Upon that is associated with the trauma;

Uponlearning more about Rod and his deployment to Afghanistan, as well as learningabout the symptoms that he presents with it was determined by the therapist togive the client the PTSD checklist military version (PCL-M).

The PCL-M is aself-reportable measure that is compatible with the symptoms of PTSD outlinedin the DSM-V (PTSD CheckList-Military Version, 2012). There are 17 items in the PCL-M that have to dowith distress from a trauma over the last month (PTSD CheckList-Military Version, 2012). The PCL-M uses a five point Likert scale thatranges from 1 being not at all to 5 being extremely (PTSD Check List-Military Version, 2012). Another measure that can usedincludes the Structured Interview for PTSD (SI-PTSD) (Verstrael, Van Der Wurff,& Vermetten, 2013). This measure is similar to the PCL-M as it alsoassesses for PTSD symptoms characterized in the DSM (Verstrael, Van Der Wurff,& Vermetten, 2013). In this case, the interviewer is the one that rates theseverity on a 5-point Likert scale (Verstrael, Van Der Wurff, & Vermetten, 2013).

Other measures frequently used in conjunction with PTSD measures includeBeck’s Depression Inventory (BDI) and the State-Trait Anxiety Index (STAI) (Verstrael, Van Der Wurff, & Vermetten, 2013). These two measures are also used inpatients with PTSD as anxiety, depression, and PTSD seem to go hand in hand. In order to be diagnosed with PTSD, the client must present with the following five criteria: being exposed toactual or threatened death, sexual violence, or a serious injury; intrusivesymptoms associated with the traumatic event; continuous avoidance of anystimuli that is associated with the trauma; negative alterations in mood andcognitions; marked alterations in arousal and reactivity (American PsychiatricAssociation, 2013). In the last

four criteria, the disturbance must last morethan a month and cause remarkable distress or impairment in important areas offunctioning (APA, 2013).

The therapist must also determine that the disturbanceis not due to substance abuse or other medical conditions (APA, 2013). Rodmeets all of the criteria for PTSD as he has been experiencing these symptomsfor the last year and a half and they are not attributed to any substance useor medical condition. The first criteria, being exposed to actual or threateneddeath is met by Rod’s combat deployment to Afghanistan and witnessing battlebuddies die as well as the shooting of the boy. The second criteria, intrusivesymptoms, is met by Rod’s flashbacks and constant nightmares. The thirdcriteria, avoidance of trauma related stimuli, is met because Rod is constantlyavoiding his son as he is reminded of the boy that he shot. The fourthcriteria, “ negative alterations in cognitions and mood,” is met by feelingguilty and blaming himself for the death of the young boy as well as beingdetached from his family (APA, 2013). Finally, the fifth criteria is metbecause the client is experiencing irritability and angry outbursts towards hiswife and son with little or no provocation.

With this information, it isrecommended to continue on with EMDR. TreatmentPlan Compared to both pharmaceuticals andother forms of psychotherapy, EMDR has proven to be effective in the treatmentof PTSD (Shapiro, 2002). There have beenapproximately twenty controlled studies that proved this (Shapiro, & Laliotis, 2010). EMDR has been recommended as a firstline of treatment including by the American Psychiatric Association (Shapiro, & Laliotis, 2010). EMDR uses bilateral stimulation such asauditory

tones, tactile taps and the most popular, eye movements (Shapiro, & Laliotis, 2010). Although there has been some controversyregarding EMDR due to insufficient amounts of treatment and inappropriatepopulations, some randomized studies found EMDR to reduce negative emotions, facilitate memory retrieval, and increase vivid mental imagery as well asattentional flexibility (Shapiro, & Laliotis, 2010).

EMDR consists of eight phases oftreatment (Sharpless, & Barber, 2011). According to Shapiro & Laliotis(2010), “ these phases represent a systematic way of addressing and reprocessingthe negative experiences contributing to the current dysfunction, along withthe positive experiences needed to bring a client to optimal health.” Rod willgo through the eight stages with the therapist. In the first stage or session, thetherapist will obtain Rod’s history including obtaining background informationand identifying the suitability of EMDR (Sharpless, & Barber, 2011). Duringthis stage, the therapist will also identify negative and positive events inRod’s life (Sharpless, & Barber, 2011).

In the preparation stage, thetherapist will empower and stabilize Rod as well as establish a goodtherapeutic relationship (Sharpless, & Barber, 2011). Phases 3-7, thereprocessing stage in EMDR, consists of assessment, desensitization, installation, body scan and closure (Sharpless, & Barber, 2011). The amountof sessions that Rod will require will depend on if it’s a single ormulti-event trauma. For a single even trauma, Rod would need approximately oneto three sessions (Sharpless, & Barber, 2011).

Since it appears that Rodhas had multiple traumatic events, the number of sessions will be whatever isneeded to address all facets of the traumatic events (Sharpless, & Barber, 2011). The last session that Rod attends will be the re-evaluation sessionwhich will consist of evaluation the treatment and ensuring comprehensiveprocessing over time (Sharpless, & Barber, 2011).