

ADJUSTMENT TO KILLING

BEHAVIORAL DEFINITIONS

1. Displays frequent and intense negative emotions related to killing another human (e.g., guilt, remorse, sadness, anger, shame).
2. Reports constant ruminations about killing another human.
3. Avoids activities that may lead to killing another human again (e.g., future combat missions).
4. Avoidance of activities that serve as reminders of killing (e.g., shooting a weapon during training).
5. Reports onset of spiritual and moral conflicts related to the killing.
6. Exhibits sleep disturbances.
7. Reports increased substance use to forget killing incident(s).
8. Reports onset of suicidal ideation related to the killing.

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LONG-TERM GOALS

1. Resolve cognitive and emotional conflicts surrounding killing another human.
2. Engage in activities that require use of a weapon.
3. Facilitate reconciliation of spiritual and moral conflicts with the killing.
4. Improve both quantity and quality of sleep.
5. Decrease substance use.
6. Eliminate suicidal ideation.

SHORT-TERM OBJECTIVES

1. Acknowledge the different emotions related to the killing. (1, 2)

2. Gain awareness of negative emotions. (3, 4)

3. Gain awareness of the connection between thoughts and emotions. (5, 6, 7, 8)

THERAPEUTIC INTERVENTIONS

1. Assess the different types of emotions (e.g., shame, guilt, anxiety, anger, fear, etc.) associated with killing another human and experienced by the veteran/service member by conducting a clinical interview.
2. Assess the severity of the veteran's/service member's emotions and the impact on current functioning using interview and psychological testing.
3. Teach the veteran/service member techniques on how to become more aware of negative emotions (e.g., scan body for physiological cues).
4. Assist the veteran/service member with correctly labeling his/her emotions.
5. Explain to the veteran/service member the concept of how thoughts impact emotions.
6. Teach the veteran/service member about the cognitive therapy concept of automatic thoughts.

4. Replace negative ruminations with more adaptive thoughts. (9, 10, 11)
5. Reduce anxiety and prepare emotionally for future combat/training missions. (12, 13, 14, 15)
7. Assist the veteran/service member with implementing an automatic thought record/journal on thoughts about the killing incident.
8. Teach the veteran/service member about cognitive errors (e.g., judging, catastrophizing, labeling, all-or-nothing thinking, self-blaming, etc.) and how he/she uses these errors when thinking about the event (or assign “Negative Thoughts Trigger Negative Feelings” in the *Adult Psychotherapy Homework Planner*, 2nd ed. by Jongsma).
9. Assist the veteran/service member in testing the reality of the negative thoughts through environmental experiments (e.g., talking with other veterans/service members about their thoughts and beliefs about killing).
10. Assist the veteran/service member in replacing his/her negative thoughts with more adaptive ones through the use of reality testing experiments, therapeutic confrontation, and Socratic questioning.
11. Reinforce the veteran’s/service member’s positive, reality-based cognitive messages that enhance self-confidence and increase adaptive action (or assign “Positive Self-Talk” in the *Adult Psychotherapy Homework Planner*, 2nd ed. by Jongsma).
12. Review worst, best, and most likely case scenarios regarding future missions for the veteran/service member.

13. Instill a sense of confidence and capability in the veteran/service member regarding future missions by reviewing his/her past training and successful performance.
 14. Teach the veteran/service member various relaxation techniques (e.g., deep muscle relaxation, imagining pleasant scenes, deep breathing exercises, etc.) that he/she can apply to ameliorate his/her anxiety about killing.
 15. Utilize the imaginal exposure of a systematic desensitization technique to reduce the veteran's/service member's clinically significant levels of anxiety associated with combat situations that may lead to another killing incident.
6. Report restful sleep. (16, 17)
16. Assess the veteran's/service member's sleep pattern and whether a sleep disruption has followed the killing incident.
 17. Instruct the veteran/service member on behavioral practices conducive to good sleep (or assign "Sleep Pattern Record" in the *Adult Psychotherapy Homework Planner*, 2nd ed. by Jongsma) that includes not using caffeine four hours prior to bedtime, not ruminating, exercising in the mornings, getting out of bed if not able to fall asleep within 15 minutes, not eating spicy meals/snacks prior to sleep, removing cues to time that may promote "clock watching" (see the chapter on Insomnia in this *Planner*).

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7. Keep an appointment with a prescribing practitioner to evaluate for appropriateness of medication to assist with sleep. (18, 19)
8. Verbalize current spiritual and moral conflicts. (20, 21, 22)
9. Acknowledge apprehension about going on combat/training missions. (23)
10. Gain a greater sense of confidence and comfortableness with a weapon. (24, 25)
11. Understand how killing another human can impact the mind and create temporary changes in the body's physiology. (22, 26)
18. Refer the veteran/service member to a prescribing practitioner to assess whether he/she would benefit from medication to assist with sleep.
19. Monitor the veteran's/service member's medication compliance, effectiveness, and side effects; be alert to medication abuse.
20. Normalize and empathize with the veteran's/service member's spiritual and moral conflicts.
21. Refer the veteran/service member to a chaplain or other spiritual and moral leader in the military.
22. Instruct the veteran/service member to read the book *On Killing* by Lieutenant Colonel Dave Grossman; process his/her reaction to the material.
23. Normalize the veteran/service member's apprehension and anxiety about going on future combat/training missions.
24. Acknowledge the veteran's/service member's discomfort with maintaining a weapon and explore his/her reasons behind the discomfort.
25. Encourage the veteran/service member to participate in shooting ranges or spend time breaking down and cleaning his/her weapon.
22. Instruct the veteran/service member to read the book *On Killing* by Lieutenant Colonel Dave Grossman; process his/her reaction to the material.

12. Verbalize that substance use has become a problem. (27, 28, 29)
13. Relate the details of the killing and express the grief and guilt associated with the action. (30, 31, 32, 33)
14. State the strength, frequency, and triggers of the suicidal ideation. (34)
26. Teach the veteran/service member how conflicted thoughts can affect emotions and physiological functioning.
27. Perform or refer the veteran/service member for an in-depth substance use evaluation.
28. Refer the veteran/service member for a medical evaluation if substance dependence is suspected.
29. Perform or refer the veteran/service member for substance use disorder treatment if necessary (see the chapters on Substance Abuse/Dependence and Opioid Abuse/Dependence in this *Planner*).
30. Using empathy and compassion, support and encourage the veteran/service member to tell in detail the story of the killing.
31. Ask the veteran/service member to list all the regrets he/she has concerning the killing; process that list.
32. Use a Rational Emotive Therapy approach to confront the veteran's/service member's unreasonable statements of responsibility for the action and compare them to more reality-based statements.
33. Treat the veteran's/service member's experience as one of grieving, explain the stages of the process (see the chapter on Grief/Complicated Bereavement in this *Planner*).
34. Assess the veteran's/service member's risk of suicide, taking into account his/her history of

attempts, access to lethal means, current psychosocial stressors, and future orientation.

15. Cooperate with procedures to increase personal safety. (35, 36)

35. Restrict the veteran's/service member's access to weapons at home and work.

36. Encourage the veteran/service member to spend more time with family and friends; monitor the tendency to isolate himself/herself.

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DIAGNOSTIC SUGGESTIONS

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
V62.2	Z56.9	Other Problem Related to Employment
V62.89	Z65.8	Religious or Spiritual Problem
309.0	F43.21	Adjustment Disorder, With Depressed Mood
308.3	F43.0	Acute Stress Disorder
309.81	F43.10	Posttraumatic Stress Disorder
296.xx	F32.x	Major Depressive Disorder, Single Episode
296.xx	F33.x	Major Depressive Disorder, Recurrent Episode
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