

case study:

POST TRAUMATIC STRESS DISORDER

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I. PRESENTATION OF THE PATIENT

We are presented with a 40 plus year old male presently seeking therapy complaining of anxiety with his home and work lives, which was initiated by his spouse. The patient is a Vietnam War veteran. There is a history of discord between himself and his wife. The patient is now attending undisclosed therapy group. The patient is presently receiving medical care for PTSD at a Veterans Administration hospital, which was revealed to the therapist at the insistence of the patient's wife.

The patient eventually reports severe childhood trauma of a boating accident in which he and his father suffered, resulting in his father's death while he was lead to safety on the shore. The patient suffers from vivid images in his mind of sitting helplessly on the shore for hours after the boating accident - looking intently at the water waiting for his father to be rescued - but his father is not seen again. All else from this traumatic event the patient can not recall. The patient's wife felt that he was emotionally frozen by his past childhood and adult wartime traumas. Both the patient and his wife are Christians.

The patient is intensely anxious to keep his personal/family therapy separate from his medical therapy for PTSD. Initial limited number of therapy sessions one year ago, initiated by the patient himself, yielded notable decrease in marital tensions. The patient now returns for therapy, complaining of increased marital tensions. This after the patient had for some time been projecting negative emotional reactions onto his wife over seemingly insignificant issues and subsequently blaming his wife for alleged insensitivity to his feelings.

The patient thus blamed his wife as the cause of his anxiety and their marital problems. The patient's wife has since learned to become more overtly sensitive to her husband's emotional preoccupations, which has denied him the opportunity to blame his wife for his emotional distress. Paradoxically, the more the wife accommodated his alleged need for sensitivity, the less the patient could blame his wife for his anxieties, the more anxious he became. The patient did begin to consider his childhood trauma, but

quickly quarantined those emotions and terminated current therapy after three sessions.

II. ASSESSMENT OF THE PATIENT

The real source of this patient's anxiety seems to be the danger of loss of control over keeping his personal/marital therapy separate from his PTSD therapy. Loosing such control would force the patient to face and examine his traumatized childhood related to the drowning of his father. Fear of exploring this traumatic past childhood event - which as noted still haunts him in the present - is the real source of this patient's emotional distress. The patient finds it easier to focus instead on his wartime trauma in treatment with a local Veteran's hospital.

The patient may well be constantly plagued with the question of why his father died, while he survived that danger. This question of "Why me, and not them?" may also be carrying over from childhood into his wartime traumatic experiences. There may well be unfounded guilt for having survived both traumatic experiences, while others perished. Indeed, the patient appears to be overwhelmed with a sense of helplessness in not being able to rescue his father from death in childhood and may be carrying those feelings of helplessness into his wartime trauma as well. The pain of having lost the relationship with his father as a child may also be reflected in fear of loosing the relationship with his wife or even the loss of the marriage itself.

III. THERAPY FOR THE PATIENT

The Bible says we should take all our burdens to GOD and our Lord JESUS CHRIST will carry them for us. The patient has a deeply hurt child in him. JESUS says to let the little children to come to Him. The traumatized child in the patient needs to be able to come to GOD for comfort and shelter. The group therapy the patient is attending should be identified and the patient should be introduced into appropriate group settings as needed. Informed consent should be obtained early in therapy to allow the therapist to collaborate with therapy staff at the Veteran's hospital, where the patient is receiving care for his wartime traumas. Both therapy sources should address both traumatic events of the patient, as there seems a clear overlap connection between the two. The patient's

wife should also be encouraged to receive therapy by herself. Joint husband-wife therapy should be simultaneously offered as well.

Rational-emotive therapy (RET) may be employed to develop a fuller picture of the patient's anxieties and fears. The activation cause of this patient's emotional distress are obviously rooted in his childhood and wartime traumas. The irrational belief is that, because the patient suffered the loss of a relationship with his father - and perhaps with some fellow soldiers - that he is going to lose his relationship with his wife. The consequent emotion is the patient's anxious and fearful state. The disputation of therapy must aim to show that, simply because the patient lost his father and perhaps wartime friends through no fault of his own, he need not lose his relationship with his spouse. Therapy's emitted response will hopefully yield a resolution of unsubstantiated guilt over powerlessness at preventing these past losses and the patient verbalizing a sense of less anxiety.

IV. PLAN OF CARE

Contrary to traditional humanistic Gestalt therapy, a true global Gestalt approach to therapy will not only address a patient's physical and emotional needs, but also his spiritual needs. Thus, treating the whole patient in this case will involve continued appropriate medications prescribed by collaborating psychiatrists; overlapping therapy between the patient's civilian and Veteran's hospital staff; Biblical insight with Holy Scripture, prayer and discussion; obtaining informed consent to collaborate with the patient's clergy.

The patient should be encouraged to let go of any suppressed "I should have done this" and "I should have done that" during his childhood and wartime traumas. The issue of "Why did I survive and they didn't?" should be reoriented to "What happened then" is over and doesn't need to dictate "What happens now" in the patient's life. The techniques of "the empty chair" and "the two chairs" may offer an opportunity for the patient to forgive himself of unsubstantiated guilt for not being able to save his drowning father and any lost wartime comrades. This may be facilitated by "loosening," i.e. getting

the patient to feel secure enough in therapy to openly express his emotions stemming from his known childhood and possible wartime relationship losses.

V. BIBLICAL FOUNDATIONS FOR INTERVENTION

Any further therapy should pursue the patient's expression of his suppressed emotions from both his childhood trauma and his wartime trauma. And, as with any emotional burden carried by men, GOD's Word offers the surest foundation for healing: "Blessed is the people that know the joyful sound: they shall walk, O LORD, in the light of Thy countenance. In Thy Name shall they rejoice all the day: and in Thy righteousness shall they be exalted. For The LORD is our defense; and The Holy One of Israel is our King. [PSALMS 89:15,16,18]

The righteous may let go of all anxieties and fears of this life's traumas and take refuge in GOD Almighty, The One who loves His people and defends them. "For as many as are led by The Spirit of GOD, they are the sons of GOD. For ye have not received the spirit of bondage again to fear; but ye have received The Spirit of adoption, whereby we cry, Abba, Father. If so be that we suffer with Him, that we may be also glorified together. For I reckon that the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us." [ROMANS 8:14-15,17b,18]

Through our earthly suffering in this short mortal life, our Lord JESUS CHRIST is with us, after which in our eternal joy in immortal life before GOD we shall be fully comforted. "For whatsoever is born of GOD overcometh the world; and this is the victory that overcometh the world, even our faith. Who is he that overcometh the world, but he that believeth that JESUS is the Son of GOD?" [I JOHN 5:4-5] Hold fast to salvation in our Lord JESUS CHRIST, we shall overcome all traumas of this world.

VI. FINAL OBSERVATIONS

Therapy having been ended by the patient, the therapist should make responsible, duly diligent documented attempts to contact both the patient and the patient's wife to offer further therapy services. Failing being able to get the patient and his wife to return

to therapy, it must be made clear that therapy is always available to them. In the event of a psychological emergency, the patient and his wife should be advised how to obtain immediate help; they should be made aware of the appropriateness of calling 911 for emergency medical care and transport to a local emergency room.

The coordinating psychiatrist's name and number should also be offered them. The therapist - having initially obtained documented informed consent - should advise the patient and his wife that he will consult with the patient's therapy staff at the Veteran's hospital that he has terminated civilian counseling. A close collaborative effort with the patient's Veteran's therapy staff should be followed through and documented. It is via such good faith professional efforts to offer such help after the patient's termination of therapy that should be part of the therapist's ethical standard of care.