

## Chapter 3 Case Study

### The Case of Carole Ballodi: Part 1

On the night of February 24, three seriously injured infantry soldiers were transported by helicopter to Medivac Unit 4 CB, which was under the command of Captain Carole Ballodi. Captain Ballodi and her team of medics and nurses began to stabilize the wounded in preparation for surgery, when they found themselves under fire. They called for assistance, but before air strikes could be ordered, their Medivac unit was hit by a rocket. One of the wounded soldiers was struck in the head by shrapnel while Captain Ballodi was taking his pulse. He was killed instantly. A nurse was gravely injured. Although electrical supplies were cut off, and the shelling continued, Captain Ballodi and her team managed to tend to the wounded during the shelling. When it stopped, she then assisted in an emergency surgery that required the amputation of one soldier's leg. Captain Ballodi's actions during that night saved the lives of the injured soldiers. She is worthy of the highest commendation.

### *Initial Interview Between Carole Ballodi and Psychiatrist Dr. Sally Kahn*

UNIVERSITY HOSPITAL

Psychiatry Service

Consultation Transcript

*Referring Physician:* Dr. Berg

*Reason for Referral:* Carole Ballodi is an internal medicine specialist at University Hospital. She was brought to the emergency room complaining of chest pain. A physical examination proved negative. Because of her agitation, she was referred for a psychiatric consultation.

DR. KAHN: Tell me, what do you consider your main problem?

CAROLE: I have these pains in my chest and feel like I can't catch my breath.

DR. KAHN: When does this occur?

CAROLE: One time was in my car. I was just about to get on the bridge. I was at the toll booth when I heard a helicopter overhead. I panicked. I couldn't catch my breath. I broke out in a sweat, and I could feel my heart pounding. I felt like there was a tight band across my chest. I got dizzy, hot, and nauseous. And I was very frightened. I thought I was dying.

DR. KAHN: Can you recall what thoughts were going through your head when this happened?

CAROLE: Actually, I can. I thought that the helicopter sounded like the ones that delivered the wounded to the Medivac unit in Kuwait. I think I just panicked.

DR. KAHN: You panicked?

CAROLE: Yes. I was afraid that the helicopter would come down and crash into my car.

DR. KAHN: What would happen to you?

CAROLE: I would be disabled for life and have to use a wheelchair.

DR. KAHN: So, you were thinking about these things and then began to feel the chest pain?

CAROLE: I'm not sure—it all seemed to happen together. I was thinking about the helicopters and my car, and then I felt the pain in my chest and had trouble breathing.

DR. KAHN: What happened next?

CAROLE: I pulled over to the side and just sat there. Traffic backed up behind me, but there was nothing I could do. It was like it was happening to someone else. Finally, someone called an ambulance.

DR. KAHN: What happened in the hospital?

CAROLE: I felt better by the time I got to the hospital. They ran the usual tests but found nothing. They suggested that I see you.

DR. KAHN: Have you “panicked” at any other time?

CAROLE: Yes. Mostly at night. I wake up at two or three in the morning. I'm covered in sweat and my heart is racing. I can hardly catch my breath. I think I'm going to die.

DR. KAHN: Is there anything specific that set all this off?

CAROLE: I had a patient die in my office. It brought back the war. I never used to, but now I spend hours each night going over things that have happened in the past. I relive what happened in Kuwait. It's like a videotape that I play over and over again in my mind while I ask myself whether I could have done things differently.

DR. KAHN: What do you do when you wake up during the night?

CAROLE: I usually check all the windows and door locks and then I go back to sleep.

DR. KAHN: What about your work?

CAROLE: I can't concentrate on anything. I've taken practically all of my sick days.

DR. KAHN: What are you doing about your problems?

CAROLE: Mostly I stay home, hoping that rest will help. I have a few drinks to help me sleep.

DR. KAHN: Has this worked?

CAROLE: Well, the drinks knock me out, but I'm missing lots of work.

DR. KAHN: Do you go out with friends?

CAROLE: No. I'm afraid to leave home. I'm afraid to get in my car. I might have another incident. I'm not interested in seeing anyone, and sex leaves me cold.

DR. KAHN: Do you ever see anyone you served with in the Gulf War?

CAROLE: No. I was never really bothered by the war, but I don't want to talk to anyone. Who knows what they might think? I don't know what's happening to me. I think I'm going mad.

On the basis of their discussion, Dr. Kahn felt certain that Carole Ballodi was suffering from an anxiety disorder or a trauma or stressor-related disorder, probably related to her war experiences. Before Dr. Kahn could be more certain, however, she had to consider the possibility that Carole's behavior was the result of a general medical condition. A variety of medical disorders can cause symptoms similar to Carole's (an overactive thyroid gland, heart disease, vitamin deficiencies, respiratory disease, brain tumors). Because alcohol, caffeine, and many prescription and illicit drugs can also cause anxiety symptoms, Dr. Kahn had to be sure that Carole's behavior was not substance-related (or related to withdrawal from a substance). Thus, Dr. Kahn began by ordering a medical history as well as physical and laboratory examinations. These found no evidence of a relevant medical condition or substance-induced anxiety.

## **The Case of Carole Ballodi: Part 2**

*Reason for Referral:* The client seems to have a history of panic attacks and an increasing reluctance to leave home or interact with others. The client is a medical practitioner and a Iraq veteran who seems to be reliving her war experiences.

*Behavioral Observations and History:* The client was seen for two separate testing sessions. She was well dressed and alert but seemed tense. She fidgeted in her seat and rubbed her hands together continuously. She drank a great deal of water during the assessment sessions, explaining that her mouth was unusually dry. However, she responded to all questions and was able to provide a detailed history.

Carole was an only child born to older parents. Her father, an army officer, was 47 when she was born; her mother, a housewife, was 39. Carole's father died when she was 9; her mother died last year. Although she remembers missing her father for years after he died, Carole recalls her childhood as mainly happy. She was close to her mother, who was her "best friend" but perhaps a little overprotective. Carole says that she was a good student who received high marks. On the other hand, she had few friends because she was always rather shy.

Carole's first memory of being fearful was her childhood fear of snakes. Although she cannot recall ever being injured by a snake, Carole feared visits to the family's summer cottage because of the snakes in the area. She recalls that her mother also feared snakes. From the time she was 8 years old, Carole refused to go walking alone in the woods around the summer cottage for fear of encountering a snake. She would only go walking if her father accompanied her. Even then, she set out with considerable trepidation and was always relieved to return

to the cottage. The only other childhood fear Carole could recall was her fear of the dark. She insisted on going to sleep with a light on, and with her mother in the room reading her a story. This was a preference that her mother indulged.

### **The Case of Carole Ballodi: Part 3**

Carole followed in her father's footsteps and joined the army after finishing her medical training. She worked close to combat in the Iraq War and had at least one especially harrowing experience in which a patient died of wounds received while in her care. Carole did not display any serious psychological symptoms when she was discharged from the army but in recent weeks has developed a variety of symptoms. Carole is anxious in many situations and is clearly fearful of being evaluated by others. These are signs of generalized anxiety disorder and social anxiety disorder (social phobia). She also has panic attacks, and she may have a checking compulsion. However, Carole best fits the criteria for posttraumatic stress disorder. She was exposed to horror and death, and she continuously relives the experience. She avoids situations that may remind her of the war, and she has lost interest in many aspects of her life. She has persistent signs of increased arousal, and the symptoms are causing her significant distress. She seems to have had a long-standing pattern of tearfulness but probably not sufficient to be considered an avoidant personality disorder. She has recently experienced stress (a patient died in her office), which reminded her of her war experience. Carole's global psychological functioning is definitely impaired at present, but her activities prior to the current episode show that she is capable of a high level of psychological functioning. She was therefore diagnosed with posttraumatic stress disorder.

On the basis of his assessment and diagnosis, the referring physician, Dr. Berg, recommended that Carole be treated with a combination of techniques. While Carole was still on the tranquilizers prescribed by Dr. Kahn, Dr. Berg scheduled her for a series of relaxation training sessions. These were then combined with systematic exposure to her war memories. Exposure began with the sound of helicopters and worked up to the death of the soldier while under her treatment. Gradually, Carole was able to think about and discuss her war memories with minimal anxiety. Carole was also exposed to memories of the patient who died in her office. Again, she was gradually able to think and talk about the incident with minimal anxiety.

In addition to relaxation and exposure, Dr. Berg helped Carole engage in cognitive restructuring, especially about the guilt she unreasonably felt over the soldier's death. To help her ease back into her life, cognitive therapy also focused on her fear of social evaluation. She learned new cognitions ("My colleagues also have problems," "I will be a better doctor because I will understand what my patients are going through") as well as skills, such as controlled breathing, that she could use to calm herself when she felt the onset of panic.

When Carole felt sufficiently in control to leave home comfortably, she joined a group of people with panic disorder and posttraumatic stress disorder. These group sessions provided her with ongoing social support and the opportunity to try out new social skills in a nonthreatening environment. After two months, she was taking tranquilizers only occasionally to sleep. She was back at work and going out with friends. Although she still felt panic occasionally, she felt increasingly able to control it. Dr. Berg expected further improvement with continued group treatment.