

Mike was a 32-year-old flight medic who had completed two tours in Iraq. He had been discharged from the Army due to his posttraumatic stress disorder (PTSD) and was divorced with a 2-year-old son. The Army psychologist referred Mike for treatment of his PTSD with Eye Movement Desensitization and Reprocessing (EMDR) therapy and he traveled to the therapist's location in Clarksville, TN. He received five successive days of EMDR therapy, twice a day.

EMDR therapy's theoretical model, the Adaptive Information Processing (AIP) model, views pathology as being the result of maladaptive, unprocessed memories. Such unprocessed disturbing memories continue to carry a high emotional charge that, when triggered, create the symptoms of PTSD and/or other disorders. In contrast, memories that have been adequately processed, even if they were distressing at the time of the occurrence, can be remembered without being relived or emotionally activated. EMDR therapy treats past disturbing memories, present triggers, and prepares the person to effectively manage similar situations in the future. It uses an eight-phase approach: (1) History-taking; (2) Preparation; (3) Assessment; (4) Desensitization; (5) Installation; (6) Body Scan; (7) Closure; and, (8) Reevaluation. When Mike arrived for EMDR therapy, the first session reviewed his history and prepared him for EMDR treatment. The Preparation Phase provided Mike with a technique to use to access a positive state of safety and calm. This helps ensure a sense of confidence and control if needed both during and in-between sessions. He identified 10 distressing target events related to his service as a combat medic. He also described a childhood incident that occurred when his father informed Mike (age 7 years) that he was moving away, separating from his mother, and that Mike would now be the man of the house responsible for his mother. All of these memories were directly addressed in subsequent sessions.

The session described in this case report, his seventh session, addresses Mike's memory of a mass casualty incident. He initially rated his subjective units of disturbance (SUD) score (where 0=no disturbance and 10=worst possible) for this event at a 10. During this incident, Mike and his fellow medic Sid had rescued two soldiers who had been badly injured when their Humvee had struck an improvised explosive device (IED). The session begins with the Assessment phase, in which the therapist guides Mike in identifying and rating the relevant components of the targeted memory (i.e., image, negative belief, emotion, body sensations). Mike becomes agitated and angry as he begins to recall the incident. He has difficulty focusing and tells a disjointed and chaotic account of the event, rather than responding to the questions.

Therapist: As you focus on the last mission, what picture represents the worst part of that memory?

Mike: The doctor in the CaSH (combat support hospital) was saying, "He's gone." I started to cry. Sid got me by the collar and said, "Come on now" and he pulled me away.... One of the worst days. The whole mission was the f\*\*\*ing worse image.

Therapist: What words would best describe your negative belief about yourself now?

Mike: Indecisive. "Let me ask you, with the utmost respect, where are we going with this? That mission was f\*\*\*ed up! We were in charge, we took too long.

Therapist: I heard you say something to the effect, "I let the soldiers down." What's the negative belief about yourself as you think about it now?

Mike: I'm a failure.

Therapist: So if you think about what you'd like to believe about yourself, instead of "I'm a failure," would it be, "I did the best I could"?

Mike: No, I didn't – I failed them. I'm sorry, I'm completely trying to help you, but I failed them. I failed them.

Mike is resistant to even naming a positive belief, but finally agrees that he would like to believe, "I did the best I could" and gives it a '1' rating on the validity of cognition (VOC) scale of 1 (where 1=completely false and 7= completely true). He says that the emotion he feels is "pain" and gives the memory a SUD score of 10. "I feel I deserve to feel it." He identifies the location of any negative sensations in his body as in his "heart."

The therapist then starts the Desensitization Phase, and asks Mike to think of the incident, the negative cognition "I'm a failure", and the body location and to hold these in mind while following the therapist's left-right hand movements with his eyes, for about 30 seconds. At the end of the set of eye movements, he instructs the client to take a deep breath and let it all go, and then asks what the client now notices.

Mike: I'm confused.

Therapist: "Go with that."

<Eye movements and silence.>

"Take a deep breath. Let it all go. What do you get now?"

(The therapist's phrasing may vary slightly and the therapist is silent or minimally encouraging during the eye movements. This sequence is repeated and represented below by \*\*\*\*\*)

Mike: It must have been a big bomb because the Humvee was lying on its side.

Therapist: \*\*\*\*\*

Mike: I wanted to help them so badly, I didn't care about the (unexploded) bomb.... I walked right in front of it. I wanted the soldier out of the vehicle. Sid was already giving his patient help while I was still trying to find a way to help the soldier....

Therapist: \*\*\*\*\*

Mike: ...It's our job to save people's lives. So you need to do your job, and when you don't people die. I can't think of higher responsibility in the army ...

Therapist: Who decides if a person lives or dies?

Mike: God does.

A few sets of eye movements and responses follow, focusing on how it is God's decision if someone dies, not Mike's.

Therapist: \*\*\*\*\*

Mike: It sucks. It sucks that we weren't able to save those soldiers.... It's a fool's errand. Every time you go out, the choice isn't up to you. We pulled a lot of people back from death.

The therapist, a veteran, picks up on a theme Mike has been getting at that is consistent with his military training.

Therapist: We are not judged by how many we save, but whether we do our best. \*\*\*\*\*

Mike: I was doing my best on the mission.

In the next few sets, he recalls incidents when his role was compromised by decisions made by superiors. "It was not my decision...maybe I don't need to hold onto it." A number of sets follow on the issue of responsibility and decisions.

Therapist: What would Sid say to you about the incident?

Mike: ...Your guy was f\*\*\*ed man. I knew that.

Therapist: \*\*\*\*\*

Mike: ...That night on the ground,... we stepped up, we handled it like professionals. Those guys were worse off.

Therapist: \*\*\*\*\*

Mike: I'm trying to ask you, "How did you do that?" That pit in my chest is not there. God, it's not there. This is all I had to do for the last four years?! This is different. I don't feel heavy. I wish those guys hadn't died. I feel different about it. I kept thinking EMDR won't work with this one.... I really didn't let those guys down. I'm not God. I wish I could have saved them but they were so bad off.... War is so horrible. It's OK. I was there. It's conflicting emotions.

Therapist: \*\*\*\*\*

Mike: ...I see that I can carry (the memory) with pride. I can carry it for those guys...

Mike then tells the therapist that the incident no longer causes him any emotional disturbance (SUD=0) and treatment moves into the installation phase. Mike confirms that his preferred positive cognition is still "I did the best I could." The therapist tells Mike to think of this cognition while thinking of the event and to rate it on the VOC scale and Mike gives it a VOC score of 7, totally true.

The therapist then asks Mike to scan his body for any disturbance (phase 6). Mike explains to the therapist that he still feels sad that the men died, but that he feels "OK". The session (phase 7) is closed with the therapist asking Mike about his experience in the session.

Therapist: Is there anything you learned or gained today?

Mike: I didn't know it could be like this. It's like I've got on a different pair of glasses. Strange. So fresh. I'm so surprised. You helped me see. I feel lighter. (The treatment) doesn't fix the problem. It makes me different.

Treatment continued with other targeted memories. On Friday of that week, the therapist used the Future Template to prepare him to go home. He no longer reported any PTSD symptoms. After

returning home, Mike enrolled in vocational rehab and trained to be a medical technician. After 18 months, the therapist lost track of him as he relocated somewhere on the west coast.

1. According to the APA, EMDR is an intervention that is "conditionally recommended" for the treatment of PTSD. EMDR focuses directly on the traumatic memory (or memories) and is intended to change the way that the memory is stored in the brain, reducing and eliminating problematic symptoms. Briefly describe the principles of EMDR and how the intervention combines behavioral practices of exposure with eye movements and other forms of bilateral stimulation.

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**My Response**

2. EMDR is based on The Adaptive Information Processing (AIP) model which considers symptoms of PTSD to result from past disturbing experiences that continue to cause distress because the memory was not adequately processed. These unprocessed memories are understood to contain the emotions, thoughts, beliefs, and physical sensations that occurred at the time of the event. When the memories are triggered these stored disturbing elements are experienced and cause the symptoms of PTSD and/or other disorders. Based on your knowledge of models of abnormal psychology, what perspective does the AIP model use as its foundation? Why (justify your answer)?

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**My Response**

3. There are a number of evidence-based approaches used to treat PTSD. Name a different intervention, describe it, and explain why it is effective for alleviating the symptoms related to PTSD.

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**My Response**