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Commentary on Individualizing Exposure Therapy For PTSD: The Case Of Caroline

Plan Analysis in Action

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ABSTRACT

Kramer (2009) reports a case study of the cognitive-behavioral treatment (CBT) of Posttraumatic Stress Disorder that involved individualizing the therapy to the distinctive aspects of the client's personality and life circumstances. This individualization process was facilitated by Grawe and Caspar's "Plan Analysis," which is a model for assessment and treatment planning. In this commentary I discuss the general issues raised by Kramer's deviation from a strict manualized CBT approach in this case. I also comment on the value of Kramer's case as a contribution to the Plan Analysis approach by concretizing this model within a detailed, systematic case study.

Key words: cognitive-behavior therapy (CBT); posttraumatic stress disorder (PTSD); therapy manualization; individual tailoring of therapy; Plan Analysis

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The dispute between those who believe in the virtue of manualizing and even standardizing therapeutic procedures, and those in favor of a maximal custom-tailoring of therapeutic procedures to the needs of the individual client has been one of the most lively and at times even polemic debates during the past decade (e.g., Elliott, 1998). As both sides can claim to have good conceptual arguments for their position, one of the obvious ways of dealing with the situation is to pragmatically ask for ways of integrating or combining the two positions instead of getting stuck with the question of who is right. Switzerland has a tradition of seeking compromises that goes back centuries, and it may be more than accidental that a Swiss author seeks a third way for his patient, taking advantage of the good things comprised in each of the purer positions.

The point of departure for Dr. Kramer (2009) in his case of Caroline is the established, manualized exposure approach of Foa and Rothbaum (1998) for addressing the patient's posttraumatic stress disorder (PTSD). Dr. Kramer then claims that "clinical experience" with Caroline within her therapy led him to employ a broader approach. Whether this is merely a justification for a personal preference that has nothing to do with the patient's interests is debatable. However, the author can claim that even the most successful manualized therapy leads

to far less than 100% therapeutic success, suggesting that improvement of success by adaptations or additions for the individual patient may be possible.

The question is then: What can be the basis for individualization that is determined by the patient's needs rather than by the therapist's personal and/or theoretical preferences? While it is hard to exclude that the latter play a certain role, it certainly seems true that comprehensive, systematic, and detailed case conceptualizations require a therapist to make his/her considerations explicit and to help to limit arbitrariness. It seems plausible that most suitable for proper individualization of therapy is a broad kind of case formulation and treatment planning approach, independent of any particular school of therapy per se, which includes an analysis of the client's problems as well as the therapeutic relationship. Plan Analysis is one of a number of conceptual frameworks and techniques that has been developed for this type of case formulation and treatment planning (e.g., see Eells, 2007).

It goes without saying that I'm pleased to see that obviously for Dr. Kramer the Plan Analysis approach by Grawe and myself (Caspar, 2007) seemed to satisfy his needs for such a case conceptualization approach. Applications as in this article help to deepen our understanding of what such an approach can contribute and enlarge the pool of illustrative cases. In his Plan Analysis of Caroline, Dr. Kramer shows a fine understanding of the approach and his ability to take advantage from the analysis for the therapy planning in this individual case. Especially the potential in guiding a therapy directed at comorbid problems is demonstrated. For example, Plan Analysis helped in understanding Caroline's problems in an interrelated way when eating problems reappeared as a consequence of dealing with the trauma, and in making a link to the interpersonal therapy planning. The deviation from a standardized trauma therapy—which could be criticized from a mere technical point of view – was well grounded in a deeper understanding of the patient's need. Dr. Kramer's analysis provided him the necessary framework for being flexible when the patient became resistant, without losing a clear line of treatment.

In addition, not only problems, but also strengths, such as Caroline's positive asserting of herself, are included in the Plan Analysis (e.g., see items 1, 13, and 15 in Figure 3 in Kramer, 2009). These strengths are a basis for pursuing a "resource-oriented" approach as proposed by Grawe (2004), in which strengths are utilized as a basis for encouraging the patient to engage in the next steps towards healthy functioning.

Kramer's case of Caroline also provides insight into how the use of manualized, problem-specific interventions can be embedded in a broader view and combined with elements that do justice to the complexity of the case. For example, the meaning to a patient like Carol of expressing very personal feelings to a male therapist in the therapy situation should be considered when planning the therapeutic procedure on a technical level. Thus, it would seem that there is indeed a third way between the extreme positions of, on the one hand, an exaggerated concentration on a diagnosis or a particular problem or symptom, without sensitivity to the comorbid problems and contextual complexities in a patient's life; and, on the other hand, an individualistic approach to patients, which could engender the risk of offering suboptimal treatment for the type of quite specific problems for which the typical manualized treatments have been developed.

Overall, I commend Dr. Kramer for an excellent concrete case illustration as well as a stimulating conceptual discussion of Plan Analysis in action.

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