Role of trauma-focused cognitive behavioural therapy for post-traumatic stress disorder among adolescents

Nishitha K[1], Anitha A[2], Thaheera D[1] & Prathap Suganthirababu[3]

[1]Postgraduate, Saveetha College Of Physiotherapy, Saveetha Institute of Medical and Technical Sciences, Chennai, Tamil Nadu, India
[2]Associate Professor, Saveetha College Of Physiotherapy, Saveetha Institute of Medical and Technical Sciences, Chennai, Tamil Nadu, India
[3]Professor, Saveetha College Of Physiotherapy, Saveetha Institute of Medical and Technical Sciences, Chennai, Tamil Nadu, India

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Dear Editor,

We would like to share our experiences with Psychiatric Danubina audience that post-traumatic stress disorder and anxiety are often seen in an adolescent period of life. Stress occurs when an individual encounters physiological and psychological issues to a perceived demand (Akbar et al., 2024). Adolescent, an importance phase of human development as they experience rapid physical, cognitive and psychological growth which influence the way they think, feel, interact with the environment around them, as they are more prone to stress and anxiety during this phase of translation. Childhood trauma leads to psychological stress and anxiety that builds up into post-traumatic stress disorder (PTSD) as pain, fear, social isolations, emotional frustration, mixed emotions leading to suicidal thoughts ((Jaksic et al., 2023) (Celik & Hocaoglu, 2022). Studies proved that the pervasiveness of PTSD was remarkably greater among females than men with symptoms of infringement and evasion more usual in females (Sağaltıcı et al., 2022). Literatures have supported that Trauma-Focused Cognitive Behavioral therapy (TF-CBT) as an effective intervention for addressing chronic post-traumatic stress and anxiety among adolescents (Cohen & Mannarino, 2015) (Mannarino et al., 2013).

We presented here a case diagnosed with PTSD following a series of trauma encountered and when treated with TF-CBT had a positive significance. The study was approved by the Institutional Ethical committee on human subjects (04/022/2024/ISRB/PGSR/SCPT) and was in accordance with Declaration of Helsinki 1995 (revised in Edinburg 2000).

The study was explained and consent was obtained while maintaining subject's anonymity. An 19 year old female college student complained of lack of concentration, insomnia, frequent absentee, social isolations and withdrawals, feeling of hatred, mixed feelings and emotions, suicidal thoughts for past 3 months and had not underwent any psychological counselling or support for the same.

We incurred a brief history of her mental status and found out that she's been encountering issues both physically and mentally. Being a second year allied health medical student, she excelled in academics and extra-curricular activities during her first year and later on her academic performance went down. She explained that she lost her siblings 7 months ago in an accident and was hospitalized for the same for 1month. She was in a state of shock and agony and was not able to come out from the trauma. Nightmares, feeling of persistently nervous, being scared, irritable, anger, unpredictable emotions, intrusive thoughts, flashbacks of the incident affected her both mentally and physically. These issues lead to frequent absent to the classes, lack of concentration in her studies that resulted in poor performance. Although she wanted to overcome this mental state of agony, at times she was been haunted by the thought of the accident that made her cry and feel depressed. She faced family issues related to the accident which again made her feel low and hatred. The repetitive trauma, mixed thoughts, insomnia worsened her mental health that lead to stress and anxiety. She stopped interacting with her family, friends and was often seen isolated. She reported that she couldn't come from the trauma that happened as she been encountered with series of traumatic events related to the previous one both from the family as well as from the society that made her to feel that she was the cause of trauma and also reported suicidal thought to resolve from the problems.

We assessed her Generalised anxiety disorder-7 and Perceived stress scale questionnaire for her level of anxiety and stress for which she scored 17/21 and 33/40 respectively being considered to be as higher scores. Based on the assessment, treatment plan was directed towards TF-CBT as three sessions per week for 8 weeks with each session for 45 minutes.

The session focused on the PRACTISE principle, a structured model of TF-CBT that coalesce CBT with trauma-sensitive interventions to address emotional and behavioral difficulties from traumatic experiences. The session started with the cognitive restructuring by identifying and challenging the thoughts related to trauma and gradually exposing to scenarios to develop coping strategies for situations that might arise in future. Techniques concentrating on deep breathing and Jacobson progressive relaxation were imparted and its progress was monitored and reviewed. Self-care coping techniques and reinforcement techniques were emphasised and advised as home care advise. There was an eventual reduction in the anxiety and stress scores to 8/21 and 11/40 respectively at the end of 8

weeks of intervention which was considered as mild state of stress and anxiety.

The session enabled her to understand and challenge the thought of trauma by ways to overcome it for building up healthy coping approaches. She gained self-confidence to handle traumatic thoughts that encouraged her to lead a balanced life with realistic thinking.

She had evinced reduced signs of stress and anxiety which improved her overall mental health. By concluding TF-CBT had a very significant impact on stress and anxiety management in adolescent with PTSD. I reckon that this work would be helpful in imparting knowledge and the application of TF-CBT as an efficient technique to allay trauma related mental issues in subsequent research.

Sincerely
Nishitha K

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Correspondence:
Dr. Anitha A
Saveetha College Of Physiotherapy, Saveetha Institute of Medical and Technical Sciences, Chennai, Tamil Nadu, India
anithaarul86@gmail.com