

# CASE STUDY OF POSTTRAUMATIC STRESS DISORDER

Jack was a soldier who served with the Australian army in Vietnam. He experienced many traumatic events during his tour. These included being shelled and participating in shootings in villages during the occupation. He stated that the worst experience was when his convoy crashed at high speed and he was hiding with a colleague behind their vehicle as petrol was pouring out of the split petrol tank. Jack reported that a sniper was shooting at them from a building and as Jack was trying to shoot the sniper, his colleague was fatally shot.

When Jack presented for treatment, he reported numerous PTSD symptoms. His re-experiencing symptoms included intrusive and distressing thoughts about his colleague being shot, nightmares of the same incident, and extreme distress each time he smelt petrol. He avoided driving cars or places where he might smell petrol, attempted to suppress thoughts about the incident, and remained at home much of the time to avoid any reminders. He reported insomnia, irritability, and hypervigilance to possible sources of threat. An example of his hypervigilance was the fact that, whenever he was in public, he constantly moved position because this was standard practice to avoid sniper attacks.

Jack presented for treatment many years after returning home from Vietnam and he was treated with CBT. In the initial session, he was given psychoeducation that explained the nature of PTSD symptoms. This education also explained how his condition was not resolving because his persistent avoidance was preventing him from learning that his memories could be mastered and that he could eventually approach reminders of the trauma without anxiety. In the second session, cognitive restructuring commenced. Here, Jack was taught that his emotions (such as fear) were a result of his thoughts. Among Jack's dysfunctional thoughts was his belief that he should have shot the sniper a second earlier than he did, because he believed that his colleague would have lived had Jack shot sooner. The therapist focused attention on the evidence available for Jack's erroneous belief. Specifically, Jack and the therapist considered the speed at which Jack commenced shooting, the conditions under which he was functioning (e.g., poor visibility and the unknown location of the sniper), the likelihood that any of his colleagues could have shot any sooner, and whether Jack would expect his colleague to have been able to shoot sooner than he did. By exploring the incident in this manner, Jack came to realise that he had reacted as well as

he could have given the circumstances.

Imaginal exposure then commenced. Jack was asked to close his eyes and relive the entire incident that included the vehicle crashing, being under sniper attack, and the fatal shooting of his friend. Jack relived this episode for 40 minutes, which required him to repeat the narrative three times. While this was an extremely distressing exercise for Jack to undertake, he reported at the end of the session that he felt slightly less distressed than when he commenced. This imaginal exposure was continued for five further sessions and Jack was required to also conduct the exposure exercise at home on a daily basis. After three sessions of imaginal exposure, Jack commenced *in vivo* exposure. The therapist worked with Jack to construct a hierarchy of 10 situations that he was avoiding because of the fear they elicited. These ranged from sitting in his car with a friend as the car sat motionless in his garage to filling up his car with petrol while he forced himself to stand still. Therapy continued for a total of 12 sessions, at which point Jack had reduced his PTSD symptoms. Although he still suffered mild symptoms at the end of treatment, these symptoms were no longer problematic.