



Wilma L. West Library Resource Notes

Post Traumatic Stress Disorder

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My guess is that each of you is experiencing some stress since last Tuesday's tragedies in New York City and Arlington, Virginia. As health care professionals, you know this is posttraumatic stress and that most of us will be able to work through it, while others will experience it more severely and for a longer period of time and need professional help.

You will find multiple web sites for information on this topic. Three that I visited and recommend are:

1. [The International Society for Traumatic Stress Studies](#)
2. [The National Center for PTSD](#),* and
3. The [MEDLINEPlus](#) page on the topic.

*Includes a new article on "PTSD in adolescents and children."

Following is a list of references specific to occupational therapy intervention and PTSD due to varying types of trauma. There were some articles in last week's list that also addressed stress from traumatic experiences.

Clarke, C. (1999). Opinion: Treating post-traumatic stress disorder: Occupational therapist or counselor? *The British Journal of Occupational Therapy*, 62(3), 136-138.

Davis, J. (1999). Effects of trauma on children: Occupational therapy to support recovery. *Occupational Therapy International*, 6(2), 126-142.

ABSTRACT: Each year millions of the world's children witness, are victimized by or participate in traumatic events, placing them at risk for developing post-traumatic stress disorder. If this disorder is left untreated, a child's developmental trajectory can be compromised. Occupational therapists are in key positions to recognize the signs and symptoms of post-traumatic stress in children that interfere with functioning. Expressive therapies, long used in occupational therapy practice, are well suited to help children achieve an adaptive response to trauma. Two brief case studies are presented, describing the application of occupational therapy using expressive media with children who experienced post-traumatic stress disorders. The results of this preliminary investigation suggest that occupational therapists working in early intervention programmes can be helpful in identifying children in need and in providing treatment based on expressive therapies, stress management and cognitive-behavioral modalities. Further

research is recommended to examine the efficacy of different occupational therapy frames of reference in treating children with post-traumatic stress disorder. Key words: pediatric occupational therapy, post-traumatic stress disorder, cognitive-behavioral therapy, and expressive media.

Davis, J. & Kutter, C.J. (1998). Independent living skills in posttraumatic stress disorder in women who are homeless: Implications for future practice. *The American Journal of Occupational Therapy*, 52(1), 39-44.

ABSTRACT: OBJECTIVE. Service delivery through community-based programs is the future of occupational therapy. This study examined independent living skills, traumatic experiences, and symptoms of Posttraumatic Stress Disorder (PTSD) in a sample of women residing in a supportive housing program for women and families who are homeless in order to determine the needs of this population and the possible role of occupational therapy in such a community-based program. **METHOD.** Twenty-four women residing in a supportive housing shelter in Kansas City, Missouri volunteered to participate in this study. The participants were evaluated for independent living skills with the Kohlman Evaluation of Living Skills. A structured interview format was used to determine whether participants experienced a trauma and whether they met diagnostic criteria for PTSD. **RESULTS.** Results indicated that women who are homeless have deficits in independent living skills, especially in the area of money management. Results also indicated that traumatic experiences and PTSD are more prevalent among women who are homeless than among women in the general population. The relationship between independent living skills and PTSD among women who are homeless was not made clear in this study. **CONCLUSION.** The information gathered in this study underscores the importance of identifying and addressing occupational and mental health issues of women who are homeless. Results suggest that occupational therapists have a major role to play, evaluating and facilitating independent living skills, as members of multidisciplinary treatment teams in supportive housing programs for persons who are homeless.

Froehlich, J. (1992). Occupational therapy interventions with survivors of sexual abuse. *Occupational Therapy in Health Care*, 8(2/3), 1-25.

ABSTRACT: Many clients treated by occupational therapists in psychiatric settings are survivors of sexual abuse. The diagnosis of post-traumatic stress disorder (PTSD) and multiple personality disorder (MPD) most accurately reflect the experience of these clients, yet misdiagnosis is common. An overview of these diagnoses is presented. Psychotherapeutic principles are reviewed and a dual approach to occupational therapy is suggested. Within this dual approach, the model of human occupation (Kielhofner & Burke, 1980) is useful in addressing a client's present daily living concerns. Object relations theory guides an occupational therapy focus on recall and emotional recovery from past abuse experiences. A case study illustrating a dual approach to occupational therapy is presented.

Joe, B.E. (1998). Ghosts of wars past. *OT Week*, 12(35), 16-17.

ABSTRACT: Certain triggers-like Steven Spielberg's graphic depiction of WWII in "Saving Private Ryan" - can cause PTSD to surface in older veterans.

Phillips, M.E., Bruehl, S. & Harden, R.N. (1997). Case Report: Work-related post-traumatic stress disorder: Use of exposure therapy in work-simulation activities. *The American Journal of Occupational Therapy*, 51(8), 696-700.

Raweh, D.V. (1997). Evaluation of veterans of military service suffering from post-traumatic stress disorder. *The Israel Journal of Occupational Therapy*, 6(3), E93-E94.

ABSTRACT: Until 1994, a soldier who was injured during his military service was examined by three doctors for just a few minutes. This was the official way he could receive recognition of his mental disability from the Israeli Ministry of Defense. This medical board could identify whether a connection existed between the soldier's military service and his injury; however, it could not establish a specific level of function or dysfunction. The deficiency in the functional evaluations of the soldier injured in combat resulted in numerous errors in both evaluation and treatment. Thus a commission composed of a representation from the Ministries of Defense and Health, established national evaluation centers. Today these four centers assess the injured person interdisciplinarily and transmit their findings to the Board, in order to increase understanding of the degree of disability. This article presents the evaluation battery of occupational therapy and its underlying principles that are presently implemented in these centers. Most of the clients suffer from Post-Traumatic Stress Disorder. The evaluation battery was initially developed for this population, but due to its comprehensive view of clients' functioning can be used as well for assessing other mental disorders.

Short-DeGraff, M.A. & Engelmann, T. (1992). Activities for the treatment of combat-related post-traumatic stress disorder. *Occupational Therapy in Health Care*, 8(2/3), 27-47.

ABSTRACT: The purposes of this article are to review some of the common causes and symptoms of Post-Traumatic Stress Disorder (PTSD), particularly as it applies to combat-related trauma experienced in the Vietnam veteran, and to offer a variety of treatment activities. These activities may be graded for use with other types of combat-related trauma or other forms of PTSD. The activities are listed so that they may be used cumulatively to result in a final ceremony that becomes a ritual for resolution of ambivalent emotions and/or the expression and release of powerful negative feelings of guilt, rage, or hurt. The objective is for these activities to be included with other treatment approaches aimed at enabling the client to let go of past trauma and make a positive transition to healthful and productive living.