

# Challenges Facing the Cognitive-Behavioural Treatment of Comorbid Panic Disorder and Posttraumatic Stress Disorder: A Case Report

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## Introduction

- Panic Disorder (PD) frequently co-occurs with Posttraumatic Stress Disorder (PTSD).
- Individuals with both PD and PTSD typically present with greater distress and impairment relative to those presenting with only one of these disorders.
- Cognitive-behavioural therapy (CBT) is an empirically supported treatment for both PD and PTSD; however, limited guidance is available for the treatment of these co-occurring conditions.
- This case report illustrates an adapted CBT approach to treat comorbid PD and PTSD.

## Case Formulation

- **Background**
  - Mrs. X is a 25-year-old married woman who worked as an electrician for 6 years.
- In April 2005, she was involved in an electrical accident at work.
- She participated in a labour-market re-entry (LMR) program and began to experience anxiety and flashbacks of the accident.
- She was referred to the Psychological Trauma Program (PTP) at the Centre for Addiction and Mental Health for an assessment in June 2008.
- As part of the intake procedure, Mrs. X was administered the Structured Clinical Interview for DSM-IV - Axis I Disorders (First et al., 1997) and a comprehensive battery of clinician-administered and self-report measures.

- **Presenting Concerns**
  - Recurrent and unexpected panic attacks; agoraphobia
  - Re-experiencing of the accident, getting upset when something reminded her of the accident (e.g., lightning, power lines); difficulties with sleep and concentration, avoidance of situations related to the accident (e.g., areas with power lines).
  - Low mood for parts of every day; no suicidal thoughts, ideation, or plans.
- **Anchoring Diagnosis:** PD with Agoraphobia (GAF = 58)
- **Nomothetic Formulation**
  - PD as a fear of bodily sensations (Barlow, 1988; Clark, 1986).
- **Working Hypothesis**
  - Mrs. X's difficulties appeared to be precipitated by her workplace accident; no other contributors to her condition could be identified.

## Treatment

- 12 hourly individual sessions (weekly) of CBT based on Barlow and Craske's (2007) recommendations for PD
- **Sessions 1 & 2**
  - Focus: Orientation to treatment and psychoeducation (relevant models)
  - Homework: Handout on anxiety, monitoring form
- **Sessions 3 & 4**
  - Focus: Psychoeducation (caffeine and anxiety), interoceptive exposure (IE), brainstorming for fear hierarchy, principles of prolonged exposure
- Homework: Try IE exercises twice per day, reduce caffeine, caffeine handout, plan fear hierarchy
- Challenges: Elevated caffeine intake
- **Sessions 5 & 6**
  - Focus: IE, plan fear hierarchy, first in vivo exposure (shower with the window closed, fan on, door open)
  - Homework: IE exercises 4-5 times, in vivo exposure 5 times, complete activity schedule
  - Challenges: Starting LMR
- **Sessions 7 & 8**
  - Focus: IE, in vivo exposures (look at a light switch, visit a house with power lines in the backyard - front yard, go for a drive at night, go for a drive in traffic), review the importance of graduated exposure and of completing the planned exposure goal
  - Homework: IE exercise 4-5 times, in vivo exposures 5 times
  - Challenges: Requested note for extra time for LMR assignments
- **Sessions 9 & 10**
  - Focus: In vivo exposures (visit a house with power lines in the backyard - front yard, pictures of lightning, go to the mall), psychoeducation (alcohol as a maladaptive coping strategy), troubleshooting to improve homework compliance
  - Homework: New IE exercise 4-5 times, in vivo exposures 5 times, reduce alcohol, complete one LMR assignment

- Challenges: Increase in alcohol intake, homework compliance, worry about LMR
- **Session 11**
  - Focus: Process in vivo exposure from Session 10 psychoeducation (alcohol and anxiety), discussion of safety behaviours, troubleshooting to improve homework compliance
  - Homework: In vivo exposures 2 times (go to the mall), IE exercise 4-5 times, complete LMR assignment, handout on anxiety and alcohol
  - Challenges: Increase in alcohol intake, difficulty with time management
- **Session 12**
  - Focus: Discussion of reaction to an explosion in the city, (at the request of Mrs. X), discussion regarding continued treatment with another therapist at PTP.
  - Homework: Mrs. X was encouraged to continue IEs and in vivo exposures
  - Challenges: Propane explosion in the city

## Treatment Challenges

- Sleep difficulties, concentration, and decreased appetite throughout treatment
- Low mood
- LMR
- Caffeine and alcohol intake
- Homework compliance

### Fear Hierarchy - Panic

Distressing Situation	Distress (0-100)
Sit in a car with all windows closed	100
Shower - window closed, fan off, door closed	100
Driving in rush hour	100
Sit in a car with 2 windows closed	85-90
Take a bus with someone	85-90
Sit in a car with 1 window closed	75-80
Driving in the daylight or other time	75-85
Shower - window closed, fan off, door open	65-75
Shower - window closed, fan on, door open	35

### Fear Hierarchy - Trauma

Leave house in rain/bad weather	100
Look at pictures of lightning	100
Turn on/off a light switch	90
Stay in bedroom during a storm	85
Visit a friend's house with power lines in the backyard	85
Walk by a high voltage sign	65-75
Plug in cell phone	65
Go outside for a walk on a cloudy day	60
Visit the front yard of a house with power lines in the backyard	50
Look at a light switch	35

