Putting it all together
Progressive Case Study

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How's my presentation so far?

- Respond at PollEv.com/presenterpete
- Text PRESENTERPETE to 22333 once to join, then A, B, or C

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<th>A</th>
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<tr>
<td>It's amazing.</td>
<td>It's incredibly amazing!</td>
<td>It's aw'reight</td>
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Or open a web browser and go to PollEv.com/debkaysen
Background Information

• The client is a 32 year old Caucasian female referred for PTSD treatment by her primary care provider.

• At the time she was referred for treatment she was diagnosed with a past history of PTSD and Alcohol Use Disorder, in sustained remission.

• The PCP asked for treatment recommendations.
Social history

– She was raised by her biological parents with her older sister.
– She describes a close relationship with her father but reports always having had a difficult relationship with her mother.
– She reports an extensive history on father's side of major depressive disorder and bipolar disorder (dad, grandmother, aunt).
– Currently she lives with her 7-year-old daughter with whom she is deeply connected.
– She is current divorced and is not dating.
– She has worked in various jobs including as a paralegal and a yoga instructor. She is currently unemployed.
Trauma history

– She reports child sexual abuse perpetrated by her uncle that began at the age of 6 and ended when she was 12.
  • She reports feeling ashamed and confused by this at the time.
  • She accepted gifts from her uncle, which she sees as a sign she consented.

– She also describes a sexual assault in her teens by a friend.
  • They were out drinking. She thinks she passed out. She came to and found him sexually penetrating her.

– She met her ex-husband when she was 22. They dated for a while before marrying. According to the patient he became increasingly abusive during the relationship.
Current symptoms

– She is currently reports nightmares almost every night. The dreams wake her up. These dreams wake her up and it takes her 2-3 hours to return to sleep.
– She has memories of the traumatic events that pop into her head during the day. She also thinks a lot about what she should have done differently to prevent the traumatic events.
– She avoids crowds or any situation where people might walk up behind her.
– If someone seems angry with her she shuts down and leaves the situation.
– She stays very busy with parenting.
Current symptoms

– Her heart races and her palms sweat if she sees anyone who looks like her ex-husband or who drives a car that looks like his.
– She reports strong feelings of shame and guilt about the traumatic events.
– She has a handful of friends that she reports she “keeps at a distance.”
– She reports low mood and trouble getting going.
– The low mood has worsened over the past 6 months with a loss of interest and pleasure, insomnia, and little appetite.
– The trauma symptoms have been around as long as she can remember but they got worse after the marriage ended.
History of symptoms

– She reports a past history of alcohol dependence but has abstained from drinking for last three years.
  • She found alcohol helpful at first for managing sleep.
  • She also reported it was useful for steadying her nerves and unwinding at the end of the day. She would often have a drink or two before having to go out or be around people.

– She also reports a remote history (i.e., greater than 10 years ago) of marijuana use.
  • She initially found marijuana helpful with sleep and with making her feel more relaxed.
What type of treatment would you choose?

1. A benzodiazepine (e.g. Xanax, Klonopin)
2. An antipsychotic (e.g. Risperidone)
3. Mirtazapine
4. An SSRI (e.g. Sertraline, Paroxetine)
5. Cannabis or cannabis derivative
6. Supportive Psychotherapy
7. Relaxation
8. A structured evidence-based psychotherapy (e.g. CPT, PE, EMDR)
9. Interpersonal Therapy
10. Psychoanalytic/psychodynamic psychotherapy

Respond at PollEv.com/debkaysen
Text DEBKAYSEN to 22333 once to join, then 1, 2, 3, 4, 5...

Total Results: 57
**What would influence the psychotherapy you would choose?**

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<thead>
<tr>
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<th>Influence Factor</th>
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<tbody>
<tr>
<td>1</td>
<td>What I have training to deliver</td>
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<tr>
<td>2</td>
<td>Her complex trauma history</td>
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<td>3</td>
<td>The research evidence</td>
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<td>4</td>
<td>Her PTSD symptoms</td>
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<td>5</td>
<td>Her lack of social connections/networks</td>
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<td>6</td>
<td>What I have time to deliver</td>
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<td>7</td>
<td>My personal comfort with hearing trauma content</td>
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<td>8</td>
<td>Her history of childhood trauma</td>
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<td>9</td>
<td>The presence of comorbidities</td>
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<td>10</td>
<td>The referral options for psychotherapy in my area</td>
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<tr>
<td>11</td>
<td>She needs to get to deeper meaning and insight to create lasting change</td>
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<tr>
<td>12</td>
<td>Concerns about making her worse</td>
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<tr>
<td>13</td>
<td>If I use a manual, the “art” of therapy is lost</td>
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Total Results: 0
What would be reasons to not do a trauma focused therapy?

1. Her past history of alcohol dependence
2. Clinician concerns that she is not ready for trauma-focused therapy
3. She cannot commit to coming to sessions regularly
4. Her history of childhood trauma
5. The treatments won't work due to the presence of comorbidities (past substance dependence, depression)
6. If there is current suicidal ideation
7. Concerns that she could get worse if we talk about the trauma
8. Her history of multiple and repeated traumatic events (i.e. complex trauma)
9. She does not want to do an evidence-based psychotherapy

Total Results: 87
Getting started
Based on the case description, how is she avoiding trauma related cues, emotions, and reminders?

Respond at PollEv.com/debkaysen

Text DEBKAYSEN to 22333 once to join, then text your message

“Alcohol use”

“Alcohol”

“Leaving situations”

“keeps friends at a distance”

“Parenting and”

“Alcohol, parent”

“May be over parenting”
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She chose Cognitive Processing Therapy
Starting treatment

• Lorna is on session 3. She comes in and says that she didn’t do any of the practice assignments.
• She states that it was just too stressful and she was worried she wasn’t doing it right.
• She also reports that she had a fight with her daughter and wants to talk about that this week.
What should you do?

- Let her know it's ok so she doesn't feel badly about not doing the practice. (2%)
- Talk about the fight with her daughter since it is clearly distressing to her. (2%)
- Have her do the practice in session with you. (25%)
- Reassign the practice. (6%)
- Discontinue CPT since it is clearly not a good fit. (28%)
- Discuss avoidance and its role in maintaining PTSD. (25%)
- Assign the new practice. (3%)
- Do not move onto the new content since she hasn't practiced the prior material. (11%)
- Use the fight with her daughter to practice the skill in session. (25%)

Total Results: 118
Mid-treatment

• Lorna is on session 7. She has been coming in regularly and doing the practice assignments. This week you get her symptom measures and notice a spike in symptoms.

• She reports that she is feeling more anxious and she had a panic attack. She is having more nightmares as well.
Given her worsening symptoms what should you do?

- Discontinue CPT as she is clearly having an adverse response (32%)
- Add additional supportive psychotherapy (31%)
- Move to less frequent sessions to be less intense for her (30%)
- Stop working on the trauma directly (3%)
- Add in DBT skills (3%)
- Ask questions about what has changed (2%)
- Use socratic questions to determine if there is a stuck point leading to the anxiety (32%)
- Add xanax to help her decrease anxiety and panic (31%)
- Have her do a CPT worksheet with you in session on triggers for the anxiety (30%)
- Add seroquel (0%)

Total Results: 99
Wrapping up

- Lorna is on session 12. In the later half of therapy she has working sequentially on safety, trust, power/control, and esteem, moving from more extreme to more balanced thinking.
- She noted how aggression, although it made her feel safe, actually did not increase her safety.
- Beliefs about herself as a person have gradually improved and she is better able to identify areas of strength including her skills as a parent.
- She has also started a new relationship and has started looking for a new job.
- Her PTSD symptoms are below a clinical cut-off and have remained low for the past 3 sessions.
What would your next steps be?

- Schedule a one month follow-up session to ensure symptom gains are maintained. **23%**
- Continue seeing her weekly to do ongoing CPT. **2%**
- Refer her to another type of psychotherapy (e.g. supportive, insight oriented). **3%**
- Move to less frequent sessions to continue to monitor her medications and progress. **31%**
- Identify warning signs for symptom relapse. **40%**
- Just end therapy as the 12 sessions are completed. **%**

Total Results: 83
Questions?