Military social work leaders (from left) R. Paul Maiden, Dean Marilyn Flynn, Jose Coll and Anthony Hassan. Photographs by Mark Berndt
IT'S A SIGN OF HOW FAR WE'VE COME as a society that Corporal Klinger doesn’t seem very funny anymore. In the 1970s and early ‘80s, audiences chuckled over the lovable M*A*S*H character who cross-dressed with panache, hoping thereby to convince the Army brass that he deserved a Section 8 discharge.

Today we know that the stresses of combat don’t express themselves in the urge to don high heels, wide-brimmed hats and feather boas, and that our troops’ fragile mental health is nothing to laugh about.

Nearly one in three Americans deployed in Iraq and Afghanistan will return with serious mental trauma, which tends to express itself in substance abuse, depression, domestic violence, suicide and, once in a while, murder. In January 2008, The New York Times tallied 121 cases of returned veterans from Iraq and Afghanistan either convicted of or charged with killings. At the same time, U.S. Army and Marine Corps suicide rates rose to their highest levels in decades. According to new data released by the U.S. Department of Veterans Affairs in January, suicides among veterans increased by 26 percent just from 2005 to 2007. Today, one in five suicides in America involves a veteran. That’s an average of 18 veterans taking their own lives each day.

Experts attribute these heartbreaking statistics, in large part, to the high number of veterans returning to the United States plagued by post-traumatic stress disorder (PTSD). It is a testament to the enlightened outlook of present-day American culture that we don’t sweep this under a rug. We talk about it endlessly. Indeed, PTSD has entered the mainstream vocabulary. We understand the seriousness of this condition. What’s less well understood is how to manage an emerging mental health crisis.

A 2007 report by the American Psychological Association found a severe shortage of social workers and
other mental health professionals equipped to treat armed forces members, veterans and military families. And, make no mistake, social workers – the first line of defense in tackling society’s major problems – are increasingly the ones diagnosing and treating combat stress disorders. Once upon a time, clinical psychologists would have handled this caseload. That’s not feasible anymore. “It’s huge, huge!” says USC’s Anthony Hassan of the demand for licensed clinical social workers specializing in combat-related issues. Hassan is director of the newly created Center for Innovation and Research on Veterans and Military Families, one prong of a bold initiative that USC’s century-old School of Social Work has launched to address the looming crisis.

The raw numbers illustrate the scope of the problem: Nearly 2 million American troops have served in Iraq or Afghanistan. Another 100,000 are currently in Iraq, and some 100,000 more are either stationed in or on their way to Afghanistan.

The Army has 200 slots for social workers – only 140 of them currently filled (another problem USC’s School of Social Work is tackling). The Air Force is at full capacity with 210 social workers. The Navy, which provides mental health services to the Marine Corps, historically has employed only a handful of social workers. With caseloads ballooning, plans call for growing that force to 70.

In all, that’s fewer than 500 social workers for more than 2.2 million troops deployed to Iraq or Afghanistan since 2002.

The patient-to-therapist ratio doesn’t improve much on the veteran side. “The VA and Vet Center facilities are overrun,” says Hassan, who recently retired from the Air Force. “They’re unable to manage this.”

Even if they could, reservists and national guards – who now make up 40 to 50 percent of troops deployed to Iraq and Afghanistan – will be discharged and go right back to their civilian jobs and communities, which could be hundreds of miles from the nearest VA or Vet Center facilities.

IF BOTH WARS ended tomorrow, the problem would persist, because “we know that PTSD may express itself years after people are discharged,” says Marilyn Flynn, dean of the USC School of Social Work.

Indeed, U.S. secretary of defense Robert Gates has given his agency the task of developing a 40-year response strategy to veterans, recognizing that the emotional and physical tolls of war are lifelong.

But society as a whole will have to share the load. “We have to prepare the civilian population to receive service members struggling with mental health issues years after they’ve come back,” Flynn says. For the dean, that means better education of future social workers and large-scale re-education of those already in the field.

SIX MONTHS OUT of the U.S. Air Force, Anthony Hassan still hasn’t gotten used to feeling the wind in his hair. Being outside without “cover” (a hat) just seems wrong. He still gets a guilty feeling when walking and talking on his cell phone. In the military, this was deemed totally unprofessional.

The transition back to civilian life is not easy, even for veterans who don’t have PTSD to hold them back. That’s why the USC School of Social Work came up with Warriors to Trojans, a concerted effort to make USC a veteran-friendly university.

There are currently about 200 Iraq and Afghanistan veterans studying here. Several schools have formed veterans student groups: For social work students, it’s the Uniform Services Social Work Interest Group. Together with the USC Rossier School of Education’s Counseling Division and the Department of Occupational Therapy, the School of Social Work has launched a steering committee to develop resources on campus for returning veterans. The committee hosted a Veterans Day celebration; it designed a needs-assessment survey to determine what services would be most useful to veterans. And it has started a Veterans Transition Group, which will run weekly rap sessions on integration into the university community.

Affordability is an important issue. In 2008, Congress passed the Post-9/11 Veterans Educational Assistance Act, greatly expanding federal educational benefits for veterans.

The new G.I. Bill, which went into effect last August, covers the equivalent of four years of undergraduate tuition at a public university. In California, that comes to around $60,000. The feds also kick in a monthly living stipend.

A two-year Master of Social Work (MSW) degree costs around $80,000 at USC. That leaves veterans $20,000 in the hole. However, under the G.I. Bill’s supplementary Yellow Ribbon program, private universities can go 50-50 with Uncle Sam to cover veterans’ outstanding education bills.

Social work dean Marilyn Flynn has set aside $100,000 a year to match Yellow Ribbon grant money, awarding 10 scholarships to veterans in the MSW program’s military track. With the federal matching funds, these real-life Trojan warriors can embark on useful and fulfilling careers debt-free.

And in a pioneering move, USC is smoothing the way for future soldier-social workers. Last fall, it arranged for Cassandra Rush and Jason Imhoof, both students in the military track, to become the nation’s first ROTC candidates in a MSW program.

Rush had enlisted in the Army after college. Imhoof had been in the National Guard for more than three years. When they enrolled in USC’s social work graduate program in 2009, it was unclear how they could study and stay in uniform.

Ironically, to become a military social worker, one normally must quit the military. That’s what Anthony Hassan had to do. Internships and thousands of hours of clinical work experience don’t mesh well with the duties of a full-time soldier. Hassan left the Army after 11 years of service to attend graduate school. After earning his MSW degree, he re-enlisted in the Air Force.

Unlike Hassan, Rush and Imhoof had Valvincent Reyes looking out for them. Himself an Army reservist and military social worker, Reyes arranged for the ROTC Cadet Command in Virginia to offer the two Trojans scholarships.

When they graduate in 2011, Imhoof and Rush will be licensed clinical social workers and fully commissioned officers in the U.S. Army. – DK
So last fall USC unveiled the nation’s first (and only, to date) Military Social Work and Veterans Services Program. The brain-child of Flynn, and fleshed out by her right-hand man R. Paul Maiden, vice dean and professor of social work, it revolves around four specialized courses to be taken in the second year of the two-year Master of Social Work (MSW) degree program.

Highly evidence-based, the courses train future therapists in the diagnosis and treatment of PTSD and traumatic brain injury; prepare therapists to address the special needs of military spouses and children; give an overview of military culture; and cover health-management policy and preventive-care issues in a military setting. Military-specific material is also being worked into 10 social work electives, including courses on substance abuse; domestic violence; psychopharmacology; and loss, grief and bereavement.

The military track – which can be integrated with any of the school’s five major concentration areas – culminates in a 600-hour internship at a military hospital, VA hospital, Vet Center or military base school.

The program originally was to be offered only in San Diego, where traumatized servicemen and the agencies that cater to them are in abundance. Camp Pendleton alone employs 60,000 military and civilian personnel. Though more troops are discharged out of the San Diego area than any place else in America, the region is starved for licensed clinical social workers. Before USC showed up, it had just one MSW program, at San Diego State University. (The Los Angeles area has 11, including those at UCLA and USC.)

USC opened its San Diego Academic Center in Rancho Bernardo in fall 2009, and already 45 MSW students are enrolled, a third of them in the military track that is headquartered there and chaired by Jose Coll, a Reconnaissance-Marine-turned-social work-professor.

But demand has been so high that the courses now rotate through facilities on the University Park campus, at USC’s Orange County Academic Center and the school’s City Center facility on Hill Street in downtown Los Angeles. Across the school, there are now more than 80 graduate students in the military track and many others taking the specialized courses as electives. Enrollment will almost certainly spike when distance-education versions debut in fall 2010.

For mid-career social workers seeking to come up to speed on combat-stress issues, USC is rolling out a postgraduate certificate program. Built around condensed versions of the four specialized military social work courses, the certificate will be offered in an accelerated format as a USC summer institute; it also will be available online in the near future.

Flynn’s and Maiden’s idea of “distance education” should not be confused with the usual bland PowerPoint fare. They have teamed with the Institute for Creative Technologies (ICT) – a USC research unit that specializes in designing interactive tools for the U.S. Army – to take military social work into the 21st century. Backed by $7 million in congressional earmarks and a $3.3 million grant through the Lincy Foundation, the two units are collaborating on a string of bleeding-edge virtual-reality projects for classroom, clinical and Web use.

One major project is the first-ever psychiatric virtual patient, an autonomous agent with which students can hone their clinical inter-viewing and diagnostic skills. A proof-of-concept prototype called Sgt. Justina already exists on ICT flat screens. Built on the template of a sulky teenage sexual-assault victim, she sports military fatigues and an attitude. ICT programmers are currently adapting her to model a variety of military-related mental health problems.

Next up for development are agents representing the military family: husband, wife and child. Eventually, students will be able to choose from a library of 50 to 100 virtual patients. Plans also call for a virtual clinic, a digitally enhanced space where students can interact with life-sized virtual patients on a large field-of-view screen.

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Down the road, virtual patients will be remotely accessible, and clinical experiences with them will be integrated into the program’s distance-learning modules.

Another major project is “Virtual Iraq,” an immersive environment that puts combat-stressed patients back on street patrol or in the convoys that saw their initial trauma. A Wizard of Oz control panel lets therapists customize the experience, adding a helicopter here, an improvised explosive device there, helping patients work through their fears and begin to heal.

Adapted from Full Spectrum Warrior, a real-time tactics video game originally created by ICT in 2003 to train commanders in field operations, the system employs the latest in virtual-reality goggles, a gun-shaped joystick, scent machines and a vibrating platform to elicit the feel of a war zone.

A version is already in use by clinical psychologists at 44 sites across the country, yielding dramatic improvements in PTSD patients after just 10 therapy sessions. A new release designed for wide-scale use by social workers will feature a non-stressed Sgt. Justina as a digital trainer, teaching social work students to operate
the system’s sophisticated control panel.

These aren’t dream projects that may emerge in some distant future. They’re already built or being built right now.

“Our responsibility is to rapidly deliver something as far-reaching as possible,” says Anthony Hassan. “That’s what we agreed to do for the Congressional appropriation.”

ACCORDING TO THE Council on Social Work Education, there are currently 198 accredited MSW programs in the United States, 17 of them in California. Amazingly, USC is the only school in the nation that has a military track, though USA Today reports that stand-alone PTSD workshops and continuing-education courses are popping up here and there. (The Army has contracted with Fayetteville State University in North Carolina to administer an MSW program for soldiers at nearby Ft. Bragg, but that’s not open to civilians.)

Why aren’t more universities stepping up to the plate? Many can’t afford to. “It’s not cheap to develop a military social work curriculum,” says Jose Coll, who was the new program’s first hire. “You need expertise – that means you need to hire.” Two years ago, Paul Maiden, the military track’s chief architect, recruited Coll to lead the fledgling effort and establish its headquarters at the new San Diego Academic Center. In 2008, Maiden invited Lt. Col. Valvincent Reyes to join the faculty. A medical company commander in the U.S. Army Reserves and a clinical expert on PTSD, Reyes designed the military track’s PTSD course. Clinical social worker Eugenia Weiss, a USC alumnus with a large military practice near Camp Pendleton, came on board to develop and teach the course on military families. And just six months ago, Maiden persuaded Hassan, who was heading up the Air Force Academy’s Master of Social Work program for commanders of cadets, to hang up his uniform so he could launch the Center for Innovation and Research on Veterans and Military Families, a national hub for military social work scholarship.

Rather than jealously guarding its resources, USC is reaching out to social work schools around the country, sharing curricula and administrative know-how. “I can tell you that everybody sees USC right now as leading the way for military social work,” says Hassan.

He intends to keep it that way. The Council of Social Work Education, the profession’s accrediting body, appointed him to chair the committee that is scheduled to release the Advance Practice Competencies for Military Social Work. This document, to be released this spring, will set out the professional standard for military social work. Oxford Press has contracted with Hassan to edit a book of leading scholarly essays on military social work. A national conference at USC is in the planning.

Another valuable hire was Master Gunnery Sgt. Isaac Ford, who heads up recruitment efforts for the military track. With 25 years’ experience in the Marine Corps, 17 of them as a recruiter, Ford has easy access to military bases, which turn out to be great sources of prospective students. Transition programs are teeming with newly discharged vets, all pondering what to do with their lives.

Many want to stay connected with the military somehow, says Coll, and see military social work as a way to do it. Coll’s own career is proof. When his Force Recon career abruptly ended in 1999 after “a bad jump” left him with a broken back, he reluctantly retired.

“I wanted to stay in,” he recalls. “I loved the Marine Corps.” A social worker. Hard, but not impossible. There are some folks that still don’t want to touch this,” Maiden says. If you develop a military social work program, will the faculty support it? By creating the program, are you somehow endorsing the military, endorsing the wars?

“One thing has really nothing to do with the other,” observes Anthony Hassan, a clinical associate professor in the program, who sees military personnel as no different from any other societal subgroup with specific counseling needs. A social worker does not implicitly endorse their lifestyle by agreeing to treat them.

Conversely, one can understand the reluctance of a hard-bitten combat veteran to spend time in the company of a shrink. What would his buddies say?

In Hassan’s experience, overcoming these fears and prejudices depends on how well military social workers relate to their patients, how much energy and time they put into establishing those relationships.

“Nowadays, we’re right there with them,” says the U.S. Air Force veteran, who deployed to Iraq as a combat stress-control officer in 2004. “We’re not walking patrols with them, but we may be in a convoy with them, fly in a helicopter with them. We live in the same tent, eat the same food.”

Well, not always the same tent. According to the Council on Social Work Education, there were 24,000 people enrolled in MSW degrees in 2007. Eighty-seven percent of them were women. Social work remains a heavily female profession. And the military population remains predominantly male: Only 14 percent is female.

It can be harder, Hassan admits, for a battle-scarred man to let his guard down around a woman social worker. Hard, but not impos-

Mars and Minerva

ANY MARRIAGE between social work and the military is bound to have its bumps. Some might say the two are hopelessly incompatible. Minerva and Mars. At the most basic level, one is about healing wounds, the other about inflicting them.

“There is a very strong trend historically of pacifism in the profession,” says USC Social Work dean Marilyn Flynn, a fact borne out by her own school’s mission statement, which contains phrases like “value-driven” and “social and economic justice.” That pacifism, Flynn contends, is “not directed against the people who gave their lives or the families who were impacted.” It’s more a principled rejection of war itself.

Most troubling to idealists, perhaps, is counseling service members before deployments to assess and assist in “military readiness.”

“A lot of social workers ask, ‘Why are we helping people prepare to go to war?’” says Vice Dean R. Paul Maiden. “But it’s not what social workers do. It’s helping patients manage their trauma, the things they’ll encounter. And anybody who goes to war is going to be impacted. It doesn’t matter how healthy you are.”

These tensions may help explain why USC remains the only military social work program in the country at a major research university.

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vocational rehab officer at the VA turned him on to social work, and he went on to earn a Ph.D. He was chairman of the social work department at Saint Leo University in Florida when he got the call from Maiden inviting him to USC.

“What really attracted me to come to the West Coast, lead this program and develop the academic center in San Diego was the opportunity to stay connected to the military that I love so much,” he says. “I still have a lot of friends who are in the Marine Corps, who have had multiple deployments, and I see what they’re going through. I see the need in our communities. What better way to give back?”

At a December information session attended by 25 prospective students in San Diego, Coll counted six or seven like-minded veterans. One active-duty Marine captain with three deployments under his belt described transitioning into military social work as a way to “still provide service for my troops, still be engaged in the Marine Corps, but from a civilian perspective, not in a uniform.” Isaac Ford also managed to recruit himself. He entered the MSW program in the fall.

Another demographic that naturally gravitates toward the new program, according to Hassan, is military spouses. They know that wherever the next assignment may take their family, they will be highly employable. “On every base, the military hires licensed social workers,” explains Hassan. “They don’t hire people with a master’s in counseling. They don’t hire people with a master’s in marriage and family therapy. They only hire MSWs. It’s a very marketable degree. The same is true at the VA. It will not hire anyone other than an MSW or a Ph.D.”

He and Coll currently are working with the Department of Defense to develop a direct pipeline for graduates of USC’s program to be employed though the Navy and Army. “Hopefully our program will be that catalyst where we build more social workers in the defense department,” says Coll. “It’s exciting.”

ONE BIG DIFFERENCE between today’s wars and past wars relates to major advances in trauma medicine. During World War II, the

“I can tell you that everybody sees USC right now as leading the way for military social work,” says retired Air Force Col. Anthony Hassan, who was recruited from the Air Force Academy last fall to launch USC’s Center for Research and Innovation on Veterans and Military Families.

Minerva, Roman goddess of healing

sible. “It all comes down to how you carry yourself and the credibility you can establish with the patient,” he says.

When patient and therapist just don’t click, Hassan says, the military makes an effort to assign a different therapist. Sometimes there’s no choice. “We have female social workers deployed to the war – on a compound where there may be only 10 other women,” he says. “Yet they are still the [mental health] resource.”

While in Iraq, Hassan learned to break down all kinds of patient barriers. “There was a male Army sergeant who did not want to see me because of my last name,” he recalls. A Chicago-born Catholic whose father had been Muslim, Hassan bears a common Arabic family name. In the case of that sergeant, Hassan insisted on a brief meeting before assigning a different therapist to his case. And, he says, “It worked out that he ended up seeing me.”

Flynn traces society’s disaffection with its military to the unpopular Vietnam War, which sparked “this idea that you can’t separate the warrior from the war.”

During and after the Vietnam era, people in uniform found themselves unwelcome in some settings. “Social workers who would wear their uniforms to a professional conference would be talked about, ridiculed,” says Hassan. “People wouldn’t get in the elevator with them.” There are social workers right now who were Vietnam veterans, and they will tell you these stories as if they happened yesterday.”

Fordham University dean of social work Peter Vaughan is one of them. According to Maiden, the Jesuit school’s dean only recently “came out” about his military service.

And no wonder. Vaughan returned from Vietnam with a bad case of PTSD, Flynn relates. One of his first days back home, he was riding on a bus when a stranger asked him: “How many babies did you kill?” Someone else spat on him.

But the times, they are a-changin’. “Now he’s a leader, the dean of a very large school in New York,” says Flynn. “And I think he’s influenced his faculty. There are a lot of people in his age group who are in leadership positions who remember.”

There are others, like Maiden, who feel regret. Not that Maiden ever taunted a Vietnam veteran, but his experiences as a VA social work intern in 1978 left him disheartened. “We had all these guys coming in with all these problems: substance abuse, mental health problems, family issues, domestic violence, suicidal ideation,” he recalls. “And we didn’t treat them very well. We didn’t know how to. That was before they had even diagnosed PTSD.”

The profession now is much better equipped to help. “We learned a lot from Vietnam,” says Flynn. “I really think today’s more compassionate orientation is drawn from the extended suffering and consequences of what we did to veterans of Vietnam. People don’t want that to happen again.” - DK
One major project is the first-ever psychiatric virtual patient, an autonomous agent with which students can hone their clinical interviewing and diagnostic skills. Next up for development are agents representing the military family. Eventually, students will be able to choose from a library of 50 to 100 virtual patients.

centers around the world. On a visit to Israel, they met with veterans of the 1973 Yom Kippur War who, 37 years out, are still struggling with combat stress-related disorders. The Israeli Defense Force treats PTSD as a chronic disease and so should we, Flynn believes. “It’s a very long-term view that we have to take,” she says.

While PTSD symptoms usually start soon after the traumatic event, they may fly under the radar – and go untreated – for years.

Vincent Reyes knows this firsthand. As a kid growing up in Southern California, he liked to watch old war movies with his dad. Inexplicably, one particular John Wayne film, They Were Expendable, would reduce this rock-steady family man to tears. When Reyes found the nerve to ask why, he learned that years earlier his father – a Filipino native – had served in the U.S. Armed Forces in the Far East. He had survived the Bataan Death March only to endure months of beatings and torture at the hands of his Japanese captors. All through his childhood, Reyes realized, his father had been suffering stoically, never seeking help, managing his trauma through the movies.

This knowledge inspired Reyes to become a social worker in the Army Reserve Medical Service Corps, where he has 21 years’ experience as a lieutenant colonel and medical company commander. He has seen his share of damaged psyches. In 2002, he was deployed to Bagram Air Base in Afghanistan, where he worked with the Forward Deployed Combat Stress Control Team. In 2004, he was sent to Fort Irwin in San Bernardino, charged with developing the post’s first PTSD treatment program for redeployed Operation Iraqi Freedom combat soldiers. In civilian life, Reyes was a California juvenile parole officer specializing in the system’s psychiatric caseload. But the toughest assignment by far came last November, when he was deployed to do grief counseling at Fort Hood, where an Army psychiatrist’s murderous rampage left 13 soldiers dead, 30 injured and hundreds traumatized. Reyes led a team of psychologists, social workers, psychiatrists and behavioral science technicians who counseled 600 affected soldiers and 100 civilian medical workers over two weeks.

“We were going back on a personal mission of mercy,” he says. Personal because Reyes’ unit, the 113th, had originally been called up to go to Iraq with the same group – mostly mental health workers like himself – that was being processed the day of the massacre. The orders had been cancelled when it turned out the 113th had not received adequate “dwell time” (down time between deployments), but 17 of Reyes’ comrades volunteered to go anyway. Among the dead was Capt. John Gaffaney, a 56-year-old psychiatric nurse from Reyes’ unit; one of Reyes’ enlisted sergeants was among the wounded.

SERVICE MEMBERS and veterans aren’t the only ones in need of counseling. Another group that disproportionately feels the strain of war is military families, and the existing system is letting them down.

While resilient and mature for their years, the children of service members present a special challenge to social workers. “Their experiences are completely different from those of mainstream kids,” says Eugenia Weiss, a clinical associate professor at USC. “With the mobility and deployments, the losses and injuries, their stressors are tremendous.”

Weiss sees a lot of “military brats” in her San Juan Capistrano practice. When there are behavioral problems, these kids are frequently misdiagnosed and mislabeled. “Civilian staff and faculty really don’t know what to do,” says Hassan. “If the kids are acting out, maybe they’ll attribute it to ADHD, when it’s really about ‘dad just left’ or ‘mom just returned.’”

The societal challenge is enormous. “These kids go to our schools; when mom or dad gets deployed, they react profoundly,” Flynn says. “But that aspect of their lives is invisible to the schools, invisible to the community, really. We have to build up the capacity of schools, principals, teachers and social workers to respond.”

Even at base schools, teachers and administrators tend to view the brats as civilians. USC has begun to tackle this problem. “We have interns at all six Camp Pendleton schools,” says Maiden, with palpable pride. “They’ve never had social workers there before.”

When Weiss earned her MSW from USC in 1992, she never imagined she would be treating active-duty soldiers, veterans, their spouses and military brats. But as a provider for Tricare and Military One, the two primary insurance plans for service members and their dependents, she estimates about 90 percent of her practice is now military families.

How did she learn her specialization? “I had to do my own education and training,” says Weiss, who later earned her doctorate in psychology. She now teaches the USC course on military families, giving her students the education she never received in school.
WEISS IS GETTING unlikely help from a team of psychologists, game designers and digital technicians with close ties to the military. At USC’s Institute for Creative Technologies (ICT), Albert “Skip” Rizzo, associate director for medical virtual reality, is developing a raft of applications to advance the goal of rapidly training a new cadre of military-savvy social workers.

Physicians in training have honed their skills on virtual patients for years, but in the mental health fields, no such training tool has been available. When Rizzo’s team is finished, though, social work trainees will be interacting with hundreds of artificially intelligent virtual trauma victims. Students will also train using the latest in virtual-immersion technology for exposure therapy – the leading evidence-based tool in the treatment of PTSD, according to the National Institutes of Medicine.

A clinical psychologist by training, Rizzo never had the benefit of such tools in his own professional education. He learned by role-playing with faculty supervisors and fellow graduate students.

By contrast, USC military social work students will hone their skills on virtual patients. By the time therapists-in-training see their first real patients, they will have practiced on hundreds of virtual ones. And this is essential, from an ethical perspective, because, as Jose Coll puts it: “I would hate for us to use our veterans as guinea pigs. Test all you want on a virtual human.”

Next generation virtual patients could come with an automated tutor – perhaps Sigmund Freud – who can interrupt the therapy if the trainee is doing something wrong.

“We can analyze the language that the trainee used in the course of the interaction,” Rizzo explains. A formula could pop up at the end of a session, tallying how many self-disclosure statements, how many information-gathering statements, how many empathy statements and how many follow-up questions with reflection the trainee uttered. If there’s an imbalance, it could easily be flagged. As for the “Virtual Iraq” project, funding through ICT’s partnership with the School of Social Work will enable Rizzo’s team to upgrade the virtual environment to the latest operating system (the current version runs on 2003 software). Down the road, Rizzo wants to integrate it with devices that monitor the patient’s heart rate, skin conduction and respiration. Correlation of these vital signs with specific stressors in the simulation reduces the clinician’s dependence on patient self-reporting and greatly improves the accuracy of assessment.

Other handy virtual tools also are in the works in Rizzo’s futuristic research lab, tucked away in an unassuming industrial park near ICT’s Marina del Rey campus. One system in development is SimCoach – a Web-accessible virtual human that can interact with veterans and military families wanting to learn about mental health services in a non-threatening, anonymous context. By asking simple questions, SimCoach can lead the user to appropriate information about stress, depression, brain injury, relationship counseling, substance abuse, suicide, rehabilitation and reintegrations.

“This is really breakthrough science,” says Flynn of her school’s collaboration with ICT.

It’s a propitious marriage between digital immersive environments and clinical experience. Success will depend on matching technical scientists’ imagination and programming savvy with applied social work research and emotional modeling.

The time frame is limited. “We have five more years of work,” says Flynn. “And we have millions of problems – around voice recognition, dead eyes, reactivity, the logic and the vocabulary. But if we can do this, if we can actually do this, that’s going to be a change for all of graduate education. Every other profession will benefit.”

If you have questions or comments on this article, please send them to magazines@usc.edu.

Flynn’s Way

THE USC SCHOOL of Social Work has certainly flourished under Dean Marilyn Flynn.

Since arriving from Michigan State University in 1997, in just 13 years she has taken the oldest school of social work in California on an amazing journey, more than tripling its endowment (from $8 million to $29 million), including nine endowed professorships (there was just one when she took the helm); more than doubling the full-time faculty (from 27 to 64); more than doubling its graduate student enrollment (from 400 to nearly 900); raising funds for a new instructional building on the University Park campus; and opening academic centers in Orange County, downtown Los Angeles, the Westside and, most recently, San Diego.

With her leadership, a $5 million endowment is in place for the Harnovitch Center for Science in the Human Services, the umbrella for the school’s considerable volume of sponsored research, which has increased from $1 million to $20 million. The elite USC Edward R. Roybal Institute on Aging is now housed in the school.

Today, U.S. News and World Report ranks USC 8th among the nation’s 200 graduate schools of social work.

The new military social work track is just one of several initiatives that Flynn has set in motion. Others include global student immersion programs, a professional doctoral degree and distance-learning opportunities.

Vice Dean R. Paul Maiden credits Flynn’s skill at taking advantage of the entrepreneurial, can-do spirit so unique to USC.

“It’s the ability to innovate,” says Maiden, who came to USC three years ago from the University of Central Florida. “It’s not having a massive bureaucratic structure you have to wade through. In Florida, every little thing had to go through.

“I set foot on this campus in July 2007, and we started developing the military social work program in September. By the following May, we had our curriculum approved and our site identified in San Diego. Jose Coll was hired in July 2008. We spent the next year building out. We opened our program in August 2009 – in just two years.”

– DK