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Case Report

Alex's Case of Post-Traumatic Stress Disorder

Mona Ghazi Sayegh[1*]

[1]*Ph.D. in Psychology, Lebanese Order of Psychologists (LOPSY), Lebanese International University, Lebanon*

Corresponding Author: *Mona Ghazi Sayegh

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Case Report

Alex had dreamed of being a firefighter since he was a child. He was dedicated to his profession and had been serving as a firefighter for over 15 years. He came from a close-knit family and had a supportive network of friends and colleagues within the fire department.

About a year ago, Alex and his team responded to a massive wildfire that had engulfed a densely forested area. They were tasked with evacuating residents, protecting structures, and battling the relentless flames. During this time, Alex's team faced extreme danger, and they witnessed the destruction of homes, landscapes, and wildlife. Alex had a best friend on his team called Samir. He and Samir were in a house that caught on fire, trying to rescue the family living there. Samir was trapped in one of the rooms while trying to rescue the little daughter of this family. Alex couldn't do anything and had to leave because he was in danger too and his life was at stake. Both Samir and the little girl died that day.

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Since then, Alex has been feeling down and low. He frequently experiences intrusive flashbacks of the wildfire response. These flashbacks are mostly triggered by the sound of sirens, the smell of smoke, or even the sight of fire-related news stories. Sometimes Alex experiences intrusive memories unexpectedly with no known triggers. A recurrent intrusive memory for him is the sound of Samir screaming out agony and the little girl crying, while Alex was standing at the door of the room feeling helpless. Alex experiences persistent guilt and self-blame. He questions whether he could have done more to save his best friend and the little girl. He always ruminates about the parents who lost their little daughter wondering if they blame him too for the death of their daughter.

During the rescue of the family, Alex describes feeling numb and dissociated as if he was watching himself from outside of his body. He felt a sense of duty and responsibility to protect the community, but he was also gripped by fear and anxiety. He cannot understand why his anxiety was so high at that time; he feels he was a bad firefighter and a weak man. The relentless fire, thick smoke, and the constant threat to his life left him in a constant state of high alert. Because of his worry, he is constantly checking the stove at his home and the electricity to make sure a fire does not start at home. He describes worrying about something bad happening to his family. When he is out, he frequently calls his wife and daughter at home to make sure they are fine and safe.

His wife understands where his worries come from but Alex avoids discussing the traumatic experience and refuses to visit the area affected by the wildfire. Alex has difficulty sleeping and often experiences nightmares related to the traumatic event. He

startles easily, is often irritable, and has trouble concentrating. He has started to drink alcohol excessively as a way to numb his distress and improve his sleep. He avoids social gatherings and has become increasingly isolated colleagues thinking that they would blame him for Samir and the little girl's death.

I. Diagnosis

After the initial assessment of Alex's case, the following symptoms were recorded:

Symptoms:

1. One year after the occurrence of the traumatic event that Alex experienced himself, he still has distressful symptoms.
2. Intrusive symptoms: flashbacks, some of which for known triggers; others that seem unexpectedly; intrusive distressing memories; nightmares.
3. Marked alterations in arousal and reactivity (easily irritable; easily startles; trouble concentrating; difficulty sleeping)
4. Persistent negative emotional state (feeling guilty, low and down)
5. Persistent and exaggerative negative beliefs (I am bad; I am responsible)
6. Cognitive avoidance (refuses to discuss the traumatic experience; suppresses memories through alcohol)
7. Persisting avoidance of the stimuli associated with the event (refuses to visit the area affected by the wildfire; avoidance of friends and social gathering).

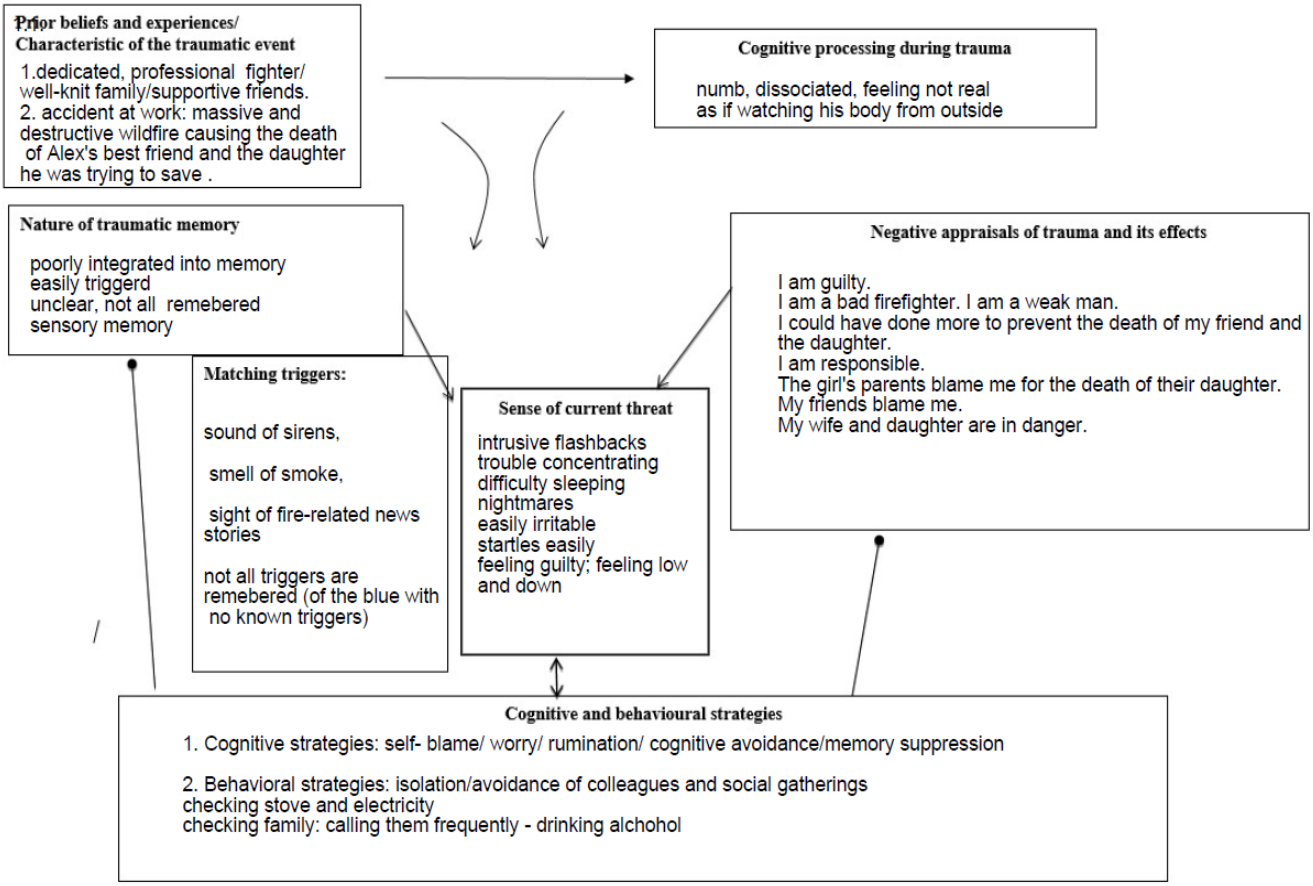
It is clear that Alex shows symptoms of posttraumatic stress disorder (PTSD). His case meets the full criteria mentioned in DSM- 5 DSM- 5 (American Psychiatric Association, 2013, pp. 271-273)[1] as well as the cognitive model for PTSD by Ehlers and Clark (2000)[2].

Differential Diagnosis

Intrusive thoughts and memories in addition to being entrapped in anxiety and worry and compulsive cycles of checking (stove/electricity/wife and daughter) do not indicate Obssessive compulsive disorder since these are all related to the traumatic event (American Psychiatric Association, 2013, pp. 274-276)[1].

II. Case Formulation

The cognitive model of PTSD developed by Ehler and Clark (2000) best formulates Alex's case. It is illustrated on the following page.



It is important to mention that having been a dedicated and committed firefighter for more than 15 years explains why it was an immense shock for him to deal with this experience; especially that he feels it is his responsibility to protect his community. In addition, coming from a close-knit family and having a supportive network of friends increase this responsibility and add to the burden he feels. That is how his negative appraisals "I am bad; I am responsible" originated.

Alex's family history shows no predisposition to any mental health problem. No prior negative core beliefs popped up.

After giving Alex the necessary validation and acknowledgement of his feelings, I as his therapist, asked him about his therapy goals, and told him that therapy would possibly extend from 8 to 12 sessions, each of which would have its specific, measurable, achievable, result-based, and time- bound S.M.A.R.T goal.

III. Treatment Plan

This treatment plan follows Trauma-focused Cognitive Behavioral Therapy (CBT) model since this approach has a large evidence base in treating PTSD by directly addressing memories of the traumatic event or thoughts and feelings related to the traumatic event (Watkins et al., 2018)[5]. Indeed, formulating this plan largely relies on the valuable insights the therapist got during the two-year CBT training Programme led by Dr. Christina Riachi and her team of professionals at Brain station Clinics (Riachi, 2022 and Saad, 2023)[3].

Treatment Goals: Based on the case formulation, therapy addressed the nature of the traumatic memory, the negative appraisals of the trauma and is effects, and the cognitive and behavioral strategies. Therefore, the general goals were:

1. Reduce re-experiencing the traumatic event by elaboration of the trauma and enhancing discrimination of the triggers to correct the memory.
2. Modify the negative appraisals of the trauma.
3. Reduce the behaviors and cognitive strategies that maintain the senses of current threat.

Step 1: Dealing with Memory Intrusions

Psychoeducation

At the beginning of therapy and after the assessment of the case, I showed Alex a lot of validation and empathy. His feelings have to be acknowledged, and he has to feel at ease talking to me. Validation included expressions such as "I understand your feelings; this is not something easy to experience; I acknowledge that this is a hard time you are passing through; etc.). Then I told him that he needed to understand what was happening to him to know how to deal with it. Then, I explained that progress in therapy is not like an upward arrow, and it may sometimes fluctuate and have slips, setbacks and lapses, and I explained what they mean. For this reason, we would keep revising the lessons learned, and practice skills and experiments repeatedly. I explained that what was important was that he would end up learning how to predict early signs of setbacks and lapses, if any, and know how to manage them. Psychoeducation also included the following points:

- Explanation that PTSD occurs when the traumatic event is poorly encoded in the memory and processed in way that produces a sense of current threat, and these are the symptoms suffering from. Therefore, this should be the first goal of therapy; brief explanation of the way to achieve this goal followed.
- Explanation of the analogy of the untidy cupboard followed. I asked him to imagine a cupboard where clothes, bags, and shoes were thrown inside quickly, not organized; they were likely to fall down and become easily shattered for any trigger. Similarly, if the memories are stored in the brain improperly, they will pop out easily. This is what happens to traumatic memories because during the traumatic event, the brain's "fight, flight, freeze' response is activated, and it focuses only on increasing survival rate, not on encoding memories, which makes these memories disorganized and, consequently, they reappear as flashbacks in response to any trigger.
- Explanation of the upcoming steps in therapy. I explained that what we were going to do next is to understand why he had flashbacks. I asked him questions to help him figure out when, where, and how he experienced these flashbacks. His answers included sirens, smoke, and similar fire-related stories. He also reported that he feels that flashbacks sometimes start unexpectedly. I explained that there are no flashbacks without triggers, and that is because during the traumatic event, the mind works on activating and maximizing survival mode and, thus, shuts down other systems. For this reason, he felt numb and dissociated as if he was watching himself from outside. His mind did neither process nor encode the event in the memory, so many of its parts are forgotten, and we will work on retrieving them.
- At this point, I explained that any sensory input that he experienced and was similar to what he witnessed during the traumatic event would actually act as a trigger of his memories. For example, the sound of the sirens he heard in the present would remind him of the sirens he heard during the fire, similarly did the smoke and similar-related stories, among other non-identified triggers. I asked him: "So what do we need the brain to do?" Through Socratic questioning, I led him to deduce that we had to train the brain to differentiate between the current stimuli and the previous ones in order to live in the present, not the past.

Stimulus Discrimination

After collecting the triggers that Alex was aware of, I helped him discriminate between the stimuli he might be exposed to during the period he was consulting therapy, and what he actually experienced during the traumatic event. Based on the case formulation, I asked him questions about how the stimuli 'now' are and how they looked like 'then'. List the differences in a table to train his brain to discriminate between present triggers and past memories. Example of stimulus discrimination Table follows;

Stimulus	Now	Then
sirens	one ambulance, one siren,…	Many sirens, loud noise, coming from different directions
smoke	A little thick, light,…	Very thick dense, choking
Fire-related stories	Controllable fire- limited areas- no victims,…	Devastating wild fire – wide landscape – destroyed homes – causalities,…

I reminded him that whenever he was triggered by any stimulus, he had to ask himself how it was different now from what he witnessed then. I would tell him, "This will act as a grounding technique to keep you in the present and that you are in a safe place. You can also imagine someone with whom you feel safe is with you. You need to practice this all the time to ground yourself in the 'here and now'". I told him also that we would revisit this table to fill out the blank boxes with new remembered stimuli because flashbacks do not come without triggers, and that thoughts, feelings, internal sensations as heartbeats could all be triggers. I used a lot of aids to help him discriminate between triggers, such as showing him videos of fire, making him hear sirens, asking him to do jumping jacks to trigger internal stimuli and even visiting the site of the fire with him, etc.

When I was sure that Alex was able to discriminate stimuli as a grounding technique that allowed him control his flashbacks, I told him that our next session would focus on encoding the traumatic memory. I told him that he needed to relive the memory so that it could be corrected, not suppressed because the more you suppress the memory, the more it would pop up. I asked him to be ready for a longer session that would last for 90 minutes.

Step 2: Memory Work to Reduce Re-Experiencing Of Flashback

First, I re-explained to Alex the rationale of reliving the traumatic incident, which is encoding memory correctly and targeting gaps to correct the trauma (use cupboard analogy). "This will help you in processing the trauma properly and accessing more details about it." At this point, I told him that reliving was important for the therapy to succeed because the following parts depended on it.

Prior to reliving the memory, I asked him about the endpoint, which is the point at the end of the traumatic event when he felt safe.

I asked him to describe this endpoint in details, including all the sensory details that were there, the people involved, the actions that happened, and the feelings experienced. I told him that he could use this safe place with all the details whenever he felt tense: "Just remember them and imagine yourself there with all of them again whenever needed."

So, I prepared Alex to the imaginal reliving after I make sure he had described the "endpoint" in details, and that he could easily fast-forward himself to reach it in case he felt he needs to relax.

Then, I explained to him how reliving the memory goes: "It will be imaginal reliving**,** guided by me. I will ask questions to help you re-visit the trauma in your imagination; you will describe everything in details, using the present tense, with your eyes closed; whenever you feel intense emotions, give me a cue; you can raise your hand and I will ask you to fast-forward your memory to the endpoint: the safe place you told me about. You can use any grounding object that helps you feel, so I asked him to choose one to help him remember that he is safe, here and now."

I asked Alex to start from the very beginning of the story. To prompt Alex's traumatic memory, I asked him questions such as: "What do you see now? How do the flames look like? How big is the house? How many people are there in the house? Whom are you saving now? How are you going to do so? How many colleagues are helping you? Where are you stuck now? What sounds do you here now? How do you feel? Is there any other thing you can do? etc." These were prompting questions that helped him recover the forgotten parts, moment by moment. I encouraged him every time he could retrieve new information. Again, I used the endpoint whenever he gave me a clue that he was experiencing uncontrollable tense emotions, validated his experience, feelings and efforts and reassured him: "You are OK, you are now in your …. With … doing…." (Filling in the blanks with his safe end).

At the end of reliving, we discussed the new information he remembered to fill his memory gaps, and I reminded him that this reliving helped in re - encoding the memory properly, and the more he remembered, the more the memory become organized, which is the first step in the road to recovery. During re-living, I would take notes of any missing and illogical jumps in the memory as well as of the moments he felt very intense because these moments are hotspots, and they are related to intense emotions and negative appraisals. These will guide me in the following step of therapy. Similarly, during reliving, if he said anything about his thoughts such as 'It was my fault; I should have saved them' or any other negative appraisal, I used to write them down to work on them later.

Whenever Alex was not responsive enough or if I noticed there are a lot of dissociative symptoms that led to lots of gaps in memory, or if he was confused or reluctant, or simply if it was easier for Alex to remember, I would use the narrative writing technique, bying prompt him with many questions in the present tense "e.g. what do you see now? How hot is the place? Do you have access to water in the hose with you? etc.' I would askd him to answer in the present, and I used to write Alex's exact answers. Any missing information was marked with a blank line. This technique established the chronological order of events and helped me in documenting information and updating it whenever Alex remembered anything new. The updated narrative would be revisited. This technique also paved the way for Alex to imaginal re-living. It was helpful to accompany Alex to the site of the fire to help him remember or to use any photo or document such as newspapers that reported the incident, past TV bulletin boards,

or cameras fitted in the nearby areas as cues to help him remember. At the end, I re-read the updated narrative and discussed it with Alex.

Indeed, sufficient details about how the events exactly happened, how and why Samir and the daughter were trapped, why Alex couldn't reach them, why his life was at stake, and whether any other people were victimized in that incident, whether Alex could save anybody else in the house were still missing. Something important was also missing about why Alex was standing at the door of the room feeling helpless while he could hear Samir screaming out agony and the little girl crying. None was said about this. Was it because he could not reach them because of fire? Or was there no suitable equipment with him to tear the door open? Or was he just out of fear to come closer? The fact that this was one of the most recurrent memories gave me a clue that it was a hotspot, and it was related to the negative appraisals: "I am responsible", "I am a bad firefighter", thus, to the feeling of guilt and self-blame.

So, re-living had be enhanced. My goal wasto identify the hot spots, access negative appraisals to challenge them later. So, I explained to Alex that reliving would be enhanced to access missing information.

3. Re-living Enhanced

Before reliving, I told Alex that I would ask about the missing parts and told him that the brain tended to skip the part that was related to hot emotions. "So, if you felt tense, try not to give up but persist on remembering and talking because even though you may feel distressed now, it will be a temporary feeling because this will relieve you on the long run. Don't worry; I am here to support you".

During reliving, I was noticing his emotions, and I based my questions on the case formulation and asked Alex prompting questions such as: "How choking is the smell? Are you still able to breathe fairly well? What do you hear right now? How many sirens can you discriminate? Did the ambulances come on time? How hot is the place? Do you have enough equipment? Do you hear someone screaming? Do you hear someone crying? Etc." Some questions were meant to stimulate hot emotions, especially those related to the hearing of sound, and the smell of the smoke to help him remember. Whenever I noticed Alex distressed, I acknowledged his emotions, empathized with him and told him he was okay; he would feel better soon, etc. At the end, I discussed with Alex the new information, mentioning the new identified triggers that kept him irritable, startling and hyper-vigilant.

4. **Identifying Hotspots**

As a result of enhanced reliving, I was able to identify the hotspots since they were the worst, most emotional and distressing moments when triggered. Hotspots also uncover negative appraisals, and Alex gave special meanings to them.

Alex's hotspot could be identified from his recurrent intrusive memory related to the moment when he heard his friend Samir screaming out agony, and the little girl crying, while he was standing at the door of the room feeling helpless.

5. Identifying Negative appraisals

After identifying the hotspots, I asked Alex what they meant to him. He spelled out his negative appraisals that were actually directly related to that moment:

"I am responsible. I am guilty.

I am a bad firefighter. I am a weak man.

I could have done more to prevent the death of my friend and the little daughter.

The girl's parents blame me for the death of their daughter.

My friends blame me."

At that moment, I empathized with Alex's feeling of distress and acknowledged it; I told him that his memory was really agonizing and distressing, and that he was about to overcome his distress and have control over the current sense of threat, and that we would be working on these thoughts and feelings next time.

Step 3: Cognitive Restructuring for Negative Appraisals

1. Cognitive Restructuring

After working on the nature of traumatic memory and correcting its jumbled parts, therapy addressed the negative appraisals, one by one. This took place using different techniques:

a. Psychoeducation: The goal of psychoeducation here was normalizing Alex's feelings of distress. I explained that what Alex had experienced was a challenging situation that all people would find difficult to deal with, especially that it was related to his best friend and to a little girl. I told him that all people find it distressing, and that is OK to feel upset and sad for a while. It was also normal that during the fire one feels anxious and afraid since it is a real, not imagined, source of threat. Then I told him that we were going to use different techniques to test his thoughts.

b. Surveys: Alex believes, "My friends think I am responsible for the death of Samir and the girl, and they blame me for this", and "the girl's parents blame me for the death of their daughter'. I asked Alex, "How do you know they think so?" He said he just felt so. Therefore, I explained to him that this was a kind of emotional reasoning, not a logical one; It needed proof. I suggested using a survey to help him challenge this thought, and I helped him construct two surveys, the first for his friends, using the following questions:

1. Do you think Alex is responsible for the death of Samir?
2. Do you blame him for Samir's death?

In addition, the second for the daughter's family, using these questions:

1. Do you think Alex is responsible for the death of your daughter?
2. Do you blame Alex for the death of your little daughter during the wildfire?

The results of the surveys refuted his irrational assumption, and he learned something new: Neither my friends blame me for the

death of Samir nor the daughter's family do so for the death of their daughter.

At this stage, I asked Alex to practice reliving the hotspot with the updated appraisals he learned saying that: "Samir is screaming out agony, and the little girl is crying, while I am standing at the door of the room feeling helpless; however, neither my friends blame me for Samir's death nor the girl's family blame me for the death of their daughter." Samir could generalize the result and rumination about the girl's family was reduced after this learning.

c. **Pie Chart:**

To help Alex overcome feelings of guilt and self-blame, I used the responsibility pie chart to target his inflated sense of responsibility. Originally, he felt 100% responsible for the death of his friend and for the death of the daughter. After drawing the 100% circle denoting his assumed-full responsibility, I asked Alex different questions such as:

1. "Were you the one who caused the fire to happen? (Answer: No)
2. Can you be the least blamed for the fire that happened in the area? (Answer: No)
3. Couldn't you save other people in the house? (Answer: yes)
4. Were you able to reach the door of the room where they were locked? (Answer: No)
5. Did you have enough equipment to break that door? (Answer: No)
6. Were you able to reach the water? (Answer: No)
7. Were there other firefighters in the house? (Answer: yes)
8. Did the ambulance reach the house on time? (Answer: no)
9. Was your life at danger? (Answer: Yes)
10. Did you have any other choice to do? (Answer: No)"

At each stage, Alex's alleged responsibility was diminished, and he eventually deduced that it dropped from 100% to 0%, simply because the other alternative action that was not taken meant his certain death because his life was at stake as well. He realized that it was not logical to die with them, without being able to save any.

After this stage, I asked Alex to practice reliving the hotspot with the updated appraisals. He said that: "Samir is screaming out agony, and the little girl is crying, while I am standing at the door of the room feeling helpless; however, neither my friends blame me for Samir's death nor the girl's family blame me for the death of their daughter, and I was not basically responsible for their death."

d. **Address Other Probable Cognitive Distortions**:

Through cognitive restructuring, I helped Alex correct the few remaining thinking errors:

1. **Using hindsight**: I led Alex to deduce that blaming himself and regretting was not proper because he could not know what the consequences of the fire would be like, and no one else could.

2. **Minimizing own experiences and symptoms at the time:** To address this issue, I asked Alex to describe the difficult conditions he himself was going through, and the symptoms that proved his life was at stake then.

3. **Discounting positive action:** I asked Alex to list the incidents that proved he could put off fire and save people who were there, not only during this event but also through the 15 past years. I reminded him that he has always been a dedicated and committed firefighter. I used a positive data log to record his answers. This challenged his negative appraisals that he was weak, and that he was a bad firefighter.

4. **Superhuman Standard: I** asked Alex to describe the immense and massive fire that engulfed the landscape, and the limitations that were in the site. I discussed the necessities of life for a human being and led him to deduce that he is simply as any other person: a human being, not a superman who can stand fire and do the impossible.

5. **Emotional Reasoning:**

Through Socratic questioning, as usually practiced earlier throughout therapy, I led Alex to deduce that if he felt something is taking place, this does not mean that it was actually taking place. I reminded him of the results of the survey.

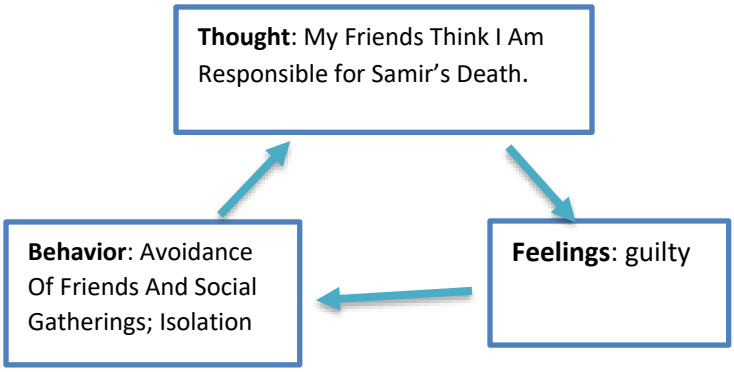
I asked Alex to rate himself using rating scales before and after cognitive restructuring: e.g. "Rate yourself from 0 to 100 for the idea 'I am a bad firefighter'". Similarly, I used cognitive continuum to help him challenge black or white thinking and other negative beliefs about himself.

e. Reliving With the New Challenged Thoughts

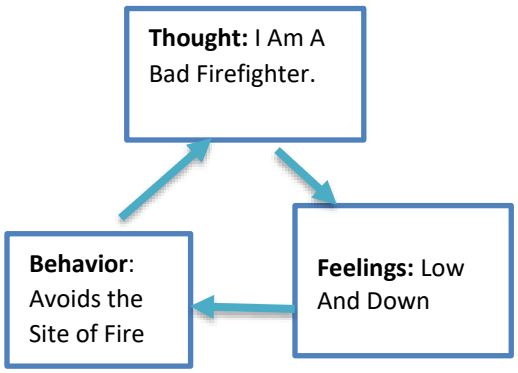
After the previous stages, I asked Alex to practice reliving the hotspot with the updated appraisals. At this stage, he had learned to substitute his negative appraisals with the following ones: "Samir is screaming out agony, and the little girl is crying, while I am standing at the door of the room feeling helpless; however, neither my friends blame me for Samir's death nor the girl's family blame me for the death of their daughter, and I was not basically responsible for their death. I myself was about to die, and my life was at stake; after all there was no other choice to do. I am only a human being who dies in fire; I am not a superman who withstands fire, so there is no use to keep ruminating about this, simply because what happened was not my own fault, and I have always been a successful, committed and dedicated firefighter throughout the past fifteen years. I am definitely not a bad firefighter, nor am I a weak man."

Step 4: Work on the Maintaining Behaviors

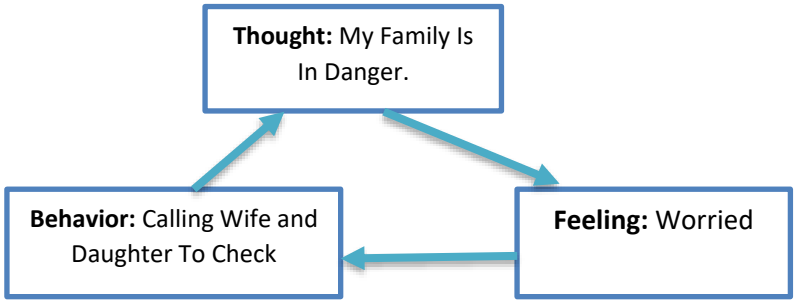
Alex was entrapped in the practice of the following cognitive and behavioral strategies. The cognitive maintenance strategies were: self- blame, worry, rumination, cognitive avoidance of the traumatic event and memory suppression. The behavioral strategies were isolation, avoidance of colleagues and social gatherings, checking stove and electricity, checking family, and drinking alcohol. The following cycles are illustrations of the behavioral maintaining cycles:



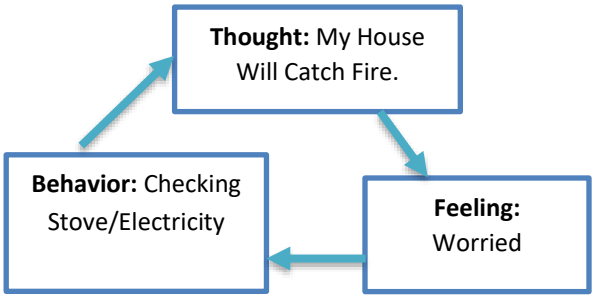
Cycle 1: Avoidance and Isolation



Cycle 2: Avoidance of the site of fire

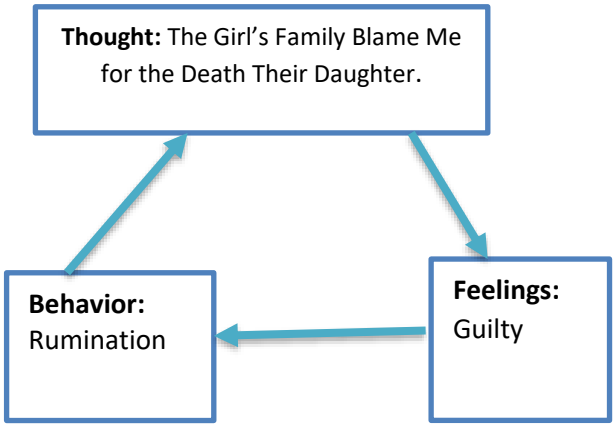


Cycle 3: Checking family

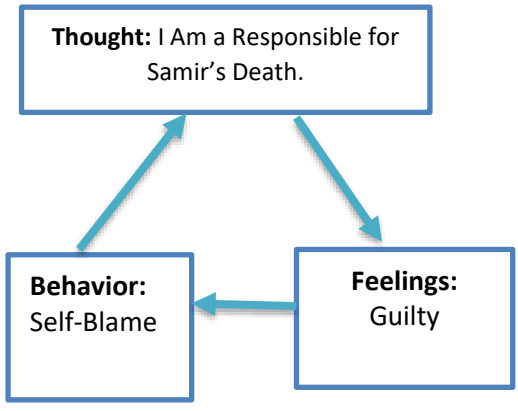


Cycle 4: Checking house

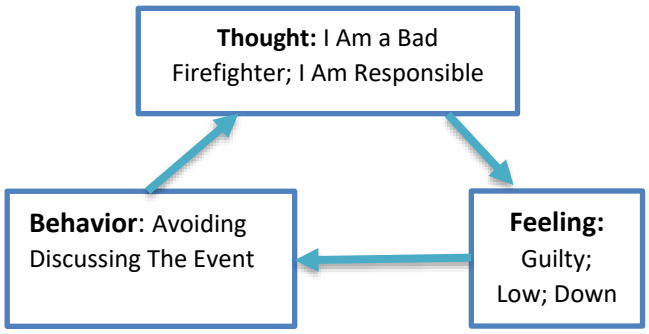
The following cycles are illustrations of the Cognitive maintaining strategies:



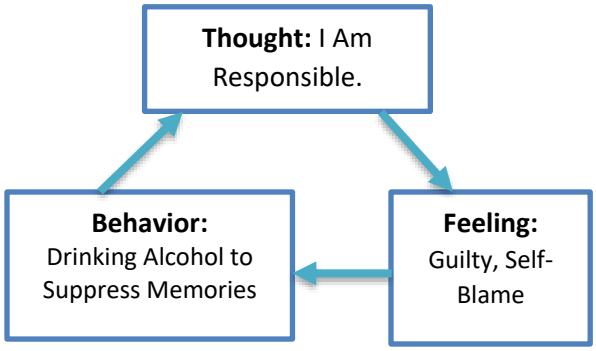
Cycle 1: Rumination



Cycle 2: Self-Blame



Cycle 3: Cognitive Voidance of the Event



Cycle 4: Drinking to suppress memories

It was expected that after working on cognitive reconstruction of the negative appraisals, the intensity and frequency of these maintaining cycles to decrease, such as in the case of cognitive avoidance because reliving this memory many times in the therapist's clinic must have broken this cycle. However, I encouraged Alex to talk about this event with his wife and friends and I reminded him that avoiding such discussions would encourage the memory to pop up frequently instead of suppressing it. In addition, I reminded him about the result of the survey that proved none was blaming him; this encouraged him not to avoid such discussions.

Similarly, in the case of self-blame, I revised with Alex the responsibility pie chart, to help him deflate the inflated sense of responsibility he felt for the death of his friend and the little girl. I included all the potential risk factors that contributed to their death, ending up with the fact that he himself was about to die; thus, feelings of guilt and self-blame diminished. In addition, I encouraged Alex to write a compassionate letter to himself to reduce the tension of self-criticism and self-blame.

As for the rumination, it was reduced after the application of the surveys. However, I discussed the costs and benefits of this rumination and lead him to deduce that it is only crippling and not useful at all.

Similarly, during reliving, a visit to the site was conducted along with the therapist to activate his memory; I planned with Alex other behavioral experiments in which he visited the site, first with his wife, then with any of his friends, then on his own. I discussed all his preferences to raise the likelihood of performing these visits. Such experiments were repeated and graded as much as needed to counteract the thought of being responsible and, thus, diminishing his feelings of guilt and acts of avoidance.

As for the cycle of checking, I discussed with Alex the likelihood and probability of having the house caught in fire and of his family being in danger; I asked him afterwards to ignore this intrusive thought every time it came to his mind because the more he is involved in acts of checking, the more these ideas will dwell in his mind. I explained to him the metaphor of a bully who become stronger the more one acts submissively towards him.

As for social avoidance and isolation, I designed a behavioral experiment with Alex according to his preferences and the likelihood of carrying it out; its objective was to get engaged with friends and colleagues again to challenge the thought that they blame him for the death of his friend. I gave Alex tables to fill them each time a behavioral experiment is done. One example is shown below:

Situation	Prediction	Experiment	Outcome	Learning
1.I was invited to a social gathering	My friends will blame for Samir's death (90%). I will not go (100%).	I will go to test my idea (80%).	I went but none talked about the fire. They told me how much they miss me and invited me to visit them.	I learned that my thought was irrational. I learned that if I felt something bad will happen, this doesn't mean it will.

As for drinking alcohol to suppress his memories, it was supposed that the tendency to drink to decrease since his memory has become re-encoded, and he was more in control of the triggers, flashbacks, and intrusive thoughts, and after the re-construction of his negative appraisals. In addition, he learned that the more he suppresses his memory, the more it comes to the surface. Finally, I discussed and revised with Alex all these learned lessons. Then, I psycho-educated him about the effects of alcohol on his mental power, memory and health. Ask him to resist the urge, if any, exactly as in the bully metaphor. I also discussed with him alternative behaviors and distracting behaviors in case he felt the craving for alcohol. Besides, he was not addict prior to the event, and when he came into good terms with his emotions, he had no need to avoid them by drinking. This was how he broke the drinking cycle.

End of Treatment and Relapse Management

At the end, I had to prepare Alex for the end of treatment to make sure he was ready for that. I revised the case formulation with him and revised the goals, checking whether they were all achieved, and then I asked him if he still wanted to work on other

goals. I had to make sure that all his negative appraisals and rules of living have been changed from dysfunctional to functional.

As for relapse management, as it was noted earlier, I have always been working on it throughout the therapy by revising, double-checking, and discussing possible setbacks and lapses, as I have prepared him for that since the beginning of therapy, not to lose hope or feel inadequate in case he encountered such incidents.

However, a revision was done, reminding him that setbacks and lapses were considered learning opportunities that he could benefit from. I reminded him of similar incidents throughout the therapy and how he learned to make sense of them by analyzing their cues and answering these three questions:

1. "How can I make sense of this?
2. What have I learned from it?
3. With hindsight, what can I do differently?"

Then I gave him the therapy blueprint and focused on its key questions. I double checked if he had full grip of stimulus discrimination technique; revisited the table already filled out gradually after reliving. I focused on the maintaining factors and the successful therapeutic strategies that were used as well as the learned lessons of therapy. I confirmed the need to revise what all the unhelpful thoughts that maintained the problem were, the alternative thoughts that helped him recover, and the strategies used to refute them.

Finally, I asked him about what he needed to learn more and move forward, the challenges and risks he might face, and the plans he would use to cope with these challenges or overcome them. At last, I told him that all the learned lessons would help him in becoming his own therapist so that he can manage any potential relapse since no one can prevent relapse but can be empowered to manage it. I planned for booster sessions after one month, and then three months, then six to make sure everything is going fine."

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