The Power of the Parallel: Using Culturally Appropriate Approaches to Create Positive Therapy Outcomes for Mental Health Providers Working with Service Members and Veterans

Presented by:
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Bio

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Disclosure

• The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the U.S. Department of Veterans Affairs, the U.S. Department of Defense, nor the U.S. Government.

• Mr. Bongioanni has no relevant financial relationships to disclose relating to the content of this activity. Commercial support was not received for this activity.
Learning Objectives

At the conclusion of this presentation, participants will be able to:

• Define the components of cultural competency and the ability to describe the implicit elements of military culture.
• Recognize how to draw basic parallels between military concepts and therapeutic goals when working with service members and veterans.
• Identify the personal attributes a culturally appropriate counselor can leverage during therapy in order to allow this cohort to gain more positive results.
• Identify the importance of a culturally competent intake form
Defining Military Culture

What is the difference?

- **Military Culture: Collective**
  - ‘We’ Culture
  - Fixed
  - The group’s goals placed ahead of personal goals
  - Learn first to manage people, then ideas
  - Success is measured by group achievement
  - Work is life (Profession...some might call it a vocation)

- **Civilian Culture: Individualistic**
  - ‘I’ Culture
  - Fluid
  - Emphasis is on individual achievement and self-reliance
  - Learn first to manage ideas, then people
  - Success is measured by individual achievement
  - Work is just a job (Occupation)

Military/Civilian Gap or Divide?
Defining Military Cultural Competence

Multicultural Orientation Has Two Domains:
1. Cultural Humility - Ability to maintain a personal stance that is nonjudgmental and other oriented.
2. Cultural Opportunity - Moments in session when a counselor can address and focus on a client’s cultural identity.
   - Missed cultural opportunities are missed opportunities to improve your clients outcome.  
     (Sue and Sue, 1981)

Three Main Areas of Multicultural Counseling Competency:
1. Counselor Knowledge About Different Cultures & Perspectives
2. Counselor Awareness About Their Own Heritage and How That May Affect Their Own Attitudes, Beliefs, and Judgements
3. Counselor Skills to Utilize in Culturally Appropriate Approaches
   (Sue and Sue, 1981)

- Many Military Cultural Competence trainings for clinicians focus at the first point and often also address the second. Few capture the third.
IMPLICIT COMPONENTS OF MILITARY CULTURE

....”We review the elements of military culture that may be the most powerful and enduring just because they are implicit and intangible, and cannot be shed along with the uniform: the values and guiding ideas that the warrior ethos comprises.”

(Litz, Lebowitz, Gray, & Nash, 2016)
Military Ethos

• Warrior Ethos
• “Leave no one behind” deep and enduring sense of loyalty and commitment to fellow service members
• Emphasize the importance of teamwork
• Infuse in each Service member a moral focus including the ability to make ethical decisions in situations that are morally ambiguous
• The basic tasks of a service member are fourfold: prepare to kill, kill if ordered, prepare to die, and die if necessary
• Profession/Vocation vs. Occupation
• Instill a Bond of brotherhood/sisterhood lasts throughout their military career and beyond. This bond is highly valued, nurtured, and protected. This drives Unit Cohesion. After a service member separates, this is lost and can often leave a veteran searching for a substitute.

(SAMHSA Handbook, 2010)
(Snider, 2005)
Military Values

• Honor and integrity are the core values of military service. In addition, each service has its own specific values that are taught to new recruits from the beginning of their time in service.

• The Army values are:
  
  *Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage*

• Navy and Marine Corps values are:
  
  *Honor, Courage, and Commitment*

• Air Force values are:
  
  *Integrity First, Service Before Self, and Excellence in All We Do*

• Coast Guard values are:
  
  *Honor, Respect, and Devotion to Duty*

• The attributes that soldiers, sailors, marines, airmen and coast guardsmen gain during their military service changes who they are as a person in a positive way. Channeling their understanding of the military ethos & values culture can be a key technique in therapy.

(SAMHSA Handbook, 2010)
From War Zone to Home Zone

In the military, confidence in times of uncertainty is build in training. Battlemind skills helped service members survive in combat but can cause challenges on the Homefront if not transitioned properly. Educating a veteran about how to transition these skills can be a helpful way for a therapist to encourage more effective adaptation of existing skills.

**Combat Skills:**

**Buddies (cohesion)**

Combat results in bonds with fellow soldiers that will last a lifetime. Back home, your friends and family have changed, re-establishing these bonds takes time and work.

**Accountability**

Maintaining control of weapon, and gear is necessary for survival. All your personal stuff is important to you.

**Targeted Aggression**

"Combat anger" involves appropriate responses to the actual threat level to ensure safety. Soldiers make split-second decisions that are lethal in a highly ambiguous environment. Kill or be killed. Anger keeps you pumped up, alert, awake, and alive.

**Tactical Awareness**

Survival depends on being aware at all times of your surroundings and reacting immediately to sudden changes.

**Lethally Armed**

Carrying your weapon at all times was mandatory and a necessity. You developed and followed strict rules for weapons safety, and when to fire your weapon.

**At Home May Present As:**

**Withdrawal**

**Action to Transition Combat Skill:** Renew relationships at home. Spend individual time with each of your loved ones; balance time spent with buddies and family. Provide and accept support from them.

**Controlling**

**Action to Transition Combat Skill:** Distinguish between what is and isn’t important. Reinquishing control at home does not place you at risk. Don’t be afraid to apologize when you overreact. Apologizing, especially to your spouse or significant other, is not a sign of weakness.

**Inappropriate Aggression**

**Action to Transition Combat Skill:** Assess whether there is a real threat to your safety. Think before you act. Wait before you respond (count to 10). Walk away. Talk to someone you trust – get an azimuth check.

**Hypervigilance**

**Action to Transition Combat Skill:** Take time to relax. Monitor for revved-up reactions to minor events. Engage in regular exercise. Don’t drink alcohol or take illegal drugs to fall asleep.

**“Locked and Loaded” at Home**

**Action to Transition Combat Skill:** Resist the desire to have a weapon “locked and loaded.” Follow all laws and safety precautions regarding weapons. Never drive with a loaded weapon. Never use a weapon to threaten or intimidate loved ones.

**Combat Skills:**

**Emotional Control**

Controlling and suppressing your emotions during combat is critical for mission success. This control quickly became second nature.

**Mission Operational Security**

Talk about mission only with those who need to know. Can only talk about combat experiences and missions with unit members or those who have "been there—done that."

**Individual Responsibility**

Your responsibility in combat is to survive and do your best to keep your buddies alive. In the "heat of battle," Soldiers must act—they must make life and death decisions.

**Non-Defensive/Combat Driving**

Unpredictable, fast-rapid changes, keeping other vehicles at a distance, straddling the middle line, designed to avoid threats and danger.

**Discipline and Orders**

Survival depends on discipline and obeying orders from the chain of command. Following orders kept you and those around you safe and in control.

**At Home May Present As:**

**Anger/Detachment**

**Action to Transition Combat Skill:** Showing emotions is important for sustaining personal relationships. Displaying emotions doesn’t mean you are weak.

**Secretiveness**

**Action to Transition Combat Skill:** Realize that your family has a need to know something about your experiences while deployed. Tell your story, but in the way you want to tell it. Share with your significant other what you’re doing, day to day. Be proud of your service.

**Guilt**

**Action to Transition Combat Skill:** Recognize that there are human limits to preventing death and injuries. Don’t allow your survival guilt to destroy you. Your buddy would want you to drive on.

**Aggressive Driving**

**Action to Transition Combat Skill:** Shift from offensive driving to defensive driving. Control your anger. Obey traffic laws. Use turn signals. Slow down.

**Conflict**

**Action to Transition Combat Skill:** Acknowledge that friends and family members have been successful while you have been gone and may have developed new ways of doing things. Always be prepared to negotiate. A family is not a military unit.

(Walter Reed Army Institute of Research, 2005)
The Combat Veteran Paradox

A paradox is a statement that seemingly contradicts itself and yet might be true. Combat veterans have to deal with many different paradoxes when they return home. Since these are often very complex, counseling and therapy can help a combat veteran understand these paradoxes and develop successful coping strategies, even in the absence of a mental health disorder.

<table>
<thead>
<tr>
<th>Paradox</th>
<th>Simultaneous thoughts, emotions or behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modesty paradox</td>
<td>My service and sacrifice should be recognized.</td>
</tr>
<tr>
<td></td>
<td>I’m proud of my service.</td>
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<tr>
<td></td>
<td>People don’t want to help veterans.</td>
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<tr>
<td></td>
<td>Don’t talk about self, “it was my team.”</td>
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<tr>
<td>Mixed emotions paradox</td>
<td>I’m happy to be home.</td>
</tr>
<tr>
<td>Back-there paradox</td>
<td>I should share my feelings with family and friends.</td>
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<tr>
<td></td>
<td>I want to be home.</td>
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<tr>
<td></td>
<td>I miss my family.</td>
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<tr>
<td></td>
<td>There is no purpose here.</td>
</tr>
<tr>
<td>Kanji paradox</td>
<td>I’m happy to be alive.</td>
</tr>
<tr>
<td></td>
<td>Better men were killed.</td>
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<tr>
<td></td>
<td>I don’t deserve to be here.</td>
</tr>
<tr>
<td></td>
<td>I should have saved him/her.</td>
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<tr>
<td>Morpheus paradox</td>
<td>I am physically and mentally exhausted.</td>
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<tr>
<td></td>
<td>I can’t sleep.</td>
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<tr>
<td></td>
<td>I can’t calm down.</td>
</tr>
<tr>
<td></td>
<td>I am constantly “on edge.”</td>
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<tr>
<td>Courage paradox</td>
<td>I proved my strength and courage in combat.</td>
</tr>
<tr>
<td></td>
<td>People will think I am weak if I ask for help.</td>
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<tr>
<td></td>
<td>Showing emotions is a sign of weakness.</td>
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<tr>
<td></td>
<td>Apologizing to loved ones is a sign of weakness.</td>
</tr>
<tr>
<td></td>
<td>I cannot relax.</td>
</tr>
<tr>
<td>Aschlasia paradox</td>
<td>I want to enjoy life.</td>
</tr>
<tr>
<td></td>
<td>I wish I could clear my mind and enjoy work.</td>
</tr>
<tr>
<td>Intimacy paradox</td>
<td>Being tight with members of the unit is important.</td>
</tr>
<tr>
<td></td>
<td>If feels good to be loved.</td>
</tr>
<tr>
<td>Safety paradox</td>
<td>Nothing can harm me.</td>
</tr>
<tr>
<td></td>
<td>I’m not afraid of death.</td>
</tr>
<tr>
<td>Silence paradox</td>
<td>No one understands what it is like.</td>
</tr>
<tr>
<td></td>
<td>I need to get this “out of my head.”</td>
</tr>
<tr>
<td>Risk-taking paradox</td>
<td>Never take unnecessary risks (in combat).</td>
</tr>
<tr>
<td></td>
<td>It mattered over there.</td>
</tr>
<tr>
<td>Life–meaning paradox</td>
<td>I appreciate the important things in life.</td>
</tr>
<tr>
<td></td>
<td>Enjoy life.</td>
</tr>
</tbody>
</table>

(Castro, Krintzle, & Hassan, 2015)
Drawing Parallels between Military Concepts and Therapeutic Goals
What is a Parallel?

**Something that is similar in comparison**

**Possible Components of a good Parallel:**

- *Metaphor:* A term or phrase that is used to make a comparison between two things that aren't alike but have something in common.

- *Analogy:* A comparison between two like things, typically for the purpose of explanation or clarification.

- *Allegory:* Using storytelling and narrative to express an idea or teach a lesson.

**Some other ways to think of parallels:**

- **Psychology:** ‘Re-Frame’ a specific therapy technique for helping clients to see their situation in a new light or from a new perspective.

- **Technology:** ‘Spin-Off’ originally designed to support a specific purpose in a specific setting that was later discovered to have a generalized benefit outside the domain for which it was originally intended.

- **Biology:** ‘Exaptation’ a trait that is co-opted for a purpose other than that for which it had originally evolved.
Why Use a Parallel and When Is It Appropriate?

• A parallel can be a way to reframe what the service member/veteran already knows in order to educate them about a psychological model
• Most parallels are not unique to combat experiences and are frequently common implicit cultural experiences
• If can be a way to normalize therapy for client and show your military cultural competence at same time. Ultimately, it can help build trust.

Before using a parallel...providers should ask themselves:
- Does the veteran/service member highlight their military experience as one based in positive or negative thoughts/beliefs/emotions? Most of the time you will get the details needed for you to make this assessment in the intake.
- Impact of ‘Time Effect’ - recently separated vs. separated 50 years ago

NOTE: The methodology of using military parallels to achieve more positive therapeutic outcomes is mainly anecdotal and has not been tested in research or empirically proven. However we can look to research that shows establishing a better therapeutic alliance leads to improved outcomes and also research in the efficacy of using metaphors in therapy as likely guides for this model.

Therapeutic Goal (TG): (Focused goal of therapy that can be used in treatment planning) | Works Well With (WW): (Proposed groups may be most effective with) | Core Parallel (CP): (Summarizes parallel link) | Skill Level (SL): 1 (Basic Cultural Competence Skills Needed) 2 (Psychological theory/technique knowledge needed)

In next several sides you will see these footnotes to help understand the parallel.
BRASS is a simple technique used to teach rifle marksmanship in the USMC. It can be tailored to teach basic mindfulness and breathing skills.

**BRASS Marksmanship Technique**
- Breath- Control your breathing
- Relax- Remove tension
- Aim- Proper Sight Picture
- Stop- Be still and pause naturally
- Squeeze- Don’t jerk shot/trigger

**BRASS Mindfulness/Breathing Technique**
- Breath- Control your breathing
- Relax- Remove tension
- Aim- Positive thoughts
- Stop- Be still with yourself in a non-judgmental manner
- Squeeze- Proceed/ Engage with poise, power, and peace

(Tabb, 2010)

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**TG:** Use marksmanship principles to teach importance of breathing

**CP:** Self Control as used in Marksmanship -> Mindful Breathing

**WW:** All Veterans & SM

**SL:** 1
PMCS
Preventive Maintenance Checks and Services (PMCS) are done in the military to maintain all types of equipment to keep it fully mission capable. Similarly, we can conduct preventive maintenance on ourselves in order to achieve a better sense of balance and improve our quality of life.

Equipment in the Military had a Preventive Maintenance Schedule

We Need to also Perform Frequent PMCS on Ourselves

- Take a look at your actions and behaviors. Figure out what’s working, what’s not, and are you doing something about it?
- Work on developing your strengths while minimizing your weaknesses.
- Do your basic ‘10-level operator level checks’ before, during, and after we engage in the daily tasks of life. Catch issues when they are small before they become catastrophic.
- Become a better version of yourself through balance and awareness of your thoughts/body/behavior

<table>
<thead>
<tr>
<th>TG: Achieve better balance in mind/body/behavior</th>
<th>WW: All Veterans &amp; SM</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP: Pride seen in Maintenance of equipment -&gt; Maintenance on Ourselves</td>
<td>SL: 1</td>
</tr>
</tbody>
</table>

(DVIDS, 2016)
Negotiating Obstacles

Negotiating an obstacle course is a confidence building task that most members of the military will do at some point in their career. These are challenging both physically and mentally in that you often have to confront your fears head on. However in civilian life, expending large amounts of physical and psychological resources on obstacles that do not pose a significant threat is counterproductive.

A Military Obstacle Course Can Only Be Negotiated One Way...Head On

Most Obstacles in Civilian Life Do Not Need to Be Taken Head On

Direct Method Is Exhausting!

Alternative Ways that Require Less Resources!

TG: Help identify what obstacles in life need to be taken head on and which ones can be negotiated in other ways in order to conserve resources

CP: Overcoming Obstacles -> Negotiating Challenges in Life

WW: All Veterans & SM

SL: 1
Military Planning

The military has many different linear processes that guide planning in order to achieve goals and mission success. The Operations Orders (OPORD) and Troop Leading Procedures (TLPs) are two examples. Many goal setting models have a very similar linear nature and can be easily paralleled.

Military Planning Models

**Troop Leading Procedures:**
1. Receive Mission
2. Issue Warning Order
3. Make tentative plan
4. Initiate necessary movement
5. Conduct reconnaissance
6. Complete plan
7. Issue Orders
8. Supervise & refine

*(FM 6-0, 2014)*

**5 Paragraph OPORD:**
1. Situation
2. Mission
3. Execution
4. Service & Support
5. Command & Signal

*(FM 6-0, 2014)*

Life Goal Setting Models

**SMART GOAL SETTING**

A SMART goal is set using the following guidelines:

- **Specific:** Identifies a specific action or event that will take place.
- **Measurable:** Should be quantifiable (countable) so progress can be tracked.
- **Achievable:** Should be attainable and realistic given resources.
- **Relevant:** Should be personally meaningful.
- **Time-Bound:** State the time period for accomplishing the goal.

*(Doran, 1981)*

<table>
<thead>
<tr>
<th>TG:</th>
<th>Help client identify and establish goals in their personal life.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP:</td>
<td>Military Planning-&gt; Personal Goal Setting</td>
</tr>
<tr>
<td>WW:</td>
<td>All Veterans &amp; SM</td>
</tr>
<tr>
<td>SL:</td>
<td>1</td>
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</table>
Health & Wellness

In the military, personal wellness, especially physical fitness and health readiness are important components of daily life. Leveraging knowledge of these can be helpful in helping find a point of balance in life thru Whole of Health/Wellness/Therapeutic Lifestyle Change (TLC) techniques.

Physical and Health Readiness in Military

Whole of Health / Wellness/ Therapeutic Lifestyle Change Models

| TG: | Achieve better balance and quality of life |
| CP: | Physical and health readiness in service -> Wellness/Whole of Health/TLC Models |
| WW: | All Veterans & SM |
| SL: | 1 |
‘I've Got Your Back’

A ‘Shipmate/Battlebuddy/Wingman’ is of critical importance in the service and a norm of the collective ‘we’ based culture. Upon separation, this bond is severed. However, it can be re-connected by encouraging the veteran to engage in parallel activities that help re-establish a sense of community.

They Were Once Part of Unit...

Help them ‘Find a new Unit’

- Veteran Service Organization
- Student Veteran Group
- Sport/Athletic Pursuit
- Hobby/Pleasurable Activity
- Veteran Community Advocacy
- Professional/Work Pursuit
- Church Community
- Family/Friend Community

TG: Reconnect a veteran socially with the sense of community lost in separation

CP: Belonging to a unit in the service -> Connecting to become a member of a new unit.

WW: All Veterans and SM

SL: 1
Hard Skills vs. Soft Skills

Hard Skills are military job skills and sometimes can be translatable to civilian life. Soft Skills are also developed in the military but are not often what a veteran will immediately identify with as a key attribute. Help them leverage both skills in pursuit of vocational or educational goals.

Examples of Hard Skills

Examples of Soft Skills

1. Communication skills
2. Teamwork
3. Leadership
4. Diplomacy
5. Time Management
6. Problem Solving
7. Prioritize and multi-tasking
8. Efficiency
9. Effective Planning

(TG: Improve ability to leverage hard & soft skills in pursuit of their personal goals)

(Andersen and Rodriguez, 2015)

(WW: Veterans & SM who have recently transitioned)

(CP: Hard Skills of Military Occupation -> Soft Skills to Use in vocational or educational goal setting)

(SL: 1)
Positive Psychology

The tenants of positive psychology, particularly resilience, are currently instructed in the military to help service members obtain the mental, physical, emotional, spiritual and behavioral ability to face and cope with adversity, adapt to change, recover, learn and grow from setbacks. By leveraging this existing knowledge, you can explore further principles such as the social resilience model or post traumatic growth (PTG).

Current Resilience Training (US Army)
- Comprehensive Soldier & Family Fitness Program
- Assessment Tool (GAT)
- Master Resilience Trainer
  (Reivich, Seligman, & McBride, 2011)

Social Resilience Model

PTG Inventory
- Appreciation of life
- Relationships with others
- New possibilities in life
- Personal strength
- Spiritual change
  (Tedeschi & Calhoun, 1995)

(Tleigh, 2016)

<table>
<thead>
<tr>
<th>TG:</th>
<th>Leverage existing knowledge in resilience techniques to assist in further psychoeducation in positive psychology models.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP:</td>
<td>Resilience Training in Military -&gt; Neurobiological self-regulation skills</td>
</tr>
<tr>
<td>WW:</td>
<td>Veterans &amp; SM who have recently transitioned</td>
</tr>
<tr>
<td>SL:</td>
<td>2</td>
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</table>
PPE protects your body from harm. Dialectical Behavior Therapy (DBT) exercises interpersonal effectiveness, emotion regulation, and distress tolerance to allow your mind to more effectively regulate negative affect.

**PPE Protects Your Body**

- Identifying Interpersonal Schemas
- Assertiveness Skills
- Boundaries in Relationships
- Power Balances
- Effective ways of saying ‘No’
- Conflict Resolution Models
- Pleasurable Activity Lists

**DBT Skills Protect Your Mind**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Feeling</th>
<th>Intensity (0-10)</th>
<th>Thoughts</th>
<th>Action</th>
</tr>
</thead>
</table>

*Build your awareness of your feelings*

(Skills Training in Affective and Interpersonal Regulation, US Dept. of Veterans Affairs, 2015)
Military Values

A therapist can channel a veteran’s existing knowledge of military values to increase motivation within the therapeutic process. Dialectical Behavior Therapy (DBT) has extensive value-based skills.

**Service Values**

**Army Values**
- Loyalty
- Duty
- Respect
- Selfless service
- Honor
- Integrity
- Personal Courage

**Navy Core Values**
- Honor
- Courage
- Commitment

**USMC Core Values**
- Honor
- Courage
- Commitment

**Air Force Core Values**
- Integrity First
- Service Before Self
- Excellence in All We Do

**USCG Core Values**
- Honor
- Respect
- Devotion to Duty

**What Are Values?**

- Values are things that really matter.
- Values are not goals or outcomes but can contribute to achieving them.
- Values are not in the future. They are a way of living in the present.
- Values can change over time.

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**TG:** Incorporate clients military values into treatment plan goals

**CP:** Military Values -> DBT Personal Values/Goals Work

**WW:** All Veterans & SM

**SL:** 2

(Linehan, 2015)
After Action Reviews (AARs)

The military conducts AARs after any mission as a way to capture what occurred so lessons learned can be applied in the future and mistakes can be avoided. This process is very similar to the commonly used A-B-C worksheets of many Cognitive Behavioral Style therapies.

**Military AAR Format**

- What Happened?
- Why Did it Happen?
- How can I sustain strengths and improve from noted weaknesses next time it occurs?

**(FM 7-0, 2016)**

**A-B-C Worksheet**

<table>
<thead>
<tr>
<th>Activating Event</th>
<th>Belief</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>“Something Happens”</td>
<td>“I tell myself something”</td>
<td>“I Feel Something”</td>
</tr>
</tbody>
</table>

Are my thoughts in ‘B’ Realistic?
What can you tell yourself on such occasions in the future?

*(Resick, Monson, & Chard, 2014)*

**TG:** Help veteran ID negative beliefs through understanding relationship between thoughts and feelings

**CP:** AAR Process of Reviewing Missions -> ABC Worksheet to ID Link Between Thoughts & Feelings

**WW:** All Veterans & SM

**SL:** 2
Sensitive Items

Sensitive items are pieces of equipment that require special security and/or storage procedures to prevent their loss or theft. These are locked in a secure container or arms room that can be opened only by authorized individuals. In EMDR therapy, the container exercise is a technique that allows the client to stabilize and cope with negative affect.

Sensitive Items Are Secured In a Certain Way in the Military

Secure Disturbing Thoughts, Beliefs, or Images in a Secure Container of Your Choosing to be Opened Only When You Desire

Basic EMDR Container ‘Script’
1. Construct the container
2. Deepen the container
3. Fill the container
4. Close the Container
5. Test the Container

(TG): Help veteran ID negative beliefs through understanding relationship between thoughts and feelings

(WW): All Veterans & SM

(CP): Sensitive Item Containers/Arms Room -> EMDR Container Exercise

(SL): 2

(DVIDS, 2009)
(GSAContainer.com, 2005)
(Shapiro, 2001)
Heuristics

A heuristic is a mental shortcut that helps make decisions quickly. Service members learn various mental heuristics to help reduce complex tasks to basic muscle memory. These can later create obstacles in civilian life where most decisions do not need to be made at a moments notice. Cognitive Processing Therapy (CPT) can challenge thinking methods driven by heuristics.

Heuristics Help a Service Member Survive in Combat

- Heuristics that are taught to service members involve: Power, self-control, personal responsibility, and autonomy
  (Schaubel, 2017)

- Combat does not allow the luxury of fully cognitively processing every moment in time

- Heuristics help service members survive in a **VUCA** (volatile, uncertain, complex and ambiguous) environment

Explore Possible Models That Challenge Heuristic Thinking

\[ E - Events + R - Response = O - Outcome \]

(Resnick and Rozensky, 1996)

Exploring safety, trust, power/control, vulnerability, self-doubt, and uncertainty

(Resick, Monson & Chard 2014)

Discuss Over-Accommodation vs Assimilation of Stuck Points

(Resick, Monson & Chard 2014)

**STOP**

S- Stop/Breath

T- Think

O- Options

P- Plan

(Adapted From: Goldstein, 2013)

**TG:** Explore cognitive models that challenge absolute or extreme thinking.

**CP:** Heuristic Thinking -> Deductive/Rational Thinking Models

**WW:** All Veterans & SM

**SL:** 2
Moral Injury

Perceived transgression that goes against individual or shared moral expectations.

Shattered identify and sense of betrayal with a visceral impact. (Maguen & Litz, 2016)

**Moral Justification for Killing in War**

- Professionals of arms are entrusted to defend the innocent by using force
- Every act of killing is a very serious, permanent action that requires moral justification
- We kill only those who, by their own rights-threatening actions, have temporarily forfeited their own right not to be killed
- Killing someone, even justifiably, is upsetting at some level. That’s normal and healthy. If the killing is morally unjustified, the psychological impact will likely be much greater.

*This is often complicated by:*

- Many shades of grey that killing in war normally takes on
- Confusing Rules of Engagement
- How to determine hostile intent

(Kilner, 2010)

**Possible Ways to Heal**

- Cleansing Ritual
  (Almost Sunrise, 2016)
- Spirituality
- Community
  (Shay, 2017)
- New Therapies?
  Impact of Killing in War (IOK)
  (Maguen, 2016)
  - Adaptive Disclosure
    (Litz, 2016)

**TG:** Address moral injury

**CP:** Moral Justification for Killing In War -> Possible Ways to Heal

**WW:** All Veterans & SM

**SL:** 2
Other Points of Research If You Are Interested in Parallels

- **Philosophy**
  - Stoicism

- **Psychology and War**
  - Michael Matthews: *Headstrong How Psychology is Revolutionizing War*

- **Civil Military Divide/Gap**
  - Kori Schake & Jim Mattis: *Warriors & Citizens American Views of Our Military*
  - Karl Marlantes: *What It Is Like to Got to War*

- **Importance of Community in Healing**
  - Sebastian Junger: *Tribe On Homecoming and Belonging*
  - Joseph Bobrow: *Waking up from War*

- **Moral Injury**
  - Jonathan Shay: *Achilles in Vietnam: Combat Trauma and the Undoing of Character*
  - Nancy Sherman: *Afterwar Healing with Moral Wounds of Our Soldiers*
  - Brett Litz, Leslie Lebowitz, Matt Gray, and William Nash: *Adaptive Disclosure*
PERSONAL ATTRIBUTES TO LEVERAGE IN CULTURALLY COMPETENT THERAPY
Attributes to Have...

Honesty
• Explore your own assumptions toward military culture
• Use facts, “Deal in Real”, “BLUF”
• Express confidentiality limits up front

Respect
• Assess what service member/veteran’s service experience was; If appropriate, thank them for their service if appropriate
• Be mindful & curious about details of military service; ask respectful questions
• Let the service member/veteran tell you their story when they are ready and respect their process

Awareness
• Identify risk & resilience factors
• Recognize transitional & reintegration challenges; Focus at potential psychosocial stressors
• Have a detailed *intake* form you can use to capture a full psycho-social and military history
• Have implicit and explicit knowledge in military cultural competency

Flexibility
• Have flexible hours
• Integrate family, caregivers, or friends into treatment if service member/veteran approves
• Consider having a veteran on your staff or a channel to harness peer support

(Andersen and Rodriguez, 2015)
DON’T

• Ask when you first meet a veteran: ‘Did your friends die?’ or ‘Did you see people die?’ or ‘Did you kill anyone?’ or ‘How was it over there?’
• Assume every service member’s trauma may come from active combat
• Make assumptions about one’s military career; Remember that the service member is the expert in their own military career; Some may not even define themselves as a veteran
• Provide Poor Customer Service
• Have an Attitude
• Use cookie cutter treatment plans
• Enter into political discussions

(Andersen and Rodriguez, 2015)
Key “Take-aways”

• A provider must have a solid grasp of implicit components of military cultural competency
• Having culturally-appropriate approaches that parallel concepts clients are already familiar with can provide true ‘cultural opportunities’ for providers to focus on a client’s cultural identity when integrated into treatment planning
• There are several key personal attributes a culturally-competent therapist should exhibit and others they should refrain from
• A solid format for conducting a culturally-competent intake is critical
References & Citations


Collins, M (Producer) and Syjuco, M (Producer) & Collins, M (Director). 2016. Almost Sunrise (Motion Picture). USA: Tom Voss & Anthony Anderson


FM 7-0. (2016). Train to Win in a Complex World. Washington, DC: Department of the Army,


References & Citations


References & Citations


Questions / Comments ??

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