



Psychological Counselling Intervention For The Treatment Of Post-Traumatic Stress Disorder In Adolescents

Psychology

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ABSTRACT

Post-traumatic stress disorder (PTSD) is highly prevalent in adolescents who have experienced trauma and has high personal and health costs. Unavoidably a wide range of psychological therapies have to be used in the treatment of PTSD which would certainly point to have systematic approach of these therapies in adolescents.

The objective of the study is to examine the effectiveness of the intervention of psychological counseling cum therapies in treating adolescents with PTSD.

All quasi-experimental controlled trials of psychological counselling cum therapies compared to a control in adolescents exposed to a traumatic event or diagnosed with PTSD.

A validated K10 scale was used to assess the PTSD. The psychological counselling cum therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitization and reprocessing (EMDR). We assessed the significance of post traumatic stress data referring to pre counselling and post counselling intervention in adolescents using t Test which is compared to control group too.

The psychological counselling cum therapy was highly in effectiveness PTSD symptom scores. Improvement was significantly better with the intervention of psychological counselling cum therapies for adolescents (age groups; 13 - 15, 16 - 19) and separately boys and girls too.

KEYWORDS:

post-traumatic stress disorder; counselling; adolescents; cognitive behavioural therapy

I. INTRODUCTION

Adolescence is a period of rapid change when a child develops into an adult. Several changes occurs physically, psychologically, physiologically and socially [1].

Post-traumatic stress disorder (PTSD) is highly prevalent in adolescents who have experienced trauma and has high personal and health costs.

The transition from childhood to adulthood is webbed by adolescence. Students at this age face unavoidable or inescapable stress which could turned to be post-traumatic stress disorder (PTSD). The speed and magnitude of these changes overload the capacity of many young people to cope with.

No study compared psychological therapies to medications or medications in combination with a psychological therapy. The psychological therapies used in the included studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most included studies compared a psychological therapy to a control group.

Very few Studies in India are done among adolescence's post-traumatic stress disorder.

Consequently programs which assist in the identification of stressors, and focus on prevention of burnout, and counselling regarding coping strategies should enhance student success in academics [2].

This study tries to determine the effective significance of the psychological counselling intervention for the treatment of post-traumatic stress disorder in adolescents which likely to suffer from mental disorders.

Adolescents are confronted with different kinds of stress from relationships with parents, partners, or friends. Not only are academic challenges for adolescents, but students are at stage of beginning to formulate life goals [3].

According to Dziegielewski et al. [4] programs that identify stressors and provide information on stress reduction and burnout prevention can help students learn to better cope with stressful experiences.

Stress is usually accompanied by various responses like depression, anxiety, aggressiveness, anger which prevents to control consciousness. Boys tend to react in aggressive manner and girls become emotional unstable [5].

Otherwise contrary effect on stressed students would certainly curtail both scholastic and co-scholastic outcomes as desirable behavioural outcomes of their life endeavor.

According to [6, 7, 8, 9] the areas that university students with stressful and anxious mind seek counselling include; improvement in their study skills, career uncertainty, self confidence problems, lack of motivation, fear of failure, depression, lack of purpose in life, anxiety and nervousness, public speaking anxiety, love and relationships, physical health problems, alcohol and drug abuse, weight, eating problems, time management, overcoming fear about taking exams, meeting career and educational needs; psychological issues such as suicidal and homicidal thoughts, mood changes, phobias, problem solving, marital issues, traumatic life events and life transitions.

There was fair evidence for the effectiveness of psychological therapies, particularly CBT, for the treatment of PTSD in children and adolescents for up to a month following treatment. More evidence is required for the effectiveness of psychological therapies in the longer term and to be able to compare the effectiveness of one psychological therapy to another.

II. METHODS

The research design for this study is an experimental having pre test and post test with three treatment groups of post-traumatic stress disorder (PTSD) in adolescents and three control groups having all together of ninety samples.

The independent variables for this study are adolescents of three intervened groups and adolescents of their control groups.

The dependent variables for this study are intervened post traumatic adolescents— levels of stress namely:

- 1) Kessler Psychological Distress Scale (K10)
- 2) CBT counselling aid namely "Can you take advice from yourself?"

To assess the psychological stress among students Kessler Psychological Distress Scale (K10) was used [10]. It is used to measure common mental health disorders that may affect attentiveness in studies and class [10]. It consists of 10 questions on negative emotions faced by students in last 4 weeks.

According to the time that student has experienced emotional stress the response scale is divided in five levels [10]. The score 1 means none of the time, 2 means a little of the time, 3 means some of the time, 4 means

Most of the time, 5 means All the time. The score is summed of each student for all questions with expected minimum score of 10 and maximum score of 50. On the basis of scoring the cut-off score was fixed to determine the grade of mental disorder [10] [Table I].

Experimental intervention

We organised data under the following categories of psychological counselling cum therapies.

1. Cognitive behavioural therapy (CBT)
2. Behavioural therapy (BT) (including exposure-based therapy and narrative therapy)
3. Psychodynamic psychotherapy
4. Supportive counselling
5. Eye movement desensitisation and reprocessing (EMDR)
6. Interpersonal therapy (IPT)
7. Other psychological therapy

Comparator intervention

- Control (waiting list controls or no treatment)
1. Psychological therapies versus a control

Statistical analysis is done with the results recorded were descriptive and comparative in nature with the specification of significance of the outcome of the tabulation in the result.

Null Hypothesis; H0: There will be no significant difference between the control group's scores and adolescent's scores on the Kessler Psychological Distress Scale (K10) having an experimental study of having pre test and post test with treatment groups of post-traumatic stress disorder (PTSD) in adolescents and the control groups

Alternative Hypothesis; H1: There will be significant difference between the control group's

TABLE 1:

KESSLER PSYCHOLOGICAL DISTRESS SCALE (K10) CUT-OFF SCORE

K10 score	Likely into have mental disorder
10-19	Likely to be well
20-24	Likely to have a mild mental disorder
25-29	Likely to have a moderate mental disorder
30-50	Likely to have a severe mental disorder

Alternative Hypothesis; H1: There will be significant difference between the control group's

Scores and adolescent's scores on the Kessler Psychological Distress Scale (K10) having an experimental study of having pre test and post test with treatment groups of post-traumatic stress disorder (PTSD) in adolescents and the control groups.

III. RESULTS AND DISCUSSION

A statistical analysis of t-Test is conducted to determine and establish the effectiveness and significance of counselling intervention on the dependent variable of stress level in the independent variables of adolescents.

Significant differences are found on the dependent variable of stress level of adolescents having $p \leq .05$ with t-Test

This means the result of the statistical analysis of t-Test indicate there is a significant difference in adolescents on dependent variable; post-traumatic stress disorder (PTSD). Therefore the Null Hypotheses is rejected and the Alternative Hypotheses is accepted

According to Table 1 the time that student has experienced emotional stress. The response scale in the questionnaire is divided in five levels.

The score 1 means none of the time, 2 means a little of the time, 3 means some of the time, 4 means Most of the time, 5 means All the time.

The score is summed of each student for all questions with expected minimum score of 10 and maximum score of 50.

On the basis of scoring the cut-off score was fixed to determine the grade of mental disorder.

According to Table 2 and 3 the stress score of adolescents in the experimental group and the control group is showed. In the experimental group unlike the control group, the stress score before and after counselling intervention is significant.

TABLE 2:
STATISTICAL t Test ANALYSIS ON K10 STRESS SCORE OF ALL STUDENTS (EXPERIMENTAL GROUP)

Group	N	Mean	SD	df	t	$p \leq .05$
Pre counselling	60	35	7.06	118	15.44	0.000
Post counselling	60	19	3.58			

TABLE 3:
STATISTICAL t Test ANALYSIS ON K10 STRESS SCORE OF ALL STUDENTS (CONTROL GROUP)

Group	N	Mean	SD	df	t	$p \leq .05$
Pre counselling	15	35	7.14	28	0.989	0.331
Post counselling	15	37	6.88			

TABLE 4:
STATISTICAL t Test ANALYSIS ON K10 STRESS SCORE OF ALL ADOLESCENTS (EXPERIMENTAL GROUP)

Group	Before Counselling			After Counselling		df	t	$p \leq .05$
	N	Mean	SD	Mean	SD			
Adolescents (all)	60	35	7.06	19	3.58	118	15.44	0.000
Adolescents (13-15)	30	34	7.59	18	3.78	58	10.13	0.000
Adolescents (16-19)	30	35	6.59	19	3.36	58	11.76	0.000
Boys	30	34	7.09	19	3.61	58	10.84	0.000
Girls	30	35	7.16	19	3.61	58	10.81	0.000

According to Table 4 the stress score of adolescents in the experimental group in the time before and after counselling intervention is given. In the adolescents group namely all, age group (13 to 15) and the age group (16 to 19) the significance of the stress score before and after counselling intervention is shown. Separately boys' and girls' stress score is also show in the time before and after counselling intervention and the same is significant according to t test analysis of statistics.

TABLE 5:
STATISTICAL t Test ANALYSIS ON VARIOUS K10 STRESS LEVELS OF ALL ADOLESCENTS (EXPERIMENTAL GROUP)

Group	Before Counselling			After Counselling		df	t	$p \leq .05$
	N	Mean	SD	Mean	SD			
WELL	52	28	3.98	15	2.13	50	14.30	0.000
MILD	68	40	3.95	22	1.38	66	25.29	0.000
MODERATE	56	35	7.25	22	8.18	54	06.48	0.000
SEVERE	40	34	7.09	19	3.61	38	10.84	0.000

According to Table 5 the stress score in four levels namely well, mild, moderate, and severe of adolescents in the experimental group in the time before and after counselling intervention is given. In the adolescents group in the stress levels namely well, mild, moderate and severe the significance of the stress score before and after counselling intervention is shown. The same is significant according to t test analysis of statistics.

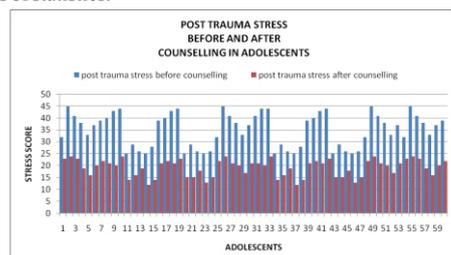


FIGURE 1: POST TRAUMA STRESS LEVEL IN ADOLESCENTS (PRE AND POST COUNSELLING)

According to Figure1 the post trauma stress level in adolescents (experimental group) is shown.

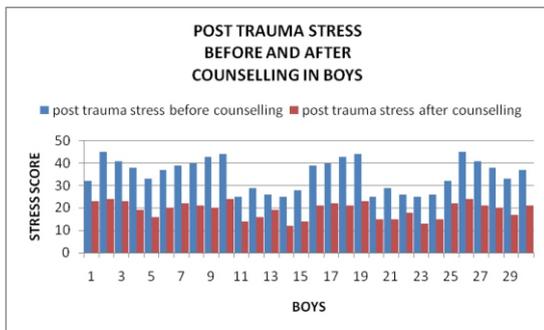


FIGURE 2: POST TRAUMA STRESS LEVEL IN BOYS (PRE AND POST COUNSELLING)

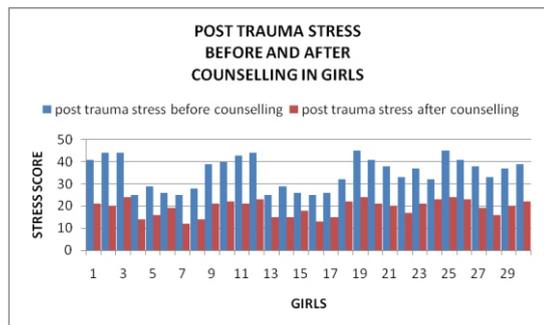


FIGURE 3: POST TRAUMA STRESS LEVEL IN GIRLS (PRE AND POST COUNSELLING)

According to Figure 2 and 3 the post trauma stress level in boys and girls (experimental group) is shown.

IV. CONCLUSION

It is concluded that if counseling intervention is not given to the adolescents facing Post-traumatic stress disorder (PTSD) will be highly in prevalence in adolescents who have experienced trauma and will have high personal and health costs.

Appropriate and sensible encouragement, inspiration and motivation are very important and could be competently supplied by counsellors and by both parents and instructors.

It would make a long lasting importance and significance on the physical and mental wellbeing of adolescents.

A plan of work is essential for their growth and well being in collaboration with timely counselling intervention and therapy.

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