ADJUSTMENT TO KILLING

VETERAN/SERVICE MEMBER PRESENTATION

1. Negative Emotional Reaction to Killing (1)*

A. The veteran/service member displays frequent and intense emotions related to killing another human.

B. The veteran/service member displays guilt, remorse, and shame about his/her participation in killing another human.

C. The veteran/service member displays sadness about his/her involvement in killing another human.

D. The veteran/service member displays anger about his/her involvement in killing another human.

E. As treatment has progressed, the veteran's/service member's emotional reactions to killing have become less frequent and less intense.

F. The veteran/service member reports that he/she has come to be at peace with his/her military involvement related to taking the life of another person.

2. Ruminations about Killing (2)

A. The veteran/service member reports constant ruminations about his/her participation in killing another human.

B. The veteran/service member reports that he/she has frequent thoughts about his/her participation in killing another human.

C. As treatment has progressed, the veteran's/service member's ruminations about killing and harming others have decreased.

3. Avoids Future Killing Situations (3)

A. The service member avoids activities that might lead to having to kill another human again.

B. The service member has avoided combat missions in an effort to keep from having to kill another human.

C. The service member has broken military protocol and defied orders in order to avoid situations that might lead to killing another human.

D. As treatment has progressed, the service member has been willing to accept his/her duty that may involve taking of another human life.

4. Avoids Reminders of Killing (4)

A. The service member avoids activities that serve as reminders of killing.

B. The service member has declined activities such as shooting a weapon during training because of the association with his/her experiences of killing another human.

*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Veterans and Active Duty Military Psychotherapy Treatment Planner* (Moore and Jongsma) by John Wiley & Sons, 2009.

C. As treatment has progressed, the service member's anxiety with activities that remind him/her of taking the life of another has decreased.
D. The service member reports that he/she is able to engage in all expected activities, regardless of whether these serve as a reminder of his/her experience related to killing another human.

5. Spiritual and Moral Conflicts (5)

A. The service member reports that he/she has been experiencing spiritual and moral conflicts related to killing others.
B. The service member is contemplating conscientious objector status.
C. The service member is struggling to reconcile his/her religious beliefs with his/her expectations and actions within the military.
D. As treatment has progressed, the service member has resolved his/her spiritual and moral conflicts.

6. Sleep Disturbance (6)

A. Since the traumatic killing event occurred, the veteran/service member has experienced a desire to sleep much more than normal.
B. Since the traumatic killing event occurred, the veteran/service member has found it very difficult to initiate and maintain sleep.
C. Since the traumatic killing event occurred, the veteran/service member has had a fear of sleeping.
D. The veteran's/service member's sleep disturbance has terminated and he/she has returned to a normal sleep pattern.

7. Alcohol/Drug Abuse (7)

A. Since the traumatic experience, the veteran/service member has engaged in a pattern of alcohol and/or drug abuse as a maladaptive coping mechanism.
B. The veteran's/service member's alcohol and/or drug abuse has diminished as he/she has worked through the traumatic killing event.
C. The veteran/service member reported no longer engaging in any alcohol or drug abuse.

8. Suicidal Thoughts (8)

A. The veteran/service member reported experiencing suicidal thoughts since the onset of posttraumatic stress disorder (PTSD).
B. The veteran's/service member's suicidal thoughts have become less intense and less frequent.
C. The veteran/service member reported no longer experiencing any suicidal thoughts.

INTERVENTIONS IMPLEMENTED

1. Assess Emotions (1)*

A. The veteran/service member was assessed in regard to the different types of emotions associated with killing another human.

*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Veterans and Active Duty Military Psychotherapy Treatment Planner* (Moore and Jongsma) by John Wiley & Sons, 2009.

B. Active listening, support, and empathy were provided during the clinical interview as the veteran/service member described his/her feelings of shame, guilt, anxiety, anger, and fear.
C. The veteran/service member was provided with support as he/she was quite emotional and forthcoming about his/her reaction to killing another human.
D. The veteran/service member was quite stoic and denied any significant emotions associated with killing another human, and was encouraged to express his/her emotions as they become more apparent.

2. Assess Severity of Emotional Impact (2)

A. The impact of the emotions on the veteran's/service member's current functioning was assessed through the use of clinical interview techniques.
B. The level of impact of the veteran's/service member's emotional functioning on his/her current functioning was assessed though the use of psychological testing.
C. It was reflected to the veteran/service member that he/she experiences a mild impact of the emotional reaction to killing on his/her current functioning.
D. It was reflected to the veteran/service member that he/she experiences a moderate impact of the emotional reaction to killing on his/her current functioning.
E. It was reflected to the veteran/service member that he/she experiences a severe impact of the emotional reaction to killing on his/her current functioning.

3. Teach about Negative Emotion Awareness (3)

A. The veteran/service member was taught techniques about how to become more aware of negative emotions.
B. The veteran/service member was taught to scan his/her body for physiological cues linked to his/her emotions.
C. The veteran/service member was provided with examples of physiological cues linked to his/her emotions (e.g., a tightening in the stomach to signal anxiety; balled fists to signal anger).
D. The veteran/service member was reinforced for his/her clear understanding of the physiological cues linked to negative emotions.
E. The veteran/service member has struggled to identify his/her negative emotions and was provided with remedial feedback about how to monitor for such emotions.

4. Assist with Labeling of Emotions (4)

A. The veteran/service member was assisted with correctly labeling his/her emotions.
B. The veteran/service member was supported as he/she sought to correctly label his/her emotions.
C. The veteran/service member was directed to use more descriptive terms for his/her emotions (e.g., breaking "mad" down into more descriptive terms such as "enraged," "frustrated," or "irritated").
D. The veteran/service member struggled to correctly label his/her emotions and was provided with remedial feedback in this area.

5. Explain Thoughts Impacting Emotions (5)

A. The veteran/service member was taught about the concepts of how thoughts impact emotions.
B. The veteran/service member was provided with several examples of the connections between cognition and feelings.
C. The veteran/service member was reinforced as he/she displayed a clear understanding of how thoughts impact emotions.
D. The veteran/service member provided specific examples of how his/her thoughts impact his/her emotions.
E. The veteran/service member struggled to understand the concept of how thoughts impact emotions, and was provided with remedial feedback in this area.

6. Teach about Automatic Thoughts (6)

A. The veteran/service member was taught the role of distorted thinking in precipitating emotional responses.
B. The veteran/service member was assisted in identifying the distorted schemas and related automatic thoughts that mediate PTSD responses.
C. The veteran/service member was reinforced as he/she verbalized an understanding of the cognitive beliefs and messages that mediate his/her PTSD responses.
D. The veteran/service member was assisted in replacing distorted messages with positive, realistic cognitions.
E. The veteran/service member failed to identify his/her distorted thoughts and cognitions and was provided with tentative examples in this area.

7. Assign Automatic Thought Record/Journal (7)

A. The veteran/service member was requested to keep a daily journal that lists each situation associated with automatic thoughts.
B. The Socratic method was used to challenge the veteran's/service member's dysfunctional thoughts and replace them with positive, reality-based thoughts.
C. The veteran/service member was reinforced for instances of successful replacement of negative automatic thoughts with more realistic, positive thinking.
D. The veteran/service member has not kept his/her record of automatic thoughts and was redirected to do so.

8. Teach about Cognitive Errors (8)

A. The veteran/service member was taught about common cognitive errors.
B. The veteran/service member was taught about cognitive errors such as judging, catastrophizing, labeling, all-or-nothing thinking, self-blaming, etc.
C. The veteran/service member was assisted in connecting his/her cognitive errors to his/her thoughts about the traumatic events.
D. The veteran/service member was assigned "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
E. The veteran/service member was reinforced for his/her understanding about cognitive errors.

F. The veteran/service member struggled to identify his/her cognitive errors and was provided with remedial feedback in this area.

9. Conduct Behavioral Experiments (9)

A. The veteran/service member was encouraged to do "behavioral experiments" in which negative automatic thoughts are treated as hypotheses/predictions and are tested against reality-based alternative hypotheses.

B. The veteran's/service member's automatic negative thoughts were tested against the veteran's/service member's past, present, and/or future experiences.

C. The veteran/service member was directed to talk with other veteran/service members about their thoughts and beliefs about killing.

D. The veteran/service member was assisted in processing the outcome of his/her behavioral experiences.

E. The veteran/service member was encouraged by his/her experience of the more reality-based hypotheses/predictions; this progress was reinforced.

F. The veteran/service member continues to focus on negative automatic thoughts and was redirected toward the behavioral evidence of the more reality-based alternative hypotheses.

10. Replace Negative Thoughts with Adaptive Thoughts (10)

A. The veteran/service member was assisted with replacing negative thoughts with more adaptive thoughts.

B. The veteran/service member was assisted in developing more adaptive thoughts through his/her experience of reality testing experiments, therapeutic computation, and sporadic questioning.

C. The veteran/service member was reinforced for developing more adaptive thoughts to replace his/her negative ruminations.

D. The veteran/service member has struggled to replace negative thoughts and ruminations with more adaptive thoughts, and was provided with more specific examples in this area.

11. Reinforce Positive Self-Talk (11)

A. The veteran/service member was reinforced for any successful replacement of distorted negative thinking with positive, reality-based cognitive messages.

B. It was noted that the veteran/service member has been engaging in positive, reality-based thinking that has enhanced his/her self-confidence and increased adaptive action.

C. The veteran/service member was assigned to complete the "Positive Self-Talk" assignment from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).

12. Review Possible Outcomes for Future Missions (12)

A. In an effort to reduce anxiety and prepare emotionally for future combat/training missions, the service member was requested to identify the possible scenarios regarding future missions.

B. The service member was asked to theorize about the worst-case scenarios regarding future missions.

C. The service member was requested to identify the best-case scenarios regarding future missions.

D. The service member was asked to identify the most likely case scenarios regarding future missions.
E. The service member was assisted in comparing and contrasting the likely scenarios regarding future missions.

13. Instill Confidence in Capability (13)

A. In an effort to instill a sense of confidence and capability in the veteran/service member, his/her past training and successful performance were reviewed and processed.
B. The veteran/service member was reinforced as he/she identified his/her experience of past training and successful performance.
C. The veteran/service member struggled to identify his/her past successes and was provided with specific examples in this area.

14. Teach Relaxation Techniques (14)

A. The veteran/service member was trained in a variety of relaxation techniques to reduce anxiety.
B. The veteran/service member was taught about the use of deep muscle relaxation.
C. The veteran/service member was taught about the use of visual imagery.
D. The veteran/service member was taught about deep breathing exercises.
E. The veteran/service member has regularly used relaxation techniques, and their benefits were reviewed.
F. The veteran/service member has not regularly used relaxation techniques and was redirected to do so.

15. Use Imaginal Exposure (15)

A. The veteran/service member was asked to describe a traumatic experience at an increasing, but client-chosen, level of detail.
B. The veteran/service member was asked to continue to describe his/her traumatic experience at his/her own chosen level of detail until the associated anxiety reduces and stabilizes.
C. The veteran/service member was provided with recordings of the session and was asked to listen to it between sessions.
D. The veteran/service member was reinforced for his/her progress in imaginal exposure.
E. The veteran/service member was assisted in problem-solving obstacles to his/her imaginal exposure.

16. Assess Sleep Pattern (16)

A. The exact nature of the veteran's/service member's sleep disturbance was assessed, including his/her bedtime routine, activity level while awake, nutritional habits, napping practice, actual sleep time, rhythm of time for being awake versus sleeping, and so on.
B. The effect of the killing incident on the veteran's/service member's sleep pattern was assessed.
C. The assessment of the veteran's/service member's sleep disturbance found a chronic history of this problem, which becomes exacerbated at times of high stress.
D. The assessment of the veteran's/service member's sleep disturbance found that he/she does not practice behavioral habits that are conducive to a good sleep-wake routine.

17. Instruct on Sleep Hygiene (17)

A. The veteran/service member was instructed on appropriate sleep hygiene practices.
B. The veteran/service member was advised about restricting excessive liquid intake, spicy late-night snacks, or heavy evening meals.
C. The veteran/service member was encouraged to exercise regularly but not directly before bedtime.
D. The veteran/service member was taught about minimizing or avoiding caffeine, alcohol, tobacco, or other stimulant intake.
E. The veteran/service member was directed to use the "Sleep Pattern Record" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
F. The veteran/service member was reinforced for his/her regular use of sleep hygiene techniques.
G. The veteran/service member has not regularly used sleep hygiene practices and was redirected to do so.

18. Refer for Physician Evaluation (18)

A. The veteran/service member was referred to his/her physician to rule out any physical and/or pharmacological causes for his/her sleep disturbance.
B. The veteran/service member was referred to his/her physician to evaluate whether psychotropic medications might be helpful to induce sleep.
C. The veteran/service member was referred for sleep lab studies.
D. The physician has indicated that physical organic causes for the veteran's/service member's sleep disturbance have been found, and a regimen of treatment for these problems has been initiated.
E. The physician ruled out any physical/organic or medication side effect as the cause for the veteran's/service member's sleep disturbance.
F. The physician has ordered sleep-enhancing medications to help the veteran/service member return to a normal sleep pattern.
G. The veteran/service member has not followed through on the referral to his/her physician and was redirected to complete this task.

19. Monitor Medication Compliance (19)

A. The veteran/service member was noted to be consistently taking the antidepressant medication and stated that it was effective at increasing normal sleep routines.
B. The veteran/service member reported taking the antidepressant medication on a consistent basis but has not noted any positive effect on his/her sleep; he/she was directed to review this with the prescribing clinician.
C. The veteran/service member reported not consistently taking his/her antidepressant prescription and was encouraged to do so.

20. Normalize Spiritual and Moral Conflicts (20)

A. The veteran/service member was provided with empathetic listening as he/she verbalized his/her current spiritual and moral conflicts.

B. The veteran/service member was advised that his/her spiritual and moral conflicts are quite typical for an individual in his/her situation.
C. The veteran/service member was reinforced as he/she appeared more at ease with his/her emotional struggles.

21. Refer to Chaplain (21)

A. The veteran/service member was referred to a chaplain.
B. The veteran/service member was referred to spiritual and moral leaders associated with the military.
C. The veteran/service member has followed up on the referral to his/her chaplain, and the benefits of this opportunity were reviewed.
D. The veteran/service member has not contacted his/her chaplain and was reminded to do so.

22. Assign Reading Material about Killing (22)

A. The veteran/service member was assigned to read the book *On Killing* (Lieutenant Colonel Dave Grossman).
B. The veteran/service member has read the assigned material about killing in the military, and his/her reaction to the material was processed.
C. The veteran/service member has not read the assigned material on killing and was redirected to do so.

23. Normalize Apprehension and Anxiety (23)

A. Active listening was used as the service member talked about his/her apprehension and anxiety about going on future combat/training missions.
B. The service member's apprehension and anxiety about future combat/training missions was normalized.
C. Specific examples of how others have struggled with similar apprehension and anxiety about future combat/training missions were reviewed.

24. Acknowledge Weapon Discomfort (24)

A. The service member's discomfort with maintaining a weapon was acknowledged.
B. The service member was assisted in exploring his/her reasons behind the discomfort with maintaining a weapon.
C. Active listening and support were provided as the service member talked about his/her discomfort with maintaining a weapon.
D. The service member was very stoic about his/her discomfort with maintaining a weapon and was urged to talk about this as he/she feels more comfortable.

25. Encourage Continued Weapons Practice (25)

A. The service member was encouraged to participate in shooting range practice.
B. The service member was encouraged to continue to spend time and cleaning his/her weapon.
C. The service member has continued difficult practices regarding weapon use, and his/her experience was processed.
D. The service member continues to avoid anything to do with weapons and was provided with additional treatment in this area.

26. Teach about Impact of Conflicted Thoughts (26)

A. The veteran/service member was taught about how conflicted thoughts can affect emotions.
B. The veteran/service member was taught about how conflicted thoughts can affect physiological functioning.
C. The veteran/service member was assisted in applying the effects of conflicted thoughts to his/her experience.
D. The veteran/service member was supported as he/she identified the effects that his/her conflicted thoughts have had on his/her emotional and physiological functioning.
E. The veteran/service member denied any impact of his/her conflicted thoughts on emotional and physiological functioning and was urged to remain open to these concepts.

27. Refer for Substance Use Evaluation (27)

A. The veteran/service member was asked to describe his/her use of alcohol and/or drugs as a means of escape from negative emotions.
B. The veteran/service member was referred for an in-depth substance abuse evaluation.
C. The veteran/service member was supported as he/she acknowledged that he/she has abused alcohol and/or drugs as a means of coping with the negative consequences associated with the traumatic killing event.
D. The veteran/service member was quite defensive about giving information regarding his/her substance abuse history and minimized any such behavior; this was reflected to him/her and he/she was urged to be more open.

28. Refer for Medical Evaluation (28)

A. The veteran/service member was referred for a medical evaluation because substance dependence is suspected.
B. The veteran/service member has received the medical evaluation, but no substance dependence was identified.
C. The veteran/service member has received the medical evaluation, and substance dependence is confirmed.

29. Refer to Chemical Dependence Treatment (29)

A. The veteran/service member was referred for chemical dependence treatment.
B. The veteran/service member consented to chemical dependence treatment referral, as he/she has acknowledged it as a significant problem.
C. The veteran/service member refused to accept a referral for chemical dependence treatment and continued to deny that substance abuse is a problem.
D. The veteran/service member was reinforced for following through on obtaining chemical dependence treatment.
E. The veteran's/service member's treatment focus was switched to his/her chemical dependence problem.

30. Tell the Story of the Killing (30)

A. The veteran/service member was gently encouraged to tell the entire story of the traumatic event.

B. The veteran/service member was given the opportunity to share what he/she recalls about the traumatic event.
C. Today's therapy session explored the sequence of events before, during, and after the traumatic event.

31. List Regrets (31)

A. The veteran/service member was asked to develop a list of all the regrets he/she has concerning the killing.
B. The veteran/service member was provided with empathetic listening and assistance in verbalizing his/her thoughts about the regrets that he/she has concerning the killing.
C. The veteran/service member was assisted in processing the list of regrets related to the killing in which he/she has participated.

32. Use Rational Emotive Approach (32)

A. A rational emotive approach was used to confront the veteran's/service member's statements of responsibility for the killing.
B. The veteran/service member was encouraged to consider the reality-based facts surrounding the killing and his/her distortion of those facts in accepting responsibility for the loss irrationally.
C. The veteran/service member was reinforced as he/she has decreased his/her statements and feelings of being responsible for the killing.

33. Treat/Explain Regarding Grief (33)

A. The veteran's/service member's experience was treated as one of grieving.
B. The veteran/service member was assisted in understanding the stages of grief.
C. The veteran/service member was assisted in identifying his/her current stage of grief.
D. The veteran/service member was taught about how to cope with, manage, and move through the stages of grief.

34. Assess Suicide Risk (34)

A. The veteran's/service member's experience of suicidal urges and his/her history of suicidal behavior were explored.
B. It was noted that the veteran/service member has stated that he/she does experience suicidal urges but feels that they are clearly under his/her control and that there is no risk of engagement in suicidal behavior.
C. The veteran/service member identified suicidal urges as being present but contracted to contact others if the urges became strong.
D. Because the veteran's/service member's suicidal urges were assessed to be very serious, immediate referral to a more intensive supervised level of care was made.
E. Due to the veteran's/service member's suicidal urges and his/her unwillingness to voluntarily admit himself/herself to a more intensive, supervised level of care, involuntary commitment procedures were begun.
F. The service member's chain of command was notified of the service member's suicide ideation and was asked to form a 24-hour suicide watch until the service member's crisis subsides.

35. Restrict Access to Weapons (35)

A. Support and supervisory people were contacted and told to remove weapons from the living environment of the veteran/service member.

B. A recommendation was made to the service member's chain of command that the service member be limited to low risk training.

C. The veteran/service member understood and agreed with the actions taken to restrict his/her access to weapons that he/she could use for self-injury.

36. Encourage Time with Supports (36)

A. The veteran/service member was encouraged to spend more time with family and friends.

B. The veteran's/service member's tendency to isolate himself/herself was monitored.

C. The veteran/service member was reinforced for his/her regular involvement with friends and family.

D. The veteran/service member has not regularly maintained involvement with extended family and was reminded to do so.