

Role of Rehabilitation in the Management of Post Traumatic Stress Disorder in Adults

Essay

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List of Abbreviations

ACT	Acceptance and Commitment Therapy
AIP	Adaptive information-processing
AM	Anxiety management
BCT	Behavioral Couple Therapy
BOLD	Blood-oxygen-level-dependent
CBCT	Cognitive behavioral couple's therapy
CBCT*	Cognitive-Behavioral Conjoint Therapy
CBT	Cognitive behavioral therapy
CPT	Cognitive processing therapy
EBTs	Evidence-based treatments
EFCT	Emotionally Focused Couple Therapy
EMD	Eye movement desensitization
EMD	Eye movement desensitization and reprocessing
Ems	Eye movements
HAP	Humanitarian Assistance Program
IBCT	Integrative behavioral couple's therapy

IE	Imaginal exposure
LMC	Lifestyle Management Course
MRI	Magnetic resonance imaging
NICE	National institute for clinical excellence
NMDA	N-Methyl-D-aspartate
PE	Prolonged exposure
PTSD	Post traumatic stress disorder
RCT	Randomized controlled trials
REM	Rapid eye movement
RFT	Relational frame theory
SAT	Strategic Approach Therapy
SIT	Stress inoculation training
TAU	Treatment as usual
VR	Virtual reality
VRE	Virtual reality exposure
VRE	Virtual reality exposure
WL	Waiting list
WMC	Working memory capacity

INTRODUCTION

The human response to psychological trauma is one of the most important public health problems in the world. Traumatic events such as family and social violence, rapes and assaults, disasters, wars, accidents, and predatory violence may temporarily or permanently alter the organism's response to its environment. While people have evolved to be enormously resourceful and capable of surviving and overcoming extreme experiences, certain events, particularly if they occur early in the life cycle, can overwhelm the capacity of the organism to cope with stress and permanently alter the perception of danger and the regulation of internal homeostasis (*Panksepp, 2004*).

Traumatic experiences are relatively common. More than two thirds of persons in the general population may experience a significant traumatic event at some point in their lives, and up to one fifth of people in the United States may experience such an event in any given year (1–5). Although comparable international data are limited, large proportions of populations in many countries have been exposed to terrorism, forced relocation, and violence, which suggests that the overall prevalence of exposure to traumatic events worldwide may be even higher than that in the United States (*Bisson, 2005*).

Disasters (e.g., floods, transportation accidents) are traumatic events that are experienced by many people and may result in a wide range of mental and physical health consequences. In one survey of US residents, 13 percent of the sample reported a lifetime exposure to natural or human-generated disaster. In the National Comorbidity Survey, 18.9 percent of men and 15.2 percent of women reported a lifetime experience of a natural disaster. Post-traumatic stress disorder (PTSD) is the most commonly studied and probably the most frequent and debilitating psychological disorder that occurs after traumatic events and disasters (*Bisson, 2005*).

Post-traumatic stress disorder (PTSD) is an increasingly recognized and potentially preventable condition. Certain factors, especially the severity of the trauma, perceived lack of social support and peri-traumatic dissociation have been associated with its development. In recent years, a more robust evidence base regarding the management of individuals involved in traumatic events has emerged. Immediately after a traumatic event, simple practical, pragmatic support provided in a sympathetic manner by non-mental health professionals seems most likely to help.

Psychiatric Rehabilitation:

Psychiatric rehabilitation has been broadly defined as "the systemic utilization of a combination of specific modalities to assist in the community rehabilitation of persons with psychiatric disabilities" (*Rutman, 1997*).

Anthony (1982) drew an analogy between rehabilitation for psychiatric and physical disabilities, suggesting that the goals were similar, although the methods differed because of differences in functional limitations. A widely cited definition is, "To help persons with psychiatric disabilities to increase their disabilities to increase their ability to function successfully and to be satisfied in the environments of their choice with the least amount of ongoing professional intervention" (*McReynolds, 2002*). In common usage, psychiatric rehabilitation is limited to programs for adults with severe (SMI) i.e. specifically excluding children). In this context, adults include the entire spectrum from adolescence to older adulthood, in recognition of the need to tailor service to developmental stage (*Adamson, 2007*).

Examples for types of therapy used in PTSD treatment include (*Hales, et al 2008*):

- **Cognitive therapy.** This type of talk therapy helps patient to recognize the ways of thinking (cognitive patterns) that

are keeping him/her stuck for example, negative or inaccurate ways of perceiving normal situations.

In PTSD treatment, cognitive therapy often is used along with a behavioral therapy called exposure therapy.

- **Exposure therapy.** This behavioral therapy technique helps patient safely face the very thing that he/she finds frightening, so that they can learn to cope with it effectively. A new approach to exposure therapy uses "virtual reality" programs that allow patient to re-enter the setting in which he/she experienced trauma — for example, a "Virtual Iraq" program.
- **Eye movement desensitization and reprocessing (EMDR).** This type of therapy combines exposure therapy with a series of guided eye movements that help patient process traumatic memories.

Rationale of the study:

The need to understand the role of rehabilitation in the management of post traumatic stress disorder (PTSD) is rising nowadays due to the spread of violence in the society.

Aim of work:

To review the role of Psychiatric rehabilitation in the management of post traumatic stress disorder in Adult patients

Research Question:

Does rehabilitation have a Role in the management of adult post traumatic stress disorder?

Hypothesis:

- **The Null Hypothesis (H^0):** " The rehabilitation has no effective role in the management of post traumatic stress disorder (PTSD)."
- **The Alternative Hypothesis (H^1):** " The rehabilitation has an effective role in the management of post traumatic stress disorder (PTSD)."

Methodology:

The study includes the following steps:

A. Review of literature.

Review of literature will be based on review recent journal articles, Internet search (Cochran library, Pub Med, Psychiatry Journals' ...etc.) and the Egyptian universities libraries.

B. Research Strategy:

- *Study Design* : Essay study

For internet search: Applying my study question & key concepts, formulate *Search Logic* (Boolean Logic) and term definition

- *Data Analysis:* critical appraisal of the articles.
- *Data Interpretation:* tables, & graphs for comparing or presenting findings.

C. Discussion

- Assessing what with and what against my hypothesis and evaluate the pros, cons of each findings.

D. Results & Conclusion:

- Accept or reject the null hypothesis. Summaries the results of analyzed literature review.

