**[Leilanie B](https://ashford.instructure.com/courses/82266/users/64024" \o "Author's name) post to week 5 discussion 1**

I have selected the case of Ivan S.

Ivan served in the military and completed 2 tours of war in Iraq. Ivan is in between the ages of 20-26 and is married with children. After his return from his first tour in Iraq, Ivan began to show anger management issues, often getting into squabbles with his wife and children. Upon leaving for his second tour in Iraq, Ivan still showed anger issues with his family. Once returning from his duty, his issues became worse and this resulted in Ivan being taken to a Navy hospital. Ivan began suffering from nightmares and insomnia. Among his inability to sleep, Ivan began to drink and even ran into issues with the law. His aggressive behavior got so bad he started abusing his wife and children. This is when Ivan was put on medication and seeked out the help of a counselor, both providing little to know help to Ivan. (Case Study Part 1).

Based upon Ivan's symptoms, I believe he may be suffering from post traumatic stress syndrome (PTSD). PTSD is when an individual "repeatedly relives a severely traumatic event, such as combat or a natural disaster. and many people who survive  traumatic events will develop PTSD. Survivors of combat are the most frequent victims, but it is also encountered in those who have experienced other disasters, both natural and contrived." (Morrison, 2014). According to the article by Breslau in the Canadian Journal of Psychiatry, "risk factors for PTSD in adults vary across studies. The 3 factors identified as having relatively uniform effects are 1) preexisting psychiatric disorders, 2) a family history of disorders, and 3) childhood trauma. In civilian populations" Breslau, 2002). These descriptions of PTSD would suggest that Ivan is suffering from this disorder due to his 2 tours of Iraq and being in war.

To help treat Ivan, I would recommend brief cognitive behavior therapy (B-CBT) as well as cognitive behavioral therapy. Both of these treatments focus on the prevention of prolonged symptoms, such as PTSD (Rose, 1997). "The evidence to date from all sources suggests that cognitive behavioral interventions (CBT) should be considered the treatments of choice for PTSD" (Hersen & Sturmey, 2012). B-CBT is a 1-3 hour session in a week,  with a group or by the individual alone and consists of "seven primary stages: the introduction, expectations and facts, thoughts and impressions, emotional reactions, normalization, future planning /coping, and disengagement" (Hersen & Sturmey, 2012). Trauma forced CBT was proved to more effective than counseling alone. Early CBT can help to prevent PTSD symptoms or even help alleviate the symptoms and four to five sessions may be effective to help those with chronic PTSD as well.

Breslau, N. (2002). [Epidemiologic studies of trauma, posttraumatic stress disorder, and other psychiatric disorders. (Links to an external site.)](http://publications.cpa-apc.org/browse/sections/0) Canadian Journal of Psychiatry, 47(10), 923–929. Retrieved from [http://publications.cpa-apc.org/browse/sections/0 (Links to an external site.)](http://publications.cpa-apc.org/browse/sections/0)

Hersen, Michel, and Peter Sturmey. *Handbook of Evidence-Based Practice in Clinical Psychology, Adult Disorders : Adult Disorders*, John Wiley & Sons, Incorporated, 2012.*ProQuest Ebook Central*, http://ebookcentral.proquest.com/lib/ashford-ebooks/detail.action?docID=817356.  
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Rose, S. (1997). Psychological debrieﬁng: History and methods counseling. Journal of the British Association of Counseling, 8 , 48– 51.