CASE STUDY

"Tom" is a 23-year-old, single, white male who present- ed for treatment approximately 1 year after a traumatic event that occurred during his military service in Iraq. Tom received CPT while on active duty in the Army.

Background

Tom was born the third of four children to his parents. He described his father as an alcoholic who was frequently absent from the home due to work travel prior to his parents' divorce. Tom indicated that his father was always emotionally distant from the family, especially after the divorce. Tom had close relationships with his mother and siblings. He denied having any significant mental health or physical health problems in his childhood. However, he described two significant traumatic events in his adolescence. Specifically, he described witnessing his best friend commit suicide by gunshot to the head. Tom indicated that this event severely affected him, as well as his entire community. He went on to report that he still felt responsible for not preventing his friend's suicide. The second traumatic event was the death of Tom's brother in an automobile accident when Tom was 17 years old. Tom did not receive any mental health treatment during his childhood or after these events, though he indicated that he began using alcohol and illicit substances after these traumatic events in his youth. He admitted to using cannabis nearly daily during high school, as well as daily use of alcohol, drinking as much as a 24-pack of beer per day until he passed out. Tom reported that he decreased his alcohol consumption and ceased using cannabis after his enlistment.

Tom served in the Infantry. He went to Basic Training, then attended an advanced training school prior to being deployed directly to Iraq. While in Iraq, Tom witnessed and experienced a number of traumatic incidents. He spoke about fellow soldiers who were killed and injured in service, as well as convoys that he witnessed being hit by improvised explosive devices (IEDs). However, the traumatic event that he identified

as most distressing and anxiety-provoking was shooting a pregnant woman and child.

Tom described this event as follows: Suicide bombers had detonated several bombs in the area where Tom served, and a control point had been set up to contain the area. During the last few days of his deployment, Tom was on patrol at this control point. It was dark outside. A car began approaching the checkpoint, and officers on the ground signaled for the car to stop. The car did not stop in spite of these warnings. It continued to approach the control point, entering the area where the next level of Infantrymen were guarding the entrance. Per protocol, Tom fired a warning shot to stop the approaching car, but the car continued toward the control point. About 25 yards from the control point gate, Tom and at least one other soldier fired upon the car several times.

After a brief period of disorientation, a crying man with clothes soaked with blood emerged from the car with his hands in the air. The man quickly fell to his knees, with his hands and head resting on the road. Tom could hear the man sobbing. According to Tom, the sobs were guttural and full of despair. Tom looked over to find in the pedestrian seat a dead woman who was apparently pregnant. A small child in the backseat was also dead. Tom never confirmed this, but he and his fellow soldiers believed that the man crying on the road was the husband of the woman and the father of the child and fetus.

Tom was immediately distressed by the event, and a Combat Stress Control unit in the field eventually had him sent back to a Forward Operating Base because of his increasing reexperiencing and hypervigilance symptoms. Tom was eventually brought to a major Army hospital and received individual CPT within this setting.

Tom was administered the CAPS at pretreatment; his score was in the severe range, and he met diagnostic criteria for PTSD. He also completed the Beck Depression Inventory–II (BDI-II) and the State–Trait Anxiety Inventory (STAI). His depression and anxiety symptoms at pretreatment were in the severe range. Tom was provided feedback about his assessment results in a session focused on an overview of his psychological assessment results and on obtaining his informed consent for a course of CPT. After providing feedback about his assessment, the therapist gave Tom an overview of CPT, with an emphasis on its trauma-focused nature, expectation of out-of-session practice adherence, and the client's active role in getting well. Tom signed a "CPT Treatment Contract" detailing this information and was provided a copy of the contract for his records. The CPT protocol began in the next session.

Session 1

Tom arrived 15 minutes prior to his first scheduled appointment of CPT. He sat down in the chair the therapist gestured that he sit in, but he was immediately restless and repositioned frequently. Tom quickly asked to move to a different chair in the room, so that his back was not facing the exterior door and his gaze could monitor both the door and the window. He asked the therapist how long his session would take and whether he would have to "feel anything." The therapist responded that this session would last 50–60 minutes, and that, compared with other future sessions, she would be doing most of the talking. She added that, as discussed during the treatment contracting session, the focus would be on Tom's feelings in reaction to the traumatic event but that the current session would focus less on this. The therapist also explained that she would have the treatment manual in her lap, and would refer to it throughout to make sure that she delivered the psychotherapy as it was prescribed. She encouraged Tom to ask any questions he might have as the session unfolded.

The therapist explained that at the beginning of each session they would develop an agenda for the session. The purposes of the first therapy session were to (1) describe the symptoms of PTSD; (2) give Tom a framework for understanding why these symptoms had not remitted; (3) present an overview of treatment to help Tom understand why practice outside of session and therapy attendance were important to elicit cooperation and to explain the progressive nature of the therapy; (4) build rapport between Tom and the therapist; and (5) give the client an opportunity to talk briefly about his most distressing traumatic event or other issues.

The therapist then proceeded to give didactic information about the symptoms of PTSD. She asked Tom to provide examples of the various clusters of PTSD symptoms that he was experiencing, emphasizing how reexperiencing symptoms are related to hyperarousal symptoms, and how hyperarousal symptoms elicit a desire to avoid or become numb. The paradoxical effect of avoidance and numbing in maintaining, or even increasing, PTSD symptoms was also discussed. Tom indicated that this was the first time someone had ex-

plained the symptoms of PTSD in this way, putting them "in motion" by describing how they interact with one another.

The therapist transitioned to a description of trauma aftereffects within an information-processing framework. She described in lay terms how traumas may be schema-discrepant events; traumatic events often do not fit with prior beliefs about oneself, others, or the world. To incorporate this event into one's memory, the person may alter his/her perception of the event (assimilate the event into an existing belief system). Examples of assimilation include looking back on the event and believing that some other course of action should have been taken ("undoing" the event) or blaming oneself because it occurred. The therapist went on to explain that Tom could have also attempted to change his prior belief system radically to overaccommodate the event to his prior beliefs. "Overaccommodation" was described as changing beliefs too much as a result of the traumatic event (e.g., "I can't trust myself about anything"). She explained that several areas of beliefs are often affected by trauma, including safety, trust, power/control, esteem, and intimacy. She further explained that these beliefs could be about the self and/or others. The therapist also pointed out that if Tom had negative beliefs prior to the traumatic event relative to any of these topics, the event could serve to strengthen these preexisting negative beliefs.

At this point, Tom described his childhood and adolescent experiences, and how they had contributed to his premilitary trauma beliefs. The therapist noted that Tom tended to blame himself and to internalize the bad things that had happened in his family and the suicide of his friend. She also noted his comment, "I wonder if my father drank to cope with me and my siblings." In Tom's case, it seemed likely that the traumatic experience served more to confirm his preexisting beliefs that he had caused or contributed to bad things happening around and to him.

Tom then spent some time describing how drastically things had changed after his military traumas. Prior to his military experiences and, specifically, the shooting of the woman and child, Tom described himself as "proud of being a soldier" and "pulling his life together." He indicated that the military structure had been very good for him in developing self-discipline and improving his self-esteem. He indicated that he felt good about "the mission to end terrorism" and was proud to serve his country. He felt camaraderie with his fellow soldiers and considered a career in the military. He denied any authority problems and in fact believed that his commanding officers had been role models of the type of leader he wished to be. Prior to his deployment to Iraq, Tom met and married his wife, and they appeared to have a stable, intimate relationship. After his return from Iraq, Tom indicated that he did not trust anyone, especially anyone associated with the U.S. government. Tom expressed his disillusionment with the war effort and distrust of the individuals who commanded his unit. He also articulated distrust of himself: "I always make bad decisions when the chips are down." He stated that he felt completely unsafe in his environment. In his immediate postdeployment period, Tom had occasionally believed snipers on the base grounds had placed him in their crosshairs to kill him. He indicated that he minimally tolerated being close to his wife, including sexual contact between the two of them.

The therapist introduced the notion of "stuck points," or ways of making sense of the trauma or of thinking about himself, others, and the world, as getting in the way of Tom's recovery from the traumatic events. The therapist noted that a large number of individuals are exposed to trauma. In fact, military personnel are among the most trauma-exposed individuals. However, most people recover from their trauma exposure. Thus, a primary goal of the therapy was to figure out what had prevented Tom from recovering (i.e., how his thinking had got him "stuck," leading to the maintenance of his PTSD symptoms).

The therapist then asked Tom to provide a 5-minute account of his index traumatic event. Tom immediately responded, "There were so many bad things over there. How could I pick one?" The therapist asked, "Which of those events do you have the most thoughts or images about? Which of those events do you dislike thinking about the most?" The therapist indicated that Tom did not need to provide a fine-grained description of the event, but rather a brief overview of what happened. Tom provided a quick account of the shooting of the woman and child. The therapist praised Tom for sharing about the event with her and asked about his feelings as a result of sharing the information. Tom said that he felt anxious and wanted the session to be over. The therapist used this as an opportunity to describe the differences between "natural" and "manufactured" emotions.

The therapist first described "natural" emotions as those feelings that are commensurate reactions to experiences that have occurred. For example, if weperceive

that someone has wronged us, it is natural to feel anger. If we encounter a threatening situation, it is natural to feel fear. Natural emotions have a self-limited and diminishing course. If we allow ourselves to feel these natural emotions, they will naturally dissipate. The therapist used the analogy of the energy contained in a bottle of carbonated soda to illustrate this concept. If the top of the bottle is removed, the pressure initially comes out with some force, but that force subsides and eventually has no energy forthcoming. On the other hand, there are "manufactured" emotions, or emotions that a person has a role in making. Our thoughts contribute to the nature and course of these emotions. The more that we "fuel" these emotions with our self-statements, the more we can increase the "pressure" of these emotions. For example, if a person tells himself over and over that he is a stupid person and reminds himself of more and more situations in which he perceived that he made mistakes, then he is likely to have more and more anger toward himself. The therapist reiterated that the goals of the therapy were (1) to allow Tom to feel the natural emotions he has "stuffed," which keep him from recovering from his trauma; and (2) to figure out how Tom was manufacturing emotions that were unhelpful to him.

The therapist summarized for Tom the three major goals of the therapy: (1) to remember and to accept what happened to him by not avoiding those memories and associated emotions; (2) to allow himself to feel his natural emotions and let them run their course, so the memory could be put away without such strong feelings still attached; and (3) to balance beliefs that had been disrupted or reinforced, so that Tom did not manufacture unhelpful emotions.

The therapist made a strong pitch for the importance of out-of-session practice adherence before assigning Tom the first practice assignment. The therapist told Tom that there appeared to be no better predictor of response to the treatment than how much effort a patient puts into it. She pointed out that of the 168 hours in a week, Tom would be spending 1–2 hours of that week in psychotherapy sessions (*Note*. We have found it helpful to do twice-weekly sessions, at least in the initial portion of the therapy, to facilitate rapport building, to overcome avoidance, and to capitalize on early gains in the therapy.) If Tom only spent the time during psychotherapy sessions focused on these issues, he would be spending less than 1% of his week focused on his recovery. To get better, he would be using daily worksheets and other writing assignments to promote needed skills in his daily life and to decrease his avoidance. The therapist also pointed out that at the beginning of each session they would review the practice assignments that Tom had completed. The therapist asked Tom if this made sense, and he responded, "Sure. It makes sense that you get out of it what you put into it."

Tom's first assignment was to write an Impact Statement about the meaning of the event to determine how he had made sense of the traumatic event, and to help him begin to determine what assimilation, accommodation, and overaccommodation had occurred since the event. Stuck points that get in the way of recovery are identified with this first assignment. Tom was instructed to start writing the assignment later that day to address directly any avoidance about completing the assignment. He was specifically reminded that this was *not* a trauma account (that would come later) and that this assignment was specifically designed to get at the meaning of the event in his life, and how it had impacted his belief systems.

The specific assignment was as follows:

> Please write at least one page on what it means to you that you that this traumatic experience happened. Please consider the effects that the event has had on your beliefs about yourself, your beliefs about others, and your beliefs about the world. Also consider the following topics while writing your answer: safety, trust, power/competence, esteem, and intimacy. Bring this with you to the next session.

Session 2

The purposes of the second session are (1) to discuss the meaning of the event and (2) to help Tom begin to recognize thoughts, label emotions, and see the connection between what he says to himself and how he feels. Tom arrived with obvious anger and appeared defensive throughout most of the session. He stated that he had been feeling quite angry all week, and that he was "disgusted" with society and particularly politicians, who were "all self-interested or pandering to those with money." He expressed a great deal of anger over the reports of alleged torture at Abu Ghraib prison, which was a major news item during his therapy. The therapist was interested in the thinking behind Tom's anger about the events at Abu Ghraib. However, she first reviewed Tom's practice assignment, writing the first Impact Statement, to reinforce the completion of this work and to maintain the session structure she had outlined in the first session.

The therapist asked Tom to read his Impact Statement aloud. Clients in individual CPT are always asked to read their practice assignments aloud. Should the therapist read them, the client could dissociate or otherwise avoid his/her own reactions to their material. Tom had written:

> The reason that this traumatic event happened is because I was friggin' stupid and made a bad decision. I killed an innocent family, without thinking. I murdered a man's wife and child. I can't believe that I did it. I took that man's wife and child, and oh, yeah, his unborn child, too. I feel like I don't deserve to live, let alone have a wife and child on the way. Why should I be happy when that man was riddled with despair, and that innocent woman, child, and unborn child died? Now, I feel like I'm totally unsafe. I don't feel safe even here on the hospital grounds, let alone in the city or back home with my family. I feel like someone is watching me and is going to snipe at me and my family because the terrorists had information about the situation and passed it on. I also don't feel that people are safe around me. I might go off and hurt someone, and God forbid it be my own family. With my wife pregnant, I am really concerned that I might hurt her. I don't trust anyone around me, and especially the government. I don't even trust the military treating me. I also don't trust myself. If I made a bad decision at that time, who is to say that I won't make a bad decision again? About power and control, I feel completely out of control of myself, and like the military and my commanding officer have complete control over me. My self-esteem is in the toilet. Why wouldn't it be given the crappy things that I have done? I don't think there are many positive things that I've done with my life, and when the chips are down, I always fail and let others down. I'm not sure what other-esteem is, but I do like my wife. In fact, I don't think she deserves to have to deal with me, and I think they would be better without me around. I don't want to be close to my wife, or anyone else for that matter. It makes me want to crawl out of my skin when my wife touches me. I feel like I'll never get over this. It wasn't supposed to be like this.

The therapist asked Tom what it was like to write and then read the Impact Statement aloud. Tom responded that it had been very difficult, and that he had avoided the assignment until the evening before his psychotherapy session. The therapist immediately reinforced Tom for his hard work in completing the assignment. She also used the opportunity to gently address the role of avoidance in maintaining PTSD symptoms. She asked specific Socratic questions aimed at elucidating the distress associated with anticipatory anxiety, and wondered aloud with Tom about what it would have been like to have completed the assignment earlier in the week. She also asked Socratic questions aimed at highlighting the fact that Tom felt better, not worse, after completing the assignment.

Tom's first Impact Statement and the information he shared in the first session made evident the stuck points that would have to be challenged. In CPT, areas of assimilation are prioritized as the first targets of treatment. Assimilation is targeted first because changes in the interpretation of the event itself are integrally related to the other, more generalized beliefs involved in overaccommodation. In Tom's case, he was assimilating the event by blaming himself. He used the term "murderer" to describe his role in the event, disregarding important contextual factors that surrounded the event. These beliefs would be the first priority for challenging. Tom's overaccommodation is evident in his general distrust of society and authority figures, and his belief that he will make bad decisions in difficult situations. His overaccommodation is also evident in his sense of threat in his environment (e.g., snipers), difficulty being emotionally and physically intimate with his wife, and low esteem for others and himself.

The therapist returned to Tom's anger about Abu Ghraib to get a better sense of possible stuck points, and also to experiment with Tom's level of cognitive rigidity or openness to cognitive challenging. The following exchange ensued between Tom and the therapist:

THERAPIST: Earlier you mentioned that you were feeling angry about the reports from Abu Ghraib. Can you tell me what makes you angry?

TOM: I can't believe that they would do that to those prisoners.

THERAPIST: What specifically upsets you about Abu Ghraib?

TOM: Haven't you heard the reports? I can't believe that they would humiliate and hurt them like that. Once again, the U.S. military's use of force is unacceptable.

THERAPIST: Do you think your use of force as a member of the U.S. military was unacceptable?

TOM: Yes. I murdered innocent civilians. I am no different than those military people at Abu Ghraib. In fact, I'm worse because I murdered them.

THERAPIST: "Murder." That's a strong word.

TOM: Yeah?

THERAPIST: From what you've told me, it seems like you killed some people who may or may not have been "innocent." Your shooting occurred in a very specific place and time, and under certain circumstances.

TOM: Yes, they died at my hands.

THERAPIST: Yes, they died, and it seems, at least in part, because of your shooting. Does that make you a murderer?

TOM: Innocent people died and I pulled the trigger. I murdered them. That's worse than what happened at Abu Ghraib.

THERAPIST: (*quietly*) Really, you think it is worse?

TOM: Yes. In one case, people died, and in another they didn't. Both are bad, and both were caused by soldiers, but I killed people and they didn't.

THERAPIST: The outcomes are different—that is true. I'm curious if you think *how* it happened matters?

TOM: Huh?

THERAPIST: Does it matter what the soldiers' intentions were in those situations, regardless of the outcome?

TOM: No. The bottom line is killing versus no killing.

THERAPIST: (*realizing that there was minimal flexibility at this point*) I agree that there is no changing the fact that the woman and child died, and that your shooting had something to do with that. However, I think we might slightly disagree on the use of the term "murder." It is clear that their deaths have been a very difficult thing for you to accept, and that you are trying to make sense of that. The sense that you appear to have made of their deaths is that you are a "murderer." I think this is a good example of one of those stuck points that seem to have prevented you from recovering from this traumatic event. We'll definitely be spending more time together on understanding your role in their deaths.

In addition to testing Tom's cognitive flexibility, the therapist also wanted to plant the seeds of a different interpretation of the event. She was careful not to push too far and retreated when it was clear that Tom was not amenable to an alternative interpretation at this point in the therapy. He was already defensive and somewhat angry, and she did not want to exacerbate his defensiveness or possibly contribute to dropout from the therapy.

From there, the therapist described how important it was to be able to label emotions and to begin to identify what Tom was saying to himself. The therapist and Tom discussed how different interpretations of events can lead to very different emotional reactions. They generated several examples of how changes in thoughts result in different feelings. The therapist also reminded Tom that some interpretations and reactions follow naturally from situations and do not need to be altered. For example, Tom indicated that he was saddened by the death of the family; the therapist did not challenge that statement. She encouraged Tom to feel his sadness and to let it run its course. He recognized that he had lost something, and it was perfectly natural to feel sad as a result. At this point Tom responded, "I don't like to feel sad. In fact, I don't like to feel at all. I'm afraid I'll go crazy." The therapist gently challenged this belief. "Have you ever allowed yourself to feel sad?" Tom responded that he worked very hard to avoid any and all feelings. The therapist encouraged Tom, "Well, given that you don't have much experience with feeling your feelings, we don't *know* that you're going to go crazy if you feel your feelings, right?" She also asked him whether he had noticed anyone in his life who had felt sad and had not gone crazy. He laughed. The therapist added, "Not feeling your feelings hasn't been working for you so far. This is your opportunity to experiment with feeling these very natural feelings about the traumatic event to see whether it can help you recover now from what has happened."

Tom was given a number of A-B-C Sheets as practice assignments to begin to identify what he was telling himself and his resulting emotions. In the first column, under A, "Something happens," Tom was instructed to write down an event. Under the middle column, B, "I tell myself something," he was asked to record his thoughts about the event. Under column C, "I feel and/or do something," Tom was asked to write down his behavioral and emotional responses to the event. The therapist pointed out that if Tom says something to himself a lot, it becomes automatic. After a while, he does not need to think the thought consciously, he can go straight to the feeling. It is important to stop and recognize automatic thoughts to decide whether they either make sense or should be challenged and changed.

Session 3

Tom handed the therapist his practice assignments as soon as he arrived. The therapist went over the individ-

ual A-B-C Sheets Tom had completed and emphasized that he had done a good job in identifying his feelings and recognizing his thoughts. Some of this work is shown in Figure 2.1.

The purpose of reviewing this work at this point in the therapy is to identify thoughts and feelings, not to heavily challenge the content of those thoughts. The therapist did a minor correction of Tom's identification of the thought "I feel like I'm a bad person" (bolded in Figure 2.1) as a feeling. She commented that feelings are almost always one word and what you feel in your "gut," and that adding the stem "I feel . . . " does not necessarily make it a feeling. The therapist noticed the pattern of thoughts that Tom tended to record (i.e., internalizing and self-blaming), as well as the characteristic emotions he reported.

The therapist noted the themes of assimilation that again emerged (i.e., self-blame) and chose to focus on mildly challenging these related thoughts. She specifically chose to focus on Tom's thoughts and feelings related to his wife's pregnancy, which ultimately seemed to be related to his assimilation of the traumatic event.

THERAPIST: You don't think you deserve to have a family? Can you say more about that?

TOM: Why should I get to have a family when I took someone else's away?

THERAPIST: OK, so it sounds like this relates to the first thought that you wrote down on the A-B-C Sheet about being a murderer. When you say to yourself, "I took someone else's family away," how do you feel?

TOM: I feel bad.

THERAPIST: Let's see if we can be a bit more precise. What brand of bad do you feel? Remember how we talked about the primary colors of emotion? Which of those might you feel?

TOM: I feel so angry at myself for doing what I did.

THERAPIST: OK. Let's write that down—anger at self. So, I'm curious, Tom, do the other people you've told about this situation, or who were there at the time, think what you did was wrong?

TOM: No, but they weren't the ones who did it, and they don't care about the Iraqi people like I do.

ACTIVATING EVENT	**BELIEF**	**CONSEQUENCE**
A	**B**	**C**
"Something happens"	"I tell myself something"	"I feel something"
I killed an innocent family.	"I am a murderer."	**I feel like I'm a bad person.** Avoid talking about it.
My wife is pregnant.	"I don't deserve to have a family."	Guilty
Abu Ghraib	"The government sucks."	Angry
Going to therapy	"I'm weak. I shouldn't have PTSD. PTSD is only for the weak."	Angry

Are my thoughts in B *realistic*?

Yes.

What can you tell yourself on such occasions in the future?

?

FIGURE 2.1. A-B-C Sheet.

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THERAPIST: Hmm . . . that makes me think about something, Tom. In the combat zone in which you were involved in Iraq, how easy was it to determine who you were fighting?

TOM: Not always particularly easy. There were lots of insurgents who looked like everyday people.

THERAPIST: Like civilians? *Innocent* civilians? (*pause*)

TOM: I see where you are going. I feel like it is still wrong because they died.

THERAPIST: I believe you when you say that it *feels* that way. However, feeling a certain way doesn't necessarily mean that it is based on the facts or the truth. We're going to work together on seeing whether that feeling of guilt or wrongdoing makes sense when we look at the situation very carefully in our work together.

Because the goal is for Tom to challenge and dismantle his own beliefs, the therapist probed and planted seeds for alternative interpretations of the traumatic event but did not pursue the matter too far. Although Tom did move some from his extreme stance within the session, the therapist was not expecting any dramatic changes. She focused mostly on helping Tom get the connections among thoughts, feelings, and behaviors, and developing a collaborative relationship in which cognitive interventions could be successfully delivered.

The therapist praised Tom for his ability to recognize and label thoughts and feelings, and said that she wanted Tom to attend to both during the next assignment, which was writing about the index traumatic event. Tom was asked to write as his practice assignment a detailed account of the event, and to include as many sensory details as possible. He was asked to include his thoughts and feelings during the event. He was instructed to start as soon as possible on the assignment, preferably that day, and to pick a time and place where he would have privacy and could allow himself to experience his natural emotions. Wherever he had to stop writing his account of the event, he was asked to draw a line. (The place where the client stops is often the location of a stuck point in the event, where the client gave up fighting, where something particularly heinous occurred, etc.) Tom was also instructed to read the account to himself every day until his next session.

The therapist predicted that Tom would want to avoid writing the account and procrastinate until as late as possible. She asked Tom why it would be important for him to do the assignment and do it as soon as possible. This was a technique to determine how much Tom was able to recount the rationale for the therapy, and to strengthen his resolve to overcome avoidance. Tom responded that he needed to stop avoiding, or he would remain scared of his memory. The therapist added that the assignment was to help Tom get his full memory back, to feel his emotions about it, and for therapist and client to begin to look for stuck points. She also reassured Tom that although doing so could be difficult for a relatively brief period of time, it would not continue to be so intense, and he would soon be over the hardest part of the therapy.

Session 4

During the settling-in portion of the session, Tom indicated that he had written the account of the event the evening before, although he had thought about and dreaded it every day prior to that. He admitted that he had been avoidant due to his anxiety. The therapist asked Tom to read his account aloud to her. Before starting, Tom asked why it was important to read it in the session. The therapist reminded Tom of what they had talked about the previous session, and added that the act of reading aloud would help him to access the whole memory and his feelings about it. Tom read what he wrote quickly, like a police report, and without much feeling:

> There were several of us who were assigned to guard a checkpoint south of Baghdad. We were there because insurgents were beginning to take over the particular area, and we were there to contain the area. I was placed on top of the checkpoint. It was dusk. It had been a fairly routine day, with people coming through the checkpoint like they were going through a toll booth. Off in the distance I noticed a small, dark car that was going faster than most cars. I could tell it was going faster because there was more sand smoke kicking up behind it. Men out in front of the checkpoint were motioning for the car to slow down, but it didn't seem to be slowing down. Someone shot into the air to warn them, but they kept on coming. I could see two heads in the car coming toward us. We had been told to shoot at any vehicle that came within 25 yards of the gate to protect those around the gate, and the area beyond the gate. The car kept coming. I shot a bunch of rounds at the car.
>
> At least one other person shot, too. There was so much chaos after that. I remember feeling my gun in my hand as I stood there. After a few moments, I also remember my legs carrying me down to the car. I don't really remember how I got there, but I did. Several men

had surrounded the car, and a man got out of it. The man was crying. No, sobbing. He was speaking fast while he cried. He turned toward the car, resisting the men who attempted to remove him from the scene. I turned to see what the man was looking at and saw them for the first time. I saw the woman first.

There was blood everywhere, and her face had been shot. Then I saw the little girl in the backseat slumped over, holding a doll. There was blood all over her, too. I saw the gunshots through the car. I looked back at the woman, but avoided looking at her face. I saw a bump under her dress. She was pregnant.

I don't remember much else after that. I know I went back to camp and basically fell apart. They took me off duty for a couple of days, but eventually they sent me back to the Forward Operating Base because I was such a mess.

After reading the account, Tom quickly placed it in his binder of materials and closed the binder as if to indicate that he was ready to move onto something else. The therapist asked Tom what he was feeling, and he indicated that he was feeling "nothing." The therapist followed up, saying, "Nothing at all?" Tom reluctantly admitted that he was feeling anxious. The therapist then asked him to read the account again, but this time to slow down his reading rate, and allow himself to experience the emotions he had felt at the time of the event.

After reading the account for the second time, the therapist sought to flush out details of the event that Tom had "glossed over" and to focus on what appeared to be the most difficult aspects of the situation.

THERAPIST: What part of what you just read to me is the most difficult?

TOM: It is all difficult. The whole thing is horrible.

THERAPIST: What is the worst of it, though?

TOM: I guess the worst of it is seeing that small girl in the backseat of the car.

THERAPIST: What did she look like when you saw her?

(Tom describes his memory of the girl when he arrived at the car.)

THERAPIST: What are you feeling right now?

TOM: I feel sick to my stomach. I feel like I did at the time—that I want to throw up. I am also disgusted and sad. I killed an innocent child. There are so many things I could have done differently not to have taken her life.

(The therapist is aware of the assimilation process in Tom's use of hindsight bias. She stores that information away for future reference because she wants to make sure that Tom is feeling strongly as many of his natural emotions as possible about the traumatic event.)

THERAPIST: Continue to feel those feelings. Don't run away from them. Anything else that you're feeling?

TOM: I feel mad at myself and guilty.

THERAPIST: Were you feeling mad at yourself and guilty at the time?

TOM: No. I was horrified.

THERAPIST: OK, let's stay with that feeling.

TOM: (*Pauses*.) I don't want to feel this anymore.

THERAPIST: I know you don't want to feel this anymore. You're doing a great job of not avoiding your feelings here. In order to not feel like this for a long time, you need to feel these absolutely natural feelings. Let them run their course. They'll decrease if you stay with them.

After a period in which Tom experienced his feelings related to the situation and allowed them to dissipate, a discussion ensued regarding how hurtful it was to Tom to hear other people's reaction to the war. He expressed specific frustration with the presidential administration and its policy on the war. The therapist gently redirected Tom's more philosophical discussion of international policy to the effects of the trauma on him. Tom then told a story of how he had shared his traumatic experience with a high school friend. He felt that this person had a negative reaction to him as a result of sharing the story. Tom felt judged and unsupported by this friend. Since this experience with his friend, Tom had refrained from telling others about his combat experience. Using Socratic questioning, the therapist asked Tom if there might be any reason, outside of his actions, that someone might have a negative reaction to hearing about the shooting. Through this exchange, Tom was able to recognize that when others hear about traumatic events, they also are trying to make sense of these experiences in light of their existing belief systems. In other words, others around him might fall prey to the "just world" belief that bad things only happen to bad people. They also might not take into account the entire context in which Tom shot the passengers in the car. This recognition resulted in Tom feeling less angry at his friend for this perceived judgment. He was also somewhat willing to admit that his interpretation

of his friend's reaction might have been skewed by his own judgment of himself. In fact, later in the therapy, when Tom was able to ask his friend directly about the perceived reaction, the friend indicated that it had been hard for him to hear, but that he had not been judging Tom at all. In actuality, he was thinking about the terrible predicament Tom had endured at the time.

The therapist asked Tom what stuck points he had identified in writing and reading his account. The following dialogue then occurred:

TOM: I'm not sure what the stuck points are, but from what you've been asking me, I guess you question whether or not I murdered this family.

THERAPIST: That's true. I think it is worthwhile for us to discuss the differences between blame and responsibility. Let's start with responsibility. From your account, it sounds like you were *responsible* for shooting the family. It sounds like other people may have been responsible, too, given that you were not the only person who shot at them.

(The therapist stores this fact in her mind to challenge Tom later about the appropriateness of his actions. This also provides a good opportunity to reinforce Tom for performing well in a stressful situation.)

The bottom line is that responsibility is about your behavior causing a certain outcome. *Blame* has to do with your intentionality to cause harm. It has to do with your motivations at the time. In this case, did you go into the situation with the motivation and intention to kill a family?

TOM: No, but the outcome was that they were murdered.

THERAPIST: Some *died*. From what you've shared, if we put ourselves back into the situation at the time, it was not at all your intention for them to die. They were coming down the road too fast, not responding to the very clear efforts to warn them to stop. Your own and others' intentions were to get them to stop at the checkpoint. Your intention at the time did not seem to be to kill them. In fact, wasn't your intention quite the opposite?

TOM: Yes. (*Begins to cry*.)

THERAPIST: (*Pauses until Tom's crying subsides somewhat*.) It doesn't seem that your intention was to *kill* them at all. Thus, the word "blame" is not appropriate. Murder or considering yourself a murderer does not seem accurate in this situation. The reason I've questioned the term "murder" or "murderer" all along was because it doesn't seem like your intention was to have to shoot them.

TOM: But why do I feel like I am to blame?

THERAPIST: That's a good question. What's your best guess about why that is?

TOM: (*Still crying*) If someone dies, someone should take responsibility.

THERAPIST: Do you think it is possible to take responsibility without being to blame? What would be a better word for a situation that is your responsibility, but that you didn't intend to happen? If a person shot someone but didn't intend to do that, what would we call that?

TOM: An accident, I guess.

THERAPIST: That's right. In fact, what would you call shooting a person when you are trying to protect something or someone?

TOM: Self-defense.

THERAPIST: Yes, very good. Weren't you responsible for guarding the checkpoint?

TOM: Yeah.

THERAPIST: So, if you were responsible for guarding that checkpoint, and they continued through, wouldn't that have put the area at risk?

TOM: Yes, but it was a family—not insurgents.

THERAPIST: How did you know that at the time?

TOM: There was woman and child in the car.

THERAPIST: But, did you know that at the time?

TOM: No.

THERAPIST: So only in hindsight do you know that it was a family that *might* have had no bad intention. We actually don't know the family's intention, do we? They didn't heed the several warnings, right?

TOM: Yes. (*Pauses*.) I hadn't thought that they would be looking to do something bad with a woman and child in the car.

THERAPIST: We don't know, and won't ever know, bottom line. However, what we do know is what *you* knew at the time. What you knew at the time is that they did not heed the warnings, that you were responsible for securing the checkpoint, and that you took action when you needed to take action to protect the post. Thinking about those facts of what happened and what you knew at the time, how do you feel?

TOM: Hmm . . . I guess I'd feel less guilty.

THERAPIST: You'd feel less guilty, or you feel less guilty?

TOM: When I think through it, I do feel less guilty.

THERAPIST: There may be points when you start feeling guiltier again. It will be important for you to hold onto the facts of what happened versus going to your automatic interpretation that you've had for awhile now. Is there any part of it that makes you proud?

TOM: Proud?

THERAPIST: Yes. It seems like you did exactly what you were supposed to do in a stressful situation. Didn't you show courage under fire?

TOM: It's hard for me to consider my killing them as courageous.

THERAPIST: Sure. You haven't been thinking about it in this way for a long time, but it is something to consider.

The therapist's Socratic dialogue was designed to help Tom consider the entire context in which he was operating. She also began to plant the seed that Tom not only did nothing wrong but he also did what he was supposed to do to protect the checkpoint. Whenever possible, pointing out acts of heroism or courage can be powerful interventions with trauma survivors.

Prior to ending the session, the therapist checked Tom's emotional state to make sure he was calmer than he had been during the session. She also inquired about his reaction to the therapy session. He commented that it had been very difficult, but that he felt better than he expected in going into the "nitty-gritty" of what happened. He also noted that there were things he had not considered about the event that were "food for thought." The therapist praised Tom for doing a great job on the writing assignment and reinforced the importance of not quitting now. She commented that he had completed one of the hardest steps of the therapy, which would help him recover.

The therapist took the first account of the trauma and gave Tom his next practice assignment: to write the entire account again. The therapist asked Tom to add any details he might have left out of the first account and to provide even more sensory details. She also asked him to record any thoughts and feelings he was having in the here-and-now in parentheses, along with his thoughts and feelings at the time of the event.

Session 5

Tom arrived at Session 5 looking brighter and making more eye contact with the therapist. He indicated that he had written the account again, right after the previous session. He commented that the writing was hard, but not as hard as the first time. The therapist used this as an opportunity to reinforce how natural emotions resolve *naturally* as they are allowed expression. Tom noted that he had talked with his wife more this week, avoiding her less. Their increased communication allowed Tom's wife to express her concerns about Tom's well-being. She shared that he seemed disinterested in her and in their unborn child. Tom had previously told his wife about the incident, but he had not shared the specific detail that the woman in the vehicle was pregnant. Tom perceived his wife as having a very good reaction to his disclosure about the pregnant woman. He noted that she asked him questions, and that her comments indicated that she did not blame him for his actions. For example, she asked, "How could you have known at the time that it was a family?" She also reportedly said, "It's hard to know with terrorism if they were actually just a family traveling." Tom laughed when he reported that their conversation sounded like his last psychotherapy session.

The therapist asked Tom to read his second account out loud, with as many emotions as possible. Tom had written more about the event, and the therapist noted that he had included more information about what he and the other guards had done to warn the passengers in the car to slow down for the checkpoint. Tom read the second account more slowly and was not as tense as he had been the first time he read aloud. Tom's second account included much more detail and focused more on the vehicle and its occupants after he had fired upon them.

THERAPIST: I notice that you wrote more about the car and the family. What are you feeling about that right now?

TOM: I feel sad.

THERAPIST: Do you feel as sad as you felt the first time you wrote about it?

TOM: I think I may feel sadder about it now.

THERAPIST: Hmm . . . Why do you think that might be?

TOM: I think it's like what I wrote in the parenthesis about what I'm thinking now. Now, instead of feeling

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so much guilt that I shot them, I think it's sad that they didn't heed the warnings.

THERAPIST: You mentioned that you're feeling less guilt now. Why is that?

TOM: I'm beginning to realize that I was not the only one there that was trying to stop them. Several of us were trying to get them to stop. There is still some guilt that *I* was the one who shot them.

THERAPIST: If one of the other guards had shot them, would you blame him or her for the shooting? Would you expect him or her to feel guilty for their behavior?

TOM: (*Laughs.*) I started thinking about that this week. It made me wonder if it was really me who even shot them. As I was writing and thinking about it more, I realized that there is a possibility that another of the guards may have been shooting at the sametime.

THERAPIST: What would it mean if he or she was shooting at the same time?

TOM: If he was shooting at the same time, it means that he thought that shooting at them might be the right thing to do in that situation.

THERAPIST: *Might* have been the right thing to do?

TOM: (*smiling*) Yeah, I still have questions that we might have been able to do something else.

THERAPIST: It seems like you're still trying to "undo" what happened. I'm curious, what else could you have done?

TOM: Not have shot at them.

THERAPIST: Then what would have happened?

TOM: They might have stopped. (*Pauses.*) Or I guess they could have gone through the checkpoint and hurt other people past the checkpoint. I guess they could have also been equipped with a car bomb that could have hurt many other people. That seems hard to believe, though, because of the woman and child in the car.

THERAPIST: It is impossible for us to know their intentions, as we discussed before. The bottom line is that you've tended to assume that doing something different, or doing nothing, would have led to a better outcome.

TOM: That is true. I still feel sad.

THERAPIST: Sure you do—that's natural. I take it as a good sign that you feel sad. Sadness seems like a very natural and appropriate reaction to what happened—much more consistent with what happened than the guilt and self-blame that you've been experiencing.

Tom and the therapist discussed how the goal of the therapy was not to forget what had happened, but to have the memory without all of the anxiety, guilt, and other negative emotions attached to it. Tom indicated that he was becoming less afraid and more able to tolerate his feelings, even when they were intense. Tom acknowledged that reading his account, talking about his trauma, and coming to psychotherapy sessions were becoming easier and that his negative feelings were beginning to diminish.

After discussing Tom's reactions to his memories, with a focus on how he had attempted to assimilate the memory into his existing beliefs, the therapist began to discuss areas of overaccommodation. One area of overaccommodation was Tom's beliefs about the U.S. military. He had entered the service with a very positive view of the military. Tom had a family history of military service and believed in service to country and the "rightfulness" of the military.

Subsequent to his traumatic event and military service in Iraq, he developed a negative view of the military that had extended to the Federal government in general. The therapist used this content to introduce the first series of tools to help challenge Tom's stuck points. She also emphasized how he would gradually be taking over as his own therapist, capable of challenging his own patterns of thinking that kept him "stuck."

THERAPIST: It seems that you have some very strong beliefs about the military and the U.S. government since your service. I'd like to use those beliefs to introduce some new material that will be helpful to you in starting to challenge stuck points on your own. You've done an outstanding job of considering the way that you think and feel about things. You've been very open to considering alternative interpretations of things. Starting in this session, I'm going to help you to become your own therapist and to attack your own stuck points directly.

TOM: OK.

THERAPIST: Today we will cover the first set of skills. We're going to be building your skills over the next few sessions. The first tool is a sheet called the Challenging Questions Sheet. Our first step is to identify a single belief you have that may be a stuck point.

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As I mentioned before, I'd like us to use your beliefs about the Federal government now. So, if you were to boil down what you believe about the Federal government or the military, what is it?

TOM: I don't know. I'm not sure. I guess I'd say that the U.S. military is extremely corrupt.

THERAPIST: Good. That is very clear and to the point. So let's go over these questions and answer them as they relate to this belief. The first question you ask yourself is, "What's the evidence for and against this idea?"

TOM: The evidence for this is Abu Ghraib. Can you believe that they would do that? I would have also put my own shooting under the "for" list, but I'm beginning to question that.

THERAPIST: What other evidence is there of corruption?

TOM: Oh, and these defense contractors . . . what a scam! That leads me to the current administration and its vested interests in going to war to make money on defense contracting. And, oh, of course, to make money on the oil coming out of these countries!

THERAPIST: OK. Sounds like you have some "for" evidence. What about the "against" evidence?

TOM: Well, some of my fellow soldiers were very good. They were very committed in their service and to the mission. I also had mostly good leaders, although some of them were real pigs. Some were really power-hungry a—holes, frankly.

THERAPIST: So, it sounds like you have some pros and cons that support your belief that the U.S. military is completely corrupt. In the process of changing, it is not uncommon to have thoughts on both sides. That is great news! It means that you are considering different alternatives, and are not "stuck" on one way of seeing things. Let's take the next one. . . .

The therapist spent the balance of the session going over the list of questions to make sure that Tom understood them. Although most of the questions focused on the issue of corruption in the military, other issues were also brought in to illustrate the meaning of the questions. For example, the therapist introduced the probability questions with the example from Tom's life in which he believed that he was going to be shot by an insurgent sniper while back home. These questions are best illustrated with regard to issues of safety. The therapist pointed out that perhaps not all of the questions applied to the belief on which Tom was working. The question "Are you thinking in all-or-none terms?" seemed to resonate with Tom the most because it applied to his belief about the military. He commented that he was applying a few examples of what seemed to be corruption to the entire military. Tom also indicated that his description of the military as "extremely" corrupt was consistent with the question "Are you using words or phrases that are extreme or exaggerated?" Indicative of his grasp of the worksheet, Tom also noticed that the question "Are you taking selected examples out of context?" applied to his prior view of his behavior as a murder in the traumatic event.

For his practice assignment prior to Session 6, Tom agreed to complete one Challenging Questions Sheet each day. He and the therapist brainstormed about potential stuck points prior to the end of the session to facilitate practice assignment completion. These stuck points included "I don't deserve to have a family," "I murdered an innocent family," and "I am weak because I have PTSD."

Session 6

Tom completed Challenging Questions Sheets about all of the stuck points he and the therapist had generated. The therapist reviewed these worksheets to determine whether Tom had used the questions as designed. She asked Tom which of the worksheets he had found *least* helpful. He responded that he had had the most difficulty completing the sheet about deserving to have a family. The therapist then reviewed this sheet in detail with Tom (see Figure 2.2).

THERAPIST: So, I notice that in your answer about the evidence for and against this idea about deserving a family, you included as evidence that you took some other man's family. I'm glad to see that you didn't include the word "murder"—that's progress. But, how is that evidence for *you* not deserving a family?

TOM: It is evidence because I feel like I took someone else's; therefore, I don't deserve one for myself. It seems fair.

THERAPIST: Remind me to make sure and look what you put for item 9 about confusing feelings and facts. For now, though, help me understand the math of why you don't deserve your family, and your happiness about your family, because of what happened?

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Challenging Questions Sheet

Below is a list of questions to be used in helping you challenge your maladaptive or problematic beliefs. Not all questions will be appropriate for the belief you choose to challenge. Answer as many questions as you can for the belief you have chosen to challenge below.

Belief: *I don't deserve to have a family.*

1. What is the evidence for and against this idea?
   FOR: *I took some other man's family.*

   AGAINST: *I didn't want to have to shoot anyone. An "eye for an eye" does not apply here.*

2. Is your belief a habit or based on facts?
   It is a habit for me to think this way. The facts are that I didn't do something wrong to deserve to be punished in this way.

3. Are your interpretations of the situation too far removed from reality to be accurate?
   My interpretation of the original situation has been fairly unrealistic, which is where I get this belief.

4. Are you thinking in all-or-none terms?
   N/A

5. Are you using words or phrases that are extreme or exaggerated? (i.e., always, forever, never, need, should, must, can't, and every time)
   I guess maybe "deserve" could be an extreme word.

6. Are you taking the situation out of context and only focusing on one aspect of the event?
   Yes, like #3, I tend to forget what all was going on at the time of my shooting.

7. Is the source of information reliable?
   No, I'm not very reliable these days.

8. Are you confusing a low probability with a high probability?
   N/A

9. Are your judgments based on feelings rather than facts?
   I'm feeling guilty like I did something wrong when the truth is that I did what I was supposed to do.

10. Are you focused on irrelevant factors?
    Maybe my deserving a family has nothing to do with someone else losing theirs?

FIGURE 2.2. Challenging Questions Sheet.

TOM: I don't know—it just seems fair.

THERAPIST: Fair? That implies that you did something bad that requires you to be punished.

TOM: As I've been thinking about it more, I don't think I did something wrong when I really look at it, but it still *feels* like I did something wrong and that I shouldn't have something good like a wife and child in my life.

THERAPIST: Maybe we should look at your response to item 9 now. What did you put in response to the question "Are your judgments based on feelings rather than facts?"

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TOM: I wrote, "I'm feeling guilty, like I did something wrong when the truth is that I did what I was supposed to do." I try to remember what we talked about, and what my wife also has said to me about them not responding to the warnings and my shooting them, which may have prevented something else that was bad. I still feel bad—not as bad as I did—but I still feel like I did something wrong.

(The therapist uses this as an opportunity to talk about the need for practicing new alternative thoughts in order to elicit emotional change.)

THERAPIST: You are well on your way, Tom, to getting unstuck and recovering. Your head is starting to get it, and your feelings need to catch up. You've been thinking about what happened and what you did in a certain way for awhile now. You blamed yourself over and over and over again, telling yourself that you did something wrong. You gave yourself a steady diet of that type of thinking, which resulted in you feeling guilty about what happened. It is like a well-worn rut of thinking in your brain that automatically leads you down the path of feeling guilty. What you need to do now is start a new road of more realistic and truthful thinking about the situation that will eventually be a well-worn path. What is the more realistic view of your role in this event?

TOM: (*tearfully*) I had to shoot at the car, and people died.

THERAPIST: That's right. And, let's pretend for a second that you really do believe that thought. If so, what would you feel?

TOM: I'd feel so much lighter. I wouldn't feel guilty. I'd continue to feel sad about this horrible situation, but I wouldn't blame myself.

THERAPIST: Let's take it the next step. If you didn't blame yourself and feel guilty, then would you believe that you deserve to be happy with your wife and the baby that will soon be here?

TOM: Sure.

THERAPIST: So, Tom, your work is to practice, practice, practice this new and more accurate way of looking at what happened and your role in it. With practice, your feelings will start matching the truth about what happened and the fact that you are not to blame.

TOM: It is kind of like training to use a weapon. They made us do certain things with our guns over and over and over again, until it was automatic. It was very automatic after a while.

THERAPIST: That's right. There are other questions on this sheet that might be helpful in convincing you of the truth about this in your practice. What did you put for the question "Is your belief a habit or based on a fact?"

This dialogue illustrates a common occurrence at this stage in the therapy. Tom was starting to experience cognitive change, but his emotional change was lagging. The therapist reinforced the need to practice the new ways of thinking to feel different. It is also important to highlight clients' gains in changing their thinking, even if their feelings have not changed or are ambivalent. A change in thinking is framed as more than halfway to a change in feeling. In effect, changed thinking involves competing thoughts or learning, and with more repetitions of the new thought, the associated feelings follow and eventually win out.

In the latter portion of this session the therapist introduced the Patterns of Problematic Thinking Sheet and provided an explanation of how this list was different from the Challenging Questions Sheet (see Figure 2.3). More specifically, she indicated that the Patterns of Problematic Thinking Sheet pertains to more general patterns of thinking versus challenging individual thoughts that Tom might have. The Patterns of Problematic Thinking Sheet lists seven types of faulty thinking patterns (e.g., oversimplifying, overgeneralizing, emotional reasoning).

Tom and the therapist went through the list and generated examples for each of the patterns. For example, for "Disregarding important aspects of a situation," the therapist pointed out something that Tom had brought up several times during therapy. Initially Tom had not included the important information that he and the other guards had attempted to stop the car before shooting at it. She also pointed out that emotional reasoning was similar to confusing a feeling with a fact, which had been a primary focus of the session.

When they got to the item "Overgeneralizing from a single incident," Tom said that he had noticed he was beginning to change his thoughts about the government and its leaders. He commented that it had been very powerful for him to consider that, in a number of instances, his fellow soldiers had operated with integrity and were committed to the mission, and to the safety and protection of others. Tom said spontaneously, "I

guess that is also kind of like drawing conclusions when evidence is lacking or even contradictory." He said that he had started stereotyping after the traumatic event—applying negative attributes and opinions to everyone in the military and the government too broadly. Tom and the therapist discussed how the goal of the therapy was to have a balanced and realistic view of things versus the overly ideal version he had pretrauma or the overly pessimistic version he had posttrauma. In other words, the goal was to find shades of gray and balance in his thinking about the government, the military, and their leadership. Tom added an example of this thinking: "There are at least some people in government who want to do good for others."

Tom was given the practice assignment to read over the list in the Patterns of Problematic Thinking Sheet and to note examples of times he used each of the problematic thinking patterns.

Session 7

Tom began the session by stating that he was feeling better, and that his wife had also noted a difference in him and was feeling less concerned about the therapy making him worse rather than better. The therapist had given Tom the PCL and the BDI-II to complete while he was waiting for his appointment. She quickly scored these assessment measures and gave Tom feedback

Patterns of Problematic Thinking

Listed below are several types of patterns of problematic thinking that people use in different life situations. These patterns often become automatic, habitual thoughts that cause us to engage in self-defeating behavior. Considering your own stuck points, find examples for each of these patterns. Write in the stuck point under the appropriate pattern and describe how it fits that pattern. Think about how that pattern affects you.

1. **Jumping to conclusions** when the evidence is lacking or even contradictory.
   I tend to jump to the conclusion that I have done something wrong when bad things happen. I assume things are my fault.

2. **Exaggerating or minimizing** a situation (blowing things way out of proportion or shrinking their importance inappropriately).
   I minimize the things that I have done well in the military.

3. **Disregarding important aspects** of a situation.
   In the past I have tended to neglect the important aspect that several of us tried to stop the car from going through the checkpoint.

4. **Oversimplifying** things as good–bad or right–wrong.
   I can sometimes think of all Iraqis as all bad.

5. **Overgeneralizing** from a single incident (a negative event is seen as a never-ending pattern).
   I have assumed that because of my traumatic event, I could not be safe with my baby to be born.

6. **Mind reading** (you assume people are thinking negatively of you when there is no definite evidence for this).
   I assume that everyone thinks I am a terrible person, a murderer, because of what I did.

7. **Emotional reasoning** (you have a feeling and assume there must be a reason).
   This one is easy—I feel guilty, and therefore I must be.

FIGURE 2.3. Patterns of Problematic Thinking Sheet.

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about his scores at the beginning of this session. His PCL score had decreased from 68 to 39, which was a clear and clinically meaningful change in his PTSD symptomatology. She noticed that his avoidance and reexperiencing symptoms had decreased the most; his hyperarousal symptoms had also decreased, but less so. His score on the BDI-II had decreased from 28 to 14, clearly indicating a reduction in his depressive symptoms.

The therapist asked whether Tom had completed his practice assignment, the Patterns of Problematic Thinking Sheet. He indicated that he had not, but that he had thought about it over the week. He also laughed and said that he had noticed the thinking patterns in his wife and others. The therapist asked Tom to complete some of the sheet in session. At this point in therapy, the therapist was sitting back more as Tom took on the role of challenging his own cognitions. The therapist provided both minimal clarification and additional examples that she had noticed in working with Tom.

In this session, the therapist introduced the Challenging Beliefs Worksheet. She was careful to point out that the worksheet integrated all of the previous work Tom had done and added a few new elements. The following dialogue illustrates the introduction of this sheet (see Figure 2.4).

THERAPIST: I want to show you the final worksheet that we're going to be using for the rest of the therapy.

TOM: OK. Wow—that looks complicated!

THERAPIST: Actually, you've done pretty much everything on this worksheet already. This worksheet brings together into one place everything that we've been working on.

TOM: I'll take your word for it, Doc.

THERAPIST: Remember the A-B-C Sheets from way back when?

TOM: Yes.

THERAPIST: (*pointing to first three columns on the Challenging Beliefs Worksheet*) This is A, B, and C. You have in column A the situation, or "Activating Event" that you had on the A-B-C Sheet. In column B you have "Automatic Thoughts," which is the "Belief" portion of the A-B-C Sheet. Last, column C, "Emotions," is the "Consequence" portion of the A-B-C Sheet.

TOM: OK. So far, so good.

THERAPIST: Column D is where you identify the "Challenging Questions" from that sheet that apply to the thought or stuck point that you're working on. In column E, you identify the type of "Patterns of Problematic Thinking" that apply to the thought or stuck point that you're working on. Make sense?

TOM: Yes.

THERAPIST: So, only column F, "Alternative Thought," is new. Here you identify alternative thoughts that you could have about the situation. In other words, we're looking for alternative statements that you can tell yourself or different interpretations of the event. In columns G and H, you get to see how your belief in your original thoughts may change and how the new thoughts affect your feelings.

TOM: OK.

THERAPIST: So, let's pick a stuck point and start using this Challenging Beliefs Worksheet. We're going to be talking about safety as one of the first topics of the next few sessions. Can you think of a stuck point that relates to your ability to keep yourself safe or to how safe others are around you?

TOM: Well, I still wonder if there are people out in the world who want to hurt me, even if I now realize that no sniper is going to take me out.

THERAPIST: So, let's pick a specific event—the more specific, the better.

TOM: I was in the grocery store, and I had my uniform on. There was this guy who seemed to have a chip on his shoulder about it—like he hated me or something.

THERAPIST: So, write down the event in Column A. (*Pauses*.) What was your thought? You've already mentioned one of them.

TOM: This guy has a chip on his shoulder about me because I'm in the military.

THERAPIST: Good. How strongly do you believe that thought?

TOM: 100%.

THERAPIST: OK, let's write that next to the thought. We are now rating how much you believe in your thoughts because you're going to see at the end how much your thought has changed. What feeling or feelings are associated with that thought?

TOM: Definitely anger.

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A. Situation	B. Thoughts	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought
Describe the event, thought, or belief leading to the unpleasant emotion(s).	Write thought(s) related to Column A. Rate belief in each thought below from 0–100%. (How much do you believe this thought?)	Use **Challenging Questions** to examine your automatic thoughts from Column B. Is the thought balanced and factual or extreme?	Use the **Problematic Thinking Patterns** sheet to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B? Rate belief in alternative thought(s) from 0–100%.
At store in uniform	***"This guy has a chip on his shoulder because I am in the military." (100%)***	Evidence? **Habit or Fact?** ***Habit to think everyone dislikes me because I was in Iraq.*** Interpretations not accurate? All or none? Extreme or exaggerated? Out of context? **Source unreliable? *Me*** Low versus high probability? Based on feelings or facts? Irrelevant factors?	Jumping to conclusions Exaggerating or minimizing Disregarding important aspects Oversimplifying Overgeneralizing **Mind reading** ***I am assuming that he is thinking the worst of me***. Emotional reasoning	***"I don't know if he has chip on his shoulder." (60%)*** ***"If he does have a chip on his shoulder, I don't know what it is about – maybe it isn't even about me, let alone having served in Iraq." (80%)***
	C. Emotion(s)			G. Rerate Old Thoughts
	Specify sad, angry, etc., and rate how strongly you feel each emotion from 0–100%. ***Anger (80%)*** ***Fear (30%)***			Rerate how much you now believe the thought in Column B from 0–100%. ***35%***
				H. Emotion(s)
				Now what do you feel? 0–100% ***Anger (20%)*** ***Fear (15%)***

FIGURE 2.4. Challenging Beliefs Worksheet completed in session.

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THERAPIST: Makes sense, given your thought. How much anger from 0 to 100%, with 100% being as much anger as you could possibly imagine having?

TOM: Hmm . . . I'd say 80%.

THERAPIST: Any other feelings? You can have more than one.

TOM: I guess when I stop and think about it, there is some fear there, too.

THERAPIST: That makes sense, too. How much fear from 0 to 100%?

TOM: Oh, maybe 30%. It's not the strongest feeling, but it's there, because I'm wondering if he is going to say something or do something.

THERAPIST: Nice job. Let's move onto the next column that relates to the Challenging Questions Sheet you've already done. Take a look at this list. What questions might apply here?

TOM: I guess I might be confusing a habit with a fact. It seems like it is a habit for me to assume that everyone dislikes me because I was in Iraq. I really don't know if that is why he seemed to have a chip on his shoulder. I guess I also don't know for sure if he had a chip on his shoulder. He didn't say anything to me. (*Pauses*.) I guess that is also an example of the source of information being unreliable, and that source is me! (*Laughs*.)

THERAPIST: While you were talking, I was thinking that the same things applied. So you'd write those in this column. You can also pick out other challenging questions that might apply, but usually two or three will do the trick. In the next column, we're going to refer to the Patterns of Problematic Thinking Sheet. What might fit here?

TOM: I guess one jumps out—mind reading.

THERAPIST: How so?

TOM: I'm assuming that he is thinking the worst about me and about my having served my country in this war. I'm good at that.

THERAPIST: Write that down. You can add others later if something seems to apply. The next column is very important. This is where you start coaching yourself to come up with alternative thoughts or perceptions about the situation. Based on having asked yourself these questions and noticing the problematic thinking patterns, what other ways might you think about this situation?

TOM: I guess one thing I could say to myself is, "I don't know if he has chip on his shoulder." I could also say, "If he does have a chip on his shoulder, I don't know what it is about—maybe it isn't even about me, let alone about my having served in Iraq."

THERAPIST: Wow! You're doing great at this. Let's get those written down. Let's also add how much you believe those two new thoughts. Below those alternative thoughts is the column that asks you to reconsider how much you believe your original thoughts over here in column B. How much do you believe them after walking through this process? Before you said 100%.

TOM: Oh, I'd say now it is only about 35%.

THERAPIST: That is a big change. You went from 100% certainty to 35% certainty that he had a chip on his shoulder because you fought in the war.

TOM: I'm a little surprised by that myself.

THERAPIST: Let's take it the final step. How about your feelings now? Let's rerate those here.

TOM: My anger is way down—I'd say only about 20%. The anxiety is still there because I really wouldn't want to have to protect myself, and he might have had a chip on his shoulder at me. It is down a little, though, because I realize I'm not 100% certain he was out to get me. I'd say maybe 15% on fear.

THERAPIST: Do you have questions about what we just did here?

TOM: Not at the moment. I'll get back to you.

THERAPIST: I'm going to ask that you do one of these sheets on a stuck point per day until I see you again. I'm also going to give you some example sheets other patients have done that might be helpful to you.

TOM: OK. Should be interesting. . . .

The therapist reminded Tom that he might find he is not using problematic thinking, and in that case, no change in feelings would be expected. She also cautioned Tom that he should not expect his beliefs and feelings always to change completely in the process of doing the sheet. The old thought would need to be completely dismantled and the new thought would need to become more habitual for him to see a more permanent change. The therapist suggested that Tom read the sheets he completed over to himself a number of times to facilitate the process.

The Safety module was then introduced. Safety is the first of five modules (two- to three-page handouts) that also include Trust, Power/Control, Esteem, and Intimacy. The therapist oriented Tom to the format of the module, which included discussion about how beliefs about the self and others in this area can be disrupted or seemingly confirmed after a traumatic event, depending on one's history prior to the traumatic event. The modules describe how these problematic beliefs are manifested emotionally and behaviorally (e.g., not leaving one's home because of the belief that the world is unsafe). It also provides alternative self-statements that are more balanced and realistic in each area.

Tom had felt safe with others before the traumatic event occurred, and this sense of safety about others had been disrupted, as evidenced by his sense that others around him were out to get him. Pretrauma, Tom had also felt as though he was not a danger to others. Posttrauma, he believed that he could not be safe with others, which specifically manifested in his concerns about being around his pregnant wife. The therapist suggested that Tom complete at least one worksheet on his stuck points about others being safe, as well as his being a possible danger to others. The therapist also reminded Tom that he needed to finish the Patterns of Problematic Thinking Sheet assignment from last session.

Session 8

Tom arrived at the session having completed the Patterns of Problematic Thinking Sheet, as well as two Challenging Beliefs Worksheets. The therapist spent a little time looking at his answers to the Patterns of Problematic Thinking Sheet because she did not want to send the message inadvertently that completing the assignments was unimportant. She asked Tom to read the patterns that he had completed at home, as opposed to those in their previous session.

Tom completed two Challenging Beliefs Worksheets related to the topic of safety, as the therapist had instructed. He did one each on self and other safety beliefs. He did not seem to understand that he could use the Challenging Beliefs Worksheets on everyday events that were distressing or even positive for him. Thus, the therapist emphasized how Tom might use this process more generally in his day-to-day life, and highlighted how more practice would lead to more results. She noted that using the process on less emotionally distressing topics could actually be very helpful in getting the process down. It is always easier to learn something when one is not dealing with the most challenging circumstances. She used a military analogy with Tom about learning to load and shoot a gun—best learned in a nonconflict situation, so that it is a more rote behavior when under fire.

The therapist skimmed the two sheets Tom had completed and noticed that he had struggled most coming up with alternative statements about his own sense of dangerousness related to his wife's impending delivery of their child. The following dialogue ensued (see Figure 2.5):

THERAPIST: I notice that you might have had the most trouble coming up with alternative thoughts about how safe you can be with your wife and your child who is about to be born.

TOM: Yeah, I don't really like to talk about it. It freaks my wife out. I'm uncomfortable being around my wife, which makes her feel bad, but I'm just afraid I'm going to hurt her or the child.

THERAPIST: Let's take your first thought because it is kind of general. How is it that you think you're going to hurt them? Are we talking physically or mentally?

TOM: Oh, physically is what I mean. I don't know how exactly, but somehow, some way, I guess.

THERAPIST: That makes it a bit more concrete. How do you physically think you're going to hurt them? Do you think you'll shoot them, given your trauma history?

TOM: No. Absolutely not. There are no firearms in my house, and I don't go hunting or have friends or family who hunt—nothing that would make guns a part of our life.

THERAPIST: So, what have you considered in your mind?

TOM: I guess I'm worried that, out of nowhere, I'll get physically violent.

THERAPIST: OK, now we're cooking. Let's write that down. "Out of nowhere I'll get physically violent." I noticed that in column C you didn't mention anything about probabilities. Safety issues are almost always about gauging probabilities. The world is not a completely safe place, and every day we all make calculated risks about our safety based on the probability of bad things happening to us or to someone

A. Situation	B. Thoughts	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought
Describe the event, thought, or belief leading to the unpleasant emotion(s).	Write thought(s) related to Column A. Rate belief in each thought below from 0–100%. (How much do you believe this thought?)	Use **Challenging Questions** to examine your automatic thoughts from Column B. Is the thought balanced and factual or extreme?	Use the **Problematic Thinking Patterns** sheet to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B? Rate belief in alternative thought(s) from 0–100%.
Being around my wife and child	***"Out of nowhere, I'll get physically violent." (80%)***	Evidence? Habit or fact? Interpretations not accurate? All or none? Extreme or exaggerated? Out of context? Source unreliable? **Low versus high probability?** ***Given my history, it is actually a low probability not high.*** Based on feelings or facts? Irrelevant factors?	Jumping to conclusions **Exaggerating or minimizing** ***I'm exaggerating the likelihood that I'd be violent.*** Disregarding important aspects Oversimplifying **Overgeneralizing** ***I'm assuming because I shot once in a certain situation, I'll be violent in general.*** Mind reading Emotional reasoning	***"It is unlikely that I'll hurt my family, and even more unlikely that it will be sudden and unexpected."*** **(95%)**
	C. Emotion(s)			G. Rerate Old Thoughts
	Specify sad, angry, etc., and rate how strongly you feel each emotion from 0–100%. ***Fear (85%)***			Rerate how much you now believe the thought in Column B from 0–100%. ***10%***
				H. Emotion(s)
				Now what do you feel? 0–100% ***Fear (< 10%)***

FIGURE 2.5. Challenging Beliefs Worksheet regarding safety.

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else. How do you think the probability questions might apply?

TOM: Are you getting at the idea that I'm confusing a low probability with a high probability?

THERAPIST: Precisely. How do you think that applies here?

TOM: I'm convinced that "somehow, some way" I'm going to hurt my family, so I believe that it is a high probability that it will happen and not a low probability. I think you think that the probability I will do that is low. But, I'm still concerned about it.

THERAPIST: Let's talk about the actual probability. How often have you hurt your family physically?

TOM: Never. Are you kidding?

THERAPIST: I thought as much, but you made it sound like it was very likely to happen. I guess that's part of the problem, right?

TOM: You're right.

THERAPIST: How often have you been physically violent against anyone?

TOM: I haven't, besides the shooting. And it surely hasn't been unexpected. Now that we're talking through it, it feels a little silly.

THERAPIST: So, it sounds like figuring out the actual probability of this is right where we needed to go. Given what we've talked about, what is an alternative statement you can tell yourself and how much do you believe it?

TOM: It is unlikely that I'll hurt my family, and even more unlikely that it will be sudden and unexpected given that it has never happened.

THERAPIST: Let's keep going to see how that might change how you feel. You wrote that you had 85% fear. What is that rating now?

TOM: Less than 10%. There is some fear now that I know I am capable of hurting a family, but like we've talked about before—and what I have to remember—is that it occurred in a certain situation and not in my everyday life now as a civilian in my family.

This exchange between Tom and the therapist illustrates the hallmark role of probability in assessments and beliefs about safety. It is important to realize that there are some objectively unsafe situations or behaviors, and these should not be minimized or challenged. If there are unreasonable safety precautions or beliefs, the actual probability of harm should be carefully evaluated, keeping in mind that 100% safety is rarely, if ever, guaranteed.

The therapist transitioned the session to introduce the Trust module. Tom noted that he had pretty good trust of himself and others prior to his best friend committing suicide when they were in high school. Tom said that after the experience, he sometimes did not trust his judgments about other people, and that he felt responsible for not anticipating his friend's suicide. The military traumatic event served to confirm his belief that he could not trust his judgments about others' intentions. Tom's concerns about his ability to be safe with his wife and unborn child also dovetailed with the issue of trust. The therapist and Tom went over the information in the Trust module handout, and Tom seemed to resonate with all of the potential effects. He reported that he had really been trying to open up with his wife and not avoid her. He noted that they were communicating more, which made both of them more relaxed and comfortable in the final days of her pregnancy.

The therapist closed the session by assigning daily Challenging Beliefs Worksheets, asking Tom to do at least one on the topic of trust. She reminded him that, like other areas, the goal is to develop balanced alternative thoughts. In the case of trust, she noted that stuck points about trust often revolve around making all-or-none judgments, either trusting or not. The goal is to consider trust as multidimensional, with different types of issues resulting in different levels of trust in different situations.

Session 9

Tom arrived at this session having completed a number of Challenging Beliefs Worksheets. Several of them were about trust, including his level of trust of the government and trust of himself in being a father. He had also used the worksheets on non-trust-related topics related to his daily life. He commented that the worksheets had been helpful in working out his thinking before he behaved impulsively or felt miserable.

The therapist praised Tom for completing the worksheets so well, and asked him whether he felt he could use assistance with any of the worksheets. Tom quickly responded that he wanted to focus on the sheet about fatherhood because he was experiencing so much anxiety about his child's impending birth. In turning their attention to this worksheet, the therapist immediately noticed that Tom had probably struggled with this work-

sheet because he had listed so many different types of thoughts that were fueling his anxiety about becoming a father. She used this as an opportunity to fine-tune Tom's use of the worksheets. The therapist's choice in thoughts to challenge first also illustrates the prioritization of treatment targets in the therapy. She chose to go after the more directly trauma-related thoughts that contained remnants of assimilation. Tom's thoughts about deserving to be happy about starting a family, given the death of the woman, fetus, and child, suggested that he had not fully accepted the traumatic event and the circumstances surrounding it. Thus, she addressed this thought first (see Figure 2.6).

THERAPIST: Wow, you've got lots of thoughts going on in your head about becoming a father, don't you? I'm going to suggest that we use a different worksheet for each of the clusters of thoughts you're having on this topic. I think that will make your use of the Challenging Beliefs Worksheet better. It seems that some thoughts are directly related to your traumatic experience, others are specifically related to your wife's labor and delivery, and still others are related more generally to being a parent. Let's focus on those that are directly related to your trauma. You wrote that one of your feelings was guilt (85%), and I'm assuming that it is related to your thought that it isn't right that you're happy with a soon-to-be-born baby given what happened.

TOM: That's right. If I'm really honest, I still feel guilty that the Iraqi woman was pregnant and getting ready to have a child, and the shooting deprived her of the ability to have that child and be happy, and I'm getting ready to have that happiness.

THERAPIST: We've talked about this before, but we've been more focused on the man involved in the situation.

TOM: Yeah, I think the closer my wife gets to delivery, the more I think about the Iraqi woman. I've been imagining that she wasn't part of a potential plot for terrorist activity and was more an innocent participant. Then, I go back and forth, thinking that she might have actually been involved and didn't care that she was pregnant. Or maybe it was just an accident, and they truly didn't understand that they needed to stop. Uggghhhh, it is exhausting.

THERAPIST: And we'll never know. If your friend were saying all of this to you, what would be your response to him?

TOM: I'd be telling him to quit beating himself up and feeling guilty.

THERAPIST: Easier said than done. Anything else? Maybe it would help to look at the Challenging Questions and Patterns of Problematic Thinking Sheets. I'm wondering if you are focusing on irrelevant factors—item 10 on the Challenging Questions Sheet.

TOM: Hmm . . . what is irrelevant in this case?

THERAPIST: How relevant are *her* intentions to deserving to be happy yourself about having a child?

TOM: (*Pauses.*) I'm going to have to think about that for a second.

THERAPIST: Aren't *your* intentions in that situation what is relevant? Were your intentions at that time to deprive her of the right to bear her child and live happily ever after?

TOM: No, not at all.

THERAPIST: So, why the guilt? What did you do wrong that you should be punished about?

TOM: Oh, wow. I hadn't thought of that. Her intentions are irrelevant. It only makes me crazy to try to get in her head. I guess that would be mind-reading, now wouldn't it?

THERAPIST: Very good—a different spin on mind reading. So what is the alternative, more balanced and realistic thought?

TOM: My intentions are what matter. I didn't intend for her to lose her own or her baby's life.

THERAPIST: Go on . . . do you have a right to experience happiness?

TOM: I guess I do. It just feels weird.

THERAPIST: Sure—it feels different. It is different than what you've been thinking about it for awhile. I'm curious—what would you feel if you said to yourself, "I did not intentionally do anything to deprive someone else of family happiness. I deserve to be happy in becoming a father."

TOM: I'd feel less guilty for sure, and even happy.

THERAPIST: Let's get this all written down. Now you have the job of holding on to these new insights and practicing them. Read over this worksheet every day until you see me again. I'd also like you to take these other thoughts on your original Challenging Beliefs Worksheet about this topic and put them on separate worksheets and work through them. Can you commit to doing that?

A. Situation	B. Thoughts	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought
Describe the event, thought, or belief leading to the unpleasant emotion(s).	Write thought(s) related to Column A. Rate belief in each thought below from 0–100%. (How much do you believe this thought?)	Use **Challenging Questions** to examine your automatic thoughts from Column B. Is the thought balanced and factual or extreme?	Use the **Problematic Thinking Patterns** sheet to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B? Rate belief in alternative thought(s) from 0–100%.
Killing a pregnant Iraqi woman and her son.	***"It isn't right that I'm happy with a baby on the way, given what happened."*** ***(80%)*** ***"She might not have been part of a terrorist plot, but just a passenger."*** ***(50%)***	Evidence? Habit or fact? Interpretations not accurate? All or none? Extreme or exaggerated? Out of context? Source unreliable? Low versus high probability? Based on feelings or facts? **Irrelevant factors?** ***Her intentions are not relevant. Mine are.***	Jumping to conclusions Exaggerating or minimizing Disregarding important aspects Oversimplifying Overgeneralizing **Mind reading** ***I'm trying to figure out what was in her head.*** Emotional reasoning	***"My intentions are what matter. I didn't intend to do anything to deprive someone else of family happiness."*** ***(85%)***
	C. Emotion(s)			G. Rerate Old Thoughts
	Specify sad, angry, etc., and rate how strongly you feel each emotion from 0–100%. ***Guilt (85%)***			Rerate how much you now believe the thought in Column B from 0–100%. ***15%*** ***(2nd doesn't matter)***
				H. Emotion(s)
				Now what do you feel? 0–100% ***Guilt (5%)*** ***Happy (10%)***

FIGURE 2.6. Challenging Beliefs Worksheet regarding trauma.

TOM: Yes, I already feel lighter.

THERAPIST: This is an exciting time—you've got to continue to work on this, so that you can have the enjoyment you deserve!

At this point, the therapist introduced the Power/Control module. Tom admitted that prior to the traumatic event, he was someone who liked to be in control. He did not like unpredictability, and he noticed that this tendency had gotten especially bad after his friend's suicide. The military lifestyle seemed to be congruent with this tendency. Tom indicated that he had not had authority issues prior to the traumatic event, but he had noticed himself questioning authority much more since his military trauma. As with previous sessions, Tom was given the practice assignment to complete Challenging Beliefs Worksheets every day prior to the next session, and at least one was assigned on power/control.

Session 10

Tom began the session by saying that his wife had gone to her obstetrician the previous day, and that her labor would be induced in 1 week if she did not naturally go into labor before then. Tom indicated that the last session had been very good in helping him to become happier about his child's impending birth, and that he had read the Challenging Questions Worksheet about deserving to be happy several times since the last session. He believed it more and more. He stated that he was still having some anxiety about becoming a father, and about everything going OK with his wife's labor and delivery. The therapist normalized some of Tom's anxiety, stressing how it was very natural for a first-time father, and Tom was able to recognize the typicality of this anxiety in others he had witnessed becoming parents.

Tom stated that since reading the Power/Control module after the last session, he had started to realize that not everyone in authority over him had wielded his/her authority malevolently. This was very important in light of Tom's preexisting history of desiring to exert control; he had directly confronted his illusion of control. The therapist and Tom went over this worksheet.

Tom went on to describe how his belief that he could and *should* have control over everything had resulted in low self-esteem. In general, when things did not go as he desired, Tom felt as though he was a failure for not controlling the outcome. This belief structure led him to think that he should have been able to control his friend and stop him from committing suicide. It also led him to believe that he should have been able to create a positive outcome in the military traumatic event. This discussion served as a natural segue to the next topic—esteem. Tom admitted that he had become someone who thrived too much on accomplishment. This had affected his self-esteem and was especially relevant to his belief that he had not accomplished his goal in the military because he had to be taken from the field after the traumatic event at the checkpoint.

After reviewing the Esteem module, the therapist asked Tom to complete Challenging Beliefs Worksheets on his remaining stuck points, as well as any stuck points relating to esteem. He was also given two other assignments: to practice giving and receiving compliments every day, and to do one nice thing for himself every day that was not contingent on "achieving" something. These assignments were to help him with his self- and other-esteem.

Session 11

Tom completed a worksheet on self-esteem related to his belief that he had not achieved his goal within the military. The therapist and Tom went over this worksheet, and both noted that he had made significant progress by using the worksheet to change the way he thought and felt about himself. He asserted that he was beginning to see that people are much more than their professional accomplishments. They also have other activities and relationships with their families, friends, and themselves.

The therapist inquired about the assignment of giving and receiving compliments. Tom replied that it had gone well, even though it felt a bit awkward and forced. He was even able to notice that when he gave compliments and was more positive toward other people, he seemed to get more positive responses back from them. The therapist noticed that several of the compliments were to his wife, and she pointed out that Tom seemed more connected to his wife. He said that he was actually beginning to feel glimmers of excitement about the birth of their child. He reported that he was still feeling some anxiety about becoming a father, and about how the labor and delivery would go, but that the anxiety was less and more manageable. When the therapist asked about Tom *receiving* compliments, he reported more difficulties. She asked what Tom typically did when he received compliments, and it became

clear that he often deflected or minimized them. Correspondingly, Tom also said that he had only done one nice thing for himself since the last session, and that it had felt uncomfortable. This pattern seemed to fit with Tom's overall schema of being unworthy and undeserving. The following dialogue ensued between the therapist and Tom:

THERAPIST: It seems like you have a hard time letting someone be nice to you and being nice to yourself.

TOM: Yes.

THERAPIST: Why do you think that is?

TOM: I don't know. (*Pauses.*) I don't like it. It feels like *they* shouldn't be nice to me, and *I* shouldn't be nice to me.

THERAPIST: Hmm . . . I wonder if there is anything "off" about that thinking? What do you think?

TOM: As I hear myself say it, it sounds a little weird. It sounds like I don't deserve to have nice things for me. Kind of like not deserving to have a family . . .

THERAPIST: This seems like a larger tendency in your life—one of those problematic thinking patterns. What pattern do you hear in your thinking? Look at the worksheet if you want to.

TOM: Maybe emotional reasoning. I feel like I don't deserve it; therefore, I must not deserve it. That seems like the best one. Maybe I'm also drawing a conclusion when the evidence is lacking.

THERAPIST: I agree. Given how much you seem to follow this pattern of thinking, I'm betting it has been around for awhile—maybe even before the shooting occurred in Iraq.

TOM: It has. I think it had to do with my dad, his alcoholism, and not being close to me. As a kid, I always thought I had done something wrong, or that I was so bad that he didn't want to be around me.

THERAPIST: Now, with adult eyes, what do you think about your dad not being close to you?

TOM: I figure that he drank for a reason, and that it might have been me and my other brothers and sisters.

THERAPIST: Why do you assume that he drank because of you kids?

TOM: I don't know. I figure it was stressful having four kids.

THERAPIST: It probably was at times, but as you hear yourself talk about this, what is amiss in how you've made sense of his drinking and being close to you?

TOM: I've known other people who had four kids and didn't have drinking problems. There were a lot of big families where I grew up. Plus, I know that he and my mom had money problems when we were young, and that they fought a lot.

THERAPIST: So, again, why then do you assume it was *you* who caused his drinking and alienation?

TOM: When we talk about it, I guess I see that it might not have been me alone.

THERAPIST: Or not even you *at all*. Everybody has a choice about how they handle their stress, and it seems that he was distant from everyone, not just you.

TOM: True. It still *feels* that way.

THERAPIST: There seems to be a well-worn path in your brain that when something goes wrong, you blame yourself. The next step is that you deserve to be punished, or at least you don't deserve anything good. I don't think this tendency is going to change overnight. You're going to need to work hard at talking to yourself more rationally to change how you feel. For that new path to get worn, you're going to have to walk down it a number of times. Pretty soon, the path will be more worn and automatic. It will take some effort, but you can change the way you automatically feel. I'd like you to do a Challenging Beliefs Worksheet about what we've just talked about. Once we get a good one about it, you can read and refer to it as part of forging that new path. Can you do that?

TOM: Yes. I think it would be good.

This exchange regarding Tom's dad dovetailed nicely with the final module, Intimacy. The therapist noted that people tend to think of intimacy as it relates to romantic relationships, and especially in terms of sexual intimacy. She stressed that there are all kinds of intimacy with different people. In essence, intimacy relates to how close and open we feel with other people. She went on to discuss the notion of self-intimacy, or how well we take care of, support, and soothe ourselves. In other words, it reflects how good a relationship we have with ourselves. Tom admitted that he struggled with being close to other people, which had most obviously manifested in the work he had done relative to his wife and unborn child. As noted earlier, Tom also struggled with

doing nice things and taking good care of himself. Both of these areas seemed to be affected by Tom's underlying schema that he was undeserving and unworthy.

The therapist assigned daily Challenging Beliefs Worksheets and requested that he do worksheets on being nice to himself and being close to his wife. In addition, she asked Tom to write a final Impact Statement, specifically about his understanding of the trauma now, after all the work he had done. The therapist asked him to write about his current thoughts/beliefs in the areas of safety, trust, power/control, esteem, and intimacy.

Session 12

The day after Session 11, Tom left a message indicating that his wife had delivered a healthy baby girl. He indicated in his voice mail message that he felt happy and relieved. He went on about how beautiful the baby was, how well his wife had done in labor and delivery, and how he had enjoyed holding his daughter in his arms the first time. The 12th session was delayed an extra week because of the baby's arrival.

Tom's wife and new daughter accompanied him to the final session. The therapist spent some time admiring Tom's new baby and congratulating his wife before starting the final session. Tom seemed genuinely proud and happy about his daughter, and noted that becoming a father had been more natural than he had anticipated. He commented that he had been worried that he would not want to hold the infant for fear of hurting her or because he would do something wrong. Instead, he found it almost "instinctual" to hold her, and that soothing her had come more naturally than he expected. Tom seemed surprised about how natural his role as a father had come.

The therapist inquired about how the assignments had gone. Tom said that he had not done as much as he had hoped given the baby's arrival, but that he had done worksheets about his father and about being close to his wife. The therapist looked over these worksheets, which Tom had done very well. She asked Tom about how helpful they had been, and he reported that they had been very helpful. He added that he was still struggling about his father, but that he was beginning to think that it was not all about him, which had made him feel better about himself and less guilty in general. He mentioned that he was considering writing a letter to his father about his daughter's arrival, and that he was thinking about asking his father about why he drank and distanced himself from his family. The therapist reinforced Tom for considering this and for not blindly making assumptions about his role in his father's drinking. However, she also attempted to inoculate Tom to the possibility that his father could blame him or his siblings for his alcoholism (given that she did not know his father or his history), and that this did not necessarily mean that it was true. She reminded him that he needed to consider the source of information, and that any good detective would get multiple reports. Tom seemed to like the idea of getting more information from others, mentioning that he and his siblings had never really talked about his belief that they were to blame for their father's alcoholism.

Tom also shared that he better understood the idea of having intimacy, without sex, in his relationship with his wife. He said that since the birth of their child, he felt closer to his wife and had generally been more open and present to her. The therapist asked him about doing nice things for himself, and Tom laughed and said that he was more open to that but was finding less time to do it with a new baby.

The therapist then asked Tom to read the final Impact Statement about the meaning of the event for him after the work that he had done. He wrote:

> There is no doubt that this traumatic event has deeply impacted me. My thoughts about myself, others, and the world were changed. When I started therapy, I believed that I was a murderer. I blamed myself completely. Now, I believe that I shot a family, but I did not murder them. I realize that I and others around me had to do what we did at the time, and that we chose to shoot because we had to. I will never know what that man, or maybe even the family, was trying to do by going through that checkpoint, but I know now that I had no choice but to shoot to stop them. Regarding safety, I used to think that there were people out to get me, but now I realize that the probability of that is slim. I still feel a little anxious about me, my wife, and now my daughter, getting hurt, but not by a sniper. That seems unlikely. Now I worry about the stuff that everyone worries about—like crazy drivers, illness, or some accident. About safety, I used to worry that I was going to go "off" and hurt my family. I don't believe that I will do that because I've never done that before and basically this trauma messed with my head about how likely I would be to hurt someone unless I had to. I'm trusting myself more in terms of the decisions I make, and I have some more faith and trust in my government now that I realize I really needed to shoot in that situation. I think I may always struggle with wanting to have

power and control over things, but I'm working on not having control over everything. The fact is, I don't have control, even though I like to think that I do. My self-esteem is improving. I have to remember that not every bad thing that happens is my fault, and that I deserve to be happy even if I don't fully believe it yet. One of the biggest things that seems to be changing is that I'm enjoying being close to my wife and my new daughter. I used to avoid my wife because I thought I didn't deserve to be happy and that I might hurt her. Slowly I'm realizing that it is not very likely that I'll hurt my wife or my new daughter, or at least hurt them intentionally. My wife seems much happier now. I want to hold on to this time in my life and provide a good life for my daughter and wife. I'm happy to know that my daughter is not going to know someone who thought that snipers were out to get him, and who was anxious, avoiding everything and everyone. It sounds silly, but I'm kind of glad that I went through this because I think I'm going to be better dad and person because of it.

Tom was a bit teary as he finished reading. The therapist asked Tom whether he remembered what he wrote the first time. Tom said no, so the therapist read to him his first Impact Statement. She pointed out that Tom had come a long way, and he agreed. The therapist and Tom reviewed the whole therapy process, what they had covered, and the "stuck points" that Tom had challenged. Tom said that he was going to continue using the worksheets because they had been so helpful in making him slow down to think about things instead of just reacting. They did some lapse planning, and the therapist asked Tom what he could do if he sensed that he was struggling with PTSD or depressive symptoms, or second-guessing his new ways of thinking. He mentioned that he was going to share the materials with his wife because she was very good at helping him to "get his head on straight." He also included on his list a review of the materials he had completed during the course of therapy. The therapy session ended with a discussion of Tom's goal to write his father a letter and to increase his contact with his siblings. He was planning to use these contacts to discover more about the reasons his father was alcoholic and had seemed to abandon the family. Tom also shared his goals about the type of father and husband he hoped to be, and what his professional future held as he left the military. The therapist congratulated Tom on his willingness to do the hard work to recover from what happened to him and wished him the best with his family and future. Tom expressed his appreciation for the therapy.

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