Case illustration - 'Karim': Brief therapy and CBT

Karim is employed by an international airline as cabin crew but has recently become afraid of flying following a traumatic, terrorism-related airborne incident. His doctor diagnosed PTSD and signed him off work for three months. Karim was prescribed anti-depressant medication and recommended to attend weekly counselling at the surgery.

On meeting his counsellor, Karim expressed his willingness to try **12 sessions of counselling**. He explained, "It's vital this is sorted out, otherwise I'm out of a job". After hearing a few details about his current difficulties and life circumstances, the therapist recommended a three-pronged strategy:

i. *cognitive-behavioural exposure therapy using virtual reality technology;*
ii. *anxiety management strategies such as mindfulness;*
iii. *a more holistic exploration of his emotional world.*

While CBT is not this therapist's favoured approach, she had recently been on a relevant training course and felt competent to deliver a suitable package.

Karim, for his part, was keen to start. Therapist and client soon agreed their **contract**. The therapist assured Karim that while the content of their sessions would be confidential, she was required to write a brief report at the end of their work to go into his medical notes. He liked her suggestion that they write this together.

In their first proper session, Karim is invited to **describe his experience**, both of the terrorist incident and his subsequent anxiety. As he recalls the incident, his anxiety level visibly rises as well as his embarrassment about being so "pathetic". The therapist gently reminds him that it is a memory and that he is safe now. She teaches him some basic slow breathing and grounding techniques. He learns to use his senses to separate the here-and-now from the there-and-then.

Feeling calmer, he is able to recount the story of him tackling a "crazy man" who was trying to break into the cockpit while holding an improvised device that appeared to be a bomb and shouting "I'm going to blow-up this plane!" Karim took the responsibility to talk him down and coax him back to his seat. A burly passenger helped; together they restrained him physically. Suddenly another passenger stood up, pointed at Karim's turban and shouted, "Bloody Muslims -- they're probably in cahoots with each other. Tie him up, too!" Karim quelled his own emotional responses and tried to respond reassuringly but a senior cabin crew ordered him to go to the galley and lie low. All eyes seemed to stare in accusation and judgement as he walked to the rear of the plane. The tension and violence of the incident, the unfair punishment of being "banished" to the galley rather than being hailed a hero, and his 'walk of shame': all tumbled about in his mind. That Karim is a Sikh, not a Muslim, added fuel to his sense of unjust victimisation.

Karim discloses that since the incident he experiences regular nightmares and daytime flashbacks which result in palpitations and sometimes full-blown panic attacks. He feels vulnerable, with a diminished sense of manliness, and is anxious about his future job prospects. He has isolated himself at home, not wanting others to see the "emotional wreck" he has become.

The therapist reassures him that his response is "natural and normal" after intense trauma and that it will pass once he learns some coping strategies. Taking a **psychoeducational approach**, she explains the nature of traumatic stress and how stress hormones are continually released during

every flashback. Karim learns the technique of 'anchoring' and the use of 'oases' to help him control the anxiety spiral. His therapist recommends that he download a 'Mindfulness App' onto his phone so that he can draw on extra support at home.

When Karim feels more confident in handling his anxiety, he and his therapist begin a **systematic desensitisation** programme. His therapist explains that this is a well-researched and scientifically validated technique which combines relaxation exercises, visualisation of boarding a plane and then flying, all in progressive steps.

To obtain a baseline score to measure his anxiety levels, they use the 'Danger Expectations and Flying Anxiety Scale' (DEFAS; Spanish adaptation by Sosa, Capafóns, Viña, & Herrero, 1995). This assessment consists of two subscales: i. a 9-item scale assessing danger expectations (frequency of catastrophic thoughts about the occurrence of potential dangers); and ii. 10 items assessing anxiety expectations (probability that the person will experience unpleasant physiological symptoms during a flight).

Karim slowly imagines the steps necessary to go to work, prepare for a flight, board the plane and engage in routine cabin crew tasks. When his anxiety increases, he is invited to engage his relaxation techniques until his arousal level is sufficiently reduced. Then they return to the visualisation.

Soon Karim comfortably imagines his return to work. At this point they try a 'virtual reality' programme, Virtual Flight® (Baños, Botella, & Perpiñá, 2000). The programme contains different scenarios: for example, a) being at the airport, watching planes take off, hearing people chatting about flying-related accidents, seeing the departure and arrivals board; and b) experiencing a plane taking off, listening to the cabin crew's security instructions.

Being technologically-minded, Karim is fascinated by (and enjoys) the VR experience. While he recognises it wasn't quite his real-life cabin crew experience, he is reassured that the associated imagery did not trigger anxiety. That his 'fear of flying' was now under much better control was confirmed by his scores on re-taking the DEFAS assessment (outcome measure).

Together, Karim and the therapist discuss his next step. They decide on '**homework**': specifically, visiting the airport armed with his relaxation strategies. He agrees, and together they plan how he might choose to wander around an unfamiliar terminal to avoid meeting colleagues. Much to his surprise, he enjoys the experience and generally feels empowered.

The final three sessions are devoted to reviewing Karim's progress and **ending positively**. Client and therapist talk about the kinds of incidents that could feel threatening in the future. Karim's therapist encourages him to gain a fresh perspective on what happened. For instance, she asks whether it was possible that his manager had sent him to the galley for his own safety. Karim is surprised and remembers other occasions when his manager had been supportive. He realises his initial assumption that everyone was against him was probably wrong. He sees that what had been triggered for him were those traumatic times at school when he had been bullied for his *Joora* (a Punjabi word for the "top knot" of long hair, which he is forbidden to cut as a Sikh). Subsequently, he had experienced some racism when going for job interviews (at some he had been asked if he could "get rid of" his turban).

Karim expresses anger about the racism he had experienced in his life and how he had felt so offended by being labelled Muslim. He owns his own prejudices against the "Muslim immigrant community who do not integrate", which the therapist does not challenge. She shares an intuition that what was most hurtful for Karim was not being 'seen' as a Sikh when this was such an important part of his identity. He also recognised that in his efforts to 'blend into the crowd', he had not

explained his religion to his colleagues. He resolves to share more and perhaps offer cultural sensitivity training to his department.

The therapist recognised Karim's respect for her authority and that he probably would have accepted her writing the end report herself. However, they ended their sessions by jointly drafting it.

While the therapist was pleased with the outcomes of the therapy, she was left feeling distinctly uncomfortable about her silence in the face of Karim's anti-Muslim sentiments. Instead of challenging his racist comments, she had let them slide. Together with her supervisor, they explore the possibility that she might carry some racist beliefs herself. Was she caught up in some confluence with Karim? Did she respond appropriately in the circumstances? Could she handle such processes differently in future?

Concluding Reflections

Before you read my personal responses below, I'd like you to think about the relational ethics involved in Karim's supported journey back to health. Which ones stand out for you? For me, four relevant issues concern: the process of contracting; care; professional development; and cultural diversity.

1) The care initially taken with engaging Karim in therapy and in the **contracting** phase was crucial. The therapist's assurances that Karim's issues could be worked on in a positive way, helped by 'scientifically validated procedures', gave Karim hope, along with confidence in therapy and his particular therapist. The therapist's ability to attune to Karim's respect for science and technology, adapting her approach and interventions accordingly, proved crucial. If another client presented as less keen to engage technology or clinical protocols, then the relational position would be to find another route.

   This case history emphasises the importance of getting a client's 'informed consent' at each point of the therapy. In this case, this extended to client and therapist jointly writing their report at the end. I respect the integrity of this therapist in keeping the agreement to do a joint report, an agreement which also implicitly acknowledges Karim's legal right to see his notes.

2) The therapist demonstrated her **care** at many points. Most important was the careful timing of interventions so as not to re-traumatise Karim and to build his confidence. While CBT may not be her favourite approach, she used her clinical judgment about what would offer the best outcomes given the limited number of sessions allocated. She asked herself what would be in the client's best interest. Her relational *caring-with* commitment was additionally shown in the way she promoted their collaboration and also kept the therapy focused on his presenting issues (which was appropriate given the limited time they had) and didn't stray into exploring his wider life relationships. This focus is not always easy or appropriate and involves therapist judgment about when to open up issues or not. Therapists could be considered remiss for not at least checking out if there were other issues lurking.

3) **Professional development** comes in when we recognise that the therapist had received some extra training in the use of the DEFAS assessment and the specialist virtual reality program. The ethical obligation laid down in many professional codes is to undertake ongoing professional development towards maintaining and enhancing competence. This

includes engaging further professional training and keeping in touch with emerging practice issues, theory, research and new technologies.

For those therapists who do specialised work with phobias, the use of VRET could be highly pertinent. While I personally have never seen VR treatments in action like the one in this story, I'm aware their research-supported use is increasing, and I think we need to keep up with trends. For instance, I have heard of 'Spider World' to treat arachnophobia. (See: https://appreal-vr.com/blog/virtual-reality-therapy-potential/).

4) **Cultural diversity** issues also figure prominently in this case history. The therapist needed to be aware of the implications of the differences in beliefs/practices between people of two different faiths (Sikhism and Islam) in order to relate to Karim's concerns and his pride in his own ethnicity. It is not easy here to acknowledge cultural differences without falling into stereotypical assumptions. Its important for this therapist to show some genuine curiosity about what was meaningful for Karim about the lived experience of his ethnicity.

Issues around *anti-oppressive* practice might also be relevant, particularly as the therapist recognised the potential for racist complicity. I respect the way she owned her process. We can all become caught in unthinking behaviour that subtly discriminates. Here, the relational ethical stance is to question ourselves, teasing out insidious beliefs while finding the balance between challenge and respect for clients' view. But in the circumstances - with Karim's own racism not being the focus of therapy - I sympathise with the therapist. It sounds like she was responsive enough to encourage him to talk about his ethnic identity. If she had called him out as a 'racist', it could well have put their alliance in jeopardy. That said, perhaps she could have mentioned something in passing that acknowledged most ordinary Muslims battle racism and are both peace-loving and against terrorism themselves. It takes some finesse to be able to challenge clients' perspectives while remaining accepting and authentically respectful.