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Cognitive Behavioral Therapy In Posttraumatic Stress Disorder and Social Anxiety Disorder: A Case Report

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ABSTRACT

Domestic violence is common in Turkey and can lead to the development of post-traumatic stress disorder (PTSD). Cognitive behavioral therapy (CBT) is an effective approach for treating posttraumatic stress disorder (PTSD). It has been found that there are various reasons for the development of social anxiety disorder. Therefore, it can be evaluated by considering details such as life history, personal characteristics, the environment in which anxiety is experienced, and a lack of skills. CBT has also been found to be an effective method of reducing social anxiety. In this study, a 16-year-old patient who developed PTSD after witnessing long-term violence against her mother and recovered as a result of CBT is presented. In addition to PTSD symptoms, the patient reported that she felt significant anxiety and fear in many social situations where she could be evaluated by people, and that she engaged in safety and avoidance behaviors. CBT was administered for these complaints, and her symptoms improved significantly.

Introduction

Domestic violence is commonly considered an aggressive and coercive behavior that can cause emotional and psychological disorders, sexual coercion, physical injuries, and financial losses (Raja et al., 2017). Research has shown that most women are victims of physical and sexual violence from their partners or intimate partners, and this rate is increasing daily. According to the 2015 data, 36% of women have been subjected to physical violence, whereas 12% have been subjected to sexual violence (Hünee, 2015). Domestic violence can have negative long- and short-term consequences for witnesses and victims. Empirical evidence suggests that children growing up in violent domestic environments have cumulative effects that can be carried into adulthood and jeopardize their personal abilities and developmental progress (Yanık & Çiçek, 2022). Moreover, studies have shown that children who witness or directly experience domestic violence experience PTSD symptoms (Graham-Bermann & Levendosky, 1998; Lehmann, 1997; Levendosky et al., 2002). In other words, these children are at risk of developing PTSD. Post-traumatic stress disorder (PTSD) is defined as, a condition that manifests with specific symptoms that occur after severe traumatic events, such as an event that threatens physical integrity, death or threat of death, serious injury, or witnessing such a situation (Özgen & Aydın, 1999). The symptoms of PTSD can be listed as follows: recurrent, involuntary distressing memories and dreams; dissociation reactions, in which events are felt or acted as if they were happening again; experiencing psychological distress for a long time in case of encountering an internal or external stimulus that symbolizes the traumatic event; reacting to or avoiding stimuli; inability to remember some of the traumatic

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events; having persistent and exaggerated negative beliefs or expectations about oneself, others, or the world; persistence of negative emotional state; failure to experience consistently positive emotions; significant decrease in interest or participation in important activities; feelings of detachment or alienation from others; expression of verbal or non-verbal aggressive behavior towards others and objects; failure to exercise self-restraint and engaging in harmful behavior; startle response; the state of being on guard at all times; difficulty focusing; and sleep disorder (Köroğlu, 2013).

The DSM-5 defines social anxiety disorder as significant anxiety and fear while performing one or more social actions in environments where people are likely to be evaluated (DSM-5, 2013). Individuals with high levels of social anxiety may feel humiliation, inadequacy, and disappointment with the thought that they are negatively evaluated and judged by others, and may think that they are disgraced by magnifying their smallest mistakes (Mercan & Yavuzer, 2007). Moreover, in social settings, they may blush, tremble, have difficulty breathing, and engage in various safety-seeking behaviors such as standing in the corner, talking fast, and avoiding eye contact. Individuals in such situations prefer to endure or avoid anxiety and fear. When explaining social anxiety, which has many causes, it is important to look at details such as life history, personal characteristics, the environment in which anxiety is experienced, and lack of skills (Öztürk, 2014).

In this manuscript, we describe a case who experienced symptoms of PTSD after witnessing domestic violence and subsequent low self-confidence and social anxiety. First, traumatic experiences were studied using CBT. CBT was then applied to the social anxiety symptoms. The treatment results are discussed below:

The Case

SK, the first child of a family with two children, was a 16-year-old high school student. Her parents separated 3 years ago due to long-standing severe incompatibility. After separating from her parents, SK lived with her 12-year-old brother, mother, grandmother, and grandfather.

SK was admitted to a psychological counseling center in Istanbul with the help of her mother. It was previously said that SK went to a psychiatrist due to her complaints and was diagnosed with post-traumatic stress disorder and social anxiety. Her complaints were as follows: being startled by loud or sudden noises such as flushing toilets and telephone ringtones, involuntarily withdrawing when someone makes a sudden movement, displaying aggressive behaviors with feelings of anger, inability to concentrate and decreased success in classes, loss of interest in social activities and hobbies, lack of sleep patterns, she complained of having nightmares, not going to shopping malls, restaurants, cafes, and markets alone to avoid contact with strangers, not taking public transportation such as minibuses alone, and only being able to pay the bill or fare through her close friend or mother. SK reported that her complaints started with the separation of her parents and have increased recently. As a recent change in her life, it has been observed that SK's grandmother and grandfather have started controlling. They approved of her being calm, quiet, and at home. For this reason, her social life was limited and she was asked to go out less.

SK's mother was told that the sessions would continue within the scope of Istanbul Aydın University's clinical practice and supervision course, and the approval was obtained. As a result of the clinical assessment, a diagnosis was made by one of the authors, working as a psychologist under the supervision of supervisors.

History

SK's parents met when she was in high school and married at an early age. Her mother worked as a customer representative and her father worked in transportation. At the time of SK's birth, the family had financial difficulties and lived in the basement of a building in a small neighborhood. SK witnessed her father's physical, sexual, and psychological violence against her mother from childhood through adolescence.

When asked about her preschool period, she reported that she wetted herself until seven age of 7 years. She stated that she loved her father very much as a child, that she wanted to sleep with him because she was afraid of the dark, and that she often went to him, but now she says that she hates her father. She stated that she welcomed the birth of her brother, was happy, and was not an older sister but the mother of her brother. She

takes on most of her responsibilities. She had nail-biting behavior during the preschool period, but she was not in such behavior at the moment.

She began kindergarten at an early age when her mother was working. In primary school, she stated that she had a good relationship with her teachers and that her primary school teacher had a fatherly affection for her.

During secondary school, domestic violence increased, and SK separated from her mother and began living with her aunt. Her focus was on her studies, and she took up hobbies, such as poetry and literature. During this period, her parents divorced. After SK's mother divorced her father, she moved to SK's grandparent's house, taking her children with her. SK does not prefer to communicate with her father unless there are financial demands. Her father moved out of the city and had a relationship with another person. SK is unhappy when she hears that this person is caring for her child.

SK started high school close to home. The beginning of high school coincided with the pandemic, and she reported feeling lonely as online education began. She said that she usually spent the day in her room and had limited communication with other family members. The interviews revealed, that SK had witnessed domestic violence for a long time. However, since the beginning of high school, domestic violence has ceased. As a result of the events experienced, SK's complaints of overreaction to stimuli, alertness, aggression, constant negative emotional state, decreased participation in activities and hobbies, insomnia, and concentration, which met the symptoms of PTSD, increased during this period, and her school success decreased. In addition, the place where children socialize first and most often is the family. When evaluated in this context, domestic violence negatively affected children's sense of self, social skills, and social lives. It has been observed that SK, who did not grow up in a safe family environment, began to experience social anxiety and lack of self-confidence problems that may be caused by PTSD. When discussing friendships in high school, she said that she was worried about humiliation. Therefore, she said that the more corners there were, the better it was. Moreover, she reported that she cared too much about what people said about her, was distrustful of others, and distanced herself. She said that she was not in a social situation because she felt intense anxiety and fear, and that she went with her mother or a close friend when she had to. She also used the phrase "I am nothing without academic success" when discussing her complaints. This shows that she has high and uncertain standards, which can cause intense anxiety.

Clinical Impression and Treatment

At the first meeting, SK and her mother met the clinician together and separately on October 16, 2022. The client's life history was recorded. SK stated that she had not been able to talk about the difficult events she had experienced until now with others, but she wanted to talk, that she would participate in therapy regularly, and that her motivation was high. She stated that her complaints have continued since her parents' separation and are now increasing. In this process, she said that, she ignored her emotional thoughts instead of accepting or trying to understand them. This situation was considered a factor perpetuating the problem. After learning the symptoms and possible diagnosis of SK, the clinician decided to apply CBT. It was agreed to hold a 50-minute online or face-to-face meeting once a week. As the sessions continued, her parents became cooperative and had a positive impact on the process.

In the second meeting, it was decided that SK would be used to diagnose PTSD. SK and her mother were given psychoeducation about PTSD and the cognitive behavioral model. PTSD was understood by the client, and the reactions and consequences of the trauma were discussed. A safe place study was conducted to reduce stress and regulate affect. The client was asked to think of an imaginary or real-life calm and peaceful place where she felt safe. Positive emotions and feelings of comfort were also observed. Additionally, the client was informed that she could perform this exercise when she was lonely or felt distressed.

In the second meeting, she reported that she generally remembered bad memories of the past and described the events that affected her the most in the order of discomfort: SK learned that her mother was held at gunpoint by her father while her family was in the process of divorce and spent that night at the police station; her mother's sexually explicit photos were sent to her relatives by her father, who heard that her mother was forced by her father to have sexual intercourse without her consent, her mother was injured, and her leg bled as a

result of her father's violence; SK received abusive and threatening phone calls from her father when she went out of town with her mother.

In the third meeting, the client stated that she wanted to remove her negative memories. It was discussed that this would not be possible. It was agreed that rather than suppressing the thought, one should allow these thoughts to pass through the mind, like a train passing through the station. Experiment was carried out while reaching agreement. The experiment involved making the person realize what would happen when they were told not to think about the pink rabbit or when the person said this to them. As a result of this experiment, the client determined that she would involuntarily have a pink rabbit in her dreams and thoughts. Thus, the client gained the insight that not talking about the traumatic event created the problems she stated during the application to the clinician. After the experiment, it was agreed that mentally reenacting challenging events would be beneficial. A non-traumatic memory was first selected for her to learn to re-enact. She was told to be comfortable, and that she could close her eyes if she wanted. While describing the event in the present tense language, the patient was asked to describe sensory details, feelings, and thoughts. During the reenactment, the client was supported by asking questions such as, "What is going through your mind? What do you see? How does this feel? Where do you feel this feeling?"

First, during the third meeting, her father detained her mother at the gunpoint, who worked with the reenactment. Upon receiving the news, SK spent the night at the police station and worried that something would happen. On the following day, her father left SK's mother. After this incident, the matter went to court, and her father harassed SK and her mother for a while, but now SK's father does not pose any threat to her mother. After this incident, SK had cognitions such as "I am powerless, I am inadequate, something bad will happen to my mother, and I had to do something". These cognitions continued after the session, and there was no decrease in the discomfort level of the memory.

The client started the fourth meeting by saying that the cognitions of "I am powerless, I am inadequate, something bad will happen to my mother, I had to do something". Work continued by reenacting the moment her father held a gunpoint. SK realized that the most disturbing memory was not her mother's abduction, and changed it to her father's memory, sending sexually explicit photographs of her mother to her mother's relatives. She said that the moment she saw these photos on her aunt's phone was the worst. Cognitions such as "if my mother had told me, I would have prevented it, I should have known, and I should have protected my mother. She felt angry because her mother had not told her about the situation. Alternative thinking was created by asking questions such as "What could be the reasons for her mother not telling her?". CBT was continued. Later, her anxiety and anger that something bad would happen to her mother disappeared, and her negative cognitions were replaced by cognitions such as "I did the best I could, I did my best, I am enough, and I am strong". The positive inner voice took over and said "This is a memory; this is in the past, this is not the same as the past". There was a decrease in the level of discomfort, assessed on a scale of 0 to 10. However, she stated that she was angry because her father had put her mother, brother, or herself.

The fifth meeting continued with the same memory reenactment. After the session, she said that she was very sick this week, and her father worried about her and took her to the hospital. "The events that happened are in the past, if my father had known that we would be so affected, he would not have acted like that," she said. At the end of the session, the discomfort ratings were 0. In addition, she said that events with her parents did not affect her. She said, "This was the worst memory for me, the others no longer affect me" and that her level of discomfort was 0 among the other memories.

At the sixth meeting, SK, who felt uncomfortable talking to her father on the phone or face to face before CBT, said that she no longer felt uncomfortable, and even felt safe. Next, she was given psychoeducation that harmless things became triggers because they were present in the environment during the trauma, and she was consciously exposed to triggers that she had previously avoided, such as the sound of a phone ringing or the sound of a siphon. The triggers did not bother SK, but she reported that she continued to be anxious about many social situations in which she might have been watched by others. She ranked these social situations:

ordering at a restaurant, going to the market alone, using public transportation alone, going to the mall alone, paying bills, and giving money.

Comprehensive psychoeducation was provided at the seventh and eighth meetings in the problem areas. To determine automatic thinking about social threats, questions such as "What is the worst thing that can happen in that situation? What was going through your mind at that moment?" questions were asked. According to CBT, when dysfunctional automatic thoughts change, behaviors and emotions change (Beck, 1995). It was found that SK had automatic thoughts such as "I will be disgraced, she thinks I am disgraced, I did something bad for sure, I will do something wrong for sure." Automatic thoughts can be used to evaluate how individuals perceive and construct their world (Calvete & Connor-Smith, 2005). Thus, they are expected to be negatively evaluated by others. Anticipatory anxiety was studied and evidence was sought by asking "What makes you think this way?" However, no valid evidence has been found. However, various counter-evidences such as "I have overcome many things before and I did it right, I thought I was disgraced, but the other person did not think so." She also became aware that perfectionist expectations of how she would perform, such as "I must speak very well and fluently," reinforced her negative thoughts. Cognitive distortions include unrealistic evaluation and automatic thinking. Psycho-education was provided to participants to realize that high cognitive distortion tendencies cause them to feel inadequate in the face of social situations, thus causing anxiety (Karabacak et al., 2015). In this direction, she was asked to write down her cognitive distortions as homework, and an insight was formed that she frequently used cognitive errors such as all or nothing (I am nothing if there is no academic success, I am a failure), catastrophizing (I definitely did something bad), and mind reading (she thinks I am disgraced).

At the ninth and tenth meeting, 'Intermediate beliefs such as "I will be disgraced if I say the wrong thing while talking to people, I will be disgraced if I give the wrong money while paying the bill, I will be disgraced if I give the wrong money" were identified, and instead of these beliefs, they were asked to produce realistic alternative thoughts by considering the possibilities, such as "Will everyone see it? Will all those who see it think you are disgraced? How much of these thoughts will stay with the other person for a long time?" In return, answers such as "Not everyone will see, there may be some people who think that I am absent-minded or sympathetic, not that I am disgraceful, the thoughts will not stay for a long time, they will forget immediately." SK reported that these questions had a positive effect on reducing their anxiety about giving the wrong money and saying the wrong thing.

SK was asked to maintain a record before, during, and after the social situation, and ruminated for a long time before the event. Instead of solving an active problem, rumination involves repeated passive focus on the symptoms of distress and the possible causes and consequences of these symptoms, causing them to become stuck in their feelings about them (Nolen-Hoeksema et al., 2008). During the tenth meeting, when she was asked to create a list of the advantages and disadvantages of rumination, no advantages were identified. The disadvantages that she worried all day and that this anxiety negatively affected her school and social lives were added to this list. A consensus was reached on keeping a rumination diary and reading a list of the disadvantages of these thoughts came to mind. In addition, attention-focusing training was provided and SK learned to focus her attention in another direction when she noticed rumination. In this way, SK learned to intervene in rumination. Additionally, it has been said that the behaviors we engage in to prevent fear of happening are called safety behaviors. It has been determined that she has security behaviors such as directing attention to her body, wearing too much makeup, rehearsing what she will say in her mind, repeatedly monitoring how she looks, and attending meetings and on the road with her friend or mother. Audio and video recordings of the session were taken with the permission of SK and her mother, and it was ensured that SK, who was uncomfortable with her voice and image, was exposed to it every day for a week and became accustomed to it by exposure.

By the eleventh meeting, it was found that communicating with a stranger caused anxiety in SK, and an experiment was conducted to address this. The experiment consisted of two stages. These phases included two separate interviews with strangers. In social anxiety, attention is given to internal stimuli (Beck, Emery & Greenberg, 2011, as cited in Tezcan et al., 2015) in which, SK is asked to focus her attention on herself, her body, her worries, and how she looks from the outside. They were asked to perform safety behaviors, such as

avoiding eye contact, thinking about what to think about, and responding quickly. Foreigners are expected to act naturally and engage in daily conversation. After the topic was determined, the foreigner was included in the session and the time was set. After the time was over, for the second interview, SK was asked not to perform safety behaviors, let the conversation flow, and focus their attention outward. After this experiment, SK reported that her anxiety disappeared when she focused on conversation and the outside. In previous interviews, it was agreed that safety behaviors provide temporary relief from the feared situation but maintain anxiety and avoidance in the medium and long-term, and awareness was raised about the existence of safety behaviors. Moreover, psychoeducation was given to the effect of paying attention to oneself and the outside world on the level of anxiety, while homework was given to pay attention to the outside world in daily life. Therefore, with pre-experimental preparations, increased skills, and awareness, SK has made rapid progress.

Exposure, one of the frequently used methods among cognitive behavioral therapy techniques, is used in a hierarchical order from least anxiety to most anxiety in order to reduce anxiety in the face of feared problem situations. During the twelfth and thirteenth meetings, she was gradually exposed to her anxieties about ordering in a restaurant, going to the market alone, taking public transportation alone, going to the shopping mall alone, and paying money in the places she went to, in line with the assignments. All anxiety levels gradually decreased and eventually disappeared.

At the fourteenth and fifteenth meetings, her biggest fear of saying the wrong thing and giving money was again emphasized. "What is the worst thing about this? How would people react?" questions were asked. After discussing what might happen, how to deal with it was considered. It has been determined that in such a situation, she can use the expressions "I'm absent-minded and confused, I'm sorry I made a mistake" to others. Thus, it was determined that the anxiety levels decreased. Later, she was expected to do so intentionally. It was observed that she did not encounter any evidence to confirm her worst-case scenario, that she would be humiliated when she gave missing money, and said things that were irrelevant to the topic discussed. It has been realized that people can think differently. When SK gave the wrong money, the cashier said it was normal.SK continued to communicate with people when she told the other party the wrong things unrelated to the subject. When others did not understand her, she stated that they did not understand her and SK had the opportunity to explain herself again.

Discussion

SK reported that her complaints began as a result of the pandemic and the transition to online education; however, this period coincided with the end of domestic violence and the separation of her parents. Early recognition and intervention for PTSD plays an important role in preventing symptoms from becoming chronic (Oflaz et al., 2010). Symptoms of PTSD have been observed in patients exposed to repetitive traumatic life events. Studies investigating the effectiveness of the trauma-focused CBT model in children and adolescents found that the PTSD criteria were not met after treatment (Cohen et al., 2007; Nixon et al., 2012). In addition, it has been observed that CBT, which is a short-term treatment, maintains the results obtained after the end of treatment (Shubina, 2015). Considering this specific case, SK was traumatized due to domestic violence, and the possible diagnosis was PTSD based on the DSM-5 criteria. Studies have also reported that individuals with posttraumatic stress disorder have a high rate of social anxiety disorders (Memiş & Şen, 2015). This situation was considered in this case. Another possible diagnosis was social anxiety disorder based on the DSM-5 criteria.

Social anxiety disorder, which begins in childhood and adolescence, involves individuals remaining silent and in the background of social environments and is defined as calm, timid, and dignified by society and therefore not seen as a problem (Kaval & Sütcü, 2016). The fact that the case was applied for therapy despite being characterized as dignified, timid, and calm by her environment and receiving approval shows that she has a high level of insight. In addition to her insight level, it can be said that her willingness to talk, high motivation, and intellectual level by the cognitive model affected her achievements. Many studies have shown a relationship between automatic thoughts and psychological symptoms (Calvete & Connor-Smith, 2005; Esbjørn et al., 2021), SK applied the techniques she had learned during the sessions, while the psychotherapy

process continued during the period between the two meetings. She recognized and examined her automatic thoughts in terms of functionality, and created alternative thoughts instead of those she deemed inappropriate. This made a significant contribution to the problem areas.

After the safe place study was conducted, the traumatic events that she experienced were studied with reenactment. She was then exposed to psychoeducation in which the sounds of the telephone and toilet became triggers because they were present in the environment during the traumatic event. SK reported no discomfort during the procedure. At the end of the sixth meeting, distressing memories of the incident, avoidance behaviors, aggressive behaviors accompanied by feelings of anger, and blaming thoughts towards herself and her mother disappeared. She established sleep patterns, and her school success increased. The decrease in the level of discomfort towards the events she experienced quickly may be due to the support of her parents. Her father was sorry for what happened and was trying to make up for the past by changing his behavior. In addition, she could easily change her perspective on the events and create alternative thoughts. This shows that she was prone to undergoing CBT. Later, CBT continued to be studied because social anxiety and lack of self-confidence problems continued. In the seventh and eighth meetings, psychoeducation was provided, and expectations of anxiety and perfectionist expectations were discussed. Insight has shown that cognitive distortions can create unrealistic evaluations. In the ninth and tenth meetings, her biggest fear beliefs such as "If I say the wrong thing while talking to people, I will be an embarrassment to everyone, if I give the wrong money while paying the bill, I will be an embarrassment to everyone". The possibilities were evaluated, and alternative ideas were produced. Additionally, psychoeducation on rumination and safety behavior was provided at the tenth meeting. SK was exposed to her own voice and image every day of the week, except for the meeting, to help her get used to her own voice and image. At the eleventh meeting, an experiment was conducted to understand how the level of anxiety changed during communication with a stranger. The clinician asked SK to pay attention to herself and the outside and to use or not use safety behaviors. This experiment was beneficial for SK because she paid attention to the outside world instead of focusing on her body and abandoned her security behaviors. At meetings, the clinician gave SK gradual exposure tasks, such as ordering at a restaurant, going to the market alone, taking public transportation alone, going to the shopping mall alone, and paying money at places she went to. Finally, in the fourteenth and fifteenth meetings, her biggest fear, which was saying the wrong thing in a social environment and giving the wrong money, was emphasized. She was made to deliberately do these things. It was observed that SK did not encounter any evidence that would confirm her worst-case scenario, "I would be disgraced." Fifteen meetings were held in total. Later, she regularly participated in social activities with friends. In addition, it was found that she stopped her security behavior and went to shopping malls, markets, restaurants, and cafés alone, took public transportation, and did not feel uncomfortable while paying bills and fares.

Conclusions and Recommendations

As a result of these meetings, it was determined that the symptoms of PTSD caused by domestic violence and accompanying social anxiety were successfully treated with CBT.

This case study highlights that not only children exposed to domestic violence but also those who witness it are at a risk for PTSD. It is also emphasized that violence experienced in the family environment, where children first and most socialize, may cause them to experience self-confidence and social anxiety problems in the future. In discussing the consequences of witnessing domestic violence, which is common in society, a case study draws attention to an important issue in the literature. Thus, preventive studies on children who witness domestic violence may accelerate. Additionally, there are insufficient case studies in the literature. Therefore, it is thought that this case study will serve as an example in the literature and lead to an increase in case studies on children who witness domestic violence.

Social anxiety disorder, which begins in childhood and adolescence, causes individuals to be defined as calm, timid, and dignified not to be seen as a problem by society (Kaval & Sütcü, 2016), and to receive approval. The case study exemplifies this situation. Therefore, society can be considered a condition that sustains symptoms of social anxiety disorders. To address this issue, parents and teachers require psychoeducation.

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