Appendix 1

TITLE:
Cognitive Behavioural Therapy
Short Case

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Total word count:
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1. **INTRODUCTION TO PATIENT (The personal information is substantially altered to protect anonymity of the patient)**

1.1 Background Information

Madam Kwong is a 45 year old lady. She works as a manager in a product company. She is married with 2 children. She lives with her family in a private flat in Tuen Mun.

Family history and early development

Madam Kwong was born in a peasant family in Hong Kong. She was the youngest of 3 children. Her father used to be a seaman and was seldom at home. He developed mental problem since patient was 6 years old and was being moved to another abode. She had scarce communication with her father until his death 6 years ago. Madam Kwong's mother supported her family by working as a farmer, whose work was busy and had limited time for her at home. Madam Kwong spent most time on her own since young as her elder brother and sister were already in work and school respectively. Madam Kwong suffered from some skin problem in childhood which often attracted curious gazes from other people. She thus enjoyed playing alone rather than with friends in the field, in order not to attract attention. She recalled there were no authoritative figures in her life since young and she had to deal with most matters on her own, including dealing with school matters and choosing her secondary school.

Educational and vocational history

Madam Kwong studied in a rural primary school in the New Territories. She then studied in a rather renowned secondary school. Her academic result was poor since primary school as her family did not pay much emphasis on studying. She was frequently scolded by her secondary school teachers for being 'lazy' and 'stupid'. She also had concern about her skin problem and felt her classmates were seeing her as a monster. She commented that her secondary school life was more unhappy than happy. She had great academic improvements during her high school years with help of her peers and was able to achieve satisfactory results in the HKCEE. However she left school for financial reason. She worked in fast food shops and factories initially and continued her study at night. Gradually she completed a a Degree course. She completed a Master programme in Management.

Madam Kwong was diligent in work and had been promoted repeatedly. However she often believes she does not deserve to be promoted as she believes she does not have goals on her career. She changed to her current company 8 years ago after she was promoted in her previous company. She found it very stressful after the promotion and she preferred a lower ranking job with lower salary in the current company. She is now working in a managerial position in an international printing company whose work requires occasional business trips.

Medical history

Madam Kwong described herself as someone who got sick easily. She mentioned she had a discolouring skin problem since childhood. Her family had brought her to various doctors and even temples for treatment. The skin problem had contributed to her avoidance of meeting other children, in fear that she would be laughed at. She gradually grew out of her skin problem in her late teens. In recent 10 years, she had been troubled by problems like episodic swelling of limbs and face. She had sought help in various medical practitioners, Chinese medicine practitioners and even treatment by QiGong. No exact diagnosis was told though some of the doctors told her it may be related to autoimmune problems. She personally attributes it to be due to problems in 'lymph flow'. Madam Kwong continues to seek help from different conventional and unconventional bodies for her problem. She is currently not on any medical treatments. Nonetheless Madam Kwong believes she has an unknown illness and lest the exact cause be found there will be risks of having serious illness in the future.

Madam Kwong is a non smoker and non drinker. She has no history of substance abuse.

Relationship history

Madam Kwong had 2 previous courtships before her marriage. She was married in 1993 after 4 year of dating with an ex-colleague of hers. She described her husband as a 'smart and happy person'. They have 2 children, aged 14 and 10. She has few common interests with her husband and children. She revealed she had never been particularly fond of children and it was her husband's idea to raise children. Nonetheless she described herself as a responsible mother.

View to self, others and the world

Madam Kwong described herself as 'stubborn, selfish and introverted'. She believes she is inferior to most of others, including her husband and her children, and the only way to gain recognition is by studying. She enjoyed studying in different courses in order to meet new people. However she does not keep friendships. She believes it was because she was not a 'good' person and often offends others inadvertently. She believed having emotion or feelings is something bad as it often causes fluctuations in her mood. She also believe it will inconvenient others if her emotions are shown.

Madam Kwong reported difficulties in trusting others. Regarding her childhood experience, she believed the world did not give her what she deserved. Throughout the years she had been coping by avoiding thoughts or memories about her early years. She believed most of the things can be controlled. She has no religion beliefs. After the accident, her view to the world became more pessimistic. She believed not everything can be predicted and controlled and the world is unsafe.

As mentioned above, Madam Kwong had negative view towards herself since long time ago. She felt she had become a better person after she got married as she was influenced

by her husband to be more outgoing and considerate. She believe she had a tendency to become her 'previous' self which was 'bad' after the accident.

1.2 Presenting Problem

Madam Kwong first presented to our clinic June 2009. She was referred from private doctor for 'post traumatic phobic attacks'. Madam Kwong suffered from a road traffic accident March 2009 when she was knocked down by a car from behind while she was walking on the pavement. She sustained soft tissue injury on her right foot. No fracture was found and she was discharged home from the hospital on the same day. She has persistent pain over her right foot and she needed wheelchair while going out in the first 2 months post injury. She had visited various medical practitioners and was told her injury was largely healed. Aside from the injury Madam Kwong was particularly enraged by the inaccurate depiction of the incident by the media, describing her as careless. She planned to file a law suit against the driver and the car owner.

Madam Kwong developed fear towards traffic afterwards, especially when she was crossing roads or walking between cars. She had hyperarousal responses towards sudden loud noises. She suffered from frequent intrusions and nightmares related to the accident. She developed various avoidant behaviours, for example going to work on foot instead of by MTR to avoid the crowd and noises. She took extra precaution in looking in all directions when walking, thus slowing down her speed of walking considerably. She had avoided driving. She felt distressed by the above symptoms.

1.3 Diagnosis

Madam Kwong was diagnosed to have Post Traumatic Stress Disorder.

1.4 Standardised and Personalised Quantitative Outcome Measures

Impact of events scale: Intrusions – 11
Arousal- 10
Hypervigilance – 16
Total – 37

BHS: 10
BDI: 20
BAI: 19

1.5 Previous Treatments and Expectations of CBT

Madam Kwong has no past psychiatric history and she has not received any psychological treatments in the past. She expected CBT would give her direct advices to deal with the distressing symptoms of PTSD. Her aim of the treatment was improvements of the symptoms and to be able to return to her previous self.

2. CASE CONCEPTUALISATION

2.1 Case formulation

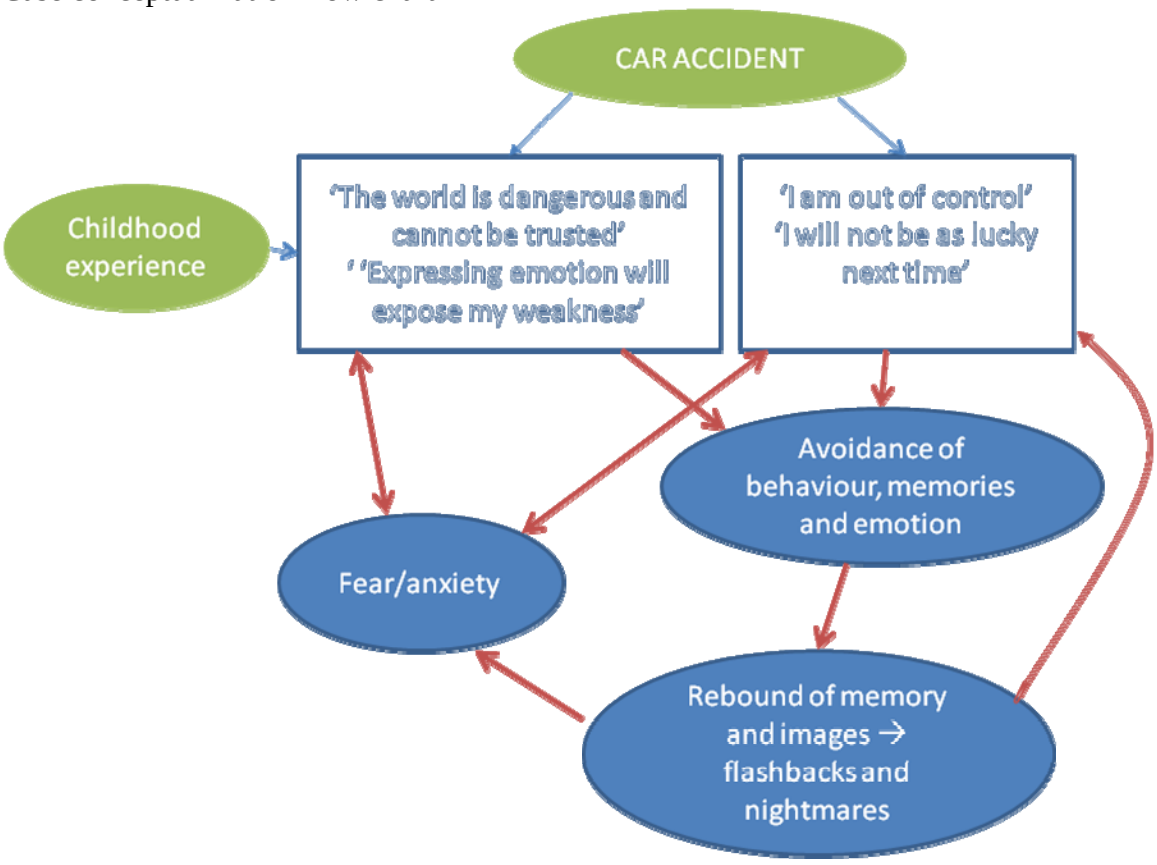
Madam Kwong's childhood hardship had predisposed her to her untrusting nature and her low self esteem. Her habitual avoidance of emotion, rooted from her neglected childhood, had probably contributed to her resilience during that period when she face ridicules in social settings and allowed her to concentrate and strive at work. She gained the sense of control through her achievements. However her low self esteem, untrusting attitude and avoidance of emotion persisted through adulthood and had resulted in interpersonal difficulties which she faced, again, with avoidance. Her frustration was intellectualized and had manifested as her multiple physical problems.

Her current symptoms were precipitated by the traffic accident which happened on the supposedly safe pavement. Despite the fact that she was not severely injured, the incident had triggered her distrust towards the world. The accident also inevitably aroused her emotions which she sees as shameful and 'bad'. The sense of being out-of-control returned. The usual avoidance and suppression she had practiced all along had accentuated her flashbacks and nightmares, resulting in more frustration and anxiety. In fact her avoidance had perpetuated the PTSD symptoms and reinforced her dysfunctional beliefs.

2.2 Problematic beliefs and assumptions

- Selective attention
- Over-accommodation resulted in all-or-none thinking
- 'Expression of emotion is something bad and would express my weakness which would lead one to be looked down upon and be rejected by others.
- 'inability to control my emotion equals to loss of control to self'
- 'I was lucky this time and I will not be as lucky in the future. I will not survive future accidents'
- 'I am a selfish person thus I have no friends.'

2.3 Case conceptualization flow chart



3. COURSE OF THERAPY

3.1 Overview of aims and guiding strategy

In Madam Kwong's view she hope after the therapy she could return to her previous self. The targets that she set during the initial stage of therapy includes being able to cross the road without fear, able to face sudden noises without hypervigilance, and to be able to relate to the accident without negative emotions.

Throughout the initial assessment, it was noted patient had a long practiced pattern of avoidance of emotion which could hinder the progress of her recovery on the symptoms of PTSD. Thus the understanding of the role of emotion and the recognition and experiences of emotions were added as additional aims of therapy.

The principles of trauma-focused cognitive behavioural therapy were discussed.

3.2 Early sessions (session 1-3)

Initial assessments were performed by means of history taking and the use of standardized measures (IES, BDS, BHS, BAI). Patient's view on herself, others and the world explored. The principles of trauma-focused cognitive behavioural therapy were discussed. A schedule of 12-14 sessions was agreed upon.

During the history taking patient apparently showed no difficulty in talking about the accident. It was found later that it was because she had deliberately avoided any emotions when recalling the incident. Her prominent PTSD symptoms were revealed through the high score of IES.

Symptoms of PTSD and the role of avoidance in maintaining the symptoms discussed. The importance of assignments explained. Patient was given the Impact Statement as her first assignment at the end of session 3.

3.3 Mid-phase of the treatment (session 4-9)

Session 4 was a turning point in the course of therapy. During the session patient had a catastrophic reaction towards her lost of the assignment. Patient also expressed stress towards coming to sessions, casting doubt on whether she would continue with therapy.
It was then evident patient had issues on expressing and experiencing her emotion and if the issues were not dealt with they could hinder the course of treatment. Thus the topic of emotion was emphasized in the subsequent sessions. Importance and functions of emotions was illustrated with various metaphors. Experiencing emotions, especially negative ones, were encouraged during sessions. The aim of therapy emphasized and efforts were made to realign the therapeutic relationship.

Dysfunctional thought records were given as assignments after examples were done during sessions. However patient showed difficulty in completing the record, partly related to her difficulty in naming emotions. Thus the assignment was modified with a list of possible emotions added on the worksheet. Exercise like role-playing and recognizing various emotions from pictures were practised to illustrate the possibility of experiencing multiple emotions for a single incident.

Another piece of assignment was to encourage patient to tape record the sessions and to listen to the record after the session ends. It was intended to act as a reminder on the key points discussed during the session and an opportunity to experience the related emotions.

Throughout the sessions patient had not been compliant to the assignments. She had avoided the assignments due to the anxiety provoked during the process. The issue was dealt with by doing the assignment together in session. This also allowed real-time evaluation of the emotion aroused.

3.4 Final treatment phase – (session 10-14)

Despite the noncompliance on assignments the symptoms of PTSD had gradually improved. The quantitative outcome measure scores on session 10 showed improvements in all measures (IES 19, BHS 5, BAI 10, BDI 11). Patient had self initiated driving trials with partial success. Emphasis was given on issue of risks and opportunities and its relevance in managing her safety behaviours. Possible situations that may arouse her anxiety in the future were suggested and ways of coping discussed.

3.5 Process issues

During the early stage of treatment there were times when I became worried about patient quitting therapy prematurely. At that time patient had commented the therapy was not useful and she had not improved. Apparently the negative emotion patient had expressed during the session had also affected my attitude towards the case, and I looked at the matter in an all-or-none manner as well. The problem gradually solved after we tried to see it as a learning opportunity.

4. OUTCOME

4.1 Post-treatment problem ratings

Her hyperarousal and intrusion symptoms had much improved. She still practiced some safety behaviours like looking around when walking on street. She is willing to try to drive on her own after therapy.

4.2 Scores on standardised measures

IES: I 5, A 7, H 7, Total 19
BHS 5
BAI 10
BDI 11

4.3 Patient's view of her progress

Patient believed she had improvement when compared to initial stage of therapy. Although she believed she has not yet returned to her previous level, she had accepted the residual symptoms as a reminder of what she had learnt from the accident and the subsequent treatments. She also showed hopes towards further improvement in the future.

5. DISCUSSION/ REVIEW

5.1 My own learning

The case had given me the opportunity to conduct cognitive behavioural therapy in PTSD patients. I had a more in depth understanding in the cognitive model of PTSD. I understood the importance of therapeutic alliance and how patient's attitude can affect my own schema and the progress of therapy. I appreciate every patient is a unique individual and different strategies are needed for their different needs.

5.2 Factors promoting change

Patient's tearful episode during session 4 had been significant in revealing her avoidance of emotions and how it could affect therapeutic progress. The subsequent discussion about her stress towards coming to therapy had been fruitful for both of us to realize the importance of in-session sharing of feelings. It had effectively disconfirmed our doubt towards each other regarding the therapy. It illustrates the importance of mutual trust between patient and therapist.

5.3 Roadblocks to progress

Non-compliance to assignments was an issue in the therapy. More could be done to illustrate the value of the assignment and to motivate her to complete the assignment. Different modalities of assignments could have been added.

There were also difficulties in dealing with patient's emotional issue. Patient remained defensive at times and she had shown reluctance in leaving her comfort zone.

5.4 If I had my time again….

If I had my time again I would explore on assignment issue at an earlier stage of therapy. I would consider applying more behavioral components in the assignments. I would consider more in-vivo experiments during session. I would improve my skills on Socratic questioning and learn to be more sensitive in picking up cues during the session and give real-time responses if possible.