# http://www.ric.edu/webcommunications/images/SealWithText_Small_Black.png graduate COMMITTEE curriculum PROPOSAL FORM

## Cover page Scroll over blue text to see further [instructions](#instructions)

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| --- | --- | --- |
| A.1. Course or program | **CEP/SWRK 649: CLINICAL PRACTICE WITH Military- connected clients** |  |
| [Replacing](#Ifapplicable)  |  |  |
| A.2. Proposal type | **Course: creation**  |  |
| A.3. Originator | **Monica Darcy,** **Belle Evans** | [Home department](#home_dept) | **Counseling, Educational Leadership and School Psychology; Social Work**  |
| A.4. Rationale/Context | Over 2.6 million service members have been deployed in Iraq and Afghanistan since 2001. Over half of those service members have deployed more than once. The Veterans Administration (VA) reports one million troops have left active duty in Iraq or Afghanistan and became eligible for VA care. Of those troops, less than half (46%) came in for VA services. Additionally VA medical services do not extend to family members. This growing need for quality care far outpaces the availability qualified military care providers. There is a tremendous need for qualified civilian behavioral health professionals to meet the needs of military service members and their families. To do so, they must be competent with both the military culture and trauma specific related aspects of assessment, diagnosis and treatment for complex disorders. The purpose of this proposal is to create an advanced clinical course for counseling and social work students to learn about military culture and the profound psychological effects of war and trauma on military service members and their families. The course explores the assessment and treatment of trauma related injuries, as well as war-related mental health and behavioral issues. Students are engaged in activities to increase their competence related to the culture of the military with new knowledge, awareness and skills developed in this course. The goal is to improve a behavioral health workforce to better understand and effectively work with military service members and their families. |
| A.5. Student impact | **This course serves as an elective option for students in counseling programs and social work. Enrollment for the 3 spring semesters times it has been offered averaged 10. The course is ideally suited for 2nd year or above graduate students as well as licensed professionals.**  |
| A.6. Impact on other programs |  |
| A.7. Resource impact | *[Faculty PT & FT](#faculty" \o "Need to hire new full-time or part-time faculty? This is where you indicate if this proposal will be affecting FLH in your department/program.)*:  | **Currently this course has been taught with 3 co-teachers (1 FT counseling, 1 FT SW, 1 adjunct CEP) each bringing expertise to topics of the course. Each has received 1 FLH for the 3 credit hour course.**  |
|  | [*Library*:](#library) | **No additional Library resources requested**  |
|  | [*Technology*](#technology) | **Hybrid offering utilizes Blackboard.**  |
|  | [*Facilities*:](#facilities) | **Current scheduling has been handled as face to face Saturday meetings limiting impacting on classroom use.**  |
|  | Promotion/ Marketing needs  | **We have used word of mouth and flyers we created.**  |
| A.8. Semester effective | **Spring 2019** | A.9. Rationale if sooner than next fall |  |

B. NEW OR REVISED COURSES:

|  | Old (for revisions only – list only information that is being revised) | New |
| --- | --- | --- |
| B.1. Course prefix and number  |  | CEP 649 |
| B.2. Cross listing number if any |  | SWRK 649 |
| B.3. Course title  |  | Clinical Practice with Military Connected Clients  |
| B.4. Course description  |  | Students utilize clinical methods to assess, diagnose, and treat military stressors and trauma. Military culture is explored and the need for competent clinical practice is emphasized.  |
| B.5. Prerequisite(s) |  | Graduate status in counseling program or second year status in MSW program or consent of department chair; CEP 543 or equivalent assessment course recommended; or consent of department chair. |
| B.6. Offered |  | Spring Annually |
| B.7. Contact hours  |  | 3 |
| B.8. Credit hours |  | 3 |
| B.9. Justify differences if any | n/a |
| B.10. Grading system  |  | Letter grade  |
| B.11. Instructional methods |  | Lecture Small group | Individual | [% Online = 63%](#Online) |
| B.12.Categories |  | Restricted elective for program  |
| B.13. How will student performance be evaluated? |  | Attendance | Class participation | Journal reflections and forum discussionsPresentations  |
| B.14. Redundancy with, existing courses |  | N/A |
| B. 15. Other changes, if any | n/a |

| B.16**. Course learning outcomes: List each outcome in a separate row** | [**Professional organization standard(s), if relevant**](#standards)  | [**How will the outcome be measured?**](#measured) |
| --- | --- | --- |
| Identify as a professional and explore military culture as it impacts mental health and service delivery. Discuss “use of self” and self-awareness of transference/countertransference issues, specifically how these issues may impact clinical practice with military-connected clients. | (CSWE EP 2.1.1; CACREP 2016 Contextual Dimensions J.;NASW S2, S11)(CSWE EP 2.1.1; CACREP 2009; NASW S2) | Journal entry and forum discussionJournal entry and forum discussion |
| Develop self-awareness by clarifying personal and professional values, and applying ethical principles to guide acceptance of self and others in professional practice.Discuss human adaptation to extreme stress and the neuro-psycho-social-biology of the trauma response. Practice self-reﬂection and continue to address personal biases and stereotypes to build knowledge and dispel myths regarding service members, veterans, their families, and their communities)  | (CSWE EP 2.1.1, 2.1.2; CACREP 2009; NASW S1, S2)(CSWE 2.1.6, EP 2.1.7; NASW S3)(CSWE EP 2.1.2., 2.1.3; NASW S1, S3) | Journal entry and forum discussionIn class participationJournal entry and forum discussion |
| Provide opportunities for developing skills in differential diagnosis using the DSM 5/ICD in order to promote accurate assessment and diagnosis as the basis for best practice intervention in treating military-connected clients and their families.  | (CSWE EP 2.1.3, 2.1.4, 2.5; NASW S4) | Journal entry and forum discussion |
| Develop assessment/intervention/evaluation and interpersonal skills in clinical practice with military-connected trauma clients to deliver effective services.  | (SW EP 2.13, EP 2.1.6; CACREP 2016 Contextual Dimensions F; CACREP 2009 D2; NASW S4, S5) | Presentation: Resident Expert Project |
| Provide practice experience in phase-orientedtreatment of military-connected clients. | (CSWE EP 2.13, EP 2.1.4, 2.1.9; CACREP 2016 Contextual Dimensions F; CACREP 2009 D2; NASW S5, S9) | In class participationForum discussion |
| Advance human rights, social and economic justiceby engaging in policy practice to deliver effectiveservices to military connected clients, and advocating for the needs and interests of service members, veterans, and military family clients. | (CSWE EP 2.1.5, 2.1.8; NASW S 12) | Forum discussion |
| Engage, assess, intervene, and evaluate individuals, families, groups, organizations, and communities at multiple levels. | (CSWE EP 2.1.10 (a)-(d); NASW S6, S10) | Forum discussion |
| Demonstrate a therapeutic approach to a military trauma-connected client at a clinical case conference displaying appropriate competence with military culture. | (CSWE EP 2.1.9, EP 2.1.10 (a)-(d); CACREP 2016 Practice F; CACREP 2009 F3); NASW S7, S8) | Resident Expert Project Summary and Presentation |

| B.17. **Topical outline: Do NOT insert a full syllabus, only the topical outline** |
| --- |
| 1) Introduction to the Military 1. Unique population
2. Rank – enlisted/officer
3. Branch of service
4. Branch
5. Active Duty/National Guard
6. Values
7. Indoctrination
8. Atmosphere

2) Military Family and Culture 1. The Fortress
2. Deployment spiral
3. Intervention – genogram

 Challenging Issues for MH Professionals1. Conscription to Recruitment
2. Complicated Ethical Issues
3. Racism, Sexism, Classism
4. A New Vision: Race, Class and Gender

3) Neuro-psycho-social-biology of the Trauma Response1. Personal and Professional Values, Ethical Principles
2. Trauma: Affect Regulation
3. Body-Brain Connections and Traumatic Memory
4. Children and Youth in the Military Family
* Attachment and Attunement

 e)Vicarious Trauma and Self-Care * Assessing Self-Care
* Mind, Body, Experience: Think, Act, Feel
* Exercises: Breathing, Tapping, Progressive Muscle Relaxation, Imaging, Anchoring, Mindfulness

4)Military Stressors * 1. Effects of War on Service Members and Families
	2. Treatment seeking behaviors
	3. Insurance
	4. Resources and supports for treating military-connected clients
	5. Intervention: attachment conceptualization

5)Mental Health Issues: Assessment & Treatment * 1. Standards for Professional Practice
	2. Attachment Disorders
	3. Child Abuse and Neglect
	4. Stress Reactions and PTSD
	5. Anxiety
	6. Depression and Suicide
	7. Substance Abuse
	8. Co-Occurring Disorders
1. Civilian supports for treating military-connected clients:
2. School Systems
3. Child and Family Services
4. Community Mental Health
5. Hospital-based Care
6. Resilience and Stress
7. Resilience factors in general
8. Specific to military
9. Models of understanding stress
10. Stressors unique to the military
11. Intervention = narrative with FOCUS …..theories of stress and understanding/honoring resilience
12. Evidence-Based Treatments
13. Crisis Intervention Strategies: Debriefing, Critical Incident Stress Debriefing (CISD); Proximity, Immediacy, and Expectancy (PIE); Defusing; Psychological First Aid (PFA)
14. Explosive Rage Attacks: Anger Management Strategies, Imagery Rehearsal, Yoga
15. PTSD: Medication, Trauma-focused CBT, Cognitive Processing Therapy, Prolonged Exposure and EMDR
16. Depression: MDD
17. Combat-injury: Pain Management
18. TBI: Neurofeedback
19. Psychopharmacology of Trauma
20. Military Sexual Trauma
21. Sexual Trauma and the Trauma of Betrayal
22. Sleep Disorders and Nightmares: -Imagery Rehearsal, CBT
23. PTSD: -Prolonged Exposure, Cognitive Processing Therapy, DBT, EMDR, Somatic Experiencing, CERTS
24. Phase Oriented Treatment:
25. Veterans Treatment Court
26. Phase 1 Treatment: Safety & Verbalization
27. Children and Youth in Military Families: Parent-child interventions

11) Phase 2 & 3 Treatments: a) Coping Strategies, Cognitive Behavior Therapies (CBT), Integrative Therapies b) Expressive Therapies: Sand tray, art, poetry, picture books, games12) Advance Social and Economic Well-being and Deliver Effective Services a) Human rights/social and economic justice b) “Best Practices” for working with diversity in the military: cultural sensitivity, women, people of color, LGBTQ c) Engage, assess, intervene and evaluate with individuals, families, groups, organizations, and communities Strategies for Social Justice and change13)The Anatomy of Survival1. Domestic Violence
2. Shame & Guilt
3. Depression & Suicide
4. Rage & Homicide
5. Loss & Death
6. Grief & Bereavement

14)Resident Expert Project a) Student selected therapeutic approach applied to a case b) Description of therapeutic approach and conceptualization of case based on approach c) Understanding of military culture and military trauma d) Example of application 15)Closure: a) Review biases exercise from session 4 b) Appraisal of self in session with a military- connected client c) Processing and evaluating the learning experience d) Course evaluation |
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| **INSTRUCTIONS FOR PREPARING THE CATALOG COPY**: The proposal must include all relevant pages from the college catalog, and must show how the catalog will be revised. (1) Go to the “Forms and Information” page on the Graduate Committee website. Scroll down until you see the Word files for the current catalog. (2) Download ALL catalog sections relevant for this proposal, including course descriptions and/or other affected programs. (3) Place ALL relevant catalog copy into a single file. Put page breaks between sections and delete any catalog pages not relevant for this proposal. (4) Using the track changes function, revise the catalog pages to demonstrate what the information should look like in next year’s catalog. (5) Check the revised catalog pages against the proposal form, especially making sure that program totals are correct if adding/deleting course credits.  |

## D. Signatures

* Changes that directly impact more than one department/program MUST have the signatures of all relevant department chairs, program directors, and relevant dean (e.g. when creating/revising a program using courses from other departments/programs).
* Proposals that do not have appropriate approval signatures will not be considered.
* Type in name of person signing and their position/affiliation.
* Send electronic files of this proposal and accompanying catalog copy to graduatecommittee@ric.edu and a printed or electronic signature copy of this form to the current Chair of Graduate Committee. Check Graduate Committee website for due dates.

##### D.1. Approvals: required from programs/departments/deans who originate the proposal. may include multiple departments, e.g., for joint/interdisciplinary prposals.

| Name | Position/affiliation | [Signature](#_Signature" \o "Insert electronic signature, if available, in this column) | Date |
| --- | --- | --- | --- |
|  | Program Director of Counseling |  |  |
|  | Chair of CEP |  |  |
|  | Dean of FSEHD |  |  |
|  | Chair of MSW |  |  |
|  | Dean of SSW |  |  |

##### D.2. Acknowledgements: REQUIRED from OTHER PROGRAMS/DEPARTMENTS IMPACTED BY THE PROPOSAL. SIGNATURE DOES NOT INDICATE APPROVAL, ONLY AWARENESS THAT THE PROPOSAL IS BEING SUBMITTED. List all other programs and departments affected by this proposal. Signatures from these departments are required in the signature section. CONCERNS SHOULD BE BROUGHT TO THE GRADUATE COMMITTEE MEETING FOR DISCUSSION.

| Name | Position/affiliation | [Signature](#Signature_2) | Date |
| --- | --- | --- | --- |
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