Case Studies of Treatment For PTSD In Battered Women

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INTRODUCTION

Spousal abuse and other forms of domestic violence are widespread societal problems, which can lead to posttraumatic stress disorder (PTSD). Hughes and Jones (2000) state that the most probable diagnosis for battered women given by mental health professionals is PTSD. O'Keefe (1998) reported that in a sample of incarcerated battered women approximately 53-48 % met criteria for a probable diagnosis of PTSD.

Despite it's prevalence little is known about the best form of treatment for PTSD in battered women. The current study was designed to evaluate the effectiveness of prolonged exposure (PE) therapy versus EMDR and relaxation therapy with three case studies.

METHOD

Participants were 3 battered women randomized to eight 90 min individual sessions of either PE therapy, EMDR, or relaxation training. They were compared to participants in a larger trial (Taylor et al., 2003) who had PTSD from other traumata.

Primary outcome measures were those assessing the 4 PTSD dimensions (reexperiencing, avoidance, hyperarousal, and numbing) and the rating of whether or not the participant met DSM-IV criteria for PTSD after treatment.

Secondary outcome measures were those assessing commonly associated PTSD symptoms (trauma-related guilt, trauma-related anger, dissociative symptoms, general anxiety, and depression).

RESULTS

Results from the randomized trial show that exposure therapy was more effective in treating PTSD symptoms compared to EMDR and relaxation training.

Patient A (PE therapy) had a reduction in symptoms from pre- to post treatment, with a tendency toward further improvement at followup.

A different pattern of results emerged for patient B (EMDR), who had a decline in symptoms from pre- to post treatment but then relapsed on several measures at followup.

Patient C (relaxation training) showed little evidence of treatment response.

DISCUSSION

Results of these case studies suggest that:

(a) PE is an effective mode of treatment for battered-spouse PTSD,

(b) PE is more effective than EMDR and relaxation training in battered-spouse PTSD, and

(c) patients with battered-spouse PTSD respond to treatment similarly to patients with other forms of PTSD.

Table 1.
Exposure therapy: Patient A and comparison patients.

	Patient A			Comparison group: 99th percentile confidence intervals		
	Pre	Post	3 month followup	Pre	Post	3 month followup
CAPS						
Reexperiencing	5.8 [a]	2.0	0.0 [b]	3.4 − 4.9	0.3 − 2.0	0.1 − 1.8
Avoidance	7.0 [a]	2.5	0.0 [b]	4.4 − 6.6	0.0 − 2.5	0.0 − 2.9
Numbing	4.0	3.0	2.8 [a]	2.6 − 4.6	0.3 − 3.1	0.0 − 2.6
Hyperarousal	5.2	4.6 [a]	2.0	3.3 − 5.5	1.0 − 3.5	0.5 − 3.4
Dissociative symptoms	2.0	3.7 [a]	0.0	0.3 − 3.0	0.0 − 1.4	0.0 − 1.7
Trauma-related guilt	0.0 [b]	0.0	0.0	1.1 − 5.8	0.0 − 2.6	0.0 − 2.0
Self-Report Measures						
Trauma-related anger	2.0	1.0	2.0 [a]	1.8 − 3.0	0.3 − 2.0	0.0 − 1.7
Beck Anxiety Inventory	37.0 [a]	21.0	17.0	17.5 − 36.4	6.1 − 26.9	5.1 − 22.8
Beck Depression Inventory	22.0	24.0 [a]	18.0	16.7 − 29.8	3.7 − 20.7	5.0 − 19.7

Note: CAPS = Clinician Administered PTSD Scale; Scores for the CAPS are means of items in each scale, which range from 0 to 8. Scores on trauma-related anger range from 0 to 3, and scores on the Beck inventories range from 0 to 63. Superscripts indicate whether the patient's scores fall outside the corresponding confidence interval of the comparison group (a = falls above confidence interval, b = falls below).

Table 2.
Eye movement desensitization and reprocessing: Patient B and comparison patients.

	Patient B			Comparison group: 99th percentile confidence intervals		
	Pre	Post	3 month followup	Pre	Post	3 month followup
CAPS						
Reexperiencing	7.2 [a]	2.8	6.2 [a]	3.8 − 5.3	1.0 − 3.3	1.0 − 3.1
Avoidance	8.0 [a]	2.5	5.0	5.1 − 6.9	1.4 − 4.8	0.5 − 4.0
Numbing	5.2 [a]	4.4 [a]	4.8	2.7 − 5.1	0.9 − 3.7	0.0 − 2.8
Hyperarousal	6.4 [a]	5.0 [a]	5.0	3.9 − 6.3	1.4 − 3.6	1.1 − 3.2
Dissociative symptoms	4.3 [a]	0.0	0.0	0.0 − 3.1	0.0 − 2.2	0.0 − 1.9
Trauma-related guilt	8.0 [a]	7.0 [a]	0.0	0.6 − 6.1	0.0 − 3.3	0.0 − 1.8
Self-Report Measures						
Trauma-related anger	0.0 [b]	0.0 [b]	1.0	1.2 − 2.9	0.3 − 2.0	0.0 − 1.8
Beck Anxiety Inventory	30.0	26.0 [a]	44.0	15.1 − 32.5	9.6 − 23.2	1.8 − 19.1
Beck Depression Inventory	46.0 [a]	41.0 [a]	48.0	18.0 − 32.0	9.6 − 19.6	7.2 − 16.9

Note: CAPS = Clinician Administered PTSD Scale; Scores for the CAPS are means of items in each scale, which range from 0 to 8. Scores on trauma-related anger range from 0 to 3, and scores on the Beck inventories range from 0 to 63. Superscripts indicate whether the patient's scores fall outside the corresponding confidence interval of the comparison group (a = falls above confidence interval, b = falls below).

Table 3.
Relaxation training: Patient C and comparison patients.

	Patient C			Comparison group: 99th percentile confidence intervals		
	Pre	Post	3 month followup	Pre	Post	3 month followup
CAPS						
Reexperiencing	7.4 [a]	6.4 [a]	6.0 [a]	3.3 − 5.7	0.9 − 3.0	1.0 − 3.3
Avoidance	3.0	6.5 [a]	7.0 [a]	4.0 − 7.2	1.4 − 5.2	1.0 − 4.5
Numbing	4.2	5.2 [a]	3.4	3.4 − 5.5	0.6 − 3.4	0.6 − 3.0
Hyperarousal	6.4 [a]	5.8 [a]	6.4 [a]	3.2 − 5.6	1.6 − 3.7	1.7 − 3.8
Dissociative symptoms	0.0	0.0	1.3	0.5 − 2.2	0.0 − 4.4	0.0 − 1.4
Trauma-related guilt	5.0 [a]	0.0	2.0 [a]	0.0 − 4.3	0.0 − 1.7	0.0 − 1.1
Self-Report Measures						
Trauma-related anger	3.0 [a]	3.0 [a]	3.0 [a]	1.2 − 2.9	0.3 − 1.6	0.5 − 2.0
Beck Anxiety Inventory	51.0 [a]	53.0 [a]	43.0 [a]	21.3 − 43.3	5.3 − 32.4	4.0 − 27.3
Beck Depression Inventory	29.0	28.0	20.0	16.9 − 35.3	9.1 − 31.9	7.5 − 25.5

Note: CAPS = Clinician Administered PTSD Scale; Scores for the CAPS are means of items in each scale, which range from 0 to 8. Scores on trauma-related anger range from 0 to 3, and scores on the Beck inventories range from 0 to 63. Superscripts indicate whether the patient's scores fall outside the corresponding confidence interval of the comparison group (a = falls above confidence interval, b = falls below).