

Interventions for Enhanced Coping in Patients Affected by Post-Traumatic Stress Disorder

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It is estimated 8% of Americans will experience post-traumatic stress disorder (PTSD) at some point in life, and about 8 million American adults live with this disorder each year. PTSD may result from any scary or life threatening event, but it does not always occur after an emotionally or physically traumatic experience. Unfortunately, less than half of people who suffer from post-traumatic stress ever seek treatment, and pharmacological management can only begin to address the biological basis of PTSD symptoms along with co-existing mental health issues such as depression and anxiety (US Department of Veterans Affairs, 2015). Although complementary alternative medicine (CAM) in nursing practice is an emerging field of study with little research, it is mandatory that when caring for any individual all nurses act as a patient advocate, and in this case supplement the pharmacological and behavioral therapy treatment of the patient suffering from PTSD with any appropriate evidence based therapeutic technique to help the patient cope and recover in a timely manner. One of the most widely researched CAM therapies, mindfulness meditation, may play an important role in the future of cost effective PTSD adjunct treatment options. Research shows patient outcomes and anxiety levels may benefit from the implementation of simple CAM techniques (Chen, Yang, Wang, & Zhang, 2013).

Several factors may put one at increased risk for developing PTSD including if the event was experienced first-hand, long lasting, injury occurred, there were feelings of helplessness or dissociation, or if a physical reaction occurred such as crying, uncontrollable shaking, or vomiting. Other risk factors that may increase one's chances of developing PTSD include lower socioeconomic status, lower education level, the recent loss of a loved one, illicit substance or alcohol abuse, being female, having a weak support system, and having other pre-existing mental

health disorders. Women are more likely to experience sexual, domestic, and childhood abuse while men are more likely to experience physical and combat trauma (National Institute of Mental Health, 2015). Most often those who report more than one type of abuse also report significantly more symptoms of PTSD and impairment in everyday life due to overwhelming emotional instability (Svavarsdóttir, Orlygsdottir, & Gudmundsdottir, 2015).

Current pharmacological management for PTSD includes only two serotonin reuptake inhibitors (SSRIs) approved by the Food and Drug Administration (FDA). These SSRIs are used to target and manage the four main symptoms of PTSD which include intrusive thoughts, emotional triggers, hyper-reactivity, and negatively altered cognition. Other drugs may also be used off label to treat common problems associated with PTSD such as insomnia, depression, and other mood disorders. The current understanding of the biological disturbances associated with PTSD is that the individual develops a highly sensitized sympathetic nervous system response to stimuli as well as a greater level of variation in systemic adrenocorticoid levels compared to unaffected individuals (US Department of Veterans Affairs, 2015).

One way treatment outcomes are currently measured in the clinical setting is with the Post-Traumatic Stress Disorder Checklist (PCL). The PCL is a patient self-rating survey that is a brief yet accurate and reliable screening tool that can be used within a reasonable time within any community setting, emergency department, or behavioral health facility (Svavarsdóttir et al., 2015). This screening tool and ones like it are incredibly useful to nurses and clinicians who often may not be able to spend lengthy assessment and evaluation sessions with patients due to the volume of those seeking care. With earlier disorder detection and screening, nurses may be able to empower and support those affected by trauma in a timely manner to achieve better patient outcomes.

Cognitive behavioral therapy focused on trauma is the most common individualized talk therapy treatment, but patient-centered therapy may not be widely available to the general population in need of assistance due to financial constraints and a deficit in the number of professionally licensed health care providers. In improving access to psychological services, it may be necessary to diverge from the traditional forms of generalized cognitive and behavioral therapy approaches in favor of more services directed toward specialized, specific disorders along with increased training for all levels of health care professionals on the symptoms of PTSD and other severe mental illnesses (Murphy, Archard, Regel, & Joseph, 2013). Current evidence shows the effectiveness of cognitive behavioral therapy is mixed, and not all patients respond positively to this type of treatment (Mabey & Servellen, 2014). Gaps in positive patient outcomes leave the field of PTSD treatment and psychiatric nursing care open to new options.

Mindfulness meditation practices have been useful in promoting spiritual, mental, and physical wellbeing in many Eastern cultures for thousands of years. Meditation and other mind calming activities may be viewed as an intervention based in holistic nursing care. Planning the implementation of holistic nursing care techniques forces the nurse to evaluate all aspects of the patient and aid in healing the individual as a whole. By improving an individual's damaged relationship with the environment and other humans, nurses are able to integrate the unification aspect of holistic nursing care into clinical practice while caring for an individual suffering from PTSD.

Short term mindfulness meditation is a CAM therapy that has shown to effectively decrease individually reported anxiety levels and systolic blood pressure values. The results of the study by Chen et al. (2013) report the statistically significant differences between pre and post mindfulness meditative implementation. Before the study, all participants self-rated their

anxiety levels, and each participant's blood pressure was recorded. The intervention group meditated for 30 minutes per day for one week, and the control group received no intervention. At the end of the week, the average self-rated anxiety score was significantly lower in the group subjected to mindfulness meditation practices in comparison to the control group. Additionally, systolic blood pressure was reduced significantly in the meditation group which was incongruent with the control group. The research study reported an average systolic blood pressure reduction of 2.2 mm Hg after the intervention was completed. There were also no reports of severe anxiety among the meditation group at the terminal evaluation (Chen et al., 2013).

The positive physical and psychological outcomes reported in the study by Chen et al. (2013) are promising for the future of the clinical psychiatric community. If this simple technique can be implemented in the health care setting as adjunct therapy, more positive patient outcomes and coping may result. Gaining the ability to decrease blood pressure and self-reported anxiety levels may allow an individual suffering from PTSD to decrease the marked hyper-stimulation of the sympathetic nervous system along with individual adrenocorticoid levels. Decreased frequency in episodes of hyper-arousal may also lead to decreased triggers and flashbacks leading to a better quality of life for the individual. Partnered with new brain imaging technology, breakthroughs in genetic research, SSRIs and other off label pharmacological treatment, behavioral therapy, and early screening tools, CAM therapy is a promising type of intervention for individuals suffering from extreme PTSD or anxiety (NIMH, 2015).

Since nurses are at the forefront of providing care for individuals with PTSD and other mental illnesses, it is crucial all nurses know how to identify and implement strategies to decrease signs of distress and increase quality of life in these affected patients. By focusing on

easy to learn, cost-effective, evidence based techniques such as mindfulness meditation, nurses may be able to enhance personal patient coping strategies, decrease patient hospital remittance rates, and lower the cost of care for the client. Since this alternative medicine therapy is new to the Western medicine setting, there remains much room for future research opportunities on this topic. There is an evident need to move future CAM research into the clinical practice setting with advanced practice psychiatric nurses to conduct more specific studies on improving the care received by all mentally ill patients. The most valuable information learned from researching this topic is the potential effectiveness of CAM techniques in positive patient outcomes along with the information evidencing the efficacy of meditation on a therapeutic physical response. Further personal research may be made on the topic of CAM meditation. Learning what specialized types of mindfulness meditation are most effective at reducing anxiety may be useful in the clinical setting since these types of meditation practices may be the most beneficial for patients who suffer from PTSD. This positive coping strategy may be useful in nursing practice to instruct struggling patients and provide them with an affordable way to potentially reduce episodes of PTSD, anxiety, and panic.

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