

1 Patient Information**1 SESSION DETAILS**

Name
Joshua T. Harrington

Date of Service
05/06/2026

DOB / Age / Sex
11/03/1985 | 40M

Provider / Credentials
Dr. Angela M. Foster, PsyD — EMDR Certified Therapist

Session Type
Individual EMDR

Duration
90 minutes

CC Chief Complaint & Subjective**2 PRIMARY TARGET ISSUE**

Mr. Harrington is a 40-year-old Army combat veteran (OIF, 2 tours, 2006–2008) presenting for his 11th EMDR session targeting the primary traumatic memory of an IED blast in Mosul, Iraq (March 2007) in which his Humvee was hit, resulting in the death of his squad leader and close friend, Sergeant Daniel Reyes. Current distress level prior to session: SUD 6/10 (down from 9 at session initiation). Patient reports 3 nightmare episodes in the past week — improved from 5–6 at baseline. Sleep onset difficulty persisting but early morning awakening reduced.

TI Target Identification**3 EMDR TARGET FOCUS****Target Memory / Event**

IED blast event, Mosul, Iraq, March 2007 — specifically the moment of explosion and the immediate aftermath of finding SGT Reyes fatally injured.

Negative Cognition (NC)

'It's my fault he died.' (Core negative cognition associated with survivor's guilt and perceived failure of protective responsibility.)

Positive Cognition (PC)

'I did everything I could. I survived and that doesn't make me guilty.'

VOC Scale (1-7)

5/7 (patient rates the positive cognition as moderately believable; up from 2/7 at session initiation)

Emotions Associated

Guilt (primary), grief, hypervigilance, helplessness, shame.

SUD Scale (0-10)

6/10 pre-session (down from 9/10 at initial session 11 weeks ago)

Body Sensations

Chest tightness and tension across shoulders; constriction in throat. Sweating in palms. Patient localizes most somatic distress to the chest and upper back.

D Desensitization (Processing Phase)

4 PROCESSING DETAILS

BLS Method

Bilateral tapping (therapist-administered on patient's knees) — patient-preferred modality, chose this over eye movements due to sensory preference. Sets of 24–30 taps per bilateral stimulation set.

SUD Progression

Pre-set 1: SUD 6. Post-set 3: SUD 7 (brief spike with direct imagery contact). Post-set 6: SUD 5. Post-set 10: SUD 4. Post-set 14: SUD 4 (plateau — additional associative processing). Post-set 18: SUD 3. End of desensitization: SUD 3/10.

First 3 sets: Patient re-engaged with the target memory — reported vivid imagery of the blast, heat, and smoke. Spike in distress to SUD 7 with spontaneous vocalization ('I should have seen it coming'). Therapist maintained bilateral stimulation with supportive presence. Sets 4–6: Shift noted — patient reported the imagery becoming 'further away, like I'm watching it from above instead of inside it.' SUD decreased to 5. Sets 7–12: New associative material emerged — patient began spontaneously describing SGT Reyes's laugh and a positive memory of Reyes teaching him card games during downtime; tears present but patient remained regulated. SUD 4. Sets 13–18: Further distancing from the traumatic image. Patient verbalized 'He wouldn't blame me' unprompted — significant cognitive shift observed. SUD stabilized at 3. Bilateral stimulation continued until no new material emerged.

IN Installation, Body Scan & Closure

5a INSTALLATION

Positive Cognition Reinforced

'I did everything I could. He knew I loved him like a brother.' (Patient spontaneously expanded the positive cognition during installation.)

VOC After Installation

6/7 — patient states the positive cognition feels 'mostly true, still working on really believing it.'

5b BODY SCAN

Residual tension / areas of discomfort

Residual tension in upper trapezius bilaterally (2/10). Chest tightness resolved. Throat constriction resolved. Patient reports feeling 'wrung out but lighter.' No areas requiring additional processing at this time.

5c CLOSURE

Stabilization Technique Used

Container exercise (visualization of placing residual material in a locked steel safe) and Safe/Calm Place (imagery of fishing on the Tennessee River, established in session 2 as patient's safe place). Patient reported returning to baseline relaxation within 5 minutes of closure.

Patient State at End of Session

Calm, oriented, and emotionally regulated at session close. Affect softer than at session start. Patient stated 'That was the hardest one yet but something shifted today.' No dissociation. Able to discuss logistics of next appointment clearly.

O Objective — Mental Status Examination

4a APPEARANCE, BEHAVIOR & SPEECH

Appearance

Casually dressed — jeans and Army-themed t-shirt. Well-groomed, shaved.

Behavior

Initially guarded with limited eye contact; progressively more open as session progressed. No hypervigilance noted in office setting today — improved from early sessions.

Speech Rate / Volume

Normal rate and volume at baseline. Slowed and deliberate during processing phases — appropriate.

Engagement

4b MOOD & AFFECT

Reported Mood

Patient reports mood 'a little better than last week — still heavy but not as dark'

Affect Appropriateness

Fully appropriate to content.

Affect Range

Full range — from tearful during traumatic memory contact to genuine warmth when recalling SGT Reyes's positive qualities.

Congruence

Mood and affect congruent.

Affect Stability

Stable — no dysregulation or dissociation.

Reactivity

Appropriately reactive — tears during processing, warmth during positive memory recall.

4c THOUGHT PROCESS & CONTENT

Thought Process

Delusions / Obsessions

Linear and goal-directed outside processing phases.

None.

Thought Content

Focused on traumatic material during processing. No pervasive negative cognitions outside of session context at this time.

SI / HI

Explicitly denies suicidal ideation, homicidal ideation, and self-harm. Patient is engaged in EMDR and reports continued motivation for treatment. Safety plan current and reviewed.

4d PERCEPTION, COGNITION & JUDGMENT

Hallucinations

Denies hallucinations. No flashback intrusions reported in past week (first week without flashbacks since treatment initiation).

Insight

Excellent — patient demonstrates sophisticated understanding of EMDR process and his own processing patterns.

Orientation

Fully oriented x4.

Judgment

Intact.

Attention / Memory

Sustained attention intact for 90-minute session duration.

Safety Assessment

No safety concerns. Veteran Crisis Line number on safety plan. Patient's wife is aware of treatment and supportive.

A Assessment

6 EMDR PROGRESS

Session 11 represents significant clinical progress — SUD has decreased from 9/10 at initiation to 3/10 today for the primary target memory (IED blast). VOC has increased from 2/7 to 6/7. The spontaneous cognitive shift ('He wouldn't blame me') and positive memory intrusion during processing represent hallmarks of adaptive information processing occurring. First week without flashback intrusions since treatment began. Nightmare frequency reduced by approximately 50%. Full processing of this target memory is anticipated within 1-2 additional sessions.

P Plan

7 NEXT STEPS

Continue EMDR targeting the primary IED blast memory — anticipated 1-2 additional sessions to reach SUD 0-1 and VOC 6-7. Following completion of primary target, next target identified by patient: 'seeing the chaplain at the hospital' (notification memory). Homework: Continue nightmare log and sleep hygiene protocol. Practice Safe Place visualization nightly. Contact therapist or Veterans Crisis Line (988, press 1) if SUD self-rated >8 between sessions.

F Follow-Up

8 NEXT SESSION

Next Session & Symptom Monitoring Plan

Next EMDR session scheduled for 05/13/2026 — 90 minutes. Coordinate with VA prescriber Dr. Hasan regarding current prazosin dose for nightmare suppression given improvement.

TIME DOCUMENTATION & BILLING

Total Time

90 minutes

CPT Code

90837 — Individual psychotherapy 60 min + 90847 add-on OR 90837 for 90-min EMDR session per state billing guidelines

Counseling Time

65 minutes bilateral stimulation / 25 minutes preparation, closure, and check-in

Basis

Time-based

Primary Dx Code

F43.11 — PTSD, acute

Secondary Dx Code(s)

F33.0 — MDD, recurrent, mild; Z91.19 — Personal history of trauma

PROVIDER NAME

Dr. Angela M. Foster, PsyD — EMDR Certified Therapist

CREDENTIALS

PsyD — EMDR Certified

DATE & TIME

05/06/2026