

# OUCH, EEK & SIGH

## Divergent Treatment Solutions for Disability's Top 3

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09:00 - 09:15 Introduction (Alan)

09:15 – 09:25 Orientation & Overview of Morning (Wes)

### Learning Objectives

1. To identify 3 benchmarks of an excellent assessment.
2. To become acquainted with 3 treatment approaches: Insight-Oriented Therapy, Cognitive-Behavioural Therapy (CBT), & Eye Movement Desensitization & Reprocessing (EMDR).
3. To generate a list of strengths & weakness of these 3 treatments to assist in case management & work return.
4. To familiarize yourself with the outcome literature on 3 psychological disorders.
5. To explore 3 future treatment trends.

09:25 – 09:30 The Case of Ms. Bank Teller (Elizabeth)

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|---|---|
| <ul style="list-style-type: none"><li>• 40+, married, Caucasian bank teller</li><li>• Child of alcoholic with pain problem</li><li>• Parents separated when she was 12</li><li>• Problem List: Ouch, Eek &amp; Sigh</li><li>• Marital strain</li><li>• On short-term disability</li></ul> | <ul style="list-style-type: none"><li>• Assaulted during armed bank robbery</li><li>• Witnessed domestic violence</li><li>• No psychological treatment</li><li>• Meds: lots of T3s, coffee. Effexor</li><li>• Unhappy with management</li><li>• Doubts RTW due to safety risk</li></ul> |
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09:30 – 09:45 Most Excellent Assessment (Wes)

<b>Psycho-legal</b>	<b>Intake</b>
• 1 – 2 visits only	• 1 <sup>st</sup> of many visits
• Comprehensive & costly	• Narrow & less costly
• Lots of psychometric testing	• A few, brief tests
• Diagnostic focus	• Treatment focus
• Tries to be atheoretical (like DSM-IV)	• Guided by a treatment theory

Benchmark #1:

Benchmark #2:

Benchmark #3:

09:45 – 10:00 Insight Oriented Therapy (Owen)

10:00 – 10:15 Cognitive-Behaviour Therapy (Elizabeth)

10:15 – 10:30 EMDR (Wes)

10:30 – 10:45 Break (☺)

### 10:45 – 11:15 Open Discussion (Owen)

Strengths	Weaknesses

Similarities	Differences

### 11:15 – 11:30 Outcomes Overview (Elizabeth)

- A Typology of Outcome Studies

Type 1:

Type 4:

Type 2:

Type 5:

Type 3:

Type 6:

- Treatments for Major Depressive Disorder
- Treatments for Posttraumatic Stress Disorder
- Treatments for Pain Disorder

### 11:30 – 12:00 Future Treatment Trends

- Multimodal Models (Elizabeth)
- Brain, Mind & Body: New Findings (Owen)
- Techno-therapy (Wes)

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## CASE STUDY

Ms. Teller is a 40+, married, Caucasian bank teller. She has a Grade 12 education. She is married with two children. She sustained soft-tissue injuries to her neck and left shoulder during a bank robbery 6 months ago. The thieves wore ski masks and brandished weapons. There was some confusion, the thieves panicked, grabbed their bags and charged out of the bank. On the way out, one of the thieves crashed into Ms. Teller from behind as he leaped over her countertop. Ms. Teller was spun around by the impact and fell heavily to the floor. She did not lose consciousness. The thief did the splits into the countertop, sustaining a groin injury. He screamed in pain and cursed at Ms. Teller, pointing his gun at her as if to shoot. But he clutched his bag and limped out of the bank. Ms. Teller was extremely frightened and urinated on the spot.

History. Ms. Teller was born and raised in a small town in the interior of B.C. She is the youngest of three children. She recalls a troubled childhood. Her father was an alcoholic and apparently had a chronic pain condition from an injury at work. He was unable to fulfill home & work roles. Her family “walked on eggshells.” Although not abused herself, she was a witness to domestic violence and verbal abuse. When 12 years of age, her parents separated. She went to live with her mother and was her primary emotional support. Ms. Teller grew up with the impression that she was a resourceful, capable and independent person.

Current Situation. It has now been a year since the robbery and Ms. Teller has not yet returned to work. She describes 3 primary problems that are most interfering with her life.

- **Pain (Ouch).** Ms. Teller reports constant pain in her left neck and shoulder that fluctuates from mild to severe. Sometimes she gets shooting pain down her left arm. Recently, she has been complaining of right arm pain. Her pain has resulted in various limitations and losses, as well as sleep interruptions and moodiness. Medical investigations have been unable to find neurological damage or specific musculoskeletal pathology. Her pain is non-specific. However, after talking with a friend, Ms. Teller fears that she may be developing Fibromyalgia. She takes lots of Tylenol #3. She drinks lots of coffee during the day to stay awake.
- **Anxiety (Eek).** Ms. Teller describes fluctuating fear and irritability that is unrelenting. She has nightmares of the assault that are fragmented and violent. She is tormented by memories of the assault during the day. Her memories are usually triggered by the sound of her neighbours yelling at each other, or by news of robberies or assaults on the news or in the newspaper. She now locks all her doors and windows. She tends to stay at home, unless accompanied by a family member. She panicked in the car and vomited out the window while waiting for her husband to do some banking. On another occasion she became panicky when she noticed a man wearing a ski mask on a cold day. She is now afraid to carry any cash or credit cards with her; in fact, her fears escalate when she even handles money. When she goes for coffee with her husband, she sits with her back against the wall and tends to be distracted by the movements of people. She has not returned to her worksite or responded to calls from her manager and coworkers.
- **Depression (Sigh).** Ms. Teller describes initial insomnia due to pain, worry and fear of having nightmares. Thereafter, her sleep is restless. She is quite sensitive to sound in the house at night. She gets a total of 4 hours of sleep per night. In the morning, she still fears tired. By the early afternoon she is exhausted and must have a nap. She cries easily and at times without reason. She is gloomy. Her family has noticed that her favourite houseplants have died of neglect. She remains in her pajamas for much of the day. She usually doesn't eat much because she feels nauseous. She has little interest in activities that she used to enjoy. Sometimes she paces back and forth but at other times she moves sluggishly. She refuses to answer the phone. She accomplishes very little. She may start something but typically leaves it undone. She used to love her longer hair, but now has it cropped short. Ms. Teller reports marital strain/conflict since her accident. She continues to sleep with her husband but doesn't come to bed until quite late. She is quite forgetful. She has missed medical appointments. Her day seems to be quite aimless. She broods a lot. She is hopeful about getting better, as long as she does not have to return to banking. She is not suicidal.

Treatment. Ms. Teller is taking Effexor, an antidepressant, but doesn't like the side effects. She has not had counselling or psychological treatment, and she dreads the thought of going for such help. She doesn't want to discuss the assault. However, she wouldn't mind talking to someone about the death of her mother 2 years ago.

Ms. Teller has been supported financially by disability insurance. She is ambivalent about work return. She was originally happy with her job, but over the years has become increasingly unhappy with management. Regardless, she now doubts that she can ever return to the bank environment because of unacceptable safety risk.



<b>Situation</b>	<b>Emotion(s)</b>	<b>Automatic Thoughts</b>	<b>Rational Response</b>	<b>Outcome</b>	
<p>Walking with my husband in the mall. We walked by a bank.</p>	<p>Anxious (9)</p>	<p>A robber could be in their. My life is in danger (7)</p>	<p>That's unproductive thinking. I am safe and I am overestimating the probabilities. Just because something dangerous happened a few months ago does not mean I am at more risk. Shit happens!</p>	<p>AT = 3</p>	
		<p>I must get out of here. I am going to have a heart attack (8).</p>	<p>My anxiety is certainly uncomfortable but it is not endangering my life (8).</p>	<p>AT = 3</p>	
		<p>Sadness (8)</p>	<p>I am pathetic. I can't even go for a walk in a mall without falling apart (9).</p>	<p>I have had these feeling before and I did not have a heart attack. My therapist and physician have explained how anxiety can create chest pain but that this is not life threatening or harmful to my heart (9).</p>	<p>Anxious = 4</p>
			<p>I am pathetic. I can't even go for a walk in a mall without falling apart (9).</p>	<p>Although it would be preferable to be calm, I have went through a big stressor so my response is somewhat understandable, and I am learning to cope better. The fact that I am out today illustrates that.</p>	<p>AT = 4</p>
			<p>My husband is going to leave me. Who would stay with someone so incompetent and crazy (8).</p>	<p>We have made it through many hard times. If he were going through this, I wouldn't leave him so I have no reason to predict he would leave me. Besides he says he loves me and will help me through this.</p>	<p>AT = 2  Sadness = 4</p>