Specialized Practice Curricular Guide for **Military and Veteran Social Work**

CSWE

COUNCIL ON SOCIAL WORK EDUCATION

Cohen Veterans
Network

Specialized Practice Curricular Guide for **Military and Veteran Social Work**

2022 | EPAS

**CURRICULAR GUIDE
SERIES**

Specialized
Practice
Curricular Guide
for **Military
and Veteran
Social Work**

CSWE

Council on Social Work Education
Alexandria, Virginia

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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 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 the Educational Policy and Accreditation Standards (EPAS), competence consists of nine interrelated competencies and component behaviors that include multiple dimensions: knowledge, values, skills, and cognitive and affective processes.

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, skills, and cognitive and affective processes to practice in a culturally responsive, purposeful, intentional, and professional manner to promote human and community well-being. The EPAS recognizes a holistic view of competence: that the demonstration of competence is informed by multiple dimensions of competence, including 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, 2022, p. 7).

Using a curriculum design that begins with the outcomes, expressed as the expected competencies, social work program developers produce the substantive

content, pedagogical approaches, and educational activities that provide learning opportunities for students to demonstrate competencies (CSWE, 2022, p. 7).

SOCIAL WORK COMPETENCIES

The 2022 EPAS stipulates nine competencies that prepare students for social work practice. These competencies apply to both generalist and specialized practice. The nine social work competencies are listed in the 2022 EPAS on pages 8–13. Each of the nine social work competencies is followed by a paragraph describing the knowledge, values, skills, and cognitive and affective processes that make up the competency at the generalist level of practice, followed by a set of bulleted behaviors that integrate these components. These behaviors represent observable components of the competencies, and the descriptions that precede them represent the underlying content and processes that inform the behaviors.

SPECIALIZED PRACTICE

Specialized practice builds on generalist practice, as described in Educational Policy (EP) 3.0 of the 2022 EPAS, by extending and enhancing the generalist social work competencies for practice with a specific population, problem area, method of intervention, perspective, or approach to practice.

The master's programs in social work prepare students for specialized practice. Programs identify 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 and to demonstrate an ability to engage, assess, intervene, and evaluate across client populations, problem areas, and methods of intervention (CSWE, 2022, p. 18).

In each area of specialized practice defined by a program, the program extends and enhances the nine social work competencies that are demonstrated in observable behaviors indicative of competence in specialized areas of professional practice. Specialized practitioners synthesize and use the knowledge and skills necessary for interprofessional collaborations based on scientific inquiry and best practices, consistent with social work values (CSWE, 2022, p. 18).

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.

FRAMEWORK FOR THE GUIDE

CSWE, in partnership with its Commission on Educational Policy (COEP), created a framework for the development of curricular guides for areas of specialized practice. The task force followed the guidelines for creating social work competencies and curricular resources for military and veteran social workers that reflect accreditation standards for master's programs in the 2022 EPAS, including:

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 M3.2).

2) 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 M3.2 and Accreditation Standard [AS] M3.2.1).

3) Discussion of how the area of specialized practice builds on generalist practice as described in EP 3.0 (AS M3.2.2).

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.

5) Identification of the competency dimensions (knowledge, values, skills, and cognitive and affective processes) associated with the course content for each competency.

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 2022 EPAS.

ORGANIZATION OF THE GUIDE

Congruent with the 2022 EPAS and framework developed by CSWE, specialized practice in military and veteran social work builds on generalist practice but augments and extends social work knowledge, values, skills, and cognitive and affective processes to engage, assess, intervene, and evaluate within this area of specialized practice. Accordingly, for each of the competencies identified in this guide, there is a paragraph description of the dimensions—knowledge, values, skills, and cognitive and affective processes—that make up the competency and prepare students for military and veteran social work practice. This is followed by a set of behaviors to be attained by social work students entering practice to work with and on behalf of military personnel, veterans, and their constituencies.

This curricular guide also includes a new competency that is not part of the nine CSWE competencies—Competency 10: Prevention. The chairs of this guide consider prevention an essential competency in the practice of social work, especially military social work.

Readings, in-class exercises, field activities, media, and assignments are identified for each of the competencies, along with whether they address knowledge, values, skills, or cognitive and affective processes. Descriptions of shorter selected assignments and in-class exercises follow each competency; longer activities or additional details are included in the appendixes.

REFERENCE

Council on Social Work Education. (2022). *Educational policy and accreditation standards.* https://www.cswe.org/getmedia/bb5d8afe-7680-42dc-a332-a6e6103f4998/2022-EPAS.pdf

Introduction

In 2010, the Council on Social Work Education (CSWE) published the first guidelines for advanced practice in military and veteran social work, describing core competencies central to specialized social work service to our nation's military and veterans, along with 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. In 2018, the guidelines were updated to reflect the 2015 Educational Policy and Accreditation Standards (EPAS) and a deeper understanding as a profession, and a nation, that current systems were unprepared to support the complex consequences of more than a decade of war and reconstruction efforts.

The Specialized Practice Curricular Guide for Military and Veteran Social Work is the next edition. It seeks to use the knowledge built over 2 decades of constant military and veteran engagement while prompting for critical evaluation of and discourse concerning gaps in scholarship and areas needing increased attention to include more focus on the wide array of military experiences outside war and combat.

Military social work has continued to evolve to influence 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 that support veterans, service members, and military families. Military social workers have continued to advocate for the expansion of services for the military, veterans, and military

families not otherwise eligible for healthcare and legal services. The number of social workers serving on active duty, working for Veterans Affairs (VA) and in nonprofits focused on the population, has climbed significantly with the expansion of services.

Our comprehensive understanding of the injuries, issues, and strengths of service members, veterans, and military families has improved, and increased visibility has put military issues into the national dialogue. As society changes, so does the military, as it is both a contributor to and result of the sociocultural context in which it exists. Women are increasingly serving in combat and leadership roles and throughout the armed services. Military sexual trauma and openly serving LGBTQ+ service members continue to be politicized, debated, and discussed. With this revision, an intersectional lens was adopted across competencies to include and consider the varied, complex, and unique identities of the military population. Specialized education to prepare social work students and professional social workers to serve the military, veterans, and military families is as essential as it was in 2010. Through explicit coursework, 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 advances in practice since the publication of the previous edition, 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 social work's core values and some of the themes and ideologies that 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 AND VETERAN SOCIAL WORK

Military social work involves direct practice, policy and administrative activities, and advocacy, including providing prevention strategies, treatment, and rehabilitation to service members, veterans, their families, and their communities. In 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, diagnoses, and problems (i.e., posttraumatic stress disorder [PTSD], traumatic brain injury [TBI], substance misuse, homelessness, readjustment issues, intimate partner and family violence, burn-pit-related health issues, 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 and veteran social work*, as used in this document, is grounded in the experiences of American social workers. This term 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 Army, Navy, Marine Corps, Air Force, Air Force Space Command, and the Department of Homeland Security, which includes the Coast Guard. Additionally, this term includes all branches of the active and reserve components of the military, including the National Guard and Reserves. Finally, it is fundamentally imperative to distinguish uniformed social work officers (O-1 through O-6) who serve as commissioned officers in the Army, Navy, Marine Corps, Public Health Service, Coast Guard, and Air Force, as well as in the Guard/Reserve in a wide range of occupations. Unlike civilian military social work, uniformed social work officers are governed by a specific branch of service regulations, including but not limited to the Uniform Code of Military Justice (UCMJ), 24/7, 365 day a year. Moreover, uniformed social work officers represent the Corps of Commissioned Officers under both DoD and the Department of Health and Human Services.

In this document, *veteran* refers to anyone who has ever served in the military, regardless of service length and 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 United States Public Health Service, and commissioned officers of the National Oceanic and Atmospheric Administration. Furthermore, the scope of military social work practice extends to service members and other people who participate in federal disaster relief and humanitarian missions. Given this complex network of client populations 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, a veteran, a government service employee, a contractor, part of an agency, a Veteran Service Organization practitioner, a private practitioner, a researcher, or an educator.

Military social workers engage in specialty practice at the micro, mezzo, and macro levels. This includes the clinical modalities of individual, couple, family, and group psychotherapy; program management; policy development and/or advocacy; community practice and research; and case management to address a wide range of co-occurring mental health and physical health issues. They aim to facilitate promotion of health, wellness, and resiliency for service members, veterans, and their families and 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 to hostile and disaster-affected environments to provide community, family, and individual assistance for military personnel and citizens in affected areas or countries.

FUTURE CHALLENGES

Military social workers have essential, ongoing responsibilities in times of peace and war. 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, such as understanding the needs of inadequately researched populations, including:

- Non-VA-enrolled veterans: Roughly half of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn veterans have used VA healthcare. Those who have not represent a substantial part of the total veteran population, yet little is known about this group, as most veteran research is executed through VA. This population has a substantial suicide rate and warrants more research attention.

- Women service members and veterans: With the exception of the extensive literature on sexual harassment, very little is known about the experiences of women who serve in the military. This is a critical knowledge gap that needs to be closed as the population of women service members and veterans continues to grow.

- Military and veteran families: Much of the military family research is oriented around the context of the service member or veteran, such as challenges to a deployment cycle and the transitioning process. More research is needed on the family and dependents themselves and how military service affects their health and well-being.

- Racial and ethnic minority service members: Much research with veterans and military service members reports racial and ethnic demographics without considering how race and ethnicity contribute to effective interventions and outcomes.

Another future challenge is developing an intersectional understanding of identity in the military population. While military cultural humility is an essential part of military social work practice, understanding how other identities (e.g., age, gender, race and ethnicity, sexual orientation, etc.) intersect can provide more specific and culturally oriented approaches to best help subpopulations of 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 to seek out supervision, consultation, and professional education; and how to respect our clients' personal agency and not impose assumptions and beliefs on them.

Competency 1

Demonstrate Ethical and Professional Behavior

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military and veteran social workers represent the profession, its mission, and its core values. They understand that conflict may be inevitable when they uphold the values, principles, and mission of social work, which promotes the advancement of anti-racism, diversity, equity, and inclusion, and the reduction of oppression and discrimination. Military and veteran social workers demonstrate a professional demeanor that reflects competency, maintains professional boundaries, and displays an awareness of and respect for military and veteran culture. Military and veteran social workers embody the values of social work and those of the military, which call for one to uphold selfless service, duty, loyalty, courage, honor, and integrity. Furthermore, a military social worker must demonstrate a respect for and understanding of the "warrior ethos" associated with military service and the impact that mission readiness has on the military healthcare system.

Military social workers understand the nuances of military culture, such as deployment cycles, global military mission changes, personal accountability, differences associated with occupational specialties, officer and enlisted categories, rank structures, the impact on gender, and family dynamics; the differences among service components; and the barriers to seeking help that this culture may present to service members and their families. Military social workers understand that diagnoses and treatment decisions can have a significant impact on the career and family stability of service members and a long-term impact on service-connected disability ratings, which affect financial and healthcare benefits that veterans receive after their active-duty military career concludes. They are aware of potential ethical conflicts that can arise with requirements to communicate sensitive clinical information to

unit leadership. Military social workers recognize the proliferation of technology in healthcare and day-to-day interaction. They understand the importance of the ethical use of technology in the delivery of care and service aligned with best practices of social work standards. These standards ensure that military social workers are appropriately considering issues such as maintaining professional boundaries, confidentiality, informed consent, cultural relevance, and protecting privacy when using technology to serve the needs of military and veteran beneficiaries.

COMPETENCY BEHAVIORS

Military and Veteran Social Workers:

- 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, relevant research, and additional codes of conduct as appropriate to the military context.

- Appropriately use supervision and consultation to guide professional and ethical judgment and behavior, and to navigate complex situations in social work practice with military and veteran populations.

- Maintain professional standards for privacy and confidentiality while serving as command consultants responsible for supporting unit readiness.

- Advocate for changes to a system that perpetuates stereotypes of those who have served in the military that stigmatize help-seeking behavior.

- Adhere to social work ethical standards for appropriately using technology when consulting, counseling, supervising, and communicating within the military and veteran communities and with military and veteran beneficiaries.

- Engage in appropriate self-care, to mitigate the impact of vicarious trauma.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Atuel, H. R., & Castro, C. A. (2018). Military cultural competence. *Clinical Social Work Journal, 46*, 74–82. https://doi.org/10.1007/s10615-018-0651-z	Knowledge Values
Bent-Goodley, T. B. (2018). Being intentional about self-care for social workers [Editorial]. *Social Work, 63*, 5–6. https://doi.org/10.1093/sw/swx058	Knowledge Values
Brand, M. W., & Weiss, E. L. (2015). Social workers in combat: Application of advanced practice competencies in military social work and implications for social work education. *Journal of Social Work Education, 51*(1), 153–168. https://doi.org/10.1080/10437797.2015.979094	Knowledge Values
Cohen, E. A. (2023). An introduction to military culture. In C. Warner and C. Castro (Eds.), *Veteran and military mental health: A clinical manual* (pp. 19–28). Springer. https://doi.org/10.1007/978-3-031-18009-5	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). Wiley.	Knowledge Values Skills
Department of Veterans Affairs. (n.d.) National Center for Ethics in Health Care. https://www.ethics.va.gov/	Knowledge Values Skills
Foley, P. S., Albright, D. L., & Fletcher, K. L. (2016). Navigating the minefield: A model for integrating religion and spirituality in social work practice with service members and veterans. *Social Work & Christianity, 43*(3), 73–96.	Knowledge Values
Johnson, W. B. (2018). Ethical considerations for working with military service personnel. In M. M. Leach & E. R. Welfel (Eds.), *The Cambridge handbook of applied psychological ethics* (pp. 3–19). Cambridge University Press. https://doi.org/10.1017/9781316417287.002	Knowledge Values

Readings (continued)

Resource	Competency Dimension
Johnson, W. B., & Johnson, S. J. (2017). Unavoidable and mandated multiple relationships in military settings. In O. Zur (Ed.), *Multiple relationships in psychotherapy and counseling: Unavoidable, mandatory, and common relations between therapists and clients* (pp. 49–60). Routledge.	Knowledge Values
Johnson, W. B., Johnson, M., & Landsinger, K. L. (2018). Trauma-informed supervision in deployed military settings. *The Clinical Supervisor, 37*(1), 102–121. https://doi.org/10.1080/07325223.2017.1413472	Knowledge Values Skills Cognitive and Affective Processes
Kem, J. D. (2006). The use of the "ethical triangle" in military ethical decision making. *Public Administration and Management, 11*(1), 22–43.	Knowledge Values
Kok, B. C., Herrell, R. K., Grossman, S. H., West, J. C., & Wilk, J. E. (2016). Prevalence of professional burnout among military mental health service providers. *Psychiatric Services, 67*(1), 137–140. https://doi.org/10.1176/appi.ps.201400430	Knowledge Values
Lusk, M., Terrazas, S., & Salcido, R. (2017). Critical cultural competence in social work supervision. *Human Service Organizations: Management, Leadership, & Governance, 41*(5), 464–476. https://doi.org/10.1080/23303131.2017.1313801	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. https://doi.org/10.1080/08995600701753128	Knowledge Values
Mo, K. Y., & Chan, O. (2023). Supervisory relationship in cyber supervision: Implications for social work supervision. *International Social Work, 66*(1), 65–79. https://doi.org/10.1177/0020872821991887	Knowledge Values Skills Cognitive and Affective Processes
National Association of Social Work Boards, Council on Social Work Education, & Clinical Social Work Association. (2017). *Standards for technology in social work practice.* https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-for-Technology-in-Social-Work-Practice	Knowledge Values Skills Cognitive and Affective Processes

Readings *(continued)*

Resource	Competency Dimension
National Association of Social Workers (NASW). (2021). *Code of ethics.* www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English	Knowledge Values Skills Cognitive and Affective Processes
National Association of Social Workers (NASW). (2012). *NASW standards for social work practice with service members, veterans, & their families.* https://www.socialworkers.org/LinkClick.aspx?fileticket=fg817fIDop0%3D&portalid=0	Knowledge Values Skills
Newcomb, M. (2022). Supportive social work supervision as an act of care: A conceptual model*. The British Journal of Social Work, 52*(2), 1070–1088. https://doi.org/10.1093/bjsw/bcab074	Knowledge Values Skills Cognitive and Affective Processes
Newfoundland and Labrador College of Social Workers (NLCSW). (2024, March). *Ethical decision-making in social work practice.* https://nlcsw.ca/wp-content/uploads/2024/03/ethical-decision-making-in-social-work-practice.pdf	Knowledge Values Skills Cognitive and Affective Processes
Olson, M. D. (2018). Exploring military social work from a social justice perspective. *International Social Work, 61*(1), 119–129. https://doi.org/10.1177/0020872815606792	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
Reamer, F. G. (2019). Essential ethics knowledge in social work. In S. M. Marson & R. E. McKinney (Eds.), *The Routledge handbook of social work ethics and values* (pp. 313–322). Routledge.	Knowledge Values

Readings (continued)

Resource	Competency Dimension
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
Rishel, C. W., & Hartnett, H. P. (2015). Preparing MSW students to provide mental and behavioral health services to military personnel, veterans, and their families in rural settings. *Journal of Social Work Education, 51,* S26–S43. https://doi.org/10.1080/10437797.2015.1001278	Knowledge Values
Savitsky, L., Illingworth, M., & DuLaney, M. (2009). Civilian social work: Serving military and veteran populations. *Social Work, 54*, 327–339. https://doi.org/10.1093/sw/54.4.327	Knowledge Values
Scheyett, A. (2021). The responsibility of self-care in social work [Editorial]. *Social Work, 66*(4), 281–283. https://doi.org/10.1093/sw/swab041	Knowledge Values Cognitive and Affective Processes
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. https://doi.org/10.1093/sw/55.1.9	Knowledge Values
Wooten, N. R. (2015). Military social work: Opportunities and challenges for social work education. *Journal of Social Work Education, 51*(Suppl. 1), S6–S25. https://doi.org/10.1080/10437797.2015.1001274	Knowledge Values

Media

Resource	Competency Dimension
America's Navy. (2010). *Navy clinical social worker—LT Bryan Pyle* [Video]. YouTube. https://www.youtube.com/watch?v=sZBQHEr3YOY	Knowledge Values Skills
Frank Greenagel II. (2015). *Frank speaks about being an Army social worker* [Video]. YouTube. https://www.youtube.com/watch?v=vMqtALguqC0	Knowledge

(continued)

Media *(continued)*

Resource	Competency Dimension
International Society for Military Ethics. (n.d.). *Welcome to the archive site for the International Society for Military Ethics*. http://isme.tamu.edu/ Provides links to core values for the 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
U.S. Air Force Recruiting. (2015). *U.S. Air Force: Capt Zarah Davis, social worker* [Video]. YouTube. https://www.youtube.com/watch?v=HOjZ1gkW7Uk	Knowledge Values
USC Center for Innovation and Research on Veterans and Military Families (USCCIR). (2023). *USC Center for Innovation and Research on Veterans & Military Families (CIR)* [Video]. YouTube. https://www.youtube.com/watch?v=aY8ZmibMJ8s&list=PL2BE9D43730529711	Knowledge Values

In-Class Exercises

Resource	Competency Dimension
Code of Ethics Case Study Prosek, E. A., & Holm, J. M. (2014). Counselors and the military: When protocol and ethics conflict. *The Professional Counselor Digest, 4*(2), 93–102. 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 adapted to the NASW Code of Ethics. It includes a case study and two ethical-decision-making models.	Values Skills Cognitive and Affective Processes
Military Culture Modules Center for Deployment Psychology. (n.d.). *Military culture: Core competencies for healthcare professionals*. Uniformed Services University. http://deploymentpsych.org/military-culture-course-modules Four modules: • Self-assessment and introduction to military ethos • Military organization and roles • Stressors and resources • Treatment, resources, and tools Register for a VHA Train Account (https://www.train.org/vha/welcome), complete one of the modules in class, and share learnings with the group. Each module takes approximately 2 hours.	Values Skills Cognitive and Affective Processes

In-Class Exercises (continued)

Military Social Worker Challenges Discussion	Values
Reamer, F. G. (2014, September). Novel boundary challenges: Military social workers. *Social Work Today*. http://www.socialworktoday.com/news/eoe_091214.shtml	Skills
	Cognitive and Affective Processes
Examples of ethical challenges for military social workers. These cases could be used as a foundation to initiate a discussion on military social work ethical boundaries.	

Assignments

Resource	Competency Dimension
Film Critique Paper	Knowledge
Select a film (the instructor will provide a list) and consider how issues relevant to deployment, military service, veterans, the war experience, and so on might affect the main characters. 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 or military-connected students, so please meet with the instructor to discuss alternatives.	Values
	Skills
	Cognitive and Affective Processes
Examples of movies include *Thank You for Your Service*, *The Kill Team*, *Rules of Engagement*, *The Covenant*, *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*, *Zero Dark Thirty*, *Jarhead,* and *Band of Brothers.*	
Personal Reflection Assignment	Values
Complete this self-awareness exercise on working with service members, veterans, and their families through the Center for Deployment Psychology: http://deploymentpsych.org/self-awareness-exercise	Cognitive and Affective Processes
Assesses my:	
• effort to welcome service members and veterans	
• social views	
• beliefs about war and national security	
• beliefs about the military, military members, and families	
PsychArmor Institute (https://psycharmor.org/)	Knowledge
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."	Values

Field Activity

Resource	Competency Dimension
Staff Member Interview Conduct an interview with someone on staff at your field agency who is a service member, veteran, or family member of a service member or veteran. During the interview, pay attention to what you learn about military culture, service, and ethos. Notice any ethical issues or dilemmas that come up during the interview.	Knowledge Skills Cognitive and Affective Processes

Competency 2

Advance Human Rights and Social, Racial, Economic, and Environmental Justice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military and veteran social workers understand that every person has a fundamental human right to self-determination and person-centered care. Military and veteran social workers are knowledgeable about potential conflicts among human rights, the military lifestyle, and the duties of service members to protect U.S. national and international security interests. They remain cognizant of the intersectionality and impacts of culture in both military and civilian life. Military and veteran social workers utilize response avenues by examining issues of environmental justice, such as adequate access to healthy food, transportation, air, water, and safe homes, while simultaneously addressing pay inequity, gender discrimination, and other injustices. Military and veteran social workers encourage a person-centered approach when social, racial, economic, or environmental justice is threatened or compromised. They empower individuals and communities to manage their lives, increasing opportunities for human agency and respect for and acknowledgment of cultural differences and inequities. Military and veteran social workers advocate for and engage in strategies to eliminate oppressive structural barriers to ensure human rights and social, economic, and environmental justice.

Military and veteran 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. They also understand the 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, and prisoners of war). Military and veteran social workers acknowledge how ageism, sexism, sexual identity and

orientation bias, and other forms of intolerance in the military may affect human rights and social, economic, and environmental justice. Military and veteran social workers examine how policies and practices may affect health, well-being, and the social environment. They engage in strategies promoting social justice, human rights, and human agency. They are aware of how personal biases and stereotypes affect human rights and understand how institutional and cultural biases influence the policies and practices of systems of care. Military and veteran social workers understand the impact of the rules of engagement, the U.S. laws of war, and the Uniform Code of Military Justice on human rights and justice.

COMPETENCY BEHAVIORS

Military and Veteran Social Workers:

- Engage in practices and advocate for policies that advance human rights and social, economic, and environmental justice for service members, veterans, and their families and communities.

- Demonstrate unconditional positive regard toward vulnerable or disempowered individuals within military and veteran organizations.

- Identify power differentials and their effect on service members and military families, advocating to ameliorate the impact of the power differential.

- 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 healthcare, benefits, services, and entitlements regardless of race, ethnicity, gender, religion, sexual orientation, or citizenship status for service members, veterans, and their families within the Department of Defense and Veterans Affairs.

- 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.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Androff, D. (2022). A U.S. truth and reconciliation commission: Social work's role in racial healing. *Social Work, 67*(3), 239–248. https://doi.org/10.1093/sw/swac018	Knowledge
Apuuli, K. P. (2013). The prospect of establishing a truth-telling and reconciliation commission in Uganda. *US-China Law Review, 10*(6), 596–619.	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 July 2023). Office of General Counsel. https://media.defense.gov/2023/Jul/31/2003271432/-1/-1/0/DOD-LAW-OF-WAR-MANUAL-JUNE-2015-UPDATED-JULY%202023.PDF	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. https://doi.org/10.1007/s11920-016-0695-0	Knowledge Values Cognitive and Affective Processes
Hansler, J. (2023, November 20). *US imposes visa restrictions on two Russian military officials for human rights violations in Ukraine.* CNN. https://edition.cnn.com/2023/11/20/politics/us-sanctions-russian-military-officials/index.html	Knowledge
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
Kaminski, T. (2015). Social work, democracy and human rights—What follows from the dignity of the human person? *Caritas et Veritas, 5*(1), 135–143. https://doi.org/10.32725/cetv.2015.014	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. https://doi.org/10.1037/a0025771	Knowledge Values Cognitive and Affective Processes

Readings *(continued)*

Resource	Competency Dimension
Kranke, D., Floersch, J., & Dobalian, A. (2019). Identifying aspects of sameness to promote veteran reintegration with civilians: Evidence and implications for military social work. *Health & Social Work, 44*(1), 61–64. https://doi.org/10.1093/hsw/hly036	Knowledge Values
Mapp, S., McPherson, J., Androff, D., & Gatenio Gabel, S. (2019). Social work is a human rights profession. *Social Work, 64*(3), 259–269. https://doi.org/10.1093/sw/swz023	Knowledge Values
Mohammed, I. A. (n.d.). Human rights and social work values. *The New Social Worker.* https://www.socialworker.com/api/amp/feature-articles/practice/human-rights-and-social-work-values/	Knowledge Values
Newman, M. A., Ali, S., Powell, A., & South, J. (2023). The experience of local governments in promoting equity and inclusion. *Public Personnel Management, 52*(4), 624–649. https://doi.org./10.1177/00910260231187549	Knowledge Values
Roberts, A. (2006). Transformative military occupation: Applying the laws of war and human rights. *American Journal of International Law, 100*(3), 580–622. https://doi.org/10.1017/S0002930000031067	Knowledge Values
Shay, J. (2014). Moral injury. *Psychoanalytic Psychology, 31*(2), 182–191. https://doi.org/10.1037/a0036090	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. https://doi.org/10.1111/j.1748-720x.2008.299.x	Knowledge Values
Witt, H., & Medina-Martinez, K. (2022). Transgender rights & the urgent need for social work advocacy. *Social Work in Public Health, 37*(1), 28–32. https://doi.org/10.1080/19371918.2021.1970685	Knowledge Values
Wooten, N. R. (2015). Military social work: Opportunities and challenges for social work education. *Journal of Social Work Education, 51*(Suppl. 1), S6–S25. https://doi.org/10.1080/10437797.2015.1001274	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.), *The Civilian Lives of U.S. Veterans: Issues and Identities* (Vol. II, pp. 649–672). Praeger/ABC-CLIO.	Knowledge Values Cognitive and Affective Processes

Media

Resource	Competency Dimension
CBS News. (2023, February 12). *Fighting for racial equity in the military* [Video]. CBS News. https://www.cbsnews.com/video/fighting-for-racial-equality-in-the-military/	Knowledge Skills
Gonzalez & Waddington, Criminal Defense Lawyers. (2012). *Difference between UCMJ court martial vs civilian criminal cases* [Video]. YouTube. https://www.youtube.com/watch?v=x6zFbTihfEk	Knowledge
PuckettAndFaraj. (2011). *Charged under the Uniform Code of Military Justice (UCMJ)* [Video]. YouTube. https://www.youtube.com/watch?v=v37hM6Uzqjk	Knowledge Skills
The Wall Street Journal. (2015). *Bowe Bergdahl: The path to his court-martial* [Video]. YouTube. https://www.youtube.com/watch?v=OyufiAin8tA	Knowledge Skills

In-Class Exercises

Resource	Competency Dimension
Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults Teaching Module The instructor will provide content from this module on the challenges facing older LGBTQ+ individuals and their strengths and resilience in the face of adversity and will review the professional competencies for working with this population. https://www.cswe.org/about-cswe/governance/governance-groups/commission-for-diversity-and-social-and-economic-justice/council-on-sexual-orientation-and-gender-identity-and-expression/	Knowledge Values
Stigma Group Presentation Students will work in teams of four. The instructor will provide content about military social work and how service members, veterans, and retirees respond to both behavioral health treatment and stigma that they face when receiving on-base care. Students will brainstorm and prepare a 20-minute presentation for the class. Students will present their findings as determined by a biopsychosocial assessment, evidence-based practices, and a treatment plan. Each student should present on a particular section of their findings with a focus on human rights and social, racial, economic, and environmental justice. Students may use class lectures, scholarly articles for person-centered treatment, and a standardized assessment form/tool as determined by the instructor.	Knowledge Values

(continued)

In-Class Exercises *(continued)*

Resource	Competency Dimension
The presentation must include: • an introduction to the problem • input from service members about their experiences with the topic • strategies to engage the underserved and vulnerable populations to reduce stigma • SMART goals and treatment plan • assessment findings	

Assignments

Resource	Competency Dimension
Evolution of Public Health Service and Military Social Work Create an interactive timeline illustrating how military social work was established, various governmental agencies in which these social workers serve, and social work's impact on public health service. Use clinical research and articles to determine a particular area of focus. Students will respond to this statement regarding the establishment of the social work program: "The U.S. Department of Veterans Affairs established the first social work program in the Veterans Bureau in 1926 and is now the largest employer of master's social workers in the nation." Guidelines: • Be creative. • Identify one of the 10 essential public health services and one of the three core functions of public health, and provide an example of their impact on your timeline. • Use at least one current event to connect similarities between public health service and military social work. • Identify at least one event for every 20 years. • Discuss ethical considerations and dilemmas in following military regulations and National Association of Social Workers Code of Ethics. (https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English). • Include 10 events exploring the advancement of military social work using PowerPoint slides, Canva, or Google Docs. The instructor will determine if in-class presentations are required.	Knowledge Values

Assignments (continued)

Resource	Competency Dimension
Self-Reflection on Social and Economic Justice in Military Social Work Practice This written assignment is focused on the conflicts among military policy, social work values and ethics, and personal biases or stereotypes. 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. Also include relevant countertransference issues that affect your clinical work. 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 four pages and include sources cited according to the *Publication Manual of the American Psychological Association,* seventh edition. • Government Tested Mustard Gas on Vets, Denied Health Care https://www.youtube.com/watch?v=OYADT4njBJ4 • Why the U.S. Military Exposed Minority Soldiers to Toxic Mustard Gas https://www.youtube.com/watch?v=xH2dAxj6G64 • The Deadly Legacy of Open-Air Burn Pits https://www.youtube.com/watch?v=ydcifH0SQmI • Marine Who Urinated on Taliban Corpses Says He Has No Regrets, Would Do It Again https://www.youtube.com/watch?v=lieO3kgyY30	Knowledge Values Skills Cognitive and Affective Processes

Field Activities

Resource	Competency Dimension
Field Exercise 1 **Part 1:** While conducting an interview with a military or veteran client at your field placement, inquire about the service era in which they served (e.g., Vietnam War, Persian Gulf War, post-9/11). Ask them to discuss one or two human rights violations that they saw fellow service members or host-nation nationals commit, or that they experienced or committed during their military or wartime service. Explain human rights violations as acts committed against humanity (individuals, families, groups) that are unacceptable according to the Geneva Convention or the U.S. Constitution, including racial, ethnic, gender, religious, and sexual orientation discrimination. After the client recounts these events, ask the following: • Did these acts have an emotional effect on them? • Did these acts violate a moral code based on their family upbringing or religious beliefs? • Do they think they have been changed (emotionally, psychologically, religiously) by witnessing, committing, or having knowledge of these human rights violations? If yes, how were they changed? **Part 2:** Next, conduct interviews with two or three social workers in your field placement and ask them the following: • Have military or veteran clients discussed with them human rights violations that occurred during their military or wartime service? • 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? • During treatment, how did they address experiencing or witnessing social injustices or human rights violations? **Part 3:** Finally, write a process recording and document the following: • any transference or countertransference that occurred during this interview • your emotional response to the human rights violation disclosed and how it may affect the therapeutic relationship • how the client's experience of human rights violations may affect motivation for change and adherence to treatment • your assessment of whether the client may have experienced a moral injury • possible ways you can address a client's experience of witnessing social injustices or human rights violations	Knowledge Values Skills Cognitive and Affective Processes

(continued)

Field Activities *(continued)*

Resource	Competency Dimension

Field Exercise 2
 	
Part 1:
 	
While conducting an interview with a military or veteran client at your field placement, inquire about a conflict that arose while serving during a public health crisis (e.g., the COVID-19 pandemic) or deployment and ask them to discuss social, racial, and/or economic injustices that organizations, fellow service members, or they themselves experienced. Think about how you can advocate for human rights and make changes at the micro, mezzo, and macro levels of military social work. Explain human rights violations that would be acceptable or unacceptable according to the National Association of Social Workers Code of Ethics. After the client recounts these events, ask the following:
 	
   • Did this experience change your world or community view?
 	
   • Did these acts change your desire to serve military personnel and their families?
 	
Do you think this experience caused these individuals to experience trauma and retreat or become vulnerable and transparent?
 	
Part 2:
 	
Next, conduct interviews with two or three social workers in your field placement agency and ask them the following:
 	
   • When did you first understand what it felt like to be treated differently based on your rank, culture, family dynamics, and/or behavior?
 	
   • How can treatment providers support you, and how would you converse with policymakers? What would you say?
 	
Part 3:
 	
Finally, write a process recording and document the following:
 	
   • any micro-, mezzo-, or macro-level ideas that occurred during this interview that improved your understanding and will influence your future practices as a military social worker	

Competency 3

Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military and veteran social workers recognize the potential influence of structural racism and oppressive ideologies on the inequitable distribution of tangible and intangible resources for military service members, veterans, and their families. They understand how society's explicit and implicit biases are historically structured within institutional policies and practices affecting military-connected populations. Additionally, they recognize that these ideologies can perpetuate differential access to power and oppression through barriers to entry, advancement for historically marginalized populations within the military's hierarchical rank structure, and obstacles to benefits and services following discharge. Military and veteran social workers are aware of the complex interactions among individual service members, families, and civil-military systems that reflect divergent historical contexts. They understand the influence of the intersectionality of diverse civil and military identity characteristics, including—but not limited to—age, caste, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, generational status, immigration status, legal status, marital status, political ideology, race, nationality, religion and spirituality, sex, sexual orientation, and tribal sovereign status, as well as branch of service, component, rank, rate, specialty, discharge status, and service era. Military and veteran social workers understand that military culture may influence military-connected populations to prioritize the organizational mission over individual needs. Military and veteran social workers demonstrate cultural humility in seeking to resolve the inherent conflicts between social work and military values.

COMPETENCY BEHAVIORS

Military and Veteran Social Workers:

- Respect, recognize, and uphold the contributions and sacrifices of women, racial and ethnic minorities, immigrants, and individuals who identify as LGBTQ+ in the U.S. Armed Forces.

- Demonstrate respect and support for individuals who may feel vulnerable or disempowered within military and veteran organizations, while acknowledging the impact of power dynamics on military families.

- Analyze, assess, and integrate self-reports, collateral reports, and observations pertaining to instances of oppression, discrimination, human rights violations, and social injustices within military organizations, military families, and community organizations.

- Intervene by taking proactive measures to address instances where military, veteran, or other institutional and community policies and practices led to human rights violations and social injustices.

- Develop an understanding of the impact of cultural humility and cultural competency on military and veteran populations, as well as their importance to these populations.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS	

Readings

Resource	Competency Dimension
Aleman-Tovar, J., Schraml-Block, K., DiPietro-Wells, R., & Burke, M. (2022). Exploring the advocacy experiences of military families with children who have disabilities. *Journal of Child and Family Studies, 31,* 843–853. https://doi.org/10.1007/s10826-021-02161-5	Knowledge Values Cognitive and Affective Processes

(continued)

Readings *(continued)*

Resource	Competency Dimension
Beymer, M., Nichols, N., Watkins, E., Jarvis, B., Ambrose, J., Shafir, S., & Jeffery, D. (2022). Suicide behavior among heterosexual, lesbian/gay, and bisexual active component service members in the U.S. Armed Forces. *Medical Surveillance and Monthly Report, 29*(7), 19–24. https://pubmed.ncbi.nlm.nih.gov/36250491/	Knowledge Values Cognitive and Affective Processes
Breslin, R. A., Daniel, S., & Hylton, K. (2022). Black women in the military: Prevalence, characteristics, and correlates of sexual harassment. *Public Administration Review, 82*(3), 410–419. https://doi.org/10.1111/puar.13464	Knowledge Values Cognitive and Affective Processes
Carey, F. R., Jacobson, I. G., Lehavot, K., LeardMann, C. A., Kolaja, C. A., Stander, V. A., & Rull, R. P. (2022). Military service experiences and reasons for service separation among lesbian, gay, and bisexual individuals in a large military cohort. *BMC Public Health, 22*(1), 1–13. https://doi.org/10.1186/s12889-021-12420-1	Knowledge Values Cognitive and Affective Processes
Carr, M. M., Potenza, M. N., Serowik, K. L., & Pietrzak, R. H. (2021). Race, ethnicity, and clinical features of alcohol use disorder among U.S. military veterans: Results from the national health and resilience in veterans study. *The American Journal on Addictions, 30*(1), 26–33. https://doi.org/10.1111/ajad.13067	Knowledge Values Cognitive and Affective Processes
Ceja, A., Yalch, M. M., & Maguen, S. (2022). Posttraumatic stress disorder symptom expression in racially and ethnically diverse women veterans. *Psychiatry Research, 309,* 114426. https://doi.org/10.1016/j.psychres.2022.114426	Knowledge Values Cognitive and Affective Processes
Chrystal, J. G., Frayne, S., Dyer, K. E., Moreau, J. L., Gammage, C. E., Saechao, F., Berg, E., Washington, D. L., Yano, E. M., & Hamilton, A. B. (2022). Women veterans' attrition from the VA health care system. *Women's Health Issues, 32*(2), 182–193. https://doi.org/10.1016/j.whi.2021.11.011	Knowledge Values Cognitive and Affective Processes
Cramer, R. J., Kaniuka, A. R., Lange, T. M., Brooks, B. D., Feinstein, B. A., & Hilgeman, M. M. (2022). A pilot evaluation of sexual and gender minority identity measures in a treatment-engaged military veteran sample. *American Journal of Orthopsychiatry, 92*(4), 442–451. https://doi.org/10.1037/ort0000627	Knowledge Values Cognitive and Affective Processes

Readings (continued)

Resource	Competency Dimension
Jeffery, D. D., Beymer, M. R., Mattiko, M. J., & Shell, D. (2021). Health behavior differences between male and female U.S. military personnel by sexual orientation: The importance of disaggregating lesbian, gay, and bisexual groups. *Military Medicine, 186*(5–6), 556–564. https://doi.org/10.1093/milmed/usaa539	Knowledge Values Cognitive and Affective Processes
Johnson, J. E., Aref, F., Ward-Sutton, C., Moore, C. L., Washington, A. L., & Webb, K. (2020). National study of American Indian Vocational Rehabilitation Program and Veterans Affairs interagency collaborations: An emerging conceptual framework for co-serving Native American and Alaskan Native veterans with disabilities. *Journal of Rehabilitation, 86*(4), 48–57.	Knowledge Values Cognitive and Affective Processes
Kiang, P. N., Tang, S. S., & Seto, M. (2019). AANAPISI perspectives of Asian American veterans in college. *New Directions for Higher Education, 2019*(186), 49–65. https://doi.org/10.1002/he.20323	Knowledge Values Cognitive and Affective Processes
Klein, D. A., Schvey, N. A., Baxter, T. A., Larson, N. S., & Roberts, C. M. (2023). Caring for military-affiliated transgender and gender-diverse youths: A call for protections. *American Journal of Public Health, 113*(3), 251–255. https://doi.org/10.2105/AJPH.2022.307163	Knowledge Values Cognitive and Affective Processes
Liggans, G., Attoh, P., Gong, T., Chase, T., Clark, P., & Russell, M. (2018). Diversity and inclusion efforts in federal agencies: A context for exploring perceptions of military veterans. *Journal of Veterans Studies, 3*(1), 139–151.	Knowledge Values Cognitive and Affective Processes
McCullers, A. (2023). The peace exchange: Physical and psychological sacrifices of military personnel from historically marginalized backgrounds. *American Journal of Public Health, 113*(2), 149–151. https://doi.org/10.2105/AJPH.2022.307178	Knowledge Values Cognitive and Affective Processes
McNamara, K. A., Gribble, R., Sharp, M.-L., Alday, E., Corletto, G., Lucas, C. L., Castro, C. A., Fear, N. T., Goldbach, J. T., & Holloway, I. W. (2021). Acceptance matters: Disengagement and attrition among LGBT personnel in the U.S. military. *Journal of Military, Veteran and Family Health, 7*(Suppl. 1), 76–89. https://doi.org/10.3138/jmvfh-2021-0017	Knowledge Values Cognitive and Affective Processes

Readings *(continued)*

Resource	Competency Dimension
Meadows, W. C. (2022). The return of the Numu Pukutsi: Reclaiming a Comanche warrior tradition. *American Indian Quarterly, 46*(3), 189–224. https://dx.doi.org/10.1353/aiq.2022.0012	Knowledge Values Cognitive and Affective Processes
Nichter, B., Haller, M., Norman, S., & Pietrzak, R. H. (2020). Risk and protective factors associated with comorbid PTSD and depression in U.S. military veterans: Results from the National Health and Resilience in Veterans Study. *Journal of Psychiatric Research*, *121*, 56–61. https://doi.org/10.1016/j.jpsychires.2019.11.008	Knowledge Values Cognitive and Affective Processes
Pleizier, T., & Schuhmann, C. (2022). How the military context shapes spiritual care interventions by military chaplains. *Journal of Pastoral Care & Counseling, 76*(1), 4–14. https://doi.org/10.1177/15423050221076462	Knowledge Values Cognitive and Affective Processes
Resteigne, D., & Manigart, P. (2021). The different soldiers: A look at diversity and inclusion in military organizations. In J. Heeren-Bogers, R. Moelker, E. Kleinreesink, J. Van der Meulen, J. Soeters, & R. Beeres (Eds.), *The yin-yang military: Ambidextrous perspectives on change in military organizations* (pp. 125–139). Springer. https://link.springer.com/book/10.1007/978-3-030-52433-3	Knowledge Values Cognitive and Affective Processes
Rose, A. E., Prina, D. P., Palmer, M. D., & Rapoza, B. (2020). *Leveraging FBI resources to enhance military accessions screening and personnel security vetting*. Defense Personnel and Security Research Center, Office of People Analytics. https://apps.dtic.mil/sti/trecms/pdf/AD1117523.pdf	Knowledge Values Cognitive and Affective Processes
Sahlstein Parcell, E., & Romo, D. C. (2022, September 15). Queering the study of U.S. military family communication. *Oxford Research Encyclopedias: Communication*. https://doi.org/10.1093/acrefore/9780190228613.013.1168	Knowledge Values Cognitive and Affective Processes
Serier, K. N., Smith, B. N., Cooper, Z., Vogt, D., & Mitchell, K. S. (2022). Disordered eating in sexual minority post-9/11 United States veterans. *International Journal of Eating Disorders, 55*(4), 470–480. https://doi.org/10.1002/eat.23680	Knowledge Values Cognitive and Affective Processes

Readings (continued)

Resource	Competency Dimension
Sullivan, K. S., Dodge, J., McNamara, K. A., Gribble, R., Keeling, M., Taylor-Beirne, S., Kale, C., Goldbach, J. T., Fear, N. T., & Castro, C. A. (2021). Perceptions of family acceptance into the military community among U.S. LGBT service members: A mixed-methods study. *Journal of Military, Veteran and Family Health*, *7*(Suppl. 1), 90–101. https://doi.org/10.3138/jmvfh-2021-0019	Knowledge Values Cognitive and Affective Processes
Tompkins, K. J., Roth, B., Wu, T. Y., Somohano, V. C., & Denneson, L. M. (2022). Perspectives on military culture among veterans with a recent suicide attempt: Illustrating gender differences and informing suicide prevention. *Armed Forces & Society*, *50*(2). https://doi.org/10.1177/0095327X221123375	Knowledge Values Cognitive and Affective Processes
Valasik, M., & Reid, S. E. (2021). The alt-right movement and national security. *The US Army War College Quarterly: Parameters, 51*(3), 3. https://doi.org/10.55540/0031-1723.3076	Knowledge Values Cognitive and Affective Processes
Watkins, E. Y. (2022). Lack of sexual orientation and gender identity data masks important health disparities in Department of Defense surveys. *American Journal of Public Health, 112*(6), 843–845. https://doi.org/10.2105/AJPH.2022.306834	Knowledge Values Cognitive and Affective Processes

Media

Resource	Competency Dimension
Bender, B. (2021, January 11). The military has a hate group problem. But it doesn't know how bad it's gotten. *Politico.* https://www.politico.com/news/2021/01/11/military-right-wing-extremism-457861	Knowledge Values Cognitive and Affective Processes
Department of Defense. (n.d.). Sexual assault prevention and response reports. https://www.sapr.mil/reports	Knowledge Values Cognitive and Affective Processes

Media *(continued)*

Resource	Competency Dimension
Department of Veterans Affairs. (n.d.). Center for Women Veterans. https://www.va.gov/womenvet/	Knowledge Values Cognitive and Affective Processes
National Institute of Justice. (2022, January 18). *The changing threat landscape of terrorism and violent extremism: Implications for research and policy* [Video]. Department of Justice. https://nij.ojp.gov/media/video/27866#transcript--0	Knowledge Values Cognitive and Affective Processes
Silverman, G., & Dawson, F. (Directors). (2018). *Transmilitary* [Film]. https://ff.hrw.org/film/transmilitary	Knowledge Values Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
Alt-Right Movement Review and evaluate *Woke Warfighters*, Rose et al. (2020) and Valasik & Reid (2021), from the reading and media sections. Describe the military's current philosophy on theories related to ADEI and alt-right ideology. Evaluate how the U.S. military is under attack from within our government and service branches by White supremacist ideology and groups. What can social workers do on a micro, mezzo, and macro level to combat White supremacy within the military's ranks and veteran population?	Knowledge Values Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
Exploring Gender Issues in the Military The objective of this activity is to raise awareness of and encourage discussions about gender issues within the military, fostering empathy, understanding, and respect for diverse perspectives. Gender roles and stereotypes (20 minutes) Divide the students into small groups and assign each group a specific gender stereotype commonly associated with military roles (e.g., "Combat roles are sustainable only for men"; "Women are better suited for support roles"). In their groups, ask students to discuss and write down their thoughts on the assigned stereotype: • How does this stereotype affect individuals in the military? • How might it affect the dynamics, morale, and effectiveness? • Are there any examples of individuals challenging or breaking these stereotypes? After the discussion, have each group present its findings to the class and facilitate a whole-class discussion on the impact of gender roles and stereotypes on the military.	Knowledge Values Cognitive and Affective Processes
In-Class Discussion 1 Casey Anderson is a 32-year-old active duty Army E-6 who identifies as a lesbian and has been married to her wife for 5 years. SSG Anderson is stationed in rural Texas with her spouse and a 10-year-old son from a previous relationship. Their son recently invited a classmate to their house for his birthday party, but the child declined the invite and made inappropriate remarks about his parents. Since this incident, their son has been self-harming by pulling hair from his eyebrows and expressing ideas related to suicidal thoughts. The family arrives at the emergency room with their son. What areas should the social worker explore to understand his safety? How would the social worker provide community resources in a resource-strained environment?	Knowledge Values Cognitive and Affective Processes
In-Class Discussion 2 Review article: Nichter, B., Haller, M., Norman, S., & Pietrzak, R. H. (2020). Risk and protective factors associated with comorbid PTSD and depression in U.S. military veterans: Results from the National Health and Resilience in Veterans Study. *Journal of Psychiatric Research, 121*, 56–61. https://doi.org/10.1016/j.jpsychires.2019.11.008 Discuss how a service member's faith, religion, or spirituality might serve as both a protective factor and a risk factor for the development of PTSD. How can social workers use the service member's faith, religion, or spirituality to increase their use of adaptive and problem-focused coping strategies, such as positive reframing of problems and social support seeking?	Knowledge Values Cognitive and Affective Processes

In-Class Exercises (continued)

Resource	Competency Dimension
In-Class Discussion 3 Review "Blue Star Families Campaign for Inclusion," https://bluestarfam.org/campaign-for-inclusion/. What are your initial reactions to the videos and the information shared? Do the results align or conflict with your view of the military experience? Review the recommendations from the research results. Do they address the issues identified in the research? If the recommendations were implemented across the military, would we see different results in 5 years? Explain. Is there one recommendation you can commit to as a social worker? What will you do specifically to implement your own growth in this area?	Knowledge Values Cognitive and Affective Processes
Intersection of Immigration and the Military Kiang, P. N., Tang, S. S., & Seto, M. (2019). AANAPISI perspectives of Asian American veterans in college. *New Directions for Higher Education, 2019*(186), 49–65. https://doi.org/10.1002/he.20323 The Study to Assess Risk and Resilience in Servicemembers—Longitudinal Study (STARRS-LS). (n.d.). https://starrs-ls.org/ Close to 50,000 Asian American and Pacific Islander women and men have been deployed to Afghanistan and Iraq since September 2001. No detailed study about this most recent generation of Asian American and Pacific Islander veterans in college has yet appeared in relevant literature on college students, veterans' education, or Asian American studies. According to the U.S. census, Asian Americans comprise 2.6% of veterans in the post-9/11 period, compared with only 1% from the eras following WWII, the Korean conflict, and the Vietnam War. Researchers across fields have paid little attention to the experiences, needs, and assets of post-9/11 Asian American and Pacific Islander veterans (Tsai & Kong, 2012; Tsai, Whealin, & Pietrzak, 2014). For example, one relevant but disturbing finding from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS, 2011) revealed that soldiers of Asian ethnicities had the highest rate of both suicide and accidental death among all ethnicities during and after deployment, as well as for those never deployed. Discussion questions: • How can social workers be more aware of assumptions about communities like Asian Americans in relation to issues around mental health and access to behavioral healthcare? • How can social workers better engage community voices from underrepresented communities like Asian Americans, Pacific Islanders, and Indigenous and First Nation groups? • Though the death and suicide rates are unexplained in the STARRS report, it is important to consider race-related dynamics and their historical legacies within the Army and other service branches as part of the explanation. How might we explore the intersections of military service and experiences with being Asian American, and the resulting effects on mental health? • What is the model minority myth, and how does it harm not only Asian Americans, but other communities of color?	Knowledge Values Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
Article Analysis Select and analyze three to four scholarly articles published within the last 5 years, focusing on gender issues in the military. It is important to select recent articles to ensure the relevance and currency of the research in addressing contemporary issues in the military. Students are required to read, analyze, compare, and contrast the articles and write a six-page paper in *Publication Manual of the American Psychological Association,* seventh edition, format. The analysis should highlight the following: • Identify and discuss the key similarities and differences among the articles regarding gender issues in the military. Examine their research methodologies, data collection, and theoretical framework. • Discuss the strengths and weaknesses by highlighting the reliability and validity of the research methods, the findings, the depth of the analysis, and the limitations and/or biases. • Discuss how the findings of each article can be applied to foster change and promote gender equality within the military. Consider the implications of the research for policies, practices, and attitudes related to gender issues. Discuss potential strategies and recommendations for addressing and overcoming gender disparities in the military based on the insights each article provides.	Knowledge Values Cognitive and Affective Processes
Article Review Review the Congressional Research Service report (https:// crsreports.congress.gov/product/pdf/R/R44321) titled *Diversity, Inclusion, and Equal Opportunity in the Armed Services: Background and Issues for Congress*, specifically, "Religious Inclusion: Background and Force Profile." What are the five areas where a service member might request a religious accommodation? How might this request cause conflict between the service member and their command? How might the mission trump the service member's religious beliefs, and how can social workers advocate on behalf of service members while recognizing the importance of a mission-focused system? Does the military's religious diversity reflect that of the general public? What differences or similarities do you notice?	Knowledge Values Cognitive and Affective Processes

(continued)

Assignments *(continued)*

Resource	Competency Dimension
Article Review Review article: Aleman-Tovar, J., Schraml-Block, K., DiPietro-Wells, R., & Burke, M. (2022). Exploring the advocacy experiences of military families with children who have disabilities. *Journal of Child and Family Studies, 31*, 843–853. https://doi.org/10.1007/s10826-021-02161-5 Identify the strengths of children and military families shared by the article. How can we use these strengths to increase the capacity of parental advocacy on behalf of their child(ren)? How might we provide additional support to military families during times of deployment and relocation?	Knowledge Values Cognitive and Affective Processes
Book Review Select the book provided below or another of the instructor's choosing and write a four-to-six-page review addressing this ongoing issue in the military. Incorporate journal articles on the same topic with possible suggestions to effectively address this issue while considering whether this is a gender-related concern in the military. You will have 5 minutes to present a brief "elevator" talk about your review, and 10 minutes for class questions and discussion. Firmin, L. C. (2022). *Stories from the front: Pain, betrayal, and resilience on the MST battlefield.* Blue Ear Books.	Knowledge Values Cognitive and Affective Processes

Competency 4

Engage in Practice-Informed Research and Research-Informed Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military and veteran social workers providing care to military service members, veterans, and their families have specialized knowledge about evidence-based practice (EBP) in working with these populations. They incorporate the best available evidence, clinical expertise, and specialized knowledge. They value the integration of practice-informed research and use research evidence to inform their practices, programs, evaluations, and policies specifically related to military members, veterans, and their families. They understand that the military and connected populations work within a unique culture with a distinct history and norms, situated within a structured chain of command, which may affect this population's willingness and availability to participate in research and its perceptions of evidence-based care protocols. Military social workers are aware of policies and regulations, and how both may affect research approvals, program evaluation requirements, resources needed to deliver research-informed care, and stigma undermining service uptake. Military social workers understand the occupational stressors of military service and the potential limitations to and challenges in applying interventions shown to be effective in civilian populations. They recognize the importance of evaluating veterans' sometimes-difficult reintegration experiences, addressing the veteran and family needs that may result via evidence-informed practices, and continuously improving available resources through research and program evaluation.

Military and veteran social workers working with military-connected populations integrate historical and emerging research within quality improvement and policy and program evaluation efforts and translate findings into effective social

work practice. They continually consider the country's historical, social, political, and economic contexts and their impacts on military service members, veterans, and their families, as well as programs available at the local, state, regional, and national levels. They understand that engagement at multiple levels is essential to influence the adoption, integration, and sustainment of evidence-informed practices, policies, and programs for military-connected people. They advocate for diverse research samples and methods, seek to communicate findings broadly via diverse means, and clarify findings to avoid generalizing to populations not specifically represented in research or evaluation efforts (e.g., merging military members with veterans as a single population; generalizing all-male samples to broader populations). Finally, military and veteran social workers understand that military service members and veterans face unique risk factors and challenges, including potential coercion, which need to be addressed in both research and practice settings.

COMPETENCY BEHAVIORS

Military and Veteran Social Workers:

- Identify, discern, evaluate, and synthesize specialized knowledge and skill, and synthesize them with relevant and credible sources of current and emerging research, quality improvement, evaluation, practice, and policy related to veterans, military service members, and their families, communities, and organizations.

- Support research studies that scientifically advance social work practices.

- Critically appraise and intentionally integrate into military social work relevant practice- and research-informed social work practices, evaluation and policy models, interventions, programs, benefits, entitlements, services, and research findings specifically related to military and veteran populations.

- Integrate specialized practice skill and knowledge of the historical, social, political, and economic context with current and emerging research and evaluation literature, electronic resources, and data from the Department of Defense (DoD) or Department of Veterans Affairs (VA).

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Quality Enhancement Research Initiative (QUERI) Implementation Guide https://www.queri.research.va.gov/tools/implementation.cfm This guide is helpful in learning about implementing research- and practice-informed practices in real-world clinical settings with veteran and military populations. It includes practical recommendations for overcoming implementation barriers at the provider or healthcare organization levels.	Knowledge Cognitive and Affective Processes
Quality Enhancement Research Initiative (QUERI) Quality Improvement: Methods https://www.queri.research.va.gov/tools/QUERI-Evaluation-Guide.pdf This guide is designed to be used primarily by VA employees, investigators, and leaders, but may apply to evaluation conducted by other federal agencies. It aims to guide those interested in "all phases of evaluation, from how to design and carry out an evaluation, to how [to] interpret the results."	Knowledge Skills Cognitive and Affective Processes
VA/DoD Clinical Practice Guideline Series https://www.healthquality.va.gov/ Evidence-based clinical practice guidelines are one strategy the Veterans Health Administration has embraced to improve care by reducing inappropriate variations in practice and systematizing best practices. Guidelines address patient cohorts, serve to reduce errors, and provide consistent care standards and resources throughout and between the VA and DoD healthcare systems. Guidelines are also cornerstones for accountability and facilitate learning and research. The guidelines are endorsed by the VA/DoD Evidence-Based Practice Guideline Work Group and are continuously updated. Major areas covered by the guidelines, along with a few examples of specific topics, include: **Chronic Disease in Primary Care:** Asthma, Chronic Kidney Disease (CKD), Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus (DM), 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), and Management of First-Episode Psychosis and Schizophrenia (SCZ)	Knowledge Skills Cognitive and Affective Processes

(continued)

Readings (continued)

Resource	Competency Dimension
Pain: Use of Opioids in the Management of Chronic Pain, Lower Back Pain (LBP), Headache **Rehabilitation:** Management and Rehabilitation of Post-Acute Mild Traumatic Brain Injury (mTBI), Lower Limb Amputation, Stroke Rehabilitation **Women's Health/Pregnancy** An example of a guideline citation: Department of Veterans Affairs, Department of Defense. (2022). *VA/DoD clinical practice guideline for management of major depressive disorder* (Version 4.0). Washington, DC: Government Printing Office.	
VA Evidence 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 Synthesis Program (ESP), which include "timely, rigorous, independent syntheses of published evidence for the VA to translate into evidence-based clinical practice, policy, and research."	Knowledge Cognitive and Affective Processes

Media

Resource	Competency Dimension
About Face http://www.ptsd.va.gov/apps/AboutFace/Index.html This website has facts, treatment options, video vignettes, and cases to learn about mental health disorders such as posttraumatic stress disorder, anxiety disorders, substance use disorders, and depressive disorders from veterans who have experienced them, their family members, and VA clinicians. The site also explores life experiences such as sharing LGBTQ+ identity with providers, death of family members or friends, financial and legal issues, retirement and aging, preparing for deployment, and transitioning from service.	Knowledge Values Cognitive and Affective Processes
Make the Connection http://maketheconnection.net This website includes videos, stories, and podcasts of veterans and their loved ones talking about their experiences, challenges, and recoveries.	Knowledge Values Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
The following resources may be used to develop in-class exercises or activities.	
Community Provider Toolkit https://www.mentalhealth.va.gov/communityproviders/index.asp The Community Provider Toolkit is a resource for healthcare professionals working with veterans outside the VA healthcare system. This site offers information and tools relevant to veterans' mental health and well-being curated especially for community providers, including information about common mental health issues that veterans face and guidance on managing certain conditions. It also includes information on navigating VA benefits, identifying appropriate resources, and recognizing potentially different needs and benefits for specific subpopulations (e.g., American Indian and Alaska Native, LGBTQ+, women, and partners and families of veterans).	Knowledge Cognitive and Affective Processes
Data Analysis https://www.data.va.gov/ This website can be used by instructors and students in research, statistics, and data analysis courses. This site contains "tools and resources that can be used to develop web and mobile applications, design data visualizations, and create stories directly from VA resources." Students can access a wide variety of data resources related to veterans and the military population, including datasets, maps, charts, and stories.	Knowledge
TBI Toolkit http://www.mirecc.va.gov/visn19/tbi_toolkit/ Traumatic brain injury (TBI) is a significant public health concern. This toolkit aims to provide necessary information to address the needs of individuals with a history of TBI and co-occurring mental health conditions by assisting providers in identifying TBI and co-occurring problems, providing effective treatment, identifying available resources, and determining the potential need for further evaluation or treatment modification.	Knowledge Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
Final Action Plan Presentation (see Appendix 4A) "Staff" your case and action plan, reporting evidence informing your plan, potential limitations of the research that informed it, and available resources to meet all needs.	Knowledge Skills Values Cognitive and Affective Processes
Reviewing Scholarly Sources to Identify Fitting Evidence-Based Support and Treatment Options to Assist a Veteran or Military Service Member Case Assignment Instructions: Instructor provides a case assignment to the class. Students are asked to search scholarly sources to identify evidence-based services and therapies shown to help reduce problematic symptoms and/or improve coping/functioning in your veteran or military service member. Write a one-paragraph case summary of your client's demographics, presenting problem, diagnosis, strengths, supports, situation, and additional needs. Fill in at least five rows of a table with the following columns: • Column 1: Diagnosis or other need to be addressed • Column 2: Evidence-based intervention option to address column 1's diagnosis or other need • Column 3: Evidence (full citation plus detail on sample, method, major findings, limitations) for column 2's evidence-based option's fit/lack of fit for your veteran or military service member's diagnosis or need. • Column 4: Brief assessment of degree to which column 2's evidence-based option fits/does not fit your veteran or military service member's strengths, resources, situation, and/or abilities. **Write a one-paragraph narrative treatment plan, citing relevant scholarly sources to justify your chosen intervention(s) and/or resource(s).**	Knowledge Skills Values Cognitive and Affective Processes

Field Activity

Resource	Competency Dimension
Using Internet Research to Assist a Veteran or Military Service Member (see Appendix 4B) For this assignment, students will be tasked with researching and developing a treatment plan for veterans who are at risk of suicide. **Background to inform assignment:** Several factors contribute to the increased risk of suicide among military personnel and veterans. These include: 1) Exposure to trauma: Military personnel and veterans may be exposed to traumatic events such as combat, sexual assault, and other forms of violence, which can increase their risk of developing mental health conditions such as posttraumatic stress disorder (PTSD). 2) Mental health conditions: Mental health conditions such as depression, anxiety, and PTSD are common among military personnel and veterans and are risk factors for suicide. 3) Access to lethal means: Firearms are a particularly lethal method of suicide. Military members are trained to shoot firearms, and military veterans own firearms at higher rates than nonveterans. Together, evidence suggests this population's increased capability to both access and use lethal suicide means. 4) Stigma: There may be stigma associated with seeking help for mental health conditions, which can prevent military personnel and veterans from accessing the care they need. Assignment Steps: 1) Research: Students will conduct research on the prevalence and risk factors of suicide among military veterans. Students should also explore the treatment resources and best practices currently available locally to veterans who may be struggling with suicidal thoughts. 2) Treatment Plan: Based on their research, students will develop a treatment plan for a hypothetical veteran who is at risk of suicide. The treatment plan should include a comprehensive assessment of the veteran's mental health, a list of evidence-based interventions that are appropriate for the veteran's specific needs and goals, and a plan for ongoing support and follow-up. 3) Presentation: Students will present their treatment plan to the class, explaining their rationale for each intervention and how they would implement the plan. They should also be prepared to answer questions and receive feedback from their classmates and the instructor. 4) Reflection: After student presentations are completed, students will reflect on their experience developing the treatment plan and consider how they might apply what they have learned from their peers to their future work with military veterans. They should consider the challenges and rewards of working with this population and identify areas where they would like to continue learning and growing as practitioners.	Knowledge Skills Cognitive and Affective Processes

APPENDIX 4A:
Final Action Plan Presentation

Part 1: Description of the Issue or Problem That Affects Veterans or Military Service Members

Defining the Issue

1) What is the issue that should or can be changed? Are there initial feasibility issues that may reflect facilitators for 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)?

2) To what extent is this problem widespread or specific? In what ways is this issue serious?

3) 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)

Who is affected and how? *(This may continue from questions 2 and 3 above.)*

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

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

What are the immediate or proximate causes?

What are the relevant policies or programs currently in place?

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.

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

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, about the length of the testimony presented in class.

Part 3: Social Action Plan

This will be presented and discussed in class.

Address the following:

1) Brief summary of issue

2) Recommendations for change; desired outcomes

3) Plan
   - Resources
   - 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.

APPENDIX 4B:
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, 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 state or 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):

Fill in the table below (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)

— a reason for selecting the resource that is directly related to the client needs provided in the case summary and your DAP note (1 point)

	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		

Competency 5
Engage in Policy Practice

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military and veteran social workers understand that a wide range of programs and services unique to military service members, veterans, and their families are affected by laws and policies at the organizational, local, state, and federal levels. Military and veteran social workers understand that definitions of military and veteran populations and the social and structural systems they live and work in can affect "discharge status" and limit eligibility for services and support. Military and veteran social workers recognize the historical, social, racial, cultural, economic, organizational, environmental, media, and global influences that affect social policy. They understand that Veterans Affairs (VA) disability ratings and their processes have an impact on the wellness and behavior of veterans and their families and that these disability ratings, as well as the VA priority system for eligibility, have a great impact on access to care for this population. Military and veteran social workers understand that self-advocacy for military and veteran populations is often complicated by vast bureaucratic systems, military and veteran cultures, and varying definitions of terminology, and that specific laws and organizational policies prohibit military service members and some social workers from lobbying and engaging in advocacy activities, resulting in their reliance on others to do so.

COMPETENCY BEHAVIORS

Military and Veteran Social Workers:

- Understand and analyze relevant policies and agencies that outline eligibility for benefits to military populations, such as Tricare benefits, the Veterans Benefits

Administration, the COMPACT Act, the GI Bill, Medicaid, Medicare, the PACT Act, and the Veterans Access, Choice, and Accountability Act.

- Demonstrate an understanding of the Uniform Code of Military Justice and its applicability to military service members, retirees, and veterans.
- Recognize and understand how national and state policies, local politics, and power structures for any given war, conflict, or humanitarian mission affect the experiences of military- and veteran-connected populations.
- Recognize and understand the implications of public sentiment toward and mass-media effects on military- and veteran-connected populations.
- Recognize and understand evolving policies toward women; racial, ethnic, and cultural minorities; people living in rural areas; people who identify as LGBTQ+; aging populations; justice-involved individuals; individuals with disabilities; and people experiencing homelessness, and the impact of these policies on their experiences as part of military and veteran populations.
- Analyze, formulate, and demonstrate an ability to appropriately advocate for policies on behalf of military and veteran populations.
- Recognize and understand how policy formulation and implementation can create ethical challenges for military and veteran populations, and social workers and other individuals who provide services or support to them.

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. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5388952/	Knowledge Values Cognitive and Affective Processes
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*(Suppl. 1), 1–2. https://doi.org/10.1007/ s11606-015-3576-z	Knowledge Values Cognitive and Affective Processes

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Resource	Competency Dimension
Black, H. K. (2016). Three generations, three wars: African American veterans. *The Gerontologist, 56*(1), 33–41. https://doi.org/10.1093/geront/gnv122	Knowledge Values Cognitive and Affective Processes
Crosbie, T., & Posard, M. N. (2016). Barriers to serve: Social policy and the transgendered military. *Journal of Sociology, 52*(3), 569–585. https://doi.org/10.1177/1440783316655632	Knowledge Values Cognitive and Affective Processes
Parrott, S., Albright, D. L., Eckhart, N., & Laha-Walsh, K. (2023). U.S. veterans and civilians describe military news coverage as mediocre, think stories affect others more than themselves. *Armed Forces & Society, 49*(3), 713–728. https://doi.org/10.1177/0095327X221080944	Knowledge Values Cognitive and Affective Processes
Pelts, M. D., Rolbiecki, A. J., & Albright, D. L. (2015). Wounded bonds: A review of the social work literature on gay, lesbian and bisexual military service members and veterans. *Journal of Social Work, 15*(2), 207–220. https://doi.org/10.1177/1468017314548120	Knowledge Values Cognitive and Affective Processes
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. https://doi.org/10.1080/10538720.2016.1263983	Knowledge Values Cognitive and Affective Processes
Sayer, N. A., Spoont, M., & Nelson, D. (2004). Veterans seeking disability benefits for post-traumatic stress disorder: Who applies and the self-reported meaning of disability compensation. *Social Science & Medicine, 58*(11), 2133–2143. https://doi.org/10.1016/j.socscimed.2003.08.009	Knowledge Values Cognitive and Affective Processes
Thompson, M. (2015). Sending women to war. *Time, 186*(24), 52. https://time.com/4134372/sending-women-to-war/	Knowledge Values Cognitive and Affective Processes

Readings (continued)

Resource	Competency Dimension
Transgender military policy. (2017). *Congressional Digest, 96*(8), 31. https://congressionaldigest.com/issue/the-border-wall/transgender-military-policy/	Knowledge Values Cognitive and Affective Processes

Media

Resource	Competency Dimension
Caregiver Media Department of Veterans Affairs. (n.d.). *VA caregiver support program.* https://www.caregiver.va.gov/ Shane, L., III. (2022, February 16). *Changes to VA caregiver programs being reconsidered amid complaints.* Military Times. https://www.militarytimes.com/veterans/2022/02/16/changes-to-va-caregiver-programs-being-reconsidered-amid-complaints/ White House. (2023, April 18). *Executive order on increasing access to high-quality care and supporting caregivers.* https://www.whitehouse.gov/briefing-room/presidential-actions/2023/04/18/executive-order-on-increasing-access-to-high-quality-care-and-supporting-caregivers/	Knowledge Values Skills
Diversity, Equity, and Inclusion Efforts Media Department of Defense Office for Diversity, Equity, and Inclusion. (n.d.). https://diversity.defense.gov/ RAND Research on DEI Efforts in the Military. (n.d.). https://www.rand.org/nsrd/pubs/topics/diversity-equity-and-inclusion.html VA Diversity, Equity, and Inclusion Initiative. (n.d.). https://www.research.va.gov/programs/dei/	Knowledge Values Skills
Mental Health Media National Alliance on Mental Illness (NAMI). (n.d.) *Protecting veterans' access to mental health care.* https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Protecting-Veterans-Access-to-Mental-Health-Care	Knowledge Values Skills

Media (continued)

Resource	Competency Dimension
Technology Media	Knowledge
Madsen, C., Poropatich, R., & Pérez Koehlmoos, T. (2023). Telehealth in the military health system: Impact, obstacles, and opportunities. *Military Medicine, 188*(Suppl. 1), 15–23. https://pubmed.ncbi.nlm.nih.gov/36882030/	Values Skills
National Association of Social Workers—New Hampshire Chapter. (2023, March 13). *The social work interstate compact.* https://naswnh.socialworkers.org/Advocacy/Social-Work-Compact	
U.S. Government Accountability Office. (2022). *Electronic health records: Additional DOD actions could improve cost and schedule estimating for new system* (GAO-22-104521). https://www.gao.gov/products/gao-22-104521	
Toxic Exposure Media	Knowledge
Military.com. (2023). *Dear Agent Orange* [Video]. https://www.military.com/video/operations-and-strategy/chemical-warfare/dear-agent-orange/2200380586001	Values Skills
Veterans Health Administration. (2023). *The PACT act and your benefits* [Video]. YouTube. https://www.youtube.com/watch?v=Q4p_NXMo38A	
VA Benefits Media	Knowledge
Department of Veterans Affairs. (n.d.). *Blue Water Navy Vietnam Veterans Act of 2019.* https://benefits.va.gov/BENEFITS/blue-water-navy.asp	Skills
Department of Veterans Affairs. (n.d.). *Education and training.* https://benefits.va.gov/gibill/	
Department of Veterans Affairs. (n.d.). *The PACT Act and your VA benefits.* https://www.va.gov/resources/the-pact-act-and-your-va-benefits/	
Department of Veterans Affairs. (n.d.). *Patient care services.* https://www.patientcare.va.gov/caremanagement.asp	
Department of Veterans Affairs. (n.d.). *VA disability compensation.* https://www.va.gov/disability/	
Department of Veterans Affairs. (n.d.). *Veteran care overview.* https://www.va.gov/communitycare/programs/veterans/	
History.com Editors. (2010, May 27). *G.I. Bill.* History.com. https://www.history.com/topics/world-war-ii/gi-bill	
VA News. (2017, July 25). *10 things to know about the Veterans Choice Program.* Department of Veterans Affairs. https://news.va.gov/39882/10-things-know-veterans-choice-program/	
VA News. (2023, June 9). *More survivors of veterans eligible for PACT Act benefits.* Department of Veterans Affairs. https://news.va.gov/120689/more-survivors-eligible-pact-act-benefits/	

Media (continued)

Resource	Competency Dimension
Women in the Military Media	Knowledge
Britzky, H., & Liebermann, O. (2023, February 16). *US military says it will grant service members up to 3 weeks leave to travel for abortions.* CNN. https://www.cnn.com/2023/02/16/politics/pentagon-abortion-policy-reproductive-rights/index.html	Values
Garamone, J. (2022, January 23). *Groups work to eliminate, diminish barriers to women's military service*. Department of Defense. https://www.defense.gov/News/News-Stories/Article/Article/2908233/groups-work-to-eliminate-diminish-barriers-to-womens-military-service/	
Kime, P. (2022, September 14). *Women still unable to break glass ceiling of Navy SEAL qualifications.* Military.com. https://www.military.com/daily-news/2022/09/14/women-still-unable-break-glass-ceiling-of-navy-seal-qualifications.html	
Lopez, C. T. (2023, June 12). *In 75 years since women's armed services integration act, female service members have excelled.* Department of Defense. https://www.defense.gov/News/News-Stories/Article/Article/3425621/in-75-years-since-womens-armed-services-integration-act-female-service-members/	
Military Leadership Diversity Commission. (2010, November). *Women in combat* (Issue Paper #56). Department of Defense. https://diversity.defense.gov/Portals/51/Documents/Resources/Commission/docs/Issue%20Papers/Paper%2056%20-%20Women%20in%20Combat.pdf	
Moore, E. (2020, March 31). *Women in combat: Five-year status update.* Center for a New American Security. https://www.cnas.org/publications/commentary/women-in-combat-five-year-status-update	
Robinson, L., & O'Hanlon, M. E. (2020, May). *Women warriors: The ongoing story of integrating and diversifying the American Armed Forces.* Brookings Institution. https://www.brookings.edu/essay/women-warriors-the-ongoing-story-of-integrating-and-diversifying-the-armed-forces/	
Swords to Plowshares. (2014). *Webinar: Legal issues for women who have served* [Video]. YouTube. https://www.youtube.com/watch?v=2kOkc3Gc55k	

Media *(continued)*

Resource	Competency Dimension
The following movies, all based on true stories, reveal how policy change did or did not result: Dick, K. (Director). 2013. *The invisible war* [Film]. PBS. https://www.pbs.org/independentlens/documentaries/invisible-war/ Eastwood, C. (Director). (2014). *American sniper* [Film]. Edge, D. (Producer). (2010). *Wounded platoon* [Film]. PBS *Frontline*. https://www.pbs.org/wgbh/frontline/documentary/woundedplatoon/ Peirce, K. (Director). (2008). *Stop-Loss* [Film]. This movie focuses on individuals who fell under the controversial "Stop-Loss" policy, which forced many individuals to halt their transition out of service and to redeploy in support of Iraq/Afghanistan campaigns in the 2000s.	Knowledge Values Cognitive and Affective Processes
Military Sexual Assault and Trauma Department of Defense. (2023, March 10). *Annual report on sexual harassment and violence at the military service academies, academic program year 2021–2022 media roundtable* [Transcript]. https://www.defense.gov/News/Transcripts/Transcript/Article/3326233/annual-report-on-sexual-harassment-and-violence-at-the-military-service-academi/ Department of Defense. (n.d.). *Independent review commission on sexual assault in the military.* https://www.defense.gov/Spotlights/Independent-Review-Commission-on-Sexual-Assault-in-the-Military/ This is a landing page with multiple resources. Holliday, R., Bonds, S., & Williams, R. (2017). Military sexual trauma and sexual health: Practice and future research for mental health professionals. *Federal Practitioner, 34*(4), 24–27. https://ncbi.nlm.nih.gov/pmc/articles/PMC6370405/ Kamarck, K. N., & Salazar Torreon, B. (2021, February 26). *Military sexual assault: A framework for congressional oversight* (R44944). Congressional Research Service. https://crsreports.congress.gov/product/pdf/R/R44944 MHS Communications. (2021, April 16). *Sexual assault awareness and prevention a DHA, DOD priority*. Military Health System. https://health.mil/News/Articles/2021/04/16/Sexual-assault-awareness-and-prevention-a-DHA-DOD-priority Office of Senator Catherine Cortez Masto. (2022, December 16). *Cortez Masto announces passage of bipartisan bill to support survivors of military sexual trauma* [Press release]. https://www.cortezmasto.senate.gov/news/press-releases/cortez-masto-announces-passage-of-bipartisan-bill-to-support-survivors-of-military-sexual-trauma ProtectOurDefenders. (2012). *Heath's story of surviving military sexual assault* [Video]. YouTube. https://www.youtube.com/watch?v=_4J8Z09zHXA	Knowledge Values Cognitive and Affective Processes

Media (continued)

Resource	Competency Dimension
Sexual Assault Prevention and Response (SAPR). (n.d.). *SAPR & the Uniform Code of Military Justice.* Department of Defense. https://www.sapr.mil/sapr-and-ucmj Stop Our Sexual Assault in the Military Act, H.R. 1434, 118th Cong. (2023). https://www.congress.gov/118/bills/hr1434/BILLS-118hr1434ih.pdf U.S. Army Public Affairs. (2022, July 14). *Army establishes two new initiatives to combat harmful behaviors.* United States Army. https://www.army.mil/article/258422/army_establishes_two_new_initiatives_cx90to_combat_harmful_behaviors Veterans Benefits Administration. (2022). *Disability compensation for conditions related to military sexual trauma (MST).* Department of Veterans Affairs. https://www.va.gov/resources/military-sexual-trauma-and-disability-compensation/	
Military Families National Children's Alliance. (2019). *Status of CAC-military partnerships 2019.* https://www.nationalchildrensalliance.org/wp-content/uploads/2019/10/NCA-Report-CACs-Military-2019-corrected.pdf	Knowledge Values Cognitive and Affective Processes

In-Class Exercises

Resource	Competency Dimension
Panel Discussions Each student will participate in one of the five panel discussions relevant for policy practice with military- and veteran-connected 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 and technology modernization in military social work practice, including telehealth or telemedicine, mobile apps, and evolving policies allowing for social workers to practice across state lines to provide a continuity of care to their military-connected clients rather than be forced to terminate due to service members receiving Permanent Change of Station (PCS) orders; • the role of women in the military and opportunities and challenges in active duty and as veterans, including deployments to combat roles despite the current policy for Selective Service registration continuing to be limited to males, the risk for military sexual assault while on active duty, and evolving policies regarding reporting and retribution to careers following assaults;	Knowledge Values Cognitive and Affective Processes

(continued)

In-Class Exercises (continued)

Resource	Competency Dimension
• the military family, including issues relevant for active-duty families; families of the National Guard and Ready Reserves, including current policies regarding continued overseas deployments in peacetime for National Guard units under state-run governors' offices; and policies restricting the definition of a military spouse for federal employment opportunities, dual-military career families, LGBTQ+ 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; Veteran Readiness and Employment (vocational rehabilitation) education, and housing; suicide prevention; posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), moral injury, and other behavioral and mental health concerns; and • the role of various challenges experienced by service members and veterans that are also influenced by policy, including military sexual trauma (MST) and the impacts of MST situations on survivors, perpetrators, the unit, the military, and the public.	
Advocacy Organization Assignment Find out which veterans' advocacy organizations are involved in shaping, advocating for, and providing input into creating a bill. Veterans' advocacy groups include United Service Organizations (USO), American Legion, Veterans of Foreign Wars, Tragedy Assistance Program for Survivors (TAPS), National Organization of Veterans' Advocates (NOVA), Disabled American Veterans (DAV), 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.	Knowledge
Information-Finding 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.	Knowledge
Social Work Policy Institute 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. https://www.naswfoundation.org/Our-Work/Social-Work-Policy-Institute	Knowledge Values Skills Cognitive and Affective Processes

Assignments

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 adoption of military policies. • Students will be able to explain the context in which policies develop and how these policies affect practice.	Knowledge Values Skills Cognitive and Affective Processes
Family Policy Journal Entries Students will write five entries, worth five points each, that answer questions about specific military-, veteran-, or military-family-related bills or policies. 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.	Knowledge Values Cognitive and Affective Processes
Bill Exploration Midterm Assignment Write a 10-page paper on a bill that has *not* passed. Describe its trajectory, why it was needed, and who was for and against it. Explain the historical and social context for 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 relevant committees and contact the office staff of one of the people responsible for the bill. Explore with them whether there is a plan to pass another similar bill. Indicate the context that created a need for social work related to the problem that the bill addresses, and what social work can provide.	Knowledge Cognitive and Affective Processes
Bill Trajectory Final Paper Write a 10-page paper that traces the trajectory of a bill that did pass. Explain the historical and social context for the bill. How has the passing of this bill affected military, veteran, or military family clients?	Knowledge Cognitive and Affective Processes

Field Activities

Resource	Competency Dimension
VA and OIG Policy Exploration and Presentation Visit the VA Office of Inspector General (OIG) website at https://www.va.gov/oig/. Sign up for email alerts to receive VA and OIG reports daily during the semester. Choose an oversight report at https://www.vaoig.gov/reports/all. 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 its prevention. Choose a statement to Congress at https://www.vaoig.gov/media/statements-to-congress.	Knowledge Skills Cognitive and Affective Processes
NASW Policy Exploration Research the NASW's involvement in policy support and change for active duty service members and veterans.	Knowledge Skills Cognitive and Affective Processes

Competency 6

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

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military and veteran social workers understand that engagement is an intentional, iterative, and collaborative process building a relationship between social worker and client. Military and veteran social workers understand how to engage service members, veterans, and their families, as well as military and military-connected organizations, through the development of relationships and alliances and the use of evidenced-based principles. Military and veteran social workers respect the importance of community, culture, and social and systemic context as central principles to many service members, veterans, and their families. Military and veteran social workers recognize specific challenges, risks, resilience, contributions, and strengths shared by military-connected individuals, as well as traits unique to these individuals' intersectional identities. Military and veteran social workers recognize how their own life experiences, positionality, biases, and preconceptions influence their engagement with service members, veterans, and their families and the diverse communities in which they live and participate. Military and veteran social workers understand the impact of self- and societal stigma on the well-being and help-seeking process, and use effective strategies to increase unit, organizational, and community support for service members, veterans, and their families. Finally, military and veteran social workers effectively cultivate alliances through outreach to and collaboration with military- and veteran-affiliated groups, organizations, 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

Military and Veteran Social Workers:

- Reflect upon how one's own preconceptions, potential biases, values, and experiences may influence engagement methods used with service members, veterans, and their families.

- Support service members, veterans, and their families as they navigate systems (e.g., financial, legal, physical and mental health, and outside resources), including advocacy and outreach.

- Build coalitions across the military, veterans' groups, military family groups, and military service- and community-based organizations.

- Evaluate barriers using theories of human behavior and person-in-environment, and work to remove barriers to care, including those caused by racism, discrimination, oppression, marginalization, policy, discharge status, prior negative experience with care, and stigma associated with seeking care.

- Actively participate in collaborative practices to reduce mental health stigma that exists among service members, veterans, and their families, and within systems that affect accessing resources and services.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

Readings

Resource	Competency Dimension
Ben-Zeev, D., Corrigan, P. W., Britt, T. W., & Langford, L. (2012). Stigma of mental illness and service use in the military. *Journal of Mental Health, 21*(3), 264–273. https://doi.org/10.3109/09638237.2011.621468	Knowledge Values Cognitive and Affective Processes
Britt, T. W., Black, K. J., Cheung, J. H., Pury, C. L. S., & Zinzow, H. M. (2018). Unit training to increase support for military personnel with mental health problems, *Work & Stress, 32*(3), 281–296. https://doi.org/10.1080/02678373.2018.1445671	Knowledge Values Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Cornish, M. A., Brenner, R. E., Vogel, D. L., & Wade, N. G. (2019). Evaluation of an online help seeking stigma-reduction intervention for military personnel. *Stigma and Health, 4*(4), 480–486. https://doi.org/10.1037/sah0000167	Knowledge Values Cognitive and Affective Processes
Fletcher, E. H., Gabrielian, S., Brown, L., Gough, J. C., Ijadi-Maghsoodi, R., Kalofonos, I., Nazinyan, M., Orellana, E., & Wells, K. (2022). Lessons learned by collaborating with structurally vulnerable veterans via a veterans engagement group. *Journal of General Internal Medicine, 37*(Suppl. 1), 109–112. https://doi.org/10.1007/s11606-021-07075-y	Knowledge Values Cognitive and Affective Processes
Goss, C. W., Richardson, W. J., & Shore, J. H. (2019). Outcomes and lessons learned from the Tribal Veterans Representative Program: A model for system engagement. *Journal of Community Health, 44*(6), 1076–1085. https://doi.org/10.1007/s10900-019-00683-0	Knowledge Values Cognitive and Affective Processes
Greene-Shortridge, T. M., Britt, T. W., & Castro, C. A. (2007). The stigma of mental health problems in the military. *Military Medicine, 172*(2), 157–161. https://doi.org/10.7205/MILMED.172.2.157	Knowledge Values Cognitive and Affective Processes
Kaysen, D., Walton, T. O., Rhew, I. C., Jaffe, A. E., Pierce, A. R., & Walker, D. D. (2022). Development of StressCheck: A telehealth motivational enhancement therapy to improve voluntary engagement for PTSD treatment among active-duty service members. *Contemporary Clinical Trials, 119,* 106841. https://doi.org/10.1016/j.cct.2022.106841	Knowledge
Klay, P. (2014, February 8). After war, a failure of the imagination. *The New York Times.* https://www.nytimes.com/2014/02/09/opinion/sunday/after-war-a-failure-of-the-imagination.html	Values Cognitive and Affective Processes
Lake, A., & Rosan, C. (2017). Being a military child: Guidance for engagement and early intervention with military families. *International Journal of Birth & Parent Education, 4*(3).	Knowledge

Readings *(continued)*

Resource	Competency Dimension
McLean, C. L., Turchik, J. A., & Kimerling, R. (2022). Mental health beliefs, access, and engagement with military sexual trauma–related mental health care. *Journal of General Internal Medicine, 37*(Suppl. 3), 742–750. https://doi.org/10.1007/s11606-022-07590-6	Knowledge Values Cognitive and Affective Processes
Mercurio, N. J. (2019). Beyond "thank you": Recommended modalities for meaningful civilian-military discourse. *Journal of Veterans Studies, 4*(2), 1–33. https://doi.org/10.21061/jvs.v4i2.103	Knowledge
Peterson, A., Bozzay, M., Bender, A., Monahan, M., & Chen, J. (2022). Those left behind: A scoping review of the effects of suicide exposure on veterans, service members, and military families. *Death studies, 46*(5), 1176–1185. https://doi.org/10.1080/07481187.2020.1802628	Knowledge Values Skills
Petrovich, J. (2012). Culturally competent social work practice with veterans: An overview of the U.S. military. *Journal of Human Behavior in the Social Environment, 22*(7), 863–874. https://doi.org/10.1080/10911359.2012.707927	Knowledge Values Cognitive and Affective Processes
Rikki, A. R. (2021). The battle against mental health stigma: Examining how veterans with PTSD communicatively manage stigma. *Health Communication, 36*(11), 1378–1387. https://doi.org/10.1080/10410236.2020.1754587	Knowledge Values Cognitive and Affective Processes
Ross, A. M., & DeVoe, E. R. (2014). Engaging military parents in a home-based reintegration program: A consideration of strategies. *Health & Social Work, 39*(1), 47–54. https://doi.org/10.1093/hsw/hlu001	Knowledge
Shepherd-Banigan, M., Shapiro, A., Stechuchak, K. M., Sheahan, K. L., Ackland, P. E., Smith, V. A., Bokhour, B. G., Glynn, S. M., Calhoun, P. S., Edelman, D., Weidenbacher, H. J., Eldridge, M. R., & Van Houtven, C. H. (2023). Exploring the importance of predisposing, enabling, and need factors for promoting veteran engagement in mental health therapy for post-traumatic stress: A multiple methods study. *BMC psychiatry, 23*(1), 372. https://doi.org/10.1186/s12888-023-04840-7	Knowledge Values Cognitive and Affective Processes

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Readings (continued)

Resource	Competency Dimension
Wade, N. G., Vogel, D. L., Armistead-Jehle, P., Meit, S. S., Heath, P. J., & Strass, H. A. (2015). Modeling stigma, help-seeking attitudes, and intentions to seek behavioral healthcare in a clinical military sample. *Psychiatric Rehabilitation Journal, 38*(2), 135–141. https://doi.org/10.1037/prj0000131	Knowledge Values Cognitive and Affective Processes

Media

Resource	Competency Dimension
Miliaresis, E. (Director/Producer). (2013). *While time stands still: The military family documentary* [Film]. https://militaryfamilydocumentary.com/film	Knowledge
Military Health System. (n.d.). *Real warriors campaign.* https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/ Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign A Department of Defense program to battle stigma related to seeking mental-health care.	Knowledge
MilitaryOne Source. (n.d.). *Service providers & leaders.* https:// www.militaryonesource.mil/leaders-service-providers/ Good for finding resources; also includes link to MilProvider app.	Knowledge
Psych/Armor. (n.d.). *Our services.* https://psycharmor.org/services Training to work with military members and veterans (there is a cost for this training).	Knowledge
Sesame Street. (n.d.). *Sesame Street for military families.* https:// sesamestreetformilitaryfamilies.org/providers/ Resources for military social workers and military families.	Knowledge
Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). *Cultural competency for serving the military and veterans.* https://www.samhsa.gov/certified-community-behavioral-health- clinics/section-223/cultural-competency/military-veterans	Knowledge

In-Class Exercise

Resource	Competency Dimension
Exploring Impacts on Service Delivery and Acquisition The purpose of this exercise is to open a discussion regarding how veterans, providers, and civilians may affect service delivery and acquisition. This is a three-part discussion exercise: • Micro: Ask students to list perceived stereotypes that veterans may have as a result of their lived experiences. Ask students, "How do you think your own life experiences and potential biases affect the way you see veterans/families?" The end goal is an understanding of how these stereotypes and preconceptions may affect the ways in which engagement can occur; veterans are both participants and agents of change who can facilitate engagement. Ask students, "What life experiences, biases, and beliefs can support or get in the way of seeing veterans in both roles simultaneously?" • Mezzo: Civilians: How do veterans perceive the way that civilians see them? • Macro: Veterans and service systems: What are their thoughts and perceptions about asking for help? • Provide Handout: Vet Center Military History and Intake Questionnaire (see Appendix 6A).	Knowledge Values Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
Engagement Plan Using a case example, have students develop an engagement plan and a resource list, including identifying military-, Veterans Affairs–, community-, and veteran-led initiatives, and organizations with a strong veteran presence that can play a role in facilitating and promoting engagement (e.g., outreach events, community education, peer support). Identify potential challenges or barriers to implementing this engagement plan with diverse populations, including those who have experienced marginalization and oppression.	Knowledge Values Cognitive and Affective Processes

(continued)

Assignments *(continued)*

Resource	Competency Dimension
Semester-Long Group Facilitation Assignment Activity Directions: What exercises, practices, and skills would you use to engage participants (veterans, active duty, family members)? Request a student volunteer to gather all resources. Students will complete a Google Doc sign-up sheet at the beginning of the semester for topic facilitation (e.g., self-care, etc.). This can be a working document for a student group assignment (perhaps an end of semester project). Throughout the semester, each group in the class can be responsible for planning the agenda for a specific therapeutic topic. Each student will be required to facilitate at least one in-class group activity with their peers that simulates work with military clients. Sign-ups, including the topic for group facilitation, will be available by week 2. The group activity will focus on engaging military clients but will not be limited to topics such as military sexual trauma, grief, transitioning to civilian life, military identity, etc. After the group activity, students will reflect, process, and provide feedback on the group activity. This is an experiential learning experience; students are graded not on their clinical skills, but on their preparation for the group activity and reflection. Students are expected to engage in the processing of role-plays for which they are not playing the role of the client or clinician. Students will create a psychoeducational program for military spouses to understand common mental health issues for military and veterans around sleep hygiene, substance abuse, and posttraumatic stress disorder (PTSD). Ask students to plan the program, weekly agenda, and resources to teach their program participants. Read a journal article about client engagement in PTSD therapy and identify tools that may be useful for increasing engagement (e.g., shared decision making, motivational enhancement therapy). Identify barriers to trust that service members may have with mental health providers. Name variables that research identifies as breaking through these barriers (e.g., stigma around seeking services, fear of judgment by provider/leadership, fear that there is no resolution or the problem cannot be helped, fear of change). Identify the differences and commonalities between PTSD and moral injury (MI) and what understanding is needed to assess them, and therefore better engage during interventions to heal. PTSD is threshold- and criterion-based. MI is dimensional-based. (Overlapping symptoms of PTSD/MI: anger, depression, anxiety, insomnia/nightmares, avoidance, isolation, intrusive thoughts, emotional numbing.)	Knowledge Values Skills Cognitive and Affective Processes

APPENDIX 6A:
Vet Center Military History and Intake Questionnaire Handout

An example to assist students with what is used at vet centers to gather pertinent intake and military history information from the veteran.

Premilitary and Developmental History:

1) Place of Birth?

2) Birth Order?

3) Marital Status/Relationships of Parents?

4) Who Raised Client?

5) School Successes/Problems?

6) Learning Disabilities?

7) Parents' Roles?

8) Family History of Emotional, Physical, and/or Sexual Abuse, and/or Psychiatric Illness?

9) History of Family Substance Abuse?

10) Deaths in the Family?

11) Other Childhood Trauma?

12) Extended Family Involvement? Support Systems?

13) Adolescent Expectations?

Military History:

1) Reasons for Entering the Military?

2) Political Beliefs?

3) Branch of Service?

4) Voluntary or Drafted?

5) Highest Rank?

6) Basic Training

    a) Where?

    b) Disciplinary Problems?

    c) Special Achievements?

    d) Other Significant Incidents?

7) Advanced Training

    a) Significant Incidents?

    b) Duty After Advanced Training? (e.g., Military Occupational Specialty, Air Force Specialty Code, etc.)

    c) Assignment After Training?

    d) Family Military History?

War Zone History:

1) Circumstances of Assignment to War Zone? (Volunteered, Unit Sent, Assigned, etc.)

2) Received Orders and Assigned Individually?

3) Impressions Upon Arrival in Country?

4) Initial Place of Duty in War Zone?

5) Official Duty in War Zone?

6) Actual Duties in War Zone?

7) Units Assigned/Attached To?

8) Time Exposed to Combat?

9) Noncombat Duty: Exposed to Friendly Fire? If So, How Often?

10) Substance Abuse Issues?

11) Medical Treatment Issue?

12) Coping Mechanisms in Country and/or Hospital?

Traumatic Events (Combat/Noncombat; Describe in Detail, Including Exposure to Death):

1) Near Misses?

2) Did Vet Fire Weapon at the Enemy? Frequency?

3) Any Buddies Killed or Seriously Wounded?

4) Injuries as a Result of War Zone Experience?

    a) Medevac Experience?

    b) Hospital Experience?

    c) Coping Mechanisms?

5) Exposure to Friendly or Hostile Fire?

6) Exposure to Casualties Living or Dead Aside From Combat?

7) Sexual Trauma History While in the Military?

    a) Nature of Trauma?

    b) How It Occurred?

    c) Client's Response?

    d) Response From the Military?

    e) Immediate Follow-Up Care?

    f) Punitive Responses to Perpetrator?

    g) Effect on Job?

8) Postmilitary Sexual Trauma?

9) Efforts to Obtain Treatment?

10) Current Effect on Life?

    a) Any Changes in Sex Drive Following Trauma?

    b) What Has Changed?

    c) Does This Concern You/Your Partner?

Homecoming:

1) Mode of Exit From Combat Zone?

2) Feelings About Leaving Combat Zone and Returning to the United States?

3) Veteran's Expectations for Homecoming?

4) Describe Homecoming?

Impact of Military Experiences:

1) Social Changes?

2) Physical Changes?

3) Emotional Changes?

4) Spiritual Changes?

Postmilitary History:

1) Social/Interpersonal Functioning?

2) Education/Training Experience?

3) Type of Work?

4) Number of Jobs?

5) Longest Employment?

6) Residences?

7) Compensation or Pension Received?

Clinical Assessment:

1) Clinical Summary

2) Confidentiality and Patient Rights Documented

3) PTSD Assessment, Criteria, and ICD-10-CM Code

4) Client Safety Plan Reviewed and Agreed Upon

5) Mini Mental Status

6) Clinical Plan

Intake: Psychosocial Focus:

1) Marriages?

   a) Children?

   b) Significant Other?

   c) Sexual Orientation?

   d) When/How Did You Come Out to Your Family?

   e) What Was That Like?

   f) Support System That Accepts Your Sexuality?

   g) Experience in the Military as a (Gay, Bisexual, Trans) Service Member?

2) Age of First Alcohol, Drug Use/Abuse?

3) Substance Abuse/Coping Mechanisms?

4) Substance Use in Present Family?

5) Traumas Associated With Alcohol/Drug Use?

6) Legal Issues Not Previously Addressed?

7) History of Inpatient/Outpatient Substance Abuse Treatment?

8) Other Addictive Disorders?

9) Firearms in the Home?

10) Religion?

11) Other Weapons?

Competency 7

Assess Individuals, Families, Groups, Organizations, and Communities

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military and veteran social workers 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. They understand that 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. Military and veteran social workers recognize that service members, veterans, and their families possess unique strengths as well as vulnerabilities, including measures of resilience and secondary trauma. Military and veteran social workers recognize that service members and veterans often minimize their physical and psychological suffering. They understand that service members, veterans, and their 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. They acknowledge the importance of recognizing whether a service member is transitioning into or out of the military during any assessment, and the importance of attuning to intersecting social identities and issues related to social justice that strengthen the assessment process. Military and veteran social workers understand that health and well-being can be influenced by the climate of an organization or a 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.

COMPETENCY BEHAVIORS

Military and Veteran Social Workers:

- 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.
- Understand the limitations of assessment tools when applied to military populations.
- 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
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). Wiley. Contains bio-psycho-social-spiritual assessment for military and veteran couples and families.	Knowledge Values Cognitive and Affective Processes
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). Guilford.	Knowledge Values Cognitive and Affective Processes

Readings *(continued)*

Resource	Competency Dimension
Conforte, A. M., Bakalar, J. L., Shank, L. M., Quinlan, J., Stephens, M. B., Sbrocco, T., & Tanofsky-Kraff, M. (2017). Assessing military community support: Relations among perceived military community support, child psychosocial adjustment, and parent psychosocial adjustment. *Military medicine, 182*(9–10), e1871–e1878. https://doi.org/10.7205/MILMED-D-17-00016	Knowledge Values Cognitive and Affective Processes
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*. 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.* National Academies Press.	Knowledge Values
Library of Congress. (n.d.). *Serving: Our voices: Stories from the Veterans History Project.* http://www.loc.gov/vets/stories/ Provides evocative accounts of veterans' biological, psychological, social, and spiritual issues 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). Guilford.	Knowledge Values Cognitive and Affective Processes
Panaite, V., Brown, R., Henry, M., Garcia, A., Powell-Cope, G., Vanderploeg, R. D., & Belanger, H. G. (2018). Post-deployment mental health screening: A systematic review of current evidence and future directions. *Administration and Policy in Mental Health and Mental Health Services Research, 45,* 850–875. https://doi.org/10.1007/s10488-018-0869-7	Knowledge Values
Rubin, A., & Barnes, W. G. (2013). Assessing, preventing, and treating substance use disorders in active-duty military settings. In A. Rubin, E. L. Weiss, & J. E. Coll (Eds.), *Handbook of military social work* (pp. 191–208). Wiley.	Knowledge Skills
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). Wiley.	Knowledge Values Skills

Readings (continued)

Resource	Competency Dimension
Substance Abuse and Addiction Assessment	
American Society of Addiction Medicine (ASAM). (2023). *The ASAM criteria, 4th edition.* https://www.asam.org/resources/the-asam-criteria	Knowledge Skills
National Institute on Drug Abuse (NIDA). (2023). *Screening tools and prevention.* https://www.drugabuse.gov/nidamed-medical-health-professionals/ tool-resources-your-practice/additional-screening-resources	Knowledge Values Skills Cognitive and Affective Processes
Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *Screening, brief intervention, and referral to treatment (SBIRT).* https://www.samhsa.gov/sbirt	Knowledge Skills Cognitive and Affective Processes
PTSD Assessment	
American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596	Knowledge
Department of Veterans Affairs. (n.d.). *PTSD: National Center for PTSD.* https://www.ptsd.va.gov/	Knowledge
Department of Veterans Affairs. (n.d.). *Search the article database (PTSDpubs).* https://www.ptsd.va.gov/ptsdpubs/search_ptsdpubs.asp The PTSDpubs Database (formerly PILOTS) includes a record of tests and measures listing psychological and medical instruments used in research and assessment.	Knowledge Skills
Department of Veterans Affairs (n.d.). *VA community provider toolkit.* https://www.mentalhealth.va.gov/communityproviders/ The VA provides a collection of resources related to screening and assessment for military service and handouts related to increasing knowledge about military culture.	Knowledge Skills Cognitive and Affective Processes
Traumatic Brain Injury (TBI) Assessment	
Department of Veterans Affairs. (n.d.). *TBI toolkit.* http://www.mirecc.va.gov/visn19/tbi_toolkit/ The toolkit is for providers with clients who have co-occurring TBI and mental health symptoms. It provides information to address the needs of veterans, military personnel, and their families related to TBI and co-occurring conditions. The focus is on complex biopsychosocial assessment.	Knowledge Cognitive and Affective Processes

Readings *(continued)*

Resource	Competency Dimension
Secondary Trauma and Providers in Organizations Assessment	
Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma, 12*(3), 259–280. https://doi.org/10.1080/15325020701238093	Knowledge Values Cognitive and Affective Processes
Stamm, B. H. (2010). *The concise ProQOL manual* (2nd ed.). https://proqol.org/proqol-manual Measure to assess for secondary traumatic stress and resilience for family members and health and behavioral health providers.	Knowledge Skills
Compassion Fatigue Self-Test Interpersonal and Self-Violence Assessment	
Gutierrez, P. M., Joiner, T., Hanson, J., Avery, K., Fender, A., Harrison, T., Kerns, K., McGowan, P., Stanley, I. H., Silva, C., & Rogers, M. L. (2021). Clinical utility of suicide behavior and ideation measures: Implications for military suicide risk assessment. *Psychological Assessment, 33*(1), 1–13. https://doi.org/10.1037/pas0000876	Knowledge Skills
Miller, C. J., Stolzmann, K., Dichter, M. E., Adjognon, O. L., Brady, J. E., Portnoy, G. A., Gerber, M. R., Iqbal, S., & Iverson, K. M. (2023). Intimate partner violence screening for women in the Veterans Health Administration: Temporal trends from the early years of implementation 2014-2020. *Journal of Aggression, Maltreatment & Trauma, 32*(7–8), 960–978. https://doi.org/10.1080/10926771.2021.2019160	Knowledge Skills
National Institute of Justice. (2018, June 10). *How effective are lethality assessment programs for addressing intimate partner violence?* https://nij.gov/topics/crime/intimate-partner-violence/Pages/how-effective-are-lethality-assessment-programs-for-addressing-intimate-partner-violence.aspx	Knowledge Skills
Trabold, N., King, P. R., Jr., Crasta, D., Iverson, K. M., Crane, C. A., Buckheit, K., Bosco, S. C., & Funderburk, J. S. (2023). Leveraging integrated primary care to enhance the health system response to IPV: Moving toward primary prevention primary care. *International Journal of Environmental Research and Public Health, 20*(9), 5701. https://doi.org/10.3390/ijerph20095701	Knowledge Skills

Readings *(continued)*

Resource	Competency Dimension
Assessment Tools	
Center for Relationship Abuse Awareness. (n.d.). *Assessing lethal and extremely dangerous behavior.* https://stoprelationshipabuse.org/professionals/social-workers-and-therapists/assessing-lethal-and-extremely-dangerous-behavior/assessing-lethal-and-extremely-dangerous-behavior-8-08/	Knowledge Skills
Sponsler-Garcia, C. (2015, October). *Accounting for risk and danger practice checklists: coordinating risk assessment in domestic violence cases.* Battered Women's Justice Project. https://bwjp.org/assets/documents/pdfs/accounting-for-risk-and-danger-practice-checklists.pdf	
Danger Assessment	
Campbell, J. C. (2004). *The Danger assessment.* Danger Assessment. http://www.dangerassessment.org	
Columbia-Suicide Severity Rating Scale (C-SSRS)	
Posner, K., Brent, D., Lucas, C., Gould, M., Stanley, B., Brown, G., Fisher, P., Zelazny, J., Burke, A., Oquendo, M., & Mann, J. (2008). *Columbia-suicide severity rating scale (C-SSRS).* The Research Foundation for Mental Hygiene. https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf	
Cultural and Social Determinants of Health	
Hatef, E., Predmore, Z., Lasser, E. C., Kharrazi, H., Nelson, K., Curtis, I., Fihn, S., & Weiner, J. P. (2019). Integrating social and behavioral determinants of health into patient care and population health at Veterans Health Administration: a conceptual framework and an assessment of available individual and population level data sources and evidence-based measurements. *AIMS Public Health, 6*(3), 209–224. https://doi.org/10.3934/publichealth.2019.3.209	
Maternal Health and Women Veterans Assessment	
Department of Veterans Affairs, Department of Defense. (2018, March). Screening recommendations. In *VA/DoD clinical practice guidelines for the management of pregnancy* (p. 40). https://www.healthquality.va.gov/guidelines/WH/up/VADoDPregnancyCPG4102018.pdf	Knowledge Skills
Matthey, S., Barnett, B., & White, T. (2003). The Edinburgh Postnatal Depression Scale. *The British Journal of Psychiatry, 182*(4), 368. https://doi.org/10.1192/bjp.182.4.368	
Szpunar, M. J., Crawford, J. N., Baca, S. A., & Lang, A. J. (2019). Suicidal ideation in pregnant and postpartum women veterans: An initial clinical needs assessment. *Military Medicine, 185*(1–2), e105–e111. https://doi.org/10.1093/milmed/usz171	

Readings *(continued)*

Resource	Competency Dimension
Bio-Psycho-Social-Spiritual-Financial Health Assessments for Children and Families	
American Association of School Administrators. (2010, April 12). *Supporting the military child toolkit.* https://www.aasa.org/resources/resource/supporting-the-military-child-toolkit Created by the National Child Traumatic Stress Network and supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and Duke University, the toolkit provides 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
Department of Veterans Affairs. (n.d.). *Concerns about life and family disruption scale.* https://www.ptsd.va.gov/professional/assessment/deployment/life-family-disruption.asp Measures worries that deployment will negatively affect life domains in the family.	Knowledge Skills
Department of Veterans Affairs. (n.d.). *Family stressors scale.* https://www.ptsd.va.gov/professional/assessment/deployment/familystressors.asp Scale measures exposure to stressful family experiences during deployment.	Knowledge Skills
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.* Center for the Study of Traumatic Stress, Uniformed Services University. https://www.cstsonline.org/assets/media/documents/Joining_Forces_family_violence_research_assessment_interventions.pdf	Knowledge Values Skills
Families and Communities Assessment	
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. https://doi.org/10.1002/jts.21859 Focuses on the role of social supports within the unit and community to facilitate access and use of services.	Knowledge Skills
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. https://doi.org/10.1521/ijgp.2014.64.3.367	Knowledge Skills Cognitive and Affective Processes

Media

Resource	Competency Dimension
Alpert, J. (Director). (2010). *Wartorn: 1861–2010* [Film]. HBO. https://www.hbo.com/movies/wartorn-1861-2010 Documentary of a deployment-affected veteran and partner that illuminates complex presenting issues. Aronson-Rath, R. (Producer). (2005). *The soldier's heart* [Film]. PBS *Frontline*. 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. Gift From Within. (2010). *What is compassion fatigue?* [Film]. YouTube. https://www.youtube.com/watch?v=VubmnvCl9sk	Knowledge Values Skills Cognitive and Affective Processes
Family Reintegration Group Assessment Soldier Media Center Videos. (2010). *Jennifer Giunta on deployment stress* [Film]. YouTube. https://www.youtube.com/watch?v=XkLDP1KKfc4 Military families struggle to reacclimatize after deployment; focused on couple and family assessment.	Knowledge Values Cognitive and Affective Processes
Dick, K. (Director). 2013. *The invisible war* [Film]. PBS. https://www.pbs.org/independentlens/documentaries/invisible-war/ Focuses on how biopsychosocial factors affect the individual and unit group. Complexities of military trauma are stressed.	Knowledge Values Cognitive and Affective Processes
Real Warriors Campaign Video Series https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign 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 their families to seek appropriate care and support for psychological health concerns.	Knowledge Values

In-Class Exercises

Resource	Competency Dimension
Client System Assessment Teaching Module (see Appendix 7D) Instructors will assign students to small groups and introduce them to case vignettes. Students will be instructed on how to apply the T.I.E.S. and Systems assessments to the vignettes.	Knowledge Values Skills
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: 1) Familiarize yourself with the Feedback Informed Treatment Outcome Rating Scale (ORS) and Session Rating Scale (SRS) forms (see Miller et al., 2023) and the technique for recording the scores on a graph. 2) With another student, role-play as both clinician and client introducing the ORS and SRS. Be sure to approximate the developer's example of introducing the instruments. 3) Role-play later sessions and use the graph to discuss trends in the ORS and SRS. 4) Also see http://www.scottdmiller.com/. Identify acuity levels using assessment tools that inform case conceptualization, risk stratification, treatment, and aftercare planning (see Appendix 7E).	Knowledge Values Skills

Assignments

Resource	Competency Dimension
Assessment Assignment Assessment Assignment With Staff Sergeant Steven Callaghan (see Appendix 7C)	Knowledge Values Skills Cognitive and Affective Processes
Clinical Assessment Clinical Assessment of a Service Member or Veteran (see Appendix 7A)	Knowledge Skills Cognitive and Affective Processes

(continued)

Assignments (continued)

Resource	Competency Dimension
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/ Students will submit a three-page, double-spaced paper in *Publication Manual of the American Psychological Association,* seventh edition, 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.	Knowledge Values Cognitive and Affective Processes
Individual Intervention Individual Intervention With a Service Member or Veteran (see Appendix 7B)	Knowledge Skills Cognitive and Affective Processes
Published Article on Psychological Assessment in Military Direct Practice The instructor will task students to find articles published on psychological assessment in military direct practice, to be used to write a critical evaluation based on definitions and concepts identified by Nick Gould in *Evaluation and Social Work Practice* (Sage, 2006). General instructions: Total length should be four to six pages, with a minimum of five scholarly references. All papers should comply with standards described in the *Publication Manual of the American Psychological Association,* seventh edition.	Knowledge Values Skills

Field Activity

Resource	Competency Dimension
Assessment Tool Activity Review a program evaluation tool (micro or macro) to assess 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, 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: • American Evaluation Association: https://www.eval.org/ • Anderson, N., Schlueter, J. E., Carlson, J. F., & Geisinger, K. F. (Eds). (2022). *Tests in Print.* Buros Center for Testing. https://buros.org/tests-print • Behavioral Measurement Database Services. (n.d.). *Health and Psychosocial Instruments (HaPI).* https://www.bmdshapi.com/#:~:text=HaPI%20is%20a%20bibliographic%20database,across%20diverse%20disciplines%20and%20professions. HaPI is an online database to identify measurements used in health and psychosocial settings. • Buros Center for Testing, University of Nebraska. (n.d.). *Mental Measurements Yearbook.* https://buros.org/mental-measurements-yearbook. Used with *Tests in Print.* • Fernández-Ballesteros, R. (Ed.). (2003). *Encyclopedia of Psychological Assessment.* Sage. https://doi.org/10.4135/9780857025753. This is an extensive online guide to psychological scales and measures. • North Carolina State University. (n.d.). *PsycTESTS.* https://www.lib.ncsu.edu/databases/psyctests. PsycTESTS is an online database in the North Carolina State University library's electronic database. • University of Massachusetts Amherst. (n.d.). *Assessment handbooks.* http://www.umass.edu/oapa/oapa/publications/online_handbooks/program_based.pdf • 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

APPENDIX 7A:
Clinical Assessment of a Service Member or Veteran

During class, you and your fellow students 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—a military-specific assessment (readings and lecture content for class) and a biopsychosocial diagnostic assessment—into an assessment or a case narrative. Your paper will be approximately five to seven pages (not including the title page) and written per *Publication Manual of the American Psychological Association*, seventh edition, specifications. The goal of this assignment is for you to:

- Incorporate skills you have obtained during previous courses.

- Consider what factors and considerations are unique to working with service members.

- Acclimate yourself with course texts (e.g., military treatment planner).

- Integrate the above considerations into your work.

- Consult with your peers 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 be 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 peers as needed in between class and the due date of your assessment or narrative, but must submit your own assessment or narrative.

APPENDIX 7B:
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 *Publication Manual of the American Psychological Association,* seventh edition, 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.

- Briefly introduce your client (who he or she is and his or her presenting concern, a condensed military biopsychosocial assessment).

- Objectively highlight what occurred during the session. Quote and integrate information from the transcript to illustrate that what your client feels is relevant to him or her at the time of the session.

- Subjectively assess what concerns begin 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?

- 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, as well as 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, but must submit your own paper.

APPENDIX 7C:
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 as 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 a 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 with 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 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 OneSource, 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 many other military members and families 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) What steps will you take to build rapport and a therapeutic alliance with this family?

6) Describe the psychoeducation you will do with this family.

APPENDIX 7D:
Client System Assessment

Case Vignette: Staff Sergeant 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 with two children, and 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 PTSD symptoms. 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 of competency in the world after his injuries 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 he 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 of more than 165 miles per hour 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." Personnel deployed with combat exposures show increased risks of new-onset heavy drinking and other alcohol-related problems compared with those not deployed. These behaviors are often explained as efforts to self-soothe or self-medicate to offset hypervigilance symptoms, such as anger, increased startle response, and marked sleep disturbance. Additionally, Latinos may be at 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) 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 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 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?

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 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 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 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:

a) Consider transitional issues and specific developmental needs or stages.

b) Regarding Sgt. Hernandez, which transitions had a significant impact?

2) Interpersonal areas for the client system:

   a) Who are the significant people for this client system?

   b) What kind of informal and formal support is available at this time?

3) Environmental systems (think eco-map):

   a) What are significant factors in Sgt. Hernandez's daily routines?

   b) What are accessible resources?

   c) What factors contribute to barriers?

   d) Is Sgt. Hernandez's environment supportive or hostile?

4) Societal context:

   a) Acknowledge societal realities and social policies and how they affect the client system (culture, socioeconomics, race and ethnicity, political climate, socialization, discrimination, and oppression).

   b) What advocacy issues emerge?

   c) What organizations are appropriate regarding Sgt. Hernandez's issues at hand?

5) Special considerations:

   a) What makes this situation unique (language, disability, grief and loss, literacy, trauma, immigration, homelessness, and other challenges)?

   b) What unique strengths are present?

   c) What ethical issues are relevant?

6) Spirituality

   a) What beliefs, values, or rituals have meaning for this client system?

APPENDIX 7E:
Identification of Acuity

Using assessment tools that inform case conceptualization, risk stratification, treatment, and aftercare planning

Case Study

A 70-year-old African American Vietnam War veteran who uses they/them pronouns presents for a social work intake at your agency. They receive 70% service-connected compensation through Veteran Affairs (VA) and Social Security each month, are unstably housed, and have a history of major depression, posttraumatic stress disorder, traumatic brain injury, diabetes, and alcohol and cocaine dependence (in recovery). The veteran has lived with their former same-sex partner for 6 months in a small rural town without public transportation. They report that this living arrangement is not the safest environment for them because their former partner is abusing substances and has a history of being abusive toward them when under the influence of drugs. The veteran states they have nowhere else to go. They rely on their former partner for transportation to appointments and to get groceries. The nearest VA clinic is more than 50 miles away. This veteran is not engaged in any services or programs, and they have no other support system, but they want to move out and into their own apartment.

1) How would you engage with this veteran?

2) Evaluate this veteran using the assessing circumstances and offering resources for needs (ACORN) screening tool and the patient aligned care team (PACT) functional assessment and patient acuity determination tool.

3) What social risk factors are present?

4) What is the acuity level?

5) What will be your first step in lowering the acuity level?

Assessment

Two different approaches address similar domains in this case scenario. To compare each assessment tool, refer to the ACORN screener and the description of the PACT functional assessment and patient acuity determination tool below.

Access to Care: Veterans have access to needed care and have transportation.

Economics: Veterans have sufficient income for their needs.

Housing: Veterans have adequate housing for their needs.

Psychological Status: Veterans have a stable mood and behavior.

Social Support: Veterans have supportive relationships.

Functional Status: Veterans are functionally independent.

Comparison of domains in ACORN and PACT: Note the overlapping domains.

ACORN	PACT
Food	Economics/Functional Status
Housing	Housing
Utilities	Economics
Transportation	Access to Care
Education	Economics
Employment	Economics
Legal	VA/Community, Legal Support/Functional Status
Digital Needs	Access to Care/Functional Status
Social Isolation/Loneliness	Social Support/Psychological Status

PACT: Functional Assessment and Patient Acuity Determination Tool (Excerpt from Amdur et al., 2011)

In VA primary care clinics, the PACT social work model is used. Veterans are assessed in six domains: access to care, economics, housing, psychological status, social support, and functional status. One of four possible levels of acuity is assigned for each domain. Level 1 represents patients whose basic needs are met, Level 2 is assigned to patients with minor concerns in one or more of the domains, Level 3 reflects patients with major concerns in one or more of the domains, and Level 4 represents patients who are in crisis in one or more domains (e.g., have no income, no social support, or are homeless). For each level, possible

interventions are listed. The ultimate goal of any intervention is to lessen acuity and move the patient toward Level 1.

Acuity Level 1: Patients essentially have all personal needs met.

    Access to Care: Patients have access to needed care and have transportation.

    Economics: Patients have sufficient income for their needs.

    Housing: Patients have adequate housing for their needs.

    Psychological Status: Patients have a stable mood and behavior.

    Social Support: Patients have supportive relationships.

    Functional Status: Patients are functionally independent.

    Associated Interventions:

1) Make inquiries to establish the patient/family status, questions, and issues regarding the cost of healthcare in and outside the VA (including available use of Medicare, Medicaid, private health insurance, and supplemental insurance policies).

2) Make inquiries of patient and family regarding veteran benefits (including healthcare, pensions/compensation, burial benefits, veterans' homes, vocational rehab, etc.).

3) Provide information on and assistance in preparing patient advance directives.

4) Schedule or reschedule appointments, ensure that ordered equipment/services are received, and provide information on and assistance with transportation arrangements.

5) Provide supportive counseling to assist patient and family with their adjustment to a diagnosis or disability.

6) Provide patient/family with education about health promotion, disease prevention, and patient self-management.

7) Initiate referrals as warranted/requested for competency exams (neuropsychological assessments, payee, guardianship, fiduciary, etc.).

Acuity Level 2: Patients with minor concerns with access to care, economics, housing, psychological status, social support, or functional status.

Access to Care: Patients have access issues and/or questions, including requiring assistance with the means test/eligibility for care or arrangement of transportation to the VA. Appointments may need to be rescheduled because of transportation problems, or telehealth visits may be preferred.

Economic: Patients have limited income and may need financial assessment or counseling to manage within their means. They may need assistance to increase income and/or decrease expenses.

Housing: Current patient housing arrangements may not be adequate for their needs.

Psychological Status: Patients have minor mood or behavioral disturbances that intermittently interfere with daily functioning.

Social Support: Patients have supportive relationships, but are not receiving sufficient support or assistance to meet their current and/or anticipated needs.

Functional Status: Patients may have issues with independent activities of daily living.

Associated Interventions (Beyond Level 1 Interventions):

Access to Care:

1) Assist patients as needed to get updated means tests to determine co-payment.

2) Schedule/reschedule appointments resulting from patient no-shows.

3) Prepare handicapped parking applications.

4) Prepare applications for reduced fare public transportation programs.

5) Arrange for temporary lodging.

6) Provide bus tickets and other transportation assistance.

Economic:

1) Initiate financial counseling referrals.

2) Assist with pension, benefits, and Social Security applications.

3) Initiate vocational rehabilitation program referrals as needed.

4) Assist with subsidized housing or mortgage refinancing referrals and applications for property tax reduction and energy assistance programs.

Housing:

1) Refer to home maintenance assistance programs, including weatherization and loans.

2) Assist patient to maintain uninterrupted home utilities.

3) Initiate referrals for assistance with rodent/insect infestations.

Psychological Issues:

1) Provide supportive counseling that facilitates patients asking for and receiving assistance.

2) Refer to mental health or substance abuse treatment programs.

Social Support:

1) Identify and address family relationship issues.

2) Initiate referrals to senior centers for meals and socialization.

3) Arrange for respite care to assist patient caregivers.

4) Initiate referrals to peer support groups as needed.

Functional Status:

Initiate referrals for Meals on Wheels, homemaker/home health, and rehabilitation services.

Acuity Level 3: Patients with major concerns with access to care, economics, housing, psychological status, social support, or functional status.

Access to Care: Patients have limited or cost-prohibited transportation to the VA. They may need to have many appointments scheduled for the same day, schedule overnight accommodations because of transportation problems, or schedule telehealth visits.

Economic: Patients have too little income to support basic human needs. Their expenses exceed their income. Patients need immediate assistance to either increase their income or decrease their expenses.

Housing: Patients have inadequate housing for their needs.

Psychological Status: Patients have a major mood or behavioral disturbance that interferes with daily functioning.

Social Support: Caregiver is overwhelmed and stressed by patient care needs. Patients have strained relationships and do not receive adequate assistance. Patient is isolated without adequate social supports.

Functional Status: Patients are at risk for falls or other injuries. Patients may need assistance with activities of daily living (ADLs), such as bathing, dressing, and toileting, or independent activities of daily living (IADLs), such as cooking, cleaning, and shopping.

Associated Interventions (Beyond Levels 1 and 2 Interventions):

Access to Care:

1) If patient is not eligible for all VA healthcare and has no health insurance, initiate Medicaid referral.

2) Determine if patient needs to pay privately for an ambulance to access care and coordinate appointments as warranted.

3) Apply for wheelchair van service and check community transportation resources.

4) Explore availability of other transportation options with patient support system.

Economic:

1) Initiate patient referrals for VA and temporary welfare benefits.

2) Initiate referrals to community programs or legal assistance to prevent eviction.

3) Initiate referrals to community financial aid and employment programs.

Housing:

1) Initiate referrals to programs for renovations to make patient's home handicapped accessible.

2) Assist patient in maintaining home utilities.

3) Initiate group home/assisted living/nursing home referrals as needed.

Psychological Issues:

Coordinate transition to mental health, substance abuse, and/or day program providers.

Social Support:

1) Provide supportive counseling to improve relationships with family and friends.

2) Initiate referrals for respite care or adult day healthcare.

Functional Status:

1) Initiate referrals for inpatient or home rehabilitation to improve functional ability and address any existing/potential safety concerns.

2) Initiate referrals for home health aides to assist with ADLs and IADLs.

3) Initiate referrals to Adult Protective Services if warranted.

Acuity Level 4: Patients are having a crisis with access to care, economics, housing, psychological status, social support, or functional status.

Access to Care: Patients may be unable to afford or find transportation. Patients may lack understanding of how to manage or schedule appointments.

Economic: Patients have no income. Patients need immediate assistance to either find work or receive benefits.

Housing: Patients have no home.

Psychological Status: Patients require inpatient psychiatric admission.

Social Support: Patients lack social supports.

Functional Status: Patients are functionally dependent.

Associated Interventions (Beyond Levels 1, 2, and 3 Interventions):

Access to Care:

1) Provide bus tickets and arrange other transportation as necessary.

2) Work with veteran to gain understanding of the appointment-scheduling process and ensure that needed appointments are scheduled.

Economic: (Assistance in Levels 2 and 3, but With Increased Advocacy)

1) Initiate referrals for employment resource.

2) Initiate referrals for financial assistance (pension/benefits, temporary welfare, Medicaid).

Housing:

1) Initiate referrals to homeless shelters, public housing, veterans' homes, group homes, assisted living facilities, or nursing homes as appropriate.

2) Identify in-home supports that allow the veteran to remain in the community despite deficits.

Psychological Status:

Refer to inpatient psychiatric unit to improve functioning and safety.

Social Support:

Provide supportive counseling to improve relationships with family and friends.

Functional Status:

1) Initiate referral for inpatient rehabilitation to enhance functional ability and safety.

2) Initiate referral for nursing home placement as warranted.

REFERENCES

Amdur, D., Sheets, C., & Lynch, P. (2011). Social work case management model in the Veterans' Affairs patient aligned care team (PACT). In W. J. Spitzer (Ed.), *The Evolving Practice of Social Work Within Integrated Care* (pp. 17–29). National Society for Social Work Leadership in Health Care.

Cohen, A. J., Kennedy, M. A., Mitchell, K., & Russell, L. E. (2023, October). *Assessing circumstances & offering resources for needs. Department of Veterans Affairs.* https://www.va.gov/HEALTHEQUITY/docs/ACORN_Screening_Tool.pdf

Competency 8

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

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military and veteran 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 and veteran 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 and veteran 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, their families, and military or military-connected organizations.

COMPETENCY BEHAVIORS

Military and Veteran Social Workers:

- 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; their families, organizations, and 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, veteran, and civilian organizations; and communities of care.

- Collaborate with the military client system to develop mutually agreed-upon goals, including relevant others as indicated (e.g., chain of command, peers, spouses, families, communities, and systems of care).
- Consider the unique factors of the service member, the veteran, and their family to avoid a one-size-fits-all approach.
- Implement strength-based, target-focused interventions that incorporate the inherent resiliency of service members, veterans, and their families, and that are congruent with the appropriate occupational demands and the military service member 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 and veteran populations; their families, children, and communities; and systems of care (e.g., individual and 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
Arcuri-Sanders, N. M., & Forziat-Pytel, K. (2022). Effectively counseling the military population: Training needs for counselors. *Journal of Multicultural Counseling and Development, 52*(1), 2–13. https://doi.org/10.1002/jmcd.12236	Knowledge Values Cognitive and Affective Processes
Bond, G. R., Al-Abdulmunem, M., Drake, R. E., Davis, L. L., Meyer, T., Gade, D. M., Frueh, B. C., Dickman, R. B., & Ressler, D. R. (2022). Transition from military service: Mental health and well-being among service members and veterans with service-connected disabilities. *The Journal of Behavioral Health Services & Research, 49*(3), 282–298. https://doi.org/10.1007/s11414-021-09778-w	Knowledge Skills Cognitive and Affective Processes

(continued)

Readings *(continued)*

Resource	Competency Dimension
Borah, E., Rosen, V., Fink, J., & Paine, C. (2022). Evaluation of a military informed care training with private sector healthcare providers. *Military Behavioral Health, 10*(3), 249–260. https://doi.org/10.1080/21635781.2021.2000904	Knowledge Skills Cognitive and Affective Processes
Botero, G., Rivera, N. I., Calloway, S., Ortiz, P. L., Edwards, E., Chae, J., & Geraci, J. C. (2020). A lifeline in the dark: Breaking through the stigma of veteran mental health and treating America's combat veterans. *Journal of Clinical Psychology, 76*(5), 831–840. https://doi.org/10.1002/jclp.22918	Knowledge Values
Cohen, E. A. (2023). An introduction to military culture. In C. H. Warner & C. A. Castro (Eds.), *Veteran and Military Mental Health: A Clinical Manual* (pp. 19–28). Springer. https://doi.org/10.1007/978-3-031-18009-5	Knowledge Skills Cognitive and Affective Processes
Collins, A. L., Russell, M. C., & Figley, C. R. (2023). Toward military cultural competence among new civilian mental health providers. *Traumatology.* https://doi.org/10.1037/trm0000448	Knowledge Skills Cognitive and Affective Processes
Edwards, E. R., Goldsmith, M. M., Tran, H. N., Bulanchuk, N. K., Epshteyn, G., Wrobleski, J., May, D. G., Snyder, S., Lee, A. S., Schofield, K. F., Gorman, D., Dichiara, A., & Geraci, J. C. (2023). Supporting the nation's transitioning veterans: Narrative review of practices and recommendations for psychotherapy and counseling of veterans separating from military service. *Psychological Services, 20*(4), 876–888. https://doi.org/10.1037/ser0000701	Knowledge Skills
Freeman, D. R., & Odom, S. (2022). Moral injury and US Army social work officers preparedness, competency, and experiences. *Journal of the North American Association of Christians in Social Work, 49*(4), 371–396. https://doi.org/10.34043/swc.v49i4.290	Knowledge Values
Freeman, D. R., Flaherty, C., & Henderson, J. J. (2023). Equipping uniform and civilian military social workers for service: Efforts of civilian and military education programs in the United States. In M. A. Forgey & K. Green-Hurdle (Eds.), *Military Social Work Around the Globe* (pp. 201–217). Springer. https://doi.org/10.1007/978-3-031-14482-0	Knowledge Skills

Readings (continued)

Resource	Competency Dimension
Goetter, E. M., Blackburn, A. M., Stasko, C., Han, Y., Brenner, L. H., Lejeune, S., Tanev, K. S., Spencer, T. J., & Wright, E. C. (2021). Comparative effectiveness of prolonged exposure and cognitive processing therapy for military service members in an intensive treatment program. *Psychological Trauma: Theory, Research, Practice, and Policy, 13*(6), 632–640. https://doi.org/10.1037/tra0000956	Knowledge Skills Cognitive and Affective Processes
Griffith, J., & Ben-Ari, E. (2021). Reserve military service: A social constructionist perspective. *Armed Forces & Society, 47*(4), 635–660. https://doi.org/10.1177/0095327X20917165	Knowledge Values
Guthrie-Gower, S., & Wilson-Menzfeld, G. (2022). Ex-military personnel's experiences of loneliness and social isolation from discharge, through transition, to the present day. *PloS One, 17*(6), e0269678. https://doi.org/10.1371/journal.pone.0269678	Knowledge Values
Herzog, J. R., Whitworth, J. D., & Scott, D. L. (2020). Trauma informed care with military populations. *Journal of Human Behavior in the Social Environment, 30*(3), 265–278. https://doi.org/10.1080/10911359.2019.1679693	Knowledge Skills Cognitive and Affective Processes
Hudays, A., Gallagher, R., Hazazi, A., Arishi, A., & Bahari, G. (2022). Eye movement desensitization and reprocessing versus cognitive behavior therapy for treating post-traumatic stress disorder: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health, 19*(24), 16836. https://doi.org/10.3390/ijerph192416836	Knowledge Skills Cognitive and Affective Processes
Katz, L. S., & Jensen, G. (2022). Outcomes of a five-day Warrior Renew retreat to reduce symptoms related to military sexual trauma for women veterans. *Journal of Contemporary Psychotherapy, 52*, 311–318. https://doi.org/10.1007/s10879-022-09545-8	Knowledge Skills Cognitive and Affective Processes
King, E. L., & Snowden, D. L. (2020). Serving on multiple fronts: A grounded theory model of complex decision-making in military mental health care. *Social Science & Medicine, 250*, 112865. https://doi.org/10.1016/j.socscimed.2020.112865	Knowledge Values
Kranke, D., Floersch, J., & Dobalian, A. (2019). Identifying aspects of sameness to promote veteran reintegration with civilians: Evidence and implications for military social work. *Health & Social Work, 44*(1), 61–64. https://doi.org/10.1093/hsw/hly036	Knowledge Values
Lake, D. M., & Armstrong, M. L. (2020). The complexities of military transitions: Service-member deployment and veteran integration. In B. Elliott, K. Chargualaf, & B. Patterson (Eds.), *Veteran-Centered Care in Education and Practice* (pp. 53–73). Springer.	Knowledge Values Skills

(continued)

Readings *(continued)*

Resource	Competency Dimension
Lawson, L. (2022). *Treating active-duty military members: Best practices for common mental health diagnoses across the DoD* [Master's thesis, Abilene Christian University, paper 499]. Digital Commons @ ACU, Electronic Theses and Dissertations. https://digitalcommons.acu.edu/etd/499	Knowledge Values Skills
Levine, J., & Sher, L. (2021). Interdisciplinary approach and suicide prevention amongst U.S. military veterans. *Psychiatria Danubina, 33*(2), 200.	Knowledge Values Skills
Lucas, C. L., Taylor-Harris, P., Stevelink, S. A., McNamara, K. A., Rafferty, L., Kwan, J., Dunn, R., Fear, N., Kintzle, S., & Castro, C. A. (2021). Homelessness among veterans: Posttraumatic stress disorder, depression, physical health, and the cumulative trauma of military sexual assault. *Journal of the Society for Social Work and Research, 12*(4), 731–754. https://doi.org/10.1086/712991	Knowledge Values Skills
Osborne, A. K., Wilson-Menzfeld, G., McGill, G., & Kiernan, M. D. (2022). Military service and alcohol use: A systematic narrative review. *Occupational medicine, 72*(5), 313–323. https://doi.org/10.1093/occmed/kqac045	Knowledge Values
Schaffer, J. B. (2022). Social work practice with homeless veterans and resource dependence theory. *Journal of Poverty, 26*(2), 122–140. https://doi.org/10.1080/10875549.2021.1890669	Knowledge Skills Cognitive and Affective Processes
Seamon-Lahiff, G. E., Dooley, C. M., Bartone, P. T., & Carroll, B. (2023). Risk factors for complicated grief in the military community. *OMEGA—Journal of Death and Dying, 87*(1), 38–52. https://doi.org/10.1177/00302228211016218	Knowledge Skills Cognitive and Affective Processes

(continued)

Readings (continued)

Resource	Competency Dimension
Staples, J. K., Gibson, C., & Uddo, M. (2023). Complementary and integrative health interventions for insomnia in veterans and military populations. *Psychological Reports, 126*(1), 52–65. https://doi.org/10.1177/00332941211048473	Knowledge Skills Cognitive and Affective Processes
Tam-Seto, L., Krupa, T., Stuart, H., Lingley-Pottie, P., Aiken, A., & Cramm, H. (2020) The validation of the Military and Veteran Family Cultural Competency Model (MVF-CCM). *Military Behavioral Health, 8*(1), 96–108. https://doi.org/10.1080/21635781.2019.1689875	Knowledge Values Skills
Weiss, E. L., Stone, F. P., Zaleski, K., & Perdue, T. (2023). A blended immersion course: Advancing practice for social work students working with military members, veterans, and their families. *Social Work Education, 43*(4), 956–969. https://doi.org/10.1080/02615479.2022.2156496	Knowledge Values Skills
Military Family Readings	
Allen, E. S., Renshaw, K. D., & Fredman, S. J. (2023). An exploration of potential pressures to engage in parenting accommodation of PTSD symptoms for military couples. *Family Process, 63*(1), 315–330. https://doi.org/10.1111/famp.12858	Knowledge Values
Bernat, L. J. (2023). The lived experience of American mothers in the military. In B. A. Anderson & L. R. Roberts (Eds.), *Maternal Health and American Cultural Values: Beyond the Social Determinants* (pp. 63–73). Springer. https://doi.org/10.1007/978-3-031-23969-4	Knowledge Values
Blankenship, A. E., Drew, A. L., Jacoby, V. M., Zolinski, S. K., Ojeda, A. R., Dondanville, K. A., Sharrieff, A.-F. M., Yarvis, J., Acker, M., Blount, T. H., McGeary, C. A., Young-McCaughan, S., Peterson, A. L., Kritikos, T. K., & DeVoe, E. R. (2023). Qualitative examination of homecoming experiences among active-duty military fathers during reintegration. *Qualitative Social Work, 23*(2), 298–313. https://doi.org/10.1177/14733250221150378	Knowledge Cognitive and Affective Processes
Burgin, E. E., & Ray, D. C. (2020). Military-connected children: Applying the competencies for counseling military populations. *Journal of Child and Adolescent Counseling, 6*(2), 124–136. https://doi.org/10.1080/23727810.2020.1729011	Knowledge Cognitive and Affective Processes
Cole, R. F., & Cowan, R. G. (2022). From surviving to thriving: Supporting military spouses during transitions. *Journal of Human Services, 41*(1). http://doi.org/10.52678/2021.jhs.a2	Knowledge Cognitive and Affective Processes

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Readings *(continued)*

Resource	Competency Dimension
Cramm, H., Godfrey, C. M., Murphy, S., McKeown, S., & Dekel, R. (2022). Experiences of children growing up with a parent who has military-related post-traumatic stress disorder: A qualitative systematic review. *JBI Evidence Synthesis*, *20*(7), 1638–1740. https://doi.org/10.11124/JBIES-20-00229	Knowledge Cognitive and Affective Processes
Darawshy, N. A.-S., Gewirtz, A. H., Cheng, C. H., & Piehler, T. (2022). Associations of combat exposure and parental locus of control in deployed mothers and fathers. *Family Relations, 72*(3), 1103–1117. https://doi.org/10.1111/fare.12725	Knowledge Skills
Frederick, J., & Siebler, P. (2022). Military children: Unique risks for mental health and wellbeing and implications for school-based social work support. *Smith College Studies in Social Work, 92*(4), 219–239. https://doi.org/10.1080/00377317.2023.2189469	Knowledge Cognitive and Affective Processes
Greene, R., Dubus, N., & Greene, N. (2022). Fostering resilience among returning military personnel and their families. In R. Greene, N. Dubus, & N. Greene (Eds.), *A Resilience-Enhancing Stress Model: A Social Work Multisystemic Practice Approach* (pp. 107–121). Springer. https://doi.org/10.1007/978-3-031-08112-5	Knowledge Cognitive and Affective Processes
Herzog, J. R., Whitworth, J. D., & Scott, D. L. (2020). Trauma informed care with military populations. *Journal of Human Behavior in the Social Environment, 30*(3), 265–278. https://doi.org/10.1080/10911359.2019.1679693	Knowledge Cognitive and Affective Processes
McGaw, V. E., Reupert, A. E., & Maybery, D. (2019). Military posttraumatic stress disorder: A qualitative systematic review of the experience of families, parents and children. *Journal of Child and Family Studies, 28,* 2942–2952. https://doi.org/10.1007/s10826-019-01469-7	Knowledge Cognitive and Affective Processes
Meis, L. A., Glynn, S. M., Spoont, M. R., Kehle-Forbes, S. M., Nelson, D., Isenhart, C. E., Eftekhari, A., Ackland, P. E., Linden, E. B., Orazem, R. J., Cutting, A., Hagel Campbell, E. M., Astin, M. C., Porter, K. E., Smith, E., Chuick, C. D., Lamp, K. E., Vuper, T. C., Oakley, T. A., . . . Polusny, M. A. (2022). Can families help veterans get more from PTSD treatment? A randomized clinical trial examining prolonged exposure with and without family involvement. *Trials, 23,* Article 243. https://doi.org/10.1186/s13063-022-06183-2	Knowledge Skills Cognitive and Affective Processes

Readings (continued)

Resource	Competency Dimension
Parrott, S., Eckhart, N., Laha-Walsh, K., & Albright, D. L. (2022). Hardships at home: The portrayal of military families in traditional, military community, and military-focused news publications. *Armed Forces & Society, 50*(2). https://doi.org/10.1177/0095327X221122702	Knowledge Skills Cognitive and Affective Processes
Robichaux, R. J., & Franklin, K. (2023). History and current framework of social work services delivered to families and communities within the US military. In M. A. Forgey & K. Green-Hurdle (Eds.), *Military Social Work Around the Globe* (pp. 185–199). Springer. https://doi.org/10.1007/978-3-031-14482-0	Knowledge Skills
Rogers, M., Bible, V., Johnson, A., Bird, J., Harrington, I., & Baker, P. (2021). International programs and resources to support children from military families: A review. *International Electronic Journal of Elementary Education, 14*(2), 119–133. https://files.eric.ed.gov/fulltext/EJ1338802.pdf	Knowledge Skills
Senecal, G., Adorno, R. L., LaFleur, R., & McNamara, K. A. (2022). Autoethnographic family case study: Combat veteran PTSD and its effects on familial dynamics, parenting, and marriage. *Journal of Veterans Studies, 8*(3), 140–150. https://doi.org/10.21061/jvs.v8i3.309	Knowledge Skills
Sullivan, K. S., Park, Y., & Riviere, L. A. (2022). Military and nonmilitary stressors associated with mental health outcomes among female military spouses. *Family Relations, 71*(1), 371–388. https://doi.org/10.1111/fare.12589	Knowledge Values
Sullivan, K. S., Park, Y., Richardson, S., Cederbaum, J., Stander, V., & Jaccard, J. (2023). Early and recent military and nonmilitary stressors associated with posttraumatic stress symptoms among military service members and their spouses. *Journal of Traumatic Stress, 36*(5), 943–954. https://doi.org/10.1002/jts.22958	Knowledge Values
Solomon, N., Gribble, R., Dighton, G., Evans, S., Taylor-Beirne, S., Chesnokov, M., & Fear, N. T. (2022). The mental health and well-being among partners and children of military personnel and veterans with a combat-related physical injury: A scoping review of the quantitative research. *Disability And Health Journal, 15*(3), 101283. https://doi.org/10.1016/j.dhjo.2022.101283	Knowledge Values
St. John, L. V., & Fenning, P. (2020). Supporting the behavioral and mental health needs of military children. *Preventing School Failure: Alternative Education for Children and Youth, 64*(2), 99–105. https://doi.org/10.1080/1045988X.2019.1680945	Knowledge Values

(continued)

Readings *(continued)*

Resource	Competency Dimension
Thompson-Hollands, J., Rando, A. A., Stoycos, S. A., Meis, L. A., & Iverson, K. M. (2022). Family involvement in PTSD treatment: Perspectives from a nationwide sample of Veterans Health Administration clinicians. *Administration and Policy in Mental Health and Mental Health Services Research, 49,* 1019–1030. https://doi.org/10.1007/s10488-022-01214-1	Knowledge Skills Values
Veri, S., Muthoni, C., Boyd, A. S., & Wilmoth, M. (2021, August). A scoping review of the effects of military deployment on reserve component children. *Child & Youth Care Forum, 50,* 743–777. https://doi.org/10.1007/s10566-020-09590-1	Knowledge Skills
Wen, I., Price, L. E., Spray, A.M., & Marmar, C. R. (2020). Mending broken bonds in military couples using emotionally focused therapy for couples: Tips and discoveries. *Journal of Clinical Psychology, 76*(5), 865–870. https://doi.org/10.1002/jclp.22921	Knowledge Skills Values
Military Group Readings	
Bogaers, R., Geuze, E., van Weeghel, J., Leijten, F., van de Mheen, D., Varis, P., Rozema, A., & Brouwers, E. (2020). Barriers and facilitators for treatment-seeking for mental health conditions and substance misuse: Multi-perspective focus group study within the military. *BJPsych Open, 6*(6), e146. https://doi.org/10.1192/bjo.2020.136	Knowledge
Edwards-Stewart, A., Smolenski, D. J., Bush, N. E., Cyr, B. A., Beech, E. H., Skopp, N. A., & Belsher, B. E. (2021). Posttraumatic stress disorder treatment dropout among military and veteran populations: A systematic review and meta-analysis. *Journal of Traumatic Stress, 34*(4), 808–818. https://doi.org/10.1002/jts.22653	Knowledge
Fredman, S. J., Macdonald, A., Monson, C. M., Dondanville, K. A., Blount, T. H., Hall-Clark, B. N., . . . & Peterson, A. L. (2020). Intensive, multi-couple group therapy for PTSD: A nonrandomized pilot study with military and veteran dyads. *Behavior Therapy, 51*(5), 700–714. https://doi.org/10.1016/j.beth.2019.10.003	Knowledge Skills
Giacomucci, S. (2021). *Social work, sociometry, and psychodrama: Experiential approaches for group therapists, community leaders, and social workers*. Springer Singapore. https://doi.org/10.1007/978-981-33-6342-7	Knowledge Skills
Nason. E. E., Borah, E. V., Hale, W. J., Wachen, J. S., Dondanville, K. A., Mintz, J., Litz, B. T., Yarvis, J. S., Young-McCaughan, S., Peterson, A. L., & Resick, P. A. (2021). The effects of interpersonal support on treatment outcomes using cognitive processing therapy. *Cognitive Therapy and Research, 45*, 679–688. https://doi.org/10.1007/s10608-020-10181-6	Knowledge Skills

Readings *(continued)*

Resource	Competency Dimension
Military Community and Organization Readings	
Burgin, E. E., & Ray, D. C. (2020). Military-connected children: Applying the competencies for counseling military populations. *Journal of Child and Adolescent Counseling, 6*(2), 124–136. https://doi.org/10.1080/23727810.2020.1729011	Knowledge Values Cognitive and Affective Processes
DeSousa, K. M., Ward, K.-L., & Warner, C. H. (2023). Medical and community resources for veterans and military personnel. In C. H. Warner & C. A. Castro (Eds.), *Veteran and Military Mental Health: A Clinical Manual* (pp. 115–125). Springer. https://doi.org/10.1007/978-3-031-18009-5	Knowledge Values
Faran, M. E., Johnson, P. L., Ban, P. K., Sarver, J. C., Brown, L. J., Orman, D. T., Brusher, E. A., Sarmiento, D. M., Ivany, C. G., & Weist, M. D. (2020). Child, family, and school behavioral health care in the military health system. *Military Behavioral Health*, *8*(3), 315–326. https://doi.org/10.1080/21635781.2020.1750511	Knowledge Values
Fikretoglu, D., Sharp, M. L., Adler, A. B., Bélanger, S., Benassi, H., Bennett, C., . . . & Pedlar, D. (2022). Pathways to mental health care in active military populations across the Five-Eyes nations: An integrated perspective. *Clinical Psychology Review, 91,* 102100. https://doi.org/10.1016/j.cpr.2021.102100	Knowledge Values
Forgey, M. A., & Green-Hurdle, K. (2023). Strengthening military social work through the development of a global understanding of practice similarities and differences. In M. A. Forgey & K. Green-Hurdle (Eds.), *Military Social Work Around the Globe* (pp. 253–279). Springer. https://doi.org/10.1007/978-3-031-14482-0	Knowledge Skills Cognitive and Affective Processes
Heyman, R. E., Slep, A. M. S., Mitnick, D. M., Nichols, S. R., Cracknell, K. M., Tiberio, S. S., Kim, S., & Perkins, D. F. (2022). Evaluation of two approaches for responding to allegations of family maltreatment in the U.S. Army: Coordinated community response impacts and costs. *Military Medicine*, *187*(7–8), e987–e994. https://doi.org/10.1093/milmed/usab115	Knowledge Skills Cognitive and Affective Processes
Jones, L. (2021). *Community awareness and prevention efforts for military sexual assault survivors*. Selected Social Change Portfolios in Prevention, Intervention, and Consultation, Social Change Collection, Walden University. https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=1030&context=picportfolios	Knowledge Skills

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Readings *(continued)*

Resource	Competency Dimension
Mitnick, D. M., Heyman, R. E., Slep, A. M. S., Lorber, M. L., & Dills, A. L. (2021). Evidence-based social work outreach to military leaders to facilitate intimate partner violence and child maltreatment identification and referral: An evaluation. *Journal of Family Social Work, 24*(4), 320–338. https://doi.org/10.1080/10522158.2021.1974141	Knowledge Values
O'Neal, C. W., Richardson, E. W., & Mancini, J. A. (2020). Community, context, and coping: How social connections influence coping and well-being for military members and their spouses. *Family Process, 59*(1), 158–172. https://doi.org/10.1111/famp.12395	Knowledge Values Skills
Sullivan, K. S., Dodge, J., McNamara, K. A., Gribble, R., Keeling, M., Taylor-Beirne, S., Kale, C., Goldbach, J. T., & Castro, C. A. (2021). Perceptions of family acceptance into the military community among U.S. LGBT service members: A mixed-methods study. *Journal of Military, Veteran and Family Health, 7*(Suppl. 1), 90–101. https://doi.org/10.3138/jmvfh-2021-0019	Knowledge Values Skills
Van Slyke, R. D., & Armstrong, N. J. (2020). Communities serve: A systematic review of need assessments on U.S. veteran and military-connected populations. *Armed Forces & Society, 46*(4), 564–594. https://doi.org/10.1177/0095327X19845030	Knowledge Values Skills
Watts-Figueroa, C., & McCallum, A. R., Jr. (2023). The sacrifice of service: Grief and loss within the military community. In R. B. Turner & S. D. Stauffer (Eds.), *Disenfranchised Grief: Examining Social, Cultural, and Relational Impacts*. https://www.routledge.com/Disenfranchised-Grief-Examining-Social-Cultural-and-Relational-Impacts/Turner-Stauffer/p/book/9781032268903	Knowledge Values Skills
Weiss, E. L., Kranke, D., & Barmak, S. A. (2020). Military veterans serving as volunteers: What social workers need to know. *Social Work, 65*(3), 299–301. https://doi.org/10.1093/sw/swaa023	Knowledge Values Skills
Yarvis, J. S., Korbut, N., & Martin, J. A. (2023). Military social work in the US Armed Forces with a focus on service members and military organizations. In M. A. Forgey & K. Green-Hurdle (Eds.), *Military Social Work Around the Globe* (pp. 167–183). Springer. https://doi.org/10.1007/978-3-031-14482-0_12	Knowledge Values Skills

Media

Resource	Competency Dimension
Garcia, H. (2015, November). *We train soldiers for war. Let's train them to come home, too* [Video]. TED Conferences. https://www.ted.com/talks/hector_garcia_we_train_soldiers_for_war_let_s_train_them_to_come_home_too	Knowledge Skills Cognitive and Affective Processes
Smith, C. P. (2020, February). *How the US can address the tragedy of veteran suicide* [Video]. TED Conferences. https://www.ted.com/talks/charles_p_smith_how_the_us_can_address_the_tragedy_of_veteran_suicide?utm_campaign=tedspread&utm_medium=referral&utm_source=tedcomshare	Knowledge Values
Military Family Media	
Alfonsi, S. (2018, January 7). *Combat veterans coming home with CTE.* CBS News. https://www.cbsnews.com/news/combat-veterans-coming-home-with-cte/	Knowledge
ASU Department of Psychology. (2022). *ADAPT—Helping children and families manage the stress of returning from deployment* [Video]. YouTube. https://www.youtube.com/watch?v=pl6nA7W5yVE	Knowledge Skills
Baughman, S. (n.d.). *Military Families Learning Network.* Center for Deployment Psychology, Uniformed Services University. https://deploymentpsych.org/resources/military-families-learning-network	Knowledge Skills
Department of Veterans Affairs. (n.d.). *National Center for PTSD: For family and friends.* https://www.ptsd.va.gov/PTSD/family/index.asp	Knowledge Skills
Ewing, R. (2022, May16). *Helping children, families manage the stress of parent returning from deployment.* Arizona State University. https://news.asu.edu/20220516-helping-children-families-manage-stress-returning-deployment	Knowledge Skills
Military OneSource Series (Host). (2022, May 27). *2022 Military Family Readiness Academy* [Audio podcast episode]. Military OneSource. https://www.militaryonesource.mil/resources/podcasts/military-onesource/military-family-readiness-academy/	Skills Cognitive and Affective Processes
Nezu, A. M. (2018). *An emotion-centered problem-solving approach to managing stressful life transitions* [Video]. APA PsycTherapy. https://doi.org/10.1037/v00607-001	https://doi.org/10.1037/v00608-001 [split-screen version]	Skills Cognitive and Affective Processes

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Media *(continued)*

Resource	Competency Dimension
Taft, C. T. (2017). *Preventing intimate partner violence through the Strength at Home Program with four male veterans* [Video]. APA PsycTherapy. https://doi.org/10.1037/v00556-001	Skills Cognitive and Affective Processes
Untold Valor (Host). (2023). *The strength of military families with Nena Stetson* [Audio podcast episode]. Voice and Vision. https://voiceandvisioninc.org/podcast/ep-19-the-strength-of-military-families-with-nena-stetson/	Knowledge Skills Values
Military Group Media	
The student will upload a 20–25 minute PowerPoint presentation that provides an excerpt of Yalom's group therapy (https://www.youtube.com/watch?v=05Elmr65RDg) and demonstrates how his therapeutic factors can be applied to: Rademaker, A. R., Vermetten, E., & Kleber, R. J. (2009). Multimodal exposure-based group treatment for peacekeepers with PTSD: A preliminary evaluation. *Military Psychology, 21*(4), 482–496. https://doi.org/10.1080/08995600903206420	Knowledge Values Skills
Watch the following video about group therapy and write a reaction paper to discuss the importance of military group therapies in reintegrating veterans into civilian society. Make the Connection. (2011). *We are all in this together* [Video]. YouTube. https://www.youtube.com/watch?v=GswZWBuc1Do	Knowledge Skills
Watch the following video to view a veteran accept group therapy to better understand parenting. Explain why child abuse decreases when military service members benefit from group therapy. Make the Connection. (2017). *Group therapy helped Kelly become a better mom* [Video]. YouTube. https://www.youtube.com/watch?v=cAQuHJ4c88w	Values
Military Community and Organization Media	
Smith, C. P. (2020, February). *How the US can address the tragedy of veteran suicide* [Video]. TED Conferences. https://www.ted.com/talks/charles_p_smith_how_the_us_can_address_the_tragedy_of_veteran_suicide?utm_campaign=tedspread&utm_medium=referral&utm_source=tedcomshare	Knowledge Values

In-Class Exercise

Resource	Competency Dimension
Garcia, H. (2015, November). *We train soldiers for war. Let's train them to come home, too* [Video]. TED Conferences. https://www.ted.com/talks/hector_garcia_we_train_soldiers_for_war_let_s_train_them_to_come_home_too	Knowledge Skills Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
Cognitive Processing Group Therapy Assignment Apply cognitive processing group therapy to treatment of military personnel who experienced combat. Your group will consist of five personnel: two who served in Iraq, one who served in Afghanistan, and two who served in Vietnam. Each of the group members survived explosions that caused them to lose a limb. Begin day one with members writing their (imaginary) trauma and discussing it with the group. On day two, the members will discuss (imaginary) stuck points of each group member and explain how the group process will help the members move past their stuck points. On the last day, the members will write their traumatic event again and read it to the group. Write a 10-page paper (including references). The paper will be graded on the level of in-depth discussion of historical context, goals, and policy characteristics. Demonstrate a thorough knowledge of the coursework and apply the readings from the text, the assigned articles, course notes, and group discussion. At least 15 sources of information must be cited, using *Publication Manual of the American Psychological Association,* seventh edition, format. The student is responsible for incorporating, in a cohesive manner, EPAS criteria.	Values Skills
Group Therapy Midterm Discuss two of the three types of group therapy described on pages 174–178 in Moore and Penk (2019). Outside references can be explored to describe these group modalities in depth. Write a 10-page paper (including references) on the two types of group therapy. The paper will be graded on the level of in-depth discussion of historical context, goals, and policy characteristics. Demonstrate a thorough knowledge of the coursework and apply the readings from the text, the assigned articles, course notes, and group discussion. At least 10 sources of information must be cited, using *Publication Manual of the American Psychological Association,* seventh edition, format. The student is responsible for incorporating, in a cohesive manner, EPAS criteria. Moore, B. A., & Penk, W. E. (Eds.). (2019). *Treating PTSD in military personnel: A clinical handbook* (2nd ed.). Guilford.	Knowledge Values Skills

Field Activity

Resource	Competency Dimension
To learn more about group therapy, students should contact their local VA to ask whether there are groups open to students and interested parties that they can attend. When they attend, students should introduce themselves and then remain silent throughout the rest of the group unless asked to participate. Students should *not* take notes until they leave the group. This field activity can be discussed in class. The following components of the group should be addressed: the average age of the group's members, their race or ethnicity, their types of problems (PTSD, suicidal), and how group members addressed their peers' comments.	Skills

Competency 9

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

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

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

COMPETENCY BEHAVIORS

Military and Veteran Social Workers:

- 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.
- 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
American Psychological Association (APA). (2019). *Publication manual of the American Psychological Association* (7th ed.). APA.	Knowledge Values
Anastas, J. W. (2004). Quality in qualitative evaluation: Issues and possible answers. *Research on Social Work Practice, 14*(1), 57–65. https://doi.org/10.1177/1049731503257870	Knowledge Skills
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. https://doi.org/10.1080/00981389.2012.699023	Knowledge
Dondanville, K. A., Fina, B. A., Straud, C. L., Tyler, H., Jacoby, V., Blount, T. H., Moring, J. C., Blankenship, A. E., & Finley, E. P. (2022). Evaluating a community-based training program for evidence-based treatments for PTSD using the RE-AIM framework. *Psychological Services, 19*(4), 740–750. https://doi.org/10.1037/ser0000567	Knowledge Skills
McLean, C. P., Cook, J., Riggs, D. S., Peterson, A. L., Young-McCaughan, S., Borah, E. V., Comtois, K. A., Dondanville, K. A., Frick, E., Haddock, C. K., Mann, J., Reynolds, D., Mistretta, M., Neitzer, A., Brzuchalski, A., Clayton, S. P., Conforte, A. M., DuMars, T. D., Ekundayo, K., . . . & Rosen, C. S., for the TACTICS Research Group. (2022) Barriers and potential solutions to implementing evidence-based PTSD treatment in military treatment facilities. *Military Medicine, 189*(3–4), 721–731. https://doi.org/10.1093/milmed/usac240	Knowledge
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. https://doi.org/10.1177/1468017310381309	Knowledge
Peterson, A. L., Foa, E. B., Blount, T. H., McLean, C. P., Shah, D. V., Young-McCaughan, S., Litz, B. T., Schobitz, R. P., Castillo, D. T., Rentz, T. O., Yarvis, J. S., Dondanville, K. A., Fina, B. A., Hall-Clark, B. N., Brown, L. A., DeBeer, B. R., Jacoby, V. M., Hancock, A. K., Williamson, D. E., . . . & Keane, T. M., for the Consortium to Alleviate PTSD. (2018). Intensive prolonged exposure therapy for combat-related posttraumatic stress disorder: Design and methodology of a randomized clinical trial. *Contemporary Clinical Trials, 72,* 126–136. https://doi.org/10.1016/j.cct.2018.07.016	Knowledge

Readings *(continued)*

Resource	Competency Dimension
Rubin, A., & Babbie, E. R. (2017). *Research methods for social work* (9th ed.). Cengage Learning.	Knowledge Values Cognitive and Affective Processes
Warner, C. H., & Castro, C. A. (Eds.). (2023). *Veteran and military mental health: A clinical manual.* Springer. https://doi.org/10.1007/978-3-031-18009-5	Knowledge Values Cognitive and Affective Processes
Weiss, E. L., & Castro, C. A. (2018). *American military life in the 21st century: Social, cultural, and economic issues and trends* (Vols. 1 and 2). ABC-CLIO.	Knowledge

Media

Resource	Competency Dimension
Evaluation of Online Short Tutorials	
Center for Non-Profit Excellence. (2023). *Upcoming trainings.* https://www.thecne.org/learn/trainings/ Various trainings and workshops are available at little or no cost depending on membership. Examples include "Introduction to Data-Driven Decision Making" and "Six Steps to Program Evaluation."	Knowledge Skills
Centers for Disease Control and Prevention (CDC). (2018). *Evaluation events and training: Checking your strategy: How simple "program roadmaps" keep you on the strategic straight and narrow*. https://www.cdc.gov/evaluation/eventstraining/index.htm	Knowledge Skills
Centers for Disease Control and Prevention (CDC). (2018). *Evaluation events and training: Learning to love your logic model*. https://www.cdc.gov/evaluation/eventstraining/index.htm	Knowledge Skills
Program Evaluation Media	
Arbor Educational & Clinical Consulting Inc. (2013). *What is program evaluation? A brief introduction* [Video]. YouTube. https://www.youtube.com/watch?v=xZUg9rJ0pQ4	Knowledge Skills
Twenty First Century Learner. (2021). *Program evaluation example* [Video]. YouTube. https://youtu.be/HwY3IxivP3I	Knowledge Skills

Media *(continued)*

Resource	Competency Dimension
Feedback-Informed Treatment Media	
International Center for Clinical Excellence (ICCE). (2010). *Feedback informed treatment* [Video]. YouTube. https://www.youtube.com/watch?v=coODgxXXrZU	Knowledge Skills
J Eric Gentry, PhD. (2020). *Feedback informed therapy* [Video]. YouTube. https://youtu.be/sxivGxLQrUk	Knowledge Skills
Julie Tilsen. (2014). *Feedback informed treatment: Social construction meets evidence based practice* [Video]. YouTube. https://www.youtube.com/watch?v=fYqiLaeMKG4	Knowledge Skills
NovoPsychAssessment. (2021). *Feedback informed treatment for psychologists—NovoPsych* [Video]. YouTube. https://youtu.be/PWniz56mK28	Knowledge Skills
Victorian Responsible Gambling Foundation. (2015). *Feedback informed therapy* [Video]. YouTube. https://www.youtube.com/watch?v=hpRWMutOy08	Knowledge Skills
Military Culture Media	
Arita, A. (2013, November 18). *Reducing the stigma of mental disorders and mental health care in the military.* Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury. https://health.mil/Reference-Center/Presentations/2013/11/18/Stigma-Reduction-Efforts-in-the-DoD#:~:text=Make%20the%20Connection%20is%20a%20public%20awareness%20campaign,available%20sources%20of%20support%20including%20mental%20health%20treatments This presentation provides an overview of stigma, antistigma campaigns, and antistigma efforts. Although the resource is dated, it is phenomenal in outlining the barriers to help-seeking service members.	Knowledge Values
Center for Deployment Psychology, Uniformed Services University. (n.d.). *Faces of military culture.* http://deploymentpsych.org/test-face 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.	Knowledge Values Skills

(continued)

Media *(continued)*

Resource	Competency Dimension
Mandriota, M. (2022, May 24). *Mental health in the U.S. military: Where are we now?* PsychCentral. https://psychcentral.com/ptsd/mental-health-in-the-military This article explores barriers to mental health treatment for active-duty service members and veterans. The article also provides a specific set of resources for veterans, active-duty service members, and their family members.	Knowledge Values
Military Health Systems. (n.d.) Real warriors campaign. https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign 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 their families to seek appropriate care and support for psychological health concerns.	Knowledge Values Skills Cognitive and Affective Processes
Movieclips. (2012). We Were Soldiers *(4/9) movie clip—Moving into the valley of the shadow of death (2002) HD* [Video]. YouTube. https://www.youtube.com/watch?v=Uu77LGPAIPA This clip discusses cultural diversity in the military.	Knowledge Values
National Alliance on Mental Illness (NAMI). (n.d.). *Introducing NAMI Homefront mental health resources for military service members, veterans and their families!* https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Homefront NAMI Homefront teaches service members and veterans how to care for themselves, including how to manage stress. NAMI Homefront also encourages family members to support service members and veterans with compassion. NAMI Homefront stays up to date on current research and information regarding mental health (PTSD, TBI, anxiety, depression, substance misuse).	Knowledge Values
National Guard. (2011). *Basic training—Day one* [Video]. YouTube. https://www.youtube.com/watch?v=SCzhsdGWZyY This 3-minute video illustrates the abrupt cultural immersion experienced by new Army recruits. Useful as a first class introduction to military culture.	Knowledge Values
The Trust. (2022). *Military cultural competence: Providing effective assessment and treatment* [Video]. YouTube. https://youtu.be/8MSNT0Grb8U	Knowledge Values

Media *(continued)*

Resource	Competency Dimension
Virginia DBHDS. (2021). *Military cultural competency and transition awareness* [Video]. YouTube. https://youtu.be/q0t7R2Uqgxw	Knowledge Values Skills
White House. (2022). *Reducing military and veteran suicide: Advancing a comprehensive, cross-sector, evidence-informed public health strategy.* https://www.whitehouse.gov/wp-content/uploads/2021/11/Military-and-Veteran-Suicide-Prevention-Strategy.pdf This report explores what is being done within the Department of Defense, Department of Veterans Affairs, and Department of Health and Human Services to address military and veteran suicide. Pay special attention to Priority Goal 5: Increase Research Coordination, Data Sharing, and Evaluation Efforts (pp. 9, 15–16).	Knowledge Values

In-Class Exercises

Resource	Competency Dimension
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: 1) Familiarize yourself with the feedback-informed treatment outcome rating scale (ORS) and session rating scale (SRS) forms (Miller, 2017), and the technique for recording the scores on a graph. 2) With a fellow student, role-play as both clinician and client introducing the ORS and SRS. Be sure to approximate the developer's example of introducing the instruments. 3) Role-play later sessions and use the graph to discuss trends in the ORS and SRS. 4) Also see http://www.scottdmiller.com/.	Knowledge Values Skills
Meta-Analysis Discussion Instructors will review the components of evaluation noted in the slides compiled by Arindum 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

Assignments

Resource	Competency Dimension
Published Article on Military Social Work Direct Practice Students will find three to five articles published on military social work direct practice, to be used to write a critical evaluation based on the characteristics and hallmarks of quality as outlined in Anastas (2004). General instructions: • Total length should be four to six pages, with a minimum of five scholarly references. • Discuss four key characteristics of qualitative research. • Discuss articles on military social work direct practice in terms of the seven hallmarks of quality. • All papers should comply with standards described in the *Publication Manual of the American Psychological Association,* seventh edition.	Knowledge Values Skills
Research Paper on the Intersections of Micro- and Macro-Level Issues in Military and Veteran Populations *Individual Research Paper* Students will select a social problem currently or historically relevant to military or veteran populations and discuss the intersectionality of macro- and micro-level issues. 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. Papers will include the following: • Background information regarding the presentation and historical development of the macro and 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. • 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 and changes in standards of practice for professional entities. Were novel micro or macro interventions developed in response to the problem?	Knowledge Values Skills

(continued)

Assignments *(continued)*

Resource	Competency Dimension
• Discuss the current state of the problem. Were intervention efforts successful? To what extent? Cite relevant research findings to support your arguments. • 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? • For graduate students only: Propose a research plan to address a specific knowledge gap related to the social problem. The plan should include the study design (e.g., experimental, quasi-experimental, epidemiological), a 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 three to four pages. General instructions: • Undergraduate students: Total length should be eight to 10 pages, with a minimum of eight scholarly references. • Graduate students: Total length should be 11 to 13 pages, with a minimum of 12 scholarly references. • All papers should comply with standards described in the *Publication Manual of the American Psychological Association,* seventh edition.	
The following is a three-part, evaluation-based research assignment: **Research Paper on a Micro, Mezzo, or Macro Case Situation** (six to 10 pages) Part I. Select a micro, mezzo, or macro specialized military social work case situation in your field placement. For this case, complete the following: 1) Conduct a review of the available conceptual and empirical practice literature related to this problem situation. 2) Prepare a research paper. Describe the problem situation, including the complexities related to the military context and/or the client's military identity (e.g., military organizational culture, deployment). Also include ethical, social justice, and other special considerations that exacerbate the problem (e.g., barriers to care, federal policies). 3) Discuss theories and interventions, and best practices related to the problem. 4) Summarize the state of the knowledge about this problem. 5) Include a section for your insights and conclusions. 6) Include a reference list.	Knowledge Values Skills Cognitive and Affective Processes

Assignments (continued)

Resource	Competency Dimension
Research Paper on a Micro, Mezzo, or Macro Case Situation's Literature (four to six pages) Part II. Based on your findings from the search of relevant empirical practice literature, select an appropriate evidence-based intervention to address the problem situation (i.e., evidence-based individual, family, military unit, community, and/or organization intervention; policy). 1) Prepare a research paper. Write a complete description of the intervention. Include client system goals/target problems to be addressed, measurable objectives, and intended outcomes. 2) Discuss the rationale for selecting this intervention based on empirical evidence, best practices, and/or theory derived from the literature reviewed. 3) Summarize the state of knowledge about this intervention. 4) Include a section for your insights and conclusions. 5) Include a reference list. **Proposed Evaluation Plan Based on Micro, Mezzo, or Macro Case Situation** Part III. Propose an evaluation plan. 1) Prepare an evaluative research proposal. Discuss the purpose and type of evaluation (needs assessment, goal attainment, single case study, program evaluation, etc.) 2) Discuss the problem (micro, mezzo, macro), client system, background, and military social work practice context. 3) Discuss the questions to be addressed in the evaluation. 4) Discuss relevant theory and/or evidence available in the research literature as it relates to the problem, intervention, client goals and objectives, and/or expected outcomes. 5) Describe the research methods and procedures, including recruitment of participants, human subjects protections, instrumentation, data collection and analysis methods, and data management. 6) Describe plans for utilizing the results to improve practice. 7) Discuss the ethical and practical considerations related to this practice evaluation plan. 8) Include a section for your insights and conclusions. 9) Include a reference list.	

Field Activity

Resource	Competency Dimension
Program Evaluation Tool Review Review a program evaluation tool (micro or macro) to assess the instrument's sensitivity to the issues and concerns of service members, veterans, and their families. *Objective* The purpose of this assignment is for students 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, choose a client assessment tool (e.g., depression, anxiety, coping skills, trauma, asset development) or a program evaluation instrument (e.g., Lange, T. M., Hilgeman, M. M., Portz, K. J., Intoccia, V. A., & Cramer, R. J. (2020). Pride in all who served: Development, feasibility, and initial efficacy of a health education group for LGBT veterans. *Journal of Trauma & Dissociation, 21*(4), 484–504. https://doi.org/10.1080/15299732.2020.1770147) and critique the instrument's strengths and weaknesses for service members, veterans, and their families. **Deliverable options:** Create a PowerPoint presentation or two-page paper summarizing the following: • An overview of the evaluation tool or program evaluation instrument • Applicability in working with military personnel • Strengths in working with military personnel • Weaknesses in working with military personnel Include the evaluation tool or program evaluation instrument. Some excellent resources include the following: • American Evaluation Association. (n.d.). https://www.eval.org/ The professional association of evaluators. • American Psychological Association. (n.d.). *APA PsychTESTS*. https://www.apa.org/pubs/databases/psyctests An online database available through most universities. • Anderson, N., Schlueter, J. E., Carlson, J. F., & Geisinger, K. F. (Eds). (2022). *Tests in Print.* Buros Center for Testing. https://buros.org/tests-print • Buros Center for Testing, University of Nebraska. (n.d.). *Mental Measurements Yearbook.* https://buros.org/mental-measurements-yearbook Used with *Tests in Print.* • Fernández-Ballesteros, R. (Ed.). (2003). *Encyclopedia of Psychological Assessment.* Sage. https://doi.org/10.4135/9780857025753 An extensive online guide to psychological scales and measures.	Knowledge Values Skills

Field Activity *(continued)*

Resource	Competency Dimension
• Health and Psychosocial Instruments (HaPI). (n.d.). https://www.bmdshapi.com/ HaPI is an online database to identify measurements used in health and psychosocial settings.	
• Kennedy, C. H., & Zillmer, E. A. (Eds.). (2022). *Military psychology: Clinical and operational applications*. Guilford Press.	
• Stanley, I. H., Marx, B. P., Fina, B. A., Young-McCaughan, S., Tyler, H. C., Sloan, D. M., Blankenship, A. E., Dondanville, K. A., Walker, J. L., Boffa, J. W., Bryan, C. J., Brown, L. A., Straud, C. L., Mintz, J., Abdallah, C. G., Back, S. E., Blount, T. H., DeBeer, B. B., Flanagan, J. . . . & Peterson, A. L., for the STRONG STAR Consortium and the Consortium to Alleviate PTSD. (2023). Psychometric properties of the Self-Injurious Thoughts and Behaviors Interview-Short Form among U.S. active duty military service members and veterans. *Assessment, 30*(7), 2332–2346. https://doi.org/10.1177/10731911221143979	
• Swords to Plowshares. (n.d.). *Research & publications.* https://www.swords-to-plowshares.org/resources/research-and-publications Publications highlighting issues facing veteran communities.	
• Weiss, E. L., Stone, F. P., Zaleski, K., & Perdue, T. (2023). A blended immersion course: Advancing practice for social work students working with military members, veterans, and their families. *Social Work Education, 43*(4), 956–969. https://doi.org/10.1080/02615479.2022.2156496	
Other books and journal articles on your specific topic.	

Competency 10
Prevention

SPECIALIZED PRACTICE COMPETENCY DESCRIPTION

Military and veteran social workers recognize that the World Health Organization (WHO) defines *prevention* as "approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability." Military and veteran social workers understand that within a military or veteran organization, primary prevention is a planned, data-driven effort systematically implemented by understanding the problem, developing a comprehensive approach, and using quality implementation and continuous screening and evaluation. Military and veteran social workers encompass the bio-psycho-social-spiritual-financial framework across the life course. Military and veteran social workers are knowledgeable about the need for disease-specific (e.g., traumatic brain injury, posttraumatic stress disorder) and event-specific (e.g., military training, deployment, reintegration, pandemic) strategies that prevent illness, injury, environmental exposures, and psychosocial problems in military and veteran populations. Military and veteran social workers engage in prevention strategies and develop prevention programs to minimize the psychosocial and behavioral health vulnerabilities associated with the military lifestyle, deployment, postdeployment reintegration, the military-to-veteran transition, and postseparation reintegration. Finally, military social workers seek to collaborate with the Department of Defense (DoD), Veterans Affairs (VA), community agencies, veteran service organizations (VSOs), and nongovernmental organizations (NGOs) to develop and implement prevention policies and interventions that benefit national and international armed services personnel in the United States and abroad.

COMPETENCY BEHAVIORS

Military and Veteran Social Workers:

- Utilize military and veterans' prevention research to engage in research-informed practice to improve health equity and screening for early identification of possible chronic, debilitating conditions; behavioral risks; and environmental exposures.
- Identify early risk, protective, and resiliency-enhancing characteristics in military service members, veterans, and their families to sustain health and well-being.
- Implement prevention frameworks, assessments, interventions, and evaluations with military and veteran populations and their families to promote well-being, resilience, and needed help-seeking behaviors that consider DoD and VA leadership, a prevention workforce, infrastructure (data, policies, resources), and collaborative relationships among military, veteran, and civilian communities.

CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS	

Readings

Resource	Competency Dimension
Adler, A. B., & Gutierrez, I. A. (2023). Enhancing resilience in service members and military veterans. In C. H. Warner & C. A. Castro (Eds.), *Veteran and Military Mental Health: A Clinical Manual* (pp. 29–44). Springer. https://doi.org/10.1007/978-3-031-18009-5	Knowledge Values
Armstrong, N. J., Cantor, G. S., Chapman, B., & McDonough, J. D., Jr. (2018). Adapting the collective impact model to veteran services: The case of AmericaServes. In K. H. Thomas & D. L. Albright (Eds.), *Bulletproofing the Psyche: Preventing Mental Health Problems in Our Military and Veterans*. (pp. 209–227). Praeger/ABC- CLIO.	Knowledge Values Skills Cognitive and Affective Processes
Ash, M., Harrison, T., Pinto, M., DiClemente, R., & Negi, L. T. (2021). A model for cognitively-based compassion training: Theoretical underpinnings and proposed mechanisms. *Social Theory & Health*, *19*, 43–67. https://doi.org/10.1057/s41285-019-00124-x	Knowledge Values

(continued)

Readings *(continued)*

Resource	Competency Dimension
Bauer, A., Newbury-Birch, D., Robalino, S., Ferguson, J., & Wigham, S. (2018). Is prevention better than cure? A systematic review of the effectiveness of well-being interventions for military personnel adjusting to civilian life. *PloS One*, *13*(5), e0190144. https://doi.org/10.1371/journal.pone.0190144	Knowledge Values
Bennett, A. S., Guarino, H., Britton, P. C., O'Brien-Mazza, D., Cook, S. H., Taveras, F., Cortez, J., & Elliott, L. (2022). U.S. military veterans and the opioid overdose crisis: A review of risk factors and prevention efforts. *Annals of Medicine, 54*(1), 1826–1838. https://doi.org/10.1080/07853890.2022.2092896	Knowledge Values
Choy, E. (2018). *The principles of prevention* (Tech report No. 19-01). DEOMI Press. https://apps.dtic.mil/sti/tr/pdf/AD1086415.pdf	Knowledge Values
Creech, S. K., Benzer, J. K., Ebalu, T., Murphy, C. M., & Taft, C. T. (2018). National implementation of a trauma-informed intervention for intimate partner violence in the Department of Veterans Affairs: First year outcomes. *BMC Health Service Research, 18,* 582. https://doi.org/10.1186/s12913-018-3401-6	Knowledge Values Skills Cognitive and Affective Processes
Czymoniewicz-Klippel, M. T., Chesnut, R. P., DiNallo, J. M., & Perkins, D. F. (2018). Evidence-informed program development: Using a common components approach to develop universal parenting programs for U.S. military and civilian families. *Children and Youth Services Review, 90*, 166–177. https://doi.org/10.1016/j.childyouth.2018.05.023	Knowledge Values Skills
Department of Veterans Affairs. (2019). *From science to practice: Lethal means safety among veterans at risk for suicide.* https://www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-Lethal-Means-Safety-Among-Veterans-at-Risk-for-Suicide.pdf	Knowledge Values
DeSousa, K. M., Ward, K.-L., & Warner, C. H. (2023). Medical and community resources for veterans and military personnel. In C. H. Warner & C. A. Castro (Eds.), *Veteran and Military Mental Health: A Clinical Manual* (pp.115–125). Springer. https://doi.org/10.1007/978-3-031-18009-5	Knowledge Values
Dodge, J., Gonzalez, M., Muzik, M., & Rosenblum, K. (2018). Fathers' perspectives on strengthening military families: A mixed method evaluation of a 10-week resiliency building program. *Clinical Social Work Journal, 46,* 145–155. https://doi.org/10.1007/s10615-017-0641-6	Knowledge Values

Readings *(continued)*

Resource	Competency Dimension
Eberhart, N. K., Dunbar, M. S., Bogdan, O., Xenakis, L., Pedersen, E. R., & Tanielian, T. (2017). The Unified Behavioral Health Center for military veterans and their families: Documenting structure, process, and outcomes of care. *RAND Health Quarterly, 6*(4), 13. PMID: 28983436. PMCID: PMC5627642.	Knowledge Values Skills
Fogle, B. M., Tsai, J., Mota, N., Harpaz-Rotem, I., Krystal, J. H., Southwick, S. M., & Pietrzak, R. H. (2020). The National Health and Resilience in Veterans Study: A narrative review and future directions. *Frontiers in Psychiatry, 11*(538218). https://doi.org/10.3389/fpsyt.2020.538218	Knowledge Values
Gewirtz, A. H., DeGarmo, D. S., & Zamir, O. (2018). After deployment, adaptive parenting tools: 1-year outcomes of an evidence-based parenting program for military families following deployment. *Prevention Science, 19,* 589–599. https://doi.org/10.1007/s11121-017-0839-4	Knowledge Values
Gorman, J. A., Scoglio, A. A., Smolinsky, J., Russo, A., & Drebing, C. E. (2018). Veteran coffee socials: A community-building strategy for enhancing community reintegration of veterans. *Community Mental Health Journal, 54*(8), 1189–1197. https://doi.org/10.1007/s10597-018-0288-y	Knowledge Values Skills Cognitive and Affective Processes
Gujral, K., Bahraini, N., Brenner, L. A., Van Campen, J., Zulman, D. M., Illarmo, S., & Wagner, T. H. (2023). VA's implementation of universal screening and evaluation for the suicide risk identification program in November 2020—Implications for veterans with prior mental health needs. *PLoS ONE, 17*(4), 1–16. https://doi.org/10.1371/journal.pone.0283633	Knowledge Values Skills
Isserman, N., & Martin, J. A. (2021). Teaching military cultural competency to clinicians and clinical students: Assessing impact and effectiveness. *Journal of Community Engagement and Scholarship, 13*(4). https://doi.org/10.54656/WRQX5143	Knowledge Values
Kamarck, K. N., Ott, A., & Sacco, L. N. (2019). *Military families and intimate partner violence: Background and issues for Congress* (R46097). Congressional Research Service. https://sgp.fas.org/crs/natsec/R46097.pdf	Knowledge Values
Karre, J. K., Perkins, D. F., Aronson, K. R., DiNallo, J., Kyler, S. J., Olson, J., & Mentzer, C. E. (2017). A continuum of evidence on evidence-based programs: A new resource for use in military social service delivery. *Military Behavioral Health, 5*(4), 346–355. https://doi.org/10.1080/21635781.2017.1343695	Knowledge Values

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Readings *(continued)*

Resource	Competency Dimension
Kramer, M. K., Agee, S. C., Miller, R. G., Arena, V. C., Vanderwood, K. K., Eaglehouse, Y. L., Venditti, E. M., & Kriska, A. M. (2023). Translating the diabetes prevention program lifestyle intervention to the military setting. *Military Medicine, 188*(5–6), 1036–1045. https://doi.org/10.1093/milmed/usac037	Knowledge Values Skills
LaCroix, J. M., Walsh, A., Baggett, M. A., Madison Carter, K., & Ghahramanlou-Holloway, M. (2021). Three Department of Defense–funded public health approaches to reduce military suicide. *Suicide and Life-Threatening Behavior, 51*(2), 334–343. https://doi.org/10.1111/sltb.12709	Knowledge Values Skills Cognitive and Affective Processes
McCormick, W. H., Currier, J. M., Isaak, S. L., Sims, B. M., Slagel, B. A., Carroll, T. D., Hamner, K., & Albright, D. L. (2019). Military culture and post-military transitioning among veterans: A qualitative analysis. *Journal of Veterans Studies, 4*(2), 288–298. https://doi.org/10.21061/jvs.v4i2.121	Knowledge Values Cognitive and Affective Processes
Milstein, G., Guerrero, M., Palitsky, R., Robinson, L., & Espinosa, A. (2022). Coming home: A feasibility study of self-guided dialogues to facilitate soldiers' social interactions and integration. *Military Psychology, 34*(2), 252–259. https://doi.org/10.1080/08995605.2021.1986344	Knowledge Values Cognitive and Affective Processes
Mitnick, D. M., Heyman, R. E., Slep, A. M. S., Lorber, M. L., & Dills, A. L. (2021). Evidence-based social work outreach to military leaders to facilitate intimate partner violence and child maltreatment identification and referral: An evaluation. *Journal of Family Social Work, 24*(4), 320–338. https://doi.org/10.1080/10522158.2021.1974141	Knowledge Values Skills
National Guard Bureau. (2022). *The National Guard integrated prevention strategy and framework.* Department of Defense. https://dmna.ny.gov/ippw/docs/IPPW_Strategy.pdf	Knowledge Values
Office of Mental Health and Suicide Prevention. (2022, September). *National veteran suicide prevention annual report.* Department of Veterans Affairs. https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf	Knowledge
Office of the Under Secretary of Defense for Personnel and Readiness. (2018). *Harassment prevention and response in the Armed Forces* (DoD Instruction 1020.03). Department of Defense. https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/102003p.PDF	Knowledge Values

Readings *(continued)*

Resource	Competency Dimension
Office of the Under Secretary of Defense for Personnel and Readiness. (2020). *DoD policy on integrated primary prevention of self-directed harm and prohibited abuse or harm* (DoD Instruction 6400.09*)*. Department of Defense. https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640009p.pdf	Knowledge Values
Office of the Under Secretary of Defense for Personnel and Readiness. (2021). *Annual suicide report: Calendar year 2020.* Department of Defense. https://www.dspo.mil/Portals/113/Documents/CY20%20Suicide%20Report/CY%202020%20Annual%20Suicide%20Report.pdf?ver=0OwlvDd-PjuA-igow5fBFA%3d%3d	Knowledge Values
Office of the Under Secretary of Defense for Personnel and Readiness. (2022). *DoD integrated primary prevention policy for prevention workforce and leaders* (DoD Instruction 6400.11). Department of Defense. https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640011p.PDF?ver=_-WRNG-g78mHPx4gQwkeaQ%3D%3D	Knowledge Values
Office of the Under Secretary of Defense for Personnel and Readiness. (2022, May 27). *Prevention plan of action 2.0 2022–2024: The department's renewed strategic approach to prevent self-directed harm and prohibited abuse or harm.* Department of Defense. https://www.armyresilience.army.mil/ard/images/pdf/Policy/PPOA%202.O.pdf	Knowledge Values
Olson, M. D. (2018). Exploring military social work from a social justice perspective. *International Social Work, 61*(1), 119–129. https://doi.org/10.1177/0020872815606792	Knowledge Values
O'Neal, C. W., Lucier-Greer, M., Duncan, J. M., Mallette, J. K., Arnold, A. L., & Mancini, J. A. (2018). Vulnerability and resilience within military families: Deployment experiences, reintegration, and family functioning. *Journal of Child and Family Studies, 27,* 3250–3261. https://doi.org/10.1007/s10826-018-1149-6	Knowledge Values Cognitive and Affective Processes
Orchowski, L. M., Berry-Cabán, C. S., Prisock, K., Borsari, B., & Kazemi, D. M. (2018). Evaluations of sexual assault prevention programs in military settings: A synthesis of the research literature. *Military Medicine, 183*(Suppl. 1), 421–428. https://doi.org/10.1093/milmed/usx212	Knowledge
Pedamallu, H., Ehrhardt, M. J., Maki, J., Carcone, A. I., Hudson, M. M., & Waters, E. A. (2022). Technology-delivered adaptations of motivational interviewing for the prevention and management of chronic diseases: Scoping review. *Journal of Medical Internet Research, 24*(8), e35283. https://doi.org/10.2196/35283	Knowledge Values Skills

Readings *(continued)*

Resource	Competency Dimension
PREVENTS Task Force. (2020, June 17). *PREVENTS: The president's roadmap to empower veterans and end a national tragedy of suicide.* Department of Veterans Affairs. https://www.va.gov/PREVENTS/docs/PRE-007-The-PREVENTS-Roadmap-1-2_508.pdf	Knowledge
Ridings, L. E., Moreland, A. D., & Petty, K. H. (2019). Implementing trauma-focused CBT for children of veterans in the VA: Providing comprehensive services to veterans and their families. *Psychological Services, 16*(1), 75–84. https://doi.org/10.1037/ser0000278	Knowledge Values Skills Cognitive and Affective Processes
Rothman, E. F., Campbell, J. K., Quinn, E., Smith, S., & Xuan, Z. (2021). Evaluation of the One Love Escalation Workshop for dating abuse prevention: A randomized controlled trial pilot study with a sample of US Navy sailors. *Prevention Science, 22,* 1060–1070. https://doi.org/10.1007/s11121-021-01240-9	Knowledge Values Skills Cognitive and Affective Processes
Shepherd-Banigan, M., Shapiro, A., Stechuchak, K. M., Sheahan, K. L., Ackland, P. E., Smith, V. A., Bokhour, B. G., Glynn, S. M., Calhoun, P. S., Edelman, D., Weidenbacher, H. J., Eldridge, M. R., & Van Houtven, C. H. (2023). Exploring the importance of predisposing, enabling, and need factors for promoting veteran engagement in mental health therapy for post-traumatic stress: A multiple methods study. *BMC psychiatry, 23*(1), 372. https://doi.org/10.1186/s12888-023-04840-7	Knowledge Values Skills Cognitive and Affective Processes
Sullivan, R. M., Warner, C. H., Heller, M. S., & Ritchie, E. C. (2023). Combating military and veteran mental health provider burnout and enhancing resiliency. In C. H. Warner & C. A. Castro (Eds.), *Veteran and Military Mental Health: A Clinical Manual* (pp. 375–394). Springer. https://doi.org/10.1007/978-3-031-18009-5	Knowledge Values Skills
Taylor, S. L., Gelman, H. M., DeFaccio, R., Douglas, J., Hawrilenko, M. J., McGinty, N. K., Resnick, A., Tomlanovich, N. C., Toyama, J., Whitehead, A. M., Kligler, B., & Zeliadt, S. B. (2023). We built it, but did they come: Veterans' use of VA healthcare system–provided complementary and integrative health approaches. *Journal of General Internal Medicine, 38,* 905–912. https://doi.org/10.1007/s11606-022-07889-4	Knowledge Values
Truusa, T. T., & Castro, C. A. (2019). Definition of a veteran: The military viewed as a culture. In C. Castro & S. Dursun (Eds.), *Military Veteran Reintegration* (pp. 5–19). Academic Press.	Knowledge

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Readings *(continued)*

Resource	Competency Dimension
VA News. (2020, April 18). Postvention—VA offers support after suicide loss. Department of Veterans Affairs. https://news.va.gov/78063/postvention-va-offers-support-suicide-loss/	Knowledge
Vanhove, A. J., Brutus, T., & Sowden, K. A. (2018). Psychosocial health prevention programs in military organizations: A quantitative review of the evaluative rigor evidence. In P. D. Harms & P. L. Perrewé (Eds.), *Occupational Stress and Well-Being in Military Contexts* (pp. 129–156). Emerald Group Publishing. https://doi.org/10.1108/S1479-355520180000016010	Knowledge Values
World Health Organization. (2023, July 5). *Advancing the global agenda on prevention and control of noncommunicable diseases 2000 to 2020: Looking forwards to 2030.* World Health Organization. https://www.who.int/publications/i/item/9789240072695	Knowledge

Media

Resource	Competency Dimension
Blue Lotus Additive on Military's Banned Substance List The U.S. military includes blue lotus, an e-cigarette additive, on its banned substance list, and troops are subject to penalties if found to be using it. Some individuals feel it helps with anxiety and sleep problems, but at high-enough doses, it can lead to hallucinations, paranoia, and seizures, and researchers reported that troops in a study cohort presented at emergency departments with severely altered mental status after using it. **Full Story:** Sicard, S. (2023, June 20). *Why troops should be wary of blue lotus when using vapes, e-cigarettes.* Military Times. https://www.militarytimes.com/off-duty/military-culture/2023/06/20/why-troops-should-be-wary-of-blue-lotus-when-using-vapes-e-cigarettes/	Knowledge Skills
Coming Back With Wes Moore This three-part series with one-hour episodes personalizes the experiences of returning veterans and celebrates the lives of this group of exceptional people. **Full Story:** Fowler, M. M., & Sousa, J. (Directors). (2014). *Coming back with Wes Moore* [Series]. https://www.imdb.com/title/tt3027140/	Knowledge

Media *(continued)*

Resource	Competency Dimension
Coming Home From War: Difficulties Sebastian Junger has seen war up close, and he knows the impact that battlefield trauma has on soldiers. But he suggests there's another major cause of pain for veterans when they come home: the experience of leaving the tribal closeness of the military and returning to an alienating and bitterly divided modern society. "Sometimes, we ask ourselves if we can save the vets," Junger says. "I think the real question is if we can save ourselves." **Full Story:** Junger, S. (2015). *Our lonely society makes it hard to come home from war* [Video]. TED Talks Live. https://www.ted.com/talks/sebastian_junger_our_lonely_society_makes_it_hard_to_come_home_from_war/transcript	Knowledge Values Skills
How the VA Uses Data to Improve Patient Care Two suicide prevention programs at the Department of Veterans Affairs use data from the VA and Department of Defense for predictive analytics, and Jodie Trafton, who directs the VA's Program Evaluation and Resource Center, says both have reduced mortality in targeted patient populations. The VA also has a new dashboard to monitor patients transitioning from inpatient to outpatient care, integrates data on social drivers of health from the Department of Energy with data on patients and medical conditions, participates in the eHealth Exchange and CommonWell Health Alliance, and is working with the DoD on participation in the Carequality Interoperability Framework. **Full Story:** Sybert, S. (2023, June 20). *Inside efforts at VA, DOD for enhanced data sharing in health care.* GovCIO Media & Research. https://governmentciomedia.com/inside-efforts-va-dod-enhanced-data-sharing-health-care	Knowledge Skills
SOPTV Stories of Service: Project 22 [Film]. (2016). https://www.pbs.org/video/soptv-stories-service-project-22/ Watch the first 15 minutes.	Knowledge
Survivor's Guilt Hear from veterans who found ways to overcome feelings of guilt. Hear them talk about steps they took to understand and process their experiences and feelings to move forward with their lives. **Full Story:** Make the Connection. (n.d.). *Coping with loss and moving past guilt* [Video]. https://www.maketheconnection.net/stories/554/	Knowledge Skills
TEDx Talks. (2022). *Improving veteran transition	Michael A. Thomas	TEDxRiverOak* [Video]. YouTube. https://www.youtube.com/watch?v=Vn4zRtfh5vY	Knowledge Skills

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Media (continued)

Resource	Competency Dimension
Transitioning to Civilian Life	Knowledge
Full Story: Mission Roll Call. (2023, March 29). *Transitioning to civilian life: Difficulties for veterans and their families.* https://www.missionrollcall.org/post/transitioning-to-civilian-life-difficulties-for-veterans-and-their-families	Skills
USPSTF: Most Adults Should Be Screened for Anxiety	Knowledge
The U.S. Preventive Services Task Force (USPSTF) issued final recommendations calling for healthcare clinicians to screen all adults ages 19 to 64 for anxiety disorders, even in the absence of symptoms. The statement, published in the *Journal of the American Medical Association,* also reiterates recommendations that adults of all ages be screened for major depressive disorder.	Skills
Full Story:	
DePeau-Wilson, M. (2023, June 22). *Screen for depression, anxiety in most adults, USPSTF says.* MedPage Today. https://www.medpagetoday.com/psychiatry/depression/105092	
Howard, J. (2020, June 23). *For first time, US task force recommends screening adults for anxiety disorders.* CNN. https://edition.cnn.com/2023/06/20/health/uspstf-anxiety-depression-adults/index.html	
Thompson, D. (2023, June 20). *Screen all adults under age 65 for anxiety disorders, expert panel says.* HealthDay. https://www.healthday.com/health-news/general-health/anxiety-2661370273.html	
VA Takes Steps to Improve Care for Female Veterans	Knowledge
Elizabeth Yano, director and co-founder of the VA Women's Health Research Network, manages research on the healthcare experiences female veterans have at Department of Veterans Affairs hospitals. One of Yano's projects involved applying an evidence-based quality improvement approach to help primary care clinicians adapt their practices to female veterans' needs, an initiative that Yano says improved care and reduced physician burnout.	Skills
Full Story: Temin, T. (2023, June 21). *How research drives VA's approach to women veterans health care.* Federal News Network. https://federalnewsnetwork.com/veterans-affairs/2023/06/how-research-drives-vas-approach-to-women-veterans-health-care/	
Williams, L. (Director). (2021). *Episode 3: The return* [Series episode]. *In American Veteran.* PBS. https://www.pbs.org/show/american-veteran/	Knowledge

In-Class Exercises

Resource	Competency Dimension
Evaluation of Prevention or Intervention Service Group Presentation In groups of four, students will create a 20-minute classroom presentation using the "Easy Evaluation" guidelines (Adams & Neville, 2020) to evaluate the impact of evidence-informed prevention or intervention services at a placement site that serves military and veteran populations. The classroom presentation can incorporate whatever method the group would like to use to share the information (e.g., PowerPoint, classroom exercise, video), but must address the following: Each component of the "Easy Evaluation" framework (Note: Depending on the stage of the agency implementation of prevention or intervention practice, some sections of the framework may highlight considerations). Each student must contribute to the presentation in a meaningful way. Maximum allowed time for the presentation is 20 minutes, followed by five to 10 minutes for questions. **Intent:** For students to acquire knowledge and skills to evaluate the impact of the services they provide and if they are obtaining the desired outcomes for military-connected individuals and communities. **Adapted from:** Adams, J., & Neville, S. (2020). Program evaluation for health professionals: What it is, what it isn't and how to do it. *International Journal of Qualitative Methods, 19*. https://doi.org/10.1177/1609406920964345	Knowledge Values Skills Cognitive and Affective Processes

Assignments

Resource	Competency Dimension
Case Scenario Dialogue Read the following article and create an engagement-style dialogue with what you have learned in the section. You will use the case scenario in this article and appropriately identify through your created dialogue how you would engage with the client and ensure that you are using preventative measures as the conversation goes along. **Intent:** For students to apply what they have learned through the reading materials to a case study. **Reference for assignment:** Skilbeck, L., Spanton, C., & Roylance, I. (2021). Integrated trauma-focused cognitive behavioral therapy for comorbid combat-related posttraumatic stress disorder: A case study with a military veteran. *Clinical Case Studies*, *20*(5), 385–401. https://doi.org/10.1177/15346501211006922	Knowledge Values Skills Cognitive and Affective Processes

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Assignments (continued)

Resource	Competency Dimension
Promoting Resiliency Read Chapter 2 of the following book and write a summary of what you would be listening for to further engage with veterans to promote resilience given their protective factors. **Intent:** For students to recognize resilience factors in veterans as a good tool in promoting more engagement between the veteran and practitioner. **Reference for assignment:** Kelly, D. C., Howe-Barksdale, S., & Gitelson, D. (Eds.). (2011). *Treating young veterans: Promoting resilience through practice and advocacy*. Springer.	Knowledge Values Skills Cognitive and Affective Processes
Veteran Engagement Assignment Take the training offered by PROVE and read the following article. Create a dialogue with a veteran client, with you playing the practitioner. What engagement approaches would you use to create a comfortable environment for veterans? **Intent:** For students to understand engagement approaches with veterans. **Reference for assignment:** Shudofsky, L. & Ballan, M. S. (2018). Project for Return and Opportunity in Veterans Education (PROVE): An innovative clinical social work field education model. *Clinical Social Work Journal*, *46,* 121–129. https://doi.org/10.1007/s10615-017-0637-2	Knowledge Values Skills

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