

# The Impact and Interventions of Posttraumatic Stress Disorder

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**Abstract:** The pervasiveness of Posttraumatic stress disorder (PTSD) and its detrimental effects on sufferers, society, and the economy at large underscore the importance of interventions for PTSD. This mental disorder is currently documented in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) as an anxiety illness. This article explores the negative effects of PTSD on individuals and those around them and analyzes various PTSD interventions. Major negative effects include effects on individuals, effects on family relationships, and effects on parent-child relationships. Interventions include but are not limited to mindfulness therapy, cognitive behavioral therapy (CBT), and exposure therapy. The scientific literature on PTSD impacts and interventions was reviewed, including but not limited to interviews with patients, case studies, and scientific analyses of intervention effectiveness. The diversity of negative effects of PTSD and the effectiveness of different interventions are discussed. Include recommendations for future research and the use of interventions.

## 1 INTRODUCTION

Posttraumatic stress disorder (PTSD), according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), is a kind of anxiety illness that develops after a mentally distressing event (i.e. due to actual or threatened death, serious injury, or sexual assault) [1]. PTSD characteristics include re-experiencing symptoms, persistent, intrusive, upsetting recollections of the trauma, avoidance and numbing symptoms including avoiding triggers, feeling distant from others, and hyperarousal symptoms including being overly alert [1]. Tragically, experiencing traumatic events is rather common. At least one traumatic event will be experienced by most the people at some point in their lives. PTSD has become an increasingly critical and prevalent disorder in people's lives. Meanwhile, PTSD can impact psychiatric comorbidity. PTSD sufferers are more likely to have mental comorbidities. Post-traumatic stress disorder (PTSD) and psychiatric problems are frequently linked, according to epidemiological studies. PTSD comorbidities are common and diverse. Several meta-analyses show that PTSD is associated with many types of mental illnesses such as anxiety disorders, substance use disorders, and affective disorders.

One of the most common comorbidities is depression. As mentioned earlier, PTSD and negative emotions (i.e. avoidance, distress, anger) are closely related. These negative emotions are also risk factors for depression. Having PTSD can increase the prevalence of depression, which is consistent with previous findings. In a study of youth, participants who also had concomitant depression were more likely to have PTSD. [2]. At the same time, the prevalence of PTSD also affects the degree of depression in patients with depression. Multiple studies have shown that patients

with both PTSD and depression are more depressed than those with depression alone. While all patients had improvements in their depressive symptoms, those with both PTSD and depression reported higher levels of impairment and slower recovery when the patients were treated for depression [3].

Another common comorbidity of PTSD is substance use disorder. DSM-5 defines a substance use disorder (SUD) as a pattern of symptoms brought on by substance use that a person continues to experience notwithstanding its adverse effects [1]. Since PTSD is often associated with stress, individuals may choose to use the substance to cope with stress. According to social learning theory, this unhealthy coping strategy can also affect others, even children [4]. There has been ample research supporting the relationship between PTSD and substance abuse disorder. Specifically, studies have demonstrated that individuals with PTSD report higher rates of substance abuse and admissions to substance abuse treatment [5]. Another study showed that people with PTSD also had higher rates of alcohol abuse. There is a link between alcohol abuse and some PTSD symptoms, such as avoidance and hyperarousal [6].

PTSD is a costly anxiety disorder. Barriers to work, hospitalizations, and health visits raise the financial costs of the disease. This article urgently demands interventions that could halt the progression of the disorder given PTSD's severe effects and prevalence.

Research has been devoted to studying the effects of PTSD and interventions to help those most vulnerable after a traumatic event. Meta-analyses have identified cognitive behavioral therapy, mindfulness, and exposure therapy as effective interventions for PTSD. This review focuses on the impact of PTSD and will also systematically

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summarize some of the existing interventions and treatments.

## 2 THE IMPACT OF PTSD

### 2.1 Family Relationship

PTSD can have many effects on individuals' families. Family relationships might suffer devastating impacts from typical PTSD symptoms like emotional and behavioral withdrawal and anxiety issues. There has been an increasing concentration on comprehending how PTSD affects family ties. In the PTSD symptom cluster, avoidance/numbness symptoms were associated with intimacy dissatisfaction and impaired intimacy. Emotional numbness is defined as a group of symptoms characterized by "significantly reduced interest in important activities, feelings of separation or alienation from others, and limited emotional range [1]". People who have experienced traumatic events have difficulty experiencing and expressing emotions, which can have an impact on family relationships. In a study of veterans, levels of PTSD symptoms were negatively associated with the veteran's spouse's marital satisfaction [7]. At the same time, PTSD is also associated with self-isolation. Self-isolation weakens the bond between the individual and the family, as well as the emotional support from the family. In one study, researchers interviewed six veterans with traumatic experiences. Among their responses, the majority of respondents answered: "isolating themselves" and "don't want to see anyone" [8]. This leaves them alone and without the support of their families. Emotional withdrawal from family support can lead to trauma-healing struggles. Respondents' PTSD symptoms led to difficulties in healing the trauma, forming a negative cycle. Meanwhile, people with PTSD might have conflicts with their families. Intimacy aggression has been proved to be linked to PTSD. People with PTSD have a higher rate of psychological and physical aggression against family members. At the same time, the degree of aggression was also positively correlated with the symptom level of PTSD [7].

It's not just the roles in families of people with PTSD that have been studied, but there have also been studies that have looked at family members affected by people with PTSD. The concept of "secondary traumatization." was proposed in former studies. This refers to individuals who are negatively impacted by the traumatic stress of their family members. Without having directly experienced the traumatic event, people who interact with trauma survivors may experience traumatic reactions. Male military Veterans have received the most of the study and public emphasis on the correlation between trauma, PTSD, and problems in family relationships. Previous research has identified the mediation effect of PTSD on the combat experience of male veterans and family relationships. Meanwhile, a veteran's PTSD symptoms can be predictive factors of family distress, and a few PTSD characteristics such as anger issues can cause secondary traumatization among family members. Fear of family anger and violence is a common theme in the daily experiences

of people living with family members with PTSD [8]. Secondary traumatization can negatively impact a family member's general well-being, as well as mental health.

### 2.2 Parenting

In addition to family relationships, PTSD can also influence parenting and children. Children's emotions and behavior can be influenced by parents. For example, hurt, confusion, depression, and fear can all be triggered by a parent's PTSD symptoms. Veterans have previously reported aspects of parenting challenges, such as alterations in avoidance, arousal, and responsiveness, as well as negative changes in children's cognition and emotions. Emotional arousal was also associated with parenting satisfaction. Research suggests that mothers with PTSD may lead to harsher reactions to their children, leading to increased behavioral problems and decreased satisfaction with parenting roles [9]. Emotional numbness and anger can also significantly affect a person with PTSD in their relationship with their child. Research shows that emotional numbness and anger are negatively related to parenting satisfaction [8]. Parenting satisfaction is an important factor in effective care and is connected to a stable attachment, constructive parent-child interactions, and other favorable outcomes for children and families. Parents with PTSD may have children with insecure attachments. Parents who have difficulties in emotional expression will pass this difficulty on to their children, which is detrimental to the child's development and attachment.

At the same time, children might imitate the behavior of their parents with PTSD. According to Bandura's social learning theory, children acquire social skills through watching and copying other people [4]. Imitating individuals with PTSD's behaviors such as withdrawal or avoidance can adversely affect children's functioning. For instance, patients with PTSD may isolate themselves from their families, and their children may mimic parental self-isolation behaviors. This is not good for the child to form a secure attachment. At the same time, violent behavior by parents with PTSD may also affect children. As mentioned earlier, people who have PTSD are more inclined to attack their family members physically or psychologically. Their children may also imitate their parents' violent and aggressive behavior.

## 3 INTERVENTIONS OF PTSD

### 3.1 Cognitive Behavioral Therapy

Intervention is especially important since, as was already indicated, PTSD has devastating, permanent impacts. The first-line method for treating PTSD symptoms is psychotherapy. Of these, empirically supported cognitive and behavioral therapy (CBT) is frequently used. To improve emotional regulation and create unique coping strategies that are focused on resolving present concerns, cognitive behavioral therapy (CBT) focuses on addressing and altering thoughts, beliefs, and attitudes that lead to cognitive distortions, as well as the behaviors that follow. CBT often produces positive outcomes for those who persist and

complete treatment. Numerous studies have shown that CBT is a safe, tolerable, and acceptable treatment for mental problems arising from PTSD. Studies have shown that CBT has a positive effect on the treatment of PTSD. At the same time, the clinical therapeutic effect of CBT is also stronger than other approaches [10]. CBT can also concurrently lessen the clinical symptoms of PTSD. One of the most prevalent symptoms of PTSD is insomnia. Persistent sleep issues are common in PTSD patients, and these issues can negatively impact the patient's quality of life as well as their physical and mental health. A 2005 study found that CBT was linked to improvements in self-monitored sleep efficiency, subjective sleep measurements, and related variables [11]. In conclusion, given the effectiveness of CBT and its positive impact on PTSD, the use of CBT in patients with PTSD can be encouraged.

### 3.2 Mindfulness

As part of health psychology and clinical psychology, the study of mental illness has seen a surge of enthusiasm for mindfulness practices in recent years. Buddhist meditation is where mindfulness has its origins. Being mindful implies keeping a kind, nurturing perspective while being continually aware of other people's thoughts, feelings, physical sensations, and environment. Along with acceptance, mindfulness entails paying attention to one's thoughts and feelings without passing judgment on them and allowing oneself to feel what one is feeling at the time rather than dwelling on the past. Past reviews have proved that mindfulness-based interventions are clinically efficacious, and have become a common treatment for stress reduction. In a 2021 study of college students, mindfulness-based meditation was found to significantly reduce stress and anxiety in college students [12]. At the same time, mindfulness therapy has also been shown to be beneficial for trauma treatment. Given that stress and anxiety are important components of PTSD and often have significant impacts on patients, mindfulness-based interventions should also be helpful in treating PTSD. Some PTSD treatment programs have begun to use mindfulness therapy. A 2011 prospective longitudinal follow-up study used mindfulness in veterans with PTSD. After controlling for other factors such as mental illness other than PTSD, the findings showed significant improvements in veterans' mental health after six months of mindfulness therapy, including improvements in negative emotions such as avoidance and symptoms of PTSD [13]. Although this study has several limitations, it is sufficient to demonstrate the safety and efficacy of mindfulness-based interventions for the treatment of PTSD. Like CBT, the use of mindfulness-based treatments for individuals with PTSD can be encouraged.

### 3.3 Exposure Therapy

Exposure Therapy is another common intervention for PTSD. The idea of exposure therapy is to expose individuals to stimuli that lead to their distress to help them decrease fear and avoidance. When individuals are afraid of something, they may choose to avoid the feared things. Fear and avoidance are components of PTSD symptoms.

According to previous research, exposure therapy is clinically significantly efficacious in intervening with PTSD, regardless of the type of trauma. In an experiment using exposure therapy in veterans with PTSD, exposure therapy was shown to be beneficial for easing PTSD symptoms as well as unpleasant feelings like wrath, anxiety, and despair [14]. At the same time, with the development of technology, modern researchers have more ways to practice exposure therapy. One of them is virtual reality. Researchers can use virtual reality to expose PTSD patients to stimuli. Studies have shown that exposure therapy using ICT is no less effective than traditional exposure therapy [15].

Given the effectiveness of exposure therapy and its compatibility with advanced technologies, exposure therapy can also be recommended for the intervention of PTSD patients, as with the two interventions mentioned previously, and can be expected to incorporate cutting-edge technologies in the future. However, which intervention to use is still up for debate. In a study of refugee PTSD treatment, exposure therapy was shown to be less effective than CBT [16].

## 4 CONCLUSION

PTSD has serious implications on individuals' mental health, families, and even their next generations. People with traumatic experiences may experience negative emotions, such as avoidance and anger, and further affect their family members, causing secondary trauma to family members. At the same time, psychological and physical aggression from PTSD patients can also take a toll on their families. At the same time, from the perspective of developmental psychology, parents' traumatic experiences can also affect children's emotions and behaviors, which can adversely affect their growth.

Given the profound impact PTSD has on people, numerous studies have been conducted to investigate effective interventions for PTSD. Both CBT and mindfulness are safe, acceptable, and effective interventions for PTSD. Of additional concern is exposure therapy. Exposure therapy has also been shown to be a successful PTSD intervention. Although exposure therapy is less effective than CBT in some studies, given the possibility of combining exposure therapy and cutting-edge technology, it has a promising future.

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