, or sensory symptoms reported by the client. Thoughts, feelings, and perceptions related to the symptoms should also be noted. Describe how current and former military service affects the presenting problem. Any screening or diagnostic assessments that were used should also be described in detail and all scores reported. Include any risk assessments for suicide, homelessness, victimization, and others as necessary. 3. Provisional diagnosis (1–2 pages): Provide your diagnosis and give the appropriate *Diagnostic and Statistical Manual* code. Explain how you reached your diagnosis, how the client's symptoms fit the diagnostic criteria for the disorder, any possible difficulties in reaching a diagnosis, and how military culture influenced your thought process. Include a mental status evaluation.	
Military Family Analysis (35%) Based on the story of a military family presented in class, students will analyze the family's functioning in the context of the military environment by answering questions and discussing specific issues associated with military family life. To facilitate the process, the specific topics to be addressed will be provided to students before the family's story is presented in class. The analysis is to be done individually, with answers double-spaced in Times New Roman, 12-point font.	Knowledge Values Skills Cognitive and Affective Processes

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Competency 9

Evaluate Practice With Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military social workers understand the importance of using evidence-based practices in programs designed to support service members, veterans, and their families. Furthermore, military social workers recognize that there are a multitude of military and veteran policies and programs without evidence of effectiveness, and organizations that support service members, veterans, and their families continue to use programs and services without processes for evaluating outcomes. The abundance of programs coupled with inconsistent evaluative measures often overwhelms those attempting to access services. With this is mind, military social workers endeavor to assist organizations and communities interested in supporting service members, veterans, and families by encouraging the effective implementation of the evaluation processes.

COMPETENCY BEHAVIORS

- Apply evaluation outcomes to inform practice behaviors across military-specific practice settings.
- Choose and apply appropriate evaluation methods to measure military-specific practice processes and outcomes with individuals, families, groups, organizations, and communities.
- Develop, pilot test, and implement evaluative tools tailored to the military culture.

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- Use ongoing processes to elicit military or military-related client feedback on the alliance between the client and social worker and, when applicable, on the client's progress in treatment.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings	
Resource	**Competency Dimension**
BOOKS	
American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.	Knowledge Values
Beder, J. (2012). *Advances in social work with the military*. New York, NY: Routledge.	Knowledge
Bloom, M., Fischer, J., & Orme, J. G. (2009). *Evaluating practice: Guidelines for the accountable professional.* Boston, MA: Pearson/Allyn and Bacon.	Knowledge Values Cognitive and Affective Processes
Cheetham, J., Fuller, R., McIvor, G., & Petch, A. (1992). *Evaluating social work effectiveness*. Buckingham, UK: Open University Press.	Knowledge Values Cognitive and Affective Processes
Hall, L. K. (2008). *Counseling military families: What mental health professionals need to know*. New York, NY: Routledge.	Knowledge
Kennedy, C. H., & Zillmer, E. A. (Eds.). (2012). *Military psychology: Clinical and operational applications*. New York, NY: Guildford Press.	Knowledge
Pyrczak, F. (2014). *Making sense of statistics* (6th ed.). Glendale, CA: Pyrczak Publishing.	Knowledge

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Readings *(continued)*

Resource	Competency Dimension
Rubin, A., & Babbie, E. R. (2017). *Research methods for social work* (9th ed.). Boston, MA: Cengage Learning.	Knowledge Values Cognitive and Affective Processes
Rubin, A., Weiss, E. L., & Coll, J. E. (Eds.). (2013). *Handbook of military social work*. Hoboken, NJ: Wiley.	Knowledge
Shaw, I., & Lishman, J. (2006). *Evaluation and social work practice*. London, England: Sage.	Knowledge
Thyer, B., & Myers, L. L. (2007). A *social worker's guide to evaluating practice outcomes*. Alexandria, VA: Council on Social Work Education.	Knowledge Values Cognitive and Affective Processes
PEER-REVIEWED ARTICLES	
Beder, J., Postiglione, P., & Strolin-Goltzman, J. (2012). Social work in the Veterans Administration hospital system: Impact of the work. *Social Work in Health Care, 51*(8), 661–679.	Knowledge
Levy, B. S., & Sidel, V. W. (2009). Health effects of combat: A life-course perspective. *Annual Review of Public Health, 30,* 123–136.	Knowledge
Lunasco, T. K., Goodwin, E. A., Ozanian, A. J., & Loflin, E. M. (2010). One shot–one kill: A culturally sensitive program for the warrior culture. *Military Medicine, 175*(7), 509–513. doi:10.7205/milmed-d-09-00182	Knowledge
Manske, J. E. (2006). Social work in the department of Veterans Affairs: Lessons learned. *Health and Social Work, 31*(3), 233–238.	Knowledge
Meyer, E. G., Writer, B. W., & Brim, W. (2016). The importance of military cultural competence. *Current Psychiatry Reports, 18*(26), 2–9. doi:10.1007/s11920-016-0662-9	Knowledge
Miller, S. D., Hubble, M. A., Chow, D., & Seidel, J. (2015). Beyond measures and monitoring: Realizing the potential of feedback-informed treatment. *Psychotherapy, 52,* 449–457. doi:10.1037/pst0000031	Knowledge Values

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Readings *(continued)*

Resource	Competency Dimension
Mullen, E. J., & Shuluk, J. (2011). Outcomes of social work intervention in the context of evidence-based practice. *Journal of Social Work, 11*(1), 49–63.	Knowledge
Mullen, E. J., & Streiner, D. L. (2004). The evidence for and against evidence-based practice. *Brief Treatment and Crisis Intervention, 4,* 111–121.	Knowledge
Parco, J. E., & Levy, D. A. (2013). Policy and paradox: Grounded theory at the moment of DADT repeal. *Journal of Homosexuality, 60,* 356–380.	Knowledge Values Cognitive and Affective Processes
Ross, P. T., Ravindranath, D., Clay, M., & Lypson, M. L. (2015). A greater mission: Understanding military culture as a tool for serving those who have served. *Journal of Graduate Medical Education, 7*(4),519–522. doi:10.4300/JGME-D-14-00568.1	Knowledge
Thyer, B. A., & Myers, L. L. (2011). The quest for evidence-based practice: A view from the United States. *Journal of Social Work, 11*(1), 8–25.	Knowledge
Walter, J. A., Coulter, I., Hilton, L., Adler, A. B., Bliese, P. D., & Nicholas, R. A. (2010). Program evaluation of total force fitness programs in the military. *Military Medicine, 175,* 103–109.	Knowledge
PPT/PDF	
Basu, A. (2005, February). *How to do a meta-analysis.* [PPT]. Kolkata, India: Fogarty International.	Knowledge Cognitive and Affective Processes
Miller, S. D. (2017). *Feedback informed treatment: Outcome Rating Scale and Session Rating Scale.* [PDF]. Also see: https://scott-d-miller-ph-d.myshopify.com/collections/performance-metrics/products/performance-metrics-licenses-for-the-ors-and-srs	Knowledge Cognitive and Affective Processes
Wenger Clemens, J. (2014, November). *Client system assessment tools for social work practice.* [PDF]. Annapolis, MD: North American Association of Christian Social Work.	Knowledge Cognitive and Affective Processes

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In-Class Exercises	
Resource	**Competency Dimension**
1. **Client System Assessment Teaching Module (see Appendix F)** Instructors will assign students to small groups introduce them to case vignettes found in the *Handbook of Military Social Work* textbook. Students will be instructed on how to apply the TIES and Systems assessments to the vignettes.	Knowledge Values Skills
2. **Meta-Analysis Discussion** Instructors will review the components of evaluation noted in the slides compiled by Arindum Basu (Basu, 2005). Students will be encouraged to discuss how a meta-analysis approach of published works establishing programs and practices such as "One Shot One Kill" (Lunasco et al., 2010) can lead to recommendations for sustained best practices and improved social work interventions with military populations.	Knowledge Values Skills
3. **Feedback-Informed Treatment: Outcome Rating Scale and Session Rating Scale** Objective: Practice receiving real-time evaluative feedback as part of your work with a client. To complete this assignment: a. Familiarize yourself with the Feedback Informed Treatment Outcome Rating Scale (ORS) and Session Rating Scale (SRS) forms (see Miller, 2017) and the technique for recording the scores on a graph. b. With a colleague, role-play as both clinician and client introducing the ORS and SRS. Be sure to approximate the developer's example of introducing the instruments. c. Role-play later sessions and use the graph to discuss trends in the ORS and SRS. d. Also see http://www.scottdmiller.com/	Knowledge Values Skills

Media	
Resource	**Competency Dimension**
Evaluation Online Short Tutorials Center for Non-Profit Excellence https://www.thecne.org/learn/trainings/ Various trainings and workshops available at little or no cost depending on membership. Examples include "Introduction to Data-Driven Decision Making" and "Six Steps to Program Evaluation."	

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Media *(continued)*

Resource	Competency Dimension
Videos ***Program Evaluation*** *Defense Centers of Excellence* for Psychological Health and Traumatic Brain Injury webinar, "Program Evaluation Can Help You Achieve Outcomes: Empowerment Evaluation" (50:28 minutes total: required 7:21 to 15:40, 18:33 to 24:50, 31:45 to 41:20, 48:17 to 40:20): https://www.youtube.com/watch?v=eysv0B2tyKg "What Is Program Evaluation?" (5:38 minutes) https://www.youtube.com/watch?v=xZUg9rJ0pQ4 ***Feedback-Informed Treatment*** "Feedback Informed Therapy" (3.08 minutes) https://www.youtube.com/watch?v=hpRWMutOy08 "Feedback Informed Treatment: Social Construction Meets Evidence-Based Practice" (3.56 minutes) https://www.youtube.com/watch?v=fYqiLaeMKG4 International Center for Clinical Excellence (ICCE), "Feedback Informed Treatment" (7.14 minutes) https://www.youtube.com/watch?v=coODgxXXrZU	
Military Culture Army basic training video: This 3-minute video illustrates the abrupt cultural immersion experienced by new Army recruits. Useful as a first class introduction to military culture. https://www.youtube.com/watch?v=SCzhsdGWZyY West Point diversity recruiting (11:40) https://www.youtube.com/watch?v=o8EldVZQVis *Faces of Military Culture:* This selection of short videos, produced by the Center for Deployment Psychology, provides interviews and expert advice illustrating a variety of topics relevant to service members and veterans. http://deploymentpsych.org/test-face Clip from *We Were Soldiers* film. Discusses cultural diversity in the military. *We Were Soldiers* predeployment speech (2:40 minutes) https://www.youtube.com/watch?v=Uu77LGPAlPA	Knowledge Values

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Media *(continued)*

Resource	Competency Dimension
Real Warriors video series https://www.realwarriors.net/ The Real Warriors Campaign is a multimedia public awareness campaign designed to encourage help-seeking behavior among service members, veterans, and military families coping with invisible wounds. Launched by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury in 2009, the campaign is an integral part of the Defense Department's overall effort to encourage service members and families to seek appropriate care and support for psychological health concerns.	

Assignments

Resource	Competency Dimension
1. **Published Article on Military Social Work Direct Practice** Instructor will task students to find articles published on military social work direct practice, to be used to write a critical evaluation based on definitions and concepts identified by Nick Gould [in Shaw, I., & Lishman, J. (2006). *Evaluation and social work practice*. London, England: Sage.] General Instructions: • Total length 4–6 pages, minimum of five scholarly references. • All papers should comply with standards described in the *Publication Manual of the American Psychological Association,* 6th edition.	Knowledge Values Skills
2. **Major Paper (undergraduate and graduate versions)** ***Individual Research Paper*** Students will select a macro or micro social problem currently or historically relevant to military or veteran populations. Some examples of macro-level issues include integration of minority groups into the military, economic hardship, geographic mobility, and reintegration into the civilian workforce. Some examples of micro-level issues include substance use disorders, conflict-specific injury, family dysfunction, and suicide.	

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Assignments *(continued)*

Resource	Competency Dimension
Papers will include the following: a. Background information regarding the presentation and historical development of the selected macro or micro problem. For instance, did the problem arise from a military conflict, or was an existing social problem exacerbated by the conflict? Relevant background data will depend on how you frame your paper. You may choose a problem, such as substance misuse, and examine its relationship to a specific conflict (e.g., the Vietnam War). Or you might choose to examine a problem such as depression and how it has been related to several conflicts over time. b. A discussion of the social response to the problem. What policy initiatives were undertaken to address the problem? Relevant policies may include federal, state, and local laws, as well as policies implemented by government organizations or changes in standards of practice for professional entities. Were novel micro or macro interventions developed in response to the problem? c. Discuss the current state of the problem. Were intervention efforts successful? To what extent? Cite relevant research findings to support your arguments. d. Describe the limitations of our current knowledge of the issue. What important information is unavailable now? What is the impact of these knowledge deficits on society's ability to ameliorate the problem? e. For graduate students only: Propose a research plan to address a specific knowledge gap related to the social problem. The plan should include study design (e.g., experimental, quasiexperimental, epidemiological), description of the research sample (explain which characteristics are specifically sought, and why), study methods (what exactly will be done? how will data be analyzed?) and implications of the findings for guiding social work practice. (This section should be approximately 3–4 pages.) ***General Instructions for the Research Paper*** Undergraduate students: Total length 8–10 pages, minimum of 8 scholarly references. Graduate students: Total length 11–13 pages, minimum of 12 scholarly references. All papers should comply with standards described in the *Publication Manual of the American Psychological Association,* 6th edition.	Knowledge Values Skills

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Field Activities

Resource	Competency Dimension
Field Activity Review a program evaluation tool (micro or macro) to assess for the instrument's sensitivity to the issues and concerns of service members, veterans, and their families. ***Objective*** The purpose of this assignment is to become more familiar with client assessment or program evaluation tools while developing a critical eye for the issues and concerns of service members, veterans, and their families. To complete this assignment (see attached "Find a Measure for Field Exercise" PDF). Choose a client assessment tool (e.g., depression, anxiety, coping skills, trauma, asset development) or a program evaluation instrument (e.g., consult Walter et al., 2010, "Program evaluation of total force fitness programs in the military," *Military Medicine, 175,* 103–109.) and write a critique of the instrument's strengths and weaknesses for service members, veterans, and their families. Some excellent resources include the following: • http://www.umass.edu/oapa/oapa/publications/online_handbooks/program_based.pdf • http://www.eval.org/p/cm/ld/fid=4 • HAPI: an online database to identify measurements used in health and psychosocial settings • *Encyclopedia of Psychological Assessment:* an extensive online guide to psychological scales and measures • PsychTESTS: an online database in the University of North Carolina library electronic database • Mental Measurements Yearbook With Tests in Print • Books and journal articles on your specific topic Complete the PDF ("Find a Measure for Field Exercises"), bring it to class, and be prepared to share your information. If possible, bring the measure as well.	Knowledge Values Skills

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Appendix A: Using Internet Research to Assist a Veteran or Military Service Member

INSTRUCTIONS:

Based on the case presented in class or the one you select from http://maketheconnection.net or http://www.ptsd.va.gov/apps/AboutFace/Index.html, begin to research national and state or local resources that can help your veteran or military service member build a network of support that addresses their current needs.

Complete the data, assessment, and plan (DAP) note with a very specific plan to use these resources. You must have at least one national and one local resource for every category below. Write the URL and add a brief description of the resource in each cell. Start at www.nrd.gov.

Your Name:

URL Link to Your Client Case:

Narrative Client Description, Presenting Problem, and Needs (D):

Assessment (A):

Plan (P):

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Fill in the table (expand table up to three total pages) with the following:

- Complete all 20 cells with resources to address your client's needs (1 point).
- You must have at least one national and one state or local resource for every category (1 point).
- Write the URL for the resource and ensure that the URL links directly to your resource (1 point).
- Add a brief description of the resource in each cell that explains how it is specifically related to your client's presenting problem or needs.
  - The brief (up to two phrases or one complete sentence) description must include:
    - Full and proper title of resource, complete contact and address information, and a specifically named point of contact (1 point)
    - Reason for selecting the resource that is directly related to client needs that is noted in the case summary and your DAP note (1 point)

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	National Resources	State or Local Resources
Benefits and Compensation		
Education and Training		
Employment		
Family and Caregiver Support		
Health		
Homeless Assistance		
Housing		
Transportation and Travel		
Volunteer Opportunities		

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Appendix B: Final Action Plan Presentation

Part 1: Description of the issue or problem that affects veterans or military service members

I. Defining the Issue

A. What is the issue that should be or can be changed? Are there initial feasibility issues that may reflect facilitators or barriers to change? How might they be considered as you define the issue?

- Whose perspective is used in defining the issue (e.g., client, service providers, family members)?

B. To what extent is this problem widespread or specific? In what ways is this issue serious?

C. What information or evidence has been useful in describing the issue or situation to be changed?

- Current knowledge base
- Client or consumer descriptions or perspectives
- Other perspectives (e.g., organizations or agencies that would be affected by the change)

II. Who is affected and how? *(This may continue from IB and IC above.)*

A. Consider those who are currently negatively affected by this issue and may benefit from proposed social action efforts.

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B. Consider those who are currently positively affected by this issue and may not benefit from proposed social action efforts.

III. What are the immediate or proximate causes?

IV. What are the relevant policies or programs currently in place?

V. In what ways are issues of social justice considered and addressed?

Part 1 can be presented in a bulleted format, no more than three pages. Use four or five references. A draft of Part 1 was presented earlier in the course (week 5).

Part 2: Testimony to a Joint Committee of the State Legislature or Congressional Committees

An earlier draft of this written testimony was presented in class.

- Consider comments from class discussion after your testimony and, where it is appropriate from your perspective, make needed changes.
- Indicate to which joint committee this would be given. If the audience for this testimony is not a joint committee, indicate who your audience would be. In either instance, also include a brief rationale for your choice of audience.

Part 2 is the written final draft of your testimony. The length of the testimony should be 5–8 minutes long, about the length of the testimony presented in class (weeks 9 and 10).

Part 3: Social Action Plan

This will be presented and discussed in classes 12–14.

Address the following:

1. Brief summary of issue
2. Recommendations for change; desired outcomes
3. Plan
    - Resources

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- Tasks or activities (including a brief timeline or ordering of these tasks or activities)
- Short-term outcomes
- Medium-term outcomes
- Social justice–related outcomes

4. Evaluating social action outcomes.
   - Determine a priority for selecting outcomes for evaluation
   - Consider the feasibility (cost, resources needed, potential areas of resistance and incentives)

Part 3 can be presented in a bulleted format, no more than three pages.

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Appendix C: Clinical Assessment of a Service Member or Veteran

Assignment 1: Clinical Assessment of a Service Member or Veteran

(introduced in class ________; due class ________; _____% of grade).

During class ________, you and your colleagues will be introduced to a case where a service member presents requesting mental health services. During class, we will begin to discuss specific assessment considerations for this service member.

- What do you know?
- What do you not know?
- What considerations may be military-specific?
- How will you incorporate this knowledge into your conversation with your client, the assessment you write, and the recommendations you make?

You will then formulate an assessment that will integrate two things: (1) a military-specific assessment (readings and lecture content for class 2); and (2) a biopsychosocial diagnostic assessment into an assessment or case narrative. Your paper will be approximately five to seven pages in length (not including title page) and written per American Psychological Association specifications. This goal of this assignment is for you to

- Incorporate skills you have obtained during previous courses
- Consider what factors and considerations are unique to work with service members.

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- Acclimate yourself with course texts (e.g., military treatment planner).
- Integrate the above considerations into your work.
- Consult with your colleagues as you might an interdisciplinary team to help you in this process.
- Identify assessment questions or concepts that are specific to military service members, veterans, and their family members.

During class, assessments (military and bio-psycho-social-spiritual) will reviewed and time (the final 20–30 minutes of class) will be given for you to consult with one another and ask further questions pertaining to your case. You will be encouraged to consult with your colleagues as needed in between class and the due date of your assessment narrative but asked to submit your own assessment.

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Appendix D: Individual Intervention With a Service Member or Veteran

You have just been introduced to your client, who presents requesting therapy. You will watch a session or read a transcript that pertains to a specific point in your client's therapy.

Please answer each question in the order given. Create a heading for each question so that your answers are clear. Be sure to integrate theory, transcript material, and ideas discussed in class from the course and course material, including appropriate citations. Papers should use American Psychological Association format and be 10–12 pages long. Consultation with peers is encouraged, but please submit your own paper that reflects your own ideas and assessment (due class ________).

- Briefly introduce your client (who he or she is and his or her presenting concern, condensed military biopsychosocial assessment).
- Highlight the objective nature of what occurred the session. Quote and integrate information from the transcript to illustrate what your client feels is relevant to him or her at the time of the session.
- Subjectively assess what concerns began to emerge during the session.
- Specifically consider the topics that have been covered in class thus far (mental health in general, posttraumatic stress disorder, grief and loss, depression, anxiety, substance use disorders, medically relevant concerns). What is most present? What may be of concern based on the information you have?

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- Articulate what your client says, what he or she alludes to, and what he or she does not say.
- In the military social work spirit of meeting the client where he or she is at, what sort of work might you be able to engage your client in, based on this first meeting?
- Integrate your understanding of the client's military identity factors into your assessment, the client's present situation, and his or her readiness to work with you in treatment.
- Summarize a treatment plan for your client based on this first session. Be sure to address the complexity of the client's presentation, how the client's treatment may look different over time (where the client is now, where the client may be in the future), what interventions have the client's interests in mind, and how you might help the client navigate treatment.

Time (at least 20–30 minutes of class) will be given for you to consult with your colleagues about this case. You will be encouraged to consult with your colleagues as needed in between class and the assignment due date (beginning to class ___) but asked to submit your own paper.

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Appendix E: Assessment Assignment With Staff Sergeant Steven Callaghan

Read the following military case scenario and answer the questions below:

CASE STUDY: Air Force Staff Sergeant Steven Callaghan

SSgt. Steven Callaghan recently returned from a 6-month deployment to Kuwait, during which he worked as a mechanic on large military vehicles. He has been married for 7 years to his wife, Alexa, and they have two young children: Seth, age 4, and Katie, who is 16 months old. Steven also has primary custody of a son, Brandon (age 7), from a previous relationship. For the past 2 years Alexa has worked for a local accounting company. They live near Shaw Air Force Base in South Carolina, where Steven is stationed. Steven's primary job in the Air Force is a vehicle mechanic. He previously deployed to Iraq 3 years ago. During that tour he was reassigned to work as a security forces member, where he helped guard a large Air Base for 6 months. Unlike his regular job in the Air Force, his work as guard often required him to confront potential and real enemy combatants.

Steven and Alexa have been fighting almost daily since his return from Kuwait 3 months ago. They usually argue about how they should parent their two older children, Seth and Brandon. In general, Alexa is more lenient with rules, and she prefers to talk to the kids about expectations or problems. Steven, on the contrary, describes himself as a much harder disciplinarian. He feels that once one of the parents has specified a responsibility to one of the children, the child should comply exactly as stated.

When Steven was in Kuwait, Alexa reports that things went well within the family. Both Brandon and Seth enjoyed school, had no described behavioral problems, and made several same-age friends in their neighborhood. Since

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their father's return, however, Brandon has gotten into some minor altercations with classmates, and Seth is not sleeping well. Alexa is now spending more time at her accounting job, and Steven has been home earlier than usual. She has been having recurring headaches and often has trouble falling and staying asleep. Alexa has been prescribed several medications for these problems, but she states that they do not seem to ease the headaches and that her sleeping pills "knock me out when I take them."

You meet Steven and Alexa at the counseling clinic where you work as a civilian therapist (clinical social worker) in downtown Sumter, South Carolina. They were referred to your clinic by Military One Source, which is a counseling and information service available to military members and their families. Alexa made the appointment requesting marital counseling at the suggestion of her primary care physician. After meeting with the two of them briefly together, you speak with them individually. During this time, each denies any domestic violence, child abuse, suicidal thoughts, or infidelity within the relationship. Alexa tells you that she is concerned about how much Steven drinks on the weekends when he is with his co-workers. She also states that he sometimes seems quite jealous of the time she spends with her co-workers. Steven states that he does not know why things are problematic within the relationship right now and would like the family to simply get back to the way things were before he went on his last deployment.

1. What stage of deployment are SSgt. Callaghan and his family currently in?
2. Describe some of the challenges that the Callaghans and other military members and families often face during this stage and what you see occurring with this family.
3. What phase of reunion are SSgt. Callaghan and his family currently in?
4. What strengths do you see or can you imagine in this family?
5. Describe some of the challenges that they and other military members and families often face during this phase and what you see occurring with this family.
6. What steps will you take to build rapport and a therapeutic alliance with this family?
7. Describe the psychoeducation you will do with this family.

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Appendix F: Client System Assessment Teaching Module

CASE VIGNETTE: SSgt. Brown

SSgt. Brown is a 27-year-old man who has been honorably discharged from the U.S. Army after serving in active combat in Iraq. SSgt. Brown is Latino, married, has two children, and is employed by a leading national retailer, and he attends college classes. He joined the Army 2 days after 9/11. He was a soldier for nearly 9 years and served in the initial ground invasion of Baghdad in 2003, when the military still had much to learn about the signature injuries of the war, posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI).

In Iraq, he sustained head and shoulder wounds in combat, ending his service as a highly decorated member of a scout platoon. SSgt. Brown has received outpatient treatment for the symptoms of PTSD. Like many returning warriors, SSgt. Brown faced an uncertain future regarding work and lifestyle after separating from the military. He said, "I had no idea of what I was going to do or how I was going to fit in or live in the general population." This uncertainty extended to core values, such as family, with SSgt. Brown stating, "My kids didn't even know who I was." However, there was clearly a sense of vocational duty in that his military training and experience were exemplary and had application in such disciplines as police work. Yet this opportunity of interest was elusive, if not impossible, because of the physical injuries he incurred in combat. In fact, today's service members experience much higher survival rates (more than 90% in Afghanistan and Iraq versus 80% in the Persian Gulf and 67% in Vietnam), but SSgt. Brown was left with the existential question

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of competency in the world after his injury and wondering whether he should have survived.

SSgt. Brown wanted to return to the familiar in Iraq. He missed the strong sense of meaning and purpose found in the war zone, the ability to protect his battle buddies, and the excitement associated with combat environments. The absence of the combat rush led SSgt. Brown to attempt to create a similar feeling by, for example, riding motorcycles with fellow veterans at speeds more than 165 mph on deserted stretches of highway or by numbing the desire through excessive alcohol consumption. Regardless, with SSgt. Brown there always existed a sense of responsibility and propriety; for example, he and his group adhered to posted speed limits in school zones ("[We] didn't want to hurt any kids"). With Brown one can see the complex interplay of rules adapted for combat that do not readily work in U.S. society upon return.

SSgt. Brown was treated for PTSD. His symptoms included flashbacks, night sweats, insomnia, agitation, and hypervigilance. Other conditions stemming from PTSD include drinking or drug problems, feelings of hopelessness, employment problems, and relationship problems. SSgt. Brown was at risk for developing a drinking problem and was having difficulty adjusting to his home life in the "new normal." Recent returnees show increased risks of new-onset heavy drinking and other alcohol-related problems among personnel deployed with combat exposures as compared to those not deployed. These behaviors are often explained as efforts to self-soothe or self-medicate to offset the hypervigilance symptoms such as anger, increased startle response, and marked sleep disturbance. Additionally, Latinos may be greater risk of PTSD and readjustment, compounded by traditional ethnic issues. Consequently, this population may have greater readjustment concerns.

Reintegration is a process, not a single event. Carter and McGoldrick (2005; see http://sw2.haifa.ac.il/images/stories/Field_studies/family_1.pdf) discuss family systems moving through time rather than in cycles, so as a member of the family's trajectory of experience changes, so does the family's life course. Returning service members often have difficulty being around children, as can be seen in SSgt. Brown's situation. Veterans with PTSD symptoms have greater interpersonal problems (e.g., difficulties expressing intimacy, lack of

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sociability), and poorer marital and family relationships as well. SSgt. Brown described engaging in other risky behaviors, such as driving fast. It is important to note that hypervigilance causes adaptations that might be functional in the combat zone but not in one's civilian life. SSgt. Brown described missing the rush associated with combat. His fast driving and motorcycle riding had more to do with missing the rush than the response generalization of combat adaptations. Soldiers returning to garrison life after extended combat deployments may have difficulty adjusting and may seek the adrenaline rush they have grown accustomed to in combat environments. Social workers must be cognizant of the need to help warriors like SSgt. Brown adjust back to duties in the rear on post or base and manage the symptoms of PTSD. In addition, the provider must address the complex interplay of the warrior ethos and sense of duty with the service member's role in the family and sense of purpose.

SYSTEMS ASSESSMENT GUIDE: Social Worker Checklist

1. Situation: What brings SSgt. Brown in for services today?
   a. Who makes up the client system?
2. Safety
   a. How will you determine whether safety is an issue for SSgt. Brown?
   b. What immediate resources, support, and assistance can you provide if safety is an issue?
3. Maslow's Hierarchy of Needs
   a. Are SSgt. Brown's basic needs being met?
   b. What are other issues must be addressed?
4. Supports and Strengths
   a. What supports are in place?
   b. What strengths does SSgt. Brown bring to this process?
   c. How were challenges dealt with previously?
   d. What resources are needed?

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5. Short-Term or Crisis Work
   a. Which treatment modality is appropriate today?
   b. How imminent and immediate is the need?
   c. Is there time for an ongoing process?
6. How will you evaluate SSgt. Brown's current emotional state?
   a. What evaluation instrument might be used for assessment?
   b. If you are continuing to work with SSgt. Brown, what steps can you take to ensure opportunities for feedback as a part of treatment?

CASE VIGNETTE: Sgt. Hernandez

While serving in Iraq, Sgt. Hernandez, a motor transport operator, is assigned as a driver of an armored vehicle in a convoy along the Ar Ramadi–Baghdad corridor. Sgt. Hernandez's vehicle detonates an improvised explosive device (IED) deployed by an insurgent's vehicle. Although she survives, during the next several convoys along the corridor she experiences psychological distress and exhibits a startle response to approaching vehicles. Sgt. Hernandez observes her peers inebriated after the completion of every convoy. She begins to overindulge in alcohol as well. On returning to the continental United States, Sgt. Hernandez continues to recall the detonation of the IED. She avoids driving as much as she can. When she rides with other people she sometimes becomes irritable or angry when they get too close to other vehicles. She continues to overindulge in alcohol. Sgt. Hernandez's spouse convinces her to seek treatment at the local Veterans Affairs (VA) outpatient clinic.

In the case of Sgt. Hernandez, driving a vehicle along the Ar Ramadi–Baghdad corridor is the neutral stimulus. The detonation of the IED is the unconditioned stimulus that produces the unconditioned response of fear and anxiety. Associating driving and approaching vehicles along the corridor with the detonation of the IED produces the conditioned response of fear and anxiety, with driving and approaching vehicles becoming the conditioned stimuli. Imitating the drinking behavior of her peers (observational learning) results

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in a temporary reduction of psychological distress (negative reinforcement); this is avoidant behavior (Criterion C for PTSD diagnosis). Back in the United States, driving and approaching vehicles are generalized stimuli resulting in fear and anxiety. These conditioned stimuli lead to recurrent memories of the IED (Criterion B) and outbursts of anger when vehicles approach (Criterion D).

T.I.E.S. ASSESSMENT GUIDE: Social Worker Checklist

1. Transitions and developmental stages for the client system:
   - Consider transitional issues and specific developmental needs or stages.
     - Regarding Sgt. Hernandez, what transitions had a significant impact?
2. Interpersonal areas for the client system:
   - Who are the significant people for this client system?
   - What kind of informal and formal support is available at this time?
3. Environmental systems (think Eco-Map):
   - What are significant factors in Sgt. Hernandez's daily routines?
   - What are accessible resources?
   - What factors contribute to barriers?
   - Is Sgt. Hernandez's environment supportive or hostile?
4. Societal context:
   - Acknowledge societal realities and social policies and how they affect the client system: (culture, socioeconomics, race and ethnicity, political climate, socialization, discrimination, and oppression).
   - What advocacy issues emerge?
   - What organizations are appropriate regarding Sgt. Hernandez's issues at hand?

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5. Special considerations:
    - What makes this situation unique (language, disability, grief and loss, literacy, trauma, immigration, homelessness, and other challenges)?
    - What unique strengths are present?
    - What ethical issues are relevant?
6. Spirituality
    - What beliefs, values, or rituals have meaning for this client system?

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