Group interventions in ptsd treatemt research paper sample

Sociology, Community

There are several psychiatric conditions that affect the normal functionality of the brain. Some of these mental disorders may be a result of medical conditions, traumatic injuries to the brain or a traumatic event that the patient may have gone through. Post Traumatic Stress Disorder (PTSD) is a common mental disorder that is associated with a patient experiencing a traumatic event that eventually affects the normal functionality of the patient. Patients tend to exhibit different cognitive sequelae and therefore different treatments methods may be applied vis-à-vis the mental state of the patient. However, Group Intervention Therapy has been found to be a very efficient and effective treatment method for PTSD patients. This research paper explores the use, its efficacy and success factors of group therapy as one of the leading methods used in treating PTSD patients. The paper will first examine the concepts of post traumatic stress disorder in a bid to appreciate the issues the patients may be going through. Further the paper will examine the diagnosis of PTSD. The research paper will proceed to review Group Intervention Therapy and its efficacy in treating PTSD patients as well as success factors of group therapy. Finally, the paper will examine some of the documented successes of group therapy.

Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder (PTSD) refers to a mental condition that is often triggered when a person experiences a terrifying event in their life, for instance, near death experience, witnessed a murder, wars, e. t. c. Symptoms of PTSD may include nightmares, flashbacks, and severe anxiety, including uncontrollable thoughts related to that particular event. These patients have their normal psychological states significantly altered hence

making their daily lives rather different.

There are several types of PTSD patients. Hassija & Gray, (2010) assert that the primary types of PTSD patients include rape, assault, or accident trauma victims. Hassija & Gray, (2010) further indicate that one type of PTSD survivor does not necessarily correlate with success or lack thereof with other types of PTSD victims. Studies have been performed to confirm that different PTSD patients respond differently to similar therapies. Most studied PTSD patients in general, including those in group therapy settings, which are of a heterogeneous sample population, method of recruitment of the participants, or types of delivery of treatments, have exhibited totally different response to similar treatments (Hassija & Gray, 2010). Such studies can therefore make it possible to determine the efficacy of treatment, including the use of group therapy of PTSD patients.

Diagnosis

However, before determining the treatment regiment for such patients, it is important to first confirm that the patient is truly suffering from PTSD. A simple diagnosis of PTSD is through a clinical interview by a mental health worker trained in screening procedures. Additional confirmation of the PTSD diagnosis is confirmed by another mental health worker using the SM-I criteria (Mathias, Hirdes & Pittman, 2010. Other concurring instruments that may be used in confirming the diagnosis include baseline reports, self-reporting instruments and clinical outcome reports.

After a confirmation of PTSD diagnosis, the clinical workers should further examine the extent of therapy that may be required. One of the ways of

doing so is through Clinical Assessment Protocol (CAP) (Mathias, Hirdes & Pittman, 2010). CAP works to identify people who could possibly benefit from additional informal support services or formal support services geared towards the treatment of trauma events. The CAP has two different categories for the clients that they service. The first group is those that are in danger at the moment because of abuse or criminal victimization. The second group is those who have been previously exposed to a traumatic event that has caused intense fear.

A recent study by Mathias, Hirdes & Pittman, (2010) estimated that approximately one-third of all patients receiving in-patient mental health services could be categorized into one of these two groups. One in six of the in-patients in this study were criminally victimized or had experienced abuse of the physical, sexual, or emotional nature within one week of their admission date. This rate is perceptually high, but this study was done at a government funded hospital, where the rates would be higher than in a private facility setting (Mathias, Hirdes & Pittman, 2010).

Even with the possible rate of up to one-third of patients having had recent trauma, only 8% of those admitted were diagnosed as having post-traumatic stress disorder (PTSD), and therefore qualified for this study. In a public hospital setting, there is less individual treatment, and it is more likely that treatment will occur in a community setting. In this hospital, it is estimated that specialized PTSD interventions are replaced by more generic group therapy sessions 40-60% of the time. Even though patients with traumatic life events have more complex mental health needs than many other types

of mental health patients, frequently, in certain hospitals, they receive the same group treatment sessions (Mathias, Hirdes & Pittman, 2010). Frequent comorbid conditions in these settings include schizophrenia, mood disorders, and substance abuse. Use of the CAP helps in these specific hospital settings to isolate the patients who may have PTSD as a primary diagnosis and then treat them in a separate group therapy situation.

The importance of performing CAP is further indicated by the study. Estimates have it that when group therapy sessions have occurred through the CAP program, and that the other aspects of the CAP system have been implemented, the success rate to out-patient therapy after discharge has been demonstrated to dramatically increase (Mathias, Hirdes & Pittman, 2010). This will also enable the CAP program to help target specific elements of the program at the person level and make a specific treatment plan for the specific person before discharge. Some of the group therapy participants respond well to the additional therapies of pharmacological therapy, cognitive behavioral therapy, exposure therapy, psychodynamic therapy, and psychosocial rehabilitation.

Group Intervention Therapy

Chard, Ricksecker, Healy, Karlin and Resick (2012) assert that cognitive behavioral therapy is one of the standard clinical practices for treating post-traumatic stress disorders. One type of these therapies, cognitive processing therapy (CPT), has been found to be an effective treatment in treating PTSD. The Department of Veterans Affairs (VA) recognizes this as an effective form of therapy and is trying to make the use of CPT more widespread in the

treatment of PTSD in its facilities. The VA is widely regarded as a conservative yet very rigorously research-based model of mental health treatment. It is known to be on the cutting edge of health care, but implements and uses strategies and treatment techniques that it is assured will benefit the veterans it services (Chard et al. 2012). If the VA is conducting a study and approves a course of treatment, the treatment has been rigorously studied, documented, and has demonstrated excellent results. Group therapy is one the constituent types of cognitive processing therapy (CPT). There have been numerous of case studies conducted by the VA that have documented the effectiveness of using group therapy and its effective role in treating veterans who are suffering from PTSD.

Moore, Wadsworth & Cory (2009) agree with the above assertion and further argue that group therapy provides the most successful treatment to post-traumatic Stress Disorder (PTSD). However, successful treatment of PTSD in a group therapy setting requires the counselors to understand that certain patients may display some indicators that may require further evaluation. Various activities that may trigger PTSD responses and benefit from group counseling practices include veterans' issues, survivor issues, and dealing with stress, guilt, and remorse. More patients who are in need of being treated for PTSD would be able to receive that treatment if counselors and trauma-care providers had basic knowledge of identifying risk factors to make the necessary referrals to qualified mental health providers early on in the process.

That notwithstanding, there have been positive findings for patients when they are prompted to gradually and systematically remember their traumatic

event, through cues in both individual and group therapy settings. It is believed that this type of exposure therapy is a positive and effective mode of treatment in both settings, but especially effective in a group setting for the patient as well as the group (Difede, Cukor, Lee & Yurt, 2009). The patient benefits from the experience of being able to gradually accept the experience as an actual event. The group benefits from the realization of the tragedies that others have encountered and endured.

Difede, Cukor, Lee & Yurt, (2009) maintain that in order for group exposure therapy to be effective, it is necessary for there to be adequate and well trained empirical support systems in place. Moore, Wadsworth & Cory (2009) argue that where group therapy was utilized for PTSD patients, those patients were more successful at six-month and longer outcomes than patients who were not receiving group therapy for PTSD and were only receiving individual therapy or individual and pharmacological therapies. Additionally, those in group therapy also demonstrated fewer symptoms of anxiety and depression (Difede, Cukor, Lee & Yurt, 2009).

There has also been demonstrated in recent studies positive findings in having family group therapy sessions for patients suffering from PTSD (Difede, Cukor, Lee & Yurt, 2009). Family involvement has been demonstrated in raising the efficacy of treatment. This new finding is something that the authors feel should be further studied. The authors also identified following patients who received group therapy for five to ten years after therapy to see how effective the treatments were long-term.

Additionally, studies regarding the necessity of cognitive techniques and interventions in PTSD have been researched. Moore, Wadsworth & Cory (2009) note that the combination of cognitive and behavioral therapies in treating post-traumatic stress disorder has been demonstrated as more effective than treating PTSD with free-standing cognitive behavioral therapy techniques. Cognitive techniques have proven to be effective when implemented with exposure therapy. Additionally, common elements of PTSD, such as self-blame, frequently are shared by members in group therapy sessions and are more likely to improve with the use of cognitive techniques when shared in group therapy (Moore, Wadsworth & Cory, 2009). Baldock, (2009) further assert that exposure therapy is in most cases aimed at unreasonable anxiety and its intention is to have the brain of PTSD signaled in an accurate way. It is one of the most difficult methods of treatment because a patient experiences the feeling that anxiety needs to increase in a moment and actually there is an increase in anxiety at that moment. The moment a bad situation does not occur, the feared consequences also do not happen and the brain starts learning something new. This is commonly referred to as habituation and is very helpful in the treatment of anxiety disorders.

Group treatment was not initially used for patients with post-traumatic stress disorder (PTSD) because these patients are often socially isolated and have difficulty learning to trust other people (Sloan, Bovin & Schnurr, 2012). Over time, however, it has come to the realization of clinicians that group therapy is also a place where these patients that may have encountered similar experiences can actually become socially connected to one another and

learns once again how to build trust. Patients with PTSD often feel that there is no one else that could possibly understand their trauma, but in the group experience they learn that although the experiences are not the same, the symptoms of the trauma are similar to others, are they can learn to endure the suffering together with others in the group (Sloan, Bovin & Schnurr, 2012). Many times, the group begins together, and stays together until the end of the treatment. No one drops out, as each member is supported by the others. No one is added once the group begins.

Success factors

The use of group therapy has been widely explored in treating PTSD. The success of group therapy relies on several factors. One of the main factors that ensure the success of the group therapy is in the selection of the group members. Sloan, Bovin & Schnurr, (2012) argue that it is important to consider the members of the group when establishing this format. Similar types of trauma, for instance, may be a good basis for such a group. Patients that have a severe cognitive impairment, are severely depressed, or suffer from psychosis, may not benefit from this type of therapeutic format and may also disrupt the rest of the group. Some patients do not benefit from group therapy. Substance use and personality of patients in the group need also be considered. However, once the right group has been established, it can be beneficial for all of the patients involved.

Either, PTSD often needs to be treated over a long-term span of time, it is essential that rehabilitation counselors have the correct training to assist customers who have PTSD obtain quality health care and maintain their

physical and mental well-being. This is especially important since the many and varied symptoms of PTSD impact both work performance and career development (Moore, Wadsworth & Cory, 2009). Support groups, such as group therapy for people returning to work that have PTSD and groups for those who are working with PTSD have both proven to be successful in supporting the PTSD population.

Documented successes of PTSD

One of the most prominent successes of group therapy is the Wounded Warrior Rehabilitation Program in Washington DC. Here, treatment for the PTSD consists of cognitive behavioral therapy (CBT), socio-therapy, psychodrama, psychomotor therapy, creative arts therapy, psycho-education, and case management. Each solder was provided a group session one day a week for duration of 21 months. When the 22 soldiers were evaluated pre-treatment and post-treatment, it was demonstrated that they had improved in their functioning skills in a number of areas, including coping styles, personal and professional functioning. Sleep habits had also improved anxiety and depression had both decreased. Noteworthy to mention was that the interpersonal skills of coping skills and professional functioning were determined to have improved due in part to skills learned during the group therapy sessions that the group had as a part of their treatment.

A similar success study was researched in post-apartheid South Africa. After the apartheid rule ended, victims were able to share stories of their personal experiences clearly indicating how apartheid caused PTSD. According to

Dissertation Abstracts (2005), several apartheid victims joined together to form a group in which they received treatment for their PTSD symptoms and to try to gain some healing and support from others with the guidance of a trained professional. This treatment method was something which few victims in this region had access to, even though the suffering has been so great and widespread. There were not enough resources to treat most victims suffering from PTSD. The Khulumani were chosen as they sought out reparations from the government for the most extreme cases of suffering, knowing it would spark a long and dramatic political battle. In return, both welcome and unwelcome attention was also received from journalists and politicians, both domestic and foreign (Dissertation Abstracts, 2005).

Furthermore, the two-year ordeal in which the victims shared their stories with professions through group therapy, the procedure and the success thereof were documented through the reports which were categorized as traumatic storytelling. These stories originated as group therapy and later became known as the South African Truth and Reconciliation Commission (TRC) with the permission of the participants (Dissertation Abstracts, 2005). The psychological dimensions of the therapy are authenticated in several studies and report. These reports keep a chronological account of the accompanying political actions as well.

Conclusion

PTSD is a common mental disorder that affects a wide proportion of the population. The most affected are those that have gone through wars, rape, criminal acts, death of close relatives and friend or witnessing a very

traumatizing event. The effect of undergoing such experiences is a shift in the thought process and stable mental state of patients. Therefore, patients relive such events and become traumatized. Therapies have been formulated in bid to assist such patients. Group therapy is one treatment process. Patients undergo therapy sessions as a group and in a sense share the events that trouble them. This enables the patient to have some sought of shared burden and it eases the disorder. Group therapy has been rather successful in its application as well as advancing knowledge of PTSD. However, care must be taken in training mental health care givers as well as selecting and maintaining the group.

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