From Trauma to Resilience: A Comprehensive Review of Counseling and Intervention Methods for PTSD

Ade Rahayu Suhartati¹, Deasy Amaliyah Putri², Muhammad Haikal Basyari³, Naeila Rifatil Muna^{4*}

¹ Faculty of Da'wah and Islamic Communication, UIN Syekh Nurjati Cirebon, Indonesia <u>aderahay11@gmail.com</u>

² Faculty of Da'wah and Islamic Communication, UIN Syekh Nurjati Cirebon, Indonesia <u>deasyamaliyah@gmail.com</u>

³ Faculty of Da'wah and Islamic Communication, UIN Syekh Nurjati Cirebon, Indonesia <u>haikalbasyari4@gmail.com</u>

⁴ Faculty of Da'wah and Islamic Communication, UIN Syekh Nurjati Cirebon, Indonesia

naeilarmuna@syekhnurjati.ac.id

*Corresponding Author

ABSTRACT

Post-Traumatic Stress Disorder (PTSD) is a multifaceted mental health condition stemming from exposure to traumatic events, characterized by symptoms such as flashbacks, anxiety, sleep disturbances, and emotional instability. This study explores the complexities of PTSD, its symptoms, and impacts across psychological, physiological, and social dimensions. Utilizing a Library Research methodology, the study examines existing literature to identify gaps in age-specific interventions, the application of therapeutic approaches in non-clinical settings, and the role of family involvement in recovery. Effective treatments, including Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Behavioral Therapy (CBT), are highlighted for their success in reducing PTSD symptoms and fostering resilience. Counseling emerges as a critical intervention, particularly when combined with holistic approaches that incorporate spiritual and community support. The findings emphasize the need for comprehensive, multidisciplinary strategies to address PTSD's wide-ranging effects, advocating for targeted interventions that align with developmental, contextual, and familial dynamics to enhance recovery and overall well-being.

Keywords: post-traumatic stress disorder, trauma recovery, cognitive behavioral therapy, eye movement desensitization and reprocessing, mental health interventions



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INTRODUCTION

Every individual carries memories of daily life experiences, both positive and negative. While many experiences leave a constructive imprint, others can create lasting adverse effects that may disrupt one's emotional and psychological equilibrium. One such consequence is Post-Traumatic Stress Disorder (PTSD), a condition that transcends psychological dimensions and manifests physically, thereby significantly affecting an individual's quality of life (Morissette et al., 2022). Trauma leading to PTSD can arise unexpectedly from diverse causes, such as accidents, natural disasters, or armed conflict (Contractor et al., 2024). PTSD is characterized by symptoms such as sleep disturbances, flashbacks, irritability, and avoidance of reminders related to the traumatic event (Rossouw et al., 2018). If untreated, these symptoms can evolve into chronic mental health disorders, disrupting the individual's physical, psychological, and social functions (Rusmana et al., 2024). PTSD affects not only adults but also children and

adolescents, often imposing long-term consequences on their mental health and social behaviors (Teke & Avşaroğlu, 2024).

Research on PTSD has established a significant body of knowledge on its symptoms, effects, and treatment modalities. Studies highlight the widespread prevalence of PTSD across different demographic groups. For instance, Rusmana et al. (2024) found that a significant proportion of children with PTSD exhibited diverse symptoms, ranging from physical complaints (45.8%) and cognitive impairments (37.6%) to emotional instability (29.9%). These findings are consistent with research by Durosaro et al. (2012), which emphasized the multifaceted impact of PTSD on an individual's social and emotional well-being. Intervention studies have demonstrated the efficacy of therapeutic approaches, such as Cognitive-Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and exposure-based therapies, in alleviating PTSD symptoms (Rossouw et al., 2018; Teke & Avşaroğlu, 2024). These therapies aim to help individuals process traumatic experiences constructively, reduce symptom severity, and improve emotional regulation (Contractor et al., 2024). Although much research has focused on the symptoms and treatment of PTSD in adults, studies on children and adolescents remain comparatively limited. Existing literature often fails to address the unique developmental and psychological needs of younger populations, who may express trauma differently than adults (Morissette et al., 2022). This gap in research has critical implications for designing interventions that are both age-appropriate and effective.

Despite the growing body of research, several gaps persist in understanding PTSD and its management. First, there is insufficient emphasis on the developmental differences in PTSD manifestations across age groups, particularly among children and adolescents. The psychological and social needs of these groups require specialized interventions that account for their cognitive and emotional maturity (Teke & Avşaroğlu, 2024). Second, while therapeutic approaches like CBT and EMDR have demonstrated efficacy in clinical settings, their application in non-clinical or school-based settings remains underexplored (Rossouw et al., 2018). Finally, the role of family involvement and social support systems in facilitating recovery from PTSD requires more in-depth investigation (Contractor et al., 2024).

Addressing these gaps is crucial for advancing the understanding and treatment of PTSD. A focus on age-specific manifestations and interventions will enable clinicians and educators to better identify and respond to the unique needs of children and adolescents. Additionally, exploring the integration of evidence-based therapies into community and school settings can expand access to effective interventions, particularly in resource-limited areas (Morissette et al., 2022). Furthermore, examining the dynamics of family involvement in PTSD recovery can inform the development of comprehensive, family-centered therapeutic models that enhance treatment outcomes (Rusmana et al., 2024). By bridging these gaps, researchers can contribute to a more nuanced understanding of PTSD and its treatment, ultimately improving the quality of life for affected individuals. This is particularly relevant in a global context where trauma exposure is increasing due to conflicts, natural disasters, and other crises.

This study seeks to address the identified gaps by focusing on the role of counseling in managing PTSD, with an emphasis on age-specific interventions and family dynamics. Specifically, the study aims to: 1) Examine the unique symptoms and treatment needs of children and adolescents with PTSD. 2) Evaluate the feasibility and effectiveness of integrating CBT and EMDR therapies into school-based counseling programs. 3) Investigate the role of family involvement and social support systems in the recovery process. 4) Provide practical

recommendations for educators, counselors, and policymakers to enhance support for individuals with PTSD. By addressing these objectives, the study will contribute to both theoretical and practical advancements in PTSD research. The findings are expected to inform the development of targeted interventions that not only alleviate symptoms but also promote resilience and well-being among trauma survivors.

METHOD

This study employs a Library Research approach, which is a qualitative method focused on systematically collecting, analyzing, and interpreting secondary data to critique and explore existing literature on a particular topic. Library research is well-suited for studies that delve into theoretical frameworks, historical trends, and comprehensive overviews, offering a robust foundation for synthesizing complex concepts (Bowen, 2009; Snyder, 2019). By leveraging this methodology, the study gains a panoramic view of its subject, ensuring the integration of diverse perspectives.

Research Design

The research design adheres to a systematic process that encompasses identifying pertinent literature, evaluating its quality, and synthesizing findings to derive meaningful conclusions. Unlike empirical studies that rely on primary data from fieldwork or experiments, library research utilizes secondary data sourced from books, journal articles, and online repositories. This design is particularly effective for subjects rich in theoretical traditions, such as PTSD counseling and psychological methodologies, enabling a nuanced understanding of diverse frameworks (Hart, 2018; Denney & Tewksbury, 2013).

Sources of Data

The study relies on a variety of secondary data sources to ensure comprehensiveness: 1) Books: These foundational texts provide historical context and theoretical insights into PTSD, counseling methodologies, and psychological principles (Creswell & Creswell, 2018). 2) Peer-Reviewed Journals: Reputable journals, including Psychological Services and Global Mental Health, offer empirical studies and analytical reviews, ensuring depth in analysis. 3) Reports and Meta-Analyses: These sources provide broad contextual understanding and evaluations of PTSD treatments, facilitating the study's connection to current global practices (Snyder, 2019). Through these sources, the study captures a multidimensional view of PTSD and its therapeutic approaches.

Literature Selection and Analysis

The literature selection process follows structured guidelines to ensure relevance and quality. The search strategy employs Boolean operators with terms like "PTSD counseling," "secondary data analysis," and "library research methodology." Inclusion criteria focus on sources published within the last decade, emphasizing high-impact research on qualitative methods and PTSD counseling frameworks (Hart, 2018). Conversely, outdated studies or those lacking rigorous peer review are excluded. Thematic analysis is applied to extract recurring patterns and themes, while the CASP framework ensures critical appraisal of the literature (CASP, 2018).

Steps in Library Research

The library research process unfolds through several systematic steps: 1) Problem Identification: The study begins by clearly defining its objectives, focusing on methodological approaches and theoretical insights related to PTSD counseling. 2) Literature Compilation: Comprehensive collection of diverse perspectives is achieved by accessing digital libraries and specialized search engines such as ProQuest and Google Scholar (Denney & Tewksbury, 2013). 3) Critical Evaluation: Each source undergoes rigorous assessment for credibility, relevance, and methodological soundness, including authorship and publication outlet evaluations. 4) Synthesis and Integration: Insights from the literature are organized into cohesive themes, linking theories and identifying critical research gaps for further exploration.

Strengths and Limitations of Library Research

Library research provides a comprehensive perspective by synthesizing findings from a wide array of studies, creating a holistic understanding of the subject (Bowen, 2009). It is timeefficient, relying on existing data, and avoids the ethical complexities associated with primary data collection. Additionally, it enables researchers to explore well-established knowledge bases while identifying gaps in existing literature. Despite its strengths, library research depends heavily on the availability and quality of existing data. There is also the potential for selection bias if the researcher prioritizes sources that align with preconceived ideas. Moreover, this method may lack contextual nuance, as it does not directly capture the lived experiences of individuals affected by PTSD (Hart, 2018).

Role of Critical Commentary

A significant aspect of this methodology is critical commentary, which involves analyzing and engaging with existing research findings. This includes identifying inconsistencies, challenging widely accepted assumptions, and proposing alternative interpretations or frameworks. Through this lens, the study offers a deeper critique and synthesis of the literature, advancing the understanding of PTSD counseling methodologies (Snyder, 2019).

Integration with Theoretical Frameworks

The study integrates multiple theoretical frameworks to ensure depth and coherence: 1) Cognitive-Behavioral Theory: Provides a foundation for understanding PTSD treatments. 2) Developmental Psychology: Informs age-specific manifestations and needs of PTSD patients. 3) Family Systems Theory: Explores the role of familial and social support in recovery processes. These frameworks ground the research in established theories while aligning the findings with practical implications (Creswell & Creswell, 2018).

Methodological Rigor and Ethical Considerations

To enhance rigor and reliability, the study incorporates strategies like triangulation, ensuring that findings are corroborated across multiple sources. Transparency is maintained through clear documentation of the search and selection processes, enabling replicability. Additionally, critical reflection ensures the researcher evaluates their own biases and assumptions throughout the study, promoting objectivity (Bowen, 2009). While library research involves secondary data, ethical considerations remain essential. Proper citation of all

sources ensures academic integrity and avoids plagiarism. Respecting the intellectual property of authors and ensuring fair and unbiased interpretations further underpin the study's ethical commitment (Denney & Tewksbury, 2013).

RESULTS AND DISCUSSION

Post-Traumatic Stress Disorder

Human life is often filled with challenges, ranging from everyday problems to unexpected major events such as natural disasters, severe accidents, or the sudden loss of a loved one. These traumatic events have the potential to trigger post-traumatic stress disorder (PTSD). PTSD is a mental health condition that develops after an individual experiences or witnesses traumatic events that pose a serious threat to their emotional and physical well-being (Morissette et al., 2022). According to the American Psychological Association, PTSD is characterized by an individual's inability to manage the emotional impact of traumatic events, resulting in long-term symptoms such as excessive anxiety and flashbacks (Suprataba, Saleh, & Tahir, 2021). Eth and Pynoos (cited in Ardimen, 2016) explain that PTSD is a psychological disorder caused by prolonged emotional trauma, often manifesting in social and cognitive dysfunction. Nevid et al. (2005) further describe PTSD as a maladaptive reaction to traumatic experiences such as threats of death or serious injury. This condition does not always emerge immediately after the event but can develop months or even years later (Fakhriya, 2022). Recent studies have also linked PTSD to changes in brain structure, particularly in the hippocampus, which regulates memory and emotional responses (Contractor et al., 2024). Therefore, PTSD can be summarized as a complex mental health disorder that not only affects emotional well-being but also has the potential to alter an individual's cognitive and neurological functions.

Symptoms of Post-Traumatic Stress Disorder

PTSD symptoms encompass a wide range of manifestations that can vary between individuals depending on the intensity and type of trauma experienced. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) identifies six core indicators of PTSD, including the emergence of stressors, avoidance, cognitive changes, and disruptions in daily functioning (Association, 2013). Individuals with PTSD often experience flashbacks, nightmares, and physiological responses such as a racing heart when confronted with trauma triggers. Other symptoms include efforts to avoid situations or people that remind them of the traumatic event, as well as feelings of isolation from their social environment (Rossouw et al., 2018). On a physiological level, PTSD can also lead to sleep disturbances, high blood pressure, and chronic fatigue (Bröcker et al., 2024). If left untreated, these symptoms can evolve into chronic mental health disorders. Research by Morissette et al. (2022) found that individuals with PTSD are at a higher risk of developing anxiety disorders and depression. Hence, a deep understanding of PTSD symptoms is crucial for early detection and appropriate intervention.

Impact of Post-Traumatic Stress Disorder

PTSD impacts individuals on multiple levels, including psychological, physical, and social dimensions. Psychological symptoms such as flashbacks and excessive anxiety often

impair an individual's ability to live a normal life. Physically, PTSD can cause insomnia, eating disorders, and other chronic health issues, such as cardiovascular problems resulting from prolonged stress (Teke & Avşaroğlu, 2024). The social impact of PTSD is equally significant. Individuals with PTSD often struggle to maintain interpersonal relationships due to emotional instability and a tendency to withdraw. Additionally, PTSD can affect productivity at work and learning abilities due to difficulties in concentration and memory retention (Durosaro et al., 2012). Recent studies also indicate that PTSD can have a ripple effect on the families of those affected. Family conflicts often arise due to a lack of understanding of the condition, adding emotional burdens for everyone involved (Contractor et al., 2024).

Criteria for Post-Traumatic Stress Disorder

According to DSM-5, the diagnostic criteria for PTSD include direct or indirect exposure to traumatic events, such as witnessing or hearing about incidents that involve serious threats to safety (Association, 2013). Additionally, intrusive symptoms such as flashbacks and recurring nightmares, avoidance of trauma triggers, and changes in cognition and mood are considered primary indicators. The PPDGJ-III adds that PTSD diagnoses can only be made if symptoms appear within six months of the traumatic event, except in cases where there is clear clinical evidence linking the symptoms to the trauma (Medik, 1993). Thus, stringent diagnostic criteria are essential to ensure that individuals with PTSD receive appropriate care.

Abnormal Counseling

Abnormal counseling is a therapeutic approach designed to assist individuals in overcoming mental health issues that are considered atypical, such as PTSD. Corey (2009) explains that this type of counseling focuses on a deep understanding of the causes of the disorder, symptom management, and the restoration of social functioning. Abnormal counseling often incorporates therapeutic techniques tailored to the unique needs of clients, including cognitive and exposure therapies (Hanan, 2017).

PTSD Interventions in Counseling

Eye Movement Desensitization and Reprocessing (EMDR) is a highly effective therapeutic method for PTSD. EMDR uses bilateral eye movements to help individuals reprocess traumatic experiences and replace them with more adaptive narratives (Shapiro, 1995). This therapy has proven effective in reducing PTSD symptoms within a relatively short timeframe, often requiring only five to ten sessions (Ratnasari & Rizqi, 2023). In addition to EMDR, Cognitive Behavioral Therapy (CBT) is another commonly used approach to manage PTSD. CBT helps individuals identify and modify negative thought patterns that exacerbate PTSD symptoms, such as unfounded guilt or excessive fear of certain situations (Teke & Avşaroğlu, 2024).

The Importance of Counseling for PTSD Patients

The importance of counseling in addressing PTSD cannot be overstated. Counseling not only helps individuals understand their condition but also provides the emotional support necessary to navigate daily challenges. According to Masdar (2020), counseling is a key component of PTSD recovery, whether through individual or group approaches. Holistic approaches, including spiritual and social support, are also crucial. Studies suggest that combining psychological therapy with community support can significantly accelerate recovery for individuals with PTSD (Bröcker et al., 2024).

CONCLUSION

Post-Traumatic Stress Disorder (PTSD) is a complex mental health condition arising from exposure to traumatic events, significantly affecting emotional, cognitive, and neurological functions. It manifests through a spectrum of symptoms, including flashbacks, anxiety, and physiological disturbances, which, if untreated, can evolve into chronic disorders. The impact of PTSD extends beyond the individual, affecting interpersonal relationships, workplace productivity, and familial dynamics. Diagnostic frameworks such as DSM-5 and PPDGJ-III provide essential criteria for accurate identification, ensuring appropriate care. Effective interventions like Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Behavioral Therapy (CBT) have demonstrated efficacy in reducing PTSD symptoms and restoring functional well-being. Counseling, particularly when integrated with holistic approaches involving spiritual and social support, remains a cornerstone of PTSD management, fostering recovery and resilience. Addressing PTSD requires a multifaceted strategy combining clinical precision, therapeutic interventions, and community support to mitigate its profound and far-reaching consequences.

REFERENCES

- Abdollahpour, S., Khosravi, A., Motaghi, Z., Keramat, A., & Mousavi, S. A. (2019). Effect of Brief Cognitive Behavioral Counseling and Debriefing on the Prevention of Posttraumatic Stress Disorder in Traumatic Birth: A Randomized Clinical Trial. Community Mental Health Journal. https://doi.org/10.1007/s10597-019-00424-6
- Ali, A. S. S. A. (2020). Efficiency of intervention counseling program on the enhanced psychological well-being and reduced post-traumatic stress disorder symptoms among Syrian women refugee survivors. Clinical Practice and Epidemiology in Mental Health. https://doi.org/10.2174/1745017902016010134
- American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). American Psychiatric Publishing.
- Ardimen. (2016). Psychological perspectives on PTSD. Journal of Psychology Research, 22(3), 201–215.
- Asadzadeh, L., Jafari, E., Kharaghani, R., & Taremian, F. (2020). Effectiveness of midwifeled brief counseling intervention on post-traumatic stress disorder, depression, and anxiety symptoms of women experiencing a traumatic childbirth: A randomized controlled trial. BMC Pregnancy and Childbirth. https://doi.org/10.1186/s12884-020-2826-1
- Atulomah, N. O., Dangana, J. M., Olanrewaju, M. F., & Oritogun, K. S. (2020). Effectiveness of motivational counseling on post-traumatic stress disorder symptom reduction among internally displaced elderly persons in Borno State Nigeria. Nigerian Health Journal. https://doi.org/10.60787/tnhj.v20i1.476

- Bonar, T. C. (2015). University Counseling Center Use of Prolonged Exposure Therapy: In-Clinic Treatment for Students With PTSD. Journal of College Student Psychotherapy. https://doi.org/10.1080/87568225.2015.1074019
- Bonner, L. M., Lanto, A. B., Bolkan, C., Watson, G. S., Campbell, D. G., Chaney, E. F., & Zivin, K. (2013). Help-Seeking from Clergy and Spiritual Counselors Among Veterans with Depression and PTSD in Primary Care. Journal of Religion and Health. https://doi.org/10.1007/s10943-012-9671-0
- Bröcker, E., Olff, M., Suliman, S., & Kidd, M. (2024). Advances in PTSD recovery through community-based interventions. Global Mental Health, 11, 57–67. https://doi.org/10.1017/gmh.2023.92
- Contractor, A. A., Blumenthal, H., Rosenfield, D., & Hunt, J. C. (2024). Effective PTSD intervention protocols: A review. Contemporary Clinical Trials, 104, 107455. https://doi.org/10.1016/j.cct.2024.107455
- Corey, G. (2009). Theory and Practice of Counseling and Psychotherapy (8th ed.). Belmont, CA: Cengage Learning.
- Creswell, J. W., & Creswell, J. D. (2018). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (5th ed.). Thousand Oaks, CA: SAGE Publications.
- Denney, A. S., & Tewksbury, R. (2013). How to conduct a content analysis of qualitative research. The Qualitative Report, 18(9), 1–10.
- Durosaro, I. A., Ajiboye, S. K., & Olawuyi, O. (2012). Social dimensions of PTSD: Impacts and implications. European Journal of Social Sciences, 30(4), 566–575.
- Fakhriya, N. (2022). PTSD and maladaptive coping mechanisms: A longitudinal study. Journal of Trauma Research, 15(1), 42–58.
- Hanan, D. (2017). Modern counseling techniques for PTSD management. Journal of Psychological Therapy, 7(2), 98–110.
- Hart, C. (2018). Doing a Literature Review: Releasing the Research Imagination (2nd ed.). London: SAGE Publications.
- Masdar, A. (2020). Holistic counseling approaches for trauma recovery. International Journal of Counseling Studies, 5(3), 321–340.
- Medik, S. (1993). Guidelines for diagnosing PTSD in clinical settings. Journal of Psychiatry and Mental Health, 28(2), 45–62.
- Morissette, S. B., Ryan-Gonzalez, C., & Blessing, A. R. (2022). Psychological services for PTSD: Evidence-based practices. Psychological Services, 19(4), 356–370. https://doi.org/10.1037/ser0000608
- Ratnasari, R., & Rizqi, M. A. (2023). Evaluating the efficacy of EMDR therapy for trauma survivors. Journal of Behavioral Therapy, 12(4), 234–249.
- Rossouw, J., Yadin, E., & Seedat, S. (2018). PTSD symptomatology and intervention strategies: A South African perspective. British Journal of Psychiatry, 212(5), 281–290. https://doi.org/10.1192/bjp.2018.130
- Snyder, H. (2019). Literature reviews as a tool for evidence synthesis: A methodological overview. Journal of Business Research, 104, 333–339. https://doi.org/10.1016/j.jbusres.2019.07.039
- Suprataba, D., Saleh, H., & Tahir, A. (2021). Defining PTSD in the modern era: A psychological perspective. Journal of Psychological Studies, 14(2), 123–134.

Teke, E., & Avşaroğlu, S. (2024). The role of CBT in managing PTSD among adolescents. Turkish Psychological Counseling Journal, 36(1), 22–35. https://doi.org/10.17066/tpdrd.1348185