

# Post-Traumatic Growth (PTG) Based Therapy in Clinical Practice: A Case Study

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## Abstract

PTG-based therapy is an integrative approach that combines standard therapies with the Post-Traumatic Growth (PTG) model. This paper presents a single case study to illustrate the effectiveness of PTG-based therapy in clinical practice. The study's findings showed significant reductions in PTSD and depression symptoms, with PCL-5 scores decreasing from 53 to 5 and PHQ-9 scores from 17 to 4 after an 8-month intervention. Meanwhile, PTGI scores, measuring personal growth, increased from 46 to 77. These findings support the integration of PTG with trauma-informed care, emphasizing the importance of fostering constructive, meaning-making narratives in social work clinical trauma practice.

## Purpose

- Traditional trauma treatments focus on symptom reduction but have high dropout rates (Steekamp et al., 2020)
- The PTG sees trauma as a chance for personal growth and transformation.
- PTG-based therapy integrates CBT, interpersonal, narrative, and existential therapy (Tedeschi & Moore, 2020).
- This study aims to support the integration of PTG in trauma-informed therapies.

## Methods

### Assessment Tools administered at intake (pre-test), 2 months, 7 months, and 8 months of the treatment

- PTSD checklist for DSM-5 (PCL-5)
- Patient Health Questionnaire-9 (PHQ-9)
- Post Traumatic Growth Inventory (PTGI)
- Generalized Anxiety Disorder -7 (GAD-7) – added at 6 months due to stressors

### Therapeutic Interventions

- Traditional CBT and ACT: Emotional Regulation, cognitive diffusion, self-forgiveness
- Behavioral Activation: Depression symptom relief
- Interpersonal Therapy: to foster a strong therapeutic alliance
- Narrative and existential therapy: Introduced after PTSD symptoms stabilized to foster PTG

## Results

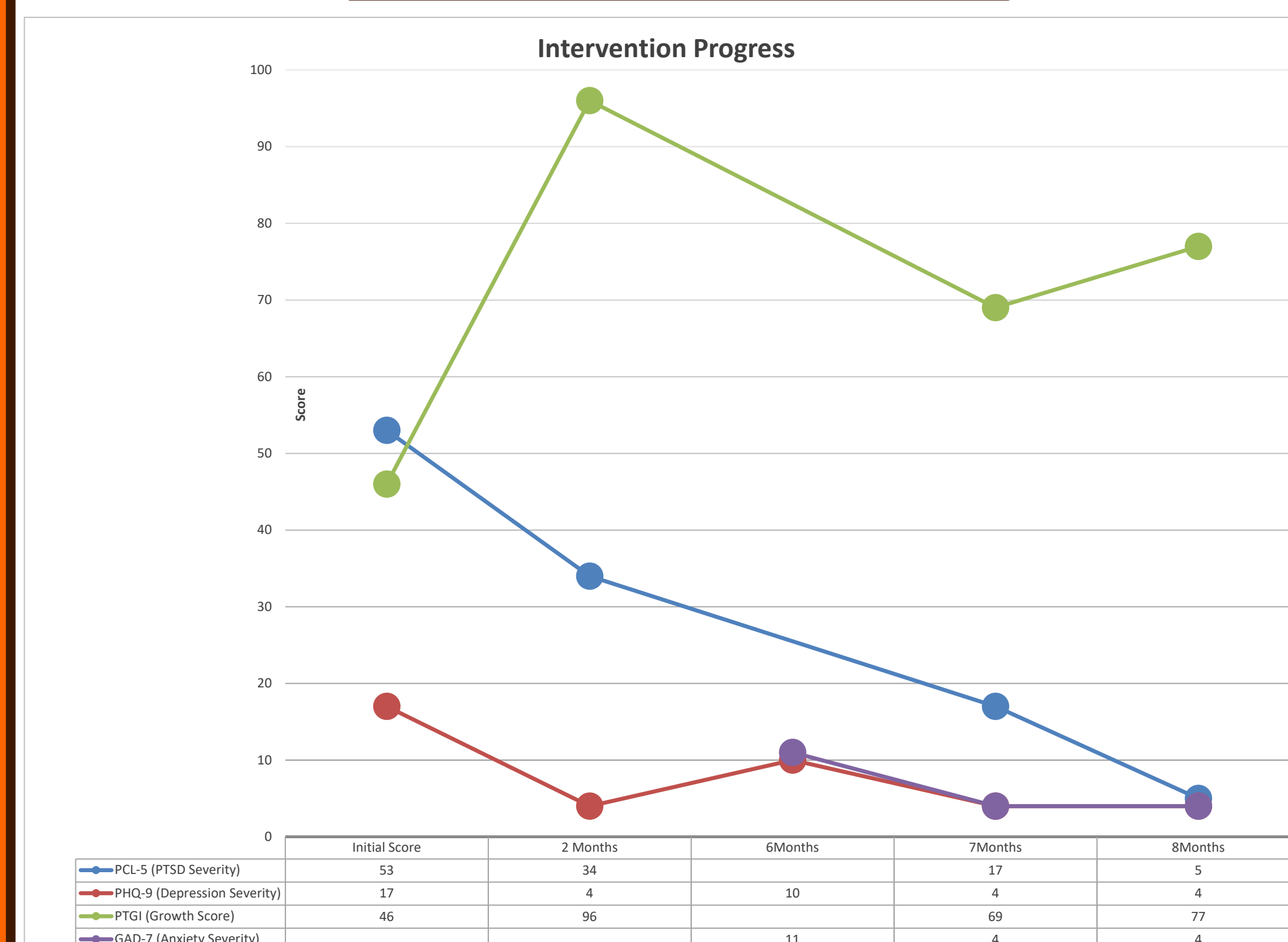


Fig. 1: Pre and Post Test Results of PTSD, Depression, Growth, and Anxiety

- Therapy dynamically adjusts between stabilization (lower needs) and growth-oriented interventions (self-actualization) based on life stressors:
  - Traditional CBT was used to reduce symptoms of anxiety, while behavioral therapy addressed symptoms of depression.
  - Acceptance and Commitment Therapy (ACT) aimed to lessen PTSD symptoms and promote self-forgiveness.
  - Interpersonal Therapy was utilized throughout the treatment to strengthen the therapeutic alliance and provide emotional support.
  - Narrative and existential therapy were employed to encourage post-traumatic growth (PTG).
- After initial improvements, external stressors such as job loss and food insecurity caused temporary setbacks in depression anxiety.
- The client showed a significant reduction in PTSD and depression symptoms while experiencing growth.
- Interventions were adapted to meet immediate needs, stabilizing the client and fostering personal growth.
- The case study illustrates how the client's therapeutic journey aligns with Maslow's Hierarchy of needs: growth was sustainable only when basic needs were fulfilled.

## Results

Fig.2: The Dynamic Nature of Therapy Aligned with Maslow's Theory

### Maslow's Hierarchy of Needs in Post-Traumatic Growth (PTG)-Based Therapy

#### Initial Progress Toward Higher Needs

- Symptoms of PTSD and depression were decreasing (PCL-5=34 and PHQ-9=4), supporting **esteem needs**. Traditional CBT and ACT were employed to foster emotional regulation, cognitive diffusion, and self-forgiveness. Behavioral activation was utilized to alleviate depression symptoms.
- The client demonstrated significant post-traumatic growth (PTGI 96 at 2 months), responding positively to narrative and existential therapy, indicating movement toward self-actualization and meaning-making.

#### Disruption of the Lower Levels of Needs (Physiological and Needs):

- Job loss and food insecurity disrupted **basic physiological and safety needs** at six months.
- Anxiety and depression increased (PHQ-9:11, GAD-7: 10), and PTG declined (PTGI: 69).
- Therapy prioritized stability and survival needs by employing case management and stress management within traditional CBT, aligning with Maslow's hierarchy.

#### Restoration of Stability and Return to Growth

- As stress decreased, symptoms improved (GAD-7: 0 and PHQ-9: 4), and PTG increased again (PTGI: 77 at 8 months).
- Narrative and existential therapy were utilized again so the client could re-engage in self-actualization through meaning-making and wisdom.

## Implications

- PTG and PTSD can coexist, with growth emerging alongside distress
- Therapists should go beyond symptom reduction and support clients in constructing a meaning from trauma
- Addressing basic and psychological needs first (as per Maslow) creates an environment to foster growth (Self-actualization)

## Limitations

- Single case study: Larger samples are needed
- A post-treatment follow-up would provide more substantial longitudinal data

## References

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