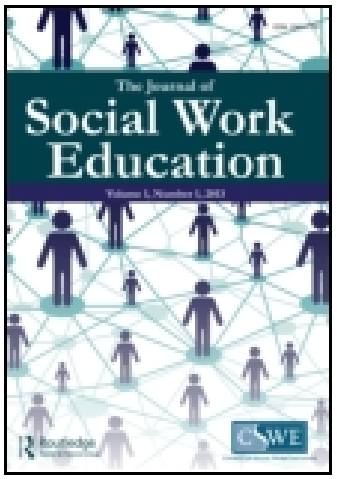

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Alexa Smith-Osborne

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An Intensive Continuing Education Initiative to Train Social Workers for Military Social Work Practice

Alexa Smith-Osborne

Specific standards exist for social work practice with service members, military families, and veterans, whether in civilian or military practice settings. Based on these standards, a continuing education certificate for practitioners was designed with companion military social work coursework in the advanced graduate curriculum and field instruction training modules in the undergraduate and graduate programs. This study examined outcomes for 268 participants in the certificate program using a quasi-experimental posttest-only design. The majority demonstrated mastery of advanced practice knowledge and behaviors in each required content area and in the overall certificate program requirements. Findings suggest that implementation of a large-scale, standard-adherent, and self-supporting military social work certificate is feasible and can support sustained evidence-based practice with military populations.

American media have reported ongoing limitations in the capacity of the Department of Defense (DoD) and Veterans Affairs (VA) health care systems to respond to the demands posed by contemporary global conflicts (Government Accountability Office, 2012; Miller & Zwerdling, 2010; Priest & Hull, 2007; Veterans Health Administration Office of the Inspector General, 2014; Zwerdling, 2007). The VA itself had reported delays in processing disability claims due to a surge in the number of posttraumatic stress disorder (PTSD)-related claims starting even before the attacks of September 11, 2001, and accelerating thereafter. These claims increased by 79.5% between fiscal years 1999 and 2004 and accounted for 20.5% of all compensation benefits during that period (Committee on Veterans' Compensation for Posttraumatic Stress Disorder, 2007, p. 2). The Dole Commission's congressional investigation found that these problems reflect the weaknesses of the overall American health care system, as well as the changing demographics of the All Volunteer Force (AVF) and their prevalent injuries (Dole et al., 2007). The Commission found that the American health care system, and its military subsystems, show particular strains in responding to severe and complex casualties, requiring long-term rehabilitation or characterized by later onset sequelae: the signature injury types of these conflicts (Cooper, 2008; Langbein, 2008; Smith-Osborne, 2009). Perhaps in response to these limitations, AVF

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Alexa Smith-Osborne is associate professor, director of the Center for Clinical Social Work, and principal investigator of the Student Veteran Project at the University of Texas at Arlington.

Address correspondence to Alexa Smith-Osborne, University of Texas at Arlington, School of Social Work, 211 S. Cooper, Box 19129, Arlington, TX 76019, USA. E-mail:alexaso@uta.edu

veterans have increasingly used civilian health systems preferentially or concurrently with VA health systems, citing reasons of convenience and access (Smith-Osborne, 2013a). However, the civilian health care system has been noted by the Dole Commission and others (Lawrence, 2014) to lack sufficient preparedness and cultural competence to serve large numbers of contemporary service members, veterans, and their families.

The social work profession constitutes a large proportion of the workforce in both civilian and military health care systems today. Therefore, the national bodies of the social work profession have responded to these concerns by developing specific military social work standards and guidance. In 2010, the Council on Social Work Education (CSWE) promulgated standards for Advanced Practice in Military Social Work (CSWE, 2010). These standards delineated advanced military social work knowledge and practice behaviors associated with each of the 10 core competencies established by the 2008 Educational Policy and Accreditation Standards (EPAS; CSWE, 2008) governing social work education and moving such education to a competency-based outcomes approach to professional education.

These standards include assessing risk, resilience, coping strategies, and social support in a military context and using evidence-based interventions to intervene at the individual, family, and organizational levels to address military service and deployment-related health problems. Additional skills include the ability to respond to civilian and government inquiries regarding the care and well-being of military personnel, veterans, and their families and the ability to select and modify clinical and preventative interventions for effective military social work practice.

In 2012, the National Association of Social Workers (NASW) developed military social work practice standards for work with service members, veterans, and their families. These 12 standards delineated military social work practice as pertaining to the NASW Code of Ethics, professional qualifications, specialized knowledge, assessment techniques and areas, intervention and treatment planning considerations, practice/program evaluation and improvement obligations, professional development obligations, leadership and supervision obligations, documentation expectations, interdisciplinary leadership and collaboration obligations, cultural competence, and advocacy.

Although standards promulgated by the CSWE (2010) and the NASW (2012) provide structure and framework, it is the responsibility of individual social work education programs to design implementation strategies and enact them rapidly and economically. This responsibility has generated a growing conceptual and review literature on current military health risks/prevalence and related social work education content, suggesting the following as some examples of the areas of emphasis (Smith-Osborne, 2009, 2012):

Risks
- Increased survivability of severe injuries
- Increased rates of comorbidity
- Insufficient use of first-line treatment protocols
- Civilian/military differences in PTSD
- Effect of career trajectories on military family

Related Content
- Physiology and neuroscience
- Advanced screening/diagnostic tools
- Evidence-based best practices
- Military culture; diagnostic tools
- Military culture; protective factors

Social work education programs at the graduate and undergraduate levels have led implementation by infusing military content as an aspect of cultural competence into diversity and practice coursework, whereas others have developed specific courses, certificate programs (for current professionals as well as graduate students), or new specializations or concentrations at the graduate level (CSWE, n.d.).

One approach that has been used by a large southwestern school of social work is to advance military social work education through parallel curriculum development at the undergraduate, graduate, and postgraduate levels. The approach was based on the premise that student social workers at both levels should be prepared for future contact with military clients and groups, whereas current practitioners should receive updated knowledge and practice skills based on the evolving evidence and increased awareness of the presence of military populations among their clients. For example, behavioral neuroscience content relevant to military social work practice was synthesized by systematic review and concept mapping methods. Study results were then used for concurrent curriculum development at all three levels: to develop a semester-long graduate neuroscience elective and a required 6-hour military certificate neuroscience workshop, to infuse a semester-long graduate military social work elective, to infuse 6-hour military certificate electives (e.g., substance use disorder workshops) and the required PTSD diagnostic workshop and PTSD treatment practica, and to infuse required semester-long undergraduate human development and graduate mental health practice courses. Concurrent components of the approach that have been reported previously include development of multiple advanced graduate military social work courses, a master's of social work (MSW) military social work certificate (12 hours additional to the MSW course requirements), and field instruction training modules and additional placements in the undergraduate and graduate programs (Smith-Osborne, 2009, 2012, 2013a). This study reports the parallel curriculum design and initial outcomes of the postgraduate continuing education Military and Veterans Affairs Certificate component initiated in summer 2011. A chief aim of the postgraduate initiative is to increase military cultural competence and military practice behaviors and skills among civilian social workers and allied professionals who will increasingly come in contact with service members, military families, and veterans seeking services in their communities, whether these practicing social workers complete the entire certificate or only individual courses.

CERTIFICATE DESIGN

The concomitant curricular initiatives referenced above were undertaken in the context of a university and social work program with historical provision of education in national defense and peacekeeping (Denham, n.d.; Hamlett, n.d.). Content synergy and standard adherence was intended in these military curricular initiatives across all levels of the social work program from bachelor of social work (BSW) level to the MSW foundation and advanced curriculum to the continuing education certificate for licensed practitioners. Thus, under this initiative, the program became one of the less than 1% of schools of social work offering baccalaureate as well as graduate military social work field placements (CSWE, 2013, p. 29). The certificate program conceptual design was based on the CSWE and NASW standards (Smith-Osborne, 2013b; Whitworth, Herzog, & Scott, 2012), a bibliography in military social work (Daley, 2010), and an original review of the literature on risk and protective factors associated with resilient

reintegration outcomes for AVF-era service members, veterans, and their families and its implications for social work education.

This school's continuing education department is financially self-sustaining and a provider of continuing education approved by two state licensure boards for social work, counseling, and marriage and family therapy. Therefore, the certificate was designed without dependence on external funding and required financially viability to launch and be sustained. Similarly, the certificate format had to be designed to be consistent with other departmental certificates. The extant certificate programs consisted of 10 6-hour workshops for a total of 60 continuing education credit hours and permitted noncertificate participants to take individual certificate courses. The certificate design included ethics training consistent with state licensure continuing education guidelines: at least 6 hours of ethics every 2 years. Departmental policy required Continuing Education Units (CEU) instructors to be social workers with advanced licensure, although social workers with entry-level licensure could serve as coinstructors. Conceptual consistency was maintained by building in content approval and oversight by the certificate designer, in collaboration with the departmental administrator.

The designer and administrator recruited military certificate instructors from among military-connected current CEU instructors, civilian social work contractors with the military, military-connected adjunct instructors in the BSW/MSW/PhD programs, and military-connected alumni, several of whom had served in Iraq and Afghanistan before obtaining their social work degree. Attempts were also made to recruit uniformed active or retired military social workers (e.g., from nearby Reserve installations), to tap this important resource for collaboration and cross-fertilization between civilian and military social workers as recommended by Daley (1999), but none completed the departmental qualification and proposal submission process.

The evidence, as noted above, identified factors indicating that such education should include updates on neuroscience fundamentals, training in military culture and policies, training in evidence-based process methods (e.g., best search techniques, evidence quality analysis, application of best evidence informed by client collaboration), introduction to standardized assessment instruments/procedures, training in manualized treatment protocols for prevalent conditions, and training in first line and complementary interventions that target specific protective mechanisms at the micro, mezzo, and macro practice levels (Smith-Osborne, 2009).

To develop behavioral neuroscience content, conceptual mapping of key neuroscience-related social work practice domains was completed using Trochim's method (Trochim, 1989). Social work practice domains identified were human development across the life cycle, genetics, mental health and substance abuse, cognition, stress and trauma, and violence and aggression.

A systematic review was conducted of recent neuroscience syntheses (i.e., systematic reviews and meta-analyses) across these social work practice domains. The same process was repeated to develop the content on military culture, evidence-based process, standardized assessment, manualized treatment protocols for prevalent conditions, and first-line and complementary interventions. The results were used by the certificate designer to select the certificate reading list and readings specific to each workshop and were incorporated in course material. Selections for the certificate reading list included coverage of neuroscience and assessment, prevention, and treatment for active-duty service members, veterans, and military families. Course content was tested in online and hybrid content modules in semester-long field instruction and graduate classroom settings (Smith-Osborne, 2012) in the year prior to implementation in the 60-hour (i.e., 10 6-hour workshops) format for the continuing education certificate.

TABLE 1
Certificate Required Reading List

Author	*Title*
Ainspan & Penk*	*Returning Wars' Wounded, Injured, and Ill: A Reference Handbook*
Chrestman, Gilboa-Schechtman, & Foa***	*Prolonged Exposure Therapy for PTSD Teen Workbook*
Coll, Weiss, & Exum*	*A Civilian Counselor's Primer for Counseling Veterans*
Foa, Hembree, & Rothbaum**	*Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences, Therapist Guide*
Foa, Chrestman, & Gilboa-Schechtman**	*Prolonged Exposure Therapy for Adolescents With PTSD: Emotional Processing of Traumatic Experiences, Therapist Guide*
Johnson Rothbaum, Foa, & Hembree***	*Behavioral Neuroscience for the Human Services: Foundations in Emotion, Mental Health, Addiction, and Alternative Therapies*
	Reclaiming Your Life From a Traumatic Experience: A Prolonged Exposure Treatment Program Workbook
Schauer, Neuner, & Elbert***	*Narrative Exposure Therapy*

*Choose one from between two. **Choose one from among three.

The resulting 60-hour (i.e., 10 6-hour workshops) continuing education certificate curriculum consists of a required reading list (see Table 1), six elective workshops (selected from among eight initial options, subsequently expanded), and four required military culture-infused workshops. Departmental policy dictates that the 60-hour certificate must be completed in 2 years or less. See Table 2 for the pool of elective topics and relationship to CSWE and NASW military social work guidelines.

The four required workshop topics were behavioral neuroscience, diagnosis and assessment of PTSD, introductory manualized PTSD treatment practicum, and advanced manualized PTSD treatment practicum. The four required workshops used an inquiry learning approach based on case vignettes explored through small-group analysis and role-play exercises (Whitworth, Herzog, & Scott, 2012), with review of participant case treatment videos in the final practicum. Review of videotaped treatment demonstrations included not only specific coaching on implementation of the prolonged exposure treatment protocol for PTSD developed by Foa, Hembree, and Rothbaum (2007) but also identification of corrective action to maintain high fidelity to the technique and application with diverse client presentations and comorbid conditions.

The initial 12 elective topics during the study period were offered primarily in classroom-based format in rotation year-round, with additional topics later developed in response to requests from community practitioners. Elective topics included military culture, traumatic brain injury (online and face to face), military marriage and long-distance relationships (online), introductory and advanced substance abuse treatment, suicide prevention (online), complementary and adjunct therapies, service branch resilience interventions, and a range of other trainings on prevalent service-connected health conditions and social problems and their associated assessment, prevention, and intervention best practices.

The certificate program was evaluated for the following program objectives:

1. Practitioners perceive the need for training in evidence-based practice with contemporary military populations
2. Practitioners will participate in and complete extended training based on the CSWE and NASW military social work practice standards

TABLE 2
Military Certificate Elective Course Completion (n = 268)

Course	*Frequency*	*Percent*	*Main CSWE Standard*[a]	*Main NASW Standard*[b]
1. Military Culture/Ethics*	60	21.6	EPAS 2.1.5[c]	11[d]
2./3. Practice for Substance Use Disorders With Military Populations I/Ethics* and II/Ethics	55	19.8	EPAS 2.1.6[e]	1,4,5[f]
4. Marital Satisfaction and Managing Long-Distance Relationships in Military Families*	43	15.5	EPAS 2.1.5[c]	11[d]
5. Mild Traumatic Brain Injury (MTBI)*	32	11.5	EPAS 2.1.6[e]	1,4,5[f]
6. Eye Movement Desensitization and Reprocessing (EMDR) Therapy*	28	10.1	EPAS 2.1.6[e]	1,4,5[f]
7. Suicide Prevention With Military Populations*	25	9.0	EPAS 2.1.9[g]	3[h]
8. Art Therapy With Military Populations	24	8.6	EPAS 2.1.6[e]	1,4,5[f]
9. Complementary and Adjunct Medication/Therapies (CAMS) to Treat PTSD and Comorbid Conditions/Ethics	23	8.0	EPAS 2.1.6[e]	1,4,5[f]
10. Other	18	6.3		
11./12. Domestic Violence I* and Sexual Assault II in Military Populations	17	6.1	EPAS 2.1.5[c]	11[d]
13. Veterans, Trauma, and Cardiovascular Health/Ethics	12	4.3	EPAS 2.1.9[g]	3[h]
14. Resilience Training in the Military for Service Members and Military Families	10	3.7	EPAS 2.1.9[g]	3[h]

Note. Percentages total more than 100% due to multiple elective course completion by individuals. CSWE = Council on Social Work Education; NASW = National Association of Social Workers.
[a]CSWE (2010). [b]NASW (2012). [c]Identify and analyze conflictual responses and potential consequences to conflicts between basic human rights and military life and duty experience. [d]Cultural competence. [e]Locate, evaluate, and analyze current research literature related to military social work; Evaluate research to practice with service members, veterans, families, and their communities; Analyze models of assessment, prevention, intervention, and evaluation within the context of military social work; Apply different literature and evidence-informed and evidence-based practices in the provision of services across the Department of Defense/Veterans Affairs continuum of care and services. [f]Ethics, Assessment, Intervention/Treatment Planning. [g]Apply knowledge of practice within the military context to the development of evaluations, prevention plans, and treatment strategies. [h]Knowledge.
*Original electives available at start of program in 2011.

3. Participants will endorse achievement of learning outcomes of such training at the mastery level of ≥70%
4. Participants will request/express need for additional training consistent with CSWE and NASW military social work practice standards

METHOD

Participants

Practitioners with a master's degree or higher were recruited through routine communication outlets used by the continuing education department of a large southwestern school of social work, beginning in spring 2011. The study sample consists of the first certificate completer

cohort (n = 23) and all others who took at least one certificate course from July 29, 2011 to March 22, 2013, for a total sample size of .268. Eighty-five percent of the sample with data available began the certificate during the first year of implementation. All 23 first cohort certificate participants completed the curriculum within 2 years, consistent with the certificate curriculum design. Seventy-eight percent of all participants were female; ethnicity was not captured by departmental records. Participants worked in a variety of practice settings, including:

- Army, Navy, and Air Force active and reserve military treatment facilities and military family programs (both uniformed military social workers and civilian contractors)
- Veterans Administration treatment facilities and homeless programs
- civilian hospitals and clinics and civilian rehabilitation centers
- civilian social service agencies
- public school districts
- colleges and universities
- private practice
- police/sheriff departments, jails, and court and probation programs
- hospice programs and home health care agencies
- youth residential centers and mentoring/advocacy programs
- managed care corporations

Procedure and Data Analysis

Administrative record review methods were used within a posttest-only design to investigate program use and learning outcomes. Approval was obtained for the program evaluation from the institutional review board of the host university. Consent was obtained for anonymous videotaping of case examples for educational use in the final practicum.

Administrative records with identifying information redacted were reviewed for participants registering for certificate courses during the first 20 months of Military and Veterans Certificate implementation. Data from the registration, course evaluation, and knowledge assessment records were extracted. Registration records were the source for demographic data.

Standard departmental evaluation forms not specifically designed for the military certificate were completed at the end of each seminar. The nine-item form consisted of six rated items such as “The distributed materials were well organized and contained information beneficial to me” and “I would recommend this seminar to others,” as well as three open-ended questions: “What did you like about this seminar?,” “Do you have suggestions for improvements?,” and “What other subject matter or practice skills would you like featured by the Professional Development Program?” Assessment of acquisition of advanced practice behaviors, skills, and knowledge was done at four time points for the four required seminars with self-administered exit quizzes addressing the specific content.

Two items from the standard departmental course evaluation questionnaire (not specific to this certificate program) were used as indicators of perceived effects of training on practice knowledge and skills and perceived need for additional certificate offerings related to the CSWE advanced practice behaviors for military social work and the NASW military social work standards. Identified course topics were coded to CSWE and NASW standards using concept

mapping techniques (Trochim, 1989). The first item (i.e., "The content of the seminar was relevant to the learning objectives") was scaled as "yes," "somewhat," and "no," with "yes" responses counted as endorsement, whereas the other was an open-ended question. The open-ended question (i.e., "What other subject matter or practice skills would you like featured by the Professional Development Program?") responses were thematically coded into binary categories (e.g., related or not related to military standards, perceived increase in skill or not) prior to analysis (Bernard & Ryan, 2010).

Knowledge assessment records were the source from which required quiz scores were obtained. Descriptive and bivariate analyses and deductive content analysis (using frequency counts; Krippendorf, 2004; Reid & Bailey-Dempsey, 1994) of data were performed using SPSS 18.0. The large amount of missing data precluded reliable multivariate analyses.

RESULTS

Two hundred and sixty-eight licensed practitioners from three states completed at least one course in the certificate program during the first 20 months. The entire initial cohort of certificate participants completed all 60 hours of certificate coursework in 2 years, the maximum period allotted, with the majority using the entire period.

Selection of elective courses (see Table 2) was concentrated in the classroom-format military culture and substance use disorder treatment topics, with 12% of total courses taken in this period being in the online format. Selection of some courses was significantly associated with certain others: Military Culture, Art Therapy, Eye Movement Desensitization and Reprocessing Therapy (EMDR), and Domestic Violence/Military Sexual Trauma (see Table 3). The Military Culture course was designed for civilian participants; however, only 23% of identified civilian agency participants took that course, compared to 14% of identified military/VA agency participants (chi square = .86; p = .35). Military and VA participants selected the online Marital/Long Distance Relationship elective more than any other elective.

Learning outcomes (see Table 4)in the required certificate seminars and overall certificate, as measured by seminar quiz and certificate final exit quiz scores, were high. Ninety-six percent of required seminar/final tests overall were passed at a score level of 70% or better at the first trial, with the lowest pass rate of 88.5% evidenced in the first required seminar on neuroscience. Participants' qualitative evaluations of this neuroscience seminar suggested that mastery of this unfamiliar, technical material might be aided by reminding them to read the required neuroscience textbook (from the certificate reading list) in advance, by lengthening the seminar to two days, and by repeating reviews of key facts during the seminar. These revisions have been made for the upcoming years and may potentially raise first trial pass rates even higher.

Evaluations overall indicated that 90% of required seminars' participants and 87.33% of electives' participants (see Table 4) endorsed learning outcomes of updating participant knowledge and expanding participant practice skills relevant to serving active duty and contemporary veteran military populations. Learning outcome achievement for the final practicum, which focuses on review of a specific prolonged exposure therapy manualized treatment protocol and a skills lab using participants' treatment videos, was endorsed at the 100% level. Military social worker participants further commented on evaluations that the certificate has added depth to their understanding of the theory, neuroscience, and evidence base underpinning the practice

TABLE 3
Association Matrix on Elective Seminar Selection (n = 268)

Course	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
1. Military Culture	-	.01	.0001	.0001	.03*	.01	.02*	.01	.02**
2. Substance Use Disorders	-	-	-	-	-	-	-	-	-
3. Marital	-	-	-	-	-	-	-	-	-
4. mTBI	-	-	-	-	-	-	-	-	-
5. EMDR	-	-	-	-	-	-	-	-	-
6. Suicide Prevention	-	-	-	-	-	-	-	-	-
7. Art Therapy	-	-	-	-	-	-	-	-	-
8. CAMS	-	-	-		-	-	-	-	-
9. Domestic Violence/Sexual Trauma	-	-	-	-	-	-	-	-	-

Note. The association statistic is Goodman and Kruska's tau for associations between nominal invariables, using the Military Culture course as the index variable. mTBI = Mild Traumatic Brain Injury; EMDR = Eye Movement Desensitization and Reprocessing; CAMS = Complementary and Adjunct Medication/Therapies.
*$p < .05$. **$p = .055$.

TABLE 4
Seminar Learning Outcomes (n = 200)

Outcome by Seminar Type	*Percent Scoring ≥70%**	*Percent Fully Endorsing + Outcomes***
Required seminars	95.2%	90%
All respondents	100%	91.56%
Certificate first cohort enrollees[a]		
Elective seminars	Not applicable	87.33%
All respondents		81.67%
Certificate first cohort enrollees[a]		

Note. Sample size was reduced from 268 to 200 in this analysis due to missing data from departmental standard evaluation questionnaires.
[a]n = 23.
*Score at first quiz trial. **Two items from departmental standard evaluation questionnaire (not specific to certificate program).

standards of their agencies, as well as affording additional opportunities for identification and rehearsal of advanced practice skills in a range of areas relevant to their military practice. The certificate has also created an unprecedented regional opportunity and mechanism for cross-service military social work conceptual exchange, as well as for cross-fertilization of ideas, policies, and best practices among civilian, VA, and military social workers (Daley, 1999).

Eighty-nine percent of requests indicated in the standard workshop evaluation measure open-ended question for additions to the certificate program during the studied period were for electives consistent with CSWE (2010) and NASW military social work standards (2012). They included topics in substance use disorder treatment, military family and child intervention, resilience training, standardized mental status assessments, military sexual trauma, creative expressive therapies (e.g., art therapy), supervision, advocacy, and leadership of military social

work programs, and complementary and alternative therapies. Thirty-five percent of those consistent with the standards were added as discrete electives during the study period (see Table 2), and another 37% were infused into existing required and elective courses.

DISCUSSION

In support of program objectives 1 and 2, response to the new certificate program was consistent with other certificate programs in this continuing education department and adequate to meet departmental registration requirements of 10 registrations per seminar for all offerings during the study period, thus proving economically sustainable. Findings suggest that the military and veteran certificate program is meeting a perceived need by community practitioners in this geographic region. Although the certificate format has proven feasible to implement as a self-sustaining program with current instructor and infrastructure resources, recent departmental experience suggests that long-term financial sustainability may be a challenge unless revenue sources other than traditional course fees can be generated. Class sizes have now been increased and instructor fees decreased to maintain the department as a self-sustaining cost center separate from the degree-granting programs. Increased class size requirements may be at odds with the certificate imperative to make required workshops available on a sufficiently regular basis to permit timely certificate enrollment and completion in the 2-year time frame. Another challenge to financial sustainability may be social workers' changing levels of interest and perceived need to serve this population when public attention and priorities are not focused on it.

The finding of the unexpectedly low proportion of participants in civilian agencies selecting the Military Culture elective, however, does not support objective 2. Efforts to clarify the reasons should be initiated, due to the primary importance of this content to culturally competent practice by nonmilitary social workers, one of the chief aims of the certificate. A survey could be done with all civilian agency participants who did not select the course to explore their reasons and to assess their level of cultural competence. Hypothetical reasons could include that they are military-connected individuals by history even though they are practicing in civilian agencies and so do not perceive a need for the course, or that they benefited from the infused military culture content in other courses they took. The most concerning explanation is that they did not perceive the importance or relevance of cultural competence with this population, because they view the military only as another occupation. These perceptions could then be assessed for accuracy by comparison with knowledge outcomes from the cultural competence section of the survey. If perceptions appear to be discrepant with actual assessed knowledge, survey results could indicate a need to change Military Culture from an elective to a required seminar, with waivers for military-connected social workers or, alternatively, to add a military culture assessment to the first required seminar as a pretest and to the certificate exit quiz, which must be passed as a requirement for certificate completion.

In support of program objective 3, mastery of knowledge as indicated by required seminar and certificate exit quizzes has been high at first trial, with the majority exceeding the mastery level of a score of 70%. By self-report on standard evaluations, the majority of participants also endorsed full achievement of learning outcomes. Participants have suggested revisions to the most difficult seminar to aid mastery. These revisions have been made for the upcoming year and may potentially raise first-trial pass rates even higher. The high level of learning outcomes

for the final practicum further supports the feasibility of effective practitioner training in specific evidence-based practices with military populations within an established continuing education department and in fulfillment of state licensure continuing education requirements.

In support of program objective 4, the majority of participant requests for more content offerings in this certificate program have been consistent with the CSWE and NASW standards. Requests further indicate practitioners' perceived need for more training in specific evidence-based practices with military populations, especially training consistent with those calling for use of standardized assessment and treatment protocols (NASW Standards 4 and 5). These requests have been feasible to implement rapidly through infusion of existing seminars or design of new seminars.

Future evaluation of this and similar military certificate programs could use a more rigorous pretest-posttest design for the overall program (at entrance and exit) and for the required seminars, with the additional administration of practice technique discrimination measures (Schinke, Smith, Gilchrist, & Wong, 1981) designed specifically for this content area. For example, participants could be measured on the level of discrimination among specific techniques such as mental status assessment, substance use screening, PTSD diagnostic guides, or motivational interviewing. A final practicum fidelity checklist could be implemented by the instructor and a co-rater when viewing the participants' prolonged exposure videos as well, to use the videos as a skill outcome measure as well as a skill process coaching exercise.

The multiple technique discrimination measures could then expand on the fidelity monitoring of a single practice technique (prolonged exposure via video clips) during the final practicum. Such instruments would also lend themselves for adaptation to longitudinal evaluation designs to investigate retention and application of skills and knowledge with military clients and programs at follow-up periods after certificate completion.

The effect of the certificate program on community practice with military populations will be more difficult to gauge, although an ultimate aim of the program. Longitudinal follow-up with certificate completers may be able to document specific indicators of value added to the service network and to access improvement for military members in the community. Such indicators could include increased numbers of military clients served by each completer practitioner in what geographic areas, as well as expansion of military-related policies and services in participants' civilian agencies, and employer recognition of increased participant expertise reflected in job roles and responsibilities. Furthermore, it will be important to assess longitudinally how the workshops affected their perceived skill level and to collect qualitative data on how the certificate fits or misses the needs of practitioners working with military personnel, veterans, or their families.

Geographic mapping of participating agencies over time would be another feasible technique to investigate the penetration rate and extent of coverage of the program. Questions about military connections/experience could be added to registration forms for all workshops to allow further investigation of training needs by subgroups and allow improved niche marketing of the Military Culture course in target geographic areas. It may be useful to rename this workshop "practicing effectively within the military/veteran culture" to address for civilian practitioners how military culture competence can be useful for them.

This school's military curriculum development approach successfully involved content cross-fertilization concurrently across undergraduate, graduate, and postgraduate educational programs. The approach aimed to upgrade military knowledge and skills within the established

skill set of practitioners via coursework and specific treatment skill coaching, while developing initial military knowledge- and skill-building in future practitioners via coursework and field-work. This evaluation indicates areas of military content that could be targeted at any of the program levels. This new resource for the practice community, in synergy with the other military social work curricula now in place for social work students, shows promise to disseminate military social work standards and fill workforce needs for competent social work services for military populations. These initial results may assist other social work education programs in scaffolding their infrastructure to meet the needs of service members, veterans, and military families in their own communities.

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