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Case Report

Treating Post Traumatic Stress Disorder with Cognitive Behavior Therapy: A Case Study

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Abstract

Death of loved one has put MS. HG in post traumatic stress disorder (PTSD) which incapacitates her physical, emotional, cognitive functioning for last three months after the traumatic loss. Present research was conducted to find out the either cognitive behavior therapy (CBT) was useful for treatment of post-traumatic stress disorder. Standardized assessment tools and clinical interview intake were used for assessment. Depression anxiety stress scale (DASS) and post traumatic stress symptoms Interview scale (PSSI) were used for establishing pre-post treatment measurement. Patient has severe level of PTSD before treatment, and after treatment her symptoms reduce to moderate level, and were fully remitted at one-month follow-up session after receiving trauma focused cognitive behavior therapy. Trauma focused CBT techniques trauma narration and cognitive reprocessing techniques found effectual in treating symptoms of trauma (nightmares, excessive worry, irritability, inability to experience positive emotion, negative cognition about trauma). While behavioral activation helped client in improving interpersonal relationship and overall mental health.
Key words: Post traumatic stress disorder, trauma narration, cognitive reprocessing techniques.

Introduction

Post traumatic stress disorder (PTSD) starts soon after the person has experience or witnessed a traumatic event that involve actual or threatened death, serious injury, and sexual violation. Traumatic event can be assault, threat, death of loved ones. After experience of traumatic event, individual develops excessive anxiety, avoidance symptoms, and increased arousal. The four major symptoms of PTSD which are as follows: intrusion, avoidance, cognitive changes, increased arousal and reactivity. Intrusive symptom which means repetitive flashback or nightmares about traumatic event that leads to physiological reactions. Avoidance symptoms include efforts to abstain from reminders of event, making efforts to not think about trauma. Mood and cognitive changes which includes forgetting some important details of the traumatic event, negative thinking, self-blame, persistent negative emotions, lack of interest in activities, feeling detached from others, unable to experience positive emotions. Increased arousal and reactivity symptom involve irritability, aggressive behavior, self-destructive or careless behavior, problem in staying asleep, problem in paying attention, hypervigilance, and exaggerated startle response.[1]

There are many treatment approaches available for post-traumatic stress disorder treatment, but the most beneficial treatment suggested by research evidence is cognitive behavior therapy (CBT). As recent review of researches on treatment for PTSD found cognitive behavior therapy is effective for post-traumatic stress disorder among all other therapies and the changes it produces in dysfunctional thoughts mediates the effect of cognitive therapy in treatment of PTSD.[2,3] Many other empirical researches also found efficacy of trauma focused CBT chronic PTSD patients.[4-6] Ostacher and Cifu had reviewed the literature on management of PTSD and developed a guideline for PTSD treatment, in their guideline they have strongly

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Authors Contribution

SRB conceptualized the project, performed the data collection, statistical analysis and supervision. FA did the literature search and drafting, revision and writing of the manuscript.

recommended the Trauma focused therapy having a special focus on exposure and cognitive restructuring over the medication intervention.[7]

Case Report

Ms. HG is 23 years old unmarried female from pakhtoon family. Her presenting complaints were burden on head, insomnia, frightful dreams, irritability, crying spells, isolation, and inability to feel positive emotions. She had isolated herself in her room soon after the death of his father. She was experiencing all these symptoms for last three months after the traumatic death of her father. The Nature of the traumatic loss was sudden death of her father in front of her eyes in her own lap in an open crop field where no help was available to rescue his father who died of heart attack. During the sessions she narrated his father one morning left house for office as usual, but after few minutes she realized that his father was not visible in the crop field, she felt anxious and ran to crop field in search of his father. When she reached there she found her father got a heart-attack and she had to witnessed her father taking the last breath of his life, this scene had traumatized her and she narrated the event with bursting into tears in first few sessions that she could not talk. She felt so overwhelmed by the grief of his father death that she cannot do anything else. Her social, educational life was disturbed seriously. She did not want to meet anyone even people coming for mourning. She told that she was unable to experience positive emotions, and she was feeling these symptoms for 3 months after his father death. On further investigation it was found that Ms. HG was extremely sensitive since childhood, she could not bear the ridicule and criticism from other people. She only found his father as source of comfort and safety, and she was very close to him as she spent her most of time with her father. That's why she felt his loss most severely. She had few friends in school life and had changed school 3 times because of adjustment issues. She had done B.A and got engaged. Regarding recreational activities she reported that before trauma she liked reading novels, cooking and chatting with father.

Patient visited the counseling center of National Institute of Psychology, Quaid-e-Azam University along her brother where her psycho diagnostic assessment was done in a secondary level clinical setting. Depression anxiety stress scale (DASS),[9] Post traumatic Stress Symptoms Interview scale (PSSI) [10] were used for establishing pre-post treatment measurement. Her projective personality and clinical analysis (Thematic Apperception test-TAT) [8] showed that she had a dependent personality and weak defense mechanism to cope with stressors. She had poor self-concept and inadequate ego functioning. Her main needs were of security, affection and acceptance. She perceived her environment as rejecting and threatening. Her interpersonal life was very disturbed because she was highly sensitive toward comments of others and views them as threatening and critical. Her nature of anxieties included having illness, being deprived, helplessness, and loss of love. To deal with her anxieties, she uses defense mechanisms of denial, withdrawal and undoing. Regarding medical and psychiatric history she reported that there was no psychiatric illness history in her family, but after the death of father she was prescribed laxotinal by a psychiatrist before she visited our counseling Centre. Client had refused to take medication and decided to take psychotherapy. During the CBT treatment she was not using any medication.

Her psycho diagnostic assessment showed that she is not going through normal grief reaction as According to DSM5 criterion for normal grief is one month with no disturbance in individual capacity of performing daily functioning. But Ms HG has significantly disturbed social, relationship, academic life for the period of last 3 months persistently.

DSM5 described the difference between PTSD and complicated bereavement which says that in PTSD intrusion and avoidance symptoms revolve around the traumatic event, while in complicated bereavement intrusive thoughts and avoidance is focused on many aspects of the relationship with the deceased, including positive aspects of relationship and distress over the separation. Also other difference between two is of time duration, PTSD diagnosis requires duration of more than one month, while persistent complicated bereavement requires duration of one year of disturbance. Both PTSD and bereavement can involve avoidance of reminder of distressing events, whereas avoidance in PTSD is characterized by consistent avoidance of internal and external reminders of traumatic experience, in persistent complex bereavement disorder, there is also a preoccupation with loss and yearning for deceased, which is absent in PTSD.[11] Her symptom list has been explained in tabular form in the Table-1.

It was indicated that Ms. HG was suffering from post-traumatic stress disorder (PTSD) as her intrusive thought and avoidance revolve around the traumatic event for 3 months which significantly impaired her social, interpersonal and occupational life functioning.

Therapist took all measures to maintain the ethical rules of assessment and psychotherapy.

Patient was given the details about assessment, psychotherapeutic approach, and session's duration. Patient also had given her consent about the limit of confidentiality and privacy. She agreed to volunteer as research participant in current case studies.

Table 1: Tabular representation of DSM513 post traumatic stress symptoms.

S.No	*DSM5 PTSD*	*Present/ Absent*
	Re- Experiencing(need one)	
1.	Unwanted distressing memories about trauma	✓
2.	Bad dreams or night mares	✓
3.	Feeling if trauma is happening again	✓
4.	Very emotionally upset when reminded of trauma	✓
5.	Physical reactions when reminded of trauma	✓
	Avoidance (need one)	
6.	Avoiding thoughts or feelings related to trauma	✓
7.	Avoiding activities and places that remind of trauma or feel more dangerous after trauma	×
	Changes in cognition and mood (need two)	
8.	Unable to recall important details of traumatic event	×
9.	Negative beliefs about self and others	×
10.	Blaming self or others for trauma	×
11.	Intense negatve feelings such as fear, anger, guilt or shame	✓
12.	Lost interest in activities that once were joyful	✓
13.	Feeling of detachment or cut off from others	✓
14.	Difficulty in experiencing positive feelings	✓
	Increased Arousal and Reactivity (need two)	
15.	Acting as more irritable or aggressive	✓
16.	Involvement in risky behaviors that may cause harm to self or others	×
17.	Overly alert or being on guard	✓
18.	Being jumpier or more easily startled	✓
19.	Difficulty in concentrating	✓
20.	Difficulty in falling or staying asleep	✓

Table 2: Improvement in the severity level of the client symptoms of PTSS, anxiety, depression and stress.

Measures	*Pre-test Scores*	*Post-test Scores*	*Pre-Post Difference*	*Follow up Scores*
PSSI	32 (severe)	16(mild)	16	6 (normal)
DASS Depression	26 (severe)	11(mild)	15	6 (normal)
Anxiety	16 (severe)	10 (moderate)	6	4 (normal)
Stress	28 (severe)	16 (mild)	12	9 (normal)

Cognitive behavior therapy treatment plan took 12 treatment sessions twice a week for period of 2 months. According to client problem list, psycho-education, cognitive restructuring, trauma narration, cognitive reprocessing and relaxation exercises were used to treat her traumatic symptoms. After two months of treatment she was totally symptoms free and her social, personal life and functioning have improved. She was also symptom free at 2 months follow-up.

The ethical approval was taken from the National Institute of Psychology, Centre of Excellence, Quaid-i-Azam University, Islamabad.

Discussion

In initial phase of treatment, patient was given psycho education about trauma, and how it feels like after death of loved ones. Trauma narrative technique was used to help client feel comfortable while talking about the death of her father. She narrated that the incident of his father death, her feelings and thoughts about his death during which she felt overwhelmed by emotions initially, but with deep breathing she got relaxed, and in next session she was less emotionally distressed and talk about the trauma in a stable state. After reducing her distress with prolonged trauma narrative in initial phase of treatment, she was then taught about her negative thinking patterns, she learns to identify negative thoughts and change them with more effective positive thoughts. In the middle of treatment, she had normal level of score on depression anxiety stress scale, and minimal level of scores on post-traumatic stress symptom interview scale (PSSI). In late phase of treatment, she was helped to interact with her relatives and start doing the pleasurable activities that she had quitted after death of father. For this purpose, daily activity scheduling and social skill training were used. At follow-up session she was able to experience positive emotions and her sleep was good, she no longer have nightmares and was able to change her negative thoughts with positive one (Table-2).

In this study client has shown improvement in symptoms without medications which showed that trauma focused CBT can be used as first line of treatment as it is also supported by literature.[2-7]

Empirical researches showed that trauma focused CBT is equally effective as use of SSRI medicine paroxetine for treatment of PTSD.[11-12] The other clinical trial study showed that technique of cognitive reprocessing improves the symptom of trauma equally as medication paroxetine.[12]

In our case study client benefited from psychotherapy without medication.

In conclusion this case study highlights the role of trauma focused CBT techniques, cognitive reprocessing and trauma narration in improving symptoms of PTSD in a young female. This mode of therapy should be tried in suitable cases of PTSD in context of Pakistan's culture. This result cannot be generalized as it is a case study, but it does add to knowledge that there is a need to further explored by doing clinical randomized trials to find out the effectiveness of trauma focused CBT as compared to medication in Pakistan.

Conflict of interest: None declared.

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