



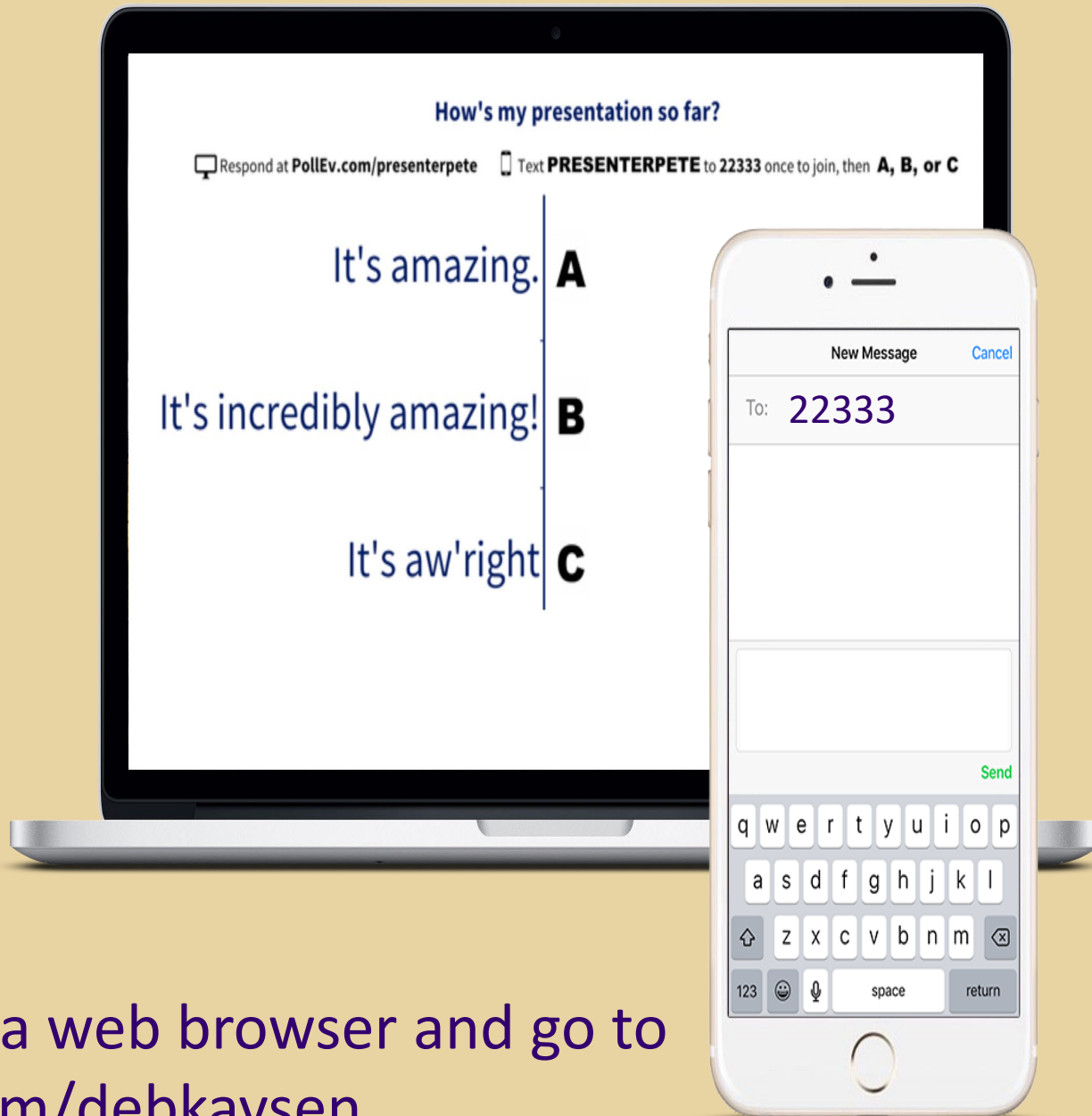
Putting it all together

Progressive Case Study



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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.

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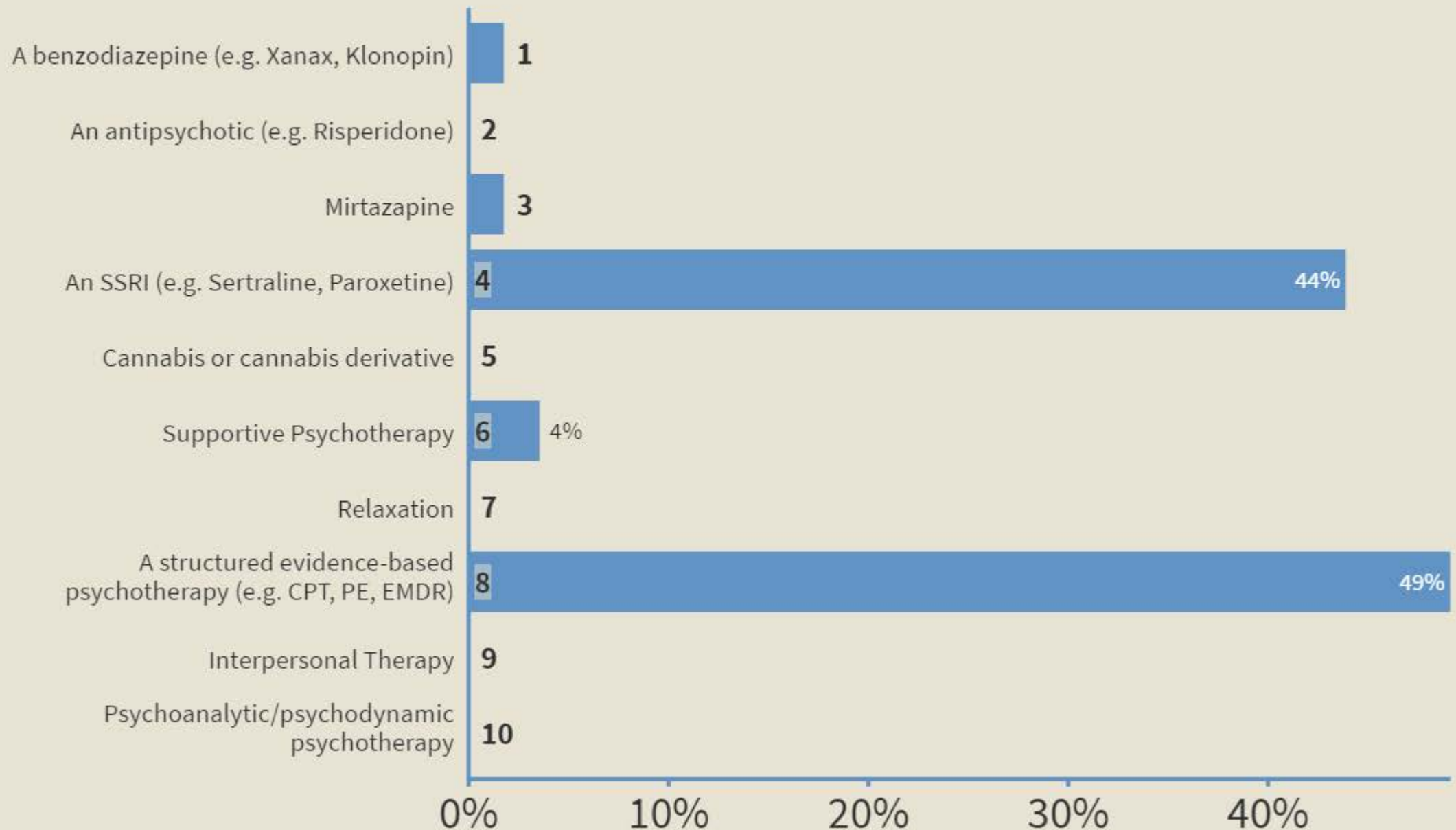
History of symptoms

- 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.

W What type of treatment would you choose?

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Total Results: 57

W

What would influence the psychotherapy you would choose?



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- What I have training to deliver **1**
- Her complex trauma history **2**
- The research evidence **3**
- Her PTSD symptoms **4**
- Her lack of social connections/networks **5**
- What I have time to deliver **6**
- My personal comfort with hearing trauma content **7**
- Her history of childhood trauma. **8**
- The presence of comorbidities **9**
- The referral options for psychotherapy in my area **10**
- She needs to get to deeper meaning and insight to create lasting change **11**
- Concerns about making her worse **12**
- If I use a manual, the “art” of therapy is lost **13**

W

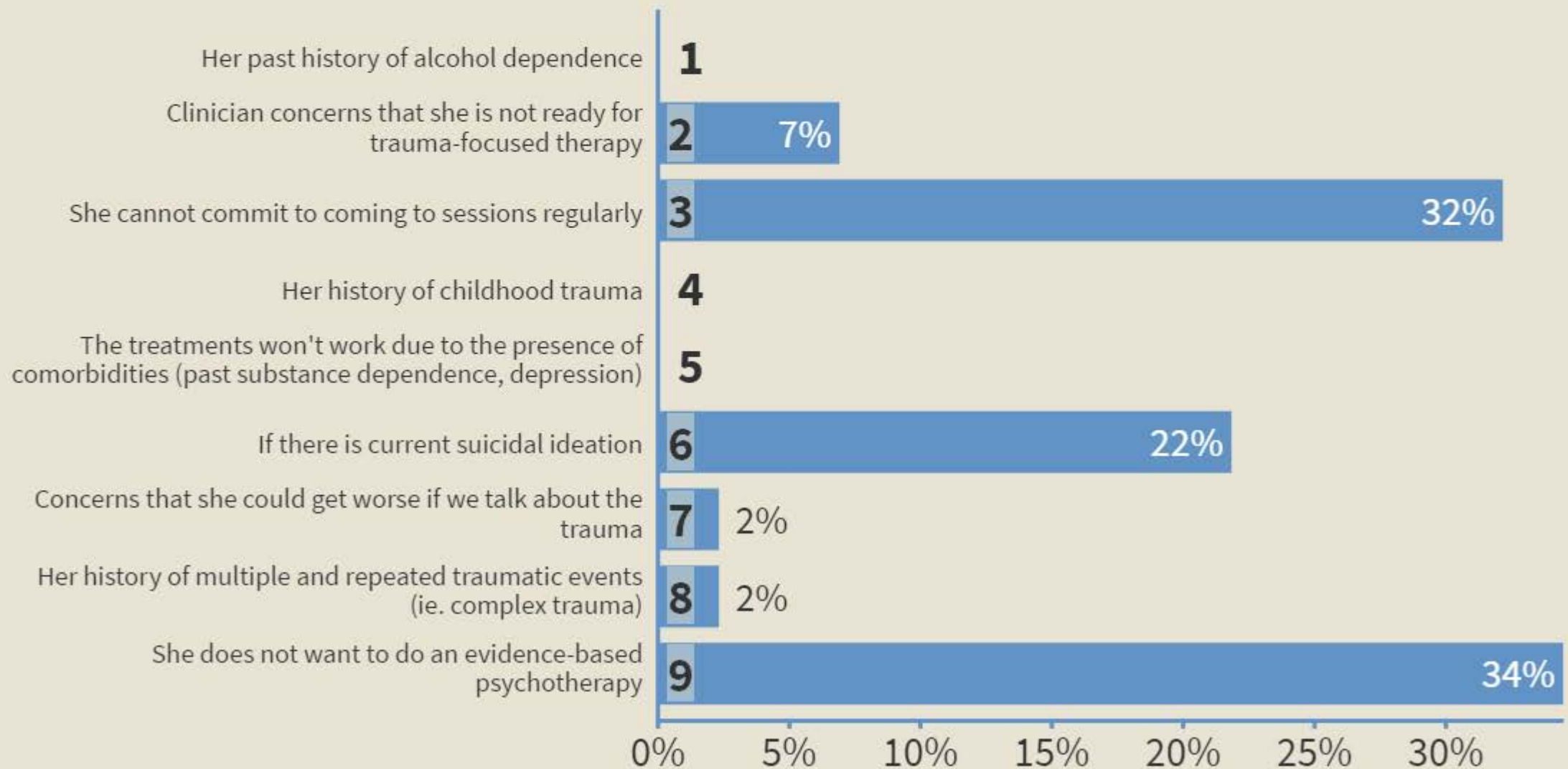
What would be reasons to not do a trauma focused therapy?



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Total Results: 87

Getting started

Based on the case description, how is she W avoiding trauma related cues, emotions, and reminders?

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“Alcohol use”

“Alcohol”

“Leaving situations”

“keeps friends at a distance”

“Parenting and”

“Alcohol, parent”

“May be over parenting”

Current symptoms

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She chose Cognitive Processing Therapy

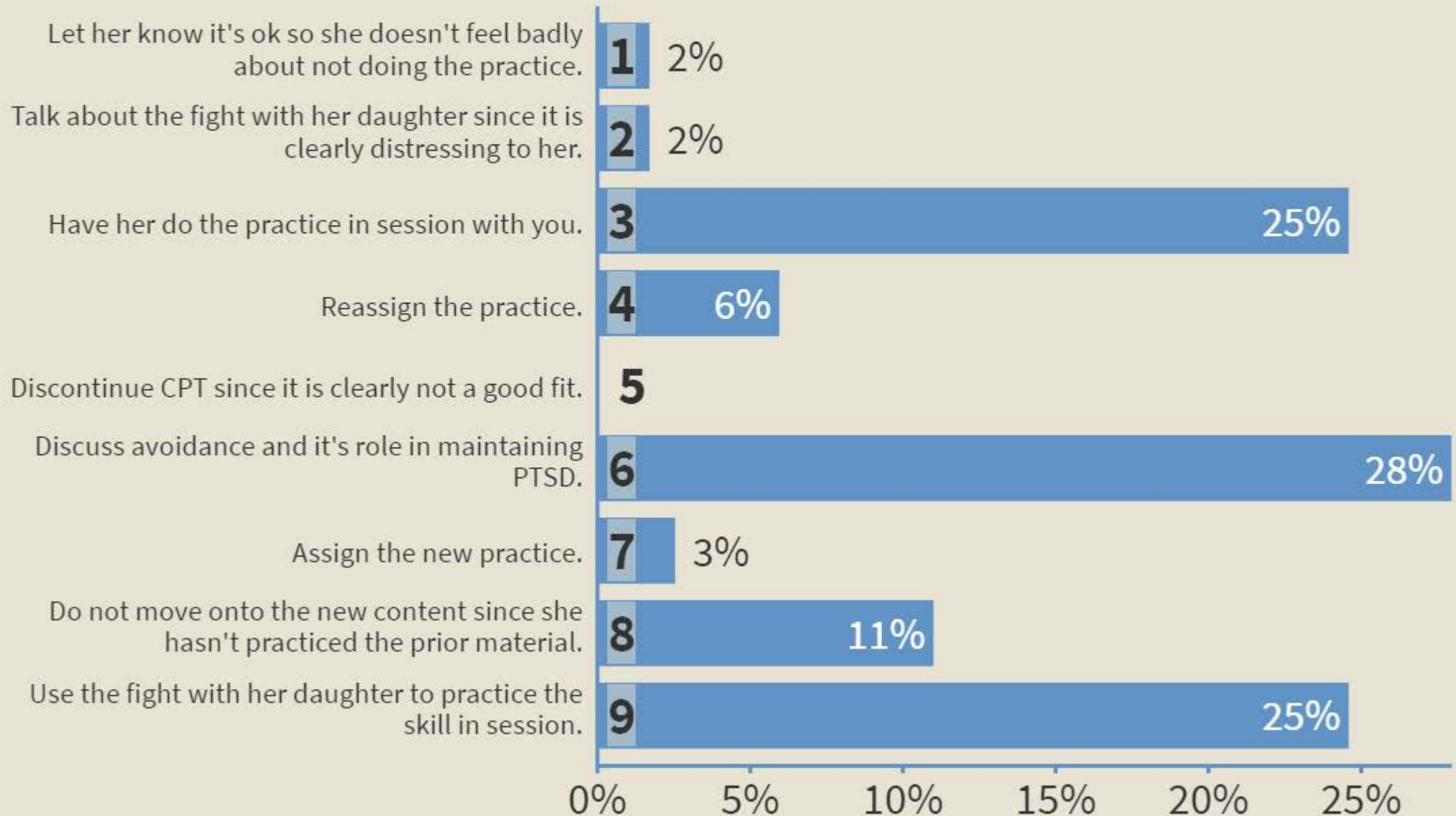
Starting treatment

- 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.

W What should you do?

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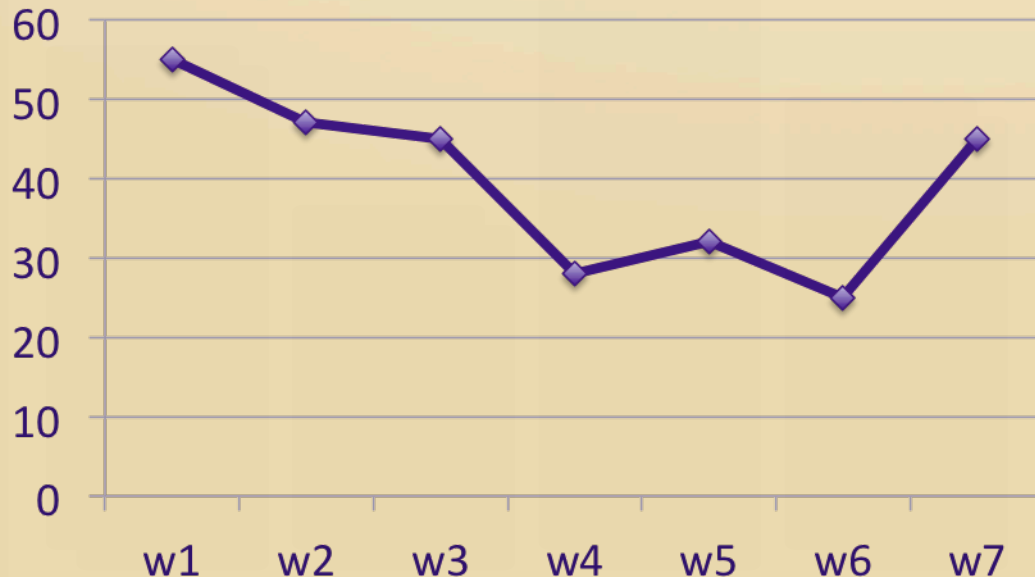


Total Results: 118

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 is feeling more anxious and she had a panic attack. She is having more nightmares as well.

PCL-5



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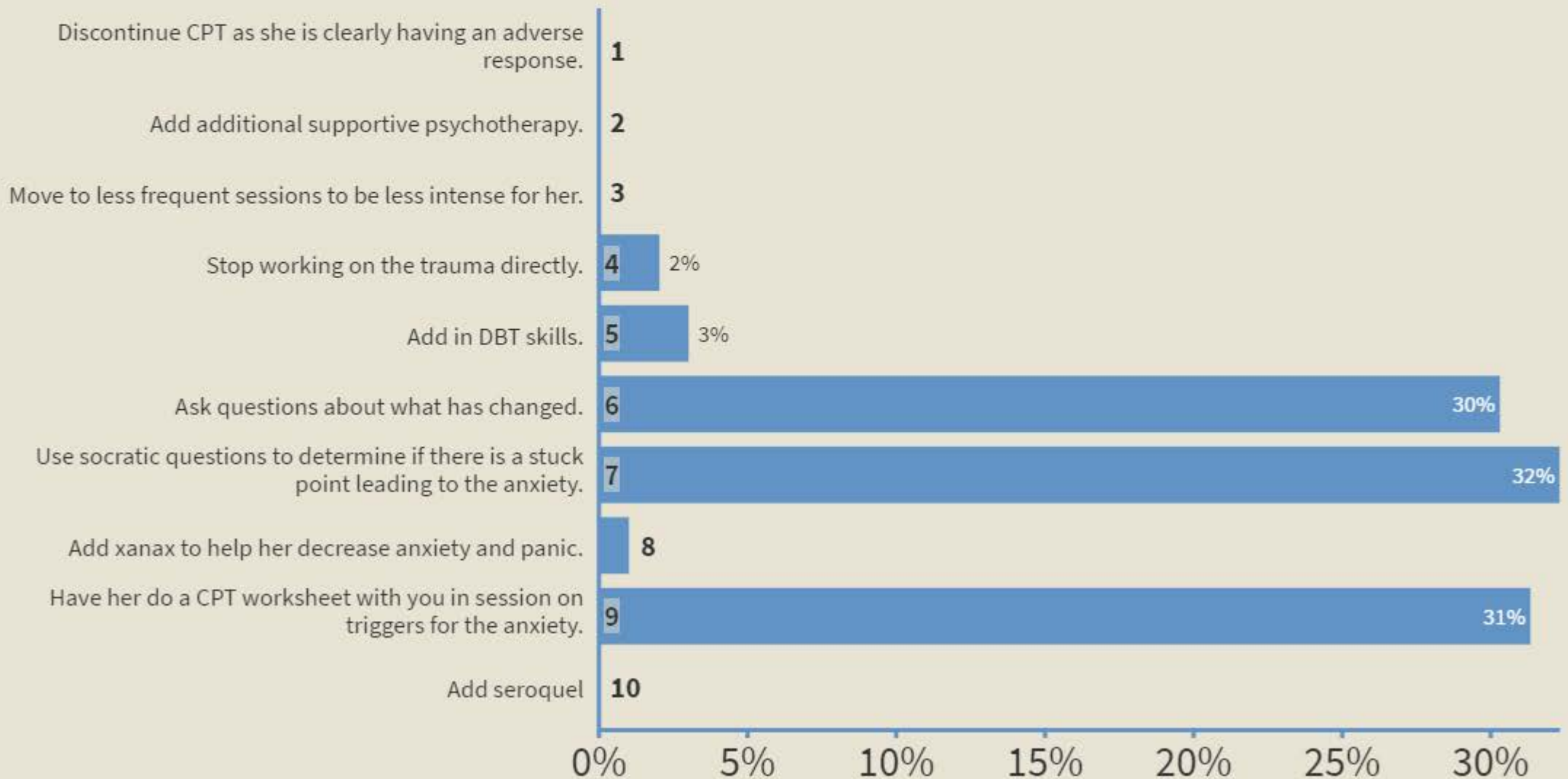
Given her worsening symptoms what should you do?



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Total Results: 99

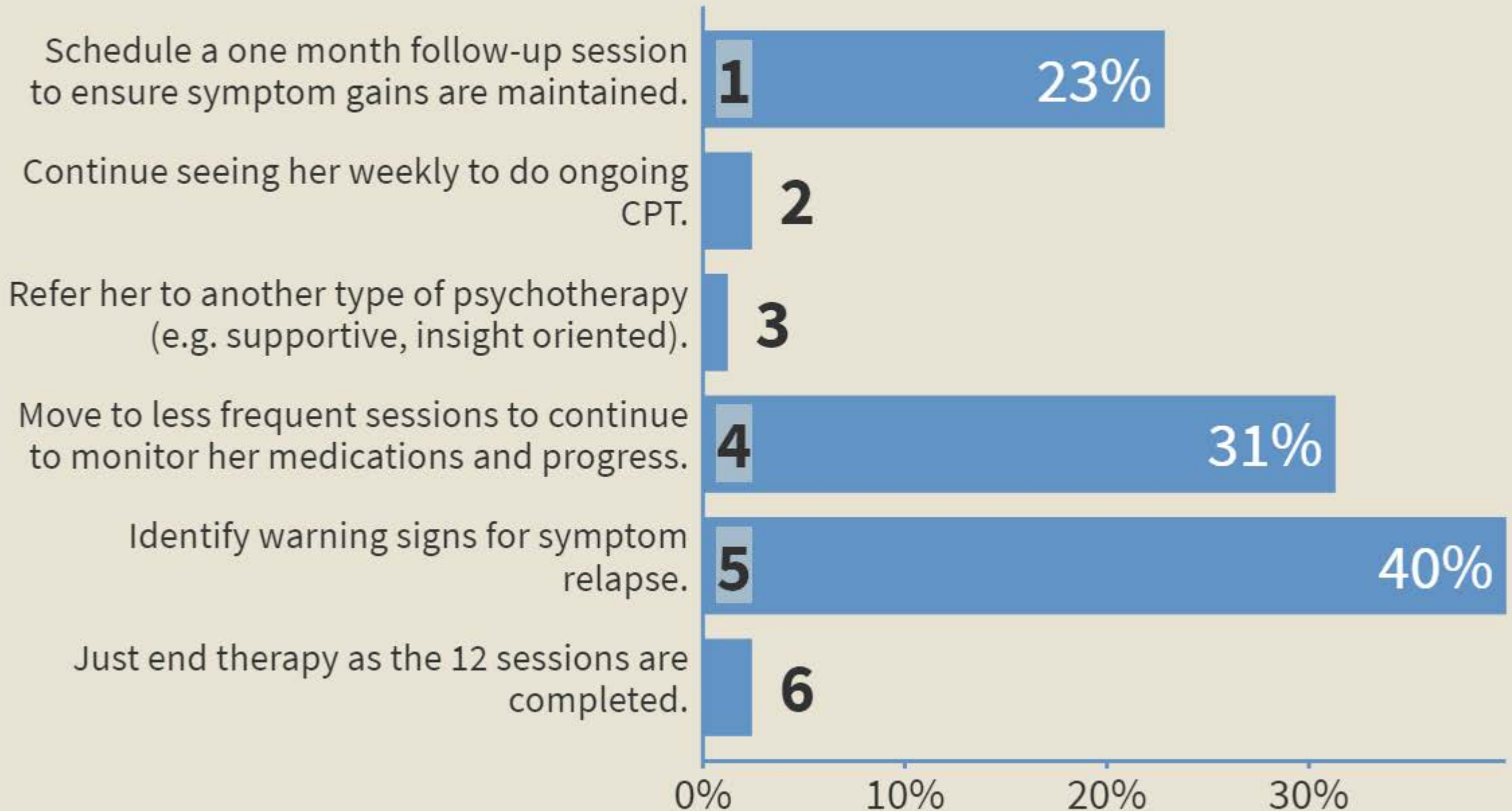
Wrapping up

- 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.

W What would your next steps be?

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Total Results: 83

Questions?