



The Effects of Trauma Do Not Have to Last a Lifetime

Most people will experience a trauma at some point in their lives, and as a result, some will experience debilitating symptoms that interfere with daily life. The good news is that psychological interventions are effective in preventing many long-term effects.

Findings

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, such as terrorist attacks, motor vehicle accidents, rape, physical and sexual abuse, and other crimes, or military combat.

Those suffering from PTSD can have trouble functioning in their jobs or personal relationships. Children can be traumatized and have difficulty in school, become isolated from others and develop phobias. Many people with PTSD repeatedly re-experience the ordeal in the form of flashback episodes, memories, nightmares, or frightening thoughts, especially when they are exposed to events or objects that remind them of the trauma. PTSD is diagnosed when symptoms last more than one month.

Psychologist Roxane Silver has studied the effects of the 9/11/01 terrorist attacks on New York City and Washington, D.C. Her research focused on the immediate and long-term responses to the attacks and found that the severity of exposure to the event, rather than the degree of loss, predicted the level of distress among people. For example, people who reported seeing the planes smash into the trade center buildings experienced more PTSD symptoms than average, but people who experienced financial losses because of the attacks did not. Other studies have shown that simply watching traumatic events on TV can be traumatic to some, especially those individuals who had pre-existing mental or physical health difficulties or had a greater exposure to the attacks.

The good news is, research has shown that psychological interventions can help prevent these long-term, chronic psychological consequences.

In general, cognitive-behavioral therapies (CBT) (which strive to help traumatized individuals understand and manage the anxiety and fear they are experiencing) have proven very effective in producing significant reductions in PTSD symptoms (generally 60-80%) in several civilian populations, especially rape survivors. Even combat veterans who have experienced PTSD after chronic, repeated exposure to horrific events experience moderate benefits from CBT (though, not surprisingly, this kind of repeated trauma is harder to treat).

Research also suggests that brief, specialized interventions may effectively prevent PTSD in some subgroups of trauma patients. Psychologist E. B. Foa and colleagues have developed brief cognitive-behavioral treatments (lasting four to five sessions) that include, (1) education, (2) various forms of relaxation therapy, (3) *in vivo* exposure (repeated confrontations with the actual traumatic stressor and with situations that evoke trauma-related fears), and (4) cognitive restructuring (techniques for replacing catastrophic, self-defeating thought patterns with more adaptive, self-reassuring statements). If used within a few weeks of exposure to traumas, this brief form of therapy often prevents PTSD in survivors of both sexual and nonsexual assaults. R. A. Bryant's research found that cognitive-behavioral treatment is also effective in preventing the occurrence of PTSD in survivors of motor vehicle and industrial accidents. In addition to targeted, brief interventions, some trauma survivors may benefit from ongoing counseling or treatment, according to Bryant, and candidates for such treatment include survivors with a history of previous traumatization (e.g., survivors of the current trauma who have a history of childhood physical or sexual abuse) or those who have preexisting mental health problems.

Significance

Trauma disorders are a common and costly problem in the United States. An estimated 5.2 million American adults ages 18 to 54, or approximately 3.6 percent of people in this age group in a given year, have PTSD. In 1990, anxiety disorders cost the U.S. an estimated \$46.6 billion. Untreated PTSD from any trauma is unlikely to disappear and can contribute to chronic pain, depression, drug and alcohol abuse and sleep problems that impede a person's ability to work and interact with others.

According to psychologist R.C. Kessler's findings from The National Comorbidity Survey Report (NCS) that examined over 8,000 individuals between the ages of 15 to 54, almost 8 % of adult Americans will experience PTSD at some point in their lives, with women (10.4%) twice as likely to be victims as men (5%).

Practical Application

The challenge for the mental health community is to learn how best to help people who are suffering from ill effects of traumatic events. Within the past decade, a number of programs have been created to bring appropriately trained mental health services to trauma victims. Examples include:

- The American Psychological Association developed its Disaster Response Network (DRN) (</practice/programs/drn/index.aspx>) in response to the need for mental health professionals to be onsite with emergency workers to assist with the psychological care of trauma victims. Over 1,500 psychologist volunteers provide free, onsite mental health services to disaster survivors and the relief workers who assist them. The APA has worked with the American Red Cross, the Federal Emergency Management Agency (FEMA), state emergency management teams and other relief groups on every major disaster our country has experienced and many smaller disasters since 1992.
- Under the auspices of The National Association of State Mental Health Program Directors (NASMHPD) (<http://www.nasmhpd.org/>) 15 state departments of mental health have initiated formal efforts to better address the needs of persons exposed to trauma with state-wide trauma initiatives and resources. Now "tool kits" have been developed to better help trauma victims.
- The University of South Dakota developed the Disaster Mental Health Institute (DMHI) (<http://www.usd.edu/dmhi/>) in 1993. Psychologist Gerard Jacobs, Ph.D., helped create the Institute in response to his involvement in helping airline crash victims in the 1989 Sioux City airline crash. The DMHI is designed to bring together practice and research in disaster mental health and help prepare psychologists to deliver mental health services during emergencies and their aftermath. Furthermore, educational opportunities exist for students to learn how to serve their communities in times of disaster. This undergraduate program includes working with the American Red Cross Disaster Service (<http://www.redcross.org/>) .
- Pacific Graduate College and Stanford University created the National Center on Disaster Psychology and Terrorism (which has been renamed National Center on the Psychology of Terrorism (<http://www.terrorismpsychology.org>)), which trains doctoral students to help victims of catastrophic events.

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